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Effectiveness of Social-psychological Interventions at Promoting Breastfeeding Initiation, Duration and Exclusivity: A Systematic Review and Meta-analysis

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Keywords:	Breastfeeding, Infant Feeding, Psychological, Intervention, Behaviour Change, Child Health
Abstract:	Evidence for the health benefits of breastfeeding is well substantiated but breastfeeding uptake and duration remains low worldwide. Individual level breastfeeding promotion programmes are behavioural interventions, targeting malleable social-psychological processes to change behaviour. This systematic review aimed to investigate whether such interventions are effective at improving breastfeeding initiation, duration and exclusivity, and breastfeeding support. A three-stage search strategy identified eligible articles from six databases. Nine controlled-clinical trials and 11 quasi-experimental trials were included. Random-effects meta-analyses identified significant improvements in rates of breastfeeding initiation ($N = 2,213$; $OR = 2.32$, 95% CI [1.33, 4.03], $p = .003$; $I^2 = 0\%$, $p = .966$) and suggested improved rates of exclusive breastfeeding up to 6 months postpartum ($N = 3,671$; $OR = 1.84$, 95% CI [1.38, 2.45], $p < .001$; $I^2 = 68.7\%$, $p < .001$). After considering small-sample effects, estimates for exclusive breastfeeding across the postpartum period were non-significant. There were no improvements in women maintaining any (i.e. non-exclusive) breastfeeding across the postpartum period ($N = 4,153$; $OR = 0.88$, 95% CI [0.72, 1.09], $p = .253$). Evidence for improvements in perceived

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	and actual breastfeeding support was limited. Sub-group analyses suggest standalone postnatal interventions targeting first-time mothers may support breastfeeding uptake. Findings should be interpreted with caution as the quality of evidence for each outcome was low with a high risk of bias. Future efforts to support women to breastfeed should assimilate behaviour change research, with process evaluation to identify effective processes to inform a high-quality evidence-base for implementation in practice.

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Effectiveness of Social-psychological Interventions at Promoting Breastfeeding Initiation,
Duration and Exclusivity: A Systematic Review and Meta-analysis

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Abstract

Evidence for the health benefits of breastfeeding is well substantiated but breastfeeding uptake and duration remains low worldwide. Individual level breastfeeding promotion programmes are behavioural interventions, targeting malleable social-psychological processes to change behaviour. This systematic review aimed to investigate whether such interventions are effective at improving breastfeeding initiation, duration and exclusivity, and breastfeeding support. A three-stage search strategy identified eligible articles from six databases. Nine controlled-clinical trials and 11 quasi-experimental trials were included. Random-effects meta-analyses identified significant improvements in rates of breastfeeding initiation ($N = 2,213$; $OR = 2.32$, 95% CI [1.33, 4.03], $p = .003$; $I^2 = 0\%$, $p = .966$) and suggested improved rates of exclusive breastfeeding up to 6 months postpartum ($N = 3,671$; $OR = 1.84$, 95% CI [1.38, 2.45], $p < .001$; $I^2 = 68.7\%$, $p < .001$). After considering small-sample effects, estimates for exclusive breastfeeding across the postpartum period were non-significant. There were no improvements in women maintaining any (i.e. non-exclusive) breastfeeding across the postpartum period ($N = 4,153$; $OR = 0.88$, 95% CI [0.72, 1.09], $p = .253$). Evidence for improvements in perceived and actual breastfeeding support was limited. Sub-group analyses suggest standalone postnatal interventions targeting first-time mothers may support breastfeeding uptake. Findings should be interpreted with caution as the quality of evidence for each outcome was low with a high risk of bias. Future efforts to support women to breastfeed should assimilate behaviour change research, with process evaluation to identify effective processes to inform a high-quality evidence-base for implementation in practice.

Keywords: breastfeeding; infant feeding; psychological; intervention; behaviour change; child health

Effectiveness of Social-Psychological Interventions to Promote Breastfeeding Initiation,
Duration and Exclusivity: A Systematic Review and Meta-analysis

The 'Global Strategy for Infant and Young Child Feeding' (World Health Organisation, [WHO], 2003) recommends infants worldwide should be breastfed exclusively for the first six months of life. Although evidence for the health benefits of breastfeeding is well substantiated (Horta, Bahl, Martines, & Victora, 2007; Victora et al., 2016), breastfeeding rates worldwide remain low particularly among higher-income and developed countries (Victora et al., 2016; WHO, 2011). Global prevalence rates from latest data indicate less than 40% of infants are being exclusively breastfed to six months (Victora et al., 2016; United Nations International Children's Emergency Fund [UNICEF], 2011; WHO, 2011). In light of this, initiatives to support and encourage the uptake and continuity of breastfeeding have been adopted internationally.

Public health interventions promoting breastfeeding behaviour among healthy infants have been extensively evaluated over time to inform best practice. Breastfeeding behaviour is investigated through three behaviours: how many women start (initiation), the duration of breastfeeding, and the exclusivity of breastfeeding (feeding breastmilk as the only food source; WHO, 2003). Initial reviews focused on the efficacy of public policy and health service initiatives (including the Breastfeeding Friendly Hospital Initiative), education interventions, and healthcare professional training in the promotion of breastfeeding initiation and duration (Balogun et al., 2016; Dyson, McCormick & Renfrew, 2005; Fairbank et al., 2000). Overall, education-based interventions (including peer support programmes) are understood to be effective in increasing the proportion of women who start breastfeeding (Balogun et al., 2016; Fairbank et al. 2000) and to some extent the exclusivity with which women breastfeed (Haroon, Das, Salam, Imdad & Bhutta, 2013), but are less effective at

improving the duration of breastfeeding. For breastfeeding duration and exclusivity, additional support appears essential. Evidence suggests interventions offering consistent lay and healthcare professional-based, face-to-face support in the postpartum period are effective, particularly when initiation rates are high (McFadden et al., 2017; Renfrew, McCormick, Wade, Quinn & Dowswell, 2012). However, evidence is lacking for best-practice support or the effectiveness of interventions at improving the availability and receipt of maternal support, perceived or actual (McFadden et al., 2017). Despite evidence for effective promotion strategies, there remain wide variations in breastfeeding rates that fluctuate as a function of the availability of care, public health policies, and demographic and socio-cultural factors.

In attempts to distribute resources more efficiently and target women in need of most support, research has focused on prevalent sociodemographic predictors of breastfeeding behaviours. For example, in developed countries women are more likely to initiate breastfeeding and continue for a longer duration if they are older, have higher socioeconomic status, greater educational attainment and are in professional and managerial occupations (Dennis, 2002; McAndrew, Thompson, Fellows, Large, Speed & Renfrew, 2012; Meedya, Fahy & Kable, 2010). While the identification of socio-demographic predictors of breastfeeding behaviour are useful in recognising women likely to benefit from extra support, these determinants cannot be modified in promoting behaviour change.

Conceptualising breastfeeding as a health behaviour, demographic, clinical and societal factors have been investigated alongside lay health behaviour representations (e.g. attitudes, appraisals and beliefs) to understand key malleable factors that guide the performance and maintenance of behaviour. To date, evidence suggests that women who have higher intentions to breastfeed (Bai, Middlestadt, Peng & Fly, 2010; Bartle & Harvey, 2017; Martinez-Brockman, Shebl, Harari, & Pérez-Escamilla, 2017; McMillan et al., 2008),

higher breastfeeding self-efficacy/perceived control (Ismail, Muda & Bakar, 2016; Martinez-Brockman et al., 2017), and more positive attitudes and beliefs about breastfeeding (Dodgson, Henly, Duckett & Tarrent, 2003; Lawton, Ashley, Dawson, Waiblinger & Connor, 2012; McMillan et al., 2008; Swanson & Power, 2005; Wan Tiansawad, Yimyam & Sriaporn, 2015) are more likely to start and continue breastfeeding. More negative attitudes to formula feeding (Richetin, Conner & Perugini, 2011), greater 'faith in breastmilk' (O'Brien, Buikstra & Hegney, 2008), and more positive emotions about breastfeeding (Shepherd, Walbey & Lovell, 2017) also positively predict breastfeeding behaviour. Conversely, women with more positive beliefs about formula feeding (Swanson & Power, 2005), stronger intentions to formula feed (Richetin et al., 2011), more vicarious experience of formula feeding (Bartle & Harvey, 2017) and greater fears of inadequate nutrition (Shepherd et al., 2017) are less likely to [breastfeed](#).

While public health initiatives implemented at institutional level help to create environments that support breastfeeding, they cannot guarantee individual level engagement and uptake of behaviour. Whether the mechanisms of such interventions are intended or not, breastfeeding promotion interventions implemented at an individual level are forms of behaviour change intervention. These interventions use a combination of observable and replicable techniques and activities to induce behaviour change i.e. increase rates of breastfeeding (Michie, Wood, Johnston, Abraham, Francis & Hardeman, 2015; [National Institute for Health and Care Excellence \[NICE\]](#), 2014). Interventions using psychological therapies and/or behaviour change techniques aimed at altering [breastfeeding behaviours and associated](#) psychological [mechanisms](#) of action, have been defined in this context as 'social-psychological'. Identifying [behaviour change techniques](#) currently used throughout health interventions has been key in understanding effective social-psychological and behavioural interventions for numerous health behaviours (Michie et al., 2013; NICE, 2014). However,

the extent to which such social-psychological interventions are effective at improving breastfeeding outcomes has yet to be systematically examined. By aggregating available data to estimate the effectiveness of these interventions, it may be possible to make more informed decisions regarding newer, efficient and theory-based approaches for promoting and supporting women’s breastfeeding behaviour to optimise maternal and infant health outcomes.

Aims and Objectives

This systematic review and meta-analysis **investigated** the effectiveness of social-psychological **interventions** at promoting breastfeeding behaviour among women delivering healthy, term, singletons. As evidence for the impact of interventions on maternal breastfeeding support (perceived or actual) is lacking (McFadden et al., 2017; Renfrew et al., 2012), this **was** also investigated.

Objectives

To examine the extent to which social-psychological interventions are effective at improving: breastfeeding initiation (the proportion of women who start breastfeeding), breastfeeding duration (the length of time women continue breastfeeding), breastfeeding exclusivity (**degree to which infants are offered breastmilk alone, or combination fed with other foods/milks**), and the perceived or actual breastfeeding support available to women and/or their significant others.

Methodology

This systematic review and meta-analysis **were** conducted and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) agenda (Liberati et al., 2009) and registered on PROSPERO International Prospective Register of Systematic Reviews on 09-March-2017 (ID: CRD42017058725).

Eligibility Criteria

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

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The eligibility criteria are listed in detail in Table 1. Only full text articles available in English language, empirical, peer-reviewed papers were included to enable critical appraisal of the data. As guidelines for recommended maternal and infant postnatal feeding care and support were revised following the WHO's (2003) publication, studies published or recruiting women prior to 2004 were excluded to reduce variability in infant feeding policies, available care and healthcare-provided information and recommendations. To be eligible for inclusion, interventions had to be social-psychological in nature by employing either a psychological therapy or method (cognitive behavioural therapies; acceptance and commitment therapy; psychoanalytic, psychodynamic, systemic, mindfulness and/or art therapies), and/or behaviour change techniques defined by Abraham and Michie's (2008) taxonomy of behaviour change techniques, or explicitly described by study authors (see Table 1). Eligible behaviour change techniques included observable, replicable techniques and activities used individually or in combination to target social-psychological processes and causal mechanisms of behaviour, in attempts to induce behaviour change (Abraham & Michie, 2008; Michie et al., 2015).

Information Sources

Studies were identified via the following electronic databases: PsycINFO on Ovid (2002-present); EMBASE on Ovid (1974-present); Maternity and Infant Care Database (MIDRIS) on Ovid (1971-present); Cumulative Index to Nursing and Allied Health Literature (CINAHL; 1981-present); Web of Science (all databases; 2004-present); Cochrane Central Register of Controlled Trials (CENTRAL; 2004-present); and Cochrane Pregnancy and Childbirth Group Specialized Register of Controlled Trials (2004-present). Hand searching of eligible full text articles and relevant systematic reviews was also carried out.

Search Strategy

A three-stage strategy was used to identify eligible articles. First, electronic databases noted above were searched (27 April 2017) using relevant search terms and keywords (see online Appendix A). Second, systematic reviews and meta-analyses of breastfeeding interventions identified in the database search were pooled, and each reference list was screened for relevant articles based on titles. Any relevant titles were then screened on abstract and full text for eligibility. Finally, the reference lists of each eligible full text article included in the review were manually searched for relevant titles to identify any articles missed during the first two stages. The search was updated on 01 June 2018 to include any new eligible articles.

Study Selection

Study citations (including title and abstract) identified during stage one of the search strategy were exported offline (Microsoft Excel, 2010) and duplicates manually removed (see online Appendix B). Remaining articles were then screened (PD) on title and then abstract according to the pre-defined eligibility criteria. An additional independent reviewer (YSC) partially screened up to 10% of titles and abstracts to ensure the study selection process was valid. The full texts of all remaining citations were then retrieved (where possible) and screened by two independent reviewers (PD and YSC) for eligibility (see online Appendix E). Study authors were contacted directly for any additional information required to assess article eligibility. Citations of relevant systematic reviews and meta-analyses eligible for reference list screening were pooled (see online Appendix C). Reference lists were screened for eligible articles based on title, then abstract, then full text. Finally, the reference lists of all eligible full text articles identified thus far was carried out (see online Appendix D). All reference list screening was carried out by one author independently (PD) and reviewed in full for accuracy (YSC).

Data Collection

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

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Data were extracted from all included studies using a pre-defined data extraction table. Data extracted included: Study citation; country; sample demographic characteristics; intervention characteristics (timing, structure, content, psychological method(s) used, mode of delivery); comparison characteristics; outcomes (initiation, [rates of any or exclusive breastfeeding](#), support); results, and study design. Data were extracted by one author independently (PD) and verified separately on two occasions (YSC and SN) to reduce bias and error.

Outcome Data

The primary outcome of interest was breastfeeding initiation defined as the number or proportion of women classified as starting breastfeeding. Where initiation was not defined or explicitly reported by study authors, [rates of any \(i.e. non-exclusive\) and exclusive breastfeeding](#) measured in the first week postpartum were accepted as indicating initiation. The secondary outcomes of interest were duration of any and exclusive breastfeeding (separately), defined as the number or proportion of women feeding at set timepoints in the postpartum period, and support received by women or their significant others. [Exclusive breastfeeding was accepted as study authors defining infants being fed breastmilk as the only food source \(with the exception of vitamins, minerals, medicines\), incorporating definitions of exclusive from both WHO \(2001\) and Lobbok and Krasovec's \(1990\) criteria. Any breastfeeding \(i.e. non-exclusive breastfeeding\) was therefore accepted as infants being fed breastmilk alongside other foods and liquids, synonymous to WHO \(2001\) criteria of partial or predominant breastfeeding, and Lobbok and Krasovec's \(1990\) definitions of partial and token. Any self-report, quantitative, or qualitative measure of perceived or actual support from women or their significant others \(i.e. partners, family or friends\) were eligible for inclusion.](#)

Risk of Bias and Quality Assessment

Methodological quality and risk of bias was assessed using the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) approach (GRADE Working Group, 2004). As per the GRADE guidelines, within-study risk of bias was assessed by two independent authors (PD and YSC) using the Cochrane risk of bias assessment tool (The Cochrane Collaboration, 2011). Risk was rated across six domains (Selection; Performance; Detection; Attrition; Reporting, and Other) as ‘low’, ‘unclear’ or ‘high’. Inter-rater reliability for coding risk of bias was assessed by Cohen’s kappa (κ) and Krippendorff’s alpha (α). Discrepancies in ratings were resolved through discussion between raters (PD and YSC), review of reasons provided for ratings, and consensus based on guidance from GRADE Handbook (Chapters 5.2 – 5.2.1; GRADE Working Group, 2004) corresponding to Cochrane guidance (Section 8.7; Higgins & Green, 2011). In cases where raters could not reach consensus, additional study author(s) were consulted.

Quality of evidence was assessed according to GRADE guidelines (GRADE Working Group, 2004) where an overall rating per outcome is given considering risk of bias (within and across studies); limitations in design; indirectness of evidence; heterogeneity; imprecision of results, and publication bias. Overall quality of evidence for each outcome is rated as High, Moderate, Low, or Very Low by upgrading or downgrading evidence based on these criteria (see Cochrane Handbook for Systematic Reviews of Interventions Chapter 12; Higgins & Green, 2011). Quality of Evidence was rated by two reviewers (PD and YSC). Following GRADE recommendations (GRADE Working Group, 2004), no studies were excluded on the basis of quality alone. Publication bias was assessed using a selection methods approach (Hedges, 1984; McShane, Bockenholt & Hansen, 2016), with analyses of funnel plot asymmetry (FAT; Sterne & Egger, 2011), precision effect test and precision effect estimate with standard error (PET-PEESE) test, to provide adjusted effect estimates (Hedges

& Vevea, 1996; Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996).

Data Analysis and Synthesis

A random-effect meta-analysis was conducted to assess the effect of social-psychological interventions on: i) breastfeeding initiation; ii) overall duration of any breastfeeding; and iii) overall duration of exclusive breastfeeding. Random-effects models were used as a conservative estimate under the assumption there would be heterogeneous variation in the underlying effect for each intervention study (Field, 2003). Data available for each outcome were dichotomous so effect size estimates for each outcome of interest were expressed as Odds Ratios (*OR*) with 95% confidence intervals (*CI*), and inverse variance weighting was used to pool effect estimates. Where necessary, data were augmented to allow for effect estimations to be calculated. The I^2 index was used to estimate the degree of statistical heterogeneity (variability due to heterogeneity in effects sizes between studies as opposed to random error) and interpreted using Cochrane guidelines (Higgins & Green, 2011). Thresholds of acceptable heterogeneity were set at: 0-30% (low heterogeneity; low between-study variation in effect estimates); 31-60% (moderate heterogeneity); and 61-100% (considerable between-study heterogeneity in effect estimates). All analyses were conducted using Stata (Version 13.0).

Where studies reported on rates of breastfeeding across multiple timepoints, data were pooled to provide an overall estimate for any and exclusive breastfeeding separately by taking the median timepoint across studies i.e. three months. Where breastfeeding data were not available at three months, outcome data from the closest timepoint were used. For studies with more than one level of intervention, estimates were pooled for overall effect. Where only one study reported on an outcome of interest, data were synthesized narratively.

Sub-group analyses.

Duration: Any and exclusive breastfeeding over time. Where two or more studies

reported on the outcome, data for any and exclusive breastfeeding were assessed (separately) at one month intervals up to six months postpartum. Effect estimates for each month were pooled across studies to observe the effect of social-psychological interventions on the likelihood of women continuing any or exclusive breastfeeding up to monthly milestones across the postpartum period. Effect size estimates for each timepoint were expressed as OR with 95% CI using random effect models with inverse variance weighting. For timepoints where only one study reported outcome data, results were synthesized narratively. Where studies reported on more than one level of eligible intervention (i.e. three-armed intervention), the effect of each level of intervention on outcomes of interest were assessed separately. Analyses were decided *a-priori*.

Intervention characteristics. To assess the impact of between-study heterogeneity on the overall effect size estimates, post-hoc sub-group analyses were performed according to key intervention characteristics: timing of intervention delivery (combined antenatal and postnatal interventions vs. postnatal only intervention); maternal parity (interventions targeting first time mothers only vs. interventions targeting all mothers); and the number of behaviour change techniques used (five or fewer vs. six or more). Formal meta-regression could not be performed due to the small number of studies included in the analyses.

Sensitivity analyses. Sensitivity analyses were performed to assess the extent to which overall effect estimates were impacted by including studies with high risk of bias. Given the interventions of interest were social-psychological, the majority of studies were assessed as having high risk of bias in the domains of performance (blinding of participants and personnel), detection bias (blinding of outcome assessment; flaws in outcome measurement; controlling for confounding) and other bias. Therefore, thresholds for high and low risk of bias were set according to majority rule on the domains of selection bias (random sequence generation; allocation concealment; adequate and appropriate eligibility criteria), attrition

bias (incomplete outcome data), and reporting bias (selective reporting) only. As per Cochrane guidance (Higgins & Green, 2011), domains rated as unclear were assessed as high for the purpose of generating an overall rating.

Results

Study Selection

A total of 3,081 references were identified through electronic database searches (search strategy stage one). After removing duplicate references and completing title and abstract screening, 108 citations remained for retrieval and full-text screening (see Figure 1. for PRISMA flow-chart diagram). Full-text articles were retrieved ($n = 82$) and assessed for eligibility by PD and YSC. A total of 12 articles were eligible for inclusion. Following reference list screening of relevant systematic reviews and meta-analyses (search strategy stage two), four additional articles were identified for inclusion. Manual reference list screening of all eligible articles identified (stage three) retrieved no additional articles. Database searches were re-run on 01 June 2018 and identified four additional articles for inclusion. A total of 20 studies were included in the review and subjected to meta-analysis.

Study Characteristics

The twenty studies included a total of $N = 5,730$ women, where $n = 3,032$ women were allocated to intervention arms and $n = 2,666$ women were allocated to control conditions. A summary of study characteristics is presented in Table 2. Studies are listed numerically and are referenced according to this number for the remainder of this review. Nine studies were randomised controlled trials (RCT), including one cluster RCT (4), and 11 studies were quasi-experimental controlled trials. Studies were conducted across 11 countries: Australia (13, 14); Canada (1); China (6, 11, 12, 17, 19, 20); Finland (5); France (10); Hong Kong (4); Jordan (8); Malaysia (16, 18); Republic of Korea (7); Thailand (9); and USA (2, 3, 15). The majority of interventions targeted and included women only, although

four interventions also included women’s partners or a significant other (1, 13, 17, 20). Two interventions targeted women with specific demographics: low-income women (3) and women with obesity (15).

Intervention Characteristics

Interventions generally focused on breastfeeding behaviour holistically by examining at least two of the three sub-constructs (initiation, duration of any and/or exclusive breastfeeding): 14 studies reported or provided sufficient data for more than one outcome of interest, although six studies only reported on breastfeeding initiation (5) or duration of any or exclusive breastfeeding (3, 7, 8, 10, 19). Given the wide scope of interventions eligible for inclusion by the definition of social-psychological, it is of interest that no interventions used any formal psychological therapies. The majority of the interventions fell into the general category of Education and Support (1-6, 8, 10, 11, 13-18), two were empowerment focused interventions (7, 9), and three targeted women’s self-efficacy (12, 19, 20). Across all included studies, 20 different behaviour change techniques were used, but only 13 were techniques as defined by Abraham and Michie’s (2008) taxonomy (see Table 3 for full description). Nine studies (2, 8 12, 13, 14, 15, 17, 19, 20) made use of explicit behaviour change techniques not included in the taxonomy namely: providing tailored information (2, 8, 20); providing continuous professional support (14, 15, 20); providing materials to facilitate the behaviour (13); using verbal persuasion (17); using reflective listening (19); reinforcing self-persuasion (19); and reattributing negative thoughts and/or experiences (12, 19). The number of behaviour change techniques used per intervention ranged from one to 11, and the median average across all studies was five (see Figure 2).

Meta-analysis

Breastfeeding initiation. A random-effects meta-analysis of nine studies reporting on the outcome of breastfeeding initiation (2, 4, 5, 9,12, 15, 16, 17, 20), defined as any and

exclusive breastfeeding measured within the first week postpartum, revealed social-psychological interventions significantly improved rates of initiation with low statistical heterogeneity ($N = 2,213$; $OR = 2.32$, 95% **CI** [1.33, 4.03], $p = .003$; $I^2 = 0\%$, $p = .966$). Women in the intervention groups were over twice as likely to start breastfeeding than women in control groups receiving care as usual. However, as observed in Figure 3, despite none of the individual studies revealing any significant effects, the overall pooled effect was significant. Given the quality of the evidence for breastfeeding initiation is rated as low with high risk of bias, this should be interpreted with caution as the true effect is likely to vary considerably from the effects observed here. **No significant influence of publication bias was detected (see online Appendix H).**

Sub-group analysis: Sensitivity analysis for impact of risk of bias. To examine the extent to which risk of bias was confounding estimates, overall effect estimates were compared between studies with higher risk of bias (3, 5-7, 10-13, 15-19) and studies with lower risk of bias (1, 2, 4, 8, 9, 14, 20; see online Appendix I). This revealed the effect of social-psychological interventions on breastfeeding initiation was larger among studies with lower risk of bias ($k = 4$, $OR = 2.65$, 95% CI [1.29, 5.44], $p = .008$; $I^2 = 0\%$, $p = .838$) compared to studies with higher risk of bias, where the impact of intervention was no longer significant ($k = 5$, $OR = 1.92$, 95% CI [0.81, 4.55], $p = .140$; $I^2 = 0\%$, $p = .873$).

Duration of any breastfeeding. Meta-analysis of the pooled effect for any breastfeeding found social-psychological interventions had no significant effect on the duration of any breastfeeding overall with moderate statistical heterogeneity ($N = 4,153$; $OR = 0.88$, 95% CI [0.72, 1.09], $p = .253$; $I^2 = 48.1\%$, $p = .016$; see Figure 4). Sixteen studies reported on the outcome of any breastfeeding across time and the pooled effect estimate was calculated using the median timepoint of assessment across all studies (i.e. **three** months). Four studies (5, 7, 8, 12) not included in this analysis did not report on the outcome of any

breastfeeding at any timepoint. Sensitivity analysis for the impact of risk of bias (see online Appendix I) on estimates revealed marginal differences in pooled effect estimates between studies with higher risk ($k = 10$, $OR = 0.92$, 95% CI [0.72, 1.19], $p = .530$; $I^2 = 41.6\%$, $p = .080$) and lower risk of bias ($k = 6$, $OR = 0.84$, 95% CI [0.57, 1.23], $p = .362$; $I^2 = 61.5\%$, $p = .024$). The overall impact of social-psychological interventions remained non-significant.

Sub-group analysis: Duration of any breastfeeding over time. Overall, meta-analyses across the individual timepoints (one, two, three, four and six months) revealed social-psychological interventions had no significant effect on the likelihood of women continuing any breastfeeding across the postpartum period with effect estimates ranging from $OR = 0.79$, 95% CI [0.57, 1.08], $p = .137$, at one month postpartum to $OR = 1.05$, 95% CI [0.59, 1.88], $p = .859$, at six months postpartum with high heterogeneity throughout. Individual effect estimates for each timepoint are displayed in Figure 5. Effect estimates for three armed interventions (Fu et al., 2014 [4]) differed marginally between intervention groups (see online Appendix F), but none significantly increased the likelihood of any breastfeeding at any timepoint. Pooled effect estimates could not be calculated for the outcome at five months postpartum because only one study observed the effect at this timepoint (Kupratakul et al., 2010 [9]). Jiang et al. (2014) (6) observed the effect of intervention on any breastfeeding at 12 months postpartum and found women who received weekly SMS messages up to one year postpartum were no more likely to continue any breastfeeding than women in the control group who did not receive the intervention ($N = 519$, $OR = 1.07$, 95% CI [0.69, 1.64], $p = .770$).

Duration of Exclusive Breastfeeding. Meta-analyses initially indicated social-psychological interventions significantly increased the odds of women exclusively breastfeeding across the postpartum period with moderate statistical heterogeneity ($k = 16$; $N = 3,671$; $OR = 1.84$, 95% CI [1.38, 2.45], $p < .001$; $I^2 = 68.7\%$, $p < .001$; see Figure 6). Four

studies were excluded from analysis because they did not measure exclusive breastfeeding (3,5) or did not provide sufficient detail or data to pool an effect estimate (10, 19). Sensitivity analysis suggested the impact of interventions was slightly larger among studies with lower risk of bias ($k = 7$, $OR = 1.93$, 95% CI [1.30, 2.86], $p = .001$; $I^2 = 63.7\%$, $p = .011$) than studies with higher risk of bias ($k = 9$, $OR = 1.78$, 95% CI [1.18, 2.70], $p = .006$; $I^2 = 70.8\%$, $p = .001$), but the effect of interventions remained significant throughout. Notably, the threshold for lower risk of bias represented a high risk of bias overall (see online Appendix I).

When performing selection method analyses (Hedges & Vevea, 1996; Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996) to detect and adjust for the influence of publication bias, PET-PEESE estimates revealed that after accounting for overestimation of small-sample effects the impact of social-psychological interventions was non-significant (PET adjusted $OR = 0.85$, 95% CI [0.53, 1.36], $p = .469$; see online Appendix H). Social-psychological interventions did not significantly increase the likelihood of women exclusively breastfeeding across the postpartum period.

Sub-group analysis: Duration of exclusive breastfeeding over time. Meta-analyses of available data initially suggested social-psychological interventions significantly improved the likelihood of women exclusively breastfeeding at monthly intervals up to six months postpartum (see Figure 7). The smallest effect estimate was observed at four months postpartum with moderate heterogeneity ($k = 6$; $OR = 1.66$, 95% CI [1.14, 2.43], $p = .009$; $I^2 = 52.2\%$, $p = .063$). The largest effect estimate was observed at two months postpartum with substantial heterogeneity ($k = 10$; $OR = 2.50$, 95% CI [1.61, 3.87], $p = <.001$; $I^2 = 77.3\%$, $p = <.001$). Pooled estimates for the effect of interventions were not calculated at five months postpartum because only one study reported on the outcome (9).

Given the evidence for the impact of publication bias on main outcome effect estimates for exclusive breastfeeding, sensitivity analyses using the FAT-PET-PEESE approach (Hedges & Vevea, 1996; Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996) were performed to assess the impact of publication bias on pooled effect estimates at each timepoint included in sub-analyses. PET-PEESE estimates accounting for overestimation of small-sample effects revealed that social-psychological interventions do not significantly improve the likelihood of women exclusively breastfeeding at any timepoint across the postpartum period. Adjusted effect estimates were notably reduced and non-significant at one ($OR = 1.46$, 95% CI [0.60, 3.55], $p = .350$), two ($OR = .69$, 95% CI [0.44, 1.09], $p = .100$), three ($OR = .52$, 95% CI [0.13, 1.29], $p = .106$), four ($OR = .71$, 95% CI [0.40, 1.27], $p = .178$) and six months ($OR = 1.01$, 95% CI [0.59, 3.79], $p = .985$) postpartum (see online Supplement 2).

For three armed interventions (i.e. Fu et al., 2014 [4]), pooled effect estimates across the two intervention arms indicated interventions significantly increased the likelihood of exclusive breastfeeding at 1 month postpartum ($OR = 1.64$, 95% CI [1.11, 2.43], $p = .013$). However, when analysed separately, only the telephone-based arm of the intervention (which followed women throughout the postnatal period) significantly increased the likelihood of exclusive breastfeeding ($OR = 1.94$, 95% CI [1.14, 3.31], $p = .014$). Differences in effect estimates across other timepoints were negligible between the intervention arms (Fu et al., 2014 [4]) and none indicated a significant improvement in rates of exclusive breastfeeding at any other timepoint (see online Appendix F).

Breastfeeding Support

Abbass-Dick et al. (2015) (1) was the only study to measure perceived or actual breastfeeding support as an outcome using quantitative measures. At six weeks postpartum, there were no significant differences ($p = .120$) in the perceived support women received

from partners between the intervention ($\bar{x} = 88.0$, $SD = 10.9$) and control groups ($\bar{x} = 85.6$, $SD = 10.5$). However, significantly more women in the intervention group reported actually receiving help and support from their partners (71% versus control group [52%], $p = .02$), and were satisfied with their partners' involvement (intervention 89% satisfied versus control 78.1% satisfied, $p = .040$). At 12 weeks postpartum, there were no significant differences in perceived support received between women in the intervention ($\bar{x} = 86.6$, $SD = 11.7$) and control group ($\bar{x} = 83.6$, $SD = 14.4$, $p = .21$).

Su and Ouyang (2016) (14) qualitatively assessed maternal perceived support. Women in the intervention group reported their partners (fathers of their infants) had a better awareness of how to support them because of attending the antenatal intervention sessions. This included helping to take care of the infant and assisting with housework, and being supportive in advice to persevere with breastfeeding when they faced challenges. In comparison, women in the control group reported their partners wanted to help, but were unaware of what support would be helpful or how to provide it.

Quality Assessment

According to quality assessment carried out using GRADE (GRADE Working Group, 2004), the evidence included in this review and meta-analysis was of low quality with a high risk of bias. A summary of the risk of bias assessment is displayed in Figure 8 and online Appendix G, and quality of evidence ratings with justifications are provided in online Appendix H.

Quality of evidence was rated as low for all outcomes of interest. Despite the majority of included studies being controlled clinical trials, quality was downgraded one level on every outcome for *limitations in study design* due to risk of bias. Risk of bias was consistently rated as high across three domains (performance bias, detection bias and other bias). This was predominantly due to the inherent nature of social-psychological interventions

and the methodological approaches used throughout infant feeding research as the majority of interventions were unable to blind participants to treatment allocation, did not blind outcome assessors, self-reported breastfeeding behaviour, and other biases (including sampling women with high breastfeeding motivation only; bias in definition of infant feeding categories; generalisability of results, and/or inadequate or insufficient intervention detail).

Inter-rater reliability for risk of bias assessment varied from high ($\kappa = 1.0$; $\alpha = 1.0$) on performance bias, to slight or no agreement ($\kappa = .032$; $\alpha = -.111$) on other bias. Notably, on the domain of detection bias, inter-rater reliability was very low ($\kappa = -.127$; $\alpha = -.181$) on the category of ‘flaws in measurement of outcome’ due to discrepancies in rater definition. A consensus on criteria for rating was agreed through discussion such that studies using self-report of breastfeeding behaviour according to WHO 24-hour recall method (WHO, 2003) were rated as unclear bias, while studies using self-report measurement of breastfeeding not using this method were rated as high risk of bias. Consistent discrepancies were also observed on the domain of other bias (reflected in α assuming a negative value) where raters focused on various aspects of additional bias introduced in study methodologies. Consensus ratings for other bias were reached by reviewing reasons for ratings and referring to guidelines available (GRADE Working Group, 2004; Higgins & Green, 2011). Full summary of risk of bias assessment and corresponding κ and α values are available in online Appendix G.

Quality of evidence for breastfeeding initiation was further downgraded to ‘low’ for inconsistency of evidence because the confidence interval of each individual effect estimate intercepted 1, meaning the likelihood of no significant effect could not be ruled out. FAT-PET-PEESE assessment of publication bias for breastfeeding initiation indicated no significant bias in funnel plot symmetry (Egger’s test [FAT], $p = .586$), and adjusted estimates indicated that small sample effects were unlikely to have biased the estimated effect

size (see online Appendix H). Evidence was downgraded to 'low' for overall duration of any breastfeeding for *imprecision of evidence* because, as per criteria, findings failed to exclude important benefit or harm from intervention. No evidence of publication bias was detected in FAT-PET-PEESE analyses (see online Appendix H). However, evidence for duration of exclusive breastfeeding was downgraded to 'low' because publication bias was detected.

Asymmetry in the pattern of effect sizes distributed across the funnel plot suggested studies expected to appear in the bottom quadrant were not included in the analysis (see online Appendix H). FAT-PET-PEESE analyses (Hedges & Vevea, 1996; McShane, Bockenholt & Hansen, 2016; Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996) were performed and revealed significant bias in funnel plot symmetry ($p = .021$). PET-PEESE estimates indicated that after accounting for small-sample effects, the impact of social-psychological interventions on rates of exclusive breastfeeding was non-significant (PET adjusted $OR = 0.85$, 95% CI [0.53, 1.36], $p = .469$; see online Appendix H).

Sub-Group Analyses: Intervention Characteristics

Timing of intervention delivery.

Initiation. Overall, interventions delivered in the postnatal period alone were found to significantly increase the likelihood of women initiating breastfeeding ($k = 3$, $OR = 2.48$, 95% CI [1.16, 5.31], $p = .019$; $I^2 = 0\%$, $p = .754$). Interventions delivered antenatally and postnatally did not significantly improve breastfeeding initiation ($k = 5$, $OR = 1.85$, 95% CI [0.78, 4.41], $p = .163$; $I^2 = 0\%$, $p = .922$). One intervention (Su & Ouyang, 2014 [17]) was delivered antenatally only and was not included in this comparative analysis. Full sub-group analysis for intervention timing are listed in online Appendix J.

Any Breastfeeding Overall. As reflected in the observed main effects analysis, social-psychological interventions did not significantly affect the likelihood of women performing any breastfeeding over the postpartum period regardless of whether the interventions were

delivered across the antenatal and postnatal period ($k = 7$, $OR = 1.44$, 95% CI [0.84, 1.30], $p = .700$; $I^2 = 7.2\%$, $p = .373$) or postnatally only ($k = 8$, $OR = 0.81$, 95% CI [0.58, 1.14], $p = .231$; $I^2 = 64.8\%$, $p = .006$; see online Appendix J for full details). Su & Ouyang (2014) (17) were excluded from this sub-analysis because their study delivered an antenatal intervention only.

Exclusive Breastfeeding Overall. Overall, only standalone postnatal interventions significantly increased the likelihood of women exclusively breastfeeding across the postpartum period ($k = 8$, unadjusted OR (uOR) = 2.14, 95% CI [1.41, 3.26], $p < .001$; $I^2 = 71.4\%$, $p = .001$). Women receiving postnatal intervention were over twice as likely to exclusively breastfeed over the postnatal period. In contrast, combined antenatal and postnatal interventions did not significantly increase the likelihood of exclusive breastfeeding across the postnatal period ($k = 7$, $uOR = 1.43$, 95% CI [0.96, 2.14], $p = .077$; $I^2 = 61.8\%$, $p = .015$). The standalone antenatal intervention (17) was not included in this comparative analysis.

Maternal parity.

Initiation. Interventions were effective at promoting breastfeeding initiation among first-time mothers (primiparous women) only ($k = 5$, $OR = 2.48$, 95% CI [1.33, 4.64], $p = .004$; $I^2 = 0\%$, $p = .890$). First-time mothers receiving social-psychological interventions were almost two and a half times more likely to initiate breastfeeding than women in control groups. Interventions targeting both primiparous and multiparous women were not found to be effective at promoting breastfeeding initiation ($k = 4$, $OR = 1.82$, 95% CI [0.56, 5.96], $p = .324$; $I^2 = 0\%$, $p = .786$). Full sub-analysis details for effectiveness of interventions by maternal parity are provided in online Appendix K.

Any Breastfeeding Overall. The overall effect of social-psychological interventions on any breastfeeding was not significant (see Figure 4) and there were no discernible

differences in observed effects for any breastfeeding between interventions targeting primiparous women alone ($k = 10$, $OR = 0.87$, 95% CI [0.67, 1.12], $p = .282$; $I^2 = 45.4\%$, $p = .058$) or multiparous and primiparous women combined ($k = 5$, $OR = 0.79$, 95% CI [0.48, 1.29], $p = .346$; $I^2 = 56.5\%$, $p = .056$).

Exclusive Breastfeeding Overall. Random effects meta-analysis of fifteen studies reporting on exclusive breastfeeding and maternal parity identified only interventions targeting first-time mothers were effective at increasing the likelihood of exclusive breastfeeding across the postpartum period ($k = 10$, $uOR = 1.92$, 95% CI [1.39, 2.65], $p < .001$; $I^2 = 59.7\%$, $p = .008$). Interventions targeting all women (primiparous and multiparous) were not effective at increasing the likelihood of exclusive breastfeeding across the postpartum period ($k = 5$, $uOR = 1.94$, 95% CI [0.83, 4.55], $p = .127$; $I^2 = 79.1\%$, $p = .001$).

Use of behaviour change techniques.

Interventions were grouped according to whether they employed five or fewer, or six or more behaviour change techniques to assess whether the effectiveness of interventions changed depending on the increased use of techniques. Interventions were grouped according to the median split (median = 5, range = 1-11) of behaviour change techniques used (see Figure 2). Full sub-group analyses for use of behaviour change techniques are outlined in online Appendix L.

Initiation. Effect estimates were larger among interventions that used five or fewer behaviour change techniques ($k = 4$, $OR = 2.52$, 95% CI [0.89, 7.12], $p = .081$; $I^2 = 0\%$, $p = .782$), however only interventions that used six or more techniques ($k = 5$, $OR = 2.24$, 95% CI [1.17, 4.32], $p = .015$; $I^2 = 0\%$, $p = .864$) significantly increased the likelihood of women initiating breastfeeding (see online Appendix L for full analysis).

Any Breastfeeding Overall. As reflected in main effects analyses, using six or more

($k = 8$, $OR = 0.78$, 95% CI [0.51, 1.17], $p = .222$; $I^2 = 66.8\%$, $p = .004$) or **five or less** ($k = 8$, $OR = 1.01$, 95% CI [.84, 1.21], $p = .954$; $I^2 = 0\%$, $p = .481$) behaviour change techniques had no significant impact on rates of any breastfeeding across the postnatal period.

Exclusive Breastfeeding Overall. Overall, social-psychological interventions significantly increased the likelihood of exclusive breastfeeding across the postpartum period regardless of **the number of** behaviour change techniques used. However, the impact of interventions was notably larger among those employing **six or more behaviour change techniques** ($k = 8$, $uOR = 3.23$, 95% CI [1.79, 5.82], $p < .000$; $I^2 = 79.7\%$, $p < .001$) than interventions using **five or fewer techniques** ($k = 8$, $uOR = 1.28$, 95% CI [1.06, 1.54], $p = .010$; $I^2 = 0\%$, $p = .675$).

Discussion

Summary of Evidence

This review aimed to investigate the effectiveness of social-psychological interventions in promoting breastfeeding behaviours (initiation, duration and exclusivity) among women delivering healthy, term singleton infants. Twenty studies included in the review and meta-analyses employed a variety of behavioural interventions focused on education, support and self-efficacy using behaviour change techniques as defined by Abraham and Michie (2008) and individual study authors. Random-effects meta-analyses demonstrated such social-psychological interventions were effective at increasing the number of women who started breastfeeding (at all or exclusively) during the first week postpartum. However, interventions were not effective at improving rates of any **(i.e. non-exclusive)** breastfeeding throughout the postpartum period. **Meta-analytic results initially suggested interventions were effective at supporting women to exclusively breastfeed up to six months postpartum, but after adjusting for publication bias, effect estimates were non-significant.** There was limited evidence for the impact of interventions on the perceived or actual support

women received. Evidence available through qualitative synthesis suggested social-psychological interventions aimed at women and their partners may increase the tangible help and support partners are able to offer women. Quality of the evidence reviewed for each outcome was low, and risk of bias was rated predominantly as unclear and high on all domains, particularly performance, detection and other bias. In analyses, moderate to high statistical heterogeneity (Higgins & Green, 2011) was present throughout, most likely as a result of wide variability in the content, delivery and healthcare settings of the interventions and usual care delivered. Additionally, quality of reporting intervention methodology and outcome measurement was poor and unreliable for many studies included. Following the GRADE approach (GRADE Working Group, 2004), the true impact of social-psychological behaviour change interventions on breastfeeding behaviour may vary considerably to the effects observed here.

Discussion of findings

Interventions included in analyses show efforts to promote breastfeeding behaviour are being undertaken internationally using comparable content and implementation approaches. Included interventions used educational, support, and self-efficacy focused behaviour change techniques (Abraham & Michie, 2008) to promote breastfeeding behaviours via behaviour change interventions. Given the broad eligibility criteria for this review, it is of interest that no interventions used any formal psychological therapies such as cognitive-behavioural therapies or mindfulness. Emerging anecdotal evidence indicated that women's perceptions and understanding of milk supply (for example) contributes to early formula supplementation (Brown, 2016; McAndrew et al., 2012). Including active components of interventions that challenge unhelpful belief patterns, increase self-efficacy, and/or support women to self-identify problematic versus non-problematic feeding patterns (e.g. cluster feeding) could be effective (Chapman et al., 2013).

Meta-analytic results found social-psychological interventions increased rates of initiation. The effect of interventions reviewed here appear comparable to peer-support programmes at increasing the number of women who initiate breastfeeding (Risk Ratio [*RR*] = 1.23, 95% CI [0.96, 1.58], *RR* = 4.02, 95% CI [2.63, 6.14]), but more effective than antenatal education interventions (Dyson et al., 2005; Fairbank et al., 2000). Systematic review evidence indicated standalone antenatal education interventions are not effective (average *RR* = 1.01, 95% CI [0.94, 1.09]) at supporting breastfeeding uptake (Fairbank et al., 2000; Lumbiganon et al., 2016). However, antenatal education interventions providing repeated, proactive, culturally and individually tailored information (from healthcare professionals or peer-supporters) provided effective support for increasing initiation rates with effect estimates ranging from, *RR* = 1.22, 95% CI [1.06, 1.40], *p* = .005 (Balogun et al., 2016), to, *RR* = 1.92, 95% CI [1.44, 2.56] (Dyson et al., 2005; Fairbank et al., 2000). Social-psychological interventions reviewed each provided some form of tailored feedback, information (Ahmed et al., 2016; Fu et al., 2014; Hannula et al., 2014), and/or breastfeeding counselling (Kupratakul et al., 2010; Liu et al., 2017; Rosuzeit et al., 2018; Zhu et al., 2017), highlighting potential mechanisms of action in their effectiveness at supporting women breastfeed within the first week postpartum. Sub-analyses suggested standalone postnatal interventions delivered to first-time mothers were particularly effective at improving initiation rates which, although the evidence was weak, reflects current public health guidelines (NICE, 2015; WHO, 2013).

Although meta-analytic results indicated rates of breastfeeding initiation were improved with intervention, caution is needed when interpreting these findings for practice as true effects may be notably smaller than those observed here. For example, while effect estimates appeared large (*OR* = 2.32, 95% CI [1.33, 4.03]), the overall the number of women reported as initiating breastfeeding was already high: between 85 - 100% among control arms

(Ahmed et al., 2016; Fu et al., 2014; Hannula et al., 2014; Rasmussen et al., 2011). In most cases only three or four more women started breastfeeding as a result of intervention (Liu et al., 2017; Rosuzeita et al., 2018; Su & Ouyang, 2016), which raises questions about the pragmatic efficacy of implementing such interventions as part of routine practice. In addition, breastfeeding initiation rates were likely confounded by poor measurement. For example, Ahmed et al. (2016) claim all mothers initiated breastfeeding, yet over half of babies in the sample received formula milk as their first feed. Initiation is commonly defined as “putting baby to the breast in the first 48 hours after birth” (National Health Service [NHS] England, 2014), and studies frequently sum rates of partial and exclusive breastfeeding (Ahmed et al., 2016; Fu et al., 2014; Hannula et al., 2014; Kupratakul et al., 2010; Rasmussen et al., 2011; Rosuzeita et al., 2018; Su & Ouyang, 2016, Zhu et al., 2017). Together, these methods of measurement overinflate rates of successful initiation, especially when the physiological processes of lactation are considered. Overall, the proportion of women who intend to breastfeed (Lutsiv et al., 2013; McAndrew et al., 2012) and who attempt breastfeeding at least once are already high (McAndrew et al., 2012; Victora et al., 2016). However, the intention-behavioural gap widens dramatically throughout the first few weeks of the postnatal period where rates of any and exclusive breastfeeding drop exponentially across all settings (Victora et al., 2016).

Overall, social-psychological interventions did not increase rates of any breastfeeding across the postpartum period. In this context, any breastfeeding is a categorical measurement which refers to mix-feeding formula milk and breastmilk in unquantifiable amounts. As an outcome, women who predominantly formula-feed and women who predominantly breastfeed are assumed to perform the same behaviour. The category does not provide a meaningful way of interpreting the direction of effects observed in interventions and lacks sensitivity to detect meaningful changes in the behaviour gradient of infant feeding (Davie,

Bick & Chilcot, 2018). Future investigations may consider using scales of proportionate infant feeding (including the proportion of infants’ diet that consists of breastmilk and frequency of feeds per day) to enable changes in feeding patterns over time and effectiveness of interventions to be observed more accurately. Including more nuanced outcomes of infant feeding practices (such as women’s experiences and practices of expressing breastmilk alongside direct breastfeeds) may help identify effective interventions that promote best practice in infant feeding patterns. At present, *any breastfeeding* continues to be used as an outcome across infant feeding research, and reviews of support-focused interventions have identified significant improvements across the postnatal period (discussed in context below).

Meta-analyses for rates of exclusive breastfeeding across the postpartum period initially suggested social-psychological interventions were effective. Unadjusted effect estimates were comparatively smaller at one and four months postpartum i.e. timepoints where women are likely to offer supplemental formula feeds or begin to introduce complimentary family foods respectively (McAndrew et al., 2012; Victora et al., 2016). These timepoints may be useful as priority targets for future interventions to provide additional support or tailored intervention sessions to support the maintenance of exclusive breastfeeding through the postpartum period. Sub-analyses of unadjusted effect estimates suggested interventions were more effective if they included six or more behaviour change techniques. Whether these effects were significantly larger statistically using adjusted effect estimates is unknown as formal meta-regression was not possible. Should these effects be true, the resources and funding needed to implement efficient behaviour change interventions would be minimal relative to the benefits incurred by increased breastfeeding (Mallender et al., 2018; Stuebe et al., 2017).

After controlling for the impact of publication bias in analyses of exclusive breastfeeding, adjusted effect estimates were found to be non-significant; social-

psychological interventions were not effective at improving any or exclusive breastfeeding at any timepoint up to six months postpartum. Unadjusted effect estimates for any or exclusive breastfeeding did not appear to trend linearly over time, or coincide with the duration of active intervention in the postnatal period; the majority of interventions (1, 2, 3, 4, 7, 11, 12, 13, 15, 16, 17, 19, 20) ceased at or before six weeks postpartum. Overall, evidence available suggested the content, format or delivery method of social-psychological interventions were either inadequate or inappropriate at supporting women to maintain breastfeeding across the postpartum period. Recent systematic review evidence indicated any form of additional breastfeeding support significantly reduces the likelihood of women stopping breastfeeding before the recommended six months, average $RR = 0.91$, 95% CI [.88, .95], $p < .001$ (Renfrew et al., 2012). Evidence available for the effectiveness of telephone-based support is encouraging, but lacks impact and consistency to suggest implementing such interventions as part of routine postnatal care (Lavender, Richens, Milan, Smyth & Dowswell, 2013). Effective support was characterised as predictable, individualised support delivered during the antenatal and postnatal periods with access to face-to-face contact in settings where uptake rates were already high (McFadden et al., 2017; Renfrew et al., 2012). High breastfeeding initiation rates observed in analyses may reflect pressure women feel to conform to breastfeeding behaviour, particularly in clinical settings where advice and support is available. However, as availability and consistency of appropriate support diminish across the postpartum period, breastfeeding success rates suffer. Future efforts to promote breastfeeding rates should consider early and prolonged postnatal support and intervention to ensure exclusive breastfeeding is well-established and, crucially, continued throughout the postnatal period.

Evidence for the effectiveness of interventions at improving support (as a process of an intervention or as an outcome) could not be synthesized due to insufficient data. Evidence

available within the review suggested women in intervention groups reported receiving more tangible support from their partners (Abbass-Dick et al., 2015; Su & Ouyang, 2016) but it is unclear to what extent this translated into helping to improve or support breastfeeding uptake or continuation. The wider evidence-base indicates proactive postnatal support helps to improve rates of exclusive breastfeeding across time (Renfrew et al., 2012). [Peer-support interventions, for example, were more effective at supporting any breastfeeding when delivered with greater intensity across the postpartum period \(Jolly et al., 2012\).](#) As with exclusive breastfeeding, the resources required to increase such support would be outweighed by the benefits, and would be significant in improving the wider, long-term health of women and their infants (Horta et al., 2007; Victora et al., 2016; WHO, 2003). However, whether women find the support offered helpful or satisfactory is not routinely measured. Studies of breastfeeding promotion could consider acceptability of support offered as quantified outcome measurements to inform best practice moving forward.

As highlighted in UK NICE (2015) guidelines, women should be supported to breastfeed by services (and interventions) that are evidence-based. The majority of interventions included in this review did not theorise or explicitly outline how the interventions were intended to work. Only three studies (Liu et al., 2017; Wu et al., 2014; Zhu et al., 2017) referred to theory to inform the active components of intervention, and relied on self-efficacy theory (Bandura, 1977; Dennis, 2002) and the theory of planned behaviour (Ajzen, 1991). Despite proposing conceptual frameworks for social-psychological mechanisms of action, limitations in methodology, design and reporting prevent the identification of any underlying causal mechanisms of effective intervention, and inhibit formal process evaluation (Craig et al., 2008). Guidance from the Medical Research Council UK (Craig et al., 2013) highlighted that understanding active ingredients of interventions is crucial to establishing an evidence-based that can be implemented successfully in practice

(Moore et al., 2015). Mechanisms of action among successful breastfeeding interventions remain unknown, and education and low-impact support interventions alone are insufficient in promoting long term breastfeeding (any or exclusively) behaviour (Fairbank et al., 2000; Haroon et al., 2013; Lumbiganon et al., 2016; Renfrew et al., 2012). Principles of process evaluation for complex interventions **should be considered and** implemented in future behaviour change intervention aiming to promote breastfeeding behaviour if there is to be any real improvement to public health.

Limitations

Results of this meta-analysis and interpretations of findings were limited by the quality of evidence included in analyses. The risk of bias both within and across all studies was consistently **high** and **unclear** across most domains (151 / 200). This **was** predominately because the interventions investigated here **were social-psychological** in nature, and **because** there are notable weaknesses in the methodological approaches used throughout infant feeding research (i.e. self-report outcomes and measurement error). This was reflected in the moderate and high statistical heterogeneity observed throughout. Sub-analyses for the impact of risk of bias **were** limited **further**, as the threshold for **lower** risk of bias still **represented** a high risk of bias overall. The outcome of the impact of risk of bias on overall effects for any breastfeeding duration and exclusive breastfeeding duration **was** therefore as would be expected. There **was** also evidence **of** publication bias when observing **the** outcome of exclusive breastfeeding, **although this was accounted for in adjusted analyses and interpretations.**

Meta-analytic results for the impact of interventions on breastfeeding initiation rates **were** limited by the data reviewed. The number of studies included and the sample sizes within **were** small which, when pooled for an overall effect estimate, **increased** the likelihood of a type I error when using traditional DerSimonian and Laird (1986) random-effects meta-

analysis (Guolo & Varin, 2017).

Despite employing broad eligibility criteria to include interventions, the review identified a limited variation of interventions currently employed to promote breastfeeding behaviour, and analyses were therefore restricted to the behaviour change techniques explored. Two studies (Agrasada, Gustafsson, Kylberg & Ewald, 2005; Chapman, Damio, Young & Pérez-Escamilla, 2004) comparable in content and delivery to the interventions reviewed here were excluded from the review during full-text screening. International guidelines for infant feeding care and support were updated in the WHO (2003) publication and introduced into practice and local policies thereafter. Excluding women recruited prior to 2004 aimed to reduce the contextual variation in feeding policies, care practices and healthcare recommendations available at the time interventions were delivered; but including findings of these studies may have contributed significantly to the analyses and conclusions available here.

Evidence for biological and physiological barriers to breastfeeding have not been considered. Women who are obese, and/or diagnosed with diabetes or hypertension, or who experience intrapartum intervention (e.g. caesarean section) are less likely to establish and maintain breastfeeding (Finkelstein et al., 2013; Leeners, Rath, Kuse & Neumaier-Wagner, 2005; Poston et al., 2016) with evidence for causal physiological pathways available e.g. delayed onset lactogenesis (De Bortoli & Amir, 2016; Nommsen-Rivers, Chantry, Pearson, Cohen & Dewey, 2010). The extent to which reduced uptake and duration of breastfeeding among women with such conditions and experiences are due to physiological mechanisms rather than inappropriate postnatal care and support remains unknown. Attention to maternal morbidities with potential to impact breastfeeding success should therefore be considered when developing interventions and assessing acceptability, feasibility and effectiveness, to identify successful tailored support practices.

Furthermore, studies included often did not report interventions with adequate or sufficient detail, and did not consider aspects of design or analyses that would identify causal pathways of effective intervention.

Conclusions

Interventions targeting social-psychological constructs improved rates of breastfeeding initiation but were not effective at supporting maintenance of any or exclusive breastfeeding. Initiation rates in many settings were noted to be high already, so efforts should focus on early, consistent, and prolonged support across the postpartum period to ensure breastfeeding is well-established and sustained. Future interventions need to be theory and evidence-based and informed by wider behaviour change research. Modifications to the method of measurement in infant feeding should be considered, particularly to observe meaningful improvements in breastfeeding across the infant feeding spectrum.

Women who receive prolonged and more intense postnatal support and guidance from family, friends and/or healthcare professionals (including peer supporters) are more likely to continue to exclusively breastfeed (Brown, 2017; Cochrane Collaboration, 2017; Grant et al., 2017; Renfrew et al., 2012; Sinha et al., 2015), but formal process evaluation for best-practice support is yet to be carried out. Interventions aiming to promote and support breastfeeding should assimilate behaviour change research and process evaluation guidelines for public health research, to enable key mechanisms of action responsible for inducing change to be identified and form a high-quality evidence-base to be implemented in practice.

References

*References marked with asterisk indicate studies included in the meta-analysis

*Abbass-Dick, J., Stern, S. B., Nelson, L. E., Watson, W., & Dennis, C. L. (2015). Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial. *Pediatrics*, 135, 102-110. doi:10.1542/peds.2014-1416

Abraham, C., & Michie, S. (2008). A taxonomy of behavior change techniques used in interventions. *Health Psychology*, 27, 379-87. doi:10.1037/0278-6133.27.3.379

*Ahmed, A. H., Roumani, A. M., Szucs, K., Zhang, L., & King, D. (2016). The Effect of Interactive Web-based Monitoring on Breastfeeding Exclusivity, Intensity, and Duration in Healthy, Term Infants After Hospital Discharge. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 45, 143-154. doi:10.1016/j.jogn.2015.12.001

Agrasada, G. V., Gustafsson, J., Kylberg, E., & Ewald, U. (2005). Postnatal peer counselling on exclusive breastfeeding of low-birthweight infants: A randomized, controlled trial. *Acta Paediatrica*, 94, 1109-1115. doi:10.1111/j.1651-2227.2005.tb02053.x

Bai, Y., Middlestadt, S. E., Peng, C. Y. J., & Fly, A. D. (2010). Predictors of continuation of exclusive breastfeeding for the first six months of life. *Journal of Human Lactation*, 26, 26-34. doi:10.1177/0890334409350168

Balogun, O. O., O'Sullivan, E.J., McFadden, A., Ota, E., Gavine, A., Garner, C. D., ... MacGillivray, S. (2016). Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews*, 2016. doi:10.1002/14651858.CD001688.pub3

Bartle, N. C., & Harvey, K. (2017). Explaining infant feeding: The role of previous personal and vicarious experience on attitudes, subjective norms, self-efficacy, and breastfeeding outcomes. *British Journal of Health Psychology*, 22, 763-785. doi: 10.1111/bjhp.12254

Brown, A. (2016). *Breastfeeding Uncovered: Who Really Decides How We Feed Our Babies?*. London: Pinter & Martin.

Brown, A. (2017). Breastfeeding as a public health responsibility: a review of the evidence. *Journal of Human Nutrition and Dietetics*, 30, 759-770.
doi:10.1111/jhn.12496

*Bunik, M., Shobe, P., O'Connor, M. E., Beaty, B., Langendoerfer, S., Crane, L., & Kempe, A. (2010). Are 2 weeks of daily breastfeeding support insufficient to overcome the influences of formula?. *Academic Pediatrics*, 10, 21-28.
doi:10.1016/j.acap.2009.09.014

Chapman, D. J., Damio, G., Young, S., & Pérez-Escamilla, R. (2004). Effectiveness of breastfeeding peer counseling in a low-income, predominantly Latina population: a randomized controlled trial. *Archives of Pediatrics & Adolescent Medicine*, 158, 897-902. doi:10.1001/archpedi.158.9.897

Chapman, D. J., Morel, K., Bermúdez-Millán, A., Young, S., Damio, G., & Pérez-Escamilla, R. (2013). Breastfeeding education and support trial for overweight and obese women: a randomized trial. *Pediatrics*, 131, e162-e170. doi:10.1542/peds.2012-0688

Cochrane Collaboration. (2017). Enabling breastfeeding for mothers and babies. *Cochrane Database of Systematic Reviews: Special Collection*. Retrieved on 14 March 2018 from <http://www.cochranelibrary.com/app/content/special-collections/article/?doi=10.1002/14651858.10100214651858>

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ*, 337. doi:10.1136/bmj.a1655

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2013). Developing and evaluating complex interventions: the new Medical Research Council

- guidance. *International journal of Nursing Studies*, 50, 587-592.
doi:10.1016/j.ijnurstu.2012.09.010
- Davie, P., Bick, D., & Chilcot, J. (2018). Measuring milk: A call for change in quantifying breastfeeding behaviour. *Midwifery*, 63, A6-A7. doi:10.1016/j.midw.2018.04.015
- Dennis, C. L. (2002). Breastfeeding initiation and duration: A 1990-2000 literature review. *Journal of Obstetric Gynecologic and Neonatal Nursing*, 31, 12-32.
doi:10.1111/j.1552-6909.2002.tb00019.x
- De Bortoli, J., & Amir, L. H. (2016). Is onset of lactation delayed in women with diabetes in pregnancy? A systematic review. *Diabetic Medicine*, 33, 17-24.
doi:10.1111/dme.12846
- Dodgson, J. E., Henly, S. J., Duckett, L., & Tarrant, M. (2003). Theory of planned behavior-based models for breastfeeding duration among Hong Kong mothers. *Nursing Research*, 52(3), 148-158.
- Dyson, L., McCormick, F. M., & Renfrew, M. J. (2005). Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews*, 2005, 1-40.
doi:10.1002/14651858.CD001688.pub2
- Egger, M., Davey Smith, G., Schneider, M., & Minder, C. (1997). Bias in meta-analysis detected by a simple, graphical test. *British Medical Journal*, 315, 29-634.
doi:10.1136/bmj.315.7109.629
- Fairbank, L., O'Meara, S. O., Renfrew, M. J., Woolridge, M., Sowden, A. J., & Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding, *Health Technology Assessment*, 4(25), 1-171.
doi:10.3310/hta4250

- Field, A. P. (2003). The problems in using fixed-effects models of meta-analysis on real-world data. *Understanding Statistics: Statistical Issues in Psychology, Education, and the Social Sciences*, 2, 105-124. doi:10.1207/S15328031US0202_02
- Finkelstein, S. A., Keely, E., Feig, D. S., Tu, X., Yasseen, A. S., & Walker, M. (2013). Breastfeeding in women with diabetes: lower rates despite greater rewards. A population-based study. *Diabetic Medicine*, 30, 1094-1101. doi:10.1111/dme.12238
- *Fu, I. C. Y., Fong, D. Y. T., Heys, M., Lee, I. L. Y., Sham, A., & Tarrant, M. (2014). Professional breastfeeding support for first-time mothers: A multicentre cluster randomised controlled trial. *BJOG*, 121, 1673-1683. doi:10.1111/1471-0528.12884
- Grant, A., McEwan, K., Tedstone, S., Greene, G., Copeland, L., Hunter, B., ... Paranjothy, S. (2017). Availability of breastfeeding peer support in the United Kingdom: A cross-sectional study. *Maternal & Child Nutrition*, 14, 1-10. doi:10.1111/mcn.12476
- *Hannula, L. S., Kaunonen, M. E., & Puukka, P. J. (2014). A study to promote breast feeding in the Helsinki Metropolitan area in Finland. *Midwifery*, 30, 696-704. doi:10.1016/j.midw.2013.10.005
- Haroon, S., Das, J. K., Salam, R. A., Imdad, A., & Bhutta, Z. A. (2013). Breastfeeding promotion interventions and breastfeeding practices: a systematic review. *BMC Public Health*, 13, S20. doi:10.1186/1471-2458-13-S3-S20
- Hedges, L. V., & Vevea, J. L. (1996). Estimating effect size under publication bias: Small sample properties and robustness of a random effects selection model. *Journal of Educational and Behavioural Sciences*, 21, 299- 332. doi:10.3102/10769986021004299
- Higgins, J. P. T., & Green, S. (Editors) (2011). Cochrane Handbook for Systematic Review of Interventions Version 5.1.0 (updated March 2011). *The Cochrane Collaboration*. Retrieved from www.handbook.cochrane.org.

- Horta, B., L., Bahl, R., Martines, J. C., & Victora, C. G. (2007). *Evidence on the long term effects of breastfeeding; Systematic reviews and meta-analyses*. Department of Child and Adolescent Health and Development (CAH) World Health Organization (WHO). Retrieved from http://apps.who.int/iris/bitstream/handle/10665/43623/9789241595230_eng.pdf
- Ismail, T., A., T., Muda, W. A. M., & Bakar, M. I. (2016). The extended Theory of Planned Behavior in explaining exclusive breastfeeding intention and behavior among women in Kelantan, Malaysia. *Nutrition Research and Practice*, 10, 49-55. doi:10.4162/nrp.2016.10.1.49
- *Jiang, H., Li, M., Wen, L. M., Hu, Q., Yang, D., He, G., ... Qian, X. (2014). Effect of short message service on infant feeding practice: findings from a community-based study in Shanghai, China. *JAMA Pediatrics*, 168, 471-478. doi:10.1001/jamapediatrics.2014.58
- Jolly, K., Ingram, L., Khan, K. S., Deeks, J. J., Freemantle, N., & MacArthur, C. (2012). Systematic review of peer support for breastfeeding continuation: metaregression analysis of the effect of setting, intensity, and timing. *British Medical Journal*, 344, 1 – 18. doi:10.1136/bmj.d8287
- *Kang, J. S., Choi, S. Y., & Ryu, E. J. (2008). Effects of a breastfeeding empowerment programme on Korean breastfeeding mothers: a quasi-experimental study. *International Journal of Nursing Studies*, 45, 14-23. doi:10.1016/j.ijnurstu.2007.03.007
- *Khresheh, R., Suhaimat, A., Jalamdeh, F., & Barclay, L. (2011). The effect of a postnatal education and support program on breastfeeding among primiparous women: A randomized controlled trial. *International Journal of Nursing Studies*, 48, 1058-1065. doi:10.1016/j.ijnurstu.2011.02.001

- *Kupratakul, J., Taneepanichskul, S., Voramongkol, N., & Phupong, V. (2010). A randomized controlled trial of knowledge sharing practice with empowerment strategies in pregnant women to improve exclusive breastfeeding during the first six months postpartum. *Journal of the Medical Association of Thailand*, 93(9), 1009-1018.
- *Labarère, J., Gelbert-Baudino, N., Laborde, L., Arragain, D., Schelstraete, C., & François, P. (2011). CD-ROM-based program for breastfeeding mothers. *Maternal and Child Nutrition*, 7, 263-272. doi:10.1111/j.1740-8709.2009.00235.x
- Labbok, M., & Krasovec, K. (1990). Toward consistency in breastfeeding definitions. *Studies in Family Planning*, 21(4), 226-230.
- Lavender, T., Richens, Y., Milan, S. J., Smyth, R. M. D., & Dowswell, T. T. (2017). Telephone support for women during pregnancy and the first six weeks postpartum. *Cochrane Database of Systematic Reviews*, 2017, 1-104. doi:10.1002/14651858.CD009338.pub2
- Lawton, R., Ashley, L., Dawson, S., Waiblinger, D., & Conner, M. (2012). Employing an extended Theory of Planned Behaviour to predict breastfeeding intention, initiation, and maintenance in White British and South-Asian mothers living in Bradford. *British Journal of Health Psychology*, 17, 854-871. doi:10.1111/j.2044-8287.2012.02083.x
- Leeners, B., Rath, W., Kuse, S., & Neumaier-Wagner, P. (2005). Breast-feeding in women with hypertensive disorders in pregnancy. *Journal of Perinatal Medicine*, 33, 553-560. doi:10.1515/JPM.2005.099
- *Li, G. Q., Cong, J. X., Li, L., & Li, Y. M. (2018). Effects of nursing with information support and behavior intervention on lactation and breastfeeding success rate for primiparas. *International Journal of Clinical and Experimental Medicine*, 11(3), 2617-2623.

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., ... Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Annals of Internal Medicine*, 151, W-65.
doi:10.1371/journal.pmed.1000100

*Liu, L. Y., Zhu, J. M., Yang, J. Q., Wu, M., & Ye, B. (2017). The Effect of a Perinatal Breastfeeding Support Program on Breastfeeding Outcomes in Primiparous Mothers. *Western Journal of Nursing Research*, 39, 906-923. doi:10.1177/0193945916670645

Lumbiganon, P., Martis, R., Laopaiboon, M., Festin M. R., Ho, J. J., & Hakimi, M. (2016). Antenatal breastfeeding education for increasing breastfeeding duration (Review) *Cochrane Database of Systematic Reviews*, 2016, 1-95.
doi:10.1002/14651858.CD006425.pub4

Lutsiv, O., Pullenayegum, E., Foster, G., Vera, C., Giglia, L., Chapman, B., ... McDonald, S. D. (2013). Women's intentions to breastfeed: a population-based cohort study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 120, 1490-1499.
doi:10.1111/1471-0528.12376

Martinez-Brockman, J. L., Shebl, F. M., Harari, N., & Perez-Escamilla, R. (2017). An assessment of the social cognitive predictors of exclusive breastfeeding behavior using the Health Action Process Approach. *Social Science & Medicine*, 182, 106-116.
doi:10.1016/j.socscimed.2017.04.014

*Maycock, B., Binns, C. W., Dhaliwal, S., Tohotoa, J., Hauck, Y., Burns, S., & Howat, P. (2013). Education and Support for Fathers Improves Breastfeeding Rates: A Randomized Controlled Trial. *Journal of Human Lactation*, 29, 484-490.
doi:10.1177/0890334413484387

McAndrew, F., Thompson, J., Fellows, L., Large, A., Speed, M., & Renfrew, M. J. (2012).

Infant feeding survey 2010. Leeds: Health and Social Care Information Centre.

Retrieved from: [http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-](http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf)

[Survey-2010-Consolidated-Report.pdf](http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf)

McFadden, A., Gavine, A., Renfrew, M. J., Wade, A., Buchanan, P., Taylor, J. L., ...

MacGillivray, S. (2017). Support for healthy breastfeeding mothers with healthy term

babies. *Cochrane Database of Systematic Reviews*, 2017, 1-289.

doi:10.1002/14651858.CD001141.pub5

McMillan, B., Conner, M., Woolridge, M., Dyson, L., Green, J., Renfrew, M., ... Clarke, G.

(2008). Predicting breastfeeding in women living in areas of economic hardship:

Explanatory role of the theory of planned behaviour. *Psychology and Health*, 23, 767-

788. doi:10.1080/08870440701615260

McShane, B. B., Böckenholt, U., & Hansen, K. T. (2016). Adjusting for publication bias in

meta-analysis: An evaluation of selection methods and some cautionary

notes. *Perspectives on Psychological Science*, 11, 730-749.

doi:10.1177/1745691616662243

Meedya, S., Fahy, K., & Kable, A. (2010). Factors that positively influence breastfeeding

duration to 6 months: A literature review. *Women and Birth*, 23, 135-145.

doi:10.1016/j.wombi.2010.02.002

*Meedya, S., Fahy, K., Yoxall, J., & Parratt, J. (2014). Increasing breastfeeding rates to six

months among nulliparous women: A quasi-experimental study. *Midwifery*, 30, E137-

E144. doi:10.1016/j.midw.2013.12.010

Michie, S., Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W., ... Wood,

C. E. (2013). The behavior change technique taxonomy (v1) of 93 hierarchically

clustered techniques: building an international consensus for the reporting of behavior

- change interventions. *Annals of Behavioral Medicine*, 46, 81-95. doi:10.1007/s12160-013-9486-6
- Michie, S., Wood, C. E., Johnston, M., Abraham, C., Francis, J. J., & Hardeman, W. (2015). Behaviour change techniques: the development and evaluation of a taxonomic method for reporting and describing behaviour change interventions (a suite of five studies involving consensus methods, randomised controlled trials and analysis of qualitative data). *Health Technology Assessment*, 19, 1-190. doi:10.3310/hta19990
- Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., ... Baird, J. (2015). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ*, 350, h1258. doi:10.1136/bmj.h1258
- National Institute for Health and Care Excellence [NICE]. (2014). *Behaviour change: Individual approaches (PH49)*. Retrieved from <https://www.nice.org.uk/guidance/ph49>
- National Institute for Health and Care Excellence [NICE]. (2015). *Postnatal care: Quality standard (QS37)*. Retrieved from <https://www.nice.org.uk/guidance/qs37/chapter/quality-statement-5-breastfeeding>
- Nommsen-Rivers, L. A., Chantry, C. J., Pearson, J. M., Cohen, R. J., & Dewey, K. G. (2010). Delayed onset of lactogenesis among first-time mothers is related to maternal obesity and factors associated with ineffective breastfeeding. *The American Journal of Clinical Nutrition*, 92, 574-584. doi:10.3945/ajcn.2010.29192
- O'Brien, M., Buikstra, E., & Hegney, D. (2008). The influence of psychological factors on breastfeeding duration. *Journal of Advanced Nursing*, 63, 397-408. doi:10.1111/j.1365-2648.2008.04722.x
- Poston, L., Caleyachetty, R., Cnattingius, S., Corvalán, C., Uauy, R., Herring, S., & Gillman, M. W. (2016). Preconceptional and maternal obesity: epidemiology and health

consequences. *The Lancet Diabetes & Endocrinology*, 4, 1025-1036.

doi:10.1016/S2213-8587(16)30217-0

*Rasmussen, K. M., Dieterich, C. M., Zelek, S. T., Altabet, J. D., & Kjolhede, C. L. (2011).

Interventions to Increase the Duration of Breastfeeding in Obese Mothers: The Bassett Improving Breastfeeding Study. *Breastfeeding Medicine*, 6, 69-75.

doi:10.1089/bfm.2010.0014

Renfrew, M. J., McCormick, F. M., Wade, A., Quinn, B., & Dowswell, T. (2012). Support

for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews* 2012, 1-207. doi:10.1002/14651858.CD001141.pub4

Richetin, J., Conner, M., & Perugini, M. (2011). Not doing is not the opposite of doing:

implications for attitudinal models of behavioural prediction. *Personality and Social Psychology Bulletin*, 37, 40-54. doi:10.1177/0146167210390522

*Rosuzeita, F., Rabiaah, M. C., Rohani, I., & Shukri, O. M. (2018). The Effectiveness of

Breastfeeding Intervention on Breastfeeding Exclusivity and Duration among

Primiparous Mothers in Hospital Universiti Sains Malaysia. *The Malaysian Journal of Medical Sciences*, 25, 53-66. doi:10.21315/mjms2018.25.1.7

Shepherd, L., Walbey, C., & Lovell, B. (2017). The role of social-cognitive and emotional

factors on exclusive breastfeeding duration. *Journal of Human Lactation*, 33, 606-

613. doi:10.1177/0890334417708187

Stanley, T. D., & Doucouliagos, H. (2012). Meta-regression approximations to reduce

publication selection bias. *Research Synthesis Methods*, 5, 60-78.

doi:10.1002/jrsm.1095

Sterne, J. A. C., Egger, M., & Davey Smith, G. (2001). Investigating and dealing with

publication and other biases in meta-analysis. *British Medical Journal*, 323, 101-105.

doi:10.1002/9780470693926.ch11

- Stuebe, A. M., Jegier, B. J., Schwarz, E. B., Green, B. D., Reinhold, A. G., Colaizy, T. T., ... Bartick, M. C. (2017). An Online Calculator to Estimate the Impact of Changes in Breastfeeding Rates on Population Health and Costs. *Breastfeeding Medicine*, 12, 645-658. doi:10.1089/bfm.2017.0083
- *Su, M., & Ouyang, Y. Q. (2016). Father's Role in Breastfeeding Promotion: Lessons from a Quasi-Experimental Trial in China. *Breastfeeding Medicine*, 11, 144-149. doi:10.1089/bfm.2015.0144
- Swanson, V., & Power, K. G. (2005). Initiation and continuation of breastfeeding: theory of planned behaviour. *Journal of Advanced Nursing*, 50, 272-282. doi:10.1111/j.1365-2648.2005.03390.x
- *Tahir, N. M., & Al-Sadat, N. (2013). Does telephone lactation counselling improve breastfeeding practices?: A randomised controlled trial. *International Journal of Nursing Studies*, 50, 16-25. doi:10.1016/j.ijnurstu.2012.09.006
- The Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group. (2004). Grading quality of evidence and strength of recommendations. *British Medical Journal*, 328, 1490-1494. doi:10.1136/bmj.328.7454.1490
- United Nations International Children's Emergency Fund (UNICEF) (Eds). (2011). *The State of the World's Children 2011: Adolescence: An age of opportunity*. Retrieved from https://data.unicef.org/wp-content/uploads/2015/12/SOWC_2011_83.pdf
- Vevea, J. L. & Hedges, L. V. (1995). A general linear model for estimating effect size in the presence of publication bias. *Psychometrika*, 60, 419-435. doi:10.1007/BF02294384
- Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, S., Krasevec, J., ... Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387, 475-490. doi:10.1016/S0140-6736(15)01024-7

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- World Health Organisation [WHO]. (2013). *WHO recommendations on postnatal care of the mother and newborn*. Retrieved from http://www.who.int/maternal_child_adolescent/documents/postnatal-care-recommendations/en/
- World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF) (Eds.). (2003). *Global strategy for infant and young child feeding*. Retrieved from <http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>
- World Health Organisation (WHO). (2001). Global strategy for infant and young child feeding: The optimal duration of exclusive breastfeeding. Fifty-fourth World Health Assembly Provision Agenda Item 13.1 A54/INF.DOC./4 1 May 2001. Retrieved from https://www.who.int/nutrition/topics/infantfeeding_recommendation/en/
- World Health Organisation (WHO). (2011). *Infant and Young Child Feeding by Country*. Retrieved from <http://www.who.int/nutrition/databases/infantfeeding/countries/en/index.html>
- Wan, H., Tiansawad, S., Yimyam, S., & Sriaporn, P. (2015). Factors predicting exclusive breastfeeding among the first time Chinese mothers. *Pacific Rim International Journal of Nursing Research*, 19(1), 32-44.
- *Wu, D. S., McCoy, T. P., & Efirid, J. T. (2014). The effects of a breastfeeding self-efficacy intervention on short-term breastfeeding outcomes among primiparous mothers in Wuhan, China. *Journal of Human Lactation*, 29, 484-490. doi:10.1111/jan.12349
- *Zhu, Y., Zhang, Z., Ling, Y., & Wan, H. (2017). Impact of intervention on breastfeeding outcomes and determinants based on theory of planned behavior. *Women and Birth*, 30, 146-152. doi:10.1016/j.wombi.2016.09.011

Table 1
Eligibility PICOS Criteria for Inclusion and Exclusion of Data

	Inclusion Criteria	Exclusion Criteria
Population	Women age 18 years or older; delivering single baby at $\geq 37^{+0}$ weeks gestation; recruited $\geq$ January 2004; interventions aimed at women and/or their significant others.	Sample with women < 18 years old; infants born before 37^{+0} weeks gestation and/or require admission to a Neonatal Unit.
Intervention	Social-psychological interventions aimed at improving breastfeeding outcomes (initiation; duration; exclusivity): cognitive behavioural therapies, action and commitment therapy, psychoanalytic, psychodynamic, systemic, mindfulness and/or art therapies; use of behaviour change techniques* ; start during antenatal period or postnatal period up to 6 months post-delivery.	Pharmacological or medical-based interventions; public health and/or policy-based interventions (e.g. baby friendly initiative); targeting maternal lactation factors; intrapartum interventions.
Control/Comparator	Control groups receiving no intervention treatment, care-as-usual as defined by study authors, or an alternative social-psychological, medical or pharmacological intervention	Comparators receiving intrapartum interventions; comparisons to previous infant feeding behaviours (e.g. previous parity).
Outcome(s)	Breastfeeding initiation (rate or %); Duration (N or % of women performing any or exclusive breastfeeding over time and/or absolute duration (days/weeks); Exclusivity (N or % of women feeding exclusively over time); Self-report perceived or actual support among women and/or significant others	Maternal lactation factors (e.g. timing of lactogenesis onset, assessment of milk quality or quantity)
Study Design	Randomised or non-randomised controlled trial; quasi-experimental studies; any country of origin; total $N \geq 20$	Meta-analysis; systematic review; narrative review; case study; qualitative study; grey literature; policy documents or guidelines; non-peer reviewed publications; opinion pieces; commentaries; editorials; conference/poster abstracts; theses.

Note. *As defined by Abraham & Michie (2008) taxonomy of behaviour change techniques, as well as additional techniques not included in the taxonomy but explicitly described by study authors. Therefore, eligible behaviour change techniques include (but are not limited to): providing general information about health behaviour; providing information on benefits/consequences of behaviour; provide information about others' approval; prompt intention formation; prompt barrier identification (e.g. problem solving), provide general encouragement; set graded tasks; provide instruction; model/demonstrate behaviour; prompt specific goal setting; prompt review of behaviour goals; prompt self-monitoring of behaviour; provide feedback on performance; provide contingent rewards; teach to use prompts/cues; agree a behavioural contract; prompt practice/guided practice; use follow up prompts; provide opportunities for social comparison; plan/prompt social support/change; prompt identification as role model; prompt self-talk; relapse prevention; stress management; motivational

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interviewing and/or time management.

For Peer Review Only

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Table 2
Study Characteristics Table

		Study Details		Populat ion				Comparison	Results					
#	Author (Year)	Country	Desi gn	Demog raphic	Maternal Age (yrs) ($\bar{x}$ ($_{SD}$))	Sample Size ^a N (I:C)	Control characteristics (As defined and described by authors)	Initiation % (n)		Duration (Any) % (n) ^{months}		Duration (Exclusive) % (n) ^{months}		
								(I)	(C)	(I)	(C)	(I)	(C)	
1	Abbass-Dick, Nelson, Watson and Dennis (2015).	Toronto, Canada	RCT	PP & their male partner s	(I) 30.4 (3.7) (C) 30.7 (3.8)	214 (107:107)	“Usual Care”; Standard in-hospital breastfeeding support and assistance as needed. Community breastfeeding support available.	NR	NR	26.0 (27) ^{6wks} 28.9 (30) ³	31.4 (32) ^{6wks} 27.6 (29) ³	72.1 (75) ^{6wks} 67.3 (70) ³	60.8 (62) ^{6wks} 60.0 (63) ³	
2	Ahmed, Szucs, Zhang and King (2016).	Midwester n U.S.A	RCT	PP & MP	(I) 29.9 (6.5) (C) 29.2 (6.3)	106 (49:57)	“Usual Care”; Standard in-hospital breastfeeding support and education; 1 phone call follow-up at 1- week PN; Community breastfeeding support available; Contact with LC available and encouraged if needed	100 (49)	100 (57)	30.6 (15) ¹ 24.5 (12) ² 24.5 (12) ³	54.4 (31) ¹ 59.6 (34) ² 47.4 (27) ³	63.3 (31) ¹ 63.3 (31) ² 55.1 (27) ³	40.4 (23) ¹ 19.3 (11) ² 19.3 (11) ³	
3	Bunik et al. (2010)	Colorado, U.S.A	RCT	PP	(I): 21.9 (med) (C): 22 (med)	335 (155:180)	"Usual Care" - Standard in-hospital care; Formula provided in discharge bags; PN HV at 3-5 days and 2weeks at home.	NR	NR	74 (88) ¹ 49 (58) ³ 28 (33) ⁶	74 (96) ¹ 54 (70) ³ 37 (48) ⁶	N/A No women exclusively women		
4	Fu et al. (2014)*	Hong Kong (S.A.R)	C- RCT	PP	I ^H 31.0 (4.6) I ^T 30.3 (4.3) (C) 30.2 (4.5)	724 (191 ^H :269 ^T :264)	"Usual Postpartum Care" - PN breastfeeding education from MW or LC; 1-2-1 support session available if needed; 1 x PN follow-up appointment at clinic; PSG information provided.	^H 100 (190) ^T 92.2 (259)	98.5 (256)	^H 50 (95) ¹ ^H 35.8 (68) ² ^H 25.3 (48) ³	^T 47.9 (125) ^T 37.2 (97) ² ^T 29.9 (78) ³	50.4 (131) ¹ 33.5 (87) ² 25 (65) ³	^H 21.6 (41) ¹ ^H 17.4 (33) ² ^H 17.9 (34) ³	^T 28.4 (74) ^T 21.5 (56) ² ^T 17.6 (46) ³
5	Hannula, Kaunonen and Puukka (2014)	Helsinki, Finland	QE	PP & MP	(I) 30.7 (4.1) (C) 30.9 (4.6)	705 (431:274)	"Usual Care" - 1-2-1 information from MV/N; Breastfeeding education video available; Public childbirth and parenting education group available.	99.5 (423)	99.3 (271)	NR		NR		
6	Jiang et al. (2014)	Shanghai, China	QE	PP	NR	582 (281:301)	"Usual Care" - Routine perinatal care and PN check-ups in first year	NR	NR	20.2 (52) ¹²	19.2 (50) ¹²	46.4 (123) ⁴ 15.1 (40) ⁶	39.9 (114) ⁴ 6.3 (18) ⁶	
												76.6 (23) ¹ 66.7 (20) ² 60 (18) ³	46.7 (14) ¹ 26.7 (8) ² 20 (6) ³	
7	Kang, Choi and Ryu (2008).	Chungju, Republic of Korea	QE	PP & MP	NR	60 (30:30)	"Usual Care" - Routine PN breastfeeding information.	NR	NR	NR		NR		
8	Khresheh, Jalamdeh and Barclay (2011)	Karak, Jordan	RCT	PP	NR	140 (72:68)	"Usual Care" - Routine PN care	NR	NR	NR	NR	39 (17) ⁶ 27 (12) ⁶		
9	Kupratakul, Taneepanichsku l, Voramongkol & Phupong (2010)	Bangkok, Thailand	RCT	PP & MP	(I) 27.8 (6.5) (C) 28.8 (6.3)	80 (40:40)	"Usual Care" - Standard breastfeeding education x2(minimum) at routine AN appointments: breast and nipple check, advice on benefits of breastfeeding, importance of exclusive breastfeeding, information on latching and positioning, early initiation, disadvantages of formula feeding, and breastfeeding and return to work; Breastfeeding information leaflet provided.	100 (40)	89.5 (34)	22.5 (15) ¹ 37.5 (15) ² 50 (20) ³ 52.5 (21) ⁴ 55 (22) ⁵ 55 (22) ⁶	36.8 (14) ¹ 26.3 (10) ² 31.6 (12) ³ 39.5 (15) ⁴ 31.6 (12) ⁵ 21.1 (8) ⁶	77.5 (31) ¹ 62.5 (25) ² 50 (2) ³ 35 (14) ⁴ 25 (10) ⁵ 20 (8) ⁶	52.6 (20) ¹ 36.8 (14) ² 34.2 (13) ³ 7.9 (3) ⁴ 2.6 (1) ⁵ 0 (0) ⁶	
10	Labarère et al. (2011)	France	QE	PP & MP	(I) 30 (med) (27-33) (C) 30 (med) (27-33)	549 (272:277)	"Usual Care" - 1hour routine AN education and childbirth classes; Telephone support number provided.	NR	NR	87.9 (211) ¹	88.6 (209) ¹	NR	NR	

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11	Li, Cong, Li & Li (2018)	Yantai, China	QE	PP	(I) 28.0 (3.7) (C) 27.3 (3.8)	100 (50:50)	"Usual Care" - Routine obstetric care	NR	NR	34 (17 ^{6wks})	58 (29) ^{6wks}	62 (31) ^{6wks}	38 (19) ^{6wks}
12	Liu, Zhu, Yang, Wu & Ye (2017)	Xiamen, China	QE	PP	(I) 67.7% 25-30yrs (C) 75.4% 25-30yrs	146 (71:75)	"Usual Care" - Choice of physician, antenatal visits and antenatal classes.	4.6 (3) ^{EBF}	2.3 (2) ^{EBF}	NR	NR	27.7 (18) ¹ 24.6 (16) ²	3.1 (2) ¹ 1.5 (1) ²
13	Maycock et al. (2013)	Perth, Australia	RCT	Mother Father couples	(I) 27 (med) (18-44) (C): 27 (med) (18-42)	699 couples M: 656 (358: 298) F: 667 (365: 302)	"Usual Care" - Weekly AN classes; Routine in-hospital and PN care	NR	NR	35.1 (124) ^{6wks}	30.5 (91) ^{6wks}	46.5 (164) ^{6wks}	44.6 (133) ^{6wks}
14	Meedya, Fahy, Yoxall & Parratt. (2014)	Sydney, Australia	QE	PP	26.6 (2.9) ^{Total}	366 (172:194)	"Usual Care"- AN breastfeeding education including importance of early skin-to-skin and early initiation; PN referral to MW/LC for any breastfeeding problems; PN breastfeeding education by MW/LC.	NR	NR	36.1 (52) ¹ 49.6 (55) ⁴ 80.9 (76) ⁶	50.4 (60) ¹ 55.6 (40) ⁴ 93.4 (57) ⁶	63.9 (92) ¹ 50.5 (56) ⁴ 19.1 (18) ⁶	49.6 (59) ¹ 44.4 (32) ⁴ 6.6 (4) ⁶
15	Rasmussen, Zelek, Altabet and Kjolhede (2011)	New York, U.S.A	RCT	PP & MP, obese women	(I) 27.3 (8.6) (C) 26.6 (9.1)	40 (20:20)	"Usual Care" - Standard AN (phone call from LC) and PN (room-in with infant) care.	100 (19)	100 (20)	68 (13) ¹ 32 (6) ³	90 (18) ¹ 60 (12) ³	42 (8) ¹	67 (12) ¹
16	Rosuzeita, Rabiaah, Rohani, & Shukri (2018)	Kelantan, Malaysia	QE	PP	(I) 26.7 (3.8) (C) 24.6 (4.10)	96 (48:48)	"Usual Care" - discuss breastfeeding at immunisation checks, communication with LC, leaflets given during AN/PN follow-up, breastfeeding advice at any time from any health care workers, the media, peer counsellors, family or friends".	93.8 (45)	89.1 (41)	NR	NR	53.2 (25) ^{6wks} 54.3 (25) ⁴ 27.3 (12) ⁶	42.2 (19) ^{6wks} 2.5 (13) ⁴ 16.7 (7) ⁶
17	Su & Ouyang (2016)	Wu Han, China	QE	PP & their male partner s	(I) 28 (4.22) (C) 29 (2.88)	72 couples (36:36)	Only mothers to attend AN education sessions (i.e. without partner) which included benefits of breastfeeding, risk of formula feeding/ incorrect feeding, stomach capacity of babies, initiating breastfeeding, latching and positioning, common breastfeeding problems.	97.2 (35)	86.1 (31)	33.3 (12) ¹ 34.3 (12) ⁴ 40 (14) ⁶	14.7 (5) ¹ 44.1 (15) ⁴ 38.2 (13) ⁶	61.1 (22) ¹ 51.4 (18) ⁴ 40 (14) ⁶	61.8 (21) ¹ 26.4 (9) ⁴ 17.6 (6) ⁶
18	Tahir & Al-Sadat (2013)	Kuala Lumpur, Malaysia	RCT	PP& MP	(I) 28.5 (4.29) (C) 23.7 (4.43)	357 (179:178)	"Usual Care"- AN and PN breastfeeding education leaflet; PN discussion breastfeeding at vaccination appointment; opportunity to discuss with LC or HCP at routine HV.	NR	NR	11.5 (19) ¹ 48.1 (78) ⁴ 78.2 (125) ⁶	17.9 (29) ¹ 48.4 (77) ⁴ 74.1 (117) ⁶	84.3 (140) ¹ 42 (68) ⁴ 12.5 (20) ⁶	74.7 (121) ¹ 39 (62) ⁴ 12 (19) ⁶
19	Wu et al. (2014)	Wu Han, China	QE	PP	(I) 28.4 (2.76) (C) 27.8 (2.98)	74 (37:37)	"Usual Care"- Standard in-hospital care; PN follow-up by N	NR	NR	90.9 (30) ¹ 87.9 (NR) ²	76.5 (26) ¹ 67.6 (NR) ²	NR	NR
20	Zhu, Zhang, Ling & Wan (2017)	Shanghai, CHINA	Q-RCT	PP & SO	(I) 29.6 (3.39) (C)29.02 (3.76)	285 (157:128)	"Usual Care" -1 antenatal breastfeeding class, rooming-in, breastfeeding initiation encouraged within 30mins of delivery, lactation consultant support, and information leaflet on breastfeeding presented in the ward during their stay.	94.9 (149)	88.3 (113)	35.0 (55) ^{6wks}	49.2 (63) ^{6wks}	57.3 (90) ^{6wks}	28.1 (36) ^{6wks}

Note. ^aSample size was n recruited and received intervention; RCT = Randomised Controlled Trial; C-RCT = Cluster Randomised Controlled Trial; QE = Quasi-Experimental Study; PP = Primiparous women; MP = Multiparous women; SO = Significant Other; AN = Antenatal; PN = Postnatal; LC = Lactation Consultant; HV = Health Visits; MW = Midwife; N = Nurse; HCP = Health Care Practitioner/Provider; PSG = Peer Support Group; (I) = Intervention Group; (C) = Control Group; Med = Median; M = males; F = females; *For Fu et al. I^H = Intervention Arm 1 (In-Hospital Support arm) and I^T = Intervention Arm 2 (Telephone Support arm); NR = Not Reported; ^{EBF} = Data only available for Exclusive breastfeeding, not exclusive and any breastfeeding as in all other data for initiation.

Table 3
Study Intervention Characteristics Table

Structure and Timing of Intervention Delivery			Content	Mode of Delivery
Abbass-Dick et al. (2015).	PN	15 minute face-to-face (1-2-1) discussion with LC in-hospital (within 48 hours PN)	How breastfeeding works; how fathers can help mothers who are breastfeeding; how and where to access breastfeeding support in the community	F2F (1-2-1); Video; Website; Booklet
		11 minute educational video	Information on co-parenting; breastfeeding; demonstrate couples working together towards breastfeeding goals	
		Co-parenting activity booklet	Information, skills and elements of co-parenting	
		Breastfeeding booklet	Educational information on breastfeeding to take home	
		Access to website with informational resources	Information on breastfeeding; co-parenting and ‘additional helpful information’ resources	
		Email (1 week & 3 weeks PN)	Assistance and reminder to work through co-parenting activity booklet and information resources	
		Telephone call (2 weeks PN)	Follow-up for questions and concerns about materials provided.	
Ahmed et al. (2016).	PN	Interactive Web Based Breastfeeding monitoring system (30 days use)	Mothers entered information on breastfeeding routine, wet and dirty nappies and any breastfeeding problems into interactive system monitored by LC or RA. Application provides tailored feedback messages on breastfeeding behaviour based on information entered; sends positive messages to mothers reporting optimal breastfeeding behaviours. Information available on system at all times: Feeding cues; milk supply; jaundice; latching; pumping; return to work/school.	Website
		LC or RA introduced women to application prior to hospital discharge.		

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Bun ik et al. (201 0)	PN	Telephone Calls from Nurse every day from day of discharge to 2 weeks PN	Importance of colostrum and good latch; engorgement; assessing milk supply with baby 'output'; nipple pain; thrush; duration of breastfeeding; crying; modesty while breastfeeding; family support; ' <i>La cuarentena</i> '; support groups; maternal illness and breastfeeding; post-partum depression and baby blues; medications; diet; pumping; return to work; time away from baby; growth spurts and cluster feeding.	TP (1-2-1)
Fu et al. (201 4) [#]	PN	(H) 1-2-1, face-to-face sessions with MW/LC: x 2 within 24 hrs of delivery; x 1 within 24 hours before discharge. Each session 30 - 45 minutes	Discussed and demonstrate benefits of exclusive breastfeeding; lactation process; breastfeeding problems; guidance and instructions for latching and positioning; feeding cues; pumping and hand expressing. MW/ LC observed and guided a feed each session.	F2F (1-2-1)
		(T) One telephone call within 72 hours discharge from MW / LC.	Information and discussion on breastfeeding general knowledge; infant feeding cues and feeding patterns; mother and infant health; latching and positioning; milk supply; infant weight gain; breastfeeding problems.	TP (1-2-1)
		Weekly telephone call up to 4 weeks PN or until breastfeeding cessation. Delivered by MW / LC. Each session 20 – 30 minutes.	Feeding in public; return to work; pumping and expressing; where to seek further professional support and medical consultation; verbal encouragement of exclusive breastfeeding at each session.	

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Han nula et al. (201 4)	AN & PN	Web-page access (AN)	Information, pictures, videos and educational games under six themes: Mum; Dad; Baby; Life as a family; What to do when you need help; Support.	Website; F2F (1- 2-1)
		N and MW staff training via lectures and workshops to support women to breastfeed	Empowering parents; importance of partners' presence and role; importance of first breastfeed and skin-to-skin; how to assess breastfeeding and identify need for tailored support using the LATCH ¹ ;	
		Access to an outpatient breastfeeding support clinic if needed.		
Jian g et al. (201 4)	AN & PN	Weekly SMS Text messages (180-210 characters long). Each 2 month period has a 'theme' of time appropriate information: Third trimester, 0-2 months, 2-4 months, 4-6 months, >6 months.	Third trimester: preparing for breastfeeding; breastfeeding instructions for vaginal or caesarean delivery; how to avoid infant reflux 0-2 months PN: Problems with initiating breastfeeding and how to respond; breastfeeding after caesarean delivery. 2-4 months PN: Encouraging exclusive breastfeeding; advice against complimentary feeding; return to work and breastfeeding 4-6 months PN: How to return to work and breastfeed; support for continuing EBF to 6 months; infant weaning at 6 months ≥6 months: Encourage continued breastfeeding; how to introduce family foods	SMS

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Kan g, et al. (200 8).	PN	Four 60 minute workshop-style sessions. Face-to-face, groups (up to 10 women in each); delivered by RA (also LC). Session 1: 3 days after entering PN care; Session 2, 3 & 4 over subsequent 5 days. Empowerment programme 4 x 60 minute workshop style sessions over 5 days in groups of up to 10 women.	Content based on conceptual framework of Freire (1983) ² empowerment education model. Session 1: Personal Empowerment; Reasons for choosing breastfeeding; information on breastmilk; confirming choice to breastfeed; affirming choice with “shouting out loud the breastfeeding self-efficacy improvement slogan” Session 2: Personal Empowerment; “shouting out loud the breastfeeding self-efficacy improvement slogan”; advantages of breastfeeding; problems encountered with breastfeeding; breastmilk knowledge sharing; confirm 10 steps to successful breastfeeding; correct breastfeeding method; introduce breastfeeding diary; breastfeeding problem solving; breast care. Session 3: Group Empowerment; Family and friend support; information on successful breastfeeding; discuss breastfeeding difficulties; share breastfeeding experiences; provide breastfeeding diary; discuss breastfeeding problem solving. Session 4: Social Policy Empowerment; Discuss breastfeeding policy; watch breastfeeding video; discuss emotions during breastfeeding; present breastfeeding diary; summary of workshops. Benefits of breastfeeding; importance of exclusive breastfeeding; information on latching and positioning; overview of breastfeeding problems; information on infant growth and development. Provide breastfeeding information and support; monitor breastfeeding progress and identify problems.	F2F (group); Booklet; Journal; Videos
Khr eshe h et al. (201 1)	PN	One 1 hour breastfeeding education session within 2 hours PN (face-to-face (1-2-1)); provide breastfeeding information leaflet. Telephone call (2 months PN) Telephone call (4 months PN)		F2F (1- 2-1); TP (1-2-1)

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Kup rata kul et al. (2010)	AN & PN	One 3 hour face-to-face (group) <i>Knowledge Sharing Practices with Empowerment Strategies (KSPES)</i> session delivered by researcher (AN)	Knowledge Sharing Practice (KSP) and applying them with empowerment based on Gibson’s theory which consists of 4 steps: discovering reality, critical reflection, taking charge, and holding on. Discuss breastfeeding knowledge and techniques using storytelling, experiencing by best practices, demonstrating and displaying thoughts of pregnant women.	F2F (group); F2F (1-2-1) (if necessary)
Lab arèr e et al. (2011)	AN & PN	One-to-one individual postnatal support (home visits) available for women who had problems with exclusive breastfeeding. CD-ROM introduced and provided during antenatal childbirth classes (AN) During PN stay in hospital access to computer with CD-ROM provided; copy of CD-ROM provided at discharge to take home and use. Animations and videos on CD-ROM used to demonstrate breastfeeding positioning and latching techniques. Telephone number of PSG provided	Content based on self-efficacy theory with 4 main themes: health benefits of prolonged breastfeeding duration; realistic breastfeeding duration goals; cognitive and behaviour skills to address breastfeeding problems; self-monitoring of breastfeeding behaviour. CD-ROM included 12 modules to complete in any order; Benefits of prolonged breastfeeding; the process of lactation; practical tips for breastfeeding; breastfeeding initiation in hospital; common breastfeeding problems; managing common breastfeeding problems; breastfeeding in special conditions; breastfeeding and going to work; breastfeeding accessories and supplies; frequently asked questions; breastfeeding resources and initiatives.	CD-ROM; Booklet

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Li et al. (2018)	PN	Throughout their stay in hospital women received an education and behaviour intervention.	Benefits of breastfeeding (through booklet, online platform, class and one-to-one advice)	F2F (1-2-1), website, booklet.
		Information on breastfeeding provided on admission.	Guidance on latch, positioning and posture	
		Within 30 minutes of delivery, nurse consultation	Demonstrate correct latch, positioning and posture.	
		Nurse guided activity	Mothers guided by nurses to be active and get out of bed to do 'moderate activity' postpartum ; Nutritional, sleep and rest recommendations	
		Instructions for breast care and massage	Guided breast care and breast massage; hot compress for 10mins and massage for 20mins; Provide solutions and guidance for lactation issues (engorgement, mastitis, nipple pain etc.).	
		Access to online platform for help and advice		
		Breastfeeding class (<i>no details</i>)	Guided to participate in newborn care	

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Liu et al. (2017)	AN & PN	One 1 hour antenatal breastfeeding workshop	Based on self-efficacy theory: Explore feelings and thoughts related to previous accomplishments and prompted think about incorporating skills into performance of future breastfeeding (<i>i.e. future performance accomplishments</i>).	F2F (group) (AN);
		One 1 hour postnatal one-to-one breastfeeding counselling session (researcher provided):		F2F 1-2-
		Husbands/significant others invited to workshop.	Video demonstration of skills and perseverance needed with breastfeeding and common problems that occur when breastfeeding (<i>enhance vicarious experience</i>)	1 (PN); written material
			Highlight importance of support and encouragement needed from others (<i>verbal persuasion aimed at husbands</i>)	
			Visual and written examples of how negative physiological responses can affect mothers, and guidance/ discussion on how to change perceptions and gain control. (<i>Self-talking/ problem solving/ physiological responses</i>).	

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May coc k et al. (201 3)	AN & PN	One 2 hour, face-to-face (group) education session (AN) by male facilitator	Benefits of breastfeeding; difficulties with breastfeeding; how and what support to offer; infant development and postpartum depression; problem solving and methods for reducing father's anxiety; role of the father in supporting breastfeeding discussed.	F2F (group); Booklets
		PN social support packages delivered to fathers (parents) at home, weekly up to 6 weeks PN; leaflets; materials to facilitate behaviour; promotional and motivational materials.	1-week PN: Congratulations card; nipple cream; developmental milestones leaflet for fathers to track baby's growth and development. 2-weeks PN: good nutrition for breastfeeding; dietary guidelines. 3-weeks PN: 'how to relax' leaflet; herbal teas to reduce stress and fatigue. 4-weeks PN: Beer holder with study logo 5-weeks PN: postcard with signs and symptoms of postnatal depression; information booklet on postnatal depression; contact information for more support.	
Mee dya, et al. (201 4)	AN & PN	One face-to-face (group) education session (1.5 hours) in second trimester delivered by LC; 10 - 20 people per group; educational materials to take home. Two telephone calls with LC (10 days PN and 3 months PN)	Benefits of breastfeeding; importance of skin-to-skin; importance of early initiation; latching and positioning; demand feeding; rooming-in; feeding cues; satiety cues; effects of dummies and bottles before breastfeeding is established; normal changes to body; normal baby behaviour; infant growth and development up to 6 months. Learning materials provided (information leaflet, breastfeeding calendar, DVD and motivational postcards). Encouragement; positive reinforcement; discuss difficulties and concerns; baby's behaviour; sufficient milk supply.	F2F (group); TP (1-2- 1)

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Rasmusen et al. (2011)	AN & PN	One telephone call (AN) from LC	Asked about women's knowledge, expectations and perceptions; review practical points on breastfeeding; answer any questions.	F2F (1-2-1); TP (1-2-1)
		PN targeted care	Room-in with infant following delivery; observed breastfeeding using MBA ³ tool once during each 8-hour shift; encourage women to get up and move; ask visitors to leave if they had been there more than 2-hours or if there were too many visitors.	
		Two telephone calls: 24 hours and 72 hours after discharge from LC; visit from LC ordered if necessary.	Content unknown.	
Rosuzaita et al. (2018)	AN & PN	Antenatal breastfeeding education module at 28+ weeks on breastfeeding (slide presentation given as visual notes) and information booklets given out. Video and practical demonstrations.	Breast anatomy, lactation, advantages of breastfeeding, latching and positioning, indicators of milk supply, feeding cues, common breastfeeding problems and solutions, formula cost, manual breastmilk expression, pumping/expressing, storage of breastmilk and diet. Video entitled "Nature's Way: Video Guide to Breastfeeding" was shown. Practice breastfeeding positioning using mannequins.	F2F 1-2-1 (PN); written material; video
		Within one week PN, one face-to-face support session from researcher	Information on breastfeeding, encouragement on exclusive breastfeeding to 6 months, answer questions, discuss any doubts or anxieties, assist with establishing breastfeeding (video shown again), manual expression, management of nipple damage, discuss any problems with breastfeeding.	

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3	Su	AN	One face-to-face (group) education session (1 - 1.5	Information booklet provided	F2F
4	&		hours) for mothers and fathers; 4 - 8 people in each		(group)
5	Ouy		group		
6	ang				
7	(201		Lecture	Benefits of breastfeeding; risks of formula feeding or incorrect	
8	6)			feeding; stomach capacity of babies; breastfeeding initiation;	
9				latching and positioning; common problems with breastfeeding	
10				and solutions to these; decision making in breastfeeding;	
11				validate mothers feeding decisions and discuss how fathers can	
12				be involved in decision making going forward; how fathers can	
13				provide emotional support for breastfeeding; how to implement	
14				being supportive for mothers; meeting the needs of the mother	
15				(breast models and newborn dolls used as props and	
16				demonstration tools throughout).	
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20			Skills training	Demonstrate the correct breastfeeding positions; practice the	
21				behaviour; Fathers demonstrate how they can help mothers with	
22				positioning and practice.	
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25			Discussion	Do you have any misconceptions about breastfeeding; What do	
26				you know now you didn't know before; any questions or	
27				concerns?	
28				“Lactation Counselling” - Content unknown.	
29	Tahi	PN	Telephone sessions twice per-month from LC to		TP (1-2-
30	r &		provide lactation counselling; from 0 to 6 months		1)
31	Al-		PN; Average duration of phone call 58.4 minutes (<i>SD</i>		
32	Sad		= 38.5) (range 0-210 minutes). On average 4.33 calls		
33	at		per participant (<i>SD</i> = 3.14) (range 0-12 calls).		
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Wu et al. (2014)	PN	Two face-to-face (1-2-1) sessions: 24 hours and 48 hours PN. One telephone session one week after hospital discharge.	Individualised intervention for each mother based on Bandura Self-Efficacy Theory ⁴ performance accomplishment, vicarious experience, verbal persuasion, physiological and emotional states. Six topical modules tailored to include: Why breastfeeding is important; Helping the mother with early breastfeeding; Positioning a baby at the breast; Expressing breast milk; Concerns about not enough milk; Breast conditions. Verbal persuasion: Provide positive feedback whenever appropriate, highlighting personal capabilities; Create optimistic beliefs (i.e. you have what it takes to succeed.); Correct any inaccurate and low perceptions of performance capability; Provide accurate information to increase sense of ability; Provide support when handling pressure and failure; Encourage mother to envision successful performances and manage self-defeating thoughts on how she might persevere through any breastfeeding difficulties that are apparent to the mother. Performance accomplishment: Provide positive reinforcement and suggestions about how to improve future breastfeeding and expressing performance; Give attention to successful or improved aspects of breastfeeding performance; Set short-term goals that the mother will be able to achieve; Identify and reinforce past and present successes or accomplishments; Provide anticipatory guidance that difficulties may be encountered, especially in the early period; Success usually requires tenacious effort and it is how the difficulties are handled that will determine future success.	F2F (1-2-1); TP (1-2-1)
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Vicarious experience: Use visual aids to make unobservable breastfeeding skills apparent to mother; demonstrate positioning or proper latch; Provide written materials to supplement learning.

Physiological and emotional states: Correct any misinterpretations of body states; Provide anticipatory guidance that the tendency to experience anxiety, pain, and fatigue should be explicitly acknowledged and normalized.

Zhu et al. (2017)	PN	Information session at 1 day postpartum; 30 – 60 minutes with mother and significant other.	Benefits of breastfeeding, breastfeeding techniques, coping strategies for breastfeeding problems (e.g. breast pain, engorgement etc.), milk intake and supply, nutritional value of breastmilk.	F2F (1-2-1 and group); video; TP (1-2-1).
		Group education in obstetric unit (1 hour) at 2 days postpartum; 30 minute lecture, 15 minutes practice, 15 minutes discussion.	Lecture on breastfeeding, video on benefits and importance of breastfeeding, practice of correct breastfeeding position and latching, discussion on the plan for breastfeeding going forward and sharing experiences with others about successful initiation.	Intervention delivered by trained Obstetric nurse.
		Group activity at 6 week check-up appointment	Group discussion; benefits of breastfeeding, importance of exclusive breastfeeding, discuss beliefs about breastfeeding and correct wrong beliefs, encourage maintenance of exclusive breastfeeding, discuss problem solving for breastfeeding issues.	
		Telephone counselling (within 3 days after discharge) weekly to 6 weeks postpartum. Phone calls for 20 – 30 minutes.	Emphasize importance of exclusive breastfeeding, provide emotional support, reinforce coping strategies, dealing with problems with breastfeeding.	

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AN = Antenatal; PN = Postnatal; LC = Lactation Consultant; MW = Midwife; N = Nurse; PSG = Peer Support Group; RA = Research Assistant;
#For Fu et al. (H) = Intervention Arm 1 (In-Hospital Support arm) and (T) = Intervention Arm 2 (Telephone Support arm); F2F = Face-to-face
delivery; TP = Telephone; 1-2-1 = one-to-one delivery.

For Peer Review Only

Figure 1. PRISMA flow-chart diagram of full search strategy. A total of 1,316 citations were excluded on title, and 234 were then excluded on abstract screening. Thirty-eight relevant systematic reviews and meta-analyses were identified in title (26) and abstract (12) screening for reference list screening. Four articles eligible for inclusion were identified here. The search was updated on 01-June-2018. N = 339 articles were identified in the updated search after duplicates were removed. Twenty full-text articles were screened, and 16 were excluded with reasons. Four articles were eligible for inclusion from the updated search. Throughout the searches full text articles were excluded on the first identified exclusion criteria or failure to meet inclusion criteria.

419x593mm (96 x 96 DPI)

Study reference number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Provide general education information	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Provide information on (+/-) of behaviour ¹			x		x	x	x		x	x	x	x				x	x			x
Provide general instruction	x	x		x	x	x		x	x		x	x				x				x
Model / demonstrate behaviour	x			x	x		x	x		x	x	x		x		x	x		x	x
Prompt barrier identification							x			x ²		x	x			x			x	x
Provide general encouragement		x					x					x		x		x			x	x
Practice / guided practice of behaviour					x						x	x				x	x		x	x
Prompt specific goal setting										x ²									x	x
Plan/prompt use of social support			x				x					x	x	x			x			
Provide opportunity for social comparison							x		x				x				x			x
Provide feedback on performance/behaviour		x																		
Prompt self-monitoring of behaviour		x					x			x ²										
Follow-up prompt (to use resources)	x										x									
*Provide tailored information		x						x												x
*Provide materials to facilitate behaviour													x							
*Provide continuous professional support														x	x					x
*Use verbal persuasion																	x			
*Reattribute negative thoughts & experiences												x							x	
*Reinforce self-persuasion																			x	
*Reflective listening																			x	

Figure 2. A visual representation of the variety and quantity of behaviour change techniques used across interventions. *BCTs not accounted for in Abraham and Michie’s (2008) taxonomy but explicitly used in interventions; ¹Provide information on the benefits and consequences of performing and/or not performing behaviour; ²Labarère et al. (2011) all these techniques are explicitly mentioned in the intervention description, but there is no detail of how the intervention achieved this within the modules of the CD-ROM.

275x190mm (96 x 96 DPI)

Figure 3. Forest plot of the effect of social-psychological interventions on breastfeeding initiation (any and exclusive breastfeeding measured within the first week postpartum).

168x120mm (220 x 220 DPI)

Figure 4. Forest plots of the effect of social-psychological interventions on the duration of any breastfeeding overall. Data for any breastfeeding at 3 months postpartum were used to calculate an overall pooled effect estimate. Where data at 3 months were not available, data from the closest timepoint were taken such that data for any breastfeeding at 3 months were used in six cases (1, 2, 3, 4, 9, 15), data at 2 months were used in four cases (11, 13, 19, 20), data from 4 months were used in four cases (14, 16, 17, 18), data from 1 month were used in one case (10), and also at 12 months (6). NB: data from study 11 (Li et al., 2018), 13 (Maycock et al., 2013), and 20 (Zhu et al., 2017) only recorded data for any breastfeeding at 6 weeks postpartum, and this was included in analysis at 2 months postpartum to reflect likelihood of continuing breastfeeding past 1 month postpartum.

158x126mm (220 x 220 DPI)

Figure 5. Forest plots of the effect of social-psychological interventions on the duration of any breastfeeding over monthly intervals across the postpartum period. Pooled effect estimates were calculated for the outcome of any breastfeeding at 1 month ($k = 10$), 2 months ($k = 9$), 3 months ($k = 6$), 4 months ($k = 5$) and 6 months ($k = 6$). Data from study 11 (Li et al., 2018), 13 (Maycock et al., 2013), and 20 (Zhu et al., 2017) recorded data for any breastfeeding at 6-weeks postpartum, and this was included in analysis at 2 months postpartum to reflect likelihood of continuing breastfeeding past 1 month postpartum. Social-psychological interventions had no significant effect on the likelihood of continuing any breastfeeding across the postpartum period.

148x171mm (144 x 144 DPI)

Figure 6. Forest plots of the effect of social-psychological interventions on the duration of exclusive breastfeeding overall. For overall pooled estimate, data for exclusive breastfeeding at the median timepoint (i.e. 3 months) were used. Where data at 3 months were not available, data from the closest timepoint in each study were used such that exclusive breastfeeding data at 3 months were used in five cases (1, 2, 4, 7, 9), data from 4 months postpartum were used on four occasions (6, 14, 17, 18), data from 2 months (11, 12, 13, 20) were used in four cases, and data from 1 month (13), and 6 months (8) were used once each respectively. Data from study 11 (Li et al., 2018), 13 (Maycock et al., 2013) and 20 (Zhu et al., 2017) recorded data for exclusive breastfeeding at 6-weeks postpartum, and this was included in analysis at 2 months postpartum to reflect likelihood of continuing breastfeeding past 1 month postpartum. Social-psychological interventions were found to significantly increase the likelihood of exclusive breastfeeding across the postpartum period.

280x219mm (144 x 144 DPI)

Figure 7. Forest plots of the effect of social-psychological interventions on the duration of exclusive breastfeeding over monthly intervals across the postpartum period. Pooled effect estimates were calculated for the outcome of any breastfeeding at 1 month ($k = 9$), 2 months ($k = 10$), 3 months ($k = 5$), 4 months ($k = 6$) and 6 months ($k = 7$). Data from study 11 (Li et al., 2018), 13 (Maycock et al., 2013) and 20 (Zhu et al., 2017) recorded data for exclusive breastfeeding at 6 weeks postpartum, and this was included in analysis at 2 months postpartum to reflect likelihood of continuing breastfeeding past 1 month postpartum.

Social-psychological interventions significantly increased the likelihood of women continuing exclusive breastfeeding across the postnatal period to 6 months.

150x171mm (144 x 144 DPI)

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Adequate and Appropriate Eligibility Criteria (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Flaws in Outcome Measurement (detection bias)	Controlling for Confounders (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Abbass-Dick et al. (2015)	+	+	-	-	+	?	+	+	+	-
Ahmed et al. (2016)	+	+	?	-	?	-	+	-	+	-
Bunik et al. (2010)	+	?	?	-	-	-	+	-	-	-
Fu et al. (2014)	+	+	+	-	?	?	+	+	-	-
Hannula et al. (2014)	-	-	-	-	?	-	-	-	?	-
Jiang et al. (2014)	?	-	+	-	+	?	?	-	+	?
Kang et al. (2008)	-	-	?	-	-	-	-	?	+	-
Khresheh et al. (2011)	+	+	?	-	-	-	?	?	+	-
Kupratakul et al. (2010)	+	+	?	-	-	?	?	+	?	-
Labarère et al. (2011)	-	-	?	-	-	?	?	+	?	-
Li et al. (2018)	?	?	?	-	?	?	-	-	?	-
Liu et al. (2017)	-	?	?	-	?	-	-	+	+	?
Maycock et al. (2013)	+	?	?	-	?	-	+	-	+	?
Meedya et al. (2014)	-	-	+	-	-	-	?	+	+	-
Rasmussen et al. (2011)	?	?	?	-	+	-	?	-	-	-
Rosuzelta et al. (2018)	-	-	?	-	-	?	-	+	+	?
Su & Ouyang (2016)	-	?	+	-	-	-	-	?	+	-
Tahir & Al-Sadat (2013)	+	?	?	-	+	?	-	?	-	-
Wu et al. (2014)	?	?	?	-	-	-	?	+	+	-
Zhu et al. (2017)	+	+	+	-	-	?	?	?	+	?

Figure 8. Risk of Bias assessment within studies using the Cochrane Risk of Bias assessment tool. Each study was rated across the criteria by two independent reviewers (PD and YSC) and a consensus was reached on a final rating as displayed above.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix A

Database Search Terms

Table A1

Database Search Terms

Database	Search terms
Maternal and Infant Care; PsycINFO; EMBASE (on Ovid)	1. breastfe* OR breast*fe*.m.titl, 2. psycho* OR therap* OR cogni* OR behav* OR interv* OR promot* OR chang* OR support.m_titl, ab, 3. initiat* OR cessat* OR duration OR maint* OR exclusiv*.m_titl, ab, 4. prenatal* OR antenatal* OR post*natal* OR peri*natal* OR post*partum.m_titl, ab, 5. Limit 1 to English language, 6. Limit 2 to yr="2004-current", 7. 1 and 2 and 3 and 4 and 5 and 6.
CINAHL	TI (breastfe* OR breast*fe*) AND SU (psycho* OR therap* OR congrni* OR behav* OR interv* OR promot* OR chang* OR support) AND SU (initia* OR cessat* OR duration OR maint* OR exclusiv*) AND SU (prenatal* OR antenatal* OR post*natal OR per*natal OR post*partum) AND PY 2004-2016 AND LA english.
The Cochrane Central Register of Controlled Trials & Cochrane Pregnancy and Childbirth Group Specialized Register	'breastfe* OR breast*fe* in Abstract AND psycho* OR therap* OR congrni* OR behav* OR interv* OR promot* OR chang* OR support in Title, Abstract, Keywords AND initia* OR cessat* OR duration OR maint* OR exclusiv* in Title, Abstract, Keyword AND prenatal* OR antenatal* OR post*natal OR per*natal OR post*partum in Title, Abstract, Keyword AND Publication Year from 2004 to 2016.
Web of Science	TI=(breastfe* OR breast*fe*) AND TS=((psycho* OR therap* OR congrni* OR behav* OR interv* OR promot* OR chang* OR support) AND (initia* OR cessat* OR duration OR maint* OR exclusiv*) AND (prenatal* OR antenatal* OR post*natal OR per*natal OR post*partum)) PY=(2004-2016). Refine by: Language; English.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix B

Full Screening Process of All Articles Identified in Stage I of the Search Strategy

Article No.	Article Type	Database	Author(s)	Title	Year Published	Include/ Exclude PD	Include/ Exclude 2nd Rater	Final Decision	Include for Reference List Search	Abstract	Include/ Exclude PD	Include/ Exclude 2nd Rater	Include for Reference List Search	Final Decision	Citation	Full Text Article Available?	Full Text Include / Exclude PD	Full Text Include / Exclude 2nd	Final Decision	Authors contacted Replied?	Include / Exclude Full Text based on Authors comments	Final Decision
1	Journal Article	Embase	Puapornpong P.	Nipple Pain Incidence, the Predisposing Factors, the Recovery Period after Care Management, and the Exclusive Breastfeeding Outcome.	2017	EXCLUDE	EXCLUDE	EXCLUDE		Background: Nipple pain is the most common complaint of breastfeeding mothers during the immediate postpartum period. Persistent nipple pain is associated with low breastfeeding rate at 6 months postpartum. Objective: To further explore the incidence of nipple pain, associated					Breastfeeding Medicine. 12 (3) (pp 169-173), 2017. Date of							
2	Journal Article	Embase	Schreck P.K.	Both Prenatal and Postnatal Interventions Are Needed to Improve Breastfeeding Outcomes in a Low-Income Population.	2017	INCLUDE		INCLUDE		Background: Breastfeeding provides many health benefits for mothers and their infants that span their life course. Despite this, national breastfeeding rates are below benchmarks set by the CDC (Centers for Disease Control and Prevention). Breastfeeding rates in the Detroit low-	INCLUDE			INCLUDE	Breastfeeding Medicine. 12 (3) (pp 142-148), 2017. Date of	YES	No	No	EXCLUDE			
3	Journal Article	Embase	Briley A.	Does maternal BMI impact on breastfeeding behaviour in obese women? A study from the UPBEAT trial.	2017	EXCLUDE		EXCLUDE		Introduction Maternal obesity has been associated with poorer breastfeeding outcomes, delayed lactogenesis and decreased intention to initiate breastfeeding. Methods Using 6 month postpartum data from UPBEAT trial participants, breastfeeding practices of obese mothers were explored.					BJOG: An International Journal of Obstetrics and Gynaecology.							
4	Journal Article	Embase	Raheem R.A.	Protective effects of breastfeeding against acute respiratory tract infections and diarrhoea: Findings of a cohort study.	2017	EXCLUDE		EXCLUDE		Aim: The objective of this paper is to identify associations between breastfeeding and acute respiratory tract infections (ARTIs) and diarrhoea. Methods: A cohort of 458 mothers was recruited at the antenatal clinics at Indira Gandhi Memorial and Abdul Rahman Dhon Kaleyfaanu Hospitals.					Journal of Paediatrics and Child Health. 53 (3) (pp 271-276),							
5	Journal Article	Embase	McLachlan H.L.	Breastfeeding initiation for Aboriginal and Torres Strait Islander women in Victoria: Analysis of routinely collected population-based data.	2016	EXCLUDE		EXCLUDE		Background: Increasing breastfeeding rates is one way of improving the short and long term health of Aboriginal and Torres Strait Islander children (hereafter referred to as Aboriginal). Despite the benefits of breastfeeding and recommendations for strategies to increase breastfeeding among					Women and Birth. (no pagination), 2017. Date of							
6	Journal Article	Embase	Smith E.R.	Performance of HIV Rapid Tests Among Breastfeeding, Malawian Infants.	2017	EXCLUDE		EXCLUDE		Introduction: Timely, accurate and affordable testing algorithms at point-of-care are critical for early infant HIV diagnosis and initiation of antiretroviral therapy in the postpartum period. We aimed to assess the utility of HIV rapid tests for young, breast-fed HIV-exposed infants in					Pediatric Infectious Disease Journal. 36 (4) (pp 405-411),							
7	Journal Article	Embase	Srinivas G.L.	A clinic-based breastfeeding peer counselor intervention in an urban, low-income population: interaction with breastfeeding attitude.	2015	INCLUDE		INCLUDE		BACKGROUND: Whereas breastfeeding initiation rates have risen in all groups throughout the country, rates of breastfeeding duration have changed more slowly. Peer counseling has had some success in sustaining breastfeeding, but with intensive programs and variable effects.	INCLUDE			INCLUDE	Journal of human lactation : official journal of International	YES	No*	No	Contact Authors	Uncontactable	Exclude	EXCLUDE
8	Journal Article	Embase	Cavalcanti S.H.	Factors associated with breastfeeding practice for at least six months in the state of Pernambuco, Brazil.	2015	EXCLUDE		EXCLUDE		INTRODUCTION: Despite the scientific consensus on the benefits that breastfeeding provides for the mother, the baby, the family and the environment, and also the recommendation to breastfeed exclusively for six months, this practice is far from being achieved.					Revista brasileira de epidemiologia = Brazilian							
9	Journal Article	Embase	Hunt L.	Pressure and judgement within a dichotomous landscape of infant feeding: a grounded theory study to explore why breastfeeding women do not access peer support provision.	2017	EXCLUDE		EXCLUDE		Lack of support is reported as a key reason for early breastfeeding cessation. While breastfeeding peer support (BPS) is a recommended intervention to increase breastfeeding rates, a number of studies identify that engagement with BPS is problematic. Due to paucity of research in					Maternal and Child Nutrition. 13 (2) (no pagination), 2017.							
10	Journal Article	Embase	Sethi A.	A Quality Improvement Initiative: Improving Exclusive Breastfeeding Rates of Preterm Neonates.	2017	EXCLUDE		EXCLUDE		This study is a single center quality improvement (QI) initiative in a tertiary care neonatal intensive care unit which was done with an objective to increase the proportion of neonates receiving mother's own milk (at postnatal age of 7 d) from the current rate of 12.5% to 30% over a period of six					Indian Journal of Pediatrics. 84 (4) (pp 322-325), 2017. Date of							
11	Journal Article	Embase	Bernard J.Y.	Breastfeeding, Polyunsaturated Fatty Acid Levels in Colostrum and Child Intelligence Quotient at Age 5-6 Years.	2017	EXCLUDE		EXCLUDE		Objective To examine the relationship of polyunsaturated fatty acid (PUFA) in breast milk with children's IQ. Study design In the French Etude des Determinants pre- et postnatals precoces du developpement et de la sante de l'Enfant (EDEN) mother-child cohort, colostrum samples were					Journal of Pediatrics. 183 (pp 43-50.e3), 2017. Date of							
12	Journal Article	Embase	Anyanwu O.U.	Breastfeeding practices as observed in those attending a teaching hospital for perinatal care.	2014	EXCLUDE		EXCLUDE		Introduction: The promotion and support of breastfeeding is a global priority with benefits for maternal and infant health, especially in low-income and middle-income countries where the relevance for child survival is undisputed. Timely initiation of breastfeeding within one hour of birth,					Journal of Nepal Paediatric Society. 34 (2) (pp 90-95), 2014.							
13	Journal Article	Embase	Bosire R.	High Rates of Exclusive Breastfeeding in Both Arms of a Peer Counseling Study Promoting EBF among HIV-Infected Kenyan Women.	2016	INCLUDE	INCLUDE	INCLUDE		Background: Exclusive breastfeeding (EBF) is recommended for 6 months after delivery as the optimal infant feeding method and is especially important for prevention of mother-to-child HIV transmission (PMTCT). However, EBF promotion efforts among HIV-infected mothers in sub-	INCLUDE			INCLUDE	Breastfeeding Medicine. 11 (2) (pp 56-63), 2016. Date of	YES	No*	No	Contact Authors	No Reply	Exclude	EXCLUDE
14	Journal Article	Embase	Jia L.	How healthcare professionals and breastfeeding women in new zealand use food and herbal galactogogues: A pilot study.	2017	EXCLUDE		EXCLUDE		Background: Perceived inadequate milk production is a main cause of early cessation of breastfeeding. Many herbs and foods (galactogogues) are used worldwide to enhance breast milk production based on anecdotal evidence around efficacy and safety. There is no scientific literature about					Nutrients. Conference: Nutrition Society of New							
15	Journal Article	Embase	Espey E.	Breastfeeding continuation in postplacental versus interval postpartum IUD insertion: The breastfeeding levonorgestrel IUD study (BLIS): A randomized controlled trial.	2016	EXCLUDE		EXCLUDE		Objectives: Few studies prospectively evaluate the impact of hormonal contraception on breastfeeding outcomes. This noninferiority, randomized controlled trial assesses the effect of postplacental versus interval postpartum (4-8 weeks) initiation of the levonorgestrel intrauterine device (LNG-					Contraception. Conference: 2016 North American Forum on							
16	Journal Article	Embase	Tang J.	Breastfeeding and infant growth parameters among a prospective cohort of malawian women who underwent immediate postpartum implant or copper intrauterine device insertion.	2016	EXCLUDE		EXCLUDE		Objectives: We aimed to compare 3-month postdelivery breastfeeding and infant growth parameters between women who underwent immediate postpartum implant or copper intrauterine device (Cu-IUD) insertion. Methods: This is a secondary analysis of a prospective cohort study of 171					Contraception. Conference: 2016 North American Forum on							
17	Journal Article	Embase	Yusuff A.S.	Breastfeeding and Postnatal Depression: A Prospective Cohort Study in Sabah, Malaysia.	2016	EXCLUDE		EXCLUDE		BACKGROUND: Postnatal depression is a disorder that can lead to serious consequences for both the mother and infant. Despite the extensively documented health benefits of breastfeeding, its association with postnatal depression remains uncertain.					Journal of human lactation : official journal of International							
18	Journal Article	Embase	Griffith K.M.	Fish oil supplementation, breastfeeding, and mood stabilization.	2015	EXCLUDE		EXCLUDE		Therapeutic Case Report. Background: Bipolar disorder (BD) is a chronic disorder that is often undiagnosed for almost a decade and, once diagnosed, may be under-treated. Survey data reveal that persons with BD often self-medicate with complementary and alternative medicine					Journal of Pharmacy Practice. Conference: 18th Annual							
19	Journal Article	Embase	Freney E.	Promoting Breastfeeding-Friendly Hospital Practices: A Washington State Learning Collaborative Case Study.	2016	EXCLUDE		EXCLUDE		BACKGROUND: Hospital breastfeeding support practices can affect breastfeeding outcomes. Learning collaboratives are an increasingly common strategy to improve practices in health care and have been applied to breastfeeding in many cases.					Journal of human lactation : official journal of International							
20	Journal Article	Embase	Nilsson I.M.S.	Focused breastfeeding counselling improves short- and long-term success in an early-discharge setting: A cluster-randomized study.	2017	INCLUDE		INCLUDE		Length of postnatal hospitalization has decreased and has been shown to be associated with infant nutritional problems and increase in readmissions. We aimed to evaluate if guidelines for breastfeeding counselling in an early discharge hospital setting had an effect on maternal	EXCLUDE (Efficacy of			EXCLUDE (Efficacy of	Maternal and Child Nutrition. (no pagination), 2017. Date of							
21	Journal Article	Embase	Hughes K.N.	Using Skin-to-Skin Contact to Increase Exclusive Breastfeeding at a Military Medical Center.	2015	EXCLUDE		EXCLUDE		Evidence shows that early formula supplementation leads to early weaning from exclusive breastfeeding. We implemented an evidence-based practice project on skin-to-skin contact (SSC) for healthy term newborns at a large military treatment facility in an effort to decrease formula					Nursing for women's health. 19 (6) (pp 478-489), 2016. Date of							
22	Journal Article	Embase	Julsgaard M.	Adherence to medical treatment in relation to pregnancy, birth outcome & breastfeeding behavior among women with Crohn's disease.	2016	EXCLUDE		EXCLUDE		BACKGROUND: Crohn's disease (CD) is common among women of fertile age, and it often requires maintenance medical treatment. Adherence to medical treatment among women with CD prior to, during, and after pregnancy has, however, never been examined. Although CD women have					Danish medical journal. 63 (7) (no pagination), 2016. Date of							
23	Journal Article	Embase	Charlick S.J.	'Determined to breastfeed': A case study of exclusive breastfeeding using interpretative phenomenological analysis.	2016	EXCLUDE		EXCLUDE		Background: Given the significant benefits of breastfeeding, the World Health Organization (WHO) recommend exclusive breastfeeding for six months. Despite numerous strategies aimed at increasing the percentage of babies who are exclusively breastfed, Australia currently has one of					Women and Birth. (no pagination), 2017. Date of							
24	Journal Article	Embase	Mezzacappa M.A.	Excessive weight loss in exclusively breastfed full-term newborns in a Baby-Friendly Hospital.	2016	EXCLUDE		EXCLUDE		Objective To determine the risk factors for weight loss over 8% in full-term newborns at postpartum discharge from a Baby Friendly Hospital. Methods The cases were selected from a cohort of infants belonging to a previous study. Healthy full-term newborns with birth weight >2,000g,					Revista Paulista de Pediatria. 34 (3) (pp 281-286), 2016. Date of							
25	Journal Article	Embase	Flood J.L.	Breastfeeding patterns in the rural community of Hilo, Hawai'i: an exploration of existing data sets.	2013	EXCLUDE		EXCLUDE		Before any breastfeeding promotion effort, an understanding of the existing breastfeeding patterns is essential. Hawai'i County is a rural, ethnically diverse, medically underserved community. The purpose of this study was to describe the breastfeeding patterns of women living in					Hawai'i journal of medicine & public health : a journal of Asia							
26	Journal Article	Embase	Zakarija-Grkovic I.	Breastfeeding booklet and proactive phone calls for increasing exclusive breastfeeding rates: RCT protocol.	2017	EXCLUDE		EXCLUDE		Breastfeeding is associated with infant and maternal health benefits and considerable potential savings to health services. Despite this, only 37% of infants globally are exclusively breastfed for 6 months. Interventions are needed to improve breastfeeding rates. The aim of this study is to					Maternal and Child Nutrition. 13 (1) (no pagination), 2017.							
27	Journal Article	Embase	Glover A.V.	Impact of metabolic dysfunction on breastfeeding outcomes in gestational diabetes mellitus.	2017	EXCLUDE		EXCLUDE		OBJECTIVE: Previous studies have noted an association between metabolic risk factors and breastfeeding outcome. We sought to assess the relationship between prenatal metabolic markers and breastfeeding (BF) duration in women with gestational diabetes mellitus (GDM). STUDY					American Journal of Obstetrics and Gynecology. Conference:							
28	Journal Article	Embase	Yasui H.	Exclusive breastfeeding improves insulin sensitivity independent of maternal weight change during early postpartum in gestational diabetic women.	2017	EXCLUDE	EXCLUDE	EXCLUDE		OBJECTIVE: Breastfeeding may have a protective effect against the development of diabetes in women with a history of gestational diabetes (GDM). However, whether or not the favorable effect is independent of postpartum weight change (PWC) is uncertain, as postpartum weight loss is					American Journal of Obstetrics and Gynecology. Conference:							
29	Journal Article	Embase	Fatunde Y.	Increasing breastfeeding rates among low income women via a clinic-based breastfeeding peer counselor.	2017	INCLUDE		INCLUDE		OBJECTIVE: Despite the benefits of breastfeeding (BF), rates remain lower than public health targets, particularly among low income African American women. Community-based breastfeeding peer counselor (BFPC) programs have been shown to increase BF. We sought to examine	INCLUDE			INCLUDE	American Journal of Obstetrics and Gynecology. Conference:	NO – Poster abstract						
30	Journal Article	Embase	Carrasco Arias M.S.	Effects of a hospital-based pilot education program on breastfeeding knowledge in Santiago, Dominican Republic.	2016	INCLUDE		INCLUDE		Background: In the Dominican Republic (DR), where neonatal mortality is 21 per 1000 live births, women breastfeed for a mean duration of 7.1 months and only 7.7% of women breastfeed exclusively. The literature suggests educational interventions can improve rates of breastfeeding	INCLUDE	INCLUDE		INCLUDE	Annals of Global Health. Conference: 7th Annual CUGH	NO – Poster abstract						
31	Journal Article	Embase	James L.	Breastfeeding initiation and support: A literature review of what women value and the impact of early discharge.	2016	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Include for Reference	Problem: Early discharge following birth has become an emerging phenomenon in many countries. It is likely early discharge has an impact on the establishment of breastfeeding. Objective: To critically appraise the evidence on what women value in relation to breastfeeding initiation and					Women and Birth. (no pagination), 2016. Date of							
32	Journal Article	Embase	Zhu Y.	Impact of intervention on breastfeeding outcomes and determinants based on theory of planned behavior.	2016	INCLUDE		INCLUDE		Background: Breastfeeding knowledge, attitude, subjective norm, and perceived control are significant determinants of breastfeeding, according to the theory of planned behavior (TPB). However, evidence concerning the effectiveness of the TPB-based intervention in breastfeeding promotion	INCLUDE	INCLUDE		INCLUDE	Women and Birth. (no pagination), 2016. Date of	YES	No**	No?	Contact Authors	No Reply	Exclude	EXCLUDE
33	Journal Article	Embase	Silva C.S.	Association between postpartum depression and the practice of exclusive breastfeeding in the first three months of life.	2015	EXCLUDE		EXCLUDE		Objective: To investigate the association between postpartum depression and the occurrence of exclusive breastfeeding. Method: This is a cross-sectional study conducted in the states of the Northeast region, during the vaccination campaign in 2010. The sample consisted of 2583 mother-					Jornal de Pediatria. (no pagination), 2016. Date of							
34	Journal Article	Embase	Cordero L.	Failure to initiate breastfeeding among high risk obstetrical patients who intended to breastfeed.	2016	EXCLUDE		EXCLUDE		Background: In the US, at the time of discharge from the hospital, 79 of women had initiated breastfeeding. Intention to breastfeed is a strong predictor of breastfeeding initiation; however, we reported initiation failure in 45 of women with pregestational diabetes who intended to					Journal of Neonatal-Perinatal Medicine. 9 (4) (pp 401-409),							
35	Journal Article	Embase	Varella M.	Antenatal counseling on breastfeeding and breastfeeding initiation: Results from the us pregnancy risk assessment monitoring system (PRAMS).	2016	INCLUDE		INCLUDE		Background and aims Breastfeeding is the normative standard for infant feeding. Yet, despite the widespread agreement on the beneficial effects of breastfeeding, breastfeeding initiation rates in the US remain suboptimal. Antenatal health care support has been shown to play an important	INCLUDE			INCLUDE	European Journal of Pediatrics. Conference: 6th Congress of	NO – Poster abstract						
36	Journal Article	Embase	Moimaz S.A.S.	Factors affecting intention to breastfeed of a group of Brazilian childbearing women.	2016	EXCLUDE		EXCLUDE		Background: Knowing the intention of mothers is important to plan actions to improve exclusive breastfeeding rates. Aim: The objective of this retrospective study was to verify the intention to breastfeed and the intended breastfeeding duration of a group of women participating in a public					Women and Birth. (no pagination), 2016. Date of							
37	Journal Article	Embase	Kominou S.	Differences in the emotional and practical experiences of exclusively breastfeeding and combination feeding mothers.	2016	EXCLUDE		EXCLUDE		The majority of research examining the barriers to breastfeeding focuses on the physical challenges faced by mothers rather than the risks of encountering negative emotional and practical feeding experiences. We aimed to quantify the emotional and practical experiences of the overall					Maternal and Child Nutrition. (no pagination), 2016. Date of							
38	Journal Article	Embase	Garner C.D.	Obese women experience multiple challenges with breastfeeding that are either unique or exacerbated by their obesity: Discoveries from a longitudinal, qualitative study.	2016	EXCLUDE		EXCLUDE	URL	Obese women are at risk for breastfeeding difficulties. This knowledge is important for obese women who intend to breastfeed. The aim of this study was to understand obese women's breastfeeding experiences. We enrolled pregnant women in upstate New York, who were either obese					Maternal and Child Nutrition. (no pagination), 2016. Date of							

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

41	Journal Article	Embase	Adhisivam B.	Postnatal counseling on exclusive breastfeeding using video - experience from a tertiary care teaching hospital, south India.	2016	INCLUDE		INCLUDE		Introduction: Adequate antenatal counseling combined with postnatal lactation support is likely to improve exclusive breastfeeding rates. Objective: To assess the impact of a postnatal video based health education program in promoting exclusive breastfeeding among primiparous	INCLUDE			INCLUDE	Journal of Maternal-Fetal and Neonatal Medicine. (pp 1-5),	YES	No	No	EXCLUDE				
42	Journal Article	Embase	Wong B.B.	The effectiveness of cabbage leaf application (treatment) on breast engorgement in breastfeeding women.	2010	EXCLUDE		EXCLUDE		Review Questions/Objectives: This systematic review aims to synthesize the best available evidence on the effectiveness of cabbage leaves on engorged breasts in breastfeeding women. Inclusion Criteria: Types of participants: The review will consider breastfeeding women aged thirteen to					JBI Database of Systematic Reviews and Implementation								
43	Journal Article	Embase	Koss C.A.	Food insufficiency is associated with lack of sustained viral suppression among HIV-infected pregnant and breastfeeding ugandan women.	2016	EXCLUDE	EXCLUDE	EXCLUDE		Food insecurity is associated with poor virologic outcomes, but this has not been studied during pregnancy and breastfeeding. We assessed sustained viral suppression from 8 weeks on antiretroviral therapy to 48 weeks postpartum among 171 pregnant and breastfeeding Ugandan					Journal of Acquired Immune Deficiency Syndromes. 71 (3)								
44	Journal Article	Embase	Musonda K.G.	Increased cytomegalovirus secretion and risks of infant infection by breastfeeding duration from maternal human immunodeficiency virus positive compared to negative mothers in Sub-Saharan Africa.	2016	EXCLUDE		EXCLUDE		Background. Breastfeeding imparts beneficial immune protection and nutrition to infants for healthy growth, but it is also a route for human immunodeficiency virus (HIV) and human cytomegalovirus (HCMV) infection. In previous studies, we showed that HCMV adversely affects infant					Journal of the Pediatric Infectious Diseases Society. 5								
45	Journal Article	Embase	Anonymous	Committee Opinion No. 658 Summary: Optimizing Support For Breastfeeding As Part Of Obstetric Practice.	2016	EXCLUDE		EXCLUDE		Although most women in the United States initiate breastfeeding, more than one half wean earlier than they desire. As reproductive health experts and advocates for women's health who work in conjunction with other obstetric and pediatric health care providers, obstetrician-					Obstetrics and Gynecology. 127 (2) (pp e86-e92), 2016. Date of								
46	Journal Article	Embase	Stuebe A.M.	A Cluster Randomized Trial of Tailored Breastfeeding Support for Women with Gestational Diabetes.	2016	INCLUDE		INCLUDE		Background: Women with gestational diabetes mellitus (GDM) and their infants are at increased risk of developing metabolic disease; however, longer breastfeeding is associated with a reduction in these risks. We tested an intervention to increase breastfeeding duration among women	INCLUDE			INCLUDE	Breastfeeding Medicine. 11 (10) (pp 504-513), 2016. Date of	YES	No*	No	Contact Authors	No Reply	Exclude	EXCLUDE	
47	Journal Article	Embase	De Azevedo S.J.S.	Knowledge of man about breastfeeding.	2016	EXCLUDE		EXCLUDE		The male participation in the process of breastfeeding needs to be encouraged as it can contribute significantly to the prevention of early weaning. In this sense, this research aimed to identify a parent's knowledge about breastfeeding. This is an exploratory and descriptive study with a					Acta Scientiarum - Health Sciences. 38 (2) (pp 153-158),								
48	Journal Article	Embase	Majra J.P.	Barriers to early initiation and continuation of breastfeeding in a tertiary care institute of haryana: A qualitative study in nursing care providers.	2016	EXCLUDE		EXCLUDE		Introduction: Ever increasing institutional deliveries in India has shifted the responsibility of timely initiation and continuation of breastfeeding from peripheral health workers and families to the nursing care providers of health facilities where the births take place. While institutional					Journal of Clinical and Diagnostic Research. 10 (9) (pp								
49	Journal Article	Embase	Furuta M.	Severe maternal morbidity and breastfeeding outcomes in the early post-natal period: a prospective cohort study from one English maternity unit.	2016	EXCLUDE		EXCLUDE		Previous research has identified potential issues of establishing and maintaining breastfeeding among women who experience severe maternal morbidity associated with pregnancy and birth, but evidence in the UK maternity population was scarce. We explored the association between					Maternal and Child Nutrition. 12 (4) (pp 808-825), 2016. Date								
50	Journal Article	Embase	Masood S.	OBSERVANCE OF WHO TEN STEPS TOWARDS SUCCESSFUL BREASTFEEDING; A SURVEY FROM POSTPARTUM MOTHERS.	2016	EXCLUDE		EXCLUDE		RESULTS: Out of 148 mothers, 35 (23.7%) mothers were following successful breastfeeding, i.e., knew 7 or more steps. A total of 100 (67.6%) mothers received support for breastfeeding by healthcare staff during their stay in hospital while 19 (12.8%) mothers started breastfeeding within					Journal of Ayub Medical College, Abbottabad : JAMC. 28								
51	Journal Article	Embase	Olaiya O.	Maternity Care Practices and Breastfeeding Among Adolescent Mothers Aged 12-19 Years--United States, 2009-2011.	2016	EXCLUDE		EXCLUDE		The American Academy of Pediatrics recommends that infants be breastfed exclusively for the first 6 months of life, and that mothers continue breastfeeding for at least 1 year. However, in 2011, only 19.3% of mothers aged <20 years in the United States exclusively breastfed their infants at 3					MMWR. Morbidity and mortality weekly report. 65 (2)								
52	Journal Article	Embase	Khalid M.B.	Maternal anaphylactic shock with breastfeeding in the immediate postpartum period.	2016	EXCLUDE		EXCLUDE		Learning Objectives: Anaphylaxis in the breastfeeding mother is very rarely reported, usually after 72 hours of initiation. Our report describes the event following the first feeding attempt. Methods: A 20 y/o primigravida developed dyspnea, hypotension, tachycardia and an urticarial rash upon					Critical Care Medicine. Conference: 46th Critical Care								
53	Journal Article	Embase	Espino C.	Popularity of breastfeeding in a community hospital setting: Who, why, and why not.	2016	EXCLUDE		EXCLUDE		INTRODUCTION: The psychosocial and biological benefits of breastfeeding to mother and child have been well established in the literature, factors underlying the decision to breastfeed are less well understood. The purpose of this study is to identify factors that impact women on their decision					Obstetrics and Gynecology. Conference: 64th Annual								
54	Journal Article	Embase	Lopez L.	Leveraging mobile technology to increase breastfeeding rates in Los Angeles County (LAC).	2016	INCLUDE		INCLUDE		INTRODUCTION: Breastfeeding has health benefits for mothers and infants including less risk of developing obesity and type II diabetes. In the U.S., 97% of reproductive age women of all socioeconomic levels (SEL) and ethnicities own cell phones and 73% send and receive text messages. Text	EXCLUDE	EXCLUDE		EXCLUDE	Obstetrics and Gynecology. Conference: 64th Annual								
55	Journal Article	Embase	Molinaro A.	Does an elevated BMI in breastfeeding mothers influence the success of breastfeeding at 8 weeks of age compared to non-obese mothers?.	2016	EXCLUDE		EXCLUDE		Introduction: Obesity is a concern amongst women of reproductive age and has negative impacts on breastfeeding outcomes. This study aimed to evaluate obesity and breastfeeding outcomes in a multicultural and lower socioeconomic growth corridor in Melbourne's northern region.					Australian and New Zealand Journal of Obstetrics and								
56	Journal Article	Embase	Lim C.	The effect of antenatal interventions on abnormal fetal growth and breastfeeding rates in overweight and obese pregnant women: Results from facts, figures and feelings about weight in pregnancy (FFF) randomised	2016	INCLUDE		INCLUDE		Introduction: Overweight and obesity in pregnancy is a prevalent problem worldwide. This increases the risk of abnormal fetal growth. This study aims to determine antenatal interventions that reduce fetal growth anomalies and increase breastfeeding initiation rates. Methods: FFF study:	EXCLUDE (REVIEW)			EXCLUDE (REVIEW)	Australian and New Zealand Journal of Obstetrics and								
57	Journal Article	Embase	Cunha A.	Breastfeeding support on the tendencies of breastfeeding rates in the hospital Estadual da Mae-Baixada Fluminense-Rio de Janeiro-RJ, Brazil in 2015.	2016	INCLUDE		INCLUDE		Introduction: Breast feeding is fundamental for the baby's health. Today, it is advised to discharge patients on a regime of exclusive breast feeding. The Hospital Estadual da Mae has this policy with all the women, including the vaginal births and the cesarean section, 6688 in 2015, with a 24% of	EXCLUDE			EXCLUDE	Journal of Maternal-Fetal and Neonatal Medicine.								
58	Journal Article	Embase	Huynh D.	Maternal milk supplementation as part of lactation support intervention improves breastfeeding performance, birth and growth outcomes.	2016	EXCLUDE	MAYBE	EXCLUDE		Introduction: Numerous factors have been identified as being able to influence exclusive breastfeeding. A multi-pronged intervention may be more effective than a single intervention in tackling the multifaceted challenge of suboptimal breastfeeding. This study examined the effects of a					Journal of Maternal-Fetal and Neonatal Medicine.								
59	Journal Article	Embase	Martin S.L.	Perceived breastmilk insufficiency and HIV are associated with exclusive breastfeeding at 1 and 3 months among mothers in Northern Uganda.	2016	EXCLUDE		EXCLUDE		Exclusive breastfeeding (EBF) contributes to the health and survival of HIV-exposed and HIV-unexposed infants and is recommended for 6 months. However, infant feeding practices are typically suboptimal in areas with high HIV-prevalence, such as East Africa. Understanding the determinants					FASEB Journal. Conference: Experimental Biology 2016, EB.								
60	Journal Article	Embase	Shukri N.H.M.	A randomised trial to test the effectiveness of maternal relaxation therapy during breastfeeding: Effects on infant behaviour.	2016	INCLUDE		INCLUDE		Objectives and study: Lactation involves complex physiological and psychological signalling between mother and infant and is energetically costly. Postpartum distress may affect the energy allocated to breastfeeding (BF) and breast milk since it increases energy expenditure. If the mother is	INCLUDE			INCLUDE	Journal of Pediatric Gastroenterology and	NO - Full Text Not							
61	Journal Article	Embase	Ferreira M.	Breastfeeding initiation within the first hour of life, study of intervening variables in a Portuguese sample.	2016	EXCLUDE		EXCLUDE		Introduction Breastfeeding within the first hour of life is extremely important and a potential mechanism for health promotion, because it stimulates the production of breast milk and strengthens the emotional bond between the dyad. It also helps to establish a correct 'catch' and can					BJOG: An International Journal of Obstetrics and Gynaecology.								
62	Journal Article	Embase	Eny K.M.	Breastfeeding duration, maternal BMI and birthweight are associated with differences in BMI growth trajectories in early childhood.	2016	EXCLUDE		EXCLUDE		Background: Accelerated postnatal growth is an important predictor for obesity risk. It is unknown how growth trajectories of BMI z-scores (zBMI) differ across obesity risk factors in young children. Aims: We therefore examined how growth trajectories differed by breastfeeding duration,					Obesity Reviews. Conference: 13th International Congress on								
63	Journal Article	Embase	Apland A.	The impact of food insecurity and food-based coping on serum folate status: A case study among breastfeeding Arian women in northern Kenya.	2016	EXCLUDE		EXCLUDE		Prioritizing dietary quantity over quality is reported as one of the coping strategies to ameliorate the effects of food insecurity. This strategy may help maintain energy status but diminish micronutrient health. We hypothesized that folate status would be negatively impacted by this type of					American Journal of Physical Anthropology. Conference:								
64	Journal Article	Embase	Stuebe A.M.	A tailored breastfeeding support intervention for women with gestational diabetes.	2016	INCLUDE		INCLUDE		OBJECTIVE: Women with gestational diabetes (GDM) and their infants are at increased risk of developing metabolic disease. Longer breastfeeding is associated with a reduction in these risks. We conducted a randomized controlled trial of a lifestyle intervention to increase breastfeeding	INCLUDE			INCLUDE	American Journal of Obstetrics and Gynecology. Conference:	NO – Poster abstract							
65	Journal Article	Embase	Robert E.	Determinants of breastfeeding at maternity in Brussels.	2015	EXCLUDE		EXCLUDE		Purpose: The objectives of this paper is to study the prevalence of breastfeeding in Brussels, to assess whether the targets of the Maternal and Child Health program (MCH) were met (prevalence's of breastfeeding of 85 and 75% of exclusive breastfeeding) and finally to identify factors					Revue Medicale de Bruxelles. 36 (2) (pp 69-74), 2015. Date of								
66	Journal Article	Embase	Mukhopadhyay S.	Effect of early-onset sepsis evaluations on in-hospital breastfeeding practices among asymptomatic term neonates.	2015	EXCLUDE		EXCLUDE		OBJECTIVE: To examine the effect of separation for early-onset sepsis (EOS) evaluations due to perinatal risk factors on breastfeeding practices among asymptomatic term newborns. METHODS: This observational study included 692 nulliparous women with term, singleton uncomplicated					Hospital Pediatrics. 5 (4) (pp 203-210), 2015. Date of								
67	Journal Article	Embase	Bazzano A.N.	What health service support do families need for optimal breastfeeding? An in-depth exploration of young infant feeding practices in Cambodia.	2015	EXCLUDE		EXCLUDE		Background: Appropriate and timely breastfeeding practices markedly improve lifelong health outcomes for newborns, children, and mothers. Exclusive breastfeeding is reported to be widely practiced in Cambodia, and important progress has been made toward achieving improved child					International Journal of Women's Health. 7 (pp 249-								
68	Journal Article	Embase	Kakrani V.A.	Awareness about "ten steps for successful breastfeeding" among medical and nursing students.	2015	EXCLUDE		EXCLUDE		Background: Baby-friendly Hospital Initiative (BFHI) is a vital intervention supported by World Health Organization and UNICEF to reduce infant mortality and has been included as a part of the curriculum in nursing and medical courses. To know the extent of knowledge of students about					International Journal of Preventive Medicine. 2015-May								
69	Journal Article	Embase	Puapornpong P.	The number of infant feeding positions and the 6-month exclusive breastfeeding rates.	2015	INCLUDE		INCLUDE		Background: Appropriate infant feeding positions will help with latching. Good latching will help decrease cracked nipple and complication leading to early breastfeeding cessation. Objective: To investigate the association of the number of infant feeding positions on exclusive breastfeeding	INCLUDE			INCLUDE	Journal of the Medical Association of Thailand. 98 (11)	YES	No	No	EXCLUDE				
70	Journal Article	Embase	Romola P.	Time to initiation of breastfeeding among newborns in the postnatal ward of a tertiary care hospital.	2015	EXCLUDE		EXCLUDE		Background: Breast milk is the ideal food for a normal infant. Growing evidence points to the impact of early initiation of breastfeeding on neonatal mortality. Neonatal and postneonatal deaths were around five to six times lower in those infants who were fed colostrum than those who were					JMS - Journal of Medical Society. 29 (1) (pp 16-19), 2015.								
71	Journal Article	Embase	Sarat Chandra G.	Factors affecting exclusive breastfeeding, after counselling at a rural health centre.	2015	INCLUDE		INCLUDE		Background: Adequate nutrition during infancy is essential to ensure the growth, health, and development of children to their full potential. Even with its known advantages, breastfeeding rates are sub-optimal the world over. Objectives are to identify the reasons mothers give for stopping	EXCLUDE			EXCLUDE	Indian Journal of Public Health Research and Development. 6								
72	Journal Article	Embase	Jones K.M.	Racial and ethnic disparities in breastfeeding.	2015	EXCLUDE		EXCLUDE		This article's aim is to review the literature on racial and ethnic disparities in breastfeeding rates and practices, address barriers to breastfeeding among minority women, conduct a systematic review of breastfeeding interventions, and provide obstetrician-gynecologists with					Breastfeeding Medicine. 10 (4) (pp 186-196), 2015. Date of								
73	Journal Article	Embase	Nelson J.A.E.	Frequent nevirapine resistance in infants infected by HIV-1 via breastfeeding while on nevirapine prophylaxis.	2015	EXCLUDE	EXCLUDE	EXCLUDE		Objective: The objective of this study is to assess nevirapine (NVP) resistance in infants who became infected in the three arms of the Breastfeeding, Antiretrovirals and Nutrition (BAN) study: daily infant NVP prophylaxis, triple maternal antiretrovirals or no extra intervention for 28					AIDS. 29 (16) (pp 2131-2138), 2015. Date of Publication: 23								
74	Journal Article	Embase	Wilhelm S.L.	Evaluating motivational interviewing to promote breastfeeding by rural Mexican-American mothers: the challenge of attrition.	2015	INCLUDE		INCLUDE		Although most Hispanic/Latino-American mothers initiate breastfeeding, duration and exclusivity of breastfeeding remain low. We explored whether a motivational interviewing (MI) intervention could help rural Mexican-American mothers continue breastfeeding. We used a two-group	INCLUDE	INCLUDE		INCLUDE	Issues in comprehensive pediatric nursing. 38 (1) (pp 7-	YES	No	No	EXCLUDE				
75	Journal Article	Embase	Balzer M.S.	Got milk? Breastfeeding and milk analysis of a mother on chronic hemodialysis.	2015	EXCLUDE		EXCLUDE		Purpose Women on dialysis rarely become pregnant. However, the overall rate of successful pregnancies is increasing in this patient population and breastfeeding becomes an option for mothers on dialysis. In this study we performed a systematic breast milk composition analysis of a mother					PLoS ONE. 10 (11) (no pagination), 2015. Article								
76	Journal Article	Embase	Jesmin E.	Postnatal Support Strategies for Improving Rates of Exclusive Breastfeeding in Case of Caesarean Baby.	2015	INCLUDE		INCLUDE		Despite awareness of the many advantages of breast feeding exclusive breastfeeding (EBF) rate is still lower than recommended practice and the rate is less in case of caesarean baby. In an effort towards achieving better breast feeding practices, UNICEF and WHO launched the baby friendly	EXCLUDE			EXCLUDE	Mymensingh medical journal : MMJ. 24 (4) (pp 750-755), 2015.								
77	Journal Article	Embase	Gregg D.J.	Breastfeeding-Friendly Erie County: Establishing a Baby Cafe Network.	2015	EXCLUDE		EXCLUDE		Community-based lactation support groups help improve breastfeeding duration by offering practical peer and professional help and counseling through the sharing of information and experiences in a relaxed setting. The objective of this project, funded by the Centers for Disease Control					Journal of human lactation : official journal of International								
78	Journal Article	Embase	Friesen C.A.	Community-Based Participatory Initiatives to Increase Breastfeeding Rates in Indiana.	2015	EXCLUDE		EXCLUDE		In 2012, the Centers for Disease Control and Prevention awarded the Indiana State Department of Health funding for breastfeeding activities. The grant, issued in part in response to the 2011 Surgeon General's Call to Action to Support Breastfeeding, focused on providing funding and technical					Journal of human lactation : official journal of International								
79	Journal Article	Embase	Eshelman J.	Breastfeeding Resources in Maternity Hospitals and Birth Centers in the Commonwealth of Massachusetts (USA): A Content Analysis of Discharge Packets.	2015	EXCLUDE		EXCLUDE		BACKGROUND: Few studies have analyzed patient education materials provided at discharge. To the best of our knowledge, there are no comprehensive studies analyzing and reporting the content of breastfeeding discharge packets within the United States.					Journal of human lactation : official journal of International								
80	Journal Article	Embase	Edwards R.A.	Online Continuing Education for Expanding Clinicians' Roles in Breastfeeding Support.	2015	EXCLUDE		EXCLUDE		Lack of health professional support is an important variable affecting mothers' achievement of breastfeeding goals. Online continuing education is a recognized pathway for disseminating content for improving clinicians' knowledge and supporting efforts to change practices. At the time we					Journal of human lactation : official journal of International								

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79	Journal Article	Embase	Eshelman J.	Breastfeeding Resources in Maternity Hospitals and Birth Centers in the Commonwealth of Massachusetts (USA): A Content Analysis of Discharge Packets.	2015	EXCLUDE		EXCLUDE		BACKGROUND: Few studies have analyzed patient education materials provided at discharge. To the best of our knowledge, there are no comprehensive studies analyzing and reporting the content of breastfeeding discharge packets within the United States.							Journal of human lactation : official journal of International										
80	Journal Article	Embase	Edwards R.A.	Online Continuing Education for Expanding Clinicians' Roles in Breastfeeding Support.	2015	EXCLUDE		EXCLUDE		Lack of health professional support is an important variable affecting mothers' achievement of breastfeeding goals. Online continuing education is a recognized pathway for disseminating content for improving clinicians' knowledge and supporting efforts to change practices. At the time we								Journal of human lactation : official journal of International									
81	Journal Article	Embase	Lenell A.	Breastfeeding Support in a Community Pharmacy: Improving Access through the Well Babies at Walgreens Program.	2015	EXCLUDE		EXCLUDE		Well Babies at Walgreens is a unique community-based corporate partnership program that offers breastfeeding support by a lactation professional in a private room at the pharmacy. Walgreens is a community pharmacy chain with more than 8000 locations in the United States, Puerto Rico, and								Journal of human lactation : official journal of International									
82	Journal Article	Embase	Radtke Demirci J.	Weighing worth against uncertain work: the interplay of exhaustion, ambiguity, hope and disappointment in mothers breastfeeding late preterm infants.	2015	EXCLUDE		EXCLUDE		Poor breastfeeding outcomes among late preterm infants (LPIs) have been attributed to inadequate breast milk transfer stemming from physiological immaturities. However, breastfeeding is more than a biological phenomenon, and it is unclear how mothers of LPIs manage other								Maternal & child nutrition. 11 (1) (pp 59-72), 2015. Date of									
83	Journal Article	Embase	Zhu Y.	Longer breastfeeding duration reduces the positive relationships among gestational weight gain, birth weight and childhood anthropometrics.	2015	EXCLUDE		EXCLUDE		BACKGROUND: The relationship between gestational weight gain (GWG) and childhood growth remains controversial. An examination on whether infant feeding practices mediate this relationship may improve our understanding of it.								Journal of epidemiology and community health. 69 (7) (pp									
84	Journal Article	Embase	Sharp D.	Why women stop breastfeeding in the early days.	2015	EXCLUDE		EXCLUDE		Increasing breastfeeding prevalence rates has been identified as key to improving health and well being outcomes for mothers and babies. (Dyson et al 2008, Unicef 2013; Renfrew et al 2012a; Renfrew et al 2012b). Within one maternity unit in England, in 2014, 80 per cent of women initiated								The practising midwife. 18 (9) (pp 30-33), 2015. Date of									
85	Journal Article	Embase	Kronborg H.	Breastfeeding and introduction of complementary food in Danish infants.	2015	EXCLUDE		EXCLUDE		AIM: The purpose of the present study was to describe early feeding patterns in Danish infants. METHODS: A self-administered questionnaire was sent to 7113 mothers of newborns in the western part of Denmark approximately 6 months								Scandinavian journal of public health. 43 (2) (pp 138-145),									
86	Journal Article	Embase	Kendall-Tackett K.	The new paradigm for depression in new mothers: current findings on maternal depression, breastfeeding and resiliency across the lifespan.	2015	EXCLUDE		EXCLUDE		The results from these recent studies demonstrate that breastfeeding has a much larger role to play in maintaining physical and mental health than we have previously believed. It's not just the milk. Because breastfeeding increases maternal responsivity, it makes the day-to-day experience of								Breastfeeding review : professional publication of the									
87	Journal Article	Embase	Entwistle F.	Breastfeeding and relationship building: turning evidence into practice.	2015	EXCLUDE		EXCLUDE		It is a sign of good progress that health professionals are now encouraged to implement strategies to support women to breastfeed, and to deliver services that support women to build a close, loving relationship with their babies. But how do we ensure that these services are evidence-based								The practising midwife. 18 (2) (pp 29-31), 2015. Date of									
88	Journal Article	Embase	Aubuchon-Endsley N.L.	Relationships among Socioeconomic Status, Dietary Intake, and Stress in Breastfeeding Women.	2015	EXCLUDE	EXCLUDE	EXCLUDE		BACKGROUND: As breastfeeding duration increases, it is important to understand diets of breastfeeding women and other factors salient to maternal/offspring health, including stress. It is important to further consider sociodemographic factors, given their associations with nutritional								Journal of the Academy of Nutrition and Dietetics. 115 (6)									
89	Journal Article	Embase	Hori N.	Evaluation of a behavior change communication program for promoting early initiation of breastfeeding in rural Niger.	2015	INCLUDE		INCLUDE		Introduction: This research aims to evaluate the effects of a behavior change communication program promoting early initiation of breastfeeding within the first hour of birth among the most vulnerable mothers in rural Niger. Objectives: The main objectives are to identify the social	INCLUDE						INCLUDE	Annals of Nutrition and Metabolism. Conference: 12th	NO – Poster abstract								
90	Journal Article	Embase	Kresic G.	Water intake from beverages among Croatian breastfeeding women.	2015	EXCLUDE		EXCLUDE		Introduction: Water is the most abundant compound in humans and is essential for maintaining normal physical and cognitive performances. Despite evidence of importance of water for the general population's health, fluid intake estimates in breastfeeding women are lacking.								Annals of Nutrition and Metabolism. Conference: 12th									
91	Journal Article	Embase	Smith A.J.	Does maternal mental health affect initiation, exclusivity, and duration of breastfeeding?.	2015	EXCLUDE		EXCLUDE		INTRODUCTION: Up to 30% of women experience postpartum depression, anxiety, or both. The effect of such maternal mental health issues on breastfeeding is poorly understood. Our objective was to examine relationships between maternal mental health and breastfeeding initiation,								Obstetrics and Gynecology. Conference: 63rd Annual									
92	Journal Article	Embase	Mercier R.J.	Breastfeeding behavior differs significantly by insurance status at an urban university hospital.	2015	EXCLUDE		EXCLUDE		INTRODUCTION: Although breastfeeding rates have been increasing nationally since 1990, lower rates of breastfeeding are associated with certain demographic factors. To determine whether insurance status is an independent predictor of breastfeeding behavior, we performed a retrospective								Obstetrics and Gynecology. Conference: 63rd Annual									
93	Journal Article	Embase	Horowitz R.	Breastfeeding among white and African American patients at thomas Jefferson university hospital.	2015	EXCLUDE		EXCLUDE		INTRODUCTION: Rates of breastfeeding have increased nationally since 1990. However, the rates among African American women lag far behind those of white and Hispanic women. To determine whether patterns at Thomas Jefferson University Hospital mirror national trends, we performed								Obstetrics and Gynecology. Conference: 63rd Annual									
94	Journal Article	Embase	Harris K.	A comparison of maternal experience with breastfeeding at 6 weeks postpartum.	2015	EXCLUDE		EXCLUDE		INTRODUCTION: The World Health Organization recommends exclusive breastfeeding until 6 months of age; however, many mothers find it difficult to comply with these guidelines. The purpose of this study was to examine the barriers to breastfeeding among women who are								Obstetrics and Gynecology. Conference: 63rd Annual									
95	Journal Article	Embase	Mackie J.	Pregnancy-associated breast cancer: Influence of gestation length and breastfeeding on survival in a population based cohort.	2015	EXCLUDE		EXCLUDE		Background:Women diagnosed with pregnancy-associated breast cancer [PABC] in the first year postpartum have increased mortality compared to women whose diagnosis is not associated with pregnancy (non-PABC), or who present during pregnancy. This is not explained by diagnostic delay								Annals of Oncology. Conference: IMPAKT Breast									
96	Journal Article	Embase	Montealegre A.	Extremely low birth weight infant and breastfeeding : Impact of kangaroo mother care, experience and results at one year of corrected age in a cohort of 737 infants discharged home in kangaroo position (2001-2015).	2015	EXCLUDE		EXCLUDE		Objective: To evaluate the rate of breastfeeding and growth results at one year of corrected age in a cohort of extremely low birth weight preterms (<1000g) treated in our ambulatory KMC program between 2001 and 2015 (3,5% of the total cohort of 20835 LBW or premature infants followed								Journal of Perinatal Medicine. Conference: 12th World									
97	Journal Article	Embase	Mizrak Sahin B.	The effect of antenatal education on breastfeeding self-efficacy among primiparous women in turkey.	2015	INCLUDE		INCLUDE		Background: Breastfeeding self-efficacy and confidence in breastfeeding have been used synonymously. Breastfeeding self-efficacy is a modifiable factor that can increase breastfeeding success and duration. Aim: The aim of this study was to evaluate the effect of antenatal breastfeeding	INCLUDE						INCLUDE	Journal of Perinatal Medicine. Conference: 12th World	NO – Poster abstract								
98	Journal Article	Embase	Chacon Aguilar R.	Breastfeeding and late-preterm infants.	2015	EXCLUDE		EXCLUDE		Introduction It is known that late-preterm infants have higher morbidity and mortality rates than term newborns due to their relative physiologic and metabolic immaturity. Breastfeeding is important for all newborns but its benefits are especially relevant for those who have a compromised								Journal of Perinatal Medicine. Conference: 12th World									
99	Journal Article	Embase	Castro R.T.A.	Prenatal depression and baby low-birth-weight: Effects on early breastfeeding practices.	2015	EXCLUDE		EXCLUDE		Breastfeeding is particularly important for low-birth-weight babies (<2500 g) since it confers nutritional and immunological benefits and improves cognitive outcomes. Maternal prenatal depression may interfere on breastfeeding. We aim to investigate the impact of maternal prenatal								Psychoneuroendocrinology. Conference: 45th Annual									
100	Journal Article	Embase	Hosseini S.M.	Evaluation of the effects of progressive muscle relaxation technique on breastfeeding self-efficacy in mothers of preterm infants.	2015	EXCLUDE		EXCLUDE		Objectives: Breast milk is a divine gift designed to meet the infants' needs. Since mothers are sensitive to their newborns' health, they have an inclination towards breastfeeding. Breastfeeding self-efficacy is an adjustable skill, which can be improved by training programs, designed to								Avicenna Journal of Phytomedicine. Conference:									
101	Journal Article	Embase	Nelson J.A.	NVP resistance in infants infected by HIV-1 via breastfeeding in the BAN study.	2015	EXCLUDE		EXCLUDE		Background: The Breastfeeding, Antiretrovirals, and Nutrition (BAN) study showed that treatment of HIV-1-infected mothers (maternal antiretroviral (ART) arm) or prophylaxis of their infants (infant nevirapine (NVP) arm) for up to 28 weeks of breastfeeding were both effective in								Topics in Antiviral Medicine. Conference: 2015 Conference									
102	Journal Article	Embase	King C.C.	Delayed HIV detection in infants exposed to ARV Prophylaxis during breastfeeding.	2015	EXCLUDE		EXCLUDE		Background: We reported on the effectiveness of 28 weeks of infant nevirapine or maternal antiretrovirals in preventing HIV transmission during breastfeeding from a randomized trial of 2369 mother-infant pairs: the Breastfeeding, Antiretrovirals and Nutrition (BAN) study. After counseling								Topics in Antiviral Medicine. Conference: 2015 Conference									
103	Journal Article	Embase	Yeneabat T.	Determinants of cessation of exclusive breastfeeding in Ankesha Guagusa Woreda, Awi Zone, Northwest Ethiopia: A cross-sectional study.	2015	EXCLUDE	EXCLUDE	EXCLUDE		BACKGROUND Exclusive breastfeeding (EBF) is defined as the practice of feeding only breast milk (including expressed breast milk) and no other liquids and solid foods except medications during the first 6 months. Regardless of this recommendation, the time to cessation of exclusive								Tropical Medicine and International Health.									
104	Journal Article	Embase	Some E.N.	What determines the ANRS 12174 trial mothers' breastfeeding behavior?.	2015	EXCLUDE		EXCLUDE		INTRODUCTION The ANRS 12174 clinical trial (ClinicalTrials.gov Identifier: NCT00640263) was a 4-country (Burkina Faso, South Africa, Uganda, Zambia) trial assessing the comparative efficacy of lopinavir/ritonavir versus lamivudine as peri-exposure prophylaxis to prevent HIV transmission								Tropical Medicine and International Health.									
105	Journal Article	Embase	Miklovicova D.	The role of breastfeeding in protection against acute pyelonephritis.	2015	EXCLUDE		EXCLUDE		Introduction: Exclusive breastfeeding has been found to play a protective role against urinary tract infections (UTIs) in infants. Its protective effect has been suggested to be long lasting even after breastfeeding cessation. The study was to analyze whether breastfeeding or other factors								Pediatric Nephrology. Conference: 48th Annual									
106	Journal Article	Embase	Kachoria R.	Effect of prenatal education on breastfeeding initiation and continuation among women with recent gestational diabetes.	2015	INCLUDE		INCLUDE		Prior research indicates that prenatal breastfeeding education has a positive impact on breastfeeding initiation. However, if this is also true among women with recent gestational diabetes mellitus (GDM) remains unknown. The objective of this study was to explore the relationship between	INCLUDE						INCLUDE	Diabetes. Conference: 75th Scientific Sessions of the	No – not found								
107	Journal Article	Embase	Spek V.	Psychological determinants of initiation of breastfeeding.	2015	EXCLUDE		EXCLUDE		Objective / Background The WHO statements advise women to exclusively breastfeed for at least 6 months. Contrarily to Scandinavian countries, in The Netherlands, only 70-75% of the women start breastfeeding of which more than 50 % quit before 3 months postpartum. There is hardly any								Archives of Women's Mental Health. Conference:									
108	Journal Article	Embase	Castro R.A.	Maternal mental health in pregnancy: Association with breastfeeding, bonding and infant temperament at six months.	2015	EXCLUDE		EXCLUDE		Objective / Background High levels of depression and anxiety during pregnancy double the risk for child's ADHD, conduct disorder and lower cognitive ability. Antenatal anxiety and depression are also a major risk factor for postnatal depression and are associated with increased risk of								Archives of Women's Mental Health. Conference:									
109	Journal Article	Embase	Arora A.	Determinants of breastfeeding initiation among mothers in south West Sydney.	2015	EXCLUDE		EXCLUDE		Background: The aim of this study was to identify the prevalence of breastfeeding in mothers of South West Sydney and the factors associated with the initiation of breastfeeding. Method: Mother-infant dyads (n = 1035) were recruited by Child and Family Health Nurses at the first post-natal								Journal of Paediatrics and Child Health. Conference: 19th									
110	Journal Article	Embase	Nagle C.	Vietnamese women's attitudes to and experiences of breastfeeding: A qualitative study.	2015	EXCLUDE		EXCLUDE		Background: Initiation of breastfeeding and exclusive breastfeeding rates of Vietnamese women are lower than rates for other women. Increasing utilisation of information technology may impact on contemporary breastfeeding attitudes, practices and experiences of Vietnamese women. This								Journal of Paediatrics and Child Health. Conference: 19th									
111	Journal Article	Embase	McLachlan H.	Supporting breastfeeding in local communities (silc): Results of a cluster randomised trial.	2015	INCLUDE		INCLUDE		Background: A three-arm cluster randomised trial was designed to determine whether early home-based breastfeeding support by a Maternal and Child Health Nurse (Home visit, HV) with or without access to communitybased breastfeeding drop-in centres, increases the proportion of infants	INCLUDE						INCLUDE	Journal of Paediatrics and Child Health. Conference: 19th	NO – Poster abstract								
112	Journal Article	Embase	Forster D.A.	A randomised controlled trial of caseload midwifery for women at low risk of medical complications (cosmos): Breastfeeding intentions, initiation and two month feeding outcomes.	2015	INCLUDE		INCLUDE		Background: Exclusive breastfeeding is recommended to 6 months, but only 61% of Australian infants receive any breast milk by this age. There are few effective interventions. Our RCT comparing caseload midwifery with standard care explored infant feeding (in addition to birth outcomes).	EXCLUDE						EXCLUDE	Journal of Paediatrics and Child Health. Conference: 19th									
113	Journal Article	Embase	Brondolo E.	Racism and breastfeeding: Barriers in a community sample of women.	2015	EXCLUDE		EXCLUDE		There are significant racial disparities in breastfeeding. The drivers of these disparities are not clear. Research on immigration-related changes in the rates of breastfeeding suggests that psychosocial factors may play a role in influencing the decision to initiate or maintain breastfeeding. In this								Psychosomatic Medicine. Conference: 73rd Annual									
114	Journal Article	Embase	Akik C.	Reported barriers to appropriate early breastfeeding practices in Lebanon.	2015	EXCLUDE		EXCLUDE		The World Health Organisation recommends exclusive breastfeeding (EBF) from within the first hour of life until 6 months of age. Breastfeeding practices in Lebanon fall short of these recommendations: while more than 90% of infants were ever breastfed, EBF rates are low and breastfeeding								FASEB Journal. Conference: Experimental Biology 2015, EB.									
115	Journal Article	Embase	Berens P.	The effects of metformin on breastfeeding in women with gestational diabetes compared to placebo.	2015	EXCLUDE		EXCLUDE		OBJECTIVE: The Joint Commission in 2013 proclaimed exclusive breastfeeding (EBF) as a perinatal core measure for obstetrical care. The objective of this study was to determine timing and reasons for BF cessation in women with gestational diabetes (GDM) who received metformin or placebo in								American Journal of Obstetrics and Gynecology. Conference:									
116	Journal Article	Embase	Chu D.	Alterations in the intestinal microbiome of infants are associated with breastfeeding practice.	2014	EXCLUDE		EXCLUDE		OBJECTIVE: Cesarean delivery (CD) has been implicated in dysbiosis of the neonatal microbiome (totality of microbes and their genomes). However, it is possible that colinearity of CD with breastfeeding practice may confound these findings. Formula does not mimic the complexity of								American Journal of Obstetrics and Gynecology. Conference:									
117	Journal Article	Embase	Saxton A.	Effects of skin-to-skin contact and breastfeeding at birth on the incidence of PPH: A physiologically based theory.	2014	EXCLUDE		EXCLUDE		Background: The importance of optimising maternal/baby psychophysiology has been integrated into contemporary midwifery theories but not in the detail required to really understand the underpinning biological basis. Method: The functioning of the autonomic nervous system, as it relates								Women and Birth. 27 (4) (pp 250-253), 2014. Date of									
118	Journal Article	Embase	Hanafi M.I.	Impact of health education on knowledge of, attitude to and practice of breastfeeding among women attending primary health care centres in Almadinah Almunawwarah, Kingdom of Saudi Arabia: Controlled pre-	2014	INCLUDE	MAYBE	INCLUDE		Objectives: To explore the knowledge of, attitude to and practice of breastfeeding among women attending primary health care centres before and after health education. Methods: A cohort of 360 gravid women attending primary health care centres in Almadinah Almunawwarah were selected	INCLUDE						INCLUDE	Journal of Taibah University Medical Sciences. 9 (3) (pp 187-	YES	No*	No?	Contact Authors	Replied. Mothers aged 22-34years.	Exclude	EXCLUDE		

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

119	Journal Article	Embase	Dyson L.	Interventions for promoting the initiation of breastfeeding.	2014	INCLUDE		INCLUDE		BACKGROUND: Despite the widely documented health advantages of breastfeeding over formula feeding, initiation rates remain relatively low in many high-income countries, particularly among women in lower income groups. OBJECTIVE: To evaluate the effectiveness of interventions which Gestational diabetes mellitus (GDM) increases the future risk of developing type 2 diabetes mellitus (T2DM). There is now a growing evidence that breastfeeding has short- and long-term health benefits for mothers with GDM. Mothers with GDM who breastfeed have improved lipid and glucose	EXCLUDE (REVIEW)	EXCLUDE		EXCLUDE (REVIEW)	Sao Paulo Medical Journal. 132 (1) (pp 68), 2014. Date of												
120	Journal Article	Embase	Much D.	Beneficial effects of breastfeeding in women with gestational diabetes mellitus.	2014	EXCLUDE		EXCLUDE		Molecular Metabolism. 3 (3) (pp 284-292), 2014. Date of																	
121	Journal Article	Embase	Dashti M.	Predictors of breastfeeding duration among women in Kuwait: Results of a prospective cohort study.	2014	EXCLUDE		EXCLUDE		The purposes of this paper are to report the prevalence of breastfeeding to six months among women in Kuwait and to determine the factors that are associated with the duration of breastfeeding. A cohort of 373 women recruited from maternity wards in four hospitals in Kuwait city were					Nutrients. 6 (2) (pp 711-728), 2014. Date of Publication: 20												
122	Journal Article	Embase	Srivastava N.M.	Breastfeeding practices for newborns among urban poor in Lucknow, northern India: A prospective follow-up study.	2014	EXCLUDE		EXCLUDE		Objectives: To describe evidence-based WHO-defined (exclusive, predominant, partial, never breastfed) breastfeeding patterns and the factors associated with them for neonates among urban poor in Lucknow, northern India. Methods: This prospective follow-up study was conducted at two					Clinical Epidemiology and Global Health. 2 (2) (pp 66-74),												
123	Journal Article	Embase	Shrivastava S.R.	The baby-friendly hospital initiative: Foundation stone in ensuring exclusive breastfeeding.	2014	EXCLUDE		EXCLUDE		Globally, breastfeeding has been acknowledged as one of the most effective ways of ensuring the adequate health, development and survival of a child. In 1991, in order to ensure the right start for every infant and to extend the desired support to the postnatal mothers to execute successful					South African Family Practice. 56 (4) (pp 251-252), 2014. Date												
124	Journal Article	Embase	Stuebe A.M.	Enabling women to achieve their breastfeeding goals.	2014	INCLUDE		INCLUDE		In mammalian physiology, lactation follows pregnancy, and disruption of this physiology is associated with adverse health outcomes for mother and child. Although lactation is the physiologic norm, cultural norms for infant feeding have changed dramatically over the past century.	EXCLUDE			EXCLUDE	Obstetrics and Gynecology. 123 (3) (pp 643-652), 2014. Date of												
125	Journal Article	Embase	Mathur N.B.	Breastfeeding.	2014	EXCLUDE		EXCLUDE		The benefits of breastfeeding for the infant and nursing mother are well established. The World Health Organisation (WHO) recommends exclusive breastfeeding up to 6 mo and continued breastfeeding up to 2 y. Exclusive breastfeeding is the most effective intervention to reduce infant					Indian Journal of Pediatrics. 81 (2) (pp 143-149), 2014. Date of												
126	Journal Article	Embase	Horst S.	The Use of Biologic Agents in Pregnancy and Breastfeeding.	2014	EXCLUDE		EXCLUDE		Biologic therapies, including anti-tumor necrosis factor antibody therapy and anti-integrin antibodies, are currently approved for the treatment of and are increasingly being used in patients with moderate to severe inflammatory bowel disease, including Crohn disease and ulcerative colitis.					Gastroenterology Clinics of North America. 43 (3) (pp 495-												
127	Journal Article	Embase	Puapornpong P.	Teenage pregnancy and exclusive breastfeeding rates.	2014	EXCLUDE		EXCLUDE		Background: Teenage pregnancy is an important health issue globally and in Thailand. Younger age mothers decide on the breastfeeding practices of the first 6-month.					Journal of the Medical Association of Thailand. 97 (9)												
128	Journal Article	Embase	Mondal D.	Breastfeeding: A potential excretion route for mothers and implications for infant exposure to perfluoroalkyl acids.	2014	EXCLUDE		EXCLUDE		Background: The presence of perfluoroalkyl acids (PFAAs) in breast milk has been documented, but their lactational transfer has been rarely studied. Determination of the elimination rates of these chemicals during breastfeeding is important and critical for assessing exposure in mothers					Environmental Health Perspectives. 122 (2) (pp 187-												
129	Journal Article	Embase	Olesinska M.	Fertility, pregnancy planning, and pharmacotherapy during the pregnancy, postpartum and breastfeeding period in patients with rheumatoid arthritis and other inflammatory arthropathies.	2014	EXCLUDE		EXCLUDE		The peak in incidence of the majority of inflammatory arthropathies (IAs) is observed in the 2nd-4th-⁴-^{sup>th}-<sup>sup> decades of life. Thus the diseases affect patients at reproductive age. The results of population studies have demonstrated that these diseases can exert effects on the					Reumatologia. 52 (1) (pp 7-21), 2014. Date of Publication: 2014.												
130	Journal Article	Embase	Fowler M.G.	Efficacy and safety of an extended nevirapine regimen in infants of breastfeeding mothers with HIV-1 infection for prevention of HIV-1 transmission (HPTN 046): 18-month results of a randomized, double-blind, placebo-	2014	EXCLUDE		EXCLUDE		BACKGROUND:: HPTN 046 compared the efficacy and safety of infant nevirapine (NVP) among HIV-exposed breastfed infants randomized at 6 weeks to 6 months to t NVP or placebo to prevent postnatal infection: we report final 18-month outcomes. METHODS: Randomized, placebo-					Journal of Acquired Immune Deficiency Syndromes. 65 (3)												
131	Journal Article	Embase	Witt A.	A case control study of bacterial species and colony count in milk of breastfeeding women with chronic pain.	2014	EXCLUDE		EXCLUDE		Background: An infectious etiology for chronic breast pain in breastfeeding women continues to be debated. Although recent data suggest that Staphylococcus aureus and coagulase-negative Staphylococcus (CNS) may cause chronic breast pain, no studies have used quantitative cultures to					Breastfeeding Medicine. 9 (1) (pp 29-34), 2014. Date of												
132	Journal Article	Embase	Pentecost R.	Adolescents' needs for nurses' support when initiating breastfeeding.	2014	EXCLUDE		EXCLUDE		CONCLUSION: Adolescents needed a combination of informational, instrumental, emotional, and appraisal support. Adolescent mothers appreciate and value nurses who take the time to dialogue with them about breastfeeding.					Journal of human lactation : official journal of International												
133	Journal Article	Embase	Suresh S.	Predictors of breastfeeding problems in the first postnatal week and its effect on exclusive breastfeeding rate at six months: experience in a tertiary care centre in Northern India.	2014	EXCLUDE	EXCLUDE	EXCLUDE		In spite of the countless benefits of breastfeeding, prevalence of exclusive breastfeeding (EBF) has been far from optimal in the developing world. Breastfeeding problems at or after 4 weeks has been reported as one among the constraints to EBF. The study aimed to determine the					Indian journal of public health. 58 (4) (pp 270-273), 2014. Date												
134	Journal Article	Embase	Figueiredo B.	Breastfeeding is negatively affected by prenatal depression and reduces postpartum depression.	2014	EXCLUDE		EXCLUDE		BACKGROUND: This prospective cohort study explored the effects of prenatal and postpartum depression on breastfeeding and the effect of breastfeeding on postpartum depression.					Psychological medicine. 44 (5) (pp 927-936), 2014. Date of												
135	Journal Article	Embase	Dennis C.-L.	Interventions for treating painful nipples among breastfeeding women.	2014	EXCLUDE		EXCLUDE		SELECTION CRITERIA: All randomised or quasi-randomised controlled trials designed to evaluate any intervention for treating nipple pain among breastfeeding women. Trials using a cluster-randomised design were eligible for inclusion. Cross-over trials were not eligible for inclusion. The					The Cochrane database of systematic reviews. 12 (pp												
136	Journal Article	Embase	El Shafei A.M.	Determinants of exclusive breastfeeding and introduction of complementary foods in rural Egyptian communities.	2014	EXCLUDE		EXCLUDE		BACKGROUND: Determinants of breastfeeding (BF) exclusivity at a rural Egyptian setting are largely unknown. This cross-sectional study aimed to assess BF indicators, specifically exclusivity and the timely complementary feeding while assessing potential determinants that affect exclusivity of					Global journal of health science. 6 (4) (pp 236-244),												
137	Journal Article	Embase	Ramakrishnan R.	The association between maternal perception of obstetric and pediatric care providers' attitudes and exclusive breastfeeding outcomes.	2014	EXCLUDE		EXCLUDE		BACKGROUND: Exclusive breastfeeding is recommended for 6 months. Successful breastfeeding requires support from family members, peers, and health care professionals.					Journal of human lactation : official journal of International												
138	Journal Article	Embase	Brown A.	Maternal trait personality and breastfeeding duration: The importance of confidence and social support.	2014	EXCLUDE		EXCLUDE		Aim: To explore associations among breastfeeding duration, maternal personality and maternal attitudes and experiences of breastfeeding. Background: Understanding influences on breastfeeding initiation and duration is critical to increasing breastfeeding rates and supporting new					Journal of Advanced Nursing. 70 (3) (pp 587-598), 2014. Date												
139	Journal Article	Embase	Grassley J.S.	Reasons for initial formula supplementation of healthy breastfeeding newborns.	2014	EXCLUDE		EXCLUDE		In a retrospective review of 302 hospital charts, 38 percent of newborns whose mothers planned to exclusively breastfeed received formula before hospital discharge. Those breastfeeding infants who did not receive formula were significantly younger at first breastfeeding than infants who					Nursing for women's health. 18 (3) (pp 196-203), 2014. Date of												
140	Journal Article	Embase	Price L.	Can early breastfeeding support increase the 6-8 week breastfeeding prevalence rate.	2014	INCLUDE		INCLUDE		Breastfeeding has significant health benefits for mothers and babies and is an important strategy to reduce health inequalities (UNICEF, 2010). The Baby Friendly Initiative, a strategy to increase breastfeeding rates, has been adopted by the trust. In line with the trust's priorities, the health	EXCLUDE			EXCLUDE	Community Practitioner. 87 (5) (pp 30-33), 2014. Date of												
141	Journal Article	Embase	Palmer L.	Existential vulnerability can be evoked by severe difficulties with initial breastfeeding: a lifeworld hermeneutical single case study for research on complex breastfeeding phenomena.	2014	EXCLUDE		EXCLUDE		Many mothers initiate breastfeeding, but some of these experience difficulties. This study has two aims in order to contribute to the development of optimal care for these mothers: firstly to explain and understand the existential meanings of one mother's severe initial breastfeeding					Breastfeeding review : professional publication of the												
142	Journal Article	Embase	Srivastava S.	Effect of very early skin to skin contact on success at breastfeeding and preventing early hypothermia in neonates.	2014	EXCLUDE		EXCLUDE		Birth and immediate postpartum period pose many challenges for the newborn. The neonatal mortality rates are high in India, whereas the breastfeeding rates are still low. Hence, need exists for a simple and easily applicable intervention, which may counter these challenges. The					Indian journal of public health. 58 (1) (pp 22-26), 2014. Date of												
143	Journal Article	Embase	Ngoma M.	No evidence of neurodevelopmental delay in heu infants exposed to cART in utero and breastfeeding.	2014	EXCLUDE		EXCLUDE		Background: The 2013 WHO Guidelines on preventing mother-to-child transmission (PMTCT) of HIV recommend maternal cART throughout pregnancy and for 1 year of breastfeeding for HIV infected mothers in many developing countries. Some antiretrovirals (in particular zidovudine					Topics in Antiviral Medicine. Conference: 2014 Conference												
144	Journal Article	Embase	Guibas G.V.	P45-Early exclusive breastfeeding protects from preschool wheeze.	2014	EXCLUDE		EXCLUDE		Background: Thus far, exhaustive research has been conducted on a potential link of breastfeeding (BF) to wheezing illnesses. Nevertheless, conflicting evidence often emerges with several investigators reporting BF to protect from asthma, whereas others fail to show such a link; reports					Clinical and Translational Allergy. Conference: 3rd												
145	Journal Article	Embase	Evans A.	Experiences of mothers who exclusively breastfed to 6 months in the central valley of California.	2014	EXCLUDE		EXCLUDE		Background: The Healthy People 2020 guidelines recommend 25.5% exclusive breastfeeding (EBF) through 6 months (m). Our local EBF rate is 47.1% before hospital discharge and is likely well below target at 6m. A statewide EBF rate to 6m is 21.7% with no local data available. Objective(s): Most					Breastfeeding Medicine. Conference: 19th Annual												
146	Journal Article	Embase	Molina H.	Predictors of exclusive breastfeeding at post partum discharge in term dyads.	2014	EXCLUDE		EXCLUDE		Background: The WHO Ten Steps have been shown to increase any breastfeeding at post partum discharge in term dyads. However, the impact of obstetric interventions on the success of the Ten Steps has not been fully elucidated in a Baby Friendly-certified University Medical Center.					Breastfeeding Medicine. Conference: 19th Annual												
147	Journal Article	Embase	Eregie C.	Clinical evaluation of exclusively breastfed infants: The value of a cumulative growth score (CGS) for the estimation of postnatal age (PNA).	2014	EXCLUDE		EXCLUDE		Background: Normogram for the estimation of PNA in exclusively breastfed infants for the first six months especially in developing communities with many uneducated mothers who cannot reliably tell the PNA of their infants. Objective(s): To develop Postnatal Growth Scores (PGS) for					Breastfeeding Medicine. Conference: 19th Annual												
148	Journal Article	Embase	Demirci J.	Access, use and preferences for technology-based perinatal and breastfeeding support among childbearing women.	2014	EXCLUDE	EXCLUDE	EXCLUDE		Background: Pregnant and postpartum women increasingly turn to technology to obtain or supplement their knowledge about pregnancy, birth and infant care. Patterns of technology use among childbearing women, particularly related to acquisition of breastfeeding education and support, have					Breastfeeding Medicine. Conference: 19th Annual												
149	Journal Article	Embase	Garner C.D.	Lack of continuity in breastfeeding care: "There's no captain of the ship".	2014	EXCLUDE		EXCLUDE		Background: Breastfeeding (BF) rates in the United States are suboptimal, with only 16% exclusively BF at 6 months and 25% BF to any extent for 12 months. Health professionals (HPs) have a unique opportunity to support BF due to the frequency and timing of visits with mothers and infants as					Breastfeeding Medicine. Conference: 19th Annual												
150	Journal Article	Embase	Rethy J.	Best-practice, community-based approach to improving breastfeeding rates in a community health center.	2014	EXCLUDE		EXCLUDE		Background: Health Works is a Federally Qualified Health Center serving the Northern Virginia area. Ninety percent of the center's families live within 200% of Federal Poverty Line and 69% would be best served in a language other than English. Breastfeeding clinical services and support					Breastfeeding Medicine. Conference: 19th Annual												
151	Journal Article	Embase	Schreck P.	Prenatal education combined with post-discharge support lead to breastfeeding continuation.	2014	INCLUDE		INCLUDE		Background: The Baby-Friendly Hospital Initiative requires hospitals that seek its designation to provide both prenatal breastfeeding education and meaningful discharge support. Objective(s): Our objective was to measure the unique and additive effectiveness of prenatal breastfeeding	EXCLUDE			EXCLUDE	Breastfeeding Medicine. Conference: 19th Annual												
152	Journal Article	Embase	Noble L.	Breastfeeding the early term infant.	2014	EXCLUDE		EXCLUDE		Background: The past few years have seen multiple studies documenting breastfeeding difficulties of infants born late preterm, or at 34-36 weeks. More recently it has become evident that term infants born at 37-38 weeks, now referred to as Early Term (ET), are also less developed and at					Breastfeeding Medicine. Conference: 19th Annual												
153	Journal Article	Embase	Li M.	Text message to promote breastfeeding and obesity-protective eating behaviours in young children: 12 and 24 months BMI results.	2014	INCLUDE		INCLUDE		Background and aim: Short message services (SMS) via mobile phone is the most widely adopted and inexpensive way for modern communication. It has being used in health promotion and disease prevention. Appropriate infant feeding practices have long-term health effects, including obesity	INCLUDE			INCLUDE	Obesity Research and Clinical Practice. Conference: 2014	NO – Poster abstract											
154	Journal Article	Embase	Moreira Soares Macedo S.	Psychotropic drugs and breastfeeding.	2014	EXCLUDE		EXCLUDE		Introduction: Breastfeeding is essential for the physical and psychological health of the mother and child, and its benefits are well documented and recommended by the World Health Organization and UNICEF. The guidelines recommend exclusive breastfeeding from birth to 6 months and					European Neuropsychopharmacology.												
155	Journal Article	Embase	Hellwig K.	Exclusive breastfeeding and postpartum multiple sclerosis relapses.	2014	EXCLUDE		EXCLUDE		Background: Women with multiple sclerosis (MS) experience an elevated relapse risk after birth. The effect of exclusive breastfeeding on the postpartum relapse risk is unclear. Objectives: To determine the effect of exclusive breastfeeding on the postpartum relapse risk and to investigate					Multiple Sclerosis. Conference: 2014 Joint Americas Committee												
156	Journal Article	Embase	Wong J.P.	Maternal diet: A social determinant of breastfeeding practice.	2014	EXCLUDE		EXCLUDE		Background: Breastfeeding provides the ideal nourishment for the infant, yet prevalence rates are low. Understanding the effect of maternal health behaviours on enhancing breastfeeding practice may allow health care practitioners to better provide health behaviour counselling and					Paediatrics and Child Health (Canada). Conference: 91st												
157	Journal Article	Embase	Verret-Chalifour J.	Breastfeeding initiation at hospital among obese women: The role of perinatal factors.	2014	EXCLUDE		EXCLUDE		Background: Despite specific benefits for infants and mothers, breastfeeding initiation at birth remains problematic in the subgroup of obese women. Objectives: To evaluate the incidence of breastfeeding initiation at hospital, according to maternal pre-pregnancy body mass index (BMI)					Paediatrics and Child Health (Canada). Conference: 91st												
158	Journal Article	Embase	Grzeskowiak L.E.	Prenatal antidepressant exposure and impact on duration of breastfeeding.	2014	EXCLUDE		EXCLUDE		Background: We aimed to evaluate the association between antidepressant use in pregnancy and its associated impact on duration of breastfeeding. Methods: Information on exposures was obtained from the prospective Danish National Birth Cohort. Using data obtained from the					Journal of Paediatrics and Child Health. Conference: 18th												
159	Journal Article	Embase	Davey M.-A.	Intervention in labour and early breastfeeding outcomes.	2014	INCLUDE		INCLUDE		Background: Midwives report on three breastfeeding items in the immediate postnatal period for all babies born in Victoria, Australia: initiation of breastfeeding; any infant formula given during the postnatal hospital stay; and whether the last feed before discharge was taken entirely and	EXCLUDE			EXCLUDE	Journal of Paediatrics and Child Health. Conference: 18th												
160	Journal Article	Embase	Grzeskowiak L.E.	Continuation vs. Cessation of antidepressant use in the pre- and post-natal period and impact on duration of breastfeeding.	2014	EXCLUDE		EXCLUDE		Background: We aimed to evaluate the association between the continuation or cessation of antidepressant use during pregnancy and breastfeeding on continued breastfeeding up to and beyond 6 months. Methods: Information on exposures was obtained from the prospective					Journal of Paediatrics and Child Health. Conference: 18th												

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161	Journal Article	Embase	Moule P.	How good are we at providing breastfeeding advice?.	2014	EXCLUDE		EXCLUDE		Introduction England has one of the lowest breastfeeding rates in Europe. Initiation rates are 83% but within one week the rate of exclusive breastfeeding drops to 46% and by 6 months to only 1%. 1.Lay and professional support, particularly if it is multi-faceted and spans pregnancy and						Archives of Disease in Childhood. Conference: Annual							
162	Journal Article	Embase	Irvine R.	Breastfeeding service evaluation: The parental perspective.	2014	EXCLUDE		EXCLUDE		Introduction England has one of the lowest breastfeeding rates in Europe. Initiation rates are 83% but within one week the rate of exclusive breastfeeding drops to 46% and by 6 months to only 1%. 1.Lay and professional support, particularly if it is multi-faceted and spans pregnancy and						Archives of Disease in Childhood. Conference: Annual							
163	Journal Article	Embase	Oza-Frank R.	Exclusive breastfeeding rates lowest among women with gestational diabetes.	2014	EXCLUDE	EXCLUDE	EXCLUDE		The Healthy People 2020 (HP2020) objective for exclusive breastfeeding through 3 months of age is 46.2%, however, there is no previous data on exclusive breastfeeding through 3 months by maternal diabetes status. Therefore, our objective was to determine rates of and associations						Diabetes. Conference: 74th Scientific Sessions of the							
164	Journal Article	Embase	Oza-Frank R.	Reasons for not initiating or continuing breastfeeding differ by maternal diabetes type.	2014	EXCLUDE		EXCLUDE		Breastfeeding initiation and continuation rates have been shown to differ by diabetes type, however, the corresponding reasons for not initiating and/ or continuing breastfeeding remain unknown. Our objective was to examine reasons for not initiating and/or continuing breastfeeding by						Diabetes. Conference: 74th Scientific Sessions of the							
165	Journal Article	Embase	Oza-Frank R.	Differences in breastfeeding initiation and continuation by maternal diabetes status.	2014	EXCLUDE		EXCLUDE		Regional data indicate differences in breastfeeding initiation by maternal diabetes status. Whether these observations are consistent among a U.S. sample of women is unknown, as are rates of continued breastfeeding after delivery. We used data from the Pregnancy Risk Assessment						Diabetes. Conference: 74th Scientific Sessions of the							
166	Journal Article	Embase	Charpak N.	KMC and breastfeeding the premature infant: Experience and results at one year of corrected age in a cohort of 11442 infants discharged home in kangaroo position (2001-2013).	2014	EXCLUDE		EXCLUDE		Brief Introduction: Objective: To evaluate the rate of breastfeeding and growth results at one year of corrected age in a cohort of 17004 preterm or low birth weight infants LBWI treated in our ambulatory KMC program between 2001 and 2013. Materials & Methods: Design and Methods:						Journal of Maternal-Fetal and Neonatal Medicine.							
167	Journal Article	Embase	Krolak-Olejnik B.	Risk factors of discontinue breastfeeding of helthy term infants.	2014	EXCLUDE		EXCLUDE		Brief Introduction: The breastfeeding is the newborns' and infants' optional method of nutrition recommended by WHO, AAP and ESPGHAN. Improving breastfeeding rates is an important part of global health policy and also in Polish legislation. The strategy is achieved through						Journal of Maternal-Fetal and Neonatal Medicine.							
168	Journal Article	Embase	Chezem J.C.	Prenatal breastfeeding confidence is not associated with infant feeding method at one month postpartum.	2014	EXCLUDE		EXCLUDE		Background and Objective: Previous studies have observed a positive relationship between breastfeeding confidence and breastfeeding duration. The objective of this study was to describe associations between prenatal confidence and breastfeeding at one month postpartum. Methods:						FASEB Journal. Conference: Experimental Biology 2014, EB.							
169	Journal Article	Embase	Zhu Y.	Longer breastfeeding reduces the positive relationships among gestational weight gain, birthweight, and childhood growth.	2014	EXCLUDE		EXCLUDE		Despite the well-studied relationship between gestational weight gain (GWG) and childhood obesity, little is known about whether breastfeeding protects against obesity through GWG. We investigated the mediation effect of breastfeeding duration on the relationships among GWG,						FASEB Journal. Conference: Experimental Biology 2014, EB.							
170	Journal Article	Embase	Clark A.	Breastfeeding support increases breastfeeding duration among middle-to-high-income women.	2014	INCLUDE		INCLUDE		The objective of the Omega Smart Baby Project was to determine if supplementing pregnant/breastfeeding mothers with DHA would improve infants' neuropsychological development. One hundred and fifteen women with singleton pregnancies were given either a placebo or DHA	EXCLUDE				EXCLUDE	FASEB Journal. Conference: Experimental Biology 2014, EB.							
171	Journal Article	Embase	Rozga M.	Determinants of exclusive breastfeeding cessation in a peer counseling breastfeeding support program for low-income women.	2014	EXCLUDE		EXCLUDE		Breastfeeding peer counseling programs have demonstrated efficacy in improving exclusive breastfeeding (EBF) rates, but the impact of specific program protocols on this outcome is unknown. OBJECTIVE: To describe associations between individual and combinations of program components						FASEB Journal. Conference: Experimental Biology 2014, EB.							
172	Journal Article	Embase	Schulze K.	Breastfeeding practices as determinants of nutritional status and growth of Bangladeshi infants prior to 6 months of age.	2014	EXCLUDE		EXCLUDE		Stunting is prevalent in South Asia and is rooted in poor growth in utero through 24 mo of age. We assessed nutritional status and growth as weight-for-length (WLZ) and length-for-age (LAZ) z-scores at birth, 1, 3, 6, 12, and 24 mo in singleton infants born to mothers receiving iron-folic acid in a						FASEB Journal. Conference: Experimental Biology 2014, EB.							
173	Journal Article	Embase	Sellen D.	Cell phone based peer counselling can support exclusive breastfeeding: A randomized controlled trial in Kenya.	2014	INCLUDE		INCLUDE		Objective: To test whether exposure to community-based continuous cell phone based peer support (CPS) or monthly peer-led support groups (PSG) increases adoption and duration of exclusive breastfeeding (EBF), as compared to current standard of facility-based support (Control).	EXCLUDE	INCLUDE		INCLUDE	FASEB Journal. Conference: Experimental Biology 2014, EB.	NO – Poster abstract							
174	Journal Article	Embase	Welle-Strand G.K.	Breastfeeding reduces the need for withdrawal treatment in opioid-exposed infants.	2013	EXCLUDE		EXCLUDE		Aim To examine the rate and duration of breastfeeding in a cohort of women in opioid maintenance treatment (OMT) in Norway, as well as the effect of breastfeeding on the incidence and duration of neonatal abstinence syndrome (NAS). Methods A national cohort of 124 women treated						Acta Paediatrica, International Journal of Paediatrics. 102 (11)							
175	Journal Article	Embase	Lopes S.S.	Baby-Friendly Hospital Initiative: Evaluation of the Ten Steps to Successful Breastfeeding.	2013	EXCLUDE		EXCLUDE		Objective: To asses the performance of the Ten Steps to Successful Breastfeeding in an university hospital. Methods: Descriptive and quantitative research, in which 103 people were interviewed in the outpatient prenatal clinic, in the maternity-ward and in the Neonatal Intensive Care Unit of a						Revista Paulista de Pediatria. 31 (4) (pp 488-493), 2013. Date of							
176	Journal Article	Embase	Rahman S.	Effect of maternal status and breastfeeding practices on infant nutritional status - A cross sectional study in the south-west region of Bangladesh.	2013	EXCLUDE		EXCLUDE		Introduction: The aim of this study was to address the current scenario of LBW and infant nutritional and to analyze the effect of maternal status and pattern of their breast feeding practices on perinatal and postnatal infant development. Methods: Cross-sectional study design with structured						Pan African Medical Journal. 16 (no pagination), 2013. Date of							
177	Journal Article	Embase	Shetty S.B.	KAP study of factors promoting breastfeeding in nursing mothers and pregnant women.	2013	EXCLUDE		EXCLUDE		Background: Breastfeeding is known to be central in an infant's nutrition and growth worldwide. Fewer mothers offer breast milk in this crucial period due to various misconceptions and cultural beliefs. Our objective was to assess the knowledge, attitude and practice of breast feeding and						Nitte University Journal of Health Science. 3 (3) (pp 34-37),							
178	Journal Article	Embase	Kafouri S.	Breastfeeding and brain structure in adolescence.	2013	EXCLUDE	EXCLUDE	EXCLUDE		Background The purpose of this investigation was to evaluate an association between duration of exclusive breastfeeding and structure of cortical regions implicated in general intelligence. Methods We studied adolescents (n=571; aged 12-18 years) participating in the Saguenay Youth Study;						International Journal of Epidemiology. 42 (1) (pp 150-							
179	Journal Article	Embase	Sakalidis V.S.	A comparison of early sucking dynamics during breastfeeding after cesarean section and vaginal birth.	2013	EXCLUDE		EXCLUDE		Background: The impact of cesarean section (CS) birth and pethidine for post-CS epidural analgesia on early breastfeeding behavior is unclear. This study aimed to measure infant sucking and breastfeeding behavior in infants of mothers who delivered by CS (CS group) and used pethidine						Breastfeeding Medicine. 8 (1) (pp 79-85), 2013. Date of							
180	Journal Article	Embase	Ahmed S.	Risks and benefits of lifelong antiretroviral treatment for pregnant and breastfeeding women: A review of the evidence for the Option B+ approach.	2013	EXCLUDE		EXCLUDE		Purpose of Review: Considerable debate has emerged on whether Option B+ (B+), initiation of lifelong antiretroviral therapy (ART) for all pregnant and breastfeeding women, is the best approach to achieving elimination of mother-to-child-transmission. However, direct evidence and						Current Opinion in HIV and AIDS. 8 (5) (pp 474-489), 2013.							
181	Journal Article	Embase	Bramham K.	Breastfeeding and tacrolimus: Serial monitoring in breast-fed and bottle-fed infants.	2013	EXCLUDE		EXCLUDE		Background and objectives Women have traditionally been advised not to breastfeed while taking tacrolimus, based on theoretical risks of neonatal immunosuppression and assumed secretion into breast milk, rather than clinical data suggesting neonatal absorption. The aim of this						Clinical Journal of the American Society of Nephrology. 8 (4) (pp							
182	Journal Article	Embase	Ahmadu-Ali U.A.	The practice of exclusive breastfeeding among mothers attending a postnatal clinic in Tswaing subdistrict, North West province.	2013	EXCLUDE		EXCLUDE		Objectives: The aim of this study was to determine reported infant feeding practice with reference to exclusive breastfeeding, exclusive formula feeding and mixed feeding at six weeks postpartum among women attending a postnatal clinic in the Tswaing subdistrict of North West province,						South African Family Practice. 55 (4) (pp 385-390), 2013. Date							
183	Journal Article	Embase	Brown A.	Breastfeeding Is Associated with a Maternal Feeding Style Low in Control from Birth.	2013	EXCLUDE		EXCLUDE		Background: The influence of maternal child-feeding style upon child weight and eating style for children over the age of twelve months is well established. However there is little empirical evidence examining maternal child-feeding style during milk feeding despite evidence that mothers						PLoS ONE. 8 (1) (no pagination), 2013. Article Number: e54229.							
184	Journal Article	Embase	Guibas G.V.	Breastfeeding and wheeze prevalence in pre-schoolers and pre-adolescents: The Genesis and Healthy Growth studies.	2013	EXCLUDE		EXCLUDE		Background: To date, extensive research has been undertaken on a potential link of breastfeeding (BF) to wheezing illnesses. Nevertheless, an association remains to be established, partly due to age-dependent discrepancies and different definitions of exposures/outcomes across studies.						Pediatric Allergy and Immunology. 24 (8) (pp 772-							
185	Journal Article	Embase	Herba C.M.	Breastfeeding and early brain development: The Generation R study.	2013	EXCLUDE		EXCLUDE		Breastfeeding during infancy is associated with a range of short- and long-term health benefits. We examine whether breastfeeding in the first 2 months of life is associated with structural markers of brain development in infants from the general population. This study was embedded within						Maternal and Child Nutrition. 9 (3) (pp 332-349), 2013. Date of							
186	Journal Article	Embase	Noughabi Z.S.	Prevalence and factors associated with exclusive breastfeeding at 6 months of life in Tehran: A population-based study.	2013	EXCLUDE		EXCLUDE		Exclusive breastfeeding is the best form of nutrition for infants in the first 6 months of life. The aim of this study was to determine the prevalence of exclusive breastfeeding in Tehran, Islamic Republic of Iran in the first 6 months of life, and the factors that influence it. In a population-based,						Eastern Mediterranean Health Journal. 20 (1) (pp 24-32), 2013.							
187	Journal Article	Embase	Lucchini Raies C.	Randomized controlled clinical trial evaluating determinants of successful breastfeeding: Follow-up two months after comprehensive intervention versus standard care delivery.	2013	INCLUDE		INCLUDE		Introduction: Exclusive breastfeeding (EBF) is the best alternative for feeding newborns and infants, benefiting the child, the mother, family and society. There are positive and negative covariates influencing the initiation and maintenance of EBF. Objective: To assess the effects of covariates	EXCLUDE				EXCLUDE	Revista Chilena de Pediatria. 84 (2) (pp 138-144), 2013. Date of							
188	Journal Article	Embase	Pereira C.R.V.R.	Assessment of factors that interfere on breastfeeding within the first hour of life.	2013	EXCLUDE		EXCLUDE		Objective: To investigate how the 4th Step of the Baby-Friendly Hospital Initiative was applied, assess the prevalence of breastfeeding (BF) within the first hour after birth and analyze factors associated with non-BF in this period of life. Methods: Cross-sectional study conducted in a high-risk						Revista Brasileira de Epidemiologia. 16 (2) (pp 525-							
189	Journal Article	Embase	McDonald S.W.	A comparison between late preterm and term infants on breastfeeding and maternal mental health.	2013	EXCLUDE		EXCLUDE		The objective of this study was to compare breastfeeding, postpartum mental health, and health service utilization between a group of late preterm (LP) maternal infant pairs and term counterparts. Data was drawn from a prospective community-based cohort in Calgary, Alberta. Bivariate						Maternal and child health journal. 17 (8) (pp 1468-1477),							
190	Journal Article	Embase	Yang H.-J.	A structural model for primiparas' breastfeeding behavior.	2013	EXCLUDE		EXCLUDE		Purpose: The study was done to construct and test a structural model to explain primipara breastfeeding behavior. Methods: The participants were 213 primiparas on postpartum wards. Data were analyzed using the PASW 18.0 and AMOS 19.0 programs. Results: Fitness statistics for the						Journal of Korean Academy of Nursing. 43 (3) (pp 399-408),							
191	Journal Article	Embase	Saki A.	Patterns of daily duration and frequency of breastfeeding among exclusively breastfed infants in Shiraz, Iran, a 6-month follow-up study using Bayesian generalized linear mixed models.	2013	EXCLUDE		EXCLUDE		Despite numerous studies on the benefits of exclusive breastfeeding during the first half year of life, little information is available on actual breastfeeding practices in terms of daily duration and frequency of suckling. This study proposes to determine daily breastfeeding patterns among						Global journal of health science. 5 (2) (pp 123-133),							
192	Journal Article	Embase	Inoue M.	Japanese mothers' breastfeeding knowledge and attitudes assessed by the Iowa infant feeding attitudes scale.	2013	EXCLUDE		EXCLUDE		This study describes Japanese mothers' knowledge and attitudes towards breastfeeding using the Iowa Infant Feeding Attitudes Scale (IIFAS). A cross-sectional survey of 1,612 mothers was conducted in Japan in 2007. The participants were recruited at the free health checks conducted for						Asia Pacific Journal of Clinical Nutrition. 22 (2) (pp 261-265),							
193	Journal Article	Embase	Long S.A.	The DC breastfeeding-friendly hospital initiative: an evaluation of hospitals' support for breastfeeding in the capital of the United States.	2013	EXCLUDE	EXCLUDE	EXCLUDE		Maternity facilities that follow the 10 steps of the Baby-Friendly Hospital Initiative have improved breastfeeding outcomes. Prior to the DC Breastfeeding-Friendly Hospital Initiative, no maternity facilities in Washington, DC, were recognized as Baby-Friendly. Each facility's journey						Journal of human lactation : official Journal of International							
194	Journal Article	Embase	Lutter C.K.	Protection, promotion, and support and global trends in breastfeeding.	2013	EXCLUDE		EXCLUDE		A number of case studies have shown that promotion of breastfeeding (BF) coincides with improved BF and exclusive BF (EBF) practices. We quantify the relationship between BF promotion and changes in BF practices by analyzing the relationship between implementation of the						Advances in nutrition (Bethesda, Md.). 4 (2) (pp 213-							
195	Journal Article	Embase	Watson J.O.	Developing a policy to support breastfeeding in women who are hospitalized and acutely ill.	2013	EXCLUDE		EXCLUDE		Breastfeeding support is a key part of caring for childbearing women. When a woman is acutely ill, hospitalized and breastfeeding, there can be a focus on initiating or maintaining breastfeeding in challenging circumstances. This article describes the development and implementation of a						Nursing for Women's Health. 17 (3) (pp 188-196), 2013. Date of							
196	Journal Article	Embase	Kim E.	Relationship between intention to supplement with infant formula and breastfeeding duration.	2013	EXCLUDE		EXCLUDE		OBJECTIVES: According to Health Canada and the Canadian Paediatric Society, infants should be exclusively breastfed for the first six months with continued breastfeeding for two years and beyond. This study examined the relationship between a mother's intention to supplement with infant						Canadian Journal of Public Health. 104 (5) (pp e388-e393),							
197	Journal Article	Embase	Hirani S.A.A.	Perceived Breastfeeding Support Assessment Tool (PBSAT): Development and testing of psychometric properties with Pakistani urban working mothers.	2013	EXCLUDE		EXCLUDE		Introduction: breast feeding is an essential source of nutrition among young babies; however, in Pakistan a gradual decline in prevalence of breast feeding, especially among urban working mothers, has been reported. Previous studies among Pakistani urban working mothers have revealed that						Midwifery. 29 (6) (pp 599-607), 2013. Date of Publication: June							
198	Journal Article	Embase	Morton J.	Five steps to improve bedside breastfeeding care.	2013	EXCLUDE		EXCLUDE		Best postpartum breastfeeding practices must address the caloric needs of all infants, including vulnerable infants, while enabling long-term, exclusive breastfeeding. An adequate subsequent milk supply depends on early, frequent and effective colostrum removal. A combination of hand						Nursing for women's health. 17 (6) (pp 478-488), 2013. Date of							
199	Journal Article	Embase	Barnes M.	Experiences of birth and breastfeeding following assisted conception.	2013	EXCLUDE		EXCLUDE		The short and long-term benefits that breastfeeding has for both infant and mother are well recognised. With births increasingly occurring as a result of assisted conception (AC) technologies, the impact that these treatments have on a woman's experience of breastfeeding is an important						Breastfeeding Review. 21 (1) (pp 9-15), 2013. Date of							
200	Journal Article	Embase	Woods N.K.	Describing adolescent breastfeeding environments through focus groups in an urban community.	2013	EXCLUDE		EXCLUDE		Breastfeeding is a potential solution to improve health outcomes for adolescent mothers and infants. Adolescence is a risk factor for low breastfeeding rates and is associated with a higher risk for perinatal complication. This study investigated facilitators and barriers to adolescent						Journal of primary care & community health. 4 (4) (pp 307							

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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

241	Journal Article	Embase	Mutuli L.	Influence of psychosocial factors on breastfeeding behavior of mothers in kakamega central district, Kenya.	2013	EXCLUDE		EXCLUDE	Health professionals currently use fact-based approach to promote breastfeeding behavior in Kenya. This practice imposes messages to breastfeeding mothers without considering their opinions and beliefs thus posing a challenge to the Ministry of Health. Approximately 52% of Background and aims: Breastfeeding improves glucose tolerance in the early postpartum period of women with prior gestational diabetes (GDM), but it is unclear whether future risk of metabolic alterations, like type 2 diabetes, is reduced. The aim of this study was to investigate the effect of						Annals of Nutrition and Metabolism. Conference: Journal of Diabetes. Conference: 5th International													
242	Journal Article	Embase	Mattei L.	Long lasting effects of breastfeeding on metabolism in women with prior gestational diabetes.	2013	EXCLUDE		EXCLUDE	Background: Breastfeeding is endorsed worldwide as the optimal method of infant feeding. The World Health Organization, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology all recommend exclusive breastfeeding for the first 6 months of life. Despite Purpose of Study: Postpartum patients of Community Health Partners (CHP) in Livingston, Montana, often ask questions related to their nutrition while breastfeeding. The frequency of questions asked indicates a need for basic nutritional education for breastfeeding women. The purpose of	EXCLUDE			EXCLUDE	Journal of Women's Health. Conference: 21st Annual														
243	Journal Article	Embase	Yancey J.	Breastfeeding education and encouragement on the ob timeline.	2013	INCLUDE		INCLUDE	OBJECTIVE: Oxytocin plays a central role maternal behavior and lactation. We sought to determine the extent to which oxytocin receptor (OXTR) polymorphisms are associated with perinatal mood disorders and breastfeeding duration. STUDY DESIGN: We genotyped 260 Caucasian women in Background: Few studies have investigated breastfeeding outcomes among women taking antidepressants. Evidence suggests that these women may be less likely to initiate breastfeeding, potentially due to concerns regarding exposure through breast milk, but underlying maternal illness Childhood obesity has been increasing for decades in many countries and represents an important challenge for public health worldwide. Most factors associated with obesity act very early in life, from conception through pregnancy and infancy. Among these factors, breastfeeding has been	EXCLUDE			EXCLUDE	American Journal of Obstetrics and Gynecology. Conference: Pharmacoepidemiology and Drug Safety. Conference: 29th														
244	Journal Article	Embase	Chambers A.	Nutritional education for breastfeeding women in livingston, montana.	2013	INCLUDE		INCLUDE	Background: Breastfeeding is endorsed worldwide as the optimal method of infant feeding. The World Health Organization, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology all recommend exclusive breastfeeding for the first 6 months of life. Despite Purpose of Study: Postpartum patients of Community Health Partners (CHP) in Livingston, Montana, often ask questions related to their nutrition while breastfeeding. The frequency of questions asked indicates a need for basic nutritional education for breastfeeding women. The purpose of	EXCLUDE			EXCLUDE	Journal of Investigative Medicine. Conference: American Journal of Obstetrics and Gynecology. Conference: Pharmacoepidemiology and Drug Safety. Conference: 29th														
245	Journal Article	Embase	Stuebe A.	Oxytocin receptor polymorphisms, postpartum mood and breastfeeding duration.	2013	EXCLUDE		EXCLUDE	OBJECTIVE: Oxytocin plays a central role maternal behavior and lactation. We sought to determine the extent to which oxytocin receptor (OXTR) polymorphisms are associated with perinatal mood disorders and breastfeeding duration. STUDY DESIGN: We genotyped 260 Caucasian women in Background: Few studies have investigated breastfeeding outcomes among women taking antidepressants. Evidence suggests that these women may be less likely to initiate breastfeeding, potentially due to concerns regarding exposure through breast milk, but underlying maternal illness Childhood obesity has been increasing for decades in many countries and represents an important challenge for public health worldwide. Most factors associated with obesity act very early in life, from conception through pregnancy and infancy. Among these factors, breastfeeding has been					Current Pediatric Reviews. 8 (4) (pp 322-331), 2012. Date of														
246	Journal Article	Embase	Grzeskowiak L.E.	Antidepressant use in late gestation and breastfeeding rates at discharge from hospital.	2013	EXCLUDE		EXCLUDE	Background: Breast engorgement is a condition that affects breastfeeding mothers early in the postpartum. The discomfort and tenderness as a result of the engorgement is a major contributing factor to the early cessation of breastfeeding. Many treatments for breast engorgement have Background: Postnatal transmission of HIV-1 through breast milk remains an unsolved challenge in many resource-poor settings where replacement feeding is not a safe alternative. WHO now recommends breastfeeding of infants born to HIV-infected mothers until 12 months of age, with either Breastfeeding practices in military families have not been widely investigated. The objective of this study was to measure the prevalence and duration of breastfeeding among uniformed families and identify factors associated with breastfeeding. We conducted a prospective study of 253					JBI Library of Systematic Reviews. 10 (20) (pp 1185- BMC Infectious Diseases. 12 (no pagination), 2012. Article														
247	Journal Article	Embase	Cattaneo A.	Breastfeeding policy development and the prevention of obesity.	2012	EXCLUDE		EXCLUDE	Background: Postnatal transmission of HIV-1 through breast milk remains an unsolved challenge in many resource-poor settings where replacement feeding is not a safe alternative. WHO now recommends breastfeeding of infants born to HIV-infected mothers until 12 months of age, with either Breastfeeding practices in military families have not been widely investigated. The objective of this study was to measure the prevalence and duration of breastfeeding among uniformed families and identify factors associated with breastfeeding. We conducted a prospective study of 253					Military medicine. 177 (2) (pp 229-234), 2012. Date of														
248	Journal Article	Embase	Wong B.B.	The effectiveness of cabbage leaf application (treatment) on pain and hardness in breast engorgement and its effect on the duration of breastfeeding.	2012	EXCLUDE		EXCLUDE	In the last decade recognition of the impact of social inequalities on health has resulted in a refocus of the public health agenda, with health visitors having a pivotal role. While this involvement is in the form of family-centred public health, it is also intended to involve work with the OBJECTIVE: To review data regarding the efficacy of galactogogues available in the US to increase breast milk production in postpartum mothers. DATA SOURCES: Literature was sought using PubMed (1966-June 2012) and EMBASE (1973-June 2012). Search terms included breastfeeding, breast It is generally agreed that contraception after childbirth improves the health of mothers and children by lengthening birth intervals. Every year, it is estimated over 100 million women make decision about beginning or resuming contraception after childbirth. The timing of contraception	EXCLUDE			EXCLUDE	Community practitioner : the Journal of the Community Annals of Pharmacotherapy. 46 (10) (pp 1392-1404), 2012. Date														
249	Journal Article	Embase	Kankasa C.	Lopinavir/Ritonavir versus lamivudine peri-exposure prophylaxis to prevent HIV-1 transmission by breastfeeding: the PROMISE-PEP trial Protocol ANRS 12174.	2012	EXCLUDE		EXCLUDE	It is generally agreed that contraception after childbirth improves the health of mothers and children by lengthening birth intervals. Every year, it is estimated over 100 million women make decision about beginning or resuming contraception after childbirth. The timing of contraception					Current Pediatric Reviews. 8 (4) (pp 332-338), 2012. Date of														
250	Journal Article	Embase	Mao C.Y.	Breastfeeding practices in military families: a 12-month prospective population-based study in the national capital region.	2012	EXCLUDE		EXCLUDE	In many cultures and countries alcohol is an integral part of the social lifestyle and cultural celebrations. Once the legitimate age for alcohol consumption is reached there are few reasons for the complete abstinence of alcohol consumption, with the exception of pregnancy. The Introduction: The purpose was to investigate the possible correlation or predictive relationship between breastfeeding and Postpartum Depression (PPD). Method: We conducted a prospective study in which 137 Arab women were assessed during pregnancy and postpartum. Current Breastfeeding is the fundamental component of child survival strategy. It significantly influences neurological development of children. The study was conducted to assess whether exclusive and prolonged breastfeeding improves children's cognitive development, including low birth weight Transmission of HIV-1 from the mother to the infant postnatally through breastfeeding remains an important concern in sub-Saharan Africa where breastfeeding is widely practiced. African women continue to breastfeed despite the risk of transmitting HIV to their infants for several reasons [1]: The global pediatric human immunodeficiency virus (HIV) type 1 epidemic is fueled to a large extent by postnatal transmission from mother to infant through breastfeeding. As many as 90% of the estimated 430,000 new HIV infections in children less than 15 years of age in 2008 were due to The use of medications in lactating women presents a challenging clinical dilemma to clinicians who are faced with trying to effectively maintain maternal well-being while promoting breastfeeding. The maternal and infant health benefits of breastfeeding are well established although the Background: Nevirapine given once-daily for the first 6, 14, or 28 weeks of life to infants exposed to HIV-1 via breastfeeding reduces transmission through this route compared with single-dose nevirapine at birth or neonatally. We aimed to assess incremental safety and efficacy of extension of Objective: A cohort prospective study of newborns in the city of Pelotas, Southern Brazil, between September 2002 and May 2003, which aims at evaluating the perception of mothers as to fatherly support and its influence in breastfeeding duration. Methods: The initial population included Research shows that maternity care practices are important to promoting breastfeeding in the early post partum period; however, little is known about the association between maternity care practices and breastfeeding among different racial and ethnic groups. We examined the association Breastfeeding peer support has been identified as a key intervention to help improve breastfeeding and exclusive breastfeeding rates. The World Health Organization, and, in the UK, the National Institute for Health and Clinical Excellence, recommend the implementation of sustainable peer Hospital practices and early maternal return to work are associated with breastfeeding duration; however, research has not documented the long-term effects of many hospital policies or the effect of early return to work on breastfeeding outcomes of WIC participants. This study investigated The promotion and support of breastfeeding is a global priority. However, in reality most of the mothers are unable to practice exclusive breastfeeding. Most mothers discontinue breastfeeding because of lack of confidence in their ability to breastfeed, problem with infant suckling, Objective: To assess patient controlled epidural analgesia (PCEA) versus patient controlled analgesia (PCA) for postcesarean analgesia and to determine the impact of analgesic modality on breastfeeding in the first 24 hours postpartum. Design: A retrospective, descriptive, comparative, The World Health Organization recommends early initiation of breastfeeding (within 1 hour of giving birth). This study assessed the prevalence of timely initiation of breastfeeding by mothers of neonates in Al-Hassa province, Saudi Arabia. Mothers attending for birth registration at primary Aim and objective. This study was conducted to determine the effect of training administered to working mothers and its duration on maternal anxiety levels and breastfeeding habits. Background. Within the scope of Health for All in the 21st Century project, a goal was set to increase the Objective: The aim of this study was to prospectively evaluate the relationship between common mental disorders (CMD) during the antenatal and the postpartum period and breastfeeding for less than four months (BF <4). Methods: A prospective cohort study conducted between May 2005 and Promotion and protection of breastfeeding is a public health objective. In April 2009, health authorities in the Madrid region in central Spain signed a collaboration agreement with The United Nations Children's Fund and created a breastfeeding committee. To report the creation and Objective: This study was performed to determine the effect of standardized maternal education for neonatal jaundice and breastfeeding, and close neonatal follow-up on rehospitalization due to hyperbilirubinemia. Material and Method: Otherwise healthy term newborns who had been This article describes an evidence-based project that increased the rate of exclusive breastfeeding in a well-baby population by providing breastfeeding basics to nursing staff on the Mother Infant Services (MIS) units. The clinical implications are that nurses' attitudes and care Background: Breastfeeding has been shown to be beneficial in comparison to formula feeding, and these benefits may be greater in overweight women. However, studies suggest the rates of breastfeeding may be lower in overweight women. Purpose: To characterize breastfeeding Introduction: Sexual function today as a multidimensional phenomenon known and affected by many biological factors psychological-social. Pregnancy and the postpartum period, especially the first 6 months postpartum, lactation, menopause, Physical and psychological condition, Objective: Our study aimed at investigating a potential influence of pregnancy and postpartum breastfeeding on optical coherence tomography (OCT) measures of retinal atrophy in female MS patients. Background: Pregnancy has been reported to exert beneficial effects on relapse rate in Background: The Agency for Healthcare Research and Quality guidelines promote exclusive breastfeeding in the general population from birth up to 6 months postpartum. Current research also suggests that exclusive breastfeeding among women with gestational diabetes mellitus (GDM) could Background:Research suggests that immigrants have higher breastfeeding rates than the native United States population and that immigrant women within racial groups also have higher breastfeeding rates than native women of the same race. However, more research on the role of Lactation is associated with rapid, large decreases in lumbar spine (LS) and femoral neck (FN) BMD followed by recovery. Both human and rodent studies suggest that recovery of bone mass after weaning is site-specific, with full recovery at the spine, but only partial recovery at the femur. To Breast milk is the preferred nutritional source for all newborns and infants through the first six months of life and is widely recommended through the first year. It has significant health benefits for infants and mothers. Providing maternal support and structured antenatal and postpartum BACKGROUNd: Medical treatment of ulcerative colitis (UC) is important for induction and maintenance of remission. Limited population-based data on UC regarding medical treatment and breastfeeding behaviour during the postpartum period exist. In an American population 75% of women																			
251	Journal Article	Embase	Douglas N.	Befriending breastfeeding: a home-based antenatal pilot for south Asian families.	2012	INCLUDE		INCLUDE	Background: Breastfeeding is endorsed worldwide as the optimal method of infant feeding. The World Health Organization, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology all recommend exclusive breastfeeding for the first 6 months of life. Despite Purpose of Study: Postpartum patients of Community Health Partners (CHP) in Livingston, Montana, often ask questions related to their nutrition while breastfeeding. The frequency of questions asked indicates a need for basic nutritional education for breastfeeding women. The purpose of	EXCLUDE			EXCLUDE	Community practitioner : the Journal of the Community Annals of Pharmacotherapy. 46 (10) (pp 1392-1404), 2012. Date														
252	Journal Article	Embase	Forinash A.B.	The use of galactogogues in the breastfeeding mother.	2012	EXCLUDE		EXCLUDE	It is generally agreed that contraception after childbirth improves the health of mothers and children by lengthening birth intervals. Every year, it is estimated over 100 million women make decision about beginning or resuming contraception after childbirth. The timing of contraception					Current Pediatric Reviews. 8 (4) (pp 332-338), 2012. Date of														
253	Journal Article	Embase	van Duong D.	Breastfeeding, sexuality and contraception during the postpartum period.	2012	EXCLUDE		EXCLUDE	In many cultures and countries alcohol is an integral part of the social lifestyle and cultural celebrations. Once the legitimate age for alcohol consumption is reached there are few reasons for the complete abstinence of alcohol consumption, with the exception of pregnancy. The Introduction: The purpose was to investigate the possible correlation or predictive relationship between breastfeeding and Postpartum Depression (PPD). Method: We conducted a prospective study in which 137 Arab women were assessed during pregnancy and postpartum. Current Breastfeeding is the fundamental component of child survival strategy. It significantly influences neurological development of children. 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254	Journal Article	Embase	Giglia R.C.	Alcohol consumption for breastfeeding women: Where to for policy makers?.	2012	EXCLUDE		EXCLUDE	Background: Breastfeeding is endorsed worldwide as the optimal method of infant feeding. The World Health Organization, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology all recommend exclusive breastfeeding for the first 6 months of life. Despite Purpose of Study: Postpartum patients of Community Health Partners (CHP) in Livingston, Montana, often ask questions related to their nutrition while breastfeeding. The frequency of questions asked indicates a need for basic nutritional education for breastfeeding women. The purpose of					Current Pediatric Reviews. 8 (4) (pp 332-338), 2012. Date of														
255	Journal Article	Embase	Hamdan A.	The relationship between postpartum depression and breastfeeding.	2012	EXCLUDE	EXCLUDE	EXCLUDE	Introduction: The purpose was to investigate the possible correlation or predictive relationship between breastfeeding and Postpartum Depression (PPD). Method: We conducted a prospective study in which 137 Arab women were assessed during pregnancy and postpartum. Current Breastfeeding is the fundamental component of child survival strategy. It significantly influences neurological development of children. The study was conducted to assess whether exclusive and prolonged breastfeeding improves children's cognitive development, including low birth weight Transmission of HIV-1 from the mother to the infant postnatally through breastfeeding remains an important concern in sub-Saharan Africa where breastfeeding is widely practiced. 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256	Journal Article	Embase	Hoque M.M.	Breastfeeding and cognitive development of children: assessment at one year of age.	2012	EXCLUDE		EXCLUDE	Background: Breastfeeding is endorsed worldwide as the optimal method of infant feeding. The World Health Organization, the American Academy of Pediatrics, and the American College of Obstetrics and Gynecology all recommend exclusive breastfeeding for the first 6 months of life. Despite Purpose of Study: Postpartum patients of Community Health Partners (CHP) in Livingston, Montana, often ask questions related to their nutrition while breastfeeding. The frequency of questions asked indicates a need for basic nutritional education for breastfeeding women. The purpose of					International Journal of Psychiatry in Medicine. 43 (3) Mymensingh medical journal : MMJ. 21 (2) (pp 316-321), 2012.														
257	Journal Article	Embase	Taha T.E.	Historical perspective of African-based research on HIV-1 transmission through breastfeeding: The Malawi experience.	2012	EXCLUDE		EXCLUDE	Transmission of HIV-1 from the mother to the infant postnatally through breastfeeding remains an important concern in sub-Saharan Africa where breastfeeding is widely practiced. African women continue to breastfeed despite the risk of transmitting HIV to their infants for several reasons [1]: The global pediatric human immunodeficiency virus (HIV) type 1 epidemic is fueled to a large extent by postnatal transmission from mother to infant through breastfeeding. As many as 90% of the estimated 430,000 new HIV infections in children less than 15 years of age in 2008 were due to The use of medications in lactating women presents a challenging clinical dilemma to clinicians who are faced with trying to effectively maintain maternal well-being while promoting breastfeeding. 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258	Journal Article	Embase	Kourtis A.P.	Antiretroviral drugs during breastfeeding for the prevention of postnatal transmission of HIV-1.	2012	EXCLUDE		EXCLUDE	The global pediatric human immunodeficiency virus (HIV) type 1 epidemic is fueled to a large extent by postnatal transmission from mother to infant through breastfeeding. As many as 90% of the estimated 430,000 new HIV infections in children less than 15 years of age in 2008 were due to The use of medications in lactating women presents a challenging clinical dilemma to clinicians who are faced with trying to effectively maintain maternal well-being while promoting breastfeeding. The maternal and infant health benefits of breastfeeding are well established although the Background: Nevirapine given once-daily for the first 6, 14, or 28 weeks of life to infants exposed to HIV-1 via breastfeeding reduces transmission through this route compared with single-dose nevirapine at birth or neonatally. 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259	Journal Article	Embase	Moretti M.	Breastfeeding and the use of antidepressants.	2012	EXCLUDE		EXCLUDE	The use of medications in lactating women presents a challenging clinical dilemma to clinicians who are faced with trying to effectively maintain maternal well-being while promoting breastfeeding. The maternal and infant health benefits of breastfeeding are well established although the Background: Nevirapine given once-daily for the first 6, 14, or 28 weeks of life to infants exposed to HIV-1 via breastfeeding reduces transmission through this route compared with single-dose nevirapine at birth or neonatally. We aimed to assess incremental safety and efficacy of extension of Objective: A cohort prospective study of newborns in the city of Pelotas, Southern Brazil, between September 2002 and May 2003, which aims at evaluating the perception of mothers as to fatherly support and its influence in breastfeeding duration. 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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

281	Journal Article	Embase	Fortinguerra F.	Antipsychotic agents, anxiolytics, hypnotics and sedatives during breastfeeding.	2012	EXCLUDE		EXCLUDE		Background: The postpartum period is thought to be a relatively high-risk period in terms of experiencing a psychiatric disorder. Between 5% and 20% of all women will experience postpartum depression within the first 6 months, and 1-2% will experience postpartum psychosis. The						Breastfeeding Medicine. Conference: 16th International							
282	Journal Article	Embase	Hale T.W.	The use of antidepressants in pregnant and breastfeeding women.	2012	EXCLUDE		EXCLUDE		The perinatal period is often associated with a number of neurologic complications, including depression, bipolar syndrome, and schizophrenia. Current estimates are that at least 10% and perhaps 15%of pregnant or breastfeedingmothers will suffer from depression alone. Previously, most						Breastfeeding Medicine. Conference: 16th International							
283	Journal Article	Embase	Peccatori F.	Breastfeeding after breast cancer.	2012	EXCLUDE		EXCLUDE		Breast cancer is the most frequent malignant tumor that occurs in women during reproductive age. Around 6% of breast cancer patients are less than 40 years of age at diagnosis, with a yearly incidence of 2,420 new cases in Italy. Due to the advances in the in the field of adjuvant treatments, 5-						Breastfeeding Medicine. Conference: 16th International							
284	Journal Article	Embase	Nyqvist K.H.	From kangaroo mother care to breastfeeding for the competent preterm infant.	2012	EXCLUDE		EXCLUDE		Breastfeeding can be introduced as soon as infants do not require ventilator/continuous positive airway pressure (CPAP) (Table Presented) treatment, irrespective of current postmenstrual or postnatal age, from 28 weeks, without any program for oral stimulation or assessment of						Breastfeeding Medicine. Conference: 16th International							
285	Journal Article	Embase	Kelly L.E.	Neonatal adverse effects following exposure to benzodiazepines during breastfeeding.	2012	EXCLUDE	EXCLUDE	EXCLUDE		Background: Breast milk provides newborns with the ideal form of nutrition. The choice to initiate breastfeeding while taking medications chronically is a decision faced by many new mothers. Benzodiazepines are commonly prescribed anxiolytic agents and they have been detected in						Journal of Population Therapeutics and Clinical							
286	Journal Article	Embase	Karimi A.	The effects of mother-infant skin to skin contact on breastfeeding experience.	2012	EXCLUDE		EXCLUDE		Objectives: In new millennium, breastfeeding has an important place in general health, baby survival, mother's health and national and international policies. However, many mothers stop breastfeeding in the early postpartum period due to Breastfeeding problems. Mothers of						International Journal of Gynecology and Obstetrics.							
287	Journal Article	Embase	Khan M.I.	Breastfeeding is future health saving (first in gulf region).	2012	EXCLUDE		EXCLUDE		Introduction: If a new Vaccine become available that could prevent million or more child deaths a year, and that was moreover cheap, safe and administrated orally and required no cold chain, it would become immediate Public Health imperative. Breastfeeding can do all of this and more,						International Journal of Gynecology and Obstetrics.							
288	Journal Article	Embase	Shafai T.	The impact of first 5 commissions' grants on promotion of breastfeeding and baby friendly hospital designation in the inland empire.	2012	EXCLUDE		EXCLUDE		Background: There is clear and convincing evidence that exclusive breastfeeding results in improved children's physical and mental health and school readiness. Therefore, First 5 commissions of Riverside and San Bernardino counties (Inland Empire) initiated a comprehensive program of						Breastfeeding Medicine. Conference: 17th Annual							
289	Journal Article	Embase	Otsuka K.	Can breastfeeding enhance maternal/infant bonding?.	2012	EXCLUDE		EXCLUDE		Background: Breastfeeding is associated with maternal-infant bonding, a process that plays a critical role in the cognitive development of infants. However, causal relationship between breastfeeding and maternal-infant bonding remains unknown. Objective: To determine if maternal-infant						Breastfeeding Medicine. Conference: 17th Annual							
290	Journal Article	Embase	Alligood-Peroco N.R.	Prevalence and causes of early termination of breastfeeding in first-time mothers.	2012	EXCLUDE		EXCLUDE		Background: The health benefits of breastfeeding to both mother and child are well-established. While it is known that certain sociodemographic factors are associated with initiation of breastfeeding, little data exists to address why women who plan to breastfeed terminate their						Breastfeeding Medicine. Conference: 17th Annual							
291	Journal Article	Embase	Phillips R.	Changing the practice of skin-to-skin contact in the first hour after birth to increase breastfeeding rates.	2012	EXCLUDE		EXCLUDE		Background: Even though our hospital has been designated as a "Baby Friendly Hospital" since 2008, exclusive breastfeeding rates at time of discharge had been steadily decreasing. We noted that while most babies were placed skin to skin with mother sometime during the first hour						Breastfeeding Medicine. Conference: 17th Annual							
292	Journal Article	Embase	Demirci J.R.	"Hello, are you alive?!", The interplay of uncertainty, exhaustion, hope and disappointment in mothers breastfeeding late preterm infants.	2012	EXCLUDE		EXCLUDE		Background: Poor breastfeeding outcomes among late preterm infants (LPIs) have been attributed to inadequate breast milk transfer stemming from physiological immaturities. However, breastfeeding is more than a biological phenomenon, and it is unclear how mothers of LPIs manage						Breastfeeding Medicine. Conference: 17th Annual							
293	Journal Article	Embase	Wagner E.A.	Among first-time mothers in a diverse U.S. cohort, breastfeeding problems are highly prevalent and contribute to early breastfeeding cessation.	2012	EXCLUDE		EXCLUDE		Background: National surveillance data indicate many U.S. women fail to meet their breastfeeding goals. Objective: To characterize breastfeeding concerns reported by participants in the Early Lactation Success Study and their association with breastfeeding cessation. Design/Methods: At 0, 3,						Breastfeeding Medicine. Conference: 17th Annual							
294	Journal Article	Embase	Li M.	Text message to promote breastfeeding and obesity-protective eating behaviours in young children: Feasibility and acceptability.	2012	INCLUDE		INCLUDE		Aim: Advances in communication technologies including mobile-phone short message service (SMS), open innovative possibilities for public health interventions. Exclusively breastfeeding (EBF) and longer breastfeeding (BF) duration protect against childhood obesity. This study aimed to	INCLUDE				INCLUDE	Obesity Research and Clinical Practice. Conference: 2012	NO – Poster abstract						
295	Journal Article	Embase	Yu E.A.	Maternal prenatal attitudes and exclusive breastfeeding at three months in rural Bangladesh.	2012	EXCLUDE		EXCLUDE		We assessed the relationships between psychosocial constructs (maternal intention, attitudes, self-efficacy, breastfeeding knowledge) at 7 mo gestation and exclusive or full breastfeeding at 3 months post-partum, among 729 mother-infant dyads in two sub-districts (Karimganj; Katadi) of						FASEB Journal. Conference: Experimental Biology 2012, EB.							
296	Journal Article	Embase	Whaley S.	Breastfeeding & obesity: WIC policy changes increase breastfeeding rates and reduce obesity at age four.	2012	EXCLUDE		EXCLUDE		The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious food and nutrition and breastfeeding education to low-income pregnant and postpartum women, and children up to age 5. About half of all infants in the US receive services from the						FASEB Journal. Conference: Experimental Biology 2012, EB.							
297	Journal Article	Embase	Thurston A.	Infant formula samples: Association between sources and breastfeeding outcomes at one month postpartum.	2012	EXCLUDE		EXCLUDE		The current study is from a larger project describing factors influencing breastfeeding outcomes. The sample included expectant mothers planning to breastfeed at least one month. Demographic data and infant feeding plans were collected prenatally. Infant feeding patterns and sources of						FASEB Journal. Conference: Experimental Biology 2012, EB.							
298	Journal Article	Embase	Adedinsowo D.	The effect of maternal anxiety/depression on breastfeeding outcomes: MAVAN (Maternal adversity vulnerability and neurodevelopment) study.	2012	EXCLUDE		EXCLUDE		Objectives: We tested the hypothesis that mothers who experience substantial anxiety or depression at different time periods are at risk for reduced initiation, exclusivity and duration of breastfeeding. Methods: Longitudinal data on mental health and infant feeding were collected on						FASEB Journal. Conference: Experimental Biology 2012, EB.							
299	Journal Article	Embase	Maalouf-Manasseh Z.	The early breastfeeding experience of obese mothers- A mediation analysis.	2012	EXCLUDE		EXCLUDE		Maternal obesity is associated with poor breastfeeding (BF) outcomes. We used the Early Lactation Success cohort to determine mediators of the relationship between maternal obesity and early BF outcomes in 405 primiparae who delivered at term and initiated BF. We used validated						FASEB Journal. Conference: Experimental Biology 2012, EB.							
300	Journal Article	Embase	Tylleskar T.	New ways to prevent mother to child transmission during breastfeeding in low-resource settings - The PROMISE PEP trial.	2012	EXCLUDE	EXCLUDE	EXCLUDE		The PROMISE PEP trial (also numbered ANRS 12174) is a clinical trial comparing the efficacy and safety of prolonged infant peri-exposure prophylaxis (PEP) with lopinavir/ritonavir (LPV/r) versus lamivudine to prevent HIV-1 transmission through breast milk in children born to HIV-1-						Acta Obstetricia et Gynecologica Scandinavica.							
301	Journal Article	Embase	Chourdakis O.	Determinants of exclusive breastfeeding at discharge form the nursery in a population of mothers of healthy term and preterm neonates.	2012	EXCLUDE	EXCLUDE	EXCLUDE		Background/brief introduction: Exclusive breastfeeding is considered the optimal method of feeding the neonate and infant up to the age of 6 months. Methods: From February 2011 to July 2011, 461 neonates were born by 458 mothers who had intention to breastfeed were followed up in						Journal of Maternal-Fetal and Neonatal Medicine.							
302	Journal Article	Embase	Panagiotopoulou A.	Independent predictors of intention to breastfeed in a population of mothers of healthy term and late preterm neonates.	2012	EXCLUDE		EXCLUDE		Background/brief introduction: Exclusive breastfeeding is considered the optimal method of feeding the neonate and infant up to the age of 6 months. However, a significant percentage of women select formula feeding of their newborns. Methods: Over a period of 6 months (01/11-07/11)						Journal of Maternal-Fetal and Neonatal Medicine.							
303	Journal Article	Embase	Tigka M.	Drugs and breastfeeding. A prospective, descriptive survey in Athens, Greece.	2012	EXCLUDE		EXCLUDE		Background: Despite the numerous advantages of breast milk to the suckling infant, many times the health professional must consider the potential risk posed by the use of medication by the mother. Often the data on the use of drugs during lactation is insufficient or contradictory and						Journal of Maternal-Fetal and Neonatal Medicine.							
304	Journal Article	Embase	Markelova M.	The breastfeeding support of very low birth weight infants in neonatal department.	2012	EXCLUDE		EXCLUDE		Objective: Evaluation of modern concept of breastfeeding support in preterm infants requiring intensive care. Methods: The study involved 61 preterm infants (27 male, 34 female, 24-34 weeks of gestational age, 25 extremely low birth weight [ELBW, <1000 g] and 36 very low birth weight						Journal of Maternal-Fetal and Neonatal Medicine.							
305	Journal Article	Embase	Jovanovic B.B.	The important baby friendly hospital initiative/BFHI/for best breastfeeding.	2012	EXCLUDE		EXCLUDE		Background: Breastfeeding promoted health and helps to prevent disease. The WHO and AAP emphashire the value of breastfeeding for mothers as well as children. Benefit for infant: greater immune health, fewer infective, reduced sudden infant death syndrome, less diabetes, less obesity						Journal of Maternal-Fetal and Neonatal Medicine.							
306	Journal Article	Embase	O'Malley K.	Breastfeeding self-efficacy, breastfeeding duration, and postpartum depressive symptoms in new mothers: Study design improvements.	2012	EXCLUDE		EXCLUDE		Depression is twice as common among women as men, with onset often occurring during the childbearing years. The postpartum period has been examined as a high-risk time for the onset of depressive disorders due to hormone fluctuations as well as the shifting roles women experience						Gender Medicine. Conference: 2010 Annual Sex and Gender							
307	Journal Article	Embase	Akdeniz F.	How to be a mother: Pregnancy and breastfeeding planning for women with bipolar disorder.	2012	EXCLUDE		EXCLUDE		Anplans for pregnancy must be discussed in detail withwomenwith bipolar disorders. They must be informed about the risks related to it and the need for some precautions. Because of the risk of relapse during pregnancy, the risk/benefit ratio of maintaining or starting prophylactic treatment						Bipolar Disorders. Conference: 5th Biennial Conference of the							
308	Journal Article	Embase	Shanbag A.	Knowledge, attitude and practice of breastfeeding in an Indian urban setting.	2012	EXCLUDE		EXCLUDE		Introduction Breastfeeding is feeding of an infant with human milk via female breasts. It is easy and inexpensive way for a mother to feed her child. WHO recommends exclusive breastfeeding(i.e infant's consumption of only human milk with no supplementation of any type except for vitamins,						Australasian Medical Journal. Conference: 4th International							
309	Journal Article	Embase	Gilbert W.	Effect of education and provider transparency upon individual cesarean, episiotomy, antenatal steroid, and breastfeeding rates.	2012	INCLUDE		INCLUDE		OBJECTIVE: To determine if a combination of quality improvement programs including making individual providers cesarean section (C/S) and episiotomy (epis) rates public, improving computer charting for antenatal steroids (AS), and education on the importance of exclusive	EXCLUDE				EXCLUDE	American Journal of Obstetrics and Gynecology. Conference:							
310	Journal Article	Embase	Wallace L.M.	Meeting the challenge of delivering high-quality breastfeeding training for all.	2011	EXCLUDE		EXCLUDE		Staff training is an essential element of achieving the prestigious UNICEF UK Baby Friendly Initiative (BFI) global standard for organisations seeking to provide services that support breastfeeding. A breastfeeding self-study training programme (workbook and DVD) was developed by Health						The practising midwife. 14 (1) (pp 20-22). 2011. Date of							
311	Journal Article	Embase	Schmied V.	Women's perceptions and experiences of breastfeeding support: a metasynthesis.	2011	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Include for Reference	Both peer and professional support have been identified as important to the success of breastfeeding. The aim of this metasynthesis was to examine women's perceptions and experiences of breastfeeding support, either professional or peer, to illuminate the components of support					Include for Reference	Birth (Berkeley, Calif.). 38 (1) (pp 49-60). 2011. Date of							
312	Journal Article	Embase	Aguiar H.	Breastfeeding: The importance of intervening.	2011	INCLUDE		INCLUDE		Background: Breast milk is considered by the WHO the ideal food for the first months of life. Although health professionals are aware of recommendations, high rates of drop-outs have been identified in Portugal. A false notion of hypogalactia is the major factor for early termination,	EXCLUDE				EXCLUDE	Acta Medica Portuguesa. 24 (SUPPL 4) (pp 889-896). 2011.							
313	Journal Article	Embase	Atchan M.	The decision not to initiate breastfeeding--women's reasons, attitudes and influencing factors--a review of the literature.	2011	EXCLUDE		EXCLUDE		Breastfeeding is the biological feeding norm for human babies. Encouraging breastfeeding is a primary health promotion strategy, with studies demonstrating the risks of artificial baby milks. Each year approximately 10% of the women who give birth in New South Wales decide not to						Breastfeeding review : professional publication of the							
314	Journal Article	Embase	Souza M.F.L.	Evaluation of breastfeeding promotion in Baby-Friendly Hospitals.	2011	EXCLUDE		EXCLUDE		Objective: To evaluate the compliance to steps 4 to 10 of the Ten Steps Program to Successful Breastfeeding recommended by the Baby-Friendly Hospital Initiative (BFHI), created by World Health Organization (WHO).Methods: Cross-sectional descriptive study of 100 mothers in the immediate						Revista Paulista de Pediatria. 29 (4) (pp 502-508). 2011. Date of							
315	Journal Article	Embase	Radtke J.V.	The Paradox of Breastfeeding-Associated Morbidity Among Late Preterm Infants.	2011	EXCLUDE	EXCLUDE	EXCLUDE		Objective: To synthesize the published research pertaining to breastfeeding establishment and outcomes among late preterm infants and to describe the state of the science on breastfeeding within this population.Data Sources: Online databases Ovid MEDLINE, CINAHL, PubMed, and						JOGNN - Journal of Obstetric, Gynecologic, and Neonatal							
316	Journal Article	Embase	McCarter-Spaulding D.	Employment and breastfeeding outcomes in a sample of black women in the United States.	2011	EXCLUDE		EXCLUDE		Black women have lower rates of breastfeeding initiation and duration than other racial groups have, but the effects of employment on breastfeeding, specifically for Black women, have not been studied extensively. The purpose of this research was to determine the influence of						Journal of National Black Nurses' Association : JNBNA. 22							
317	Journal Article	Embase	Holder K.	Birthing support and breastfeeding initiation in Somaliland: experiences at the Edna Adan Maternity Hospital in Hargeisa, Somaliland.	2011	INCLUDE		INCLUDE		Research has identified a relationship between birthing practices and breastfeeding initiation Continuous support during labor and delivery is a key component to increasing breastfeeding initiation. The purpose of this project was to assess the impact of labor support on breastfeeding initiation	EXCLUDE				EXCLUDE	East African journal of public health. 8 (1) (pp 38-41). 2011.							
318	Journal Article	Embase	Olatona F.A.	Knowledge and attitude of women to exclusive breastfeeding in Ikosi District of Ikosi - Isheri Local Government Area, Lagos State.	2011	EXCLUDE		EXCLUDE		Infant malnutrition is a public health problem in developing countries. To determine the knowledge and attitude of women to exclusive breastfeeding in Ikosi district of Ikosi/Isheri Local GovernmentArea. This was a descriptive cross sectional study which employed a multistage						Nigerian quarterly journal of hospital medicine. 21 (1) (pp 70-							
319	Journal Article	Embase	Vincent S.	Breastfeeding and the neonatal ward.	2011	EXCLUDE		EXCLUDE		The evidence base showing the huge importance of breast milk for preterm babies is growing all the time. Human milk can help save the lives of vulnerable babies as well as help prevent some of the long-term complications. Breast milk is being seen as one of the most potent medicines for						The practising midwife. 14 (9) (pp 41-42). 2011. Date of							
320	Journal Article	Embase	Perrine C.G.	Vital signs: Hospital practices to support breastfeeding - United States, 2007 and 2009.	2011	EXCLUDE		EXCLUDE		Background: Childhood obesity is a national epidemic in the United States. Increasing the proportion of mothers who breastfeed is one important public health strategy for preventing childhood obesity. The World Health Organization and United Nations Children's Fund (UNICEF) Baby-Friendly						Morbidity and Mortality Weekly Report. 60 (30) (pp 1020-							

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

321	Journal Article	Embase	Wren H.	Breastfeeding in Cambodia: mother knowledge, attitudes and practices.	2011	EXCLUDE		EXCLUDE		To conduct a knowledge, attitudes and practices study of breastfeeding in the province of Krong Kep, Cambodia. Mothers' breastfeeding knowledge, attitudes and practices were evaluated using a structured questionnaire. The questionnaire was administered in Khmer to women with						World health & population. 13 (1) (pp 17-29), 2011. Date of									
322	Journal Article	Embase	Olza Fernandez I.	Breastfeeding for psychiatrists: Considerations before prescribing to nursing mother.	2011	EXCLUDE		EXCLUDE		Treatment of maternal psychopathology during the postpartum period poses the clinical dilemma of having to choose the psychotropic drugs that are compatible with breastfeeding. The decision to initiate pharmacological treatment often involves weaning, depriving the mother and the baby						Archivos de Psiquiatria. 74 (1) (pp 1-16), 2011. Date of									
323	Journal Article	Embase	Labarere J.	CD-ROM-based program for breastfeeding mothers.	2011	INCLUDE		INCLUDE		The vast majority of breastfeeding mothers in Western countries have routine access to multimedia and Internet resources at home. The aim of this study was to assess the effectiveness of a CD-ROM-based intervention in increasing the rates of breastfeeding. We conducted a pre- and post-	INCLUDE				INCLUDE	Maternal and Child Nutrition. 7 (3) (pp 263-272), 2011. Date of	YES	Yes	No?	INCLUDE					
324	Journal Article	Embase	Dayan J.	Use of antipsychotics and breastfeeding.	2011	EXCLUDE		EXCLUDE		Background: Post partum psychosis, mainly first bipolar or schizophrenic disorders, entail severe risks for both mother and infant during postpartum, including suicide and infanticide. Although antipsychotics are now generally considered as a first line						Current Women's Health Reviews. 7 (1) (pp 37-45), 2011.									
325	Journal Article	Embase	Berle J.O.	Antidepressant use during breastfeeding.	2011	EXCLUDE		EXCLUDE		Background: The treatment of breastfeeding mothers with depression raises several dilemmas, including the possible risk of drug exposure through breast milk for the infant. This article provides background information and presents practical advice and recommendations for the						Current Women's Health Reviews. 7 (1) (pp 28-34), 2011.									
326	Journal Article	Embase	Lawrence R.M.	Breastfeeding: More than just good nutrition.	2011	EXCLUDE		EXCLUDE		* Ample evidence documents the clear benefits of breastfeeding for both the mother and the infant. * Among the very few contraindications to breastfeeding are galactosemia, medications or drugs of concern, and HIV and HTLV infection. * Pediatricians should recognize that human milk is						Pediatrics in Review. 32 (7) (pp 267-280), 2011. Date of									
327	Journal Article	Embase	Hashizume A.	Breastfeeding in children with neural tube defect.	2011	EXCLUDE		EXCLUDE		Breastfeeding (BF) exclusively until the sixth month of life, is advocated by the World Health Organization. Newborns (NB) and infants with congenital diseases has much higher needs due to the advantages of breastfeeding nutritional, immunological and psychosocial. Newborns with						Journal of Perinatal Medicine. Conference: 10th World									
328	Journal Article	Embase	Vinas Alvarez M.D.	Is nursing methodology useful for the promotion of breastfeeding?.	2011	EXCLUDE		EXCLUDE		Background The North American Nursing Diagnosis Association (NANDA) has been, since 1973, in the process of developing a taxonomy for nursing diagnosis, the NANDA Taxonomy. More recently, the taxonomy for outcome (Nursing Outcome Classification - NOC) and the taxonomy for						Journal of Perinatal Medicine. Conference: 10th World									
329	Journal Article	Embase	Vinas Alvarez M.D.	Health professionals' degree of knowledge about breastfeeding.	2011	EXCLUDE		EXCLUDE		The training of health workers responsible for the care of the mother and the newborn is the first step towards achieving the rates of incidence and prevalence of breastfeeding recommended by the World Health Organisation (WHO). The aim of this study is to determine the extent of						Journal of Perinatal Medicine. Conference: 10th World									
330	Journal Article	Embase	Vinas Alvarez M.D.	Perceptions, attitudes and beliefs of women towards breastfeeding: A qualitative study.	2011	EXCLUDE	EXCLUDE	EXCLUDE		Background Breastfeeding is a biocultural phenomenon in decline in developed countries in the last few years. Objectives To find out the attitudes and beliefs towards breastfeeding, the perceived benefits and disadvantages and the reasons for failure, obstacles and the cessation of						Journal of Perinatal Medicine. Conference: 10th World									
331	Journal Article	Embase	Lopez-Olmedo N.P.	Maternal weight change at three months postpartum and postpartum breastfeeding, diet and physical activity in Mexican women.	2011	EXCLUDE		EXCLUDE		Objective: To explore the association of breastfeeding, diet and physical activity with maternal weight change from the first to the third month postpartum. Material and methods: Secondary data analysis from a randomized trial in women from urban Mexico. The information was collected						FASEB Journal. Conference: Experimental Biology 2011, EB.									
332	Journal Article	Embase	Perrine C.G.	Maternal obesity and early postpartum problems with breastfeeding.	2011	EXCLUDE		EXCLUDE		Maternal obesity is associated with reduced rates of breastfeeding initiation and duration. Our objective was to assess if problems with breastfeeding during the first 2 weeks after birth differed by maternal prepregnancy weight status. We analyzed data from the Infant Feeding						FASEB Journal. Conference: Experimental Biology 2011, EB.									
333	Journal Article	Embase	Hellwig K.	Exclusive breastfeeding is beneficial in postpartum relapse rate reduction: A prospective study of 72 MS patients.	2011	EXCLUDE		EXCLUDE		Objective: To determine the influence of exclusive breastfeeding (EBXF), non exclusive breastfeeding (NEXBF) or non breastfeeding (NBF) on postpartum relapse rate in women with multiple sclerosis (MS). Background: The relapse rate is decreasing during pregnancy and increasing after						Multiple Sclerosis. Conference: 5th Joint Triennial Congress of									
334	Journal Article	Embase	Chaput K.	Limited prenatal care and increased risk of poor breastfeeding outcomes.	2011	EXCLUDE		EXCLUDE		Women who do not receive regular prenatal care may have increased risk of poor outcomes, including breastfeeding. Factors such as socioeconomic status and sub-optimal mental health may add to the risk of poor outcomes. Does limited prenatal care lead to decreased odds of						American Journal of Epidemiology. Conference: 3rd									
335	Journal Article	Embase	Widen E.M.	Predictors of hemoglobin during exclusive breastfeeding in hiv-exposed, uninfected malawian infants.	2011	EXCLUDE		EXCLUDE		Infants of mothers with poor iron status in pregnancy have reduced iron stores at birth and are at an increased risk of anemia during exclusive breastfeeding. We evaluated predictors of hemoglobin (Hb) in 1,934 exclusively breastfed HIV-exposed, uninfected infants from 2 to 24 weeks						American Journal of Epidemiology. Conference: 3rd									
336	Journal Article	Embase	Ryan K.	'From bump to breastfeeding': Evaluation of the UK DVD promoting and supporting breastfeeding.	2011	INCLUDE		INCLUDE		Background: In 2008 the UK government invested \$2 m to improve the initiation and continuation of breastfeeding, especially among young women in disadvantaged areas. One initiative was the production of a DVD distributed freely to all pregnant women. We report the findings of the	INCLUDE				INCLUDE	Journal of Paediatrics and Child Health. Conference: 15th	NO – Poster abstract								
337	Journal Article	Embase	Howell E.A.	Racial/ethnic differences in 6-month postpartum breastfeeding rates.	2011	EXCLUDE		EXCLUDE		BACKGROUND: Racial/ethnic differences in breastfeeding rates are well documented. Although breastfeeding duration rates overall are below Healthy People 2010 goals, rates for black and Latina mothers are much lower than their white counterparts. Little research has examined which						Journal of General Internal Medicine. Conference: 34th									
338	Journal Article	Embase	Guelinckx I.	Maternal obesity negatively influences breastfeeding practise.	2011	EXCLUDE		EXCLUDE		Aim of the study: To examine the relationship between maternal prepregnancy body mass index (BMI) and breastfeeding intention, initiation and duration. Methods: A telephone survey was conducted among 50 underweight (A), 50 normal weight (B), 50 overweight (C) and 50 obese women						Obesity Reviews. Conference: 18th European Congress on									
339	Journal Article	Embase	Cyr D.	Do prenatal and birth service characteristics predict exclusive breastfeeding initiation in the Dominican Republic?.	2011	EXCLUDE		EXCLUDE		INTRODUCTION: Some aspects of prenatal and birth services may increase the extent to which postpartum women initiate exclusive breast feeding, however, empirical findings are limited. The objective of this study was to determine whether prenatal and birth service characteristics predicted						Tropical Medicine and International Health.									
340	Journal Article	Embase	Nankabirwa V.	Prevalence of malaria parasitaemia among infants in Uganda and its association with breastfeeding, peer counselling and vitamin A supplementation.	2011	EXCLUDE		EXCLUDE		BACKGROUND: Malaria is the second highest contributor to the disease burden in Africa and there is a need to identify low cost prevention strategies. The objectives of this paper were to estimate the prevalence of malaria parasitaemia among infants and to assess the effect of peer						Tropical Medicine and International Health.									
341	Journal Article	Embase	Anonymous	Abstracts from the Academy of Breastfeeding Medicine 16th Annual International Meeting.	2011	EXCLUDE		EXCLUDE		The proceedings contain 53 papers. The topics discussed include: effect of delaying the bath on exclusive breastfeeding rates; breastfeeding and human immunodeficiency virus infection: knowledge gap amongst clinicians in Kenya; what is 'normal' endocrine function during exclusive						Breastfeeding Medicine. Conference: 16th Annual									
342	Journal Article	Embase	Ware J.	Antenatal breastfeeding promotion via a statewide quality improvement collaborative.	2011	EXCLUDE		EXCLUDE		Background: The Tennessee Initiative for Perinatal Quality Care (TIPQC) is a statewide quality improvement collaborative that elected to develop a project to address Tennessee's low breastfeeding rates. Objective: The project aim is to improve the health of infants and mothers in Tennessee by						Breastfeeding Medicine. Conference: 16th Annual									
343	Journal Article	Embase	Thavonvattana S.	Support program increases exclusive breastfeeding rate in hospital personnel at Queen Sirikit National Institute of Child Health (QSNICH).	2011	INCLUDE		INCLUDE		Background: Queen Sirikit National Institute of Child Health (QSNICH) is the tertiary care hospital for Thailand's children. Almost all personnel (95 %) are women. Before 2006 there was no system to support exclusive breastfeeding (ECBF) for hospital personnel. Objective: To implement and	EXCLUDE	EXCLUDE		EXCLUDE	Breastfeeding Medicine. Conference: 16th Annual										
344	Journal Article	Embase	Long S.	Addressing breastfeeding-related maternity care practices collaboratively.	2011	EXCLUDE		EXCLUDE		Background: In2008, the DC Breastfeeding Coalition (DCBFC) evaluated Washington, DC birthing facilities for their support of breastfeeding. We hypothesized that collaboration between hospitals could improve breastfeeding support city-wide. Objectives: Determine if representatives from						Breastfeeding Medicine. Conference: 16th Annual									
345	Journal Article	Embase	Kelly J.	A survey of new hampshire birthing hospitals' maternity-care practices affecting breastfeeding.	2011	EXCLUDE	EXCLUDE	EXCLUDE		Background: Although over 75% of New Hampshire mothers initiate breastfeeding, many find it difficult to do so exclusively and for recommended breastfeeding durations. Objective: We conducted a needs assessment of maternity-care practices based on the Ten Steps to Successful						Breastfeeding Medicine. Conference: 16th Annual									
346	Journal Article	Embase	Chusilp K.	Sustainability of exclusive breastfeeding for 6 months and infant health outcomes in baby-friendly hospitals.	2011	EXCLUDE		EXCLUDE		Background: Exclusive Breastfeeding (EBF) for 6 months is challenging in Thailand. The strengthening of the Baby-Friendly Hospital Initiative (BFHI) could be a key strategy to overcome the factors affecting the EBF rate. Objective: To determine the associated factors of EBF practices and related						Breastfeeding Medicine. Conference: 16th Annual									
347	Journal Article	Embase	Chantry C.J.	In-hospital formula supplementation increases the risk of early breastfeeding cessation among first-time mothers.	2011	EXCLUDE		EXCLUDE		Background: In-hospital formula supplementation (H-formula) of breastfed infants is associated with shorter breastfeeding duration. Causality is unclear. Objective: To evaluate among mothers intending to exclusively breastfeed: a) reasons for H-formula; and b) if H-formula shortens						Breastfeeding Medicine. Conference: 16th Annual									
348	Journal Article	Embase	Atencio M.S.	Breastfeeding knowledge, attitude and practices among service patients who delivered at university of perpetual help dalta medical center.	2011	EXCLUDE		EXCLUDE		Background: Little information is available with regards to breastfeeding mothers especially once they are discharged from the hospital. To improve rates of breastfeeding, information on beliefs and practices that influence this outcome is needed. Objective: To determine the breastfeeding						Breastfeeding Medicine. Conference: 16th Annual									
349	Journal Article	Embase	Phillips R.M.	Supporting mother-infant bonding increases the duration of breastfeeding in mothers with newborns in the neonatal intensive care unit.	2011	EXCLUDE		EXCLUDE		Background: Smoking mothers are more than twice as likely to quit breastfeeding by ten weeks postpartum. Approximately 40% of women who smoke tobacco quit smoking during pregnancy, yet up to 85% relapse after delivery. Those who resume smoking often do so by eight weeks						Breastfeeding Medicine. Conference: 16th Annual									
350	Journal Article	Embase	Stuebe A.M.	What is "normal" endocrine function during exclusive breastfeeding?.	2011	EXCLUDE		EXCLUDE		Background: Endocrine evaluation of breastfeeding problems is limited by lack of normative values in successfully breastfeeding women. Objective: To determine normal ranges for cortisol, free T4, total T4 and prolactin in exclusively breastfeeding women. Methods: Women planning						Breastfeeding Medicine. Conference: 16th Annual									
351	Journal Article	Embase	Jones H.W.	The lived experience of women with a postpartum mood disorder when they stopped breastfeeding.	2011	EXCLUDE		EXCLUDE		Objective: The purpose of this study was to (a) generate a descriptionof the personal experiences of women, diagnosed with a PostpartumMood Disorder, when weaning their infants; and to (b) describe theimpact of weaning on the symptoms of a postpartum mood disorder.Method: A						Archives of Women's Mental Health. Conference: Marce									
352	Journal Article	Embase	Chaudron L.H.	Exploring the nexus between intimate partner violence, depression and breastfeeding.	2011	EXCLUDE		EXCLUDE		Objective: Intimate partner violence (IPV) has long lasting effects onthe lives of victims and their children. Current community surveysestimate that 20% of women are exposed over their lifetime. Pregnantwomen are at particularly high risk for IPV, and perpetrators of tencontrol victims'						Archives of Women's Mental Health. Conference: Marce									
353	Journal Article	Embase	Ludwig O.	Breastfeeding pattern in women after IVF/ICSI-treatment: Do psychosocial factors play a role?.	2011	EXCLUDE		EXCLUDE		Introduction: Physical, psychomotoric and mental development as well as progress of maternal-child-relationship of children after in-vitro-fertilisation (IVF) and intracytoplasmatic sperm injection (ICSI) have been well reviewed. Nevertheless there is reason to believe that women after						Human Reproduction. Conference: 27th Annual									
354	Journal Article	Embase	Merritt T.A.	Smoking cessation during pregnancy increases motivation to breastfeed.	2011	EXCLUDE		EXCLUDE		Purpose of Study: In the second and third trimesters we showed the video "When You Smoke Your Baby Smokes" to 96 high risk women which highlighted the adverse effects of tobacco smoke on their fetus and newborn. Methods Used: The videos and follow up questionnaires were						Journal of Investigative Medicine. Conference:									
355	Conferen ce	Embase	Julsgaard M.	A population-based study: Do women with Crohn's disease breastfeed?.	2011	EXCLUDE		EXCLUDE		Aim: Medical treatment of Crohn's disease (CD) is important for induction and maintenance of remission. We aimed to assess how medical treatment of women with CD in the postpartum period was associated with breastfeeding behaviour. Furthermore an association between						Journal of Crohn's and Colitis. Conference: 6th Congress of									
356	Journal Article	Embase	Moller K.	Changes in bone metabolism during pregnancy and breastfeeding: A controlled cohort study.	2011	EXCLUDE		EXCLUDE		Pregnancy and breastfeeding cause major changes in calcium homeostasis and bone metabolism. In previous studies these changes have not been studied throughout an entire reproductive cycle or compared with normal age-matched changes. Aim: To investigate the physiological changes in						Bone. Conference: 3rd Joint Meeting of the European									
357	Journal Article	Embase	Chaudhry S.	Preliminary analysis: The effect of patient education on the incidence of adverse drug reactions in neonates of breastfeeding mothers taking codeine.	2011	EXCLUDE		EXCLUDE		Introduction: Nearly 50% of all infants born in North America are delivered by either caesarean section or following episiotomy. Codeine-containing medications are commonly used for pain associated with these procedures. Previously, we reported CNS depression and one fatality in						Birth Defects Research Part A - Clinical and Molecular									
358	Journal Article	Embase	Meedya S.	Factors that positively influence breastfeeding duration to 6 months: A literature review.	2010	EXCLUDE		EXCLUDE		Question: What modifiable factors positively influence breastfeeding duration to 6 months postpartum? Aim: This question was posed in order to be able to develop a midwifery intervention aimed at prolonging breastfeeding. Method: An online literature search was conducted in Medline,						Women and Birth. 23 (4) (pp 135-145), 2010. Date of									
359	Journal Article	Embase	Forde K.A.	2006-07 north metropolitan Perth breastfeeding cohort study: how long are mothers breastfeeding?.	2010	EXCLUDE		EXCLUDE		Information about local breastfeeding rates and predictors of breastfeeding outcomes can assist with improving health planning and community support. Longitudinal infant feeding data were collected during scheduled contacts with a Community Child Health Nurse and a telephone survey at						Breastfeeding review : professional publication of the									
360	Journal Article	Embase	Ekambaram M.	Knowledge, attitude and practice of breastfeeding among postnatal mothers.	2010	EXCLUDE	EXCLUDE	EXCLUDE		The current study is designed to explore the practices, knowledge and attitude towards breastfeeding among postnatal mothers and factors that determine them. This descriptive study was carried out in the Neonatal Division, Department of Pediatrics at a tertiary care hospital in South India						Current Pediatric Research. 14 (2) (pp 119-124), 2010. Date of									

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361	Journal Article	Embase	Hadsell C.A.	Assessing psychological readiness for learning about breastfeeding in mothers of NICU infants: a guide for postpartum nurses.	2011	EXCLUDE		EXCLUDE		When a mother and newborn must be separated because of the child's admission to the neonatal intensive care unit, feelings of disconnection, frustration, and fear can ensue. One way to increase involvement and decrease stress for mothers interested in breastfeeding is early initiation of breastfeeding. It is especially important for infants with cleft lip and/or cleft palate because it helps prevent nasal septum irritation, decreases the number of ear infections, and provides a sort of psychologically support for the postpartum mothers. It is difficult for a baby born with a cleft lip							The Journal of the New York State Nurses' Association. 41 (2)										
362	Journal Article	Embase	Pathummiwatana P.	The promotion of exclusive breastfeeding in infants with complete cleft lip and palate during the first 6 months after childbirth at Srinagarind Hospital, Khon Kaen Province, Thailand.	2010	EXCLUDE		EXCLUDE									Journal of the Medical Association of Thailand =										
363	Journal Article	Embase	Funkquist E.L.	Influence of test weighing before/after nursing on breastfeeding in preterm infants.	2010	EXCLUDE		EXCLUDE		PURPOSE: Swedish hospitals apply various regimens for preterm infants' nutrition in connection with their mothers' establishment of breastfeeding. Milk intake is assessed either by test weighing before and after breastfeeding or by observing the infant's sucking behavior (ie,							Advances in Neonatal Care. 10 (1) (pp 33-39), 2010. Date of										
364	Journal Article	Embase	Kupratkul J.	A randomized controlled trial of knowledge sharing practice with empowerment strategies in pregnant women to improve exclusive breastfeeding during the first six months postpartum.	2010	INCLUDE		INCLUDE		Background: Although there are many benefits to breastfeeding, its prevalence and duration in many countries is still lower than the international recommendation for 6-month exclusive breastfeeding. The objective of the present study was to investigate whether a knowledge sharing	INCLUDE					INCLUDE	Journal of the Medical Association of Thailand. 93 (9)	YES	No*	No	Contact Authors	Replied. Mothers aged 18-45 and all	Include	INCLUDE			
365	Journal Article	Embase	Diaz Rozett H.	Prenatal breastfeeding intentions in a group of women with high risk pregnancies.	2010	EXCLUDE		EXCLUDE		The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life. In spite of a limited number of contraindications, there are mothers who decide not to breastfeed their infants. To determine intention to breastfeed in women with high-risk							Boletín de la Asociación Médica de Puerto Rico. 102 (1) (pp 21-										
366	Journal Article	Embase	Faraz A.	Clinical recommendations for promoting breastfeeding among Hispanic women.	2010	EXCLUDE		EXCLUDE		Purpose: To synthesize research regarding the low breastfeeding rates in Hispanic women living in the United States, particularly those who immigrate to this country and become acculturated.Data sources: Extensive review of global literature on the subject.Conclusions: Exclusive and							Journal of the American Academy of Nurse										
367	Journal Article	Embase	Gill S.L.	Breastfeeding by hispanic women.	2009	EXCLUDE		EXCLUDE		Objective: To review the literature to describe Hispanic breastfeeding beliefs, attitudes, and practices in the United States. Data Sources: Using the search terms "Hispanics" and "breastfeeding," both CINAHAL and MEDLINE (Ovid) databases were queried. Only research studies conducted in the							JOGNN - Journal of Obstetric, Gynecologic, and Neonatal										
368	Journal Article	Embase	Wambach K.A.	Breastfeeding Experiences of Urban Adolescent Mothers.	2009	EXCLUDE		EXCLUDE		This qualitative descriptive study examined the breastfeeding experiences of urban adolescent mothers using a combination of focus groups and semi-structured interviews. Analysis of verbatim interview text, field, and debriefing notes was undertaken to discover categories, themes and an							Journal of Pediatric Nursing. 24 (4) (pp 244-254), 2009. Date of										
369	Journal Article	Embase	Bandusena A.S.	Selected determinants and sequelae of exclusive breastfeeding up to six months among infants attending chosen well baby clinics in the Colombo District.	2009	EXCLUDE		EXCLUDE		To ascertain determinants and impact of the duration of exclusive breastfeeding (EBF) for four to six months on growth and incidence of respiratory tract and diarrhoeal infections A descriptive cross-sectional study of infants aged 4-6 months, visiting selected well baby clinics in Colombo. An							The Ceylon medical journal. 54 (4) (pp 124-127), 2009. Date of										
370	Journal Article	Embase	Sarasua I.	Mothers' experiences with breastfeeding management and support: a quality improvement study.	2009	EXCLUDE		EXCLUDE		The purpose of this study was to examine the experiences on mothers with regard to the breastfeeding support and management provided by healthcare professionals on an acute care postpartum unit in a multiethnic obstetrical referral center in Montreal, Canada. The study survey was							Breastfeeding review : professional publication of the										
371	Journal Article	Embase	Oweis A.	Breastfeeding practices among Jordanian women.	2009	EXCLUDE		EXCLUDE		The purpose of the study was to explore Jordanian women's breastfeeding beliefs and practices including exclusive breastfeeding. A descriptive cross-sectional design with a convenience sample of 200 Jordanian mothers was used. The majority of mothers were multiparous and were recruited							International journal of nursing practice. 15 (1) (pp 32-40), 2009.										
372	Journal Article	Embase	Agrasada G.V.	When and why Filipino mothers of term low birth weight infants interrupted breastfeeding exclusively.	2009	EXCLUDE		EXCLUDE		This paper makes use of data collected in a randomised controlled trial that was designed to test the efficacy of postpartum breastfeeding counselling to increase exclusive breastfeeding among term low birth weight infants in Manila during the first six months. Mothers were							Breastfeeding review : professional publication of the										
373	Journal Article	Embase	Orun E.	Factors associated with breastfeeding initiation time in a Baby-Friendly Hospital.	2010	EXCLUDE		EXCLUDE		The purpose of this study was to investigate maternal, gestational, and neonatal features associated with the early initiation of breastfeeding. A descriptive study was done between July-October 2006 in the maternity ward of Dr. Zekai Tahir Burak Maternity and Research Hospital, a							Turkish Journal of Pediatrics. 52 (1) (pp 10-16), 2010. Date of										
374	Journal Article	Embase	Fei C.	Maternal concentrations of perfluorooctanesulfonate (PFOS) and perfluorooctanoate (PFOA) and duration of breastfeeding.	2010	EXCLUDE		EXCLUDE		Objective: Perfluorooctanoate (PFOA) has been associated with impaired lactation in mice. We examined whether maternal perfluorooctanesulfonate (PFOS) and PFOA concentrations correlated with duration of breastfeeding among women. Methods: We randomly							Scandinavian Journal of Work, Environment and Health. 36 (5)										
375	Journal Article	Embase	Anonymous	Maternal antiretroviral therapy and infant prophylaxis help prevent viral transmission when HIV-positive mothers breastfeed.	2010	EXCLUDE	EXCLUDE	EXCLUDE		HIV-positive mothers face a dilemma as to whether or not they breastfeed their infants. In settings where formula feeding is not possible, it appears that the most effective strategy is for HIV-positive mothers to exclusively breastfeed and to continue the highly-active antiretroviral							Drugs and Therapy Perspectives. 26 (9) (pp 24-26),										
376	Journal Article	Embase	Crawford-Faucher A.	Safety of psychotropic medications in breastfeeding.	2010	EXCLUDE		EXCLUDE		Background: The benefits of breastfeeding for both mother and infant are well documented. The World Health Organization recommends exclusive breastfeeding for the first four to six months of life and its continuation for one to two years thereafter. Advocacy for breastfeeding has led to							American Family Physician. 81 (11) (pp 1369-1370), 2010. Date										
377	Journal Article	Embase	Verd S.	Salt preference of nursing mothers is associated with earlier cessation of exclusive breastfeeding.	2010	EXCLUDE		EXCLUDE		Successful breastfeeding is predicated on its initial success. Salt appetite during lactation may be relevant to breastfeeding success because sodium is essential for development of foetus and neonate. Here we examined whether maternal salt preference might facilitate breastfeeding. Nursing							Appetite. 54 (1) (pp 233-236), 2010. Date of Publication:										
378	Journal Article	Embase	Santorio Jr. W.	Colostrum Ingested during the First Day of Life by Exclusively Breastfed Healthy Newborn Infants.	2010	EXCLUDE		EXCLUDE		Objective: To determine the mass of colostrum ingested by exclusively breastfed newborn infants during the first 24 hours of extrauterine life. Study design: Milk ingested during the first 24 hours of life by 90 healthy newborn infants was evaluated by use of a scale with high sensitivity. The							Journal of Pediatrics. 156 (1) (pp 29-32), 2010. Date of										
379	Journal Article	Embase	Slater M.	Breastfeeding in HIV-positive women: What can be recommended?.	2010	EXCLUDE		EXCLUDE		Breastfeeding remains a common practice in parts of the world where the burden of HIV is highest and the fewest alternative feeding options exist. The impossible dilemma faced by HIV-positive mothers is whether to breastfeed their infants in keeping with cultural norms but in doing so risk							Pediatric Drugs. 12 (1) (pp 1-9), 2010. Date of Publication: 2010.										
380	Journal Article	Embase	Entwistle F.	Breastfeeding support - the importance of self-efficacy for low-income women.	2010	INCLUDE		INCLUDE		Breastfeeding is a key determinant in promoting public health and reducing health inequality. Low-income women have a significantly lower level of breastfeeding. Midwives in the UK have been encouraged to implement the World Health Organization/United Nations Children's Fund's Ten	EXCLUDE					EXCLUDE	Maternal and Child Nutrition. 6 (3) (pp 228-242), 2010. Date of										
381	Journal Article	Embase	Craig H.J.	'Too scary to think about': First time mothers' perceptions of the usefulness of antenatal breastfeeding education.	2010	EXCLUDE		EXCLUDE		Background: The purpose of this pilot study was to uncover the perceived usefulness of a contemporary antenatal education strategy for mother's experience of breastfeeding initiation. Research question: How useful do first time mothers perceive an antenatal education strategy to be for							Women and Birth. 23 (4) (pp 160-165), 2010. Date of										
382	Journal Article	Embase	Slama F.B.	Exclusive breastfeeding and mixed feeding: Knowledge, attitudes and practices of primiparous mothers.	2010	EXCLUDE		EXCLUDE		We assessed the knowledge attitudes and practices of primiparous women with regard to exclusive breastfeeding and the use of formula milk. A total of 260 women were interviewed and the results showed that 41.5% of the women breastfed exclusively while 58.5% bottle-fed only or did so							Eastern Mediterranean Health Journal. 16 (6) (pp 630-635),										
383	Journal Article	Embase	Ongosi A.	Perceptions on breastfeeding of lactating women (0-6 months postpartum) in Nairobi, Kenya.	2010	EXCLUDE		EXCLUDE		Family structure, interactions and social values determine individual preferences and the development of eating behaviour. Breastfeeding as the preferred method of infant feeding is also subject to cultural and other influences. Aim: To assess cultural influences on breastfeeding practices of							South African Journal of Clinical Nutrition. Conference: 2010										
384	Journal Article	Embase	Bai Y.	Toward understanding of disparities in exclusive breastfeeding.	2010	EXCLUDE		EXCLUDE		This study aimed to identify and compare psychosocial determinants of intention to continue exclusive breastfeeding (EBF) for 6 months among mothers with varying ethnic and socioeconomic backgrounds. Data were collected from 236 volunteer mothers (<2 months postpartum,							FASEB Journal. Conference: Experimental Biology 2010, EB.										
385	Journal Article	Embase	Chapman D.J.	Effects of breastfeeding peer counseling for obese women on infant health outcomes.	2010	INCLUDE		INCLUDE		We evaluated the efficacy of a specialized peer counseling (PC) intervention promoting exclusive breastfeeding (BF) to obese low-income women. During pregnancy 206 obese women considering BF were randomized to receive a specialized PC intervention (3 prenatal, daily perinatal, 11	INCLUDE ('Specialise					INCLUDE ('Specialise	FASEB Journal. Conference: Experimental Biology 2010, EB.	NO – Poster abstract									
386	Journal Article	Embase	Rasmussen K.M.	Interventions to improve breastfeeding among obese women.	2010	INCLUDE		INCLUDE		Maternal obesity is associated with poor breastfeeding (BF) outcomes, yet no intervention has been developed to improve them. To ascertain whether increased BF support or provision of a breast pump is a feasible, effective intervention to improve BF, we enrolled obese women who	INCLUDE					INCLUDE	FASEB Journal. Conference: Experimental Biology 2010, EB.	NO – Poster abstract									
387	Journal Article	Embase	Nommsen-Rivers L.A.	Early breastfeeding outcomes in gestational diabetic primiparas delivering term infants.	2010	EXCLUDE		EXCLUDE		By definition, gestational diabetes resolves after childbirth, but associations with establishing breastfeeding (BF) have not been documented. We recently reported the prevalence of early lactation difficulties among a cohort of 431 first-time mothers delivering healthy term infants and							FASEB Journal. Conference: Experimental Biology 2010, EB.										
388	Journal Article	Embase	Vitta B.S.	Causal directions in the relationship between perinatal depressive symptoms and breastfeeding difficulties.	2010	EXCLUDE		EXCLUDE		Perinatal depressive symptoms (DS) are associated with shorter breastfeeding duration, but the causal direction is not clear. Among 415 Californian primiparae who initiated breastfeeding, we examined if 1) prenatal DS are associated with greater risk for breastfeeding difficulties, and 2)							FASEB Journal. Conference: Experimental Biology 2010, EB.										
389	Journal Article	Embase	Kajekar P.	Does epidural analgesia for pain relief in labour affect breastfeeding?.	2010	EXCLUDE		EXCLUDE		Introduction: There have been recent concerns that epidural analgesia in labour results in difficulty in establishing breastfeeding.¹</sup> Some studies have blamed local anaesthetics while others blame fentanyl as the culprit.²</sup> The aim of our survey was to determine any							International Journal of Obstetric Anesthesia.										
390	Journal Article	Embase	Dugan E.	Engaging health insurers to enhance breastfeeding promotion and insurance benefits.	2010	EXCLUDE	EXCLUDE	EXCLUDE		Background: Effectively partnering with health insurance companies is critical to achieving insurance objectives such as enhancing breastfeeding promotion and expanding lactation service and equipment benefits. This session describes how to successfully collaborate with insurers by							Breastfeeding Medicine. Conference: 3rd National										
391	Journal Article	Embase	Donath S.M.	Does caesarean delivery and/or epidural during labour influence the duration of breastfeeding?.	2010	EXCLUDE		EXCLUDE		Background: A healthy term infant born vaginally with little or no labour medications is thought to have the best chance of initiating breastfeeding successfully. Caesarean birth and/or labour medications have been found to have negative effects on breastfeeding duration in some studies, but							Journal of Paediatrics and Child Health. Conference: 14th										
392	Journal Article	Embase	Portaccio E.	Postpartum relapses and breastfeeding in multiple sclerosis patients.	2010	EXCLUDE		EXCLUDE		Background: a recent study1 suggested that exclusive breastfeeding may significantly reduce the risk of postpartum relapses in multiple sclerosis (MS) women. Objective: to assess the relationship between exclusive breastfeeding and the risk of post-partum relapses in MS patients. Methods:							Multiple Sclerosis. Conference: 26th Congress of the European										
393	Journal Article	Embase	Watkins S.	Early breastfeeding experience and postpartum depression: A longitudinal study.	2010	EXCLUDE		EXCLUDE		Background: Postpartum depression is a common and potentially devastating condition that is associated with shortened breastfeeding duration. Objective: We sought to measure the association between early breastfeeding experience and maternal mood at 2 months postpartum. Methods:							Breastfeeding Medicine. Conference: 15th Annual										
394	Journal Article	Embase	Lunney K.M.	Mastitis increases risk of HIV breastfeeding-associated transmission, but only when maternal plasma HIV load is high.	2010	EXCLUDE		EXCLUDE		Background: Exclusive breastfeeding is protective against postnatal transmission of human immunodeficiency virus (HIV) compared to mixed breastfeeding. Accordingly, exclusive breastfeeding for 6 months is the World Health Organization's recommendation to HIV-infected mothers for							Breastfeeding Medicine. Conference: 15th Annual										
395	Journal Article	Embase	Olenick P.	The effect of structured group prenatal education on breastfeeding confidence, duration, and exclusivity to 12 weeks postpartum.	2010	INCLUDE		INCLUDE		Background: Breastfeeding exclusivity and duration remain below U.S. 2010 goals. Self-efficacy literature supports the premise that increased maternal confidence promotes improved exclusivity and duration. Objective: (1) To determine if group prenatal education can improve	INCLUDE					INCLUDE	Breastfeeding Medicine. Conference: 15th Annual	NO – Poster abstract									
396	Journal Article	Embase	Herrine G.	Breastfeeding attitudes and intentions: Positive effects of a small-scale intervention.	2010	INCLUDE		INCLUDE		Background: The population in northeast Philadelphia is mainly composed of inner-city, low socioeconomic status people. Despite the numerous nutritional, immunological, psychoemotional, and economic benefits of breastfeeding, baseline survey data from this population found extremely	INCLUDE					INCLUDE	Breastfeeding Medicine. Conference: 15th Annual	NOT FOUND									
397	Journal Article	Embase	Borders A.E.B.	Successful initiation of breastfeeding peer counselor program in a teaching hospital affiliated prenatal clinic.	2010	INCLUDE		INCLUDE		Background: The Northwestern Prentice Ambulatory Care Clinic provides prenatal care to 500 low-income patients annually (60% African-American, 30% Hispanic, 10% Caucasian) and has historically low rates of breastfeeding. Objective: The goal of this project was to initiate a breastfeeding peer	EXCLUDE					EXCLUDE	Breastfeeding Medicine. Conference: 15th Annual										
398	Journal Article	Embase	Haydu S.	Birth and beyond california: Before and after a hospital continuous quality improvement project to support breastfeeding.	2010	INCLUDE		INCLUDE		Background: Exclusive breastfeeding is the optimal mode of infant feeding for the first 6 months of life. According to 2007 data published by California Department of Public Health (CDPH), out of 87% planning to breastfeed, less than 43% of women exclusively breastfeed their infants	EXCLUDE					EXCLUDE	Breastfeeding Medicine. Conference: 15th Annual										
399	Journal Article	Embase	Narasimhan S.R.	Implementation of who's ten steps to successful breastfeeding to improve exclusive breastfeeding.	2010	EXCLUDE		EXCLUDE		Background: Maternity practices and breastfeeding knowledge of healthcare staff are associated with an increased percentage of infants who exclusively breastfeed. We initiated an educational program to train nursing staff to promote exclusive breastfeeding. Objective: To improve							Breastfeeding Medicine. Conference: 15th Annual										
400	Journal Article	Embase	Gheonea C.	Exclusive breastfeeding at one month: A pilot study.	2010	EXCLUDE		EXCLUDE		Brief Introduction: To assess the rate of exclusive breastfeeding at discharge from maternity and to identify patterns in infant-feeding practices in Oltenia Region, Romania. Materials and Methods: Pilot study to establish the feasibility of a populational study in this Region. Data were collected							Journal of Maternal-Fetal and Neonatal Medicine.										

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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

441	Journal Article	Embase	Meier P.P.	Increased Lactation Risk for Late Preterm Infants and Mothers: Evidence and Management Strategies to Protect Breastfeeding.	2007	EXCLUDE		EXCLUDE		Late preterm infants (34 0/7-36 6/7 weeks of gestation) are often cared for in general maternity units by clinicians who have limited experience with the specific needs of these newborns. Although the benefits of human milk are well documented, mothers and their late preterm infants are						Journal of Midwifery and Women's Health. 52 (6) (pp 579-											
442	Journal Article	Embase	Bakoula C.	Working mothers breastfeed babies more than housewives.	2007	EXCLUDE		EXCLUDE		Aim: To examine the prevalence and determinants of breastfeeding and to identify perinatal, sociodemographic, psychosocial and environmental factors associated with maternal infant feeding intention. Methods: A sample of 3734 Greek mothers that delivered their infants in 2000 was						Acta Paediatrica, International Journal of Paediatrics. 96 (4)											
443	Journal Article	Embase	Lau Y.	Influence of Intimate Partner Violence During Pregnancy and Early Postpartum Depressive Symptoms on Breastfeeding Among Chinese Women in Hong Kong.	2007	EXCLUDE		EXCLUDE		Numerous studies show that breastfeeding is beneficial to both mothers and babies. This study explores two understudied correlates that may influence breastfeeding initiation: intimate partner violence during pregnancy and early postnatal depressive symptoms. A cross-sectional						Journal of Midwifery and Women's Health. 52 (2) (pp e15-											
444	Journal Article	Embase	AwI D.D.	Barriers to timely initiation of breastfeeding among mothers of healthy full-term babies who deliver at the University of Port Harcourt Teaching Hospital.	2006	EXCLUDE		EXCLUDE		OBJECTIVES: (1) To determine the barriers to timely initiation of breastfeeding in mothers who Hospital. (2). To determine if there is any statistical association between the time of initiation of breastfeeding and certain socio-demographic, obstetric, psychosocial and environmental factors in						Nigerian journal of clinical practice. 9 (1) (pp 57-64), 2006.											
445	Journal Article	Embase	Stamp G.E.	A breastfeeding study in a rural population in South Australia.	2006	EXCLUDE		EXCLUDE		INTRODUCTION: The benefits of breastfeeding for mothers and babies are well recognised; however, challenges to its establishment and maintenance exist in rural locations. METHOD: This study in a rural community aimed to: (1) collect rates of any breastfeeding at 6 weeks, 3 months						Rural and remote health. 6 (2) (pp 495), 2006. Date of											
446	Journal Article	Embase	Morrison B.	Interruptions to breastfeeding dyads on postpartum day 1 in a university hospital.	2006	EXCLUDE		EXCLUDE		OBJECTIVE: To describe interruptions (door openings and telephone calls) to breastfeeding dyads on postpartum day 1. DESIGN: A descriptive design of continuous observations of persons entering the mother's room plus record of phone calls from 8 a.m. to 8 p.m. on postpartum day 1.						Journal of obstetric, gynecologic, and neonatal											
447	Journal Article	Embase	Oddy W.H.	Breastfeeding influences on growth and health at one year of age.	2006	EXCLUDE		EXCLUDE		Our aim was to determine whether a longer duration of full breastfeeding in early infancy acts positively upon health outcomes. Women participating in a birth cohort study in Perth, Australia were followed-up at regular intervals to 52 weeks. Infant feeding, socio-demographic and						Breastfeeding review : professional publication of the											
448	Journal Article	Embase	Gardiner S.J.	Breastfeeding during tacrolimus therapy.	2006	EXCLUDE		EXCLUDE		BACKGROUND: Solid organ transplant recipients are usually advised against breastfeeding because of the questionable safety of immunosuppressants. Limited data suggest that infant exposure to tacrolimus via milk is low. This report characterizes the milk-to-blood ratio for						Obstetrics and Gynecology. 107 (2 II) (pp 453-455), 2006. Date of											
449	Journal Article	Embase	Damato E.G.	Duration of breastfeeding for mothers of twins.	2005	EXCLUDE		EXCLUDE		OBJECTIVE: To describe the incidence and duration of breastfeeding for mothers of twins and identify factors that affected this duration. DESIGN: Secondary analysis of data from a larger longitudinal predictive study of maternal attachment in mothers of twins. SETTING: Paper and pencil						Journal of obstetric, gynecologic, and neonatal											
450	Journal Article	Embase	Rowland M.	Breastfeeding and sexuality immediately post partum.	2005	EXCLUDE	EXCLUDE	EXCLUDE		OBJECTIVE: To examine the relationship between breastfeeding and resumption of vaginal intercourse; to determine the association between these behaviours and age, parity, marital status, mode of delivery, and contraceptive use; and to identify factors associated with resumption of						Canadian family physician Medecin de famille canadien.											
451	Journal Article	Embase	Vaidya K.	Effect of early mother-baby close contact over the duration of exclusive breastfeeding.	2005	EXCLUDE		EXCLUDE		This is a prospective study involving ninety-two lactating mother- infant pairs in the first six months of birth. They were followed-up up to six months for various perinatal factors determining the duration of exclusive breastfeeding. Early postpartum mother-baby skin-to-skin contact had a						Nepal Medical College journal : NMCI. 7 (2) (pp 138-140), 2005.											
452	Journal Article	Embase	Brunken G.S.	Risk factors for early interruption of exclusive breastfeeding and late introduction of complementary foods among infants in midwestern Brazil.	2006	EXCLUDE		EXCLUDE		Objective: To identify factors associated with early interruption (before 4 months) of exclusive breastfeeding and late introduction (after 8 months) of complementary foods. Methods: This is a cross-sectional study, based on a survey conducted on the first day of the National Vaccination						Jornal de Pediatria. 82 (6) (pp 445-451), 2006. Date of											
453	Journal Article	Embase	Leung E.Y.L.	Practice of breastfeeding and factors that affect breastfeeding in Hong Kong.	2006	EXCLUDE		EXCLUDE		Objectives. To describe the patterns of and factors affecting breastfeeding and to find out any significant relationship between breastfeeding and health of the child. Design. Cohort study. Setting. Postnatal ward of the Prince of Wales Hospital. Participants. A total of 243 infants born in 1998 to						Hong Kong Medical Journal. 12 (6) (pp 432-436), 2006. Date of											
454	Journal Article	Embase	Memmott M.M.	Mother's reactions to a skills-based breastfeeding promotion intervention.	2006	INCLUDE		INCLUDE		We interviewed women who participated in a breast-feeding promotion intervention study about whether and how participation affected their infant feeding choices, and if they would recommend such an intervention to others. The larger study, a randomized controlled trial (RCT) of an	EXCLUDE	EXCLUDE		EXCLUDE		Maternal and Child Nutrition. 2 (1) (pp 40-50), 2006. Date of											
455	Journal Article	Embase	Wagner C.L.	The role of personality and other factors in a mother's decision to initiate breastfeeding.	2006	EXCLUDE		EXCLUDE		The objective of the study was to measure the impact of personality and other factors on the decision to initiate breastfeeding. Mothers were enrolled (24-96 hours postpartum) and were classified as fully breastfeeding, formula-feeding, or combination-feeding. A semi-structured						Journal of Human Lactation. 22 (1) (pp 16-26), 2006. Date of											
456	Journal Article	Embase	Ghosh R.	Longitudinal study of the frequency and duration of breastfeeding in rural Bangladeshi women.	2006	EXCLUDE		EXCLUDE		A 27-month longitudinal study of 140 Bangladeshi mothers living in three tea gardens examined the effect of maternal factors (mother's age, number of live births, birth interval, and mother's work status) and sex of the infant on the duration and bout frequency of breastfeeding over 8-hr						American Journal of Human Biology. 18 (5) (pp 630-638),											
457	Journal Article	Embase	Kutlu R.	Evaluation of initiating, continuing and weaning time of breastfeeding.	2006	EXCLUDE		EXCLUDE		Objective: The aim of this study was to evaluate the knowledge and behavior of mothers related to the initiation time, duration and affecting factors of breastfeeding. Methods: This descriptive and cross-sectional study included 214 mothers who had children aged between 1-72 months.						Marmara Medical Journal. 19 (3) (pp 121-126), 2006. Date of											
458	Journal Article	Embase	Alves Da Cunha A.J.L.	Breastfeeding and pacifier use in Brazil.	2005	EXCLUDE		EXCLUDE		Objective: To determine the relationship between pacifier use and the duration of exclusive breast-feeding in the first six months of age, among poor children with unfavourable birth weight, from an underdeveloped region in Brazil. Method: Prospective cohort study with infants followed						Indian Journal of Pediatrics. 72 (3) (pp 209-212), 2005. Date of											
459	Journal Article	Embase	Coutinho S.B.	The impact of training based on the Baby-Friendly Hospital Initiative on breastfeeding practices in the Northeast of Brazil.	2005	EXCLUDE		EXCLUDE		Objective: To evaluate the impact of training based on the Baby Friendly Hospital Initiative on breastfeeding practices in maternity wards and during the first 6 months of life. Methods: Ninety percent of nursing auxiliaries and midwives were trained at two institutions (A and B) in						Jornal de Pediatria. 81 (6) (pp 471-477), 2005. Date of											
460	Journal Article	Embase	Anonymous	Breastfeeding and the use of human milk.	2005	EXCLUDE		EXCLUDE		Considerable advances have occurred in recent years in the scientific knowledge of the benefits of breastfeeding, the mechanisms underlying these benefits, and in the clinical management of breastfeeding. This policy statement on breastfeeding replaces the 1997 policy statement of the						Pediatrics. 115 (2) (pp 496-506), 2005. Date of Publication:											
461	Journal Article	Embase	Rojjanasrirat W.	Working women's breastfeeding experiences.	2004	EXCLUDE		EXCLUDE		PURPOSE: To describe the breastfeeding experiences of women who returned to work after childbirth. DESIGN AND METHODS: Descriptive, using questionnaires with 50 women. Content analysis of data obtained from women who responded to open-ended questionnaires at 16 weeks						MCN. The American journal of maternal child nursing. 29 (4)											
462	Journal Article	Embase	James J.P.	An analysis of the breastfeeding practices of a group of mothers living in Victoria, Australia.	2004	EXCLUDE		EXCLUDE		While breastfeeding is widely acknowledged as the best way to feed babies, few studies have incorporated a holistic approach when attempting to understand breastfeeding 'success' or 'failure'. This study attempted to identify the overall experience of breastfeeding for the women who						Breastfeeding review : professional publication of the											
463	Journal Article	Embase	Saunders-Goldson S.	Factors Associated Breastfeeding Intentions of African-American Women at Military Health Care Facilities.	2004	EXCLUDE		EXCLUDE		Studies have shown that 21% to 51% of African-American women (AAW) reported breastfeeding, lagging behind Caucasian (61%-71%) and Hispanic (67%-71%) women despite breastfeeding's health benefits. This study aimed to assess AAWs "intent" to breastfeed and describe the relationship						Military Medicine. 169 (2) (pp 111-116), 2004. Date of											
464	Journal Article	Embase	Zaghloul S.	Correlates of Breastfeeding Initiation in Southeast Arkansas.	2004	EXCLUDE		EXCLUDE		Objectives: Southeast Arkansas is a primarily rural, low-income area with low breastfeeding rates. Given the demonstrated positive impacts of breastfeeding on a variety of health indicators, it is important to understand and counteract this situation. Methods: We reviewed the medical						Southern Medical Journal. 97 (5) (pp 446-450), 2004. Date of											
465	Journal Article	Embase	Forster D.	Two mid-pregnancy interventions to increase the initiation and duration of breastfeeding: A randomized controlled trial.	2004	INCLUDE	MAYBE	INCLUDE		Background: Despite high levels of breastfeeding initiation in Australia, only 46 percent of women are still breastfeeding (exclusively or partially) 6 months later, with marked differences between social groups. This study aimed to determine the influence of mid-pregnancy breastfeeding	INCLUDE			INCLUDE		Birth. 31 (3) (pp 176-182), 2004. Date of Publication: September	YES	No	No	EXCLUDE							
466	Journal Article	Embase	Gilchrist D.	Aboriginal mothers, breastfeeding and smoking.	2004	EXCLUDE		EXCLUDE		Objective: To document the smoking practices of Aboriginal mothers living in Perth during pregnancy and during the subsequent year while feeding their infants. Method: A cohort of mothers was followed from the time of delivery for 12 months to obtain details of infant feeding practices. A						Australian and New Zealand Journal of Public Health. 28 (3)											
467	Journal Article	Embase	Bicalho-Mancini P.G.	Exclusive breastfeeding at the point of discharge of high-risk newborns at a Neonatal Intensive Care Unit and the factors associated with this practice.	2004	EXCLUDE		EXCLUDE		Objective: To study the rate of exclusive breastfeeding at the moment of hospital discharge of newborns admitted to a neonatal Intensive Care Unit and to analyze potential risk factors. Methods: Four hundred and ninety-five medical records were studied, pertaining to neonates born between						Jornal de Pediatria. 80 (3) (pp 241-248), 2004. Date of											
468	Journal Article	MWIC	Schwabl K	Breastfeeding Problems and Interventions for Underserved Populations.	2017	INCLUDE		INCLUDE		Objective: This study focused on promoting breastfeeding. A group of 32 underserved postpartum women in a Baby-Friendly hospital presented with 10 pre-existing breastfeeding risk factors. Ten interventions and increased time of interventions were implemented during their 2- to 3-day	EXCLUDE			EXCLUDE		Clinical Lactation. vol 8, no 1, 2017, pp 28-33.											
469	Journal Article	MWIC	Okeke Jr.RI	Association of Maternal Demographic Characteristics With Breastfeeding of Low Birth Weight Infants in Ohio in 2012.	2017	EXCLUDE		EXCLUDE		Background: Breastfeeding is the biologic norm for infant feeding and vitally important for newborns especially the low birth weight (LBW) infant population who have higher morbidity and mortality. For LBW infants in Ohio, prevalence of breastfeeding with maternal sociodemographic factors						Clinical Lactation. vol 8, no 1, 2017, pp 22-27.											
470	Journal Article	MWIC	Johnson AM	Enhancing breastfeeding thorough healthcare support: results from a focus group study of African American mothers.	2016	EXCLUDE		EXCLUDE		Objectives: To explore African American women's breastfeeding thoughts, attitudes, and experiences with healthcare professionals and subsequent influences on their breastfeeding interest and behavior. Insight was also sought about the most effective practices to provide						Maternal and Child Health Journal. vol 20, suppl 1,											
471	Journal Article	MWIC	Magarey A	Feeding mode of Australian infants in the first 12 months of life: an assessment against national breastfeeding indicators.	2016	EXCLUDE		EXCLUDE		Background: In 2011, Australia published a set of 6 population-level indicators assessing breastfeeding, formula use, and the introduction of soft/semisolid/solid foods.Objectives: This study aimed to report the feeding practices of Australian infants against these indicators and determine						Journal of Human Lactation. vol 32, no 4, November 2016, NP95-											
472	Journal Article	MWIC	Bass JL	Unintended consequences of current breastfeeding initiatives.	2016	EXCLUDE		EXCLUDE		Promoting and supporting breastfeeding during the postpartum period has been an important and appropriate priority for maternity units in recent years. The Ten Steps to Successful Breastfeeding of the Baby-Friendly Hospital Initiative have been implemented by an increasing number of						JAMA Pediatrics. vol 170, no 10, October 2016, pp 923-924.											
473	Journal Article	MWIC	Yang X	Predictors of breastfeeding self-efficacy in the immediate postpartum period: A cross-sectional study.	2016	EXCLUDE		EXCLUDE		ObjectiveTo examine breastfeeding self-efficacy and identify its predictors among mainland Chinese mothers in the early postpartum period.Design and settingA cross-sectional descriptive questionnaire survey was conducted in a regional teaching hospital with delivery rate over						Midwifery. vol 41, October 2016, pp 1-8.											
474	Journal Article	MWIC	Tadesse T	Prevalence and associated factors of non-exclusive breastfeeding of infants during the first six months in rural area of Sorro District, Southern Ethiopia: a cross-sectional study.	2016	EXCLUDE		EXCLUDE		BackgroundDespite the importance of exclusive breastfeeding, a wide number of mothers practice non-exclusive breastfeeding in Ethiopia. Therefore, this study aimed to identify prevalence and factors associated with non-exclusive breastfeeding in rural area of Sorro District in						International Breastfeeding Journal. vol 11, no 25, 20											
475	Journal Article	MWIC	Wood NK	Interventions that Enhance Breastfeeding Initiation, Duration, and Exclusivity: A Systematic Review.	2016	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Include for Reference	Objective: The purpose of this review was to evaluate breastfeeding interventions trialed to date and recommend directions for future needs in breastfeeding research.Methods: A literature review was conducted using PubMed, CINAHL Plus, and PsycINFO databases to identify studies that						The American Journal of Maternal/Child Nursing. vol 41,											
476	Journal Article	MWIC	Gu Y	Effectiveness of a theory-based breastfeeding promotion intervention on exclusive breastfeeding in China: a randomised controlled trial.	2016	INCLUDE		INCLUDE		ObjectiveTo investigate the effectiveness of a designed intervention programme on the promotion of exclusive breastfeeding during 6 months postpartum among Chinese primiparous women, based on the theory of planned behaviour.DesignRandomised controlled trial.SettingA tertiary	INCLUDE			INCLUDE		Midwifery. vol 42, November 2016, pp 93-99.	YES	No*	No?	Contact Authors	No Reply	Exclude	EXCLUDE				
477	Journal Article	MWIC	Kanhadiok S	Factors associated with exclusive breastfeeding through four weeks postpartum in Thai adolescent mothers.	2016	EXCLUDE		EXCLUDE		Breastfeeding initiation and duration are decreased in adolescent mothers compared to older mothers. A prospective descriptive cohort design was used to explore personal, social, cultural, and infant factors that explain and predict breastfeeding initiation and maintenance at 4 weeks						The Journal of Perinatal Education. vol 25, no 3, Summer											
478	Journal Article	MWIC	Fielder C	Determining the influencing factors of a caesarean section birth on breastfeeding.	2016	EXCLUDE		EXCLUDE		Background. Although the Health and Social Care Information Centre (HSCIC) report that 26% of women in the UK currently give birth by caesarean section (CS), the subject of breastfeeding post CS is vastly understudied. In the latest UK infant -feeding survey (McAndrew et al, 2012), it was						Evidence Based Midwifery. vol 14, no 2, June 2016, pp 57-63.											
479	Journal Article	MWIC	Saha MR	Postpartum women's use of medicines and breastfeeding practices: a systematic review.	2015	EXCLUDE		EXCLUDE		The objectives of this article are to systematically review i) the extent of medicine use in postpartum women, and ii) the impact of maternal medicine use (excluding contraceptives and galactagogues) on breastfeeding outcomes (initiation and/or duration). PubMed, Medline (Ovid),						International Breastfeeding Journal. vol 10, no 28, 28											
480	Journal Article	MWIC	Mogre V	Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers.	2016	EXCLUDE	EXCLUDE	EXCLUDE		BackgroundThe practice of exclusive breastfeeding (EBF) is influenced by maternal knowledge and attitudes as well as socio-demographic and cultural factors. This study assessed knowledge, attitudes and practice of EBF among rural lactating mothers with infants aged 0-6 months. Factors						International Breastfeeding Journal. vol 11, no 12, 17 April											

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481	Journal Article	MWIC	Chaput KH	Breastfeeding difficulties and supports and risk of postpartum depression in a cohort of women who have given birth in Calgary: a prospective cohort study.	2016	EXCLUDE		EXCLUDE		Background: A link exists between breastfeeding difficulties and postpartum depression, and evidence shows that some breastfeeding promotion initiatives may increase maternal stress and contribute to risk of the condition. We conducted a prospective cohort study to determine whether					Canadian Medical Association Journal (CMAJ). 21 March 2016.							
482	Journal Article	MWIC	Hobbs AJ	The impact of caesarean section on breastfeeding initiation, duration and difficulties in the first four months postpartum.	2016	EXCLUDE		EXCLUDE		BackgroundThe caesarean section (c-section) rate in Canada is 27.1 %, well above the 5-15 % of deliveries suggested by the World Health Organization in 2009. Emergency and planned c-sections may adversely affect breastfeeding initiation, milk supply and infant breastfeeding					BMC Pregnancy and Childbirth. vol 16, no 90, 26 April 2016.							
483	Journal Article	MWIC	Talbert AW	"When you give birth you will not be without your mother" A mixed methods study of advice on breastfeeding for first-time mothers in rural coastal Kenya.	2016	EXCLUDE		EXCLUDE		BackgroundExclusive breastfeeding for the first 6 months of life is currently recommended by the World Health Organization, but mixed feeding earlier than this commonly occurs in rural coastal Kenya. Mothers may receive conflicting advice on breastfeeding from various sources including					International Breastfeeding Journal. vol 11, no 10, 26 April							
484	Journal Article	MWIC	Dornan L	Thai cultural influences on breastfeeding behaviour.	2015	EXCLUDE		EXCLUDE		Background. Breastfeeding is recognised as a complex behaviour that is influenced by many factors. This creates challenges for all breastfeeding mothers and health professionals seeking to support women in their breastfeeding journey. Personal, psychosocial, cultural and economic factors					Evidence Based Midwifery. vol 13, no 3, September 2015, pp 84-							
485	Journal Article	MWIC	Rosen-Carole C	ABM clinical protocol #19: breastfeeding promotion in the prenatal setting, revision 2015.	2015	EXCLUDE		EXCLUDE		A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an					Breastfeeding Medicine. vol 10, no 10, December 2015, pp 451-							
486	Journal Article	MWIC	Dunney C	Alcohol consumption in pregnancy and its implications for breastfeeding.	2015	EXCLUDE		EXCLUDE		Background: Current advice to women in Ireland is to abstain from alcohol when pregnant or breastfeeding. This study aims to establish whether women embrace this advice when pregnant and if there is a need for additional midwifery-led education in relation to alcohol consumption and					British Journal of Midwifery. vol 23, no 2, February 2015, pp							
487	Journal Article	MWIC	Birch L	Public health: breastfeeding battles.	2015	EXCLUDE		EXCLUDE		Breastfeeding is a worldwide public health issue, which has a major impact on reducing child mortality and several long-term non-communicable diseases (World Health Organization (WHO), 2013;2014). This article analyses and critiques various strategies, innovations and health promotion					British Journal of Midwifery. vol 23, no 6, June 2015, pp 430-							
488	Journal Article	MWIC	Birch L	Public health: breastfeeding battles.	2015	EXCLUDE		EXCLUDE		Breastfeeding is a worldwide public health issue, which has a major impact on reducing child mortality and several long-term non-communicable diseases (World Health Organization (WHO), 2013;2014). This article analyses and critiques various strategies, innovations and health promotion					Journal of Health Visiting. vol 3, no 5, May 2015, pp 250-254.							
489	Journal Article	MWIC	Pitcock N	Evaluation of an initiative to increase exclusive breastfeeding among rural Hispanic women.	2015	INCLUDE		INCLUDE		Background: There is a growing Hispanic population in the U.S. healthcare providers, and lactation consultants are challenged to design targeted, culturally competent programs to support immigrant populations.Objective: To evaluate a prenatal education program using intercultural	INCLUDE			INCLUDE	Clinical Lactation. vol 6, no 3, 2015, pp 98-108(11).	YES	No*	No?	Contact Author	Replied - awaiting data. No follow-up	Exclude	EXCLUDE
490	Journal Article	MWIC	Kendall-Tackett K	Birth interventions related to lower rates of exclusive breastfeeding and increased risk of postpartum depression in a large sample.	2015	EXCLUDE		EXCLUDE		Overview: This study examines the impact of birth interventions, such as epidurals, inductions, pain medications, and cesarean sections, on breastfeeding and postpartum depression with a large sample of mothers. Method: Data for the present analyses were from the Survey of Mothers'					Clinical Lactation. vol 6, no 3, 2015, pp 87-97(11).							
491	Journal Article	MWIC	Zewdu Demelew M	Assessment of exclusive breastfeeding practice among HIV positive women in Addis Ababa.	2014	EXCLUDE		EXCLUDE		This study assesses exclusive breastfeeding practices and identifies factors responsible for this practice among HIV positive women in Addis Ababa. Methods: A cross-sectional, qualitative and quantitative study was employed to undertake the research in public health facilities. Stratified simple					African Journal of Midwifery and Women's Health. vol 8, no							
492	Journal Article	MWIC	Koima W	Adherence to exclusive breastfeeding among HIV-positive women in Nairobi, Kenya.	2014	EXCLUDE		EXCLUDE		In developing countries, exclusive breastfeeding (EBF) remains the best and safest source of nutrition and a recommended method of prevention of mother-to-child transmission of HIV in combination with use of prophylactic anti-retrovirals. Other feeding options could be detrimental to the					African Journal of Midwifery and Women's Health. vol 8, no							
493	Journal Article	MWIC	Massov L	Clinically overweight and obese mothers and low rates of breastfeeding: exploring women's perspectives.	2015	EXCLUDE		EXCLUDE		Background: It is universally recognised that breastmilk is the best food for babies and thatbreastfeeding provides significant health benefits for both mothers and babies. Women who areoverweight or obese have lower rates of initiation and duration of breastfeeding. There is a need					New Zealand College of Midwives Journal. no 51,							
494	Journal Article	MWIC	Gregory EF	Met expectations and satisfaction with duration. A patient-centered evaluation of breastfeeding outcomes in the infant feeding practices study II.	2015	EXCLUDE		EXCLUDE		Background: Breastfeeding expectations predict breastfeeding duration. The extent to which expectations for duration are met remains unknown. Objectives: To evaluate prospective measures of expected breastfeeding duration, changes in expectations over time, and factors associated with					Journal of Human Lactation. vol 31, no 3, August 2015, pp 444-							
495	Journal Article	MWIC	Ricotti G	Factors that influence commitment to breastfeeding: a pilot study.	2015	EXCLUDE	EXCLUDE	EXCLUDE		Background: Only 1% of mothers in the UK meet the World Health Organization recommendation of exclusive breastfeeding for the first 6 months. Understanding what helps UK mothers to commit to exclusive breastfeeding could help shape the promotion and support of breastfeeding.					Journal of Health Visiting. vol 3, no 4, April 2015, pp 216-223.							
496	Journal Article	MWIC	Ruxer DJ	The impact of increased skin-to-skin contact with the mother in breastfeeding neonates on exclusive breastfeeding at 4 and 8 weeks postpartum.	2015	EXCLUDE		EXCLUDE		Objective: To evaluate dose of skin-to-skin (STS) contact as a nursing intervention to increase the rate of exclusive breastfeeding after dischargeDesign: A descriptive correlational studySetting: A Level II maternity unit in OhioParticipants: Women who had a vaginal delivery of a	EXCLUDE			EXCLUDE	Clinical Lactation. vol 6, no 2, 2015, pp 75-80.							
497	Journal Article	MWIC	Ayers B	Pilot study of breastfeeding support on the night shift.	2015	INCLUDE		INCLUDE		Exclusive breastfeeding during the first 6 months of life facilitates optimal health for mothers and their infants and is a hospital discharge perinatal core measure. The purpose of this study was to identify nurses' experiences, perceptions, and practices of breastfeeding support on the night shift;	EXCLUDE			EXCLUDE	Clinical Lactation. vol 6, no 2, 2015, pp 53-59.							
498	Journal Article	MWIC	O'Brien M	Reasons for stopping breastfeeding: what are they, what characteristics relate to them, and are there underlying factors?.	2007	EXCLUDE		EXCLUDE		Aim: This study sought to identify the reasons provided for breastfeeding cessation among women who switched to formula feeding during the first six months postpartum. We further aimed to investigate the socio-demographic characteristics of the sample and the ability of these					Birth Issues. vol 15, no 40636, 2007, pp 105 - 113.							
499	Journal Article	MWIC	Sipsma, H. L. J., K. L.; Cole-Lewis, H.	Breastfeeding among adolescent mothers. A systematic review of interventions from high-income countries.	2015	EXCLUDE		EXCLUDE		Despite growing evidence of the benefits of breastfeeding, rates of breastfeeding remain disproportionately low among adolescent mothers compared with older mothers in the United States. Current interventions primarily target adult women, and little evidence is available for					Journal of Human Lactation. vol 31, no 2, May 2015, pp 221-229.							
500	Journal Article	MWIC	Baker A	Increasing hospital breastfeeding rates through online education for staff registered nurses.	2015	EXCLUDE		EXCLUDE		Background: The Baby-Friendly Hospital Initiative of 2010 recommends the proportion of mothers who breastfeed their babies in the early postpartum period should be at least 75% (Baby-Friendly USA, 2010). The exclusively breastfeeding rate at a community hospital located in the					Clinical Lactation. vol 6, no 1, February 2015, pp 24-34.							
501	Journal Article	MWIC	Teka B	Prevalence and determinant factors of exclusive breastfeeding practices among mothers in Enderta woreda, Tigray, North Ethiopia: a cross-sectional study.	2015	EXCLUDE		EXCLUDE		BackgroundIn Ethiopia national breastfeeding practice is poor because of traditional and cultural beliefs, low educational levels, heavy workload of mothers, poor sanitary conditions, type of assistance at delivery, duration of stay at home, ethnicity, poor maternal knowledge, age, parity,					International Breastfeeding Journal. vol 10, no 2, 20 January							
502	Journal Article	MWIC	Keely A	Barriers to breastfeeding in obese women: A qualitative exploration.	2015	EXCLUDE		EXCLUDE		Objective: To explore the factors that influence breastfeeding practices in obese women who had either stopped breastfeeding or were no longer exclusively breastfeeding 6-10 weeks following the birth of their babies, despite an original intention to do so for 16 weeks or longer. Specifically					Midwifery. vol 31, no 5, May 2015, pp 532-539.							
503	Journal Article	MWIC	Ingram J	A feasibility study of an intervention to enhance family support for breastfeeding in a deprived area in Bristol, UK.	2004	INCLUDE		INCLUDE		OBJECTIVE: to assess fathers' and grandmothers' knowledge of breast feeding and their ability to support successful breast feeding. To design a suitable intervention for fathers and grandmothers to support breast-feeding mothers, to assess the acceptability and feasibility of the	EXCLUDE	EXCLUDE		EXCLUDE	Midwifery. vol 20, no 4, December 2004, pp 367-379.							
504	Journal Article	MWIC	Gleeson D	Midwives' time and presence: A key factor in facilitating breastfeeding support for new mothers.	2014	EXCLUDE		EXCLUDE		BACKGROUND: There is now a plethora of work that has examined new mothers' experiences of receiving breastfeeding support. However, there remains limited literature describing women's experiences of receiving this support from midwives in the early postnatal period.AIM: The study					International Journal of Childbirth. vol 4, no 4, 2014, pp							
505	Journal Article	MWIC	Perinatal Services BC	Fact Sheet: breastfeeding trends in British Columbia 2004/05 to 2012/13.	2014	EXCLUDE		EXCLUDE		This fact sheet further describes breastfeeding practices in BC by presenting population-based trends in newborn feeding and timing of breastfeeding initiation during the hospital stay after birth, using data from a provincial perinatal registry. (15 references) (Author)					Vancouver, BC: Perinatal Services BC. November 2014.							
506	Journal Article	MWIC	Engebretsen IM	Early infant feeding practices in three African countries: the PROMISE-EBF trial promoting exclusive breastfeeding by peer counsellors.	2014	INCLUDE		INCLUDE		BackgroundImmediate and exclusive initiation of breastfeeding after delivery have been associated with better neonatal survival and child health and are recommended by the WHO. We report impact on early infant feeding practices from the PROMISE-EBF trial.MethodsPROMISE-EBF was a	INCLUDE			INCLUDE	International Breastfeeding Journal. vol 9, no 19, 18	YES	No	No	EXCLUDE			
507	Journal Article	MWIC	Zhu J	Pain relief effect of breastfeeding and music therapy during heel lance for healthy-term neonates in China: A randomized controlled trial.	2014	EXCLUDE		EXCLUDE		ObjectivesTo test the effectiveness of breastfeeding (BF), music therapy (MT), and combined breastfeeding and music therapy (BF+MT) on pain relief in healthy-term neonates during heel lance.DesignRandomised controlled trial.SettingIn the postpartum unit of one university-affiliated					Midwifery. 10 November 2014 Online version ahead of print.							
508	Journal Article	MWIC	November L	Baby Milk Challenge: Changing secondary school students' attitudes to breastfeeding.	2013	EXCLUDE		EXCLUDE		Interventions to improve breastfeeding rates are aimed primarily at couples in the perinatal period. However, many parents make decisions on infant feeding before pregnancy. In this study, a school-based intervention is evaluated for its effect on attitudes to breastfeeding in male and					British Journal of Midwifery. vol 21, no 11, November 2013,							
509	Journal Article	MWIC	Spencer R	'I was meant to be able to do this': a phenomenological study of women's experiences of breastfeeding.	2014	EXCLUDE		EXCLUDE		Introduction: There is strong evidence demonstrating that human breastmilk provides complete nutrition for human infants. While the rate of initiation of breastfeeding in the UK has increased steadily over the last 25 years, rates of exclusive breastfeeding in the early weeks and months					Evidence Based Midwifery. vol 12, no 3, September 2014, pp 83-							
510	Journal Article	MWIC	Ekstrom A	Women's use of nipple shields - their influence on breastfeeding duration after a process-oriented education for health professionals.	2014	EXCLUDE	EXCLUDE	EXCLUDE		Aim: This study investigated if a process-oriented training for health professionals will influence women's use and reasons for using a nipple shield, the baby's weight, and the duration of breastfeeding. Materials and Methods: An intervention was performed for health professionals that included					Breastfeeding Medicine. vol 9, no 9, November 2014, pp 458-							
511	Journal Article	MWIC	Blixt I	Process-oriented training in breastfeeding for health professionals decreases women's experiences of breastfeeding challenges.	2014	EXCLUDE		EXCLUDE		BackgroundThe World Health Organization recommends promoting exclusive breastfeeding for six months. Women often end breastfeeding earlier than planned, however women who continue to breastfeed despite problems often experience good support and counselling from health					International Breastfeeding Journal. vol 9, no 15, 9							
512	Journal Article	MWIC	Mutuli LA	Assessing predictive power of psychosocial factors on breastfeeding behavior of mothers attending postnatal clinics in Western Kenya.	2012	EXCLUDE		EXCLUDE		This cross-sectional study aimed at determining predictive power of psychosocial factors influencing breastfeeding behavior of breastfeeding mothers. The study was conducted from April to August 2010 in Kakamega Central District within 4 postnatal clinics that were purposively sampled.					ICAN: Infant, Child and Adolescent Nutrition. vol 4, no							
513	Journal Article	MWIC	Senbanjo IO	Breastfeeding policy and practices at the general paediatric outpatient clinic of a teaching hospital in Lagos, Nigeria.	2014	EXCLUDE		EXCLUDE		BackgroundHospitals have a role to play in supporting, protecting and promoting breastfeeding. The aim of this study was to describe hospital breastfeeding policy and practices and breastfeeding rates among mothers attending General Paediatric Outpatient Clinic at a tertiary hospital in					International Breastfeeding Journal. vol 9, no 10, 27 June							
514	Journal Article	MWIC	Olson T	Mother's milk, mother's tears breastfeeding with postpartum depression.	2014	EXCLUDE		EXCLUDE		Recent literature suggests that when breastfeeding goes well, it may protect mothers from the deleterious effects of postpartum depression. Using a phenomenological approach, the objective of this research was to provide insight into the lived experience of breastfeeding in mothers with					Clinical Lactation. vol 5, no 1, 2014, pp 9-15.							
515	Journal Article	MWIC	Strong G	Barriers to breastfeeding during the neonatal period.	2013	EXCLUDE		EXCLUDE		The World Health Organization (2011) reports that nearly 40% of all deaths of children five years of age and younger occurred during the neonatal period. Furthermore, among the 3.1 million deaths that occurred among neonates in 2008, about a third was related to infections. This is					The Journal of Neonatal Nursing. vol 19, no 4, August							
516	Journal Article	MWIC	Keemer F	Breastfeeding self-efficacy of women using second-line strategies for healthy term infants in the first week postpartum: an Australian observational study.	2013	EXCLUDE		EXCLUDE		Background:Breastfeeding self-efficacy (BFSE) supports breastfeeding initiation and duration. Challenges to breastfeeding may undermine BFSE, but second-line strategies including nipple shields, syringe, cup, supply line and bottle feeding may support breastfeeding until challenges are					International Breastfeeding Journal. vol 8, no 18, 20							
517	Journal Article	MWIC	Maharaj N	Breastfeeding practices of ethnic Indian immigrant women in Melbourne, Australia.	2013	EXCLUDE		EXCLUDE		Background:The health benefits of breastfeeding are well documented in public health and medical literature worldwide. Despite this, global rates of breastfeeding steadily decline during the first couple of months postpartum. Although immigrant women have higher initiation rates and a					International Breastfeeding Journal. vol 8, no 17, 18							
518	Journal Article	MWIC	Daniels B	When breastfeeding fails.	2013	EXCLUDE		EXCLUDE		Although policies still promote this as an ideal, the majority of women do not exclusively breastfeed their infants until six months of age. Should clinicians take this into account? (Author)					O & G. vol 15, no 4, Summer 2013, pp 72-73.							
519	Journal Article	MWIC	Baby Friendly Initiative	Breastfeeding and relationship building: a workbook.	2013	EXCLUDE		EXCLUDE		This brand new, full colour workbook accompanies the Baby Friendly courses on breastfeeding and relationship building. It is designed to be used in everyday practice, helping you to provide mothers with the support they need to achieve their goals.It can also be distributed on in-house					London: UNICEF UK. November 2013.							
520	Journal Article	MWIC	Seid AM	Prevalence of exclusive breastfeeding practices and associated factors among mothers in Bahir Dar city, Northwest Ethiopia: a community based cross-sectional study.	2013	EXCLUDE		EXCLUDE		Background:Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. World Health Organization (WHO) recommend exclusive breastfeeding (EBF) for six months which has a great contribution in reducing under five mortality,					International Breastfeeding Journal. vol 8, no 14, 23 October							

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

521	Journal Article	MWIC	Dykes F	Breastfeeding in hospital: mothers, midwives and the production line.	2006	EXCLUDE		EXCLUDE		When I read the title of this book I had no doubt that I would be able to relate to the contents and feel that our unit is not the only one to struggle with the pressures of daily activities as well as supporting mothers with breastfeeding. Working in a very busy midwifery teaching unit I felt sure						Abingdon: Routledge. 2006. 214 pages.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

641	Journal Article	PsydINFO	Langer-Gould, Annette	"Protective effect of breastfeeding in postpartum relapse rate of mothers with multiple sclerosis": Reply. [References].	2009	EXCLUDE		EXCLUDE	Replies to the comments made by Raffaele Iorio et al. (see record 2010-02393-027) and Kerstin Hellwig et al. (see record 2010-02393-028). Both the respective articles support the findings of the current author and demonstrate the importance of distinguishing between exclusive and						Archives of Neurology. Vol.66(12), 2009, pp. 1581.						
642	Journal Article	PsydINFO	Ogbuanu, Chinelo Amarachukwu	The effect of maternity leave length, other employment benefits, and job characteristics on breastfeeding initiation and duration.	2009	EXCLUDE		EXCLUDE	Background. Non-initiation and early cessation of breastfeeding have been attributed to work-related issues. Our objective was to determine the effect of employment benefits and characteristics on breastfeeding initiation and duration. Methods. Data were from the 9-month and 2-year						Dissertation Abstracts International: Section B: The						
643	Journal Article	PsydINFO	Nommsen-Rivers, Laurie Ann	Perinatal factors associated with breastfeeding success.	2009	EXCLUDE		EXCLUDE	Recent studies provide evidence that mothers with early lactation problems are at risk for short breastfeeding duration. We examined perinatal factors associated with early lactation success. Study 1. Parents of breastfeeding infants are advised to monitor diapers as an indication of						Dissertation Abstracts International: Section B: The						
644	Journal Article	PsydINFO	Matias, Susana Lilian	The early breastfeeding experience and its association with optimal breastfeeding among Peruvian mothers.	2009	EXCLUDE		EXCLUDE	In Peru, many women do not breastfeed exclusively for the recommended six months. Early lactation difficulties have been associated with negative breastfeeding outcomes. This dissertation reports results from three sets of analyses of data from first-time mothers. In Peru, data were						Dissertation Abstracts International: Section B: The						
645	Journal Article	PsydINFO	Bramson, Leslie Mary	The association of maternal intention to breastfeed, early skin-to-skin mother/infant contact, and exclusive breastfeeding during the maternity hospital stay.	2009	EXCLUDE	EXCLUDE	EXCLUDE	Breastfeeding is the optimal method to nourish and nurture an infant. Exclusive breastfeeding rates in the United States have reached the goal of Healthy People 2010 that 75% of mother's breastfeed in the immediate postpartum period. Yet, less than 35% of San Bernardino county mothers						Dissertation Abstracts International: Section B: The						
646	Journal Article	PsydINFO	Lunney, Kevin M	Preventing mother to child transmission of HIV through breastfeeding: Exclusive breastfeeding, mastitis, viral load and early cessation.	2008	EXCLUDE		EXCLUDE	Background. Exclusive breastfeeding followed by early cessation of breastfeeding at six months is commonly recommended to HIV infected mothers; however, little is known either about the protective mechanisms of exclusive breastfeeding or the experiences of mothers who stop						Dissertation Abstracts International: Section B: The						
647	Journal Article	PsydINFO	Kimmel, Tina	The milk of human kindness: Social welfare and breastfeeding policy in the United States.	2008	EXCLUDE		EXCLUDE	Breastfeeding is valuable and worth protecting, promoting, and supporting. Yet, social welfare in the United States does not take it into consideration. Mother's milk nourishes perfectly; it is a miraculous substance. Formula is a poor substitute which causes short and long-term						Dissertation Abstracts International Section A:						
648	Journal Article	PsydINFO	Iida, Hiroko	Association between infant breastfeeding and early childhood caries in the United States. [References].	2007	EXCLUDE		EXCLUDE	Objective: Despite limited epidemiologic evidence, concern has been raised that breastfeeding and its duration may increase the risk of early childhood caries. The objective of this study was to assess the potential association of breastfeeding and other factors with the risk for early						Pediatrics. Vol.120(4), 2007, pp. e944-e952.						
649	Journal Article	PsydINFO	Begenda, Danstan	Determining optimal breastfeeding in HIV affected resource-poor settings.	2007	EXCLUDE		EXCLUDE	International guidance currently states that when replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS), the avoidance of all breastfeeding by HIV infected mothers is recommended. Otherwise exclusive breastfeeding (EBF) is recommended during the first						Dissertation Abstracts International: Section B: The						
650	Journal Article	PsydINFO	Dee, Deborah L	Breastfeeding practices among North Carolina WIC clients from 1996 through 2002: Patterns, correlates, and the effects of in-home postpartum support.	2007	EXCLUDE		EXCLUDE	Human milk is the optimal nutrition for infants for the first six months of life. Healthy People 2010 includes national breastfeeding goals including 75% of women initiating breastfeeding, 50% continuing for at least six months, and 25% continuing for at least one year. The American Academy of						Dissertation Abstracts International: Section B: The						
651	Journal Article	PsydINFO	Calnen, Gerald	Paid maternity leave and its impact on breastfeeding in the United States: An historic, economic, political, and social perspective. [References].	2007	EXCLUDE		EXCLUDE	The American Academy Of Pediatrics has recently reiterated its position that breastfeeding is, with rare exceptions, the preferred method of feeding for all infants, and that infants should be exclusively breastfed for the first 6 months of life. To a degree, the nature of the occupation to						Breastfeeding Medicine. Vol.2(1), 2007, pp. 34-44.						
652	Journal Article	PsydINFO		ABM clinical protocol #14: Breastfeeding-friendly physician's office, Part 1: Optimizing care for infants and children. [References].	2006	EXCLUDE		EXCLUDE	A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an						Breastfeeding Medicine. Vol.1(2), 2006, pp. 115-119.						
653	Journal Article	PsydINFO	Chaudron, Linda H	Bupropion and Breastfeeding: A Case of a Possible Infant Seizure. [References].	2004	EXCLUDE		EXCLUDE	The article presents a case study of a possible adverse reaction to sustained release bupropion (bupropion SR) in a breastfeeding infant. Ms. A, a 31-year-old pediatrician, had a history of recurrent major depressive disorder (DSM-IV criteria) previously successfully treated with bupropion SR 150						The Journal of Clinical Psychiatry. Vol.65(6), 2004, pp.						
654	Journal Article	PsydINFO	Moore, Elizabeth R	Randomized controlled trial of early mother-infant skin-to-skin contact and breastfeeding success.	2005	EXCLUDE		EXCLUDE	Early skin-to-skin contact is the placing of the naked infant prone on the mother's bare chest at birth or soon thereafter. This timeframe could represent a 'sensitive period' for priming mothers and infants to develop a synchronous, reciprocal, interaction pattern, provided they are together						Dissertation Abstracts International: Section B: The						
655	Journal Article	PsydINFO	Ginsberg, David L	Bupropion-associated seizure in a breastfeeding infant. [References].	2004	EXCLUDE		EXCLUDE	The December 2002 "Psychopharmacology Reviews" reported on the use of bupropion during breastfeeding. At the time it was noted that postpartum depression occurred in 10% to 15% of women. Although data for mother infant plasma levels exist for many of the tricyclic and						Primary Psychiatry. Vol.11(9), 2004, pp. 26-27.						
656	Journal Article	PsydINFO	Chezem, Jo Carol	Effect of Professional Postpartum Support on Infant Feeding Patterns Among Breastfeeding Participants in the WIC Program. [References].	2004	INCLUDE		INCLUDE	The purpose of this study was to determine if professional breastfeeding support could postpone formula introduction and prolong breastfeeding among participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Fifty women in the experimental group	INCLUDE	EXCLUDE		INCLUDE	Family and Consumer Sciences Research Journal. Vol.32(4),	YES	No	No	EXCLUDE			
657	Journal Article	Web Of Science		Position of the American Dietetic Association: Promoting and supporting breastfeeding	2005	EXCLUDE		EXCLUDE	It is the position of the American Dietetic Association (ADA) that exclusive breastfeeding provides optimal nutrition and health protection for the first 6 months of life, and breastfeeding with complementary foods for at least 12 months is the ideal feeding pattern for infants. Breastfeeding is						Journal of the American Dietetic Association						
658	Journal Article	Web Of Science	Abbass-Dick, J. S., S. B.; Nelson, L. E.;	Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial	2015	INCLUDE		INCLUDE	OBJECTIVE: To evaluate the effectiveness of a coparenting intervention on exclusive breastfeeding among primiparous mothers and fathers. METHODS: A randomized controlled trial was conducted in a large teaching hospital in Toronto, Canada. Couples were randomized to receive either	INCLUDE	MAYBE		INCLUDE	Pediatrics	YES	Yes	Yes	INCLUDE			
659	Journal Article	Web Of Science	Abdel-Hady, D. M. E.-G., A. H.	Calculating Exclusive Breastfeeding Rates: Comparing Dietary "24-Hour Recall" with Recall "Since Birth" Methods	2016	EXCLUDE		EXCLUDE	Background: Calculating exclusive breastfeeding (EBF) rates based on the previous-day recall has been recommended by the World Health Organization to avoid the recall bias but it also may not accurately reflect the feeding pattern since birth and leads to overestimate of the						Breastfeeding Medicine						
660	Journal Article	Web Of Science	Abolyan, L. V.	The Breastfeeding Support and Promotion in Baby-Friendly Maternity Hospitals and Not-as-Yet Baby-Friendly Hospitals in Russia	2006	EXCLUDE	EXCLUDE	EXCLUDE	Objective: The objective was to evaluate implementation of the WHO/UNICEF "Ten Steps to Successful Breastfeeding" as defined by the Baby-Friendly Hospital Initiative in eight maternity hospitals in the Moscow region. Four maternity hospitals had been certified Baby-Friendly Hospitals						Breastfeeding Medicine						
661	Journal Article	Web Of Science	Adedinsowo, D. A. F., A. S.; Steiner, M.;	Maternal Anxiety and Breastfeeding Findings from the MAVAN (Maternal Adversity, Vulnerability and Neurodevelopment) Study	2014	EXCLUDE		EXCLUDE	Background: Maternal anxiety and depression may impair maternal intention, motivation, and self-efficacy in multiple domains associated with child health including breastfeeding. Objective: We tested the hypothesis that mothers who experience substantial anxiety during pregnancy or						Journal of Human Lactation						
662	Journal Article	Web Of Science	Aghdas, K. T., K.; Sepideh, B.	Effect of immediate and continuous mother-infant skin-to-skin contact on breastfeeding self-efficacy of primiparous women: A randomised control trial	2014	EXCLUDE		EXCLUDE	Objective: To evaluate the effect of mother-infant immediate skin-to-skin contact on primiparous mother's breastfeeding self-efficacy. Study design: A randomised control trial. Settings: The study was conducted in Omolbanin obstetrics hospital (large tertiary hospital), Mashhad, Iran.						Women and Birth						
663	Journal Article	Web Of Science	Agrasada, G. V. E., U.; Kylberg, E.;	Exclusive breastfeeding of low birth weight infants for the first six months: infant morbidity and maternal and infant anthropometry	2011	EXCLUDE		EXCLUDE	Background: to report anthropometry and morbidity among term low birth weight infants and anthropometry of their first time mothers during the first six months in relation to breastfeeding practice. Methods: we examined data from a randomized controlled trial in Manila, the Philippines. Of						Asia Pacific Journal of Clinical Nutrition						
664	Journal Article	Web Of Science	Agrasada, G. V. G., J.; Kylberg, E.; Ewald, U.	Postnatal peer counselling on exclusive breastfeeding of low-birthweight infants: A randomized, controlled trial	2005	INCLUDE		INCLUDE	Aim: Exclusive breastfeeding increases survival and optimizes growth of low-birthweight (LBW) infants. If supported, mothers can overcome the unique difficulties associated with breastfeeding from birth to 6 mo. We tested the efficacy of postnatal peer counselling among first-time mothers	INCLUDE			INCLUDE	Acta Paediatrica	YES	No	No	EXCLUDE			
665	Journal Article	Web Of Science	Ahmed, A. H. R., A. M.; Szucs, K.; Zhang, L. S.;	The Effect of Interactive Web-Based Monitoring on Breastfeeding Exclusivity, Intensity, and Duration in Healthy, Term Infants After Hospital Discharge	2016	INCLUDE		INCLUDE	Objective: To determine whether a Web-based interactive breastfeeding monitoring system increased breastfeeding duration, exclusivity, and intensity as primary outcomes and decreased symptoms of postpartum depression as a secondary outcome. Design: Two-arm, randomized	INCLUDE			INCLUDE	Jognn-Journal of Obstetric Gynecologic and Neonatal	YES	contact Autho	No?	INCLUDE			
666	Journal Article	Web Of Science	Ahmed, A. H. S., L. P.	Effect of Pre- and Postdischarge Interventions on Breastfeeding Outcomes and Weight Gain Among Premature Infants	2010	EXCLUDE		EXCLUDE	Objective To investigate the effect of pre- and postdischarge interventions on breastfeeding outcomes and weight gain among preterm infants. Data Sources PubMed and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database were searched for study selection using						Jognn-Journal of Obstetric Gynecologic and Neonatal						
667	Journal Article	Web Of Science	Ahn, S. C., E. J.	The association between breastfeeding, the stress response, inflammation, and postpartum depression during the postpartum period: Prospective cohort study	2015	EXCLUDE		EXCLUDE	Background: Research suggests that exclusive breastfeeding may have a stress-protective role in postpartum depression; however, less is known about the underlying mechanisms by which this protection may occur or whether the protective relationship holds for women who mix breast and						International Journal of Nursing Studies						
668	Journal Article	Web Of Science	Aishat, U. D., D.; Olufunmilayo, F.	Exclusive breastfeeding and HIV/AIDS: a crosssectional survey of mothers attending prevention of mother-to-child transmission of HIV clinics in southwestern Nigeria	2015	EXCLUDE		EXCLUDE	Introduction: Prevention of Mother-To-Child-Transmission (PMTCT) of Human Immunodeficiency Virus (HIV) guideline recommends replacement feeding where it is acceptable, feasible, affordable, sustainable and safe. Where this is un-achievable, exclusive breastfeeding (EBF) is						Pan African Medical Journal						
669	Journal Article	Web Of Science	Akman, I. K., M. K.; Yurdakul, Z.; Ozdemir,	Breastfeeding duration and postpartum psychological adjustment: Role of maternal attachment styles	2008	EXCLUDE		EXCLUDE	Aim: Depressive and anxiety symptoms are common in new mothers. The aim of this study is to explore the link between postpartum psychological adjustment and feeding preferences of the mothers. Methods: Sixty mothers and newborns were enrolled in this prospective, longitudinal study.						Journal of Paediatrics and Child Health						
670	Journal Article	Web Of Science	Aksu, H. K., M.; Duzgun, G.	The effect of postnatal breastfeeding education/support offered at home 3 days after delivery on breastfeeding duration and knowledge: a randomized trial	2011	INCLUDE		INCLUDE	Objective. The aim of this study was to determine the effects of breastfeeding education/support offered at home on day 3 postpartum on breastfeeding duration and knowledge. Methods. The study included a total of 60 women who gave birth at Zubeyde Hanım Maternity Hospital	INCLUDE			INCLUDE	Journal of Maternal-Fetal & Neonatal Medicine	YES	No*	Yes	Contact Authors	Replied. Mothers aged 17-35years.	Exclude	EXCLUDE
671	Journal Article	Web Of Science	Akter, S. M. R., S. K.; Thakur, S. K.; Sultana,	Effects of third trimester counseling on pregnancy weight gain, birthweight, and breastfeeding among urban poor women in Bangladesh	2012	INCLUDE		INCLUDE	Background. Maternal malnutrition and poor gestational weight gain are the most important causes of low birth weight and high rates of newborn mortality. Objective . To assess the effects of nutrition counseling in the third trimester of pregnancy on maternal weight gain, birth weight of	INCLUDE			INCLUDE	Food and Nutrition Bulletin	YES	No	No	Contact Authors	No Reply	Exclude	EXCLUDE
672	Journal Article	Web Of Science	Al Ghwass, M. M. E. A., D.	Prevalence and Predictors of 6-Month Exclusive Breastfeeding in a Rural Area in Egypt	2011	EXCLUDE		EXCLUDE	Objectives: This study was conducted to determine prevalence of exclusive breastfeeding during the first 6 months of life and to identify factors that interfere with this practice in the study area. Methods: A retrograde cross-sectional study included 1,059 mothers who attended the rural						Breastfeeding Medicine						
673	Journal Article	Web Of Science	Al Tajir, G. K. S., H.; Badrinath, P.	Intragroup differences in risk factors for breastfeeding outcomes in a multicultural community	2006	EXCLUDE		EXCLUDE	A sample of 221 women who delivered at Al Qassini Hospital, Sharjah, United Arab Emirates, were included in this prospective study to identify breastfeeding patterns at day 1, 1 month, and 6 months postpartum. The exclusive breastfeeding rate was 76.5% on day 1, 48.4% at 1 month, and						Journal of Human Lactation						
674	Journal Article	Web Of Science	Alexander, A. O. R., M. A.; Furman, L.	Do Breastfeeding Intentions of Pregnant Inner-City Teens and Adult Women Differ?	2010	EXCLUDE		EXCLUDE	Objective: This study compared the breastfeeding intentions and attitudes of pregnant low-income inner-city teens (age <= 19 years) and non-teens (age >= 20) to determine if age is a significant determinant of intent to breastfeed in this population. Patients and Methods: We used						Breastfeeding Medicine						
675	Journal Article	Web Of Science	Al-Sahab, B. A., L.; Hamadeh, M. J.;	Impact of Breastfeeding Duration on Age at Menarche	2011	EXCLUDE	EXCLUDE	EXCLUDE	The study aims to assess the relation between breastfeeding duration and age at menarche. Analysis was based on a cohort of 994 Filipino girls born in 1983-1984 and followed up from infancy to adulthood by the Cebu Longitudinal Health and Nutrition Survey. The main outcome was self-						American Journal of Epidemiology						
676	Journal Article	Web Of Science	Alves, J. G. B. F., J. N.; Meneses, J.; Alves, G.	Breastfeeding Protects Against Type 1 Diabetes Mellitus: A Case-Sibling Study	2012	EXCLUDE	EXCLUDE	EXCLUDE	Background: Some epidemiological studies have shown a protective effect of breastfeeding against type 1 diabetes mellitus (T1DM), whereas others have found opposite results. The role of early exposure to cow's milk protein and shorter duration of breastfeeding are still controversial.						Breastfeeding Medicine						
677	Journal Article	Web Of Science	Amir, L. H. F., D. A.; Lumley, J.; McLachlan,	A descriptive study of mastitis in Australian breastfeeding women: incidence and determinants	2007	EXCLUDE		EXCLUDE	Background: Mastitis is one of the most common problems experienced by women who are breastfeeding. Mastitis is an inflammation of breast tissue, which may or may not result from infection. The aims of this paper are to compare rates of mastitis in primiparous women receiving public						Bmc Public Health						
678	Journal Article	Web Of Science	Andaya, E. B., K.; Barnett, J.; Lischewski-	Perceptions of Primary Care-Based Breastfeeding Promotion Interventions: Qualitative Analysis of Randomized Controlled Trial Participant Interviews	2012	EXCLUDE		EXCLUDE	Objective: This study examined women's perceptions and reported effects of routine, primary care-based interventions to increase breastfeeding. Subjects and Methods: A subsample (n = 67) of participants in randomized controlled trials (RCTs) completed semistructured exit interviews at 6						Breastfeeding Medicine						
679	Journal Article	Web Of Science	Anderson, A. K. D., G.; Young, S.; Chapman,	A randomized trial assessing the efficacy of peer counseling on exclusive breastfeeding in a predominantly Latina low-income community	2005	INCLUDE		INCLUDE	Objective: To assess the efficacy of peer counseling to promote exclusive breastfeeding (EBF) among low-income inner-city women in Hartford, Conn. Design: Participants recruited prenatally were randomly assigned to either receive support for EBF from a peer counselor plus conventional	INCLUDE			INCLUDE	Archives of Pediatrics & Adolescent Medicine	YES	No	No	EXCLUDE			
680	Journal Article	Web Of Science	Anderson, A. K. D., G.; Chapman, D. J.; Perez-	Differential response to an exclusive breastfeeding peer counseling intervention: The role of ethnicity	2007	EXCLUDE	MAYBE	INCLUDE	The authors analyzed data from a trial assessing the efficacy of breastfeeding peer counseling (PC) for increasing exclusive breastfeeding (EBF) to (1) examine whether different ethnic groups responded differently to the intervention and (2) document the determinants of EBF. At 2 months	INCLUDE			INCLUDE	Journal of Human Lactation	YES	No	No	EXCLUDE			

1 SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

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	Journal Article	Web Of Science	Hinic, K.	Predictors of Breastfeeding Confidence in the Early Postpartum Period	2016	EXCLUDE		EXCLUDE		Objective: To identify factors related to breastfeeding self-efficacy, an important psychological variable in sustained breastfeeding, in the postpartum period. Design: Descriptive correlational study. Setting: Data were collected on the mother-baby unit of an academic medical center in					Jognn-Journal of Obstetric Gynecologic and Neonatal										
997	Journal Article	Web Of Science	Hinsliff-Smith, K. S., R.; Walsh, D.	Realities, difficulties, and outcomes for mothers choosing to breastfeed: Primigravid mothers experiences in the early postpartum period (6-8 weeks)	2014	EXCLUDE		EXCLUDE		Objective: to develop an understanding of primiparous women's experiences and challenges of breast feeding in the early postpartum period at two BfI accredited hospitals in the East Midlands in the UK that has lower rates of sustained breast feeding. Design and setting: a hermeneutic or					Midwifery										
998	Book Chapter	Web Of Science	Hiraoka, A.	Focus group interviews to examine the attitude and quality of breastfeeding care	2005	EXCLUDE		EXCLUDE		Editors: Park, H. A.; Murray, P.; Delaney, C.					Consumer-Centered Computer-Supported Care for Healthy										
999	Journal Article	Web Of Science	Hmone, M. P. D., M. J.; Li, M.; Alam, A.	A formative study to inform mHealth based randomized controlled trial intervention to promote exclusive breastfeeding practices in Myanmar: incorporating qualitative study findings	2016	EXCLUDE		EXCLUDE		Background: Undernutrition is a major concern for Myanmar children with low exclusive breastfeeding rate (24%). A formative study was conducted to explore the perceptions and practices relating to exclusive breastfeeding, and barriers and facilitators to using mobile communications for					Bmc Medical Informatics and Decision Making										
1000	Journal Article	Web Of Science	Hoddinott, P. B., J.; Prescott, G. J.; Tappin,	Effectiveness of policy to provide breastfeeding groups (BIG) for pregnant and breastfeeding mothers in primary care: cluster randomised controlled trial	2009	INCLUDE		INCLUDE		Objective To assess the clinical effectiveness and cost effectiveness of a policy to provide breastfeeding groups for pregnant and breastfeeding women. Design Cluster randomised controlled trial with prospective mixed method embedded case studies to evaluate implementation processes.	EXCLUDE			EXCLUDE	British Medical Journal										
1001	Journal Article	Web Of Science	Hoddinott, P. C., L.; MacLennan, G.	Process evaluation for the Feeding Support Team (FEST) randomised controlled feasibility trial of proactive and reactive telephone support for breastfeeding women living in disadvantaged areas	2012	INCLUDE		INCLUDE		Objective: To assess the feasibility, acceptability and fidelity of a feeding team intervention with an embedded randomised controlled trial of team initiated (proactive) and woman-initiated (reactive) telephone support after hospital discharge. Design: Participatory approach to the design and	EXCLUDE			EXCLUDE	Bmj Open										
1002	Journal Article	Web Of Science	Hoddinott, P. C., L.; MacLennan, G.	The Feeding Support Team (FEST) randomised, controlled feasibility trial of proactive and reactive telephone support for breastfeeding women living in disadvantaged areas	2012	INCLUDE		INCLUDE		Objective: To assess the feasibility of implementing a dedicated feeding support team on a postnatal ward and pilot the potential effectiveness and cost-effectiveness of team (proactive) and woman-initiated (reactive) telephone support after discharge. Design: Randomised controlled trial	INCLUDE			INCLUDE	Bmj Open	YES	No	No (RCT)	EXCLUDE						
1003	Journal Article	Web Of Science	Hoddinott, P. L., A. J.; Pill, R.	Effectiveness of a breastfeeding peer coaching intervention in rural Scotland	2006	INCLUDE		INCLUDE		Background: Breastfeeding initiation in Scotland in 2000 was 63 percent, compared with over 90 percent in Norway and Sweden. Although peer support is effective in improving exclusivity of breastfeeding in countries where over 80 percent of women initiate breastfeeding, the evidence for	EXCLUDE			EXCLUDE	Birth-Issues in Perinatal Care										
1004	Journal Article	Web Of Science	Holmberg, K. S. M. P., U. M. C.; Oscarsson, M.	A two-decade perspective on mothers' experiences and feelings related to breastfeeding initiation in Sweden	2014	EXCLUDE		EXCLUDE		Objective: The purpose was to examine mothers' experiences and feelings related to breastfeeding initiation from a two-decade perspective. Methods: A repeated cross-sectional survey was conducted at a maternity ward before and after introduction of Baby Friendly Hospital Initiative					Sexual & Reproductive Healthcare										
1005	Journal Article	Web Of Science	Holmes, A. V.	Establishing Successful Breastfeeding in the Newborn Period	2013	EXCLUDE		EXCLUDE		The first days after delivery of a newborn infant are critical for breastfeeding establishment. Successful initiation and continuation-especially of exclusive breastfeeding-have become public health priorities, but it is fraught with many individual- and systems-level barriers. In this article, we					Pediatric Clinics of North America										
1006	Journal Article	Web Of Science	Hongo, H. N., K.; Shibanuma, A.; Jimba,	Is Baby-Friendly Breastfeeding Support in Maternity Hospitals Associated with Breastfeeding Satisfaction Among Japanese Mothers?	2015	EXCLUDE		EXCLUDE		While the World Health Organization's Baby-Friendly Hospital Initiative has increased breastfeeding duration and exclusivity, a survey found that only 8.5 % of maternity hospitals in 31 developed countries could be designated baby-friendly. Baby-friendly breastfeeding support is sometimes					Maternal and Child Health Journal										
1007	Journal Article	Web Of Science	Hopkinson J.	Assignment to a Hospital-Based Breastfeeding Clinic and Exclusive Breastfeeding Among Immigrant Hispanic Mothers: A Randomized, Controlled Trial	2009	INCLUDE		INCLUDE		A randomized controlled trial is used to determine whether assigning mixed feeders to a breastfeeding clinic within 1 week postpartum will increase exclusive breastfeeding at 1 month among Hispanic immigrants. Subjects are eligible for the Special Supplemental Nutrition Program for	EXCLUDE			EXCLUDE	Journal of Human Lactation										
1008	Journal Article	Web Of Science	Horii, N. G., A. B.; Quinn, V. J.	Determinants of delayed initiation of breastfeeding in rural Ethiopia: Programmatic implications	2011	EXCLUDE		EXCLUDE		Background. A number of studies have examined the possible adverse impact of services offered by health workers and community members on postpartum infant feeding practices. The present analysis utilized extant data collected previously through the baseline surveys of two related					Food and Nutrition Bulletin										
1009	Journal Article	Web Of Science	Howard, C. R. L., N.; Lanphear, B. P.	Parental Responses to Infant Crying and Colic: The Effect on Breastfeeding Duration	2006	EXCLUDE		EXCLUDE		Context: Infant crying can cause parental distress, and colic is associated with low maternal self-efficacy and heightened risk for depression. Breastfeeding is recognized as an effective method of calming infants, but the relationship of colic and the use of breastfeeding to remedy infant					Breastfeeding Medicine										
1010	Journal Article	Web Of Science	Howel, D. B., H.	Association between Length of Exclusive Breastfeeding and Subsequent Breastfeeding Continuation	2013	EXCLUDE	EXCLUDE	EXCLUDE		Background: Although breastfeeding initiation rates have improved, later prevalence is very low in the United Kingdom, and Northeast England is the region with the lowest rates. Objective: This study aimed to investigate novel in addition to well-established risk factors for cessation of					Journal of Human Lactation										
1011	Journal Article	Web Of Science	Howell E.A.	An intervention to extend breastfeeding among black and Latina mothers after delivery	2014	INCLUDE		INCLUDE		OBJECTIVE: The purpose of this study was to compare breastfeeding duration in mothers after delivery who were assigned randomly to a behavioral educational intervention vs enhanced usual care. STUDY DESIGN: We conducted a randomized trial. Self-identified black and Latina mothers early	INCLUDE			INCLUDE	American Journal of Obstetrics and Gynecology	YES	No*	No?	Contact Authors	No Reply	Exclude	EXCLUDE			
1012	Journal Article	Web Of Science	Hsien, C. F. F., J. C.; Long, C. Y.; Lin, H. S.	Factors Influencing Breast Symptoms in Breastfeeding Women After Cesarean Section Delivery	2011	EXCLUDE		EXCLUDE		Purpose The purposes of this study were to explore postpartum stress and breast symptoms in postpartum breastfeeding of parturient mothers as well as to identify the factors influencing the breast symptoms in breastfeeding women after cesarean section delivery. Methods A cross-sectional					Asian Nursing Research										
1013	Journal Article	Web Of Science	Huang, M. Z. K., S. C.; Avery, M. D.; Chen,	Evaluating effects of a prenatal web-based breastfeeding education programme in Taiwan	2007	INCLUDE		INCLUDE		Aims. The objectives of this study were to evaluate a web-based breastfeedingeducation programme provided to primigravida in the third trimester of pregnancy Taiwan with the aim of deepening breastfeeding knowledge and enhancing skills. The study was conducted at a hospital in	INCLUDE			INCLUDE	Journal of Clinical Nursing	YES	No	No	EXCLUDE						
1014	Journal Article	Web Of Science	Huang, Y. H., F. R.; Signore, C.; Yu, A. R.	Influence of Bedsharing Activity on Breastfeeding Duration Among US Mothers	2013	EXCLUDE		EXCLUDE		IMPORTANCE Some professional associations advocate bedsharing to facilitate breastfeeding, while others recommend against it to reduce the risk of sudden infant death syndrome and suffocation deaths. A better understanding of the quantitative influence of bedsharing on breastfeeding					Jama Pediatrics										
1015	Journal Article	Web Of Science	Hudzik B.	Antithyroid drugs during breastfeeding	2016	EXCLUDE		EXCLUDE		Antithyroid drugs (ATDs) are widely used for the treatment of Graves' disease (GD) in the general population. Over the past decade, there has been an increasing awareness that several disturbances of thyroid function may occur in mothers after delivery which may be more prevalent than					Clinical Endocrinology										
1016	Journal Article	Web Of Science	Hundalani S.G.	Breastfeeding Among Inner-City Women: From Intention Before Delivery to Breastfeeding at Hospital Discharge	2013	EXCLUDE		EXCLUDE		Objective: This study assessed the degree to which women's intention to breastfeed prior to delivery translates to actual breastfeeding at hospital discharge and to investigate predictors of breastfeeding in a minority inner-city population. Study Design and Methods: We conducted a					Breastfeeding Medicine										
1017	Journal Article	Web Of Science	Hung, K. J. B., O.	Early Skin-to-Skin After Cesarean to Improve Breastfeeding	2011	EXCLUDE		EXCLUDE		This article describes a quality improvement project in which early skin-to-skin (STS) contact, in the operating room (OR) and during recovery, was used as an intervention to increase the success of breastfeeding initiation among healthy infants after cesarean, at a large, urban, acute care					McN-the American Journal of Maternal-Child Nursing										
1018	Journal Article	Web Of Science	Hunter, L. M.-C., J.; McCourt, C.	Disempowered, passive and isolated: how teenage mothers' postnatal inpatient experiences in the UK impact on the initiation and continuation of breastfeeding	2015	EXCLUDE		EXCLUDE		Teenage mothers in the UK and other developed English-speaking nations are among those least likely to breastfeed. Evidence suggests more young mothers intend to breastfeed than actually start, indicating that their post-birth experiences militate against initiating breastfeeding. We					Maternal and Child Nutrition										
1019	Journal Article	Web Of Science	Ibanez, G. d. S. M., C. D.; Denantes, M.;	Systematic review and meta-analysis of randomized controlled trials evaluating primary care-based interventions to promote breastfeeding in low-income women	2012	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Include for Reference	Given the benefits of breastfeeding (BF), health care institutions recommend that a child should be breastfed for the first 6 months of its life. However, differences between social groups as regards BF behaviour are very prevalent. To identify effective programmes that can be				Include for Reference	Family Practice										
1020	Journal Article	Web Of Science	Iliff, P. J. P., E. G.; Tavengwa, N. V.;	Early exclusive breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival	2005	EXCLUDE		EXCLUDE		Objectives: The promotion of exclusive breastfeeding (EBF) to reduce the postnatal transmission (PNT) of HIV is based on limited data. In the context of a trial of postpartum vitamin A supplementation, we provided education and counseling about infant feeding and HIV, prospectively					Aids										
1021	Journal Article	Web Of Science	Imdad, A. Y., M. Y.; Bhutta, Z. A.	Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries	2011	INCLUDE		INCLUDE		Background: Given the recognized benefits of breastfeeding for the health of the mother and infants, the World Health Organization (WHO) recommends exclusive breastfeeding (EBF) for the first six months of life. However, the prevalence of EBF is low globally in many of the developing	EXCLUDE (REVIEW)			EXCLUDE (REVIEW)	Bmc Public Health										
1022	Journal Article	Web Of Science	Imsiragic, A. S. B., D.; Vukovic, I. S.; Palavra,	PREDICTORS OF EXCLUSIVE BREASTFEEDING 6-9 WEEKS AFTER DELIVERY: A PROSPECTIVE COHORT STUDY Public Mental Health Perspective	2016	EXCLUDE		EXCLUDE		Background: There are numerous benefits of exclusive breastfeeding (EBF) on mother and child wellbeing. The objective was to find out whether depression, posttraumatic stress disorder and personality traits at the time of delivery are associated with EBF six to nine weeks after delivery.					Psychiatra Danubina										
1023	Journal Article	Web Of Science	Ingram, J.	A mixed methods evaluation of peer support in Bristol, UK: mothers', midwives' and peer supporters' views and the effects on breastfeeding	2013	EXCLUDE		EXCLUDE		Background: International studies suggest that breastfeeding interventions in primary care are more effective than usual care in increasing short and long term breastfeeding rates. Interventions that combine pre- and postnatal components have larger effects than either alone, and those that					Bmc Pregnancy and Childbirth										
1024	Journal Article	Web Of Science	Ingram, J. J., D.	Using community maternity care assistants to facilitate family-focused breastfeeding support	2009	INCLUDE		INCLUDE		Increasing breastfeeding rates, particularly in lower socio-economic areas, would have considerable impact upon public health. Social support has been found to have direct and positive effects on breastfeeding rates, and fathers' attitudes have an important influence on the initiation and	EXCLUDE			EXCLUDE	Maternal and Child Nutrition										
1025	Journal Article	Web Of Science	Ingram, L. M., C.; Khan, K.; Deeks, J. J.; Jolly, K.	Effect of antenatal peer support on breastfeeding initiation: a systematic review	2010	EXCLUDE (REVIEW)	EXCLUDE	EXCLUDE (REVIEW)	Include for Reference	Background: Our objective was to examine the effect of antenatal peer support on rates of breastfeeding initiation. Methods: We performed a systematic review of randomized controlled trials, quasi-randomized trials and cohort studies with concurrent controls. We searched the Cochrane				Include for Reference	Canadian Medical Association Journal										
1026	Journal Article	Web Of Science	Insaf, T. Z. F., R. T.; Pekow, P.; Dole, N.;	Prenatal Stress, Anxiety, and Depressive Symptoms as Predictors of Intention to Breastfeed Among Hispanic Women	2011	EXCLUDE		EXCLUDE		Background: Studies on the relationship between prenatal psychosocial risk factors and breastfeeding are sparse, particularly in Hispanic women. Methods: We evaluated this association among 424 participants in Proyecto Buena Salud, an ongoing prospective cohort of pregnant Hispanic					Journal of Womens Health										
1027	Journal Article	Web Of Science	Ip, W. Y. G., L. L.; Choi, K. C.; Chau, J. P. C.;	The Short Form of the Breastfeeding Self-Efficacy Scale as a Prognostic Factor of Exclusive Breastfeeding among Mandarin-Speaking Chinese Mothers	2016	EXCLUDE		EXCLUDE		Background: Little is known about the effect of maternal perceived breastfeeding self-efficacy on the exclusive breastfeeding rate at 6 months postpartum in mainland China. Objective: The aim of this study was to examine the relative effect of maternal breastfeeding self-efficacy and					Journal of Human Lactation										
1028	Journal Article	Web Of Science	Ip, W. Y. Y., L. S.; Choi, K. C.; Chair, S. Y.;	Translation and validation of the Hong Kong Chinese version of the breastfeeding self-efficacy scale short form	2012	EXCLUDE		EXCLUDE		Healthcare providers do not have a validated instrument to measure breastfeeding self-efficacy among Hong Kong Chinese. In this study, we sought to translate the breastfeeding self-efficacy scale short form (BSES-SF) into Hong Kong Chinese and to examine the psychometric properties in a					Research in Nursing & Health										
1029	Journal Article	Web Of Science	Islam, M. J. B., K.; Mazerolle, P.; Broidy,	Exploring the influence of psychosocial factors on exclusive breastfeeding in Bangladesh	2017	EXCLUDE		EXCLUDE		Exclusive breastfeeding is a proven benefit for both mothers and infants and is, therefore, an important public health priority. Intimate partner violence (IPV) is regarded as one of the potential psychosocial risk factors that may negatively affect exclusive breastfeeding (EBF). This study					Archives of Womens Mental Health										
1030	Journal Article	Web Of Science	Ismail, T. A. T. M.; Wamw; Bakar, M. I.	The extended Theory of Planned Behavior in explaining exclusive breastfeeding intention and behavior among women in Kelantan, Malaysia	2016	EXCLUDE		EXCLUDE		BACKGROUND/OBJECTIVES: The purpose of this study is to utilize an extended Theory of Planned Behavior in identifying predictors of exclusive breastfeeding intention and behavior among women in Kelantan, Malaysia. SUBJECTS/METHODS: A prospective cohort study was conducted,					Nutrition Research and Practice										
1031	Journal Article	Web Of Science	Itto, J. F., T.; Barr, R. G.	Is Paternal Infant Care Associated with Breastfeeding? A Population-Based Study in Japan	2013	EXCLUDE		EXCLUDE		Background: One qualitative study has reported that more paternal infant care and housework contributed to the maintenance of breastfeeding. However, few studies have quantitatively investigated these relationships. Objective: This study aimed to examine the association of paternal					Journal of Human Lactation										
1032	Journal Article	Web Of Science	Jaafar, S. H. H., J. J.; Lee, K. S.	Rooming-in for new mother and infant versus separate care for increasing the duration of breastfeeding	2016	INCLUDE		INCLUDE		Background Mother-infant proximity and interactions after birth and during the early postpartum period are important for breast-milk production and breastfeeding success. Rooming-in and separate care are both traditional practices. Rooming-in involves keeping the mother and the baby	EXCLUDE			EXCLUDE	Cochrane Database of Systematic Reviews										
1033	Journal Article	Web Of Science	Jaafar, S. H. L., K. S.; Ho, J. J.	Separate care for new mother and infant versus rooming-in for increasing the duration of breastfeeding	2012	INCLUDE		INCLUDE		Background Separate care for a new mother and infant may affect the duration of breastfeeding, breastfeeding behaviour and may have an adverse effect on neonatal and maternal outcomes. Objectives To assess the effect of mother-infant separation versus rooming-in on the duration of	EXCLUDE			EXCLUDE	Cochrane Database of Systematic Reviews										
1034	Journal Article	Web Of Science	Jacobson, L. T. T.-A., P.; Redmond, M. L.;	Characteristics Associated with Breastfeeding Behaviors Among Urban Versus Rural Women Enrolled in the Kansas WIC Program	2015	EXCLUDE		EXCLUDE		The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public nutritional assistance program for low-income women and their children up to age five. This study provides insight into maternal characteristics associated with breastfeeding among urban					Maternal and Child Health Journal										
1035	Journal Article	Web Of Science	Jagiello, K. P. C., I. R. A.	Women's Experiences With Early Breastfeeding After Gestational Diabetes	2015	EXCLUDE		EXCLUDE		ObjectiveTo explore the lived experience of early breastfeeding for postpartum women who had gestational diabetes mellitus (GDM) in pregnancy. DesignA qualitative phenomenological research design. SettingParticipants were recruited from community hospitals, postpartum					Jognn-Journal of Obstetric Gynecologic and Neonatal										
1036	Journal Article	Web Of Science	James, D. C. S. L., R.	Position of the American Dietetic Association: Promoting and Supporting Breastfeeding	2009	EXCLUDE		EXCLUDE		It is the position of the American Dietetic Association that exclusive breastfeeding provides optimal nutrition and health protection for the first 6 months of life and breastfeeding with complementary foods from 6 months until at least 12 months of age is the ideal feeding pattern for infants.					Journal of the American Dietetic Association										
1037	Journal Article	Web Of Science	Jedrychowski, W. P., F.; Mroz, E.; Edwards,	Prenatal exposure to passive smoking and duration of breastfeeding in nonsmoking women: Krakow inner city prospective cohort study	2008	EXCLUDE		EXCLUDE		Background The relationship between tobacco smoking in pregnancy and breastfeeding is of public health importance. The present birth cohort study provided the opportunity to investigate whether the negative relationship between passive smoking measured by the cotinine					Archives of Gynecology and Obstetrics										
1038	Journal Article	Web Of Science	Jenkins A.L	Addressing social barriers and closing the gender knowledge gap: exposure to road shows is associated with more knowledge and more positive beliefs, attitudes and social norms regarding exclusive breastfeeding in	2012	EXCLUDE		EXCLUDE		Exclusive breastfeeding (EBF) is rarely practiced despite its significant child survival benefits. A key constraint to increasing EBF rates in Zimbabwe and most of the developing world is that key decision makers (fathers/partners and other family members) are often poorly informed about EBF					Maternal and Child Nutrition										
1039	Journal Article	Web Of Science	Jessi, M. F., A. P.; Maximova, K.;	Predictors of exclusive breastfeeding: observations from the Alberta pregnancy outcomes and nutrition (APRON) study	2013	EXCLUDE		EXCLUDE	URL	Background: Despite growing evidence that supports the importance of 6-month exclusive breastfeeding, few Canadian mothers adhere to this, and many women are not fully informed about the benefits of breastfeeding. This study assessed infant feeding practices during the first 6 months postpartum and factors					Bmc Pediatrics										
1040	Journal Article	Web Of Science	Jiang, B. Q. H., J.; Wang, Y. J.; Fu, Y.;	Evaluation of the impact of breast milk expression in early postpartum period on breastfeeding duration: a prospective cohort study	2015	EXCLUDE	EXCLUDE	EXCLUDE		Background: Breast milk expression (breast pumping) has become prevalent as an important dimension of breastfeeding behavior. It is, however, not clear whether increasing breast milk expression contributes to extend the duration of breastfeeding. The objective of the present study was to					Bmc Pregnancy and Childbirth										

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	Journal Article	Web Of Science	Oakley, L. L. H., J.; Redshaw, M.; Quigley, C.	The role of support and other factors in early breastfeeding cessation: an analysis of data from a maternity survey in England	2014	EXCLUDE		EXCLUDE		Background: Although the majority of women in England initiate breastfeeding, approximately one third cease breastfeeding by six weeks and many of these women report they would like to have breastfed for longer. Methods: Data from a survey of women >= 16 years who gave birth to			Bmc Pregnancy and Childbirth								
1267	Journal Article	Web Of Science	Obermann-Borst, S. A. E., P. H. C.; Tobi, E. W.;	Duration of breastfeeding and gender are associated with methylation of the LEPTIN gene in very young children	2013	EXCLUDE		EXCLUDE		BACKGROUND: Perinatal environmental factors have been associated with the metabolic programming of children and consequent disease risks in later life. Epigenetic modifications that lead to altered gene expression may be involved. Here, we study early life environmental and			Pediatric Research								
1268	Journal Article	Web Of Science	O'Brien, M. B., E.; Hegney, D.	The influence of psychological factors on breastfeeding duration	2008	EXCLUDE		EXCLUDE		Aim. This paper reports on a study examining the relationship between women's psychological characteristics and breastfeeding duration, after controlling for sociodemographic factors. Background. The literature suggests that psychological factors may influence breastfeeding behaviour, but			Journal of Advanced Nursing								
1269	Journal Article	Web Of Science	O'Brien, M. L. B., E.; Fallon, T.; Hegney, D.	Strategies for success: a toolbox of coping strategies used by breastfeeding women	2009	EXCLUDE		EXCLUDE		The purpose of this paper is to present the findings of two qualitative studies which identified strategies used by breastfeeding women to assist them to continue breastfeeding. While breastfeeding initiation rates are high in Australia, the majority of women wear before the recommended			Journal of Clinical Nursing								
1270	Journal Article	Web Of Science	O'Connor, A. B. C., A.; Alto, W. A.; O'Brien, L.	Breastfeeding Rates and the Relationship Between Breastfeeding and Neonatal Abstinence Syndrome in Women Maintained on Buprenorphine During Pregnancy	2013	EXCLUDE		EXCLUDE		Introduction: Although a growing body of evidence suggests that buprenorphine is a safe alternative to methadone in the treatment of opioiddependent pregnant women, little is known about breastfeeding in this population. The first objective of this study was to describe			Journal of Midwifery & Womens Health								
1271	Journal Article	Web Of Science	Oddy, W. H. K., G. E.; Li, J. H.; Jacoby, P.	The Long-Term Effects of Breastfeeding on Child and Adolescent Mental Health: A Pregnancy Cohort Study Followed for 14 Years	2010	EXCLUDE		EXCLUDE		Objectives To determine whether there was an independent effect of breastfeeding on child and adolescent mental health. Study design The Western Australian Pregnancy Cohort (Raine) Study recruited 2900 pregnant women and followed the live births for 14 years. Mental health status			Journal of Pediatrics								
1272	Journal Article	Web Of Science	Odeny, B. M. P., J.; Farquhar, C.; Igonya, E.	The Stigma of Exclusive Breastfeeding Among Both HIV-Positive and HIV-Negative Women in Nairobi, Kenya	2016	EXCLUDE		EXCLUDE		Background: Exclusive breastfeeding (EBF) means giving only breast milk to an infant. Although it is the optimal mode of feeding for infants younger than 6 months, its prevalence is low in HIV-endemic regions. Extensive promotion of EBF for 6 months in prevention of mother-to-child			Breastfeeding Medicine								
1273	Journal Article	Web Of Science	Odhiambo, C. Z., C.; Angira, F.; Opollo, V.;	Anaemia in HIV-infected pregnant women receiving triple antiretroviral combination therapy for prevention of mother-to-child transmission: a secondary analysis of the Kisumu breastfeeding study (KiBS)	2016	EXCLUDE		EXCLUDE		ObjectiveThe prevalence of anaemia during pregnancy is estimated to be 35-75% in sub-Saharan Africa and is associated with an increased risk of maternal mortality. We evaluated the frequency and factors associated with anaemia in HIV-infected women undergoing antiretroviral (ARV)			Tropical Medicine & International Health								
1274	Journal Article	Web Of Science	Odum E.C.	Association of Family and Health Care Provider Opinion on Infant Feeding with Mother's Breastfeeding Decision	2014	EXCLUDE		EXCLUDE		In the United States, about 25% of women choose not to initiate breastfeeding, yet little is known about how opinions of individuals in a woman's support network influence her decision to breastfeed. In the 2005-2007 Infant Feeding Practices Study II, women completed questionnaires from			Journal of the Academy of Nutrition and Dietetics								
1275	Journal Article	Web Of Science	Ogbo, F. A. A., K. E.; Page, A.	Determinants of suboptimal breastfeeding practices in Nigeria: evidence from the 2008 demographic and health survey	2015	EXCLUDE		EXCLUDE		Background: In Nigeria, suboptimal breastfeeding practices are contributing to the burden of childhood diseases and mortality. This study identified the determinants of key suboptimal breastfeeding practices among children 0-23 months in Nigeria. Method: Data on 10,225 children			Bmc Public Health								
1276	Journal Article	Web Of Science	Ogbuanu C.	Balancing Work and Family: Effect of Employment Characteristics on Breastfeeding	2011	EXCLUDE		EXCLUDE		This article describes an investigation of the effect of postpartum employment and occupational type on breastfeeding initiation and duration. Data were from the Early Childhood Longitudinal Study-Birth Cohort. Postpartum employment status was classified as full-time, part-time, and not			Journal of Human Lactation								
1277	Journal Article	Web Of Science	Ogbuanu, C. G., S.; Probst, J.; Liu, J. H.;	The Effect of Maternity Leave Length and Time of Return to Work on Breastfeeding	2011	EXCLUDE		EXCLUDE		OBJECTIVE: We investigated the effect of maternity leave length and time of first return to work on breastfeeding. METHODS: Data were from the Early Childhood Longitudinal Study-Birth Cohort. Restricting our sample to singletons whose biological mothers were the respondents at the 9-			Pediatrics								
1278	Journal Article	Web Of Science	Ogunlesi, T. A.	Maternal Socio-Demographic Factors Influencing the Initiation and Exclusivity of Breastfeeding in a Nigerian Semi-Urban Setting	2010	EXCLUDE		EXCLUDE		Background The success of breastfeeding promotion is influenced by maternal factors. Therefore, it is vital to examine the influence of basic maternal demographic factors on breastfeeding practices. Objective To determine the influence of maternal socio-demographic factors on the			Maternal and Child Health Journal								
1279	Journal Article	Web Of Science	Okan F.	Analgesic effects of skin-to-skin contact and breastfeeding in procedural pain in healthy term neonates	2010	EXCLUDE		EXCLUDE		Objectives: The effectiveness of skin-to-skin contact to decrease pain from heel-lancing in healthy term neonates and whether breastfeeding in addition to skin-to-skin contact provided a more effective analgesia than skin-to-skin contact alone were investigated. Methods: A randomised,			Annals of Tropical Paediatrics								
1280	Journal Article	Web Of Science	Okechukwu, A. A. O., E. C.; Okolo, A. A.	EXCLUSIVE BREASTFEEDING AND POSTNATAL CHANGES IN MATERNAL ANTHROPOMETRY	2009	EXCLUDE	EXCLUDE	EXCLUDE		Objective: To evaluate the impact of exclusive breastfeeding (EBF) practice on maternal anthropometry during the first 6 months of birth. Method: Measurement of weight, height, triceps skin-fold thickness (TST), and mid-arm circumference (MAC) was carried out in a matched cohort			Nigerian Journal of Clinical Practice								
1281	Journal Article	Web Of Science	Oken E.	Associations of maternal fish intake during pregnancy and breastfeeding duration with attainment of developmental milestones in early childhood: a study from the Danish National Birth Cohort	2008	EXCLUDE		EXCLUDE		Background: Few studies have examined the overall effect of maternal fish intake during pregnancy on child development or examined whether the developmental benefits of maternal fish intake are greater in infants breastfed for a shorter duration. Objective: We aimed to study			American Journal of Clinical Nutrition								
1282	Journal Article	Web Of Science	Oken, E. P., R.; Guthrie, L. B.;	Effects of an intervention to promote breastfeeding on maternal adiposity and blood pressure at 11.5 y postpartum: results from the Promotion of Breastfeeding Intervention Trial, a cluster-randomized controlled	2013	INCLUDE		INCLUDE		Background: Differences between mothers who do and do not succeed in breastfeeding are likely to confound associations of lactation with later maternal adiposity. Objective: We compared adiposity and blood pressure (BP) in women randomly assigned to an intervention to promote	EXCLUDE		EXCLUDE	American Journal of Clinical Nutrition							
1283	Journal Article	Web Of Science	Oliveira, I. B. B. L., P.; Coriolano-Marinus,	Meta-analysis of the effectiveness of educational interventions for breastfeeding promotion directed to the woman and her social network	2017	EXCLUDE		EXCLUDE	Include for Reference	AimThe aim of this study was to determine the effectiveness of educational interventions focusing on women and their social network for the promotion of exclusive breastfeeding up to the age of 6months. BackgroundDespite the advantages of breastfeeding and strategies available for its		Include for Reference	Journal of Advanced Nursing								
1284	Journal Article	Web Of Science	Oliver-Roig, A. d. A.-G., M. L.; Garcia-	The Spanish version of the Breastfeeding Self-Efficacy Scale-Short Form: Reliability and validity assessment	2012	EXCLUDE		EXCLUDE		Background: Only a minority of infants are exclusively breastfed for the recommended 6 months postpartum. Breastfeeding self-efficacy is a mother's confidence in her ability to breastfeed and is highly predictive of breastfeeding behaviors. The Breastfeeding Self-Efficacy Scale-Short			International Journal of Nursing Studies								
1285	Journal Article	Web Of Science	Ong, G. Y., M.; Li, F. L.; Choo, T. B.	Impact of working status on breastfeeding in Singapore - Evidence from the National Breastfeeding Survey 2001	2005	EXCLUDE		EXCLUDE		Background: This study uses data from the 2001 Singapore National Breastfeeding Survey to examine factors, including working status, associated with breastfeeding duration. Methods: All women who delivered in the eight hospitals with obstetric services in Singapore from 1 April to 31 May			European Journal of Public Health								
1286	Journal Article	Web Of Science	Oosterhoff, A. H., I.; Haisma, H.	It takes a mother to practise breastfeeding: Women's perceptions of breastfeeding during the period of intention	2014	EXCLUDE		EXCLUDE		Background: In the Netherlands, 81% of mothers initiate breastfeeding. After one month the percentage of mothers still breastfeeding drops, despite positive intentions. Little is known about women's perceptions of breastfeeding during the period of intention. Aim: This qualitative study			Women and Birth								
1287	Journal Article	Web Of Science	Oria, M. O. B. X., L. B.; de Almeida, P. C.;	Psychometric Assessment of the Brazilian Version of the Breastfeeding Self-Efficacy Scale	2009	EXCLUDE		EXCLUDE		Objectives The purpose of this study was to translate and psychometrically assess the Breastfeeding Self-Efficacy Scale (BSES) among women living in Fortaleza, CE, Brazil, and examine the relationship between breastfeeding self-efficacy (BSE) and maternal demographic variables. Design and			Public Health Nursing								
1288	Journal Article	Web Of Science	Ostbye, T. K., K. M.; Swamy, G. K.;	Effect of breastfeeding on weight retention from one pregnancy to the next: Results from the North Carolina WIC program	2010	EXCLUDE		EXCLUDE		Objectives. Pregnancy-related weight retention can contribute to obesity, and breastfeeding may facilitate postpartum weight loss. We investigated the effect of breastfeeding on long-term postpartum weight retention. Methods. Using data from the North Carolina Special			Preventive Medicine								
1289	Journal Article	Web Of Science	Ostlund, A. N., M.; Dykes, F.; Flacking, R.	Breastfeeding in Preterm and Term Twins-Maternal Factors Associated With Early Cessation: A Population-Based Study	2010	EXCLUDE	EXCLUDE	EXCLUDE		To investigate the duration of breastfeeding and the impact of maternal factors for cessation of breastfeeding in twin infants, the authors undertook a population-based cohort study. Breastfeeding data obtained from Child Health Centres were matched with data on infant and			Journal of Human Lactation								
1290	Journal Article	Web Of Science	O'Sullivan, E. J. P., C. G.; Rasmussen, K. M.	Early Breastfeeding Problems Mediate the Negative Association between Maternal Obesity and Exclusive Breastfeeding at 1 and 2 Months Postpartum	2015	EXCLUDE		EXCLUDE		Background: Compared with normal-weight women, women with obesity experience poorer breastfeeding outcomes. Successful breastfeeding among women with obesity is important for achieving national breastfeeding goals. Objectives: The objectives were to determine whether the			Journal of Nutrition								
1291	Journal Article	Web Of Science	Otoo, G. E. L., A. A.; Perez-Escamilla, R.	Perceived Incentives and Barriers to Exclusive Breastfeeding Among Periurban Ghanaian Women	2009	EXCLUDE		EXCLUDE		Focus group discussions were conducted to elicit the perceived incentives and barriers to exclusive breastfeeding in Ghana Thirty-five breastfeeding women were recruited from the Manya and Yilo Krobo districts of the eastern region. Participants had a mean age of 2.75 years and			Journal of Human Lactation								
1292	Journal Article	Web Of Science	Otsuka, K. D., C. L.; Tatsuka, H.; Jimba,	The relationship between breastfeeding self-efficacy and perceived insufficient milk among Japanese mothers	2008	EXCLUDE		EXCLUDE		Objective: To examine the relationship between maternal perceptions of insufficient milk and breastfeeding confidence using the Breastfeeding Self-Efficacy Scale. Design: Cross-sectional study. Participants: Two hundred and sixty-two in-hospital breastfeeding mothers in Japan. Main			Jognn-Journal of Obstetric Gynecological and Neonatal								
1293	Journal Article	Web Of Science	Otsuka, K. T., M.; Dennis, C. L.;	Effectiveness of a Breastfeeding Self-efficacy intervention: Do Hospital Practices Make a Difference?	2014	INCLUDE		INCLUDE		Breastfeeding self-efficacy interventions are important for improving breastfeeding outcomes. However, the circumstances that may influence the effectiveness of the interventions are unclear, especially in the context of hospitals with suboptimal infant feeding practices. Thus, we aimed to	INCLUDE		INCLUDE	Maternal and Child Health Journal	YES	No	No	EXCLUDE			
1294	Journal Article	Web Of Science	Owais, A. S., B.; Kleinbaum, D. G.;	Minimum Acceptable Diet at 9 Months but Not Exclusive Breastfeeding at 3 Months or Timely Complementary Feeding Initiation Is Predictive of Infant Growth in Rural Bangladesh	2016	EXCLUDE		EXCLUDE		The association between suboptimal infant feeding practices and growth faltering is well-established. However, most of this evidence comes from cross-sectional studies. To prospectively assess the association between suboptimal infant feeding practices and growth faltering, we interviewed			PLoS One								
1295	Journal Article	Web Of Science	Palmer, L. C., G.; Mollberg, M.;	Severe breastfeeding difficulties: Existential lossness as a mother-Women's lived experiences of initiating breastfeeding under severe difficulties	2012	EXCLUDE	EXCLUDE	EXCLUDE		A majority of women in Sweden initiate breastfeeding but almost a quarter stop or wean the infant in the first few weeks after birth because of difficulties. In order to develop care that facilitates initiation of breastfeeding and enables mothers to realize their expectations concerning			International Journal of Qualitative Studies on Health								
1296	Journal Article	Web Of Science	Palmer, L. C., G.; Brunt, D.; Nystrom, M.	Existential security is a necessary condition for continued breastfeeding despite severe initial difficulties: a lifeworld hermeneutical study	2015	EXCLUDE		EXCLUDE		Background: The majority of new mothers in Sweden initiate breastfeeding and many experience initial difficulties. This experience is an important cause of early breastfeeding cessation. To increase understanding, there is a need to explore the lived experiences of the decision to continue or			International Breastfeeding Journal								
1297	Journal Article	Web Of Science	Pang, W. W. A., I. M.; Fok, D.; Soh, S. E.;	Determinants of Breastfeeding Practices and Success in a Multi-Ethnic Asian Population	2016	EXCLUDE		EXCLUDE		BackgroundMany countries in Asia report low breastfeeding rates and the risk factors for early weaning are not well studied. We assessed the prevalence, duration, and mode of breastfeeding (direct or expressed) among mothers of three Asian ethnic groups. MethodsParticipants were			Birth-Issues in Perinatal Care								
1298	Journal Article	Web Of Science	Pannu, P. K. G., R. C.; Binns, C. W.; Scott, J.	The effectiveness of health promotion materials and activities on breastfeeding outcomes	2011	INCLUDE		INCLUDE		Aim: To determine the effect of mothers receiving health promotion material and education antenatally and/or postnatally on breastfeeding outcomes in Perth, Western Australia. Methods: A 12-month longitudinal study was conducted in two public maternity hospitals in Perth, Western	INCLUDE		INCLUDE	Acta Paediatrica	YES	No	No	EXCLUDE			
1299	Journal Article	Web Of Science	Papadopoulou, E. S., A.; Namork, E.;	Exposure of Norwegian toddlers to perfluoroalkyl substances (PFAS): The association with breastfeeding and maternal PFAS concentrations	2016	EXCLUDE		EXCLUDE		High exposure to perfluoroalkyl substances (PFASs) has been associated with adverse health effects in children. PFASs exposure pathways of toddlers might differ from those of infants and adults, and the investigations on determinants of PFASs exposure in early childhood are scarce. Our			Environment International								
1300	Journal Article	Web Of Science	Patel, A. B., A.; Kaletwad, A.	Factors Associated with Prolactal Feeding and Timely Initiation of Breastfeeding in Hospital-Delivered Infants in India	2013	EXCLUDE		EXCLUDE		Background: Early initiation of breastfeeding continues to remain uncommon in India, and the practice of giving prolactal feeding is still prevalent. Objectives: We determined the rates of timely initiation of breastfeeding and prolactal feeding, factors associated with these practices, and the			Journal of Human Lactation								
1301	Journal Article	Web Of Science	Patel, A. B., S.; Pusdekar, Y.; Esamal,	Rates and determinants of early initiation of breastfeeding and exclusive breast feeding at 42 days postnatal in six low and middle-income countries: A prospective cohort study	2015	EXCLUDE	EXCLUDE	EXCLUDE		Background: Early initiation of breastfeeding after birth and exclusive breastfeeding through six months of age confers many health benefits for infants; both are crucial high impact, low-cost interventions. However, determining accurate global rates of these crucial activities has been			Reproductive Health								
1302	Journal Article	Web Of Science	Patel, R. O., E.; Bogdanovich, N.;	Cohort Profile: The Promotion of Breastfeeding Intervention Trial (PROBIT)	2014	EXCLUDE		EXCLUDE		The PROMotion of Breastfeeding Intervention Trial (PROBIT) is a multicentre, cluster-randomized controlled trial conducted in the Republic of Belarus, in which the experimental intervention was the promotion of increased breastfeeding duration and exclusivity, modelled on the Baby-			International Journal of Epidemiology								
1303	Journal Article	Web Of Science	Patel, S. P., S.	The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes	2016	INCLUDE		INCLUDE		Breastfeeding for all infants starting at birth and continuing until at least 6 months of age has been recommended by the World Health Organization and the American Academy of Pediatrics. The health benefits to infants and mothers have been demonstrated in many studies. Dedicated lactation	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Journal of Human Lactation							
1304	Journal Article	Web Of Science	Patnode, C. D. H., M. L.; Senger, C. A.;	Primary Care Interventions to Support Breastfeeding Updated Evidence Report and Systematic Review for the US Preventive Services Task Force	2016	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Include for Reference	IMPORTANCE Although 80% of infants in the United States start breastfeeding, only 22% are exclusively breastfed up to around 6 months as recommended by a number of professional organizations. OBJECTIVE To systematically review the evidence on the benefits and harms of		Include for Reference	Jama-Journal of the American Medical Association								
1305	Journal Article	Web Of Science	Perrella, S. L. W., J.; Nathan, E. A.;	Influences on Breastfeeding Outcomes for Healthy Term and Preterm/Sick Infants	2012	EXCLUDE		EXCLUDE		Objective: This study investigated breastfeeding outcomes and factors associated with duration of breastfeeding in cohorts of healthy term and sick/preterm infants. Study Design: Follow-up was conducted of 87 sick/preterm and 92 term healthy infants during the 9 months following			Breastfeeding Medicine								
1306	Journal Article	Web Of Science	Perrine, C. G. G., D. A.; Dohack, J. L.; Shealy,	Vital Signs: Improvements in Maternity Care Policies and Practices That Support Breastfeeding - United States, 2007-2013	2015	EXCLUDE		EXCLUDE		Background: Although 80% of U.S. mothers begin breastfeeding their infants, many do not continue breastfeeding as long as they would like to. Experiences during the birth hospitalization affect a mother's ability to establish and maintain breastfeeding. The Baby-Friendly Hospital Initiative			Mmwr-Morbidity and Mortality Weekly Report								
1307	Journal Article	Web Of Science	Perrine C.G.	Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding Intention	2012	EXCLUDE		EXCLUDE		OBJECTIVE: To describe mothers' exclusive breastfeeding intentions and whether Baby-Friendly hospital practices are associated with achieving these intentions. METHODS: In the 2005-2007 Infant Feeding Practices Study II, women completed a prenatal questionnaire and approximately			Pediatrics								
1308	Journal Article	Web Of Science	Persad, M. D. M., J. L.	Maternal breastfeeding attitudes: Association with breastfeeding intent and socio-demographics among urban primiparas	2008	EXCLUDE		EXCLUDE		Breastfeeding is associated with improved developmental and social outcomes for an infant. Despite these health benefits, only 54% of women breastfeed in the early postpartum period. Although an understanding of socio-demographic characteristics, breastfeeding intent, and			Journal of Community Health								
1309	Journal Article	Web Of Science	Petrova, A. A., C.; Stechna, S.; Gerling, J.	Effectiveness of Exclusive Breastfeeding Promotion in Low-income Mothers: A Randomized Controlled Study	2009	INCLUDE		INCLUDE	URI: https://doi.org/10.1186/1745-6215-9-111	Objective: To evaluate the effectiveness of a breastfeeding promotion program in the Women, Infant and Children (WIC) Supplemental Nutrition Assistance Program (SNAP) study design. The randomized trial involved 52 women in the intervention group who received one-to-one pre- and	INCLUDE		INCLUDE	Breastfeeding Medicine	YES	No*	Yes	Contact Authors	Uncontactable	Exclude	EXCLUDE
1310	Journal Article	Web Of Science	Petrova, A. H., T.; Mehta, R.	Maternal Race/Ethnicity and One-Month Exclusive Breastfeeding in Association with the In-Hospital Feeding Modality	2007	EXCLUDE	EXCLUDE	EXCLUDE		There are a few studies on the consequence of the use of breastmilk substitutes during the postpartum hospital stay on the duration of breastfeeding in the culturally diverse populations of the United States. The main purpose of this study was to identify the association between the			Breastfeeding Medicine								

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

	Journal Article	Web Of Science	Petrova, M. K., V.	Breastfeeding and chronic HBV infection: Clinical and social implications	2010	EXCLUDE		EXCLUDE	Mother-to-child transmission of hepatitis B virus (HBV) is among the most important causes of chronic HBV infection and is the commonest mode of transmission worldwide. Currently, the presence of HBSAg, HBeAg and HBV DNA in breast milk is confirmed. Several studies have reported that									World Journal of Gastroenterology							
1312	Journal Article	Web Of Science	Petrozzi, A. G., L.	Breastfeeding Self-Efficacy Scale: Validation of the Italian Version and Correlation With Breast-feeding at 3 Months	2016	EXCLUDE	EXCLUDE	EXCLUDE	Psychological factors can influence breast-feeding. We translated into Italian and validated the Breastfeeding Self-Efficacy Scale Short Form (BSES-SF) and investigated its predictive ability and its relation with postpartum depression symptoms.BSES-SF and Edinburgh Postnatal Depression Scale									Journal of Pediatric Gastroenterology and Nutrition							
1313	Journal Article	Web Of Science	Pierro, J. A., B.; Roth, P.; Blau, J.	Factors Associated with Supplemental Formula Feeding of Breastfeeding Infants During Postpartum Hospital Stay	2016	EXCLUDE		EXCLUDE	Objective: To determine reasons potentially amenable to interventions that mothers choose to supplement breastfeeding with formula in the immediate postpartum period. Study Design: We distributed surveys to all mothers in the postpartum unit who delivered a live newborn on day of									Breastfeeding Medicine							
1314	Journal Article	Web Of Science	Pippins J.R.	Association of breastfeeding with maternal depressive symptoms	2006	EXCLUDE		EXCLUDE	Purpose: To identify risk factors for lack of breastfeeding initiation and duration of < 1 month among a racially diverse cohort of women. In particular, our interest was to examine depressive symptoms during pregnancy as a potential risk factor for not initiating or continuing									Journal of Womens Health							
1315	Journal Article	Web Of Science	Pirillo, M. F. L., G.; Andreotti, M.; Jere, H.	CMV infection in a cohort of HIV-exposed infants born to mothers receiving antiretroviral therapy during pregnancy and breastfeeding	2017	EXCLUDE		EXCLUDE	Antiretroviral therapy has been shown to reduce rates of congenital CMV infection. Little information is available on the possible impact of antiretroviral therapy on postnatal breastfeeding-associated CMV infection acquisition. A cohort of 89 HIV-infected mothers and their children was									Medical Microbiology and Immunology							
1316	Journal Article	Web Of Science	Pitonyak, J. S. J., A. B.; Pontiggia, L.; Crivelli-	Life Course Factors Associated with Initiation and Continuation of Exclusive Breastfeeding	2016	EXCLUDE		EXCLUDE	Exclusive breastfeeding (EBF) benefits the life course health development of infants, families, and society. Professional health associations recommend EBF for 4 months, and many now recommend EBF for 6 months. Yet only 18.8 % of US infants born in 2011 were exclusively breastfed.									Maternal and Child Health Journal							
1317	Journal Article	Web Of Science	Pitts, A. F., M. A.; Spencer, R.	Incorporating Breastfeeding Education into Prenatal Care	2015	INCLUE		INCLUE	Introduction: Prenatal breastfeeding education increases breastfeeding initiation, exclusivity, and duration. Current research regarding antenatal breastfeeding education suggests that recurrent, individual, and technology-based education programs are effective in providing women with	EXCLUDE						EXCLUDE		Breastfeeding Medicine							
1318	Journal Article	Web Of Science	Piwoz, E. G. H., J. H.; Tavengwa, N. V.; Iliff,	The impact of safer breastfeeding practices on postnatal HIV-1 transmission in Zimbabwe	2007	EXCLUDE		EXCLUDE	Objectives. We assessed the association between exposure to an educational intervention that emphasized safer breastfeeding practices and postnatal HIV transmission among 437 HIV-positive mothers in Zimbabwe, 365 of whom did not know their infection status. Methods. Mothers were									American Journal of Public Health							
1319	Journal Article	Web Of Science	Pope, C. J. M., D.; Bedard, M.; Sharma, V.	Breastfeeding and postpartum depression: Assessing the influence of breastfeeding intention and other risk factors	2016	EXCLUDE		EXCLUDE	Background: Risk and protective factors for postpartum depression have been extensively studied, and in recent studies an association between breastfeeding and maternal mood has been reported. The present retrospective, cross-sectional study was conducted to evaluate the association									Journal of Affective Disorders							
1320	Journal Article	Web Of Science	Portaccio, E. G., A.; Hakiki, B.; Martinelli,	Breastfeeding is not related to postpartum relapses in multiple sclerosis	2011	EXCLUDE		EXCLUDE	Objective: To assess the relationship between breastfeeding and risk of puerperal relapses in a large cohort of patients with multiple sclerosis (MS). Methods: We prospectively followed-up pregnancies occurring between 2002 and 2008 in women with MS, recruited from 21 Italian MS									Neurology							
1321	Journal Article	Web Of Science	Portela, D. S. V., T. O.; Matos, S. M. A.; de	Maternal obesity, environmental factors, cesarean delivery and breastfeeding as determinants of overweight and obesity in children: results from a cohort	2015	EXCLUDE		EXCLUDE	Background: Overweight and obesity are a public health problem with a multifactorial aetiology. The objective of this study was to evaluate risk factors for overweight and obesity in children at 6 years of age, including type of delivery and breastfeeding. Methods: This study relates to a cohort									Bmc Pregnancy and Childbirth							
1322	Journal Article	Web Of Science	Pounds, L. F., C. M.; Barnes-Josiah, D.;	The Role of Early Maternal Support in Balancing Full-Time Work and Infant Exclusive Breastfeeding: A Qualitative Study	2017	EXCLUDE		EXCLUDE	Introduction: Support of others is a key factor for mothers who choose to breastfeed their infants, including those who balance work outside the home and breastfeeding. However, little research has been done to understand how maternal support during the postpartum period impacts									Breastfeeding Medicine							
1323	Journal Article	Web Of Science	Pugh, L. C. S., J. R.; Frick, K. D.; Nanda, J.	A Randomized Controlled Community-Based Trial to Improve Breastfeeding Rates Among Urban Low-Income Mothers	2010	INCLUE		INCLUE	Objective.-The purpose of this study was to assess whether providing a breastfeeding support team resulted in higher breastfeeding rates at 6, 12, and 24 weeks postpartum among urban low-income mothers. Methods.-Design: A randomized controlled trial with mother-infant dyads recruited	INCLUE						INCLUE		Academic Pediatrics	YES	No	No	EXCLUDE			
1324	Journal Article	Web Of Science	Pustotina, O.	Management of mastitis and breast engorgement in breastfeeding women	2016	EXCLUDE		EXCLUDE	Objective: To identify the best management approaches to mastitis management in breastfeeding women and heavy breast engorgement in the early postnatal period. Methods: We compared various international guidelines and reviews on mastitis management in breastfeeding women and									Journal of Maternal-Fetal & Neonatal Medicine							
1325	Journal Article	Web Of Science	Quinlivan, J. K., S.; Gibson, R.; McPhee,	Can we identify women who initiate and then prematurely cease breastfeeding? An Australian multicentre cohort study	2015	EXCLUDE	EXCLUDE	EXCLUDE	Background: Health authorities recommend 6 months of fully breastfeeding and continuation of breastfeeding for at least a year. Many women initiate breastfeeding in hospital but discontinue before the six-month period, and therefore do not optimise the public health benefits. The aim									International Breastfeeding Journal							
1326	Journal Article	Web Of Science	Racine, E. F. F., K. D.; Strobino,u, D.;	How Motivation Influences Breastfeeding Duration Among Low-Income Women	2009	INCLUE		INCLUE	In-depth interviews were conducted with 44 low-income breastfeeding women to explore the incentives and disincentives to breastfeeding experienced within 6 months postpartum. Using an individual net benefit maximization (INBM) framework based on economic theory, we assessed	EXCLUDE						EXCLUDE		Journal of Human Lactation							
1327	Journal Article	Web Of Science	Racine, E. F. F., K.; Guthrie, J. F.;	Individual Net-Benefit Maximization: A Model for Understanding Breastfeeding Cessation among Low-Income Women	2009	EXCLUDE		EXCLUDE	Objectives We use economic theory of individual net benefit maximization to motivate a comprehensive look at 32 social, economic, and psychological disincentives that potentially influence breastfeeding cessation. Methods The sample consists of 1,595 low-income families									Maternal and Child Health Journal							
1328	Journal Article	Web Of Science	Rahman, A. H., A.; Bilal, R.; Sikander, S.;	The impact of perinatal depression on exclusive breastfeeding: a cohort study	2016	EXCLUDE		EXCLUDE	Perinatal depression is associated with infant undernutrition. We hypothesised that perinatal depression was associated with early cessation of exclusive breastfeeding and reduced quantity of breast milk in rural Pakistan. We used a prospective cohort design to study a population-based									Maternal and Child Nutrition							
1329	Journal Article	Web Of Science	Ramoo, S. T., T. A.; Hirst, J. E.; Jeffery, H.	Breastfeeding Practices in a Hospital-Based Study of Vietnamese Women	2014	EXCLUDE		EXCLUDE	Background: The benefits of breastfeeding to both maternal and infant health are vast and widely known. The aim of this study was to elicit the rates of exclusive breastfeeding, early initiation of breastfeeding, and colostrum feeding and to determine the attitudes, knowledge, and									Breastfeeding Medicine							
1330	Journal Article	Web Of Science	Rasenack, R. S., C.; Jahnz, E.; Schulte-	Factors Associated with the Duration of Breastfeeding in the Freiburg Birth Collective, Germany (FreiStill)	2012	EXCLUDE		EXCLUDE	Purpose: The health benefits of breastfeeding for both infants and mothers are well-documented. The aim of this study was to clarify factors associated with successful breastfeeding. Methods: We performed a prospective, multi-centre cohort study of 443 mothers in person using a									Geburtshilfe Und Frauenheilkunde							
1331	Journal Article	Web Of Science	Rasmussen, B. S., H.; Berg, M.; Nagle, C.;	Breastfeeding practices in women with type 1 diabetes: A discussion of the psychosocial factors and policies in Sweden and Australia	2015	EXCLUDE	EXCLUDE	EXCLUDE	Background: Women with type 1 diabetes (T1DM) face many challenges during their pregnancy, birth and in the postnatal period, including breastfeeding initiation and continuation while maintaining stable glycaemic control. In both Sweden and Australia the rates of breastfeeding									Women and Birth							
1332	Journal Article	Web Of Science	Rasmussen, K. M. D., C. M.; Zelek, S. T.;	Interventions to Increase the Duration of Breastfeeding in Obese Mothers: The Bassett Improving Breastfeeding Study	2011	INCLUE		INCLUE	Objective: Maternal obesity is associated with poor breastfeeding outcomes, yet no intervention has been developed to improve them. To ascertain whether increased breastfeeding support or provision of a breast pump is a feasible, effective intervention to improve breastfeeding, we	INCLUE						INCLUE		Breastfeeding Medicine	YES	No*	No	Contact Authors	Replied. All infants included were	Include	INCLUE
1333	Journal Article	Web Of Science	Reeder, J. A. J., T.; Sibley, K.; Arnold, D.;	Telephone Peer Counseling of Breastfeeding Among WIC Participants: A Randomized Controlled Trial	2014	INCLUE		INCLUE	OBJECTIVE: The US Surgeon General has recommended that peer counseling to support breastfeeding become a core service of the Supplemental Nutrition Program for Women, Infants, and Children (WIC). As of 2008, 50% of WIC clients received services from local WIC agencies that offered	INCLUE						INCLUE		Pediatrics	YES	No	No	EXCLUDE			
1334	Journal Article	Web Of Science	Rempel, L. A.	Factors influencing the breastfeeding decisions of long-term breastfeeders	2004	EXCLUDE		EXCLUDE	Understanding determinants of mothers' decisions regarding long-term breastfeeding is important for the promotion of breastfeeding for up to 12 months postpartum and beyond. In this longitudinal infant feeding study, the theory of planned behavior was used to explain the intended and									Journal of Human Lactation							
1335	Journal Article	Web Of Science	Rempel, L. A. F., G. T.	Why Breastfeed? A longitudinal test of the reasons model among first-time mothers	2005	EXCLUDE		EXCLUDE	This longitudinal study tested the ability of the reasons model (Meichenbaum & Fong, 1993) to predict the breastfeeding intentions of 317 first-time mothers before and after breastfeeding experience. The reasons model proposes that three levels of reasons for (pro) and against (con)									Psychology & Health							
1336	Journal Article	Web Of Science	Rempel, L. A. R., J. K.	Partner influence on health behavior decision-making: Increasing breastfeeding duration	2004	INCLUE		INCLUE	This longitudinal study examined how male partners affect the breastfeeding decisions and behavior of first-time mothers. Based on the reasons model by Meichenbaum and Fong (1993), the breastfeeding reasons, intentions, and behavior of 317 first-time mothers were assessed prenatally	EXCLUDE						EXCLUDE		Journal of Social and Personal Relationships							
1337	Journal Article	Web Of Science	Renfrew, M. J. M., F. M.; Wade, A.; Quinn,	Support for healthy breastfeeding mothers with healthy term babies	2012	INCLUE		INCLUE	Background There is extensive evidence of important health risks for infants and mothers related to not breastfeeding. In 2003, the World Health Organization recommended infants be exclusively breastfed until six months of age, with breastfeeding continuing as an important part of the	EXCLUDE (REVIEW)						EXCLUDE (REVIEW)		Cochrane Database of Systematic Reviews							
1338	Journal Article	Web Of Science	Rhodes K.L.	American Indian Breastfeeding Attitudes and Practices in Minnesota	2008	EXCLUDE		EXCLUDE	Objectives We examined the breastfeeding attitudes and practices in an American Indian population in Minnesota. Methods We interviewed women prenatally (n = 380), at 2-weeks (n = 342) and at 6-months postpartum (n = 256). We conducted multivariable analyses to examine the									Maternal and Child Health Journal							
1339	Journal Article	Web Of Science	Ribeiro, M. A. M., M. L.; Teixeira, C.;	Blocking Vertical Transmission of Human T Cell Lymphotropic Virus Type 1 and 2 Through Breastfeeding Interruption	2012	EXCLUDE		EXCLUDE	Background: Human T cell lymphotropic virus type 1 and 2 (HTLV-1/2) causes serious diseases and is endemic in many parts of the world. It is transmitted from mother to child in 15-25% of the cases, primarily through breastfeeding. Proviral load and duration of breastfeeding are thought									Pediatric Infectious Disease Journal							
1340	Journal Article	Web Of Science	Ridgway, L. C., R.; McLachlan, H. L.;	Breastfeeding Support in the Early Postpartum: Content of Home Visits in the SILC Trial	2016	INCLUE	MAYBE	INCLUE	BackgroundThe Supporting breastfeeding in Local Communities (SILC) cluster randomized controlled trial evaluated whether a home visit focussed on infant feeding early in the postpartum period increased the percentage of infants breastfeeding at 4 months in low socioeconomic areas of	INCLUE						INCLUE		Birth-Issues in Perinatal Care	YES	No	No	EXCLUDE			
1341	Journal Article	Web Of Science	Riggins, C. R., M. B.; Szucs, K. A.	Breastfeeding Experiences Among Physicians	2012	EXCLUDE		EXCLUDE	Background: During medical school and residency training, physicians are taught that breastfeeding is the preferred feeding for all infants, with rare exceptions. But evidence is accumulating that while physician mothers have a high rate of breastfeeding initiation, they face significant obstacles									Breastfeeding Medicine							
1342	Journal Article	Web Of Science	Rioux, F. M. S., N.; Allard, J.	Is there a link between postpartum anemia and discontinuation of breastfeeding?	2006	EXCLUDE		EXCLUDE	Purpose: Factors associated with early cessation of breastfeeding were identified and patterns of infant feeding were examined. Feeding practices were compared, with the 1998 guidelines in Nutrition for Healthy term Infants and with recent Health Canada recommendations. Methods: To									Canadian Journal of Dietetic Practice and Research							
1343	Journal Article	Web Of Science	Rivera-Lugo, M. P.-R., A. M.; Davila-Torres, R.	Full Breastfeeding During the Postpartum Hospitalization and Mothers' Report Regarding Baby Friendly Practices	2007	EXCLUDE		EXCLUDE	Objective: The objective of this study was to describe the opinion of a group of postpartum women about compliance with the Ten Steps in a hospital with the intention to be certified as a Baby Friendly Hospital. Methods: Two hundred (200) postpartum women age 20 or greater who had									Breastfeeding Medicine							
1344	Journal Article	Web Of Science	Riviello, C. M., G.; Jovanovic, L. G.	BREASTFEEDING AND THE BASAL INSULIN REQUIREMENT IN TYPE 1 DIABETIC WOMEN	2009	EXCLUDE		EXCLUDE	Objective: To evaluate whether breastfeeding in women with type 1 diabetes mellitus is associated with a decreased insulin requirement. Methods: In this prospective study conducted between September 2006 and August 2008, type 1 diabetic pregnant women were recruited before									Endocrine Practice							
1345	Journal Article	Web Of Science	Robert, E. C., Y.; Swennen, B.; Dramaix,	Breastfeeding Duration: A Survival Analysis-Data from a Regional Immunization Survey	2014	EXCLUDE		EXCLUDE	Objective. To report the duration of and factors associated with exclusive and any breastfeeding among the French-speaking community of Belgium (Wallonia). Material and Methods. A two-stage cluster sample was drawn from the population of children aged 18-24 months living in the area in									Biomed Research International							
1346	Journal Article	Web Of Science	Rogers, S. L. B., J.	Breastfeeding duration and its relation to weight gain, eating behaviours and positive maternal feeding practices in infancy	2017	EXCLUDE		EXCLUDE	Research examining the relationship between breastfeeding and infant weight has generated conflicting results. Few studies account for significant covariates and many suffer methodological problems such as retrospective self-report. The current study aimed to investigate									Appetite							
1347	Journal Article	Web Of Science	Roig, A. O. M., M. R.; García, J. C.; Hoyos, S.	Factors Associated To Breastfeeding Cessation Before 6 Months	2010	EXCLUDE		EXCLUDE	This research aimed to identify the determinants of full breastfeeding (FBF) and any breastfeeding (ABF) cessation before 6 months, through a six-month follow-up of 248 mothers going a postpartum visit. Data were collected by personal interview during the first month and telephone									Revista Latino-Americana De Enfermagem							
1348	Journal Article	Web Of Science	Romano, M. E. X., Y. Y.; Calafat, A. M.; Yoltón,	Maternal serum perfluoroalkyl substances during pregnancy and duration of breastfeeding	2016	EXCLUDE		EXCLUDE	Background: Perfluoroalkyl substances (PFAS) may affect breast development and decrease duration of breastfeeding, thus interfering with the health benefits of breastfeeding. We investigated the association between maternal PFAS exposure and breastfeeding duration. Methods: We									Environmental Research							
1349	Journal Article	Web Of Science	Rondo, P. H. C. S., M. R.	Maternal distress and intended breastfeeding duration	2007	EXCLUDE		EXCLUDE	Aim. To evaluate the associations between maternal psychological status and intended breastfeeding duration. Methods. A total of 852 pregnant women who attended antenatal care between September 1997 and August 2000 in 12 health units and five hospitals in Jundiáí city, Brazil, were									Journal of Psychosomatic Obstetrics and Gynecology							
1350	Journal Article	Web Of Science	Rosen, I. M. K., M. V.; Carney, L. M.; Graham,	Prenatal breastfeeding education and breastfeeding outcomes	2008	INCLUE		INCLUE	Purpose: To examine the impact of various breastfeeding outcomes of three cohorts receiving different methods of prenatal breastfeeding education. Methods: Retrospective cohort design with patients attending a breastfeeding education class at an Army medical center. Controls were	INCLUE						INCLUE		McN-the American Journal of Maternal-Child Nursing	YES	No	No	EXCLUDE			
1351	Journal Article	Web Of Science	Rosenberg, K. D. E., C. A.; Kasehagen, L. J.;	Marketing infant formula through hospitals: the impact of commercial hospital discharge packs on breastfeeding	2008	EXCLUDE		EXCLUDE	Objectives. Commercial hospital discharge packs are commonly given to new mothers at the time of newborn hospital discharge. We evaluated the relationship between exclusive breastfeeding and the receipt of commercial hospital discharge packs in a population-based sample of Oregon									American Journal of Public Health							
1352	Journal Article	Web Of Science	Rosenberg, K. D. S., J. D.; Adler, M. R.;	Impact of Hospital Policies on Breastfeeding Outcomes	2008	EXCLUDE		EXCLUDE	Objective: The objective of this study was to explore the association between the Ten Steps of the Baby Friendly Hospital Initiative (BFHI) of the World Health Organization (Geneva, Switzerland) and breastfeeding at 2 days and 2 weeks. Methods: A 65-question institutional survey assessing									Breastfeeding Medicine							
1353	Journal Article	Web Of Science	Rosen-Carole, C. H., S.; Acad Breastfeeding,	ABM Clinical Protocol # 19: Breastfeeding Promotion in the Prenatal Setting, Revision 2015	2015	EXCLUDE		EXCLUDE	A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an									Breastfeeding Medicine							
1354	Journal Article	Web Of Science	Rossmán, B.	Breastfeeding peer counselors in the United States: Helping to build a culture and tradition of breastfeeding	2007	EXCLUDE		EXCLUDE	Traditionally, women have relied upon the wisdom and experience of other women to learn about mothering and breastfeeding. In the United States, however, this once standard mother-to-mother relationship was almost nonexistent by the mid-20th century. Recent advances in the									Journal of Midwifery & Womens Health							
1355	Journal Article	Web Of Science	Rossmán, C. L. A., A. B.	Promoting INDIVIDUALIZED Breastfeeding Experiences	2012	EXCLUDE	EXCLUDE	EXCLUDE	Breastfeeding is beneficial for the baby and the mother, but is yet to be successfully practiced by newly delivered women as proposed in the Healthy People 2020 goal. Most breastfeeding education during the prenatal or postpartum period provides adequate information for interested									McN-the American Journal of Maternal-Child Nursing							

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

1356	Journal Article	Web Of Science	Rozga, M. R. B., P. A.; Kerver, J. M.; Olson, B.	An Integrated Model of Breastfeeding Peer Counseling Support is Feasible and Associated with Improved Exclusive Breastfeeding	2016	INCLUDE		INCLUDE		Background Though in-person contacts in the home have demonstrated efficacy in improving breast-feeding outcomes in peer counseling programs, home contacts are resource-intensive. Objective To compare the feasibility and effectiveness of an Integrated Model of peer counseling	INCLUDE			INCLUDE	Maternal and Child Health Journal	YES	No	No	EXCLUDE				
1357	Journal Article	Web Of Science	Rozga, M. R. K., J. M.; Olson, B. H.	Prioritization of Resources for Participants in a Peer Counseling Breastfeeding Support Program	2015	INCLUDE		INCLUDE		Background: Peer counseling (PC) breastfeeding support programs have proven effective in increasing breastfeeding duration in low-income women. Objectives: This study aimed to describe program participants and breastfeeding duration in a PC program according to (1) timing of	EXCLUDE			EXCLUDE	Journal of Human Lactation								
1358	Journal Article	Web Of Science	Rozga, M. R. K., J. M.; Olson, B. H.	Self-Reported Reasons for Breastfeeding Cessation among Low-Income Women Enrolled in a Peer Counseling Breastfeeding Support Program	2015	INCLUDE		INCLUDE		Background: Peer counseling programs have demonstrated efficacy in improving breastfeeding rates in the low-income population, but there is little research concerning why women enrolled in these programs ultimately discontinue breastfeeding. Objective: This study aimed to describe	EXCLUDE			EXCLUDE	Journal of Human Lactation								
1359	Journal Article	Web Of Science	Ryan, K. T., V.; Alexander, J.	The theory of agency and breastfeeding	2017	EXCLUDE		EXCLUDE		Objective: In this paper, we apply psychological agency theory to women's interviews of their breastfeeding experiences to understand the role of agency in relation to breastfeeding initiation, maintenance and duration. Design: Qualitative, video interviews were collected from 49 women in					Psychology & Health								
1360	Journal Article	Web Of Science	Sakalidis, V. S. K., J. C.; Garbin, C. P.;	Longitudinal Changes in Suck-Swallow-Breathe, Oxygen Saturation, and Heart Rate Patterns in Term Breastfeeding Infants	2013	EXCLUDE		EXCLUDE		Background: Despite the differences in breastfeeding and bottle-feeding, our understanding of how suck-swallow-breathe (SSWB), oxygenation, and heart rate patterns change as the infant ages is based predominantly on bottle-feeding studies. Therefore, this study aimed to measure how					Journal of Human Lactation								
1361	Journal Article	Web Of Science	Sallam, S. A. B., G. M.; Sadek, R. R.; Mostafa,	Knowledge, Attitude, and Practices Regarding Early Start of Breastfeeding Among Pregnant, Lactating Women and Healthcare Workers in El-Minia University Hospital	2013	EXCLUDE		EXCLUDE		Background: Breastfeeding within the first hour of life is a potential mechanism for health promotion and is considered to be an indicator of excellence of breastfeeding. This study was conducted to evaluate the knowledge, attitude, and practice regarding early breastfeeding initiation					Breastfeeding Medicine								
1362	Journal Article	Web Of Science	Samano, R. M.-R., H.; Martinez, E. G.;	Effects of breastfeeding on weight loss and recovery of pregestational weight in adolescent and adult mothers	2013	EXCLUDE		EXCLUDE		Background. Exclusive breastfeeding (EBF) in adolescent mothers has been associated with greater postpartum maternal weight loss. Objective. To assess the associations between EBF and weight loss in adolescent and adult mothers and between EBF and weight and length gain of their					Food and Nutrition Bulletin								
1363	Journal Article	Web Of Science	Sandy, J. M. A., E.; Ramirez, E.	Effects of a Prenatal Intervention on Breastfeeding Initiation Rates in a Latina Immigrant Sample	2009	INCLUDE		INCLUDE		A randomized controlled trial study design was used to investigate the effectiveness of a Healthy Families America model prenatal intervention For increasing breastfeeding rates among Latina immigrants residing in an impoverished New York City community. Exposure to the intervention did	INCLUDE	MAYBE		INCLUDE	Journal of Human Lactation	YES	No	No	EXCLUDE				
1364	Journal Article	Web Of Science	Santini, P. C., M. G.; Caviglia, M. R.; Asprea,	Breastfeeding in northern Italy	2008	EXCLUDE		EXCLUDE		Aim: To describe the duration and type, as classified by World Health Organization (WHO) criteria, of breastfeeding in Ligurian newborns up to 1 year of age, and to identify possible related factors. Methods: A prospective, observational study on a cohort of 757 women recruited in 10 hospitals					Acta Paediatrica								
1365	Journal Article	Web Of Science	Santo, L. C. D. O., L. D.; Giugliani, E. R. J.	Factors associated with low incidence of exclusive breastfeeding for the first 6 months	2007	EXCLUDE		EXCLUDE		Background: The identification of factors that are associated with early cessation of exclusive breastfeeding is important for defining strategies for the promotion of exclusive breastfeeding. The objective of this study was to identify the determinants of exclusive breastfeeding cessation before					Birth-Issues in Perinatal Care								
1366	Journal Article	Web Of Science	Saunders-Goldson, M. S. E., Q. T.	Factors associated with breastfeeding intentions of African-American women at military health care facilities	2004	EXCLUDE		EXCLUDE		Studies have shown that 21% to 51% of African-American women (AAW) reported breastfeeding, lagging behind Caucasian (61%-71%) and Hispanic (67%-71%) women despite breastfeeding's health benefits. This study aimed to assess AAWs "intent" to breastfeed and describe the relationship					Military Medicine								
1367	Journal Article	Web Of Science	Savitri, A. I. I., N. S.; Indawati, W.; Saldi, S.	BReastfeeding Attitude and Volume Optimization (BRAVO) trial: study protocol for a randomized controlled trial	2016	EXCLUDE		EXCLUDE		Background: A growing body of evidence shows the short-term benefits of breastfeeding, which include protection against infections, allergies, and lung diseases. However, evidence on the long-term benefits of breastfeeding is scarce and often conflicting. The BReastfeeding Attitude and					Trials								
1368	Journal Article	Web Of Science	Schack-Nielsen, L. S., T. I. A.; Mortensen, E.	Late introduction of complementary feeding, rather than duration of breastfeeding, may protect against adult overweight	2010	EXCLUDE		EXCLUDE		Background: Early nutrition may affect the risk of overweight in later life. Objective: The objective was to explore the effect of the duration of breastfeeding (BF) and age at introduction of complementary feeding (CF) on body mass index (BMI) during childhood through adulthood. Design:					American Journal of Clinical Nutrition								
1369	Journal Article	Web Of Science	Schafer, R. G., C. W.	Physiologic Breastfeeding: A Contemporary Approach to Breastfeeding Initiation	2015	EXCLUDE		EXCLUDE		Early initiation of breastfeeding has numerous benefits for maternal-child health. Maternity care providers have been shown to play a significant role in establishing breastfeeding, yet there is limited research about clinical approaches that support breastfeeding initiation in the immediate					Journal of Midwifery & Womens Health								
1370	Journal Article	Web Of Science	Scharfe, E.	Maternal Attachment Representations and Initiation and Duration of Breastfeeding	2012	EXCLUDE	EXCLUDE	EXCLUDE		Despite the evidence that there are considerable benefits of breastfeeding, there are still gaps in understanding why many women have difficulties initiating and maintaining breastfeeding. In this prospective longitudinal study, the factors affecting the initiation and duration of					Journal of Human Lactation								
1371	Journal Article	Web Of Science	Schmied, V. O., H.; Burns, E.; Duff, M.;	Contradictions and conflict: A meta-ethnographic study of migrant women's experiences of breastfeeding in a new country	2012	EXCLUDE		EXCLUDE		Background: Studies report mixed findings about rates of both exclusive and partial breastfeeding amongst women who are migrants or refugees in high income countries. It is important to understand the beliefs and experiences that impact on migrant and refugee women's infant feeding					Bmc Pregnancy and Childbirth								
1372	Journal Article	Web Of Science	Schwartz, R. E., A.; Baisden, A.;	Washington 'Steps' Up: A 10-Step Quality Improvement Initiative to Optimize Breastfeeding Support in Community Health Centers	2015	EXCLUDE		EXCLUDE		Background: Breastfeeding initiation in Washington State (Northwest United States) is high, yet rates plummet by 3 months postpartum. In the United States, national quality improvement (QI) efforts to improve breastfeeding outcomes have largely focused on hospital maternity care					Journal of Human Lactation								
1373	Journal Article	Web Of Science	Scott, J. A. B., C. W.; Oddy, W. H.; Graham,	Predictors of breastfeeding duration: Evidence from a cohort study	2006	EXCLUDE		EXCLUDE		OBJECTIVE: To report the duration of breastfeeding among a population of Australian women and to identify factors that are associated with the duration of full breastfeeding to 6 months and any breastfeeding to 12 months. METHODS. Participants were 587 women who were recruited from 2					Pediatrics								
1374	Journal Article	Web Of Science	Scott, S. P., C.; Szatkowski, L.	The impact of breastfeeding peer support for mothers aged under 25: a time series analysis	2017	INCLUDE		INCLUDE		Breastfeeding has known positive health benefits for babies and mothers, yet the UK has one of the lowest breastfeeding initiation rates in Europe. Despite national guidance that recommends provision of breastfeeding peer support, there is conflicting evidence regarding its effectiveness,	EXCLUDE			EXCLUDE	Maternal and Child Nutrition								
1375	Journal Article	Web Of Science	Semenic, S. L., C.; Gottlieb, L.	Predictors of the duration of exclusive breastfeeding among first-time mothers	2008	EXCLUDE		EXCLUDE		Few women currently meet revised WHO recommendations to breastfeed exclusively for 6 months Postpartum. In this Prospective study we aimed to determine the influence of socio-demographic, psychosocial, and perinatal factors on the length of exclusive breastfeeding among 189 Canadian					Research in Nursing & Health								
1376	Journal Article	Web Of Science	Semrau, K. K., L.; Brooks, D. R.; Cabral,	Exclusive breastfeeding, maternal HIV disease, and the risk of clinical breast pathology in HIV-infected, breastfeeding women	2011	EXCLUDE		EXCLUDE		OBJECTIVE: The objective of the study was to examine the relationship between breastfeeding patterns, markers of maternal human immunodeficiency virus (HIV) disease, and woman's breast pathology. STUDY DESIGN: Secondary data analysis from a randomized breastfeeding					American Journal of Obstetrics and Gynecology								
1377	Journal Article	Web Of Science	Senعان, I. T., O.; Tatli, M. M.	Factors influencing breastfeeding duration: a survey in a Turkish population	2013	EXCLUDE		EXCLUDE		Breastfeeding provides perfect nutrition for infants and is a source of many health benefits for both mother and baby. To obtain the maximum beneficial effects of breast milk, it is necessary to prolong the breastfeeding duration. In this study, we investigated the factors influencing the					European Journal of Pediatrics								
1378	Journal Article	Web Of Science	Serva, W. A. D. S., Vmsbd; Caminha, M.	Exclusive breastfeeding protects against postpartum migraine recurrence attacks?	2012	EXCLUDE		EXCLUDE		Objectives: To observe postpartum migraine recurrence among migraine sufferers before pregnancy, its classifications and associated factors and to compare women, who were exclusively breastfeeding, with those that used other forms of infant feeding. Methods: Out of 686 consecutively					Arquivos De Neuro-Psiquiatria								
1379	Journal Article	Web Of Science	Setegn, T. G., M.; Belachew, T.	Determinants of timely initiation of breastfeeding among mothers in Goba Woreda, South East Ethiopia: A cross sectional study	2011	EXCLUDE		EXCLUDE		Background: Although breastfeeding is universal in Ethiopia, ranges of regional differences in timely initiation of breastfeeding have been documented. Initiation of breastfeeding is highly bound to cultural factors that may either enhance or inhibit the optimal practices. The					Bmc Public Health								
1380	Journal Article	Web Of Science	Shaaban, O. M. G., A. F.	Pregnancy during breastfeeding in rural Egypt	2008	EXCLUDE		EXCLUDE		Background: Breastfeeding does not reliably protect against pregnancy except during the first 6 months postpartum and only then if accompanied by amenorrhea. Reluctance to use other methods of contraception during lactation may result in unplanned pregnancy. The aims of this study were					Contraception								
1381	Journal Article	Web Of Science	Shafai, T. M., M.; Hild, T.	Promotion of Exclusive Breastfeeding in Low-Income Families by Improving the WIC Food Package for Breastfeeding Mothers	2014	EXCLUDE		EXCLUDE		There had been a gradual decline in breastfeeding rates in the United States starting in the early 1900s, and we witnessed the lowest rates of breastfeeding in the 1960s and 1970s. Simultaneously there were reports of pregnant mothers and children who were at risk of malnutrition. A					Breastfeeding Medicine								
1382	Journal Article	Web Of Science	Shaikh, U. S., C. M.	Physician-Led Outpatient Breastfeeding Medicine Clinics in the United States	2008	EXCLUDE		EXCLUDE		Attrition of exclusive breastfeeding is highest during the first 3 months postpartum. Timely management of breastfeeding in the outpatient setting through innovative models of healthcare delivery may increase its duration and exclusivity. Our goal was to examine the structure and function of					Breastfeeding Medicine								
1383	Journal Article	Web Of Science	Shaker, I. S., J. A.; Reid, M.	Infant feeding attitudes of expectant parents: breastfeeding and formula feeding	2004	EXCLUDE		EXCLUDE		Background. Research has indicated that parental attitudes are strong predictors of choice of infant feeding. Identification and understanding of the infant feeding attitudes of mothers and their social networks should be an early step in the design and implementation of breastfeeding					Journal of Advanced Nursing								
1384	Journal Article	Web Of Science	Shapiro, L. R. L. K., D.; Ogwu, A.; Hughes, M.	HIV transmission and 24-month survival in a randomized trial of HAART to prevent MTCT during pregnancy and breastfeeding in Botswana	2013	EXCLUDE		EXCLUDE		Objectives: HAART for prevention of mother-to-child HIV transmission (MTCT) may impact long-term survival of women and children. Design: Randomized clinical trial. Methods: HIV-infected pregnant women with CD4(+) cell count at least 200 cells/mu l were randomly assigned to abacavir,					Aids								
1385	Journal Article	Web Of Science	Sharma, A.	Efficacy of early skin-to-skin contact on the rate of exclusive breastfeeding in term neonates: a randomized controlled trial	2016	EXCLUDE	EXCLUDE	EXCLUDE		Background: Despite multiple benefits of breast milk, the rates of exclusive breastfeeding in developing countries are low. Objective: To evaluate the efficacy of early skin -to- skin contact (SSC) on the rate of exclusive breastfeeding (EBF) at 6 weeks of age among term neonates born by vaginal					African Health Sciences								
1386	Journal Article	Web Of Science	Sharp, M. C., C.; Chiffings, D.; Simmer,	Improvement in Long-Term Breastfeeding for Very Preterm Infants	2015	EXCLUDE		EXCLUDE		Introduction: The extensive health benefits of breastfeeding preterm infants for both mother and infant have been widely reported. However, establishing and maintaining breastfeeding for very preterm (VP) infants remain challenging. The aim of this study was to examine changes in					Breastfeeding Medicine								
1387	Journal Article	Web Of Science	Sheehan, D. W., S.; Krueger, P.; Sword, W.	The impact of a new universal postpartum program on breastfeeding outcomes	2006	INCLUDE		INCLUDE		The Ontario Mother and Infant Study 11 examined changes in postpartum health outcomes, including breastfeeding initiation and discontinuation, for mothers and their infants and compared these results to data collected prior to the initiation of the Universal Hospital Stay and Postpartum	EXCLUDE			EXCLUDE	Journal of Human Lactation								
1388	Journal Article	Web Of Science	Shen, Y. R., R.	Impact of an Educational Intervention on Breastfeeding Counseling Behavior of OB/GYN Residents	2016	EXCLUDE		EXCLUDE		Background: Breastfeeding counseling has been shown to increase the initiation and duration of breastfeeding. The American Congress of Obstetricians and Gynecologists calls for all healthcare workers to educate and encourage women to choose breastfeeding. Despite these					Breastfeeding Medicine								
1389	Journal Article	Web Of Science	Shifraw, T. W., A.; Berhane, Y.	Factors associated exclusive breastfeeding practices of urban women in Addis Ababa public health centers, Ethiopia: a cross sectional study	2015	EXCLUDE		EXCLUDE		Background: Exclusive breastfeeding (EBF) is the best nutrition for the children during the first 6 months of life, yet despite knowing the clear benefits, the practice of EBF is low. The aim of the study is to determine prevalence of exclusive breastfeeding practice and associated factors in					International Breastfeeding Journal								
1390	Journal Article	Web Of Science	Shinde, S. S. F., M. R.; Kuerer, H. M.; Yan, K.;	Higher Parity and Shorter Breastfeeding Duration Association With Triple-Negative Phenotype of Breast Cancer	2010	EXCLUDE		EXCLUDE		BACKGROUND: The combination of increased parity and shorter breastfeeding duration might increase the odds of the least differentiated triple-negative breast cancer (BC) phenotype, theoretically because an expanded progenitor cell population from each pregnancy would incompletely					Cancer								
1391	Journal Article	Web Of Science	Shinwell, E. S. C., Y.; Shlomo, M.; Shani, M.;	The Effect of Training Nursery Staff in Breastfeeding Guidance on the Duration of Breastfeeding in Healthy Term Infants	2006	EXCLUDE		EXCLUDE		Background: Promoting breastfeeding is a central aim of child health care. It is critical to develop approaches that are inexpensive, effective, and suitable across cultural and socioeconomic groups. Objective: To study the effect of training perinatal-neonatal nursing and medical staff in					Breastfeeding Medicine								
1392	Journal Article	Web Of Science	Sikander, S. M., J.; Zafar, S.; Haq, Z.;	Cognitive-Behavioral Counseling for Exclusive Breastfeeding in Rural Pediatrics: A Cluster RCT	2015	INCLUDE		INCLUDE		OBJECTIVE: To test the effectiveness of cognitive-behavioral counseling on the rate and duration of exclusive breastfeeding (EBF) during the first 6 months of an infant's life compared with routine counseling. METHODS: A single blind cluster-randomized controlled trial was undertaken in 40	INCLUDE	INCLUDE		INCLUDE	Pediatrics	YES	No	No	EXCLUDE				
1393	Journal Article	Web Of Science	Silverman, J. G. D., M. R.; Reed, E.; Raj, A.	Intimate partner violence around the time of pregnancy: Association with breastfeeding behavior	2006	EXCLUDE		EXCLUDE		Objective: To assess associations of experiences of intimate partner violence (IPV) and breast-feeding behaviors among a large, population-based sample of U. S. women. Methods: Data were collected from women giving birth to live infants in 26 U. S. states and participating in the 2000-2003					Journal of Womens Health								
1394	Journal Article	Web Of Science	Simard, I. O. B., H. T.; Beaudoin, A.;	Factors influencing the initiation and duration of breastfeeding among low-income women followed by the Canada Prenatal Nutrition Program in 4 regions of Quebec	2005	EXCLUDE		EXCLUDE		The factors that influence the actual initiation and duration of breastfeeding were studied among low-income women followed by the Canada Prenatal Nutrition Program (CPNP). A group of 196 pregnant women were selected at random from a sample of 6223 pregnant women who					Journal of Human Lactation								
1395	Journal Article	Web Of Science	Sims, A. M. L., S. A.; Tender, J. A. F.; Young,	Surveying the Knowledge, Attitudes, and Practices of District of Columbia ACOG Members Related to Breastfeeding	2015	EXCLUDE		EXCLUDE		Although the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists (ACOG) recommend exclusive breastfeeding for the first 6 months, only 14.6% of babies born in the District of Columbia (DC) reached this goal. Breastfeeding support from					Breastfeeding Medicine								
1396	Journal Article	Web Of Science	Sinha, B. C., R.; Sankar, M. J.; Martinez, J.;	Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis	2015	EXCLUDE (REVIEW)		EXCLUDE (REVIEW)	Include for Reference	AimTo provide comprehensive evidence of the effect of interventions on early initiation, exclusive, continued and any breastfeeding rates when delivered in five settings: (i) Health systems and services (ii) Home and family environment (iii) Community environment (iv) Work environment				Include for Reference	Acta Paediatrica								
1397	Journal Article	Web Of Science	Sipsma, H. L. M., U.; Divney, A.; Gordon, D.;	Breastfeeding Behavior Among Adolescents: Initiation, Duration, and Exclusivity	2013	EXCLUDE		EXCLUDE		Purpose: Despite a substantial amount of evidence on breastfeeding among non-adolescent mothers, research and strategies uniquely designed to target adolescent mothers are critical because their rates of breastfeeding are disproportionately low and their transition to parenthood is often					Journal of Adolescent Health								
1398	Journal Article	Web Of Science	Sjostrom, K. W., S.; Haines, H.; Andersson,	Comparison of breastfeeding in rural areas of Sweden and Australia - a cohort study	2013	EXCLUDE		EXCLUDE		Background: Breastfeeding rates in Sweden and Australia appears to be decreasing in both countries. National statistics shows that 87% of infants in Sweden and 73% in Australia receive any breastfeeding two months of age. Aim: To compare women's experiences of breastfeeding in Sweden and					Women and Birth								
1399	Journal Article	Web Of Science	Skledar M.T.	BREASTFEEDING AND TIME OF COMPLEMENTARY FOOD INTRODUCTION AS PREDICTORS OF OBESITY IN CHILDREN	2015	EXCLUDE		EXCLUDE	URL	Although obesity is a multifactorial disorder caused by various behavioural, genetic and environmental influences, early life factors affecting eating habits and body mass index (BMI) in childhood have been identified as important predictors of obesity in adulthood. As well as puberty) are					Central European Journal of Public Health								
1400	Journal Article	Web Of Science	Skouteris, H. N., C.; Fowler, M.; Kent, B.;	Interventions Designed to Promote Exclusive Breastfeeding in High-Income Countries: A Systematic Review	2014	EXCLUDE (REVIEW)	EXCLUDE	EXCLUDE (REVIEW)	Include for Reference	Background: Worldwide, women fail to reach the recommended exclusive breastfeeding target of 6 months postpartum. The objective of this study was to present a conceptual and methodological synthesis of interventions designed to promote exclusive breastfeeding to 6 months in high-				Include for Reference	Breastfeeding Medicine								

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1446	Journal Article	Web Of Science	Taveras, E. M. L., R. W.; Grummer-Strawn, L.;	Opinions and practices of clinicians associated with continuation of exclusive breastfeeding	2004	EXCLUDE		EXCLUDE	Background: The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life. Recent statistics indicate that initiation and maintenance of exclusive breastfeeding are low in the United States. Unfortunately, little information is available on how clinicians																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

1536	Journal Article	Web Of Science	Zanardo V.	Body image in breastfeeding women with depressive symptoms: a prospective study	2016	EXCLUDE		EXCLUDE		The purpose of this prospective study was to investigate the relationship between body image perception and breastfeeding in puerperae with postpartum depression symptoms. The participants (147 healthy puerperae) completed The Edinburgh Postnatal Depression Scale (EPDS) and the					Journal of Maternal-Fetal & Neonatal Medicine																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Figure B1. Full screening outcome of all articles identified in stage I of the search strategy. Details of the article citation, first and second author ratings to include or exclude based on title and abstract, whether the full text article was available and whether the full text article was eligible are detailed accordingly. Decisions to contact authors are detailed in online Appendix C, but outcomes are displayed here for full text screening. Microsoft excel documents can be provided upon request.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix C

Reference List Screening of Relevant Systematic Reviews and Meta-analyses Identified in Database Searches

Table C1
Stage III Literature Search – Reference List Screening of Systematic Reviews and Meta-analyses

#	No.	Authors (Year) Title	Include/Exclude on Abstract?	References Included
31	704	Balogun et al. (2016) Interventions for promoting the initiation of breastfeeding.		
References identified		Chapman et al. (2004); Chapman et al. (2004); Chapman et al. (2004); Chapman et al. (2013); Edwards et al. (2013a); Edwards et al. (2013b); Efrat et al. (2015); Flax et al. (2014); Forster et al. (2004); Ickovics et al. (2007); Westdahl et al. (2008); Kellams et al. (2016); Jolly et al. (2009); McArthur et al. (2009); Muirhead et al. (2006); Reeder et al. (2014); Sandy et al. (2009); Srinivas et al. (2015); Wambach et al. (2009); Ahmad et al. (2012); Anderson et al. (2005); Bonuck et al. (2006); Bonuck et al. (2005); Memmott et al. (2006); Bonuck et al. (2013); Chapman et al. (2011); Coutinho et al. (2005); DiNapoli et al. (2004); Hanafi et al. (2014); Hopkinson et al. (2009); Ijumba et al. (2015); Kools et al. (2005); Labarere et al. (2011); Lavender et al. (2005); Mattar et al. (2007); Maycock et al. (2013); McQueen et al. (2011); Noel-Weiss et al. (2006); Nor et al. (2012); Petrova et al. (2009); Pisacane et al. (2005); Schlickau et al. (2005); Spinelli et al. (2013); Susin et al. (2008); Tylleskar et al. (2011); Wolfberg et al. (2004); Grassley et al. (2007).	Ickovics et al. (2007) (E); Ijumba et al. (2015) (E); Nor et al. (2012) (E);	None
1	107	Chowdhury et al. (2015). Breastfeeding and maternal health outcomes: A systematic review and meta-analysis		
References identified		None	None	None
2	809	Chung et al. (2008). Interventions in Primary Care to Promote Breastfeeding: An Evidence Review for the US Preventive Services Task Force		

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

References identified	93) Anderson et al. (2005); 94) Bonuck et al. (2005); 98) Countinho et al. (2005); 100) Forster et al. (2004); 105) Labarere et al. (2005); 108) Muirhead et al. (2006); 111) Wallace et al. (2006); 112) Wilhelm et al. (2006); 114) Mattar et al. (2007); 116) Su et al. (2007); 125) Noel-Weiss et al. (2006); 128) Kronborg et al. (2007); 129) Kools et al. (2005).	Muirhead et al. (2006) (E); Wallace et al. (2006) (E); Wilhelm et al. (2006) (Include); Su et al. (2007) (Include); Kools et al. (2005) (E).	Wilhelm (2006), Su (2007)
3	608	Dimanno et al. (2015). The intergenerational continuity of breastfeeding intention, initiation, and duration: A systematic review.	
References identified	None	None	None
4	878	Dyson et al. (2005). Interventions for promoting the initiation of breastfeeding - art. no. CD001688.pub2	
References identified	Anderson (2005); Bonuck (2005); Coutinho (2005); Kools (2005) ; Lavender (2005); Mattar (2007); Muirhead (2006); Noel-Weiss (2006)	None	None
5	119	Dyson et al. (2014). Interventions for promoting the initiation of breastfeeding.	
References identified	None	None	None
6	894	Fallon et al. (2015). Breastfeeding practices that support women with diabetes to breastfeed.	
References identified	None	None	None
7	928	Giglia et al. (2014). The Effectiveness of the Internet in Improving Breastfeeding Outcomes: A Systematic Review.	
References identified	5) Rojjanasrirat et al. (2012), 12) Huang et al. (2007), 20) Roberts et al. (2009).	Rojjanasrirat et al. (E); Roberts et al. (E)	None
8	971	Hannula et al. (2008). A systematic review of professional support interventions for breastfeeding.	

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

References identified	Bonuck et al. (2005); Forster et al. (2004); Fallon et al. (2005); Kools et al. (2005); Labarere et al. (2005); Lavender et al. (2005);	Fallon 2005 (E)	None
9 1019	Ibanez et al. (2012). Systematic review and meta-analysis of randomized controlled trials evaluating primary care-based interventions to promote breastfeeding in low-income women.		
References identified	33) Petrova et al. (2009); 29) Susin et al. (2008).	Susin (2008) (I)	Susin (2008)
10 1021	Imdad et al. (2011). Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries.		
References identified	40) Lin et al. (2008); 41) Lin et al. (2008); 43) Anderson et al. (2005); 45) Chapman et al. (2004); 50) Kronborg et al. (2007); 51) Labarere et al. (2005); 52. Mattar et al. (2007); 55) Muirhead et al. (2006); 57) Petrova et al. (2009); 61) Wallace et al. (2006); 64) Aksu et al. (2010); 67) Nommsen-Rivers et al., (2009); 70) Wong et al. (2007); 73) McDonald et al. (2008); 74) Su et al. (2007); 77) Gill et al., (2007); 81) Pugh et al. (2009); 86) Olson et al. (2010).	McDonald et al. (2008) (E); Olson et al. (2010) (E).	None
11 1025	Ingram et al. (2010). Effect of antenatal peer support on breastfeeding initiation: a systematic review.		
References identified	16) McArthur et al. (2009); 19) Muirhead et al. (2006); 22) Anderson et al. (2005); 23) Chapman et al. (2004); 24) Graffy et al. (2004).	Graffy et al. (2004) (E)	None
12 31	James et al. (2016). Breastfeeding initiation and support: A literature review of what women value and the impact of early discharge.		
References identified	None	None	None
13 1042	Johnson et al. (2015). Enhancing Breastfeeding Rates Among African American Women: A Systematic Review of Current Psychosocial Interventions.		
References identified	53) Chamberlain et al. (2005); 70) Bonuck et al. (2005); 76) Wolfberg et al. (2004); 91) Anderson et al. (2005); 94) Pugh et al. (2010); 104) Memmott et al. (2006); 138) Huang et al. (2007); 140) Wolynn et al. (2012)	Chamberlain et al. (2005) (E); Wolfberg et al. (2004) (E); Wolynn et al. (2012) (E).	None
14 1043	Jolly et al. (2012). Systematic review of peer support for breastfeeding continuation: meta-regression analysis of the effect of		

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

setting, intensity, and timing				
References identified	6) Graffy et al. (2004); 8) Muirhead et al. (2006); 9) Watt et al. (2009); 10) Jolly et al. (2012); 18) Tylleskar et al. (2011); 19) Anderson et al. (2005); 20) Chapman et al. (2004); 25) Coutinho et al. (2005); 26) Leite et al. (2005);	Watt et al. (2009) (E); Jolly et al. (2012) (E); Leite et al. (2005) (E).	None	
15	1063	Kaunonen et al. (2012). A systematic review of peer support interventions for breastfeeding.		
References identified	Anderson et al. (2005); Anderson et al. (2007); Britten et al. (2006); Chapman et al. (2004); Graffy et al. (2004); Grassley (2007); Hoddinott et al. (2006b); Ingram et al. (2004); Kruske et al. (2007); Muirhead et al. (2006); Pisacane et al. (2005); Rossmann (2007)	Britten et al. (2006) (E); Grassley (2007) (E); Pisacane (2005) (E); Rossmann (2007) (E)	None	
16	1128	Lau et al. (2016). Efficacy of e-technologies in improving breastfeeding outcomes among perinatal women: a meta-analysis		
References identified	Bonuck et al. (2014); Bonuck et al. (2009); Edwards et al. (2013a); Fahami et al. (2014); Hannula et al. (2014); Huang et al. (2007); Jiang et al. (2014); Labarere et al. (2011); Seguranyes et al. (2014).	Edwards (2013a) (E); Fahami (2014) (E); Hannula (2014) (I); Jiang (2014) (I); Seguranyes (2014) (I).	Hannula (2014); Jiang (2014); Seguranyes (2014).	
17	1161	Lumbiganon et al. (2011). Antenatal breastfeeding education for increasing breastfeeding duration.		
References identified	Forster et al. (2004); Kools (2005); Lavender et al. (2005); McArthur et al. (2009); Mattar et al. (2007); Noel-Weiss et al. (2006); Wolfberg et al. (2005); Anderson et al. (2005); Bonuck et al. (2005); Bonuck et al. (2006); Chapman et al. (2004); Ekstrom et al. (2006); Gijsbers et al. (2006); Graffy et al. (2004); Memmott et al. (2006); Muirhead et al. (2006); Petrova et al. (2009); Sandy et al. (2009); Su et al. (2007); Wambach et al. (2009); Kupratakul et al. (2010); Olenick et al. (2011).	Ekstrom (2006) (E); Gijsbers (2006) (E); Wambach (2009) (E);	None	
18	1162	Lumbiganon et al. (2012). Antenatal breastfeeding education for increasing breastfeeding duration.		
References identified	Forster et al. (2004); Lavender et al. (2005); Wolfberg et al. (2004); Chapman et al. (2004); Graffy et al. (2004); Kools et al. (2005); Kronborg et al. (2011); Lavender et al. (2005);	None	None	

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

		McArthur et al. (2009); Mattar (2007); Noel-Weiss et al. (2006); Olenick (2010); Anderson et al. (2005); Anderson et al. (2007); Bonuck et al. (2005); Bonuck et al. (2006); Bonuck et al. (2005); Ekstrom et al. (2006); Gijsbers et al. (2006); Memmott et al. (2006); Kupratakul et al. (2010); Muirhead et al. (2006); Petrova et al. (2009); Sandy et al. (2009); Su et al. (2007); Wambach et al. (2009).		
19	1163	Lumbiganon et al. (2016). Antenatal breastfeeding education for increasing breastfeeding duration.		
References identified		Forster et al. (2004); Kellams et al. (2016); Kools et al. (2005); Kronborg et al. (2011); Lavender et al. (2005); McArthur et al. (2009); Mattar (2007); Noel-Weiss et al. (2006); Olenick (2010); Wolfberg et al. (2004); Ahmad et al. (2012); Anderson et al. (2005); Anderson et al. (2007); Bonuck et al. (2005); Bonuck et al. (2006); Bonuck et al. (2005); Chapman et al. (2004); Chapman et al. (2013); Ekstrom et al. (2006); Edwards et al. (2013a); Gijsbers et al. (2006); Graffy et al. (2004); Hanafi et al. (2014); Memmott et al. (2006); Kupratakul et al. (2010); Muirhead et al. (2006); Petrova et al. (2009); Otsuka et al. (2014); Sandy et al. (2009); Ochola et al. (2013a); Spinelli et al. (2013); Srinivas et al. (2015); Stuebe et al. (2016); Su et al. (2007); Wambach et al. (2009); Westdahl et al. (2008); Maycock et al. (2015); Bastani et al. (2009).	Ochola et al. (2013a) (E); Westdahl et al. (2008) (E); Bastani et al. (2009) (E).	None
20	1171	MacVicar et al. (2015). Supporting Breastfeeding Establishment among Socially Disadvantaged Women: A Meta-Synthesis.		
References identified		29. McQueen et al. (2011); 40) Nichols et al. (2009); 41) Otsuka et al. (2014).	Nichols et al. (2009) (I)	Nichols et al. (2009)
30	1547	McFadden et al. (2017). Support for healthy breastfeeding mothers with healthy term babies.		
References identified		Abbass-Dick et al. (2015); Aksu et al. (2011); Anderson et al. (2005); Anderson et al. (2007); Bashour et al. (2008); Bonuck et al. (2006); Bonuck et al. (2005); Bonuck et al. (2014); Bunik et al. (2007); Cameron et al. (2015); Chapman et al. (2004); Chapman et al. (2004); Coutinho et al. (2005); DeOliveira et al. (2006); Efrat et al. (2015); Elliott-Rudder et al. (2014); Fu et al. (2014); Hanson et al. (2015); Hoddinott et al. (2012); Howell et al. (2014); Jolly et al. (2012); Kaojuri et al. (2009); Khresheh et al. (2011); Kools et al. (2005); Kronborg et al. (2007); Labarere et al. (2005); Leite et al. (2005); McDonald et al. (2010); McLachlan et al. (2016); McQueen et al. (2011); Muirhead et al. (2006); Ochola et al. (2013); Petrova et al. (2009); Pugh et al. (2010); Sikander et al. (2015); Simonetti et al. (2012); Srinivas et al. (2015); Su et al. (2007); Tahir et al. (2013); Tylleskar et al. (2011/2013); Vidas et al. (2011); Wambach et al. (2009); Wen et al. (2011); Wolfberg et al. (2004); Wu et al. (2014); Agrasada et al. (2005); Ahmed et al. (2016);	Bashour et al. (2008) (I); Bunik et al. (2007) (E); Cameron et al. (2015) (E); DeOliveira et al. (2006) (E); Efrat et al. (2015) (I); Hanson et al. (2015) (E); Simonetti et al.	Bashour et al. (2008); Efrat et al. (2015).

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SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

		Carlsen et al. (2013); Edwards et al. (2013a); Edwards et al. (2013b); Forster et al. (2004); Giglia et al. (2015); Gijsbers et al. (2006); Hanafi et al. (2014); Jang et al. (2008); Kronborg et al. (2012); Labarere et al. (2011); Lavendar et al. (2005); McArthur et al. (2009); Mannan et al. (2008); Martin et al. (2015); Maycock et al. (2013); Mesters et al. (2013); Noel-Weiss et al. (2006); Olenick et al. (2011); Otsuka et al. (2014); Penfold et al. (2014); Rasmussen et al. (2010); Rasmussen et al. (2011); Sakkaki et al. (2013); Susin et al. (2008); Wallace et al. (2006); Wiggins et al. (2005); Mortazavi et al. (2014); Raisi et al. (2012); Reeder et al. (2014); Taylor et al. (2014); Forster et al. (2014);	(2012) (E); Jang et al. (2008) (E); Penfold et al. (2014) (E); Sakkaki et al. (2013) (E); Wiggins et al. (2005) (E); Mortazavi et al. (2014) (E); Taylor et al. (2014) (E); Raisi et al (2012) (E)	
33	1248	Neville et al. (2014). The Effectiveness of Weight Management Interventions in Breastfeeding Women-A Systematic Review and Critical Evaluation.		
References identified		None	None	None
32	544	Renfrew et al. (2005). Breastfeeding for longer: what works? Systematic Review Summary.		
		None	None	None
21	1283	Oliveira et al. (2017). Meta-analysis of the effectiveness of educational interventions for breastfeeding promotion directed to the woman and her social network.		
References identified		Ahmad et al. (2012); Aksu et al. (2011); Bonuck et al. (2014); Flax et al. (2014); Forster et al. (2004); McCarter et al. (2012); Ochola et al. (2013); Su et al. (2007); Tahir et al. (2013); Tylleskar et al. 2011); Wen et al. (2011); Wu et al. (2014).	Flax et al. (2014) (E); McCarter et al. (2012) (E); Wen et al. (2011) (E).	None
22	1303	Patel & Patel. (2016). The Effectiveness of Lactation Consultants and Lactation Counselors on Breastfeeding Outcomes.		
References identified		22) Bonuck et al. (2006); 23) Bonuck et al. (2005); 24) Bonuck et al. (2014); 26) Carlsen et al. (2013); 28) Lavender et al. (2005); 29) Matter et al. (2007); 31) Petrova et al. (2009); 35) Su et al. (2007); 36) Tahir et al. (2013).	None	None
29	1304	Patnode et al. (2016). Primary Care Interventions to Support Breastfeeding Updated Evidence Report and Systematic Review for the US Preventive Services Task Force.		

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

References identified	27) Abbass-Dick et al. (2015); 28) Anderson et al. (2005); 29) Bonuck et al. (2014); 30) Bonuck et al. (2006); 31) Bonuck et al. (2005); 32) Bunik et al. (2010); 34) Carlsen et al. (2013); 35) Chapman et al. (2013); 38) DiNapoli et al. (2004); 39) Edwards et al. (2013b); 40) Elliott-Rudder et al. (2014); 41) Forster et al. (2004); 42) Fu et al. (2014); 44) Gijssbers et al. (2006); 46) Graffy et al. (2004); 51) Hopkinson et al. (2009); 54) Howell et al. (2014); 56) Jolly et al. (2012); 57) Kellams et al. (2016); 58) Kools et al. (2005); 60) Kronborg et al. (2012); 62) Labarere et al. (2005); 63) Lavender et al. (2005); 64) McArthur et al. (2009); 65) Mattar et al. (2007); 66) McDonald et al. (2010); 67) McQueen et al. (2011); 68) Mesters et al. (2013); 69) Muirhead et al. (2006); 71) Noel-Weiss et al. (2006); 74) Pollard et al. (2011); 76) Reeder et al. (2014); 78) Su et al. (2007); 79) Wallace et al. (2006); 82) Wen et al. (2011); 83) Wong et al. (2014).	DiNapoli et al. (2004) (E); Bunik et al. (2010) (I); Edwards et al. (2013b) (E).	Bunik et al. (2010)
34 1337	Renfrew et al. (2012). Support for healthy breastfeeding mothers with healthy term babies.		
References identified	Aksu et al. (2011); Anderson et al. (2005); Chapman et al. (2005); Bashour et al. (2008); Bonuck et al. (2005); Bonuck et al. (2006); Memmott et al. (2006); Bunik et al. (2007); Bunik et al. (2007); Bunik et al. (2010); Chapman et al. (2004); Coutinho et al. (2005); De Oliveira et al. (2006); DiNapoli et al. (2004); Ekstrom et al. (2006); Graffy et al. (2004); Hopkinson et al. (2009); Khresheh et al. (2011); Kools et al. (2005); Kronborg et al. (2007); Labarere et al. (2005); Leite et al. (2005); McDonald et al. (2010); McQueen et al. (2011); Muirhead et al. (2006); Petrova et al. (2009); Pugh et al. (2010); Su et al. (2007); Tylleskar et al. (2011); Wambach et al. (2009); Wolfberg et al. (2004); Chapman et al. (2011); Forster et al. (2004); Gijssbers et al. (2006); Jang et al. (2008); Lavender et al. (2004); McArthur et al. (2009); Mannan et al. (2008); Noel-Weiss et al. (2006); Olenick et al. (2011); Pollard et al. (2011); Rasmussen et al. (2011); Susin et al. (2008); Wallace et al. (2006); Wiggins et al. (2005).	None	None
23 311	Schmied et al. (2011). Women's perceptions and experiences of breastfeeding support: a meta-synthesis.		
References identified	57) Memmott et al. (2006)	None	None
35 1396	Sinha et al. (2015). Interventions to improve breastfeeding outcomes: a systematic review and meta-analysis.		
References identified	12) Ahmad et al. (2012); 14) Aksu et al. (2011); 15) Akter et al. (2012); 19) Anderson et al. (2005); 23) Artieta-Pinedo et al. (2013); 29) Bashour et al. (2008); 32) Bland et al. (2008); 34) Bonuck et al. (2005); 36) Boulvain et al. (2004); 42) Buik et al. (2007); 43) Bunik et al. (2010); 45) Carlsen et al. (2013); 49) Chapman et al. (2004); 50) Chapman et al. (2011); 53) Coutinho et al. (2005); 64) Elliot-Rudder et al. (2014); 67) Flax et al. (2014); 68) Forster et al. (2004); 73)	Bland et al. (2008) (E); Boulvain et al. (2004) (E); Kang et al. (2008) (I); Lovera et al. (2010)	Kang et al. (2008)

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

		Gijsbers et al. (2006); 7) Gill et al. (2006); 75) Graffy et al. (2004); 82) Hauck et al. (2007); 86) (E); Mellin et al. Hoddinott et al. (2012); 87) Hoddinott et al. (2006); 89) Hopkinson et al. (2009); 90) Howell et (2011) (E). al. (2014); 91) Huang et al. (2007); Ickovics et al. (2007); 98) Jolly et al. (2012); 100) Kang et al. (2008); 102) Khresheh et al. (2011); 105) Kools et al. (2005); 107) Kronborg et al. (2007); 108) Kruske et al. (2007); 109) Kupratakul et al. (2010); 110) Labarere et al. (2005); 111) Labarere et al. (2011); 114) Lavender et al. (2005); 115) Leite et al. (2005); 117) Lin et al. (2008); 118) Lin et al. (2008); 121) Lovera et al. (2010); 124) Mattar et al. (2007); 128) McQueen et al. (2011); 129) Mellin et al. (2011); 135) Muirhead et al. (2006); 138) Noel-Weiss et al. (2006); 139) Nommsen- Rivers et al. (2009); 140) Ochola et al. (2013); 143) Di Oliveira et al. (2006); 144) Pannu et al. (2011); 147) Petrova et al. (2009); 151) Pisacane et al. (2005); 155) Pugh et al. (2010); 159) Rasmussen et al. (2011); 161) Rosen et al. (2008); 167) Sandy et al. (2009); 173) Simonetti et al. (2012); 177) Su et al. (2007); 178) Susin et al. (2008); 181) Tahir et al. (2013); 185) Tylleskar et al. (2011); 196) Wallace et al. (2006); 1399) Wen et al. (2011); 201) Wilhelm et al. (2006); 202) Wolfberg et al. (2004); 203) Wong et al. (2007).
24	1400	Skouteris et al. (2014). Interventions Designed to Promote Exclusive Breastfeeding in High-Income Countries: A Systematic Review.
References identified	13) Rahman et al. (2012); 30) Bonuck et al. (2006); 32) Pollard (2011); 34) Rasmussen et al. Rahman et al. Pollard (2011) (2011); 35) Forster et al. (2004); 36) Khresheh et al. (2011); 37) McDonald et al. (2010); 39) (2012) (E); Pollard (2011) (I); Lavender et al. (2005); 40) Wallace et al. (2006); 41) Aksu et al. (2011); 42) Gijsbers et al. McDonald et al. (2006); 43) Kronborg et al. (2007); 45) Mattar et al. (2007); 46) Tahir et al. (2013). (2010) (E).	
25	1425	Sudfeld et al. (2012). Peer Support and Exclusive Breastfeeding Duration in Low and Middle-Income Countries: A Systematic Review and Meta-Analysis.
References identified	10) Mannan et al. (2008); 21) Wong et al. (2007); 33) Agrasada et al. (2005); 34) Coutinho et al. Mannan et al. None (2005); 36) Leite et al. (2005); 37) Tylleskar et al. (2011); 40) Aksu et al. (2011). (2008) (E).	
26	1516	Wong et al. (2015). Group versus Individual Professional Antenatal Breastfeeding Education for Extending Breastfeeding Duration and Exclusivity: A Systematic Review.
References identified	16) Rossman et al. (2007); 37) Bonuck et al. (2014); 38) Tanner-Smith et al. (2013); 40) Forster Rempel et al. Kronborg et al. (2004); 44) Noel-Weiss et al. (2006); 45) Rempel et al. (2012); 46) Su et al. (2007); 47) (2012) (E); et al. Mattar et al. (2007); 48) Kronborg et al. (2012); 50) Lavender et al. (2005); 61) Geoghegan- (2012). Morphet et al. (2014); 62) Davis et al. (2014); 63) Fu et al. (2014). Morphet et al.	

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

(2014) (E); Davis
et al. (2014) (E);
Kronborg et al.
(2012) (I).

27	475	Wood et al. (2016). Interventions that Enhance Breastfeeding Initiation, Duration, and Exclusivity: A Systematic Review.		
References identified		Coutinho et al. (2005); Kronborg et al. (2012); Kronborg et al. (2007); Labarere et al. (2005); Mattar et al. (2007); Noel-Weiss et al. (2006).	None	None
28	1519	Wouk et al.(2016). Clinical Interventions to Promote Breastfeeding by Latinas: A Meta-analysis.		
References identified		14) Schlickau et al. (2005); 22) Hopkinson et al. (2009); 39) Howell et al. (2014); 40) Bonuck et al. (2005); 41) Chapman et al. (2013); 42) Petrova et al. (2009); 43) Chapman et al. (2004); 45) Sandy et al. (2009); 46) Gill et al. (2007); 47) Anderson et al. (2007).	Schlickau et al. (2005) (E)	None

Highlighted Reference numbers () identified were already identified in database searches (Stage I) or were identified from reference lists screened prior in the list and already noted an ineligible based on abstract information; # = order in which references were screened (indicates where references were identified first). Highlighted included articles () were full-text screened.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Article No.	No. of Article first identified in	Reference List first identified in	Author(s)	Title	Year Published	Citation	Include/Exclude PD	Abstract	Include/Exclude PD	Full Text Include/Exclude?
1	30	McFadden et al. (2017)	Bashour, H. N., Kharouf, M. H., & O'Connor, M. E.	Effect of postnatal home visits on maternal/infant outcomes in Syria: a randomized controlled trial.	2008	Public Health Nursing, 25(2), 115-125.	Include	ABSTRACT Objective: Early postpartum home visiting is universal in many Western countries. Studies from developing countries on the effects of home visits are rare. In Syria, where the postpartum period is rather ignored, this study aimed to assess whether a community-based intervention	Include	Exclude
2	29	Patnode et al. (2010).	Bunick, M., Shobe, P., O'Connor, M. E.,	Are 2 Weeks of Daily Breastfeeding Support Insufficient to Overcome the Influences of Formula?	2010	Academic Pediatrics, 10(1), 21-28.	Include	Objective.—To evaluate the effectiveness of proactive telephone breastfeeding support in low-income, primiparous, primarily Latina women on 1) duration and exclusivity of breastfeeding, 2) satisfaction with feeding, 3) rationale for discontinuing breastfeeding and 4) health care utilization.	Include	Include
3	30	McFadden et al. (2017)	Efrat, M. W., Esparza, S., Mendelson, S. G., Lane, C. J.	The effect of lactation educators implementing a telephone-based intervention among low-income Hispanics: A randomised trial	2015	Health Education Journal, 74(4), 424-441.	Include	Abstract. Objectives: To assess whether a telephone-based breastfeeding intervention delivered by lactation educators influenced exclusive breastfeeding rates among low-income Hispanic women in the USA. Design: Randomised two-group design. Setting: Pregnant low-income Hispanic women (208) were recruited from community health clinics in Los Angeles County (USA) and randomly assigned to either a control or an intervention group. Methods: Data relative to the factors associated with breastfeeding were collected during the third trimester. Breastfeeding	Include	Exclude
4	16	Lau et al. (2016).	Hannula, L. S., Kaunonen, M. E., Pukka, P. J.	A study to promote breastfeeding in the Helsinki Metropolitan area in Finland.	2014	Midwifery, 30(1), 696-704.	Include	Abstract Objective: the aim of this study was to assess the impact of providing intensified support for breast feeding during the perinatal period.Design: a quasi-experimental design with non-equivalent control group. Setting: three public maternity hospitals (two study, one control) in the Helsinki	Include	Include
5	16	Lau et al. (2016).	Jiang, H., Li, M., Wen, L. M., Hu, Q., Yang, D., He, G., Bai, L. A.,	Effect of short message service on infant feeding practice: findings from a community-based study in Shanghai, China	2014	JAMA pediatrics, 168(5), 471-478.	Include	Abstract: Importance. Appropriate infant feeding practices have the potential for long-term health effects. However, research findings on improving early infant feeding practices are limited. The wide use of mobile phone short message service (SMS) provides new opportunities for health promotion and services. Objective. To assess the effect of an SMS intervention on infant feeding practices. Design and Setting.	Include	Include
6	35	Sinha et al. (2015).	Kang, J. S., Choi, S. Y., Ryu, E. J.	Effects of a breastfeeding empowerment programme on Korean breastfeeding mothers: A quasi-experimental study	2008	International Journal of Nursing Studies, 45(1), 14-23.	Include	Abstract. Objectives: This quasi-experimental study examined the effects of a new breastfeeding empowerment programme provided to post-partum mothers within 3 days of entering post-partum care centres on their breastfeeding empowerment, problems and practice rate. Method: The study employed a non-equivalent control group non-synchronized design. Participants who conformed with the selection criteria were selected	Include	Include
7	26	Wong et al. (2015).	Kronborg, H., Malmberg, R. D., & Vaeth, M.	Antenatal training to improve breast feeding: a randomised trial.	2012	Midwifery, 28(6), 784-790.	Include	Abstract Objective: To assess the effect of an antenatal training programme on knowledge, self-efficacy and problems related to breast feeding and on breast-feeding duration. Design: a randomised controlled trial. Setting: the Aarhus Midwifery Clinic, a large clinic connected to a Danish university	Include	Exclude
8	20	MacVicar et al. (2015).	Nichols, J., Schutte, N. S., Brown, R. F., Dennis, C. L., & Price,	The impact of a self-efficacy intervention on short-term breast-feeding outcomes.	2009	Health Education & Behavior, 36(2), 250-258.	Include	Abstract: Maternal self-efficacy for breast-feeding may contribute to success in breast-feeding. This study aimed to increase breast-feeding self-efficacy and actual breast-feeding through an intervention based on Bandura's self-efficacy theory. A total of 90 pregnant women participated in the study. The women who were assigned to a breast-feeding self-efficacy intervention showed significantly greater increases in breast-feeding	Include	Exclude
9	24	Skouteris et al. (2014).	Pollard, D. L.	Impact of a Feeding Log on Breastfeeding Duration and Exclusivity	2011	Maternal and Child Health Journal, 15(1), 395-400.	Include	Abstract: Even with the gradual upward trends in breastfeeding initiation and duration, breastfeeding rates at 6 months continue to lag well behind the 50% target set for any breastfeeding and the 25% target set for exclusive breastfeeding by the Healthy People 2010 initiatives. Overall evidence is limited in identifying effective interventions that promote breastfeeding duration and more research needs to be focused on specific nursing	Include	Exclude
10	16	Lau et al. (2016).	Seguranyes, G., Costa, D., Fuentes-Saz-Gallego, C., Beneit, J.	Efficacy of a videoconferencing intervention compared with standard postnatal care at primary care health centres in Catalonia.	2014	Midwifery, 30(6), 764-771.	Include	Abstract Objective: to evaluate the efficacy of an intervention combining videoconferencing and telephone contact compared to standard post partum care of recent mothers attending health centres in Catalonia were recorded. Design: multicentre, randomised parallel controlled clinical trial.	Include	Exclude
11	2	Chung et al. (2008).	Su, L. L., Chong, Y. S., Chan, Y. H., Chan, Y. S., Fok, D., Tun, K. T., &	Antenatal education and postnatal support strategies for improving rates of exclusive breast feeding: randomised controlled trial.	2007	BMJ, 335(7620), 596-603.	Include	Abstract: Objective To investigate whether antenatal breast feeding education alone or postnatal lactation support alone improves rates of exclusive breast feeding compared with routine hospital care. Design: Randomised controlled trial. Setting: A tertiary hospital in Singapore. Participants: 450 women	Include	Exclude
12	9	Isanez et al. (2012).	Rosane Odeth Susan, L., & Regina Justo Giugliani, E.	Inclusion of fathers in an intervention to promote breastfeeding: impact on breastfeeding rates.	2008	Journal of Human Lactation, 24(4), 386-392.	Include	Abstract: This controlled clinical trial, conducted in southern Brazil, assessed the impact of paternal inclusion in a breastfeeding education program carried out in a maternity hospital. Rates of breastfeeding in the first 6 months of babies' lives were measured in 586 families: 201 in the control group, 192 in the group with only mothers exposed to the intervention, and 193 in the group with mothers and fathers exposed to the intervention.	Include	Exclude
13	2	Chung et al. (2008).	Wilhelm, S. L., Flanders Stephens, M. B., Hertzog, M.	Motivational interviewing to promote sustained breastfeeding.	2006	Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35(3), 340-348.	Include	Abstract Objective: To explore the feasibility of using motivational interviewing to promote sustained breastfeeding by increasing a mother's intent to breastfeed for 6 months and increasing her breastfeeding self-efficacy. Design: A longitudinal experimental two-group design with repeated	Include	Exclude

Figure C1. Full text eligibility screening for articles identified through reference list screening of relevant systematic reviews and meta-analyses identified in the search strategy. Details of title, abstract, citation, where the article was first identified and decision to include or exclude based on title and abstract. Microsoft Excel documents can be provided on request

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Eligibility Criteria	Were all mothers older than 18yrs?	Were mothers recruited after 2004?	Did mother's give birth to a term (≥37 weeks) singleton infant?	Was the intervention 'psychological-based'? (i.e. utilizes a psychological therapy or psychological-based therapy, or employ behaviour change technique(s)).	Was the intervention delivered prenatally or within 6-months of delivery?	Was the intervention targeted at mothers and/or significant others? (e.g. grandmother, father, partner?)	Did the control group receive intervention(s) intrapartum?	Was the control group a comparison to previous maternal breastfeeding experience(s)?	Outcomes	Were the outcome(s) breastfeeding initiation rates, duration and/or exclusivity?	Study Design	Was the study design eligible? (RCT, quasi-RCT, quasi-experimental, cohort study?)	Was the total sample greater than 20 participants?	Decision?	Notes	Agreement between authors on rating whether to include or exclude.	Final Decision?	Reason	Author Emailed / Email	Authors contacted - Replied?	Include / Exclude Full Text based on Authors comments	Final Decision
Criteria necessary to include	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes								
Authors (Year)																						
Bashour et al. (2008)	Can't Tell	Yes	Yes / Can't Tell	No - practice base	Yes	Yes	No	No	Yes	Yes	Yes	No	Not psychological based									
Bunik et al. (2010)	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes					INCLUDE					INCLUDE
Efrat et al. (2015)	Can't Tell	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on maternal age	Merav.efrat@csun.edu	Replied - On sabbatical.	EXCLUDE	EXCLUDE
Hannula et al. (2014)	Can't Tell	Yes	Yes	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on maternal age	leena.hannula@metropolia.fi	Replied - Mothers included were all >18years.	INCLUDE	INCLUDE
Jiang et al. (2014)	Yes	Yes	Yes / Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on infant gestational age	xqian@fudan.edu.cn	Replied - Preterm infants excluded from	INCLUDE	INCLUDE
Kang et al. (2008)	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes					INCLUDE					INCLUDE
Kronborg et al. (2012)	Yes	Yes	Yes / Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on infant gestational age	h.k@nursingscience.au.dk	No reply	EXCLUDE	EXCLUDE
Nichols et al. (2009)	Yes	Can't Tell	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on recruitment dates, infant	nschutte@une.edu.au.	Replied - Does not have information required.	EXCLUDE	EXCLUDE
Pollard (2011)	Yes	Can't Tell	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on recruitment dates	pollardd@unmc.edu	Not contactable		EXCLUDE
Seguranves et al. (2014)	Can't Tell	Yes	Can't Tell / Yes	No - testing use of	Yes	Yes	No	No	Yes	Yes	Yes	No	Testing type of service p									
Su et al. (2007)	Can't Tell	Yes	Can't Tell / Yes	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on maternal age or infant	Dr Chong obgcys@nus.edu.sg	Replied - waiting for data. Never got data.	EXCLUDE	EXCLUDE
Susin et al. (2008)	Can't Tell	Can't Tell	Can't Tell	Yes?	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on maternal age,	Not contactable			EXCLUDE
Wilhelm et al. (2006)	Yes	Can't Tell	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors						No information on recruitment dates	slwilhel@unmc.edu	No reply	EXCLUDE	EXCLUDE

Figure C2. Full text eligibility screening table for articles identified through reference list screening of systematic reviews and meta-analyses. Based on full text screening, the table details decisions to include, exclude, or contact authors for additional information with outcomes of contact attempts and final decisions. Microsoft Excel documents can be provided on request

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix D

Reference List Screening of All Eligible Included Articles

Table 1					
Stage III Reference List Screening of Eligible Articles					
#	No.	Authors (Year)	Title	Include/Exclude on Abstract?	References Included
1	658	Abbass-Dick et al. (2015).	Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial.		
Ref's ID'd		14) Rempel et al. (2004); 24) Maycock et al. (2013); 25) Pisacane et al. (2005); 26) Susin et al. (2008); 27) Bich et al. (2014); 28) Tohotoa et al. (2009).		Tohotoa et al. (2009) (E).	None
2	665	Ahmed et al. (2016).	The Effect of Interactive Web-Based Monitoring on Breastfeeding Exclusivity, Intensity, and Duration in Healthy, Term Infants After Hospital Discharge		
Ref's ID'd		Chapman et al. (2013); Giglia et al. (2014); Huang et al. (2007); Pollard et al. (2011); Thomas & Shaikh (2012);		Thomas & Shaikh (2012) (E).	None
3	914	Fu et al. (2014).	Professional breastfeeding support for first-time mothers: a multicentre cluster randomised controlled trial.		
Ref's ID'd		17) Bonuck et al. (2005); 18) Kronborg et al. (2007); 19) Su et al. (2007); 20) Bunik et al. (2010); 21) Khresheh et al. (2011); 23) McDonald et al. (2010); 25) Wallace et al. (2006); 41) Labarere et al. (2005).		None	None
4	1082	Khresheh et al. (2011).	The effect of a postnatal education and support program on breastfeeding among primiparous women: A randomized controlled trial.		
Ref's ID'd		Forster et al. (2004); McDonald et al. (2010).		None	None
5	364	Kupratakul et al. (2010).	A randomized controlled trial of knowledge sharing practice with empowerment strategies in pregnant women to improve exclusive breastfeeding during the first six months postpartum.		
Ref's ID'd		3) Su et al. (2007); 10) Wong et al. (2007); 13) Anderson et al. (2005); 14) Huang et al. (2007); 15) Hopkinson et al. (2009); 16) Susin et al. (2008).		None	None

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6	323	Labarere et al. (2011). CD-ROM-based program for breastfeeding mothers.		
Ref's ID'd		Huang et al. (2007); Roberts et al. (2009).	None	None
7	1191	Maycock et al. (2013). Education and Support for Fathers Improves Breastfeeding Rates: A Randomized Controlled Trial.		
Ref's ID'd		16) Wolfberg et al. (2004); 17) Pisacane et al. (2005); 18) Pannu et al. (2011); 19) Tohotoa et al. (2011).	None	None
8	1205	Meedya et al. (2014). Increasing breastfeeding rates to six months among nulliparous women: A quasi-experimental study.		
Ref's ID'd		Hoddinott et al. (2006); Mattar et al. (2007); Noel-Weiss et al. (2006); Wolfberg et al. (2004).	None	None
9	1332	Rasmussen et al. (2011). Interventions to Increase the Duration of Breastfeeding in Obese Mothers: The Bassett Improving Breastfeeding Study.		
Ref's ID'd		19) Bonuck et al. (2005).	None.	None
10	1424	Su et al. (2016). Father's Role in Breastfeeding Promotion: Lessons from a Quasi-Experimental Trial in China.		
Ref's ID'd		10) Bunik et al. (2010); 22) Maycock et al. (2013); 23) Susin et al. (2008); 24) Bich et al. (2013); 25) Wolfberg et al. (2004); 35) Pisacane et al. (2005); 36) Tohotoa et al. (2009).	None.	None
11	1434	Tahir & Al-Sadat. (2013). Does telephone lactation counselling improve breastfeeding practices?: A randomised controlled trial. 2013		
Ref's ID'd		Anderson et al. (2005); Bonuck et al. (2005); Fallon et al. (2005); McDonald et al. (2010); Pugh et al. (2010); Rasmussen et al. (2011).	None.	None
12	1522	Wu et al. (2014). The effects of a breastfeeding self-efficacy intervention on short-term breastfeeding outcomes among primiparous mothers in Wuhan, China.		
Ref's ID'd		None	None	None
13	**	Bunik et al. (2010). Are 2-weeks of daily breastfeeding support insufficient to overcome the influences of formula?		

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Ref's ID'd	10) Chapman et al. (2004); 11) Anderson et al. (2005).	None.	None.
14 **	Jiang et al. (2014). Effect of Short Message Service on Infant Feeding Practice: Findings From a Community-Based Study in Shanghai, China.		
Ref's ID'd	11) Wen et al. (2011); 12) Wen et al. (2012); 30) Watt et al. (2009).	Wen et al. (2012) (E).	None.
15 **	Kang et al. (2008). Effects of a breastfeeding empowerment programme on Korean breastfeeding mothers: A quasi-experimental study		
Ref's ID'd	None.	None.	None.
16 **.	Hannula et al. (2014). A study to promote breastfeeding in the Helsinki Metropolitan area in Finland.		
Ref's ID'd	Pisacane et al. (2005); Wolfberg et al. (2004).	None.	None.

Highlighted reference list items in Yellow were articles identified by the original full literature search; Highlighted Reference items in Grey have are articles not identified in the original literature search but were identified and screened as part of the Reference List Screening of Systematic Reviews and meta-analyses (see online Appendix C). Items were screened chronologically #1-15. Ref's ID'd= References Identified; **= Article was identified in reference list screening of systematic reviews and meta-analyses and therefore doesn't have a # from initial search strategy. #= order in which references were screened. No = identification number from initial search strategy.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix E

Full Text Eligibility Screening Process

			Population			Intervention			Comparator(s)		Outcomes	Study Design					
	PD / YSC	Eligibility Criteria	Were all mothers older than 18yrs?	Were mothers recruited after 2004?	Did mother's give birth to a term (≥37 weeks) singleton infant?	Was the intervention 'psycho-behavioural'? (i.e. utilizes a psychological therapy or psychological-based therapy, or employ behaviour change technique(s)).	Was the intervention delivered prenatally or within 6-months of delivery?	Was the intervention targeted at mothers and/or significant others? (e.g. grandmother, father, partner?)	Did the control group receive intervention(s) intrapartum?	Was the control group a comparison to previous maternal breastfeeding experience(s)?	Were the outcome(s) breastfeeding initiation rates, duration and/or exclusivity?	Was the study design eligible? (RCT, quasi-RCT, quasi-experimental, cohort study?)	Was the total sample greater than 20 participants?	Decision Include?	Notes	Agreement between authors on initial rating whether to include or exclude.	Final Decision? (Following replies from contact authors (Page 3))
		Criteria necessary to Include	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
#		Authors (Year)															
658	PD YSC	Abbass-Dick et al. (2015)	Yes Yes	Yes Yes	Yes Yes	Yes - BCT Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Yes Yes		✓	Include
41	PD YSC	Adhisivam et al. (2016)	Can't Tell Can't Tell	Yes Yes	No No	Yes - BCT Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
664	PD YSC	Agrasada et al. (2005)	Yes Yes	No No	Yes Yes	Yes - BCT Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
665	PD YSC	Ahmed et al. (2016)	Yes Yes	Can't Tell Can't tell	Yes Yes	Yes- BCT Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Include
670	PD YSC	Aksu & Duzgun (2011)	Can't Tell Yes	Yes Yes	Yes Yes	Yes - BCT Yes peer support	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Yes	Authors contacted	x	Exclude
671	PD YSC	Akter et al. (2012)	Can't Tell Can't Tell	Yes Yes	Can't Tell No	Yes - BCT Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Exclude
679	PD YSC	Anderson et al. (2005)	Yes Yes	No No	No No	Yes Yes peer support	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
680	PD YSC	Anderson et al. (2007)	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
724	PD YSC	Bich et al. (2014)	Can't Tell Yes	Yes Yes	Can't Tell No	Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Exclude
723	PD YSC	Bich et al. (2017)	Can't Tell	Yes	Can't Tell No	Yes - BCT	Yes Yes	Yes Yes	No No	No No	No No	Yes Yes	Yes Yes	No No		✓	Exclude
737	PD YSC	Bonuck et al. (2005)	Can't Tell	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
738	PD YSC	Bonuck et al. (2014)	Yes Yes	Yes Yes	Yes/Can't Tell* No	Yes Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Exclude
13	PD YSC	Bosire et al. (2016)	Yes Yes	Yes Yes	Can't Tell Can't tell/No	Yes -BF counsellir Yes -BF counsellir	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Exclude
787	PD YSC	Chapman et al. (2004)	Yes Yes	No No	Yes No	Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
788	PD YSC	Chapman et al. (2013)	Yes Yes	Yes Yes	No* No	Yes - BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
656	PD YSC	Chezem, et al. (2004)	Can't Tell	No No	Can't Tell	Yes - BCT & suppo	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
268	PD YSC	Ciftci & Arikan (2012)	Can't Tell Can't Tell	Yes Yes	Can't Tell Can't tell/No	Yes - BCT Yes-BF education	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Exclude
866	PD YSC	Dotd et al. (2015)	No* No	Yes Yes	No* No	Yes - Self-efficacy	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude
888	PD YSC	Elliott-Rudder et al. (2014)	Can't Tell Can't Tell	Yes Yes	Can't Tell Can't tell/No	Yes - MI Yes -motivational	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	Exclude
506	PD YSC	Engebretsen et al. (2014)	No Can't Tell	Yes Yes	Yes* Can't tell/No	Yes Yes BF counsellin	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	No No		✓	Exclude

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

465	PD	Forster et al. (2004)	Can't Tell	No	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No										No			
914	PD	Fu et al. (2014)	Yes	Yes	Yes/Can't Tell*	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Include
	YSC		Yes	Can't tell	Can't tell	No?	Yes	Yes	No	No	Yes	Yes	Yes	No			
917	PD	Gallegos et al. (2014)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	Can't tell/No	Yes-BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
929	PD	Giglia et al. (2015)	Can't Tell	Yes	Can't Tell	No	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		Can't tell	Yes	Can't tell	Yes?Online inforr	Yes	Yes	No	No	Yes	Yes	Yes	No			
932	PD	Gill et al. (2007)	Can't Tell	Can't Tell	Yes/Can't Tell*	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Can't Tell	Can't tell	Can't (singelton?)	Yes? Bilingual Lac	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
476	PD	Gu et al. (2016)	Yes	Yes	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Yes	Yes	Can't tell	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
118	PD	Hanafi et al. (2014)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Yes	Yes	Can't tell/No	Yes? health educ	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
978	PD	Hauck et al. (2007)	Can't Tell	No	Yes*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No										No			
993	PD	Higgins et al. (2010)	Can't Tell	Can't Tell	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Can't Tell	Can't tell	Can't tell	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
1002	PD	Hoddinott et al. (2012)	No	Yes	Can't Tell	Yes - BCT & suppo	Yes	Yes	No	No	Yes	Yes - pilot	Yes	No		✓	Exclude
	YSC			Yes	No	Yes BCT								No			
1011	PD	Howell et al. (2014)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Yes	Yes	Can't tell	Yes BCT	Yes	Yes	No	No	Yes	Yes		Contact Authors			
1013	PD	Huang et al. (2007)	Yes	No	Can't Tell	Can't Tell	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		Yes	No	No									No			
1058	PD	Kapur et al. (2017)	Can't Tell	Yes	Yes	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Can't Tell	Yes	Yes	Yes BCT lactation	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
1067	PD	Kellams et al. (2016)	Can't Tell	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	Can't tell/No	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
1082	PD	Khresheh et al. (2011)	Can't Tell	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Include
	YSC		Can't Tell	Yes	Yes	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
1103	PD	Kronborg et al. (2007)	Can't Tell	Yes	Yes	Yes?	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Can't Tell	Yes	Yes	No -Training for H	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
364	PD	Kupratakul et al. (2010)	Can't Tell	Yes	Can't Tell*	Yes - Psych based	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Include
	YSC		Yes	Yes	Can't tell/No	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
1118	PD	Labarere et al. (2005)	Yes	No	Yes	Yes - BCT	Yes	?	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No	Yes									No			
323	PD	Labarere et al. (2011)	Yes	Yes	Yes	Yes - psych based	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Resolved in Discussion	x	Include
	YSC		Can't tell	Yes	Yes	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No?			
1133	PD	Lavender et al. (2005)	Can't Tell	No	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		Yes	No	can't tell/No	Yes BCT					Yes			No			
1152	PD	Lin et al. (2008)	Yes	No	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		Yes	No	can't tell/No									No			
1153	PD	Lin et al. (2008)	Can't Tell	No	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No										No			
1183	PD	Martin et al. (2015)	Yes	Yes	Can't Tell*	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Yes	Yes	Can't tell	Yes BCT	Yes	Yes	No (not for BF)	No	Yes	Yes	Yes	Contact Authors			
1188	PD	Mattar et al. (2007)	Can't Tell	No	Yes	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No										No			
1191	PD	Maycock et al. (2013)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Include
	YSC		Yes	Yes	Can't tell/No	Yes-BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
1202	PD	McLachlan et al. (2016)	Can't Tell	Yes	Can't Tell	No*	Yes	No*	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		Yes	Yes	Can't tell	Yes -BCT ?	Yes	Yes	No	No	Yes	Yes	Yes	No?			
1203	PD	McQueen et al. (2011)	Can't Tell	Yes	Yes	Yes - Self-efficacy	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		No/Can't tell	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No			
1205	PD	Meedya et al. (2014)	Yes	Yes	Yes	Yes - BCT & suppo	Yes	Yes	No	No	Yes	Yes	Yes	Yes		✓	Include
	YSC		Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
1209	PD	Mejdoubi et al. (2014)	No*	Yes	No	Yes - BCT	Yes	Yes*	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		No	Yes										No			
1213	PD	Mesters et al. (2013)	Can't Tell	No	Can't Tell	Yes - BCT	Yes	Yes	Can't Tell	Can't Tell	Yes	Yes	Yes	No		✓	Exclude
	YSC		Yes	No										No			
559	PD	Morhason-Bello et al. (2009)	Yes*	Yes	Yes	Yes*	No	Yes	No	No	No*	Yes	Yes	No		✓	Exclude
	YSC		Yes	Yes	Can't tell	Yes?		Yes	No	No	Yes	Yes	Yes	No			

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

1232	PD	Moudi et al. (2016)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	No	No								No			
1239	PD	Nabulsi et al. (2014)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	No		✓	Exclude
	YSC				Yes									No			
1259	PD	Noel-Weiss et al. (2006)	No*	Yes	No*	Yes - Self-efficacy	Yes	Yes	No*	No*	Yes	Yes	Yes	No		✓	Exclude
	YSC			Yes	No									No			
1293	PD	Otsuka et al. (2014)	No	Yes	Yes*	Yes - Self-efficacy	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		No	Yes										No			
1298	PD	Pannu et al. (2011)	Can't Tell	No	Can't Tell	No	No	No	n/a	n/a	Yes	No	Yes	No		✓	Exclude
	YSC			No										No			
1309	PD	Petrova et al. (2009)	Can't Tell	Yes	Yes	Yes- BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
489	PD	Pitcock et al. (2015)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Yes	Can't tell	Can't tell	Yes	yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
69	PD	Puapornpong et al. (2015)	Can't Tell	Yes	Yes*	No	No	Yes	n/a	n/a	Yes	No	Yes	No		✓	Exclude
	YSC		No	Yes										No			
1323	PD	Pugh et al. (2010)	No	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No										No			
1332	PD	Rasmussen et al. (2011)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Include
	YSC		No											No			
1333	PD	Reeder et al. (2014)	No	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		No	Yes	No									No			
1340	PD	Ridgway et al. (2016)	Can't Tell	Yes	Can't Tell	No	Yes	n/a	n/a	n/a	Yes	No*	Yes	No		✓	Exclude
	YSC		Yes	Yes	Can't tell	Yes? Home visit	Yes	Yes	No	No	Yes	Yes	Yes	No			
1350	PD	Rosen et al. (2008)	No	Can't Tell	Yes	No	Yes	n/a	n/a	n/a	Yes	No	Yes	No		✓	Exclude
	YSC		No											No			
1356	PD	Rozga et al. (2016)	No	Yes	Can't Tell	Yes - support	Yes	Yes	No	No	Yes	No	Yes	No		✓	Exclude
	YSC			Yes	No									No			
1363	PD	Sandy et al. (2009)	No	No*	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		No											No			
2	PD	Schreck et al. (2017)	Yes	Yes	No*	Yes - BCT & suppo	Yes	Yes	n/a	n/a	Yes	Yes	Yes	No		✓	Exclude
	YSC		Yes	Yes	No									No			
1392	PD	Sikander et al. (2015)	No	Yes	Can't Tell	Yes - Therapy	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		No	Yes										No			
7	PD	Srinivas et al. (2015)	Yes	Yes	Can't Tell	Yes - PC	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	No									No			
46	PD	Stuebe et al. (2016)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes		No									No			
1424	PD	Su (2016)	Yes	Yes	Yes / Can't Tell*	Yes - BCT & suppo	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Include
	YSC		Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
1434	PD	Tahir et al. (2013)	Yes	Yes	Yes	Yes - counselling	Yes	Yes	No	No	Yes	Yes	Yes	Yes		✓	Include
	YSC		Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
1440	PD	Tanner-Smith et al. (2013)	Can't Tell	Yes	Can't Tell	No	n/a	n/a	No	No	Yes	No	Yes	No		✓	Exclude
	YSC		No	Yes										No			
1474	PD	Tylleskar et al. (2011)	No	Yes	Yes*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		Can't Tell/No	Yes	Can't tell/No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No			
1484	PD	Vidas et al. (2011)	Can't Tell	Yes	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Can't Tell	Yes	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No			
1487	PD	Vinter et al. (2014)	Yes	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	No									No			
1495	PD	Washio et al. (2017)	Can't Tell	Yes	Can't Tell	Yes- BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		No	Yes										No			
74	PD	Wilhelm et al. (2015)	No	Yes	Yes*	Yes - MI	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC		No											No			
573	PD	Wong et al. (2007)	Can't Tell	No	Yes	Yes - PC	Yes	Yes	No	No	Yes	Yes	Yes	No		✓	Exclude
	YSC			No	Yes									No			
1515	PD	Wong et al. (2014)	Yes	Yes	Yes/Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	Exclude
	YSC		Yes	Yes	No/Can't tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No			
1522	PD	Wu et al. (2014)	Yes	Yes	Yes	Yes - Self-efficacy	Yes	Yes	No	No	Yes	Yes	Yes	Yes		✓	Include
	YSC		Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
32	PD	Zhu et al. (2016)	Yes	Yes	Yes/Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	Exclude
	YSC		Can't tell	Yes	Can't tell (singelto	Yes	Yes	Yes	No	No	Yes	Yes		Contact Authors			
			Flagged as potential for inclusion provided we are given more information by author														

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

			Appendix. E. Screening Table for Study Eligibility														
MISSING DATA ITEMS FOR EACH STUDY - NEED TO CONTACT AUTHORS FOR MORE INFORMATION																	
			Population			Intervention			Comparator(s)		Outcomes	Study Design					
			Were all mothers older than 18yrs?	Were mothers recruited after 2004?	Did mother's give birth to a term (≥37 weeks) singleton infant?	Was the intervention 'psycho-behavioural'? (i.e. utilizes a psychological therapy or psychological-based therapy, or employ behaviour change technique(s)).	Was the intervention delivered prenatally or within 6-months of delivery?	Was the intervention targeted at mothers and/or significant others? (e.g. grandmother, father, partner?)	Did the control group receive intervention(s) intrapartum?	Was the control group a comparison to previous maternal breastfeeding experience(s)?	Were the outcome(s) breastfeeding initiation rates, duration and/or exclusivity?	Was the study design eligible? (RCT, quasi-RCT, quasi-experimental, cohort study?)	Was the total sample greater than 20 participants?			Agreement between authors	
	PD / YSC	Eligibility Criteria												Decision Include?	Notes		Missing Information
		Criteria necessary to Include	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes			
#		Authors (Year)															
STUDIES THAT HAVE ONE ITEM OF MISSING INFORMATION THAT THEREFORE CAN'T BE DIRECTLY INCLUDED/EXCLUDED ACCORDING TO ELIGIBILITY CRITERIA																	
670	PD YSC	Aksu & Duzgun (2011)	Can't Tell Yes	Yes Yes	Yes Yes	Yes - BCT Yes peer support	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Yes	Authors contacted	x	No information on maternal age . Everything else eligible.
738	PD YSC	Bonuck et al. (2014)	Yes Yes	Yes Yes	Yes/Can't Tell* No	Yes Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No information on infant gestational age . Everything else eligible.
13	PD YSC	Bosire et al. (2016)	Yes Yes	Yes Yes	Can't Tell Can't tell/No	Yes -BF counsellor Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No information on singleton or infant gestational age .Everything else eligible.
914	PD YSC	Fu et al. (2014)	Yes Yes	Yes Yes	Yes/Can't Tell* Can't tell	Yes No?	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No explicit information infant was singleton . Everything else eligible.
917	PD YSC	Gallegos et al. (2014)	Yes Yes	Yes Yes	Can't Tell* Can't tell/No	Yes - BCT Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No information on singleton or infant gestational age .Everything else eligible.
476	PD YSC	Gu et al. (2016)	Yes Yes	Yes Yes	Can't Tell Can't tell	Yes Yes BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on singleton or infant gestational age .Everything else eligible.
1011	PD YSC	Howell et al. (2014)	Yes Yes	Yes Yes	Can't Tell* Can't tell	Yes - BCT Yes BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on singleton or infant gestational age .Everything else eligible.
1058	PD YSC	Kapur et al. (2017)	Can't Tell Can't Tell	Yes Yes	Yes Yes	Yes - BCT Yes BCT lactation	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on maternal age . Everything else eligible.
1082	PD YSC	Khresheh et al. (2011)	Can't Tell Can't Tell	Yes Yes	Yes Yes	Yes Yes BCT	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on maternal age . Everything else eligible.
1103	PD YSC	Kronborg et al. (2007)	Can't Tell Can't Tell	Yes Yes	Yes Yes	Yes? No -Training for H	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on maternal age . Everything else eligible.
1183	PD YSC	Martin et al. (2015)	Yes Yes	Yes Yes	Can't Tell* Can't tell	Yes Yes BCT	Yes Yes	Yes Yes	No No	No (not for BF) No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on infant gestational age . Everything else eligible.
1191	PD YSC	Maycock et al. (2013)	Yes Yes	Yes Yes	Can't Tell* Can't tell/No	Yes - BCT Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Contact Authors	Authors contacted	✓	No information on singleton or infant gestational age .Everything else eligible.
1203	PD YSC	McQueen et al. (2011)	Can't Tell No/Can't tell	Yes Yes	Yes Yes	Yes - Self-efficacy Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No information on maternal age . Everything else eligible.
1232	PD YSC	Moudi et al. (2016)	Yes Yes	Yes Yes	Can't Tell* No	Yes - BCT No	Yes Yes	Yes Yes	No No	No No		Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No information on infant gestational age . Everything else eligible.
1309	PD YSC	Petrova et al. (2009)	Can't Tell Yes	Yes Yes	Yes Yes	Yes- BCT Yes	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Yes	Authors contacted	x	No information on maternal age . Everything else eligible.
1332	PD YSC	Rasmussen et al. (2011)	Yes No	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No No	No No	Yes	Yes	Yes	Contact Authors No	Authors contacted	x	No information on infant gestational age at birth. Everything else eligible.
7	PD YSC	Srinivas et al. (2015)	Yes Yes	Yes Yes	Can't Tell No	Yes - PC	Yes	Yes	No No	No No	Yes	Yes	Yes	Contact Authors No	Authors contacted	x	No information on singleton or infant gestational age .Everything else eligible.
46	PD YSC	Stuebe et al. (2016)	Yes Yes	Yes	Can't Tell* No	Yes - BCT	Yes	Yes	No No	No No	Yes	Yes	Yes	Contact Authors No	Authors contacted	x	No information on singleton or infant gestational age .Everything else eligible.
1424	PD YSC	Su (2016)	Yes Yes	Yes Yes	Yes / Can't Tell* Yes	Yes - BCT & suppo	Yes Yes	Yes Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors Yes	Authors contacted	x	No information on infant gestational age . Everything else eligible.
1487	PD YSC	Vinter et al. (2014)	Yes Yes	Yes Yes	Can't Tell* No	Yes - BCT	Yes	Yes	No No	No No	Yes	Yes	Yes	Contact Authors No	Authors contacted	x	No information on infant gestational age . Everything else eligible.
1515	PD YSC	Wong et al. (2014)	Yes Yes	Yes Yes	Yes/Can't Tell No/Can't tell	Yes - BCT	Yes	Yes	No No	No No	Yes Yes	Yes Yes	Yes Yes	Contact Authors No	Authors contacted	x	No information on infant gestational age . Everything else eligible.
32	PD YSC	Zhu et al. (2016)	Yes Can't tell	Yes Yes	Yes/Can't Tell* Can't tell (singleton)	Yes - BCT	Yes	Yes	No No	No No	Yes Yes	Yes Yes	Yes	Contact Authors Contact Authors	Authors contacted	✓	No explicit information infant was singleton . Everything else eligible.

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STUDIES THAT HAVE TWO ITEMS OF INFORMATION MISSING AND CAN'T DIRECTLY BE INCLUDED/EXCLUDED ACCORDING TO ELIGIBILITY CRITERIA																	
671	PD	Akter et al. (2012)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		Can't Tell	Yes	No	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
724	PD	Bich et al. (2014)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC			Yes							Yes	Yes		No			
268	PD	Ciftci & Arikan (2012)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		Can't Tell	Yes	Can't tell/No	Yes-BF education	Yes	Yes	No	No	Yes	Yes	Yes	No			
888	PD	Elliott-Rudder et al. (2014)	Can't Tell	Yes	Can't Tell	Yes - MI	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		Can't Tell	Yes	Can't tell/No	Yes -motivational	Yes	Yes	No	No	Yes	Yes	Yes	No			
118	PD	Hanafi et al. (2014)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		Yes	Yes	Can't tell/No	Yes? health educ	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
1067	PD	Kellams et al. (2016)	Can't Tell	Yes	Can't Tell*	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age or infant gestational age .Everything else eligible.
	YSC		Yes	Yes	Can't tell/No	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
364	PD	Kupratkul et al. (2010)	Can't Tell	Yes	Can't Tell*	Yes - Psych based	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age or singleton . Everything else eligible.
	YSC		Yes	Yes	Can't tell/No	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			
489	PD	Pitcock et al. (2015)	Can't Tell	Yes	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		Yes	Can't tell	Can't tell	Yes	yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
1484	PD	Vidas et al. (2011)	Can't Tell	Yes	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		Can't Tell	Yes	Can't Tell	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No			
1495	PD	Washio et al. (2017)	Can't Tell	Yes	Can't Tell	Yes- BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton or infant gestational age .Everything else eligible.
	YSC		No	Yes										No			
STUDIES THAT HAVE THREE ITMES OF INFORMATION MISSING AND CAN'T DIRECTLY BE INCLUDED/EXCLUDED ACCORDING TO ELIGIBILITY CRITERIA																	
932	PD	Gill et al. (2007)	Can't Tell	Can't Tell	Yes/Can't Tell*	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	✓	No information on maternal age, singleton or recruitment date(s) .Everything else eligible.
	YSC		Can't Tell	Can't tell	Can't (singelton?)	Yes? Bilingual Lac	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors			
993	PD	Higgins et al. (2010)	Can't Tell	Can't Tell	Can't Tell	Yes - BCT	Yes	Yes	No	No	Yes	Yes	Yes	Contact Authors	Authors contacted	x	No information on maternal age, singleton, infant gestational age or recruitment date(s) .Everything else eligible.
	YSC		Can't Tell	Can't tell	Can't tell	Yes BCT	Yes	Yes	No	No	Yes	Yes	Yes	No			

Figure E1. Full text eligibility screening table for all articles included in title and abstract screening. Ratings provided by both the first (PD) and second (YSC) independent raters detailed on each row. Decisions to include, exclude or contact authors detailed throughout screening process and reasons noted in end column. Microsoft excel document available on request.

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#	Author(s)	Title	Decision	Reason	Author Emailed / Email	Authors contacted - Replied?	(I) or (E) Full Text based on Authors reply	Final Decision
670	Aksu & Duzgun (2011)	The effect of postnatal breastfeeding education/support offered at home 3 days after delivery on breastfeeding duration and knowledge: a	Contact Authors	No information on maternal age . Everything else eligible.	hilmiyeaksu@yahoo.com Dr Aksu	Replied. Mothers aged 17-35years.	Exclude	EXCLUDE
671	Akter et al. (2012)	Effects of third trimester counseling on pregnancy weight gain, birthweight, and breastfeeding among urban poor women in Bangladesh	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	skroy1950@gmail.com. Dr Roy	No Reply	Exclude	EXCLUDE
724	Bich et al. (2014)	Fathers as Supporters for Improved Exclusive Breastfeeding in Viet Nam	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligible.	tranhuubich@yahoo.com Dr Bich	Replied - awaiting data. No follow-up reply	Exclude	EXCLUDE
738	Bonuck et al. (2014)	Effect of Primary Care Intervention on Breastfeeding Duration and Intensity	Contact Authors	No information on infant gestational age . Everything else eligible.	karen.bonuck@einstein.yu.edu Dr Bonuck	Replied - Included prem infants	Exclude	EXCLUDE
13	Bosire et al. (2016)	High Rates of Exclusive Breastfeeding in Both Arms of a Peer Counseling Study Promoting EBF among HIV-Infected Kenyan Women.	Contact Authors	No information on singleton or infant gestational age .Everything else eligilble.	rose.bosire@ki.se Dr Bosire	No Reply	Exclude	EXCLUDE
268	Ciftci & Arikan (2012)	The effect of training administered to working mothers on maternal anxiety levels and breastfeeding habits.	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	darikan@atauni.edu.tr Professor Arikan	No Reply	Exclude	EXCLUDE
888	Elliott-Rudder et al. (2014)	Motivational interviewing improves exclusive breastfeeding in an Australian randomised controlled trial	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	megan.elliotttrudder@unswalumni.com Ms Elliott-Rudder	Replied - awaiting data. All infants singleton.Awaiting data on gest. Age at birth and age of	Exclude	EXCLUDE
914	Fu et al. (2014)	Professional breastfeeding support for first-time mothers: a multicentre cluster randomised controlled trial	Contact Authors	No explicit information infant was singleton . Everything else eligible.	tarrantm@hku.hk Professor Tarrant	Replied. All infants were singleton.	Include	INCLUDE
917	Gallegos et al. (2014)	Can a text message a week improve breastfeeding?	Contact Authors	No information on singleton or infant gestational age . Everything else eligilble.	danielle.gallegos@qut.edu.au Professor Gallegos	Replied - Inclusion criteria did not exclude twins or prem infants.	Exclude	EXCLUDE
932	Gill et al. (2007)	Effects of support on the initiation and duration of breastfeeding	Contact Authors	No information on maternal age, singleton or recruitment date(s) . Everything else eligilble.	gills@uthscsa.edu. Dr Gill	No Reply	Exclude	EXCLUDE
476	Gu et al. (2016)	Effectiveness of a theory-based breastfeeding promotion intervention on exclusive breastfeeding in China: a randomised controlled trial.	Contact Authors	No information on singleton or infant gestational age .Everything else eligilble.	495713302@qq.com Professor Gu	No Reply	Exclude	EXCLUDE
118	Hanafi et al. (2014)	Impact of health education on knowledge of, attitude to and practice of breastfeeding among women attending primary health care centres in	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	manal.azab@gmail.com Dr Hanafi	Replied. Mothers aged 22-34years. Gest. At birth 30-41weeks. All singletons.	Exclude	EXCLUDE
993	Higgins et al. (2010)	Effects of cigarette smoking cessation on breastfeeding duration	Contact Authors	No information on maternal age, singleton, infant gestational age or recruitment date(s) .Everything else eligilble.	stephen.higgins@uvm.edu Dr Higgins	No Reply	Exclude	EXCLUDE
1011	Howell et al. (2014)	An intervention to extend breastfeeding among black and Latina mothers after delivery	Contact Authors	No information on singleton or infant gestational age .Everything else eligilble.	elizabeth.howell@mountsinai.org Dr Howell	No Reply	Exclude	EXCLUDE
1058	Kapur et al. (2017)	EFFECT OF ANTENATAL LACTATION COUNSELLING AND POSTNATAL LACTATION SUPPORT IN IMPROVING BREASTFEEDING INITIATION RATES	Contact Authors	No information on maternal age . Everything else eligible.	kapoorsatyakiran@gmail.com Professor Kapur	No Reply	Exclude	EXCLUDE
1067	Kellams et al. (2016)	The Impact of a Prenatal Education Video on Rates of Breastfeeding Initiation and Exclusivity during the Newborn Hospital Stay in a Low-	Contact Authors	No information on maternal age or infant gestational age .Everything else eligilble.	alk9c@virginia.edu Dr Kellams	No Reply	Exclude	EXCLUDE
1082	Khresheh et al. (2011)	The effect of a postnatal education and support program on breastfeeding among primiparous women: A randomized controlled trial	Contact Authors	No information on maternal age . Everything else eligible.	reham1966@yahoo.com Dr Khresheh	Replied. Mothers aged 19-45years.	Include	INCLUDE
1103	Kronborg et al. (2007)	Effect of early postnatal breastfeeding support: a cluster-randomized community based trial	Contact Authors	No information on maternal age . Everything else eligible.	hk@nursingscience.au.dk Professor Kronborg	No Reply	Exclude	EXCLUDE
364	Kupratkul et al. (2010)	A randomized controlled trial of knowledge sharing practice with empowerment strategies in pregnant women to improve exclusive	Contact Authors	No information on maternal age or singleton . Everything else eligilble.	vorapong.p@chula.ac.th Dr Phupong	Replied. Mothers aged 18-45 and all infants singletons.	Include	INCLUDE
1183	Martin et al. (2015)	Reducing Postpartum Weight Retention and Improving Breastfeeding Outcomes in Overweight Women: A Pilot Randomised Controlled Trial	Contact Authors	No information on infant gestational age . Everything else eligible.	Clare.Collins@newcastle.edu.au Professor Collins	No Reply	Exclude	EXCLUDE
1191	Maycock et al. (2013)	Education and Support for Fathers Improves Breastfeeding Rates: A Randomized Controlled Trial	Contact Authors	No information on singleton or infant gestational age .Everything else eligilble.	c.binns@curtin.edu.au Dr Binns	Replied. All infants included were term (>37weeks) and singletons	Include	INCLUDE
1203	McQueen et al. (2011)	A Pilot Randomized Controlled Trial of a Breastfeeding Self-Efficacy Intervention With Primiparous Mothers	Contact Authors	No information on maternal age . Everything else eligible.	kmcqueen@lakeheadu.ca Professor McQueen	No Reply	Exclude	EXCLUDE
1232	Moudi et al. (2016)	Comparing the effect of breastfeeding promotion interventions on exclusive breastfeeding: an experimental study	Contact Authors	No information on infant gestational age . Everything else eligible.	tafazolim@mums.ac.ir Ms Tafazoli	No Reply	Exclude	EXCLUDE

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1309	Petrova et al. (2009)	Effectiveness of Exclusive Breastfeeding Promotion in Low-Income Mothers: A Randomized Controlled Study	Contact Authors	No information on maternal age . Everything else eligible.	petroran@umdnj.edu Dr Petrova	Uncontactable	Exclude	EXCLUDE
489	Pitcock et al. (2015)	Evaluation of an initiative to increase exclusive breastfeeding among rural Hispanic women.	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	npitcock@su.edu Dr Pitcock	Replied - awaiting data. No follow-up reply	Exclude	EXCLUDE
1332	Rasmussen et al. (2011)	Interventions to Increase the Duration of Breastfeeding in Obese Mothers: The Bassett Improving Breastfeeding Study	Contact Authors	No information on infant gestational age at birth. Everything else eligible.	kathleen.rasmussen@cornell.edu Professor Rasmussen	Replied. All infants included were term (>37weeks).	Include	INCLUDE
7	Srinivas et al. (2015)	A clinic-based breastfeeding peer counselor intervention in an urban, low-income population: interaction with breastfeeding attitude.	Contact Authors	No information on singleton or infant gestational age .Everything else eligilble.	srinivag@musc.edu Dr Srinivas	Uncontactable	Exclude	EXCLUDE
46	Stuebe et al. (2016)	A Cluster Randomized Trial of Tailored Breastfeeding Support for Women with Gestational Diabetes.	Contact Authors	No information on singleton or infant gestational age .Everything else eligilble.	astuebe@med.unc.edu Dr Stuebe	No Reply	Exclude	EXCLUDE
1424	Su (2016)	Father's Role in Breastfeeding Promotion: Lessons from a Quasi-Experimental Trial in China	Contact Authors	No information on infant gestational age . Everything else eligible.	ouyangyq@whu.edu.cn Dr Ouyang	Replied. All infants included were term (>37weeks).	Include	INCLUDE
1484	Vidas et al. (2011)	The Application of Autogenic Training in Counseling Center for Mother and Child in Order to Promote Breastfeeding	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	mvidas@berlin-chemie.com Ms Vidas	No Reply	Exclude	EXCLUDE
1487	Vinter et al. (2014)	Postpartum weight retention and breastfeeding among obese women from the randomized controlled Lifestyle in Pregnancy (LiP) trial	Contact Authors	No information on infant gestational age . Everything else eligible.	christina.vinter@rsyd.dk Dr Vinter	Replied. Among those followed up 6 months after delivery 8 women (3.2%) delivered preterm ranging from GA 33 to GA 36.	Exclude	EXCLUDE
1495	Washio et al. (2017)	Incentive-based Intervention to Maintain Breastfeeding Among Low-income Puerto Rican Mothers	Contact Authors	No information on maternal age, singleton or infant gestational age .Everything else eligilble.	ywashio@udel.edu Dr Washio	Replied - Mothers aged 16-33, singleton, some prem.	Exclude	EXCLUDE
1515	Wong et al. (2014)	Antenatal Education to Increase Exclusive Breastfeeding A Randomized Controlled Trial	Contact Authors	No information on infant gestational age . Everything else eligible.	tarrantm@hku.hk Professor Tarrant	Replied. 2 participants in each group (4 in total) were born before 37 weeks and all 4 were born at 36 weeks. (4/444 = <1%)	Exclude	EXCLUDE
32	Zhu et al. (2016)	Impact of intervention on breastfeeding outcomes and determinants based on theory of planned behavior.	Contact Authors	No explicit information infant was singleton . Everything else eligible.	Hong_whw@aliyun.com Dr Wan	No Reply	Exclude	EXCLUDE

Figure E2. Outcomes of full text eligibility screening from articles where more information was required from authors to be able to ascertain whether to include or exclude. Details on why authors were contacted, and for what information is detailed along with outcomes of the contact request and consequent decisions to include or exclude. Microsoft excel document available on request.

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Appendix F

Intervention Effects Observed in Fu et al.'s (2014) Three-armed Intervention Study

Figure F1. Graphical display of comparison of effects (OR [95% CI]) between telephone-based

intervention arm and in-hospital based intervention arm on breastfeeding initiation in Fu et al.'s (2014) study. Neither the telephone-based intervention arm ($p = .483$) or the in-hospital intervention arm ($p = .376$) significantly increased the likelihood of breastfeeding initiation.

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Figure F2. Graphical display of effect estimates (OR [95% CI]) between telephone-based intervention arm and in-hospital based intervention arm on any breastfeeding at 1 month postpartum in Fu et al.'s (2014) study. Neither arm of the intervention significantly increased the likelihood of women performing any breastfeeding at 1 month postpartum ($p = .611^0$ vs $p = .284^1$).

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Figure F1. A graphical comparison of effect estimates (OR [95% CI]) between telephone-based intervention arm and in-hospital based intervention arm on any breastfeeding at 2 months postpartum in Fu et al.'s (2014) study. There was no significant increase in likelihood of any breastfeeding in either of the intervention arms ($p = .539^0$ vs $p = .187^1$).

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Figure F2. Graphic comparison of effect estimates (OR [95% CI]) between telephone-based intervention arm and in-hospital based intervention arm on any breastfeeding at 3 months postpartum in Fu et al.'s (2014) study. In-hospital ($p = .776$) or telephone-based support ($p = .197$) in the intervention did not significantly increase the chance of women breastfeeding at all throughout the postpartum period. This data at 3 months postpartum were also used for the overall observed effect of 'any breastfeeding'.

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Figure F3. A graphical display of the effect estimates (OR [95% CI]) between Fu et al.'s (2014) two intervention arms (telephone-based intervention arm vs in-hospital intervention arm) for the outcome of exclusive breastfeeding at 1 month postpartum. Overall, when effect estimates for both arms are pooled, the impact on the likelihood of women exclusively breastfeeding is significant ($OR = 1.64$, 95% CI [1.11, 2.43], $p = .013$). However, when observed independently, only the telephone-based support arm of the intervention is observed to significantly increase the likelihood of women exclusively breastfeeding ($OR = 1.94$, 95% CI [1.14, 3.31], $p = .014$). The effect of the in-hospital intervention was markedly smaller and non-significant ($OR = 1.35$, 95% CI [0.76, 2.40], $p = .305$).

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Figure F4. A graphical display of the comparison of effect estimates (OR [95% CI]) between Fu et al.'s (2014) two intervention arms (telephone-based intervention arm vs in-hospital intervention arm) for the outcome of exclusive breastfeeding at 2 months postpartum. There was no observed significant increase in likelihood of exclusive breastfeeding in the pooled overall estimate ($p = .173$) or each intervention arm independently ($p = .639^0$ vs $p = .155^1$).

Figure F5. A graphical display of effect estimates (OR [95% CI]) between Fu et al.'s (2014) two intervention arms (telephone-based intervention arm vs in-hospital intervention arm) for the outcome of exclusive breastfeeding at 3 months postpartum. Overall, the pooled impact of the intervention arms did not significantly increase the likelihood of exclusive breastfeeding ($p = .225$) and the same effect was observed in each intervention arm independently ($p = .386^0$ vs $p = .395^1$).

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Appendix G

Risk of Bias Assessment and Inter-Rater Reliability

Table G1

Risk of bias Assessment by Two Independent Authors with Corresponding Inter-Rater Reliability Statistic (Cohen's kappa [κ] and Krippendorff's alpha [α])

RoB Domain (criteria)	Selection Bias			Performance Bias	Detection Bias			Attrition Bias	Reporting Bias	Other Bias(es)
Study#	i	ii	iii	iv	v	vi	vii	viii	ix	x
1	L	L	H	H	L	UPD LYSC	L	L	LPD UYSC	UPD HYSC
2	L	L	UPD HYSC	H	U	HPD UYSC	L	UPD LYSC	LPD UYSC	UPD HYSC
3	L	UPD LYSC	UPD HYSC	H	H	HPD UYSC	L	H	HPD UYSC	H
4	L	L	L	H	U	HPD LYSC	L	L	HPD UYSC	UPD HYSC
5	H	H	H	H	U	HPD UYSC	H	UPD LYSC	U	H
6	UPD HYSC	H	LPD HYSC	H	L	L	UPD HYSC	UPD HYSC	LPD UYSC	HPD UYSC
7	H	H	U	H	H	H	H	U	LPD UYSC	H
8	L	L	UPD HYSC	H	H	HPD UYSC	U	UPD UYSC	L	H
9	L	L	UPD HYSC	H	H	U	U	L	U	H
10	H	H	U	H	H	HPD UYSC	UPD HYSC	UPD LYSC	U	H
11	UPD LYSC	U	UPD LYSC	H	U	U	H	HPD UYSC	U	H
12	H	U	U	H	U	HPD UYSC	H	L	LPD UYSC	UPD HYSC
13	L	UPD LYSC	U	H	U	HPD UYSC	L	H	U	LPD HYSC
14	H	UPD HYSC	L	H	H	HPD UYSC	U	L	LPD UYSC	UPD HYSC
15	U	LPD UYSC	U	H	L	UPD LYSC	U	H	H	H
16	H	H	UPD LYSC	H	H	UPD HYSC	HPD UYSC	L	LPD UYSC	U
17	H	UPD HYSC	LPD HYSC	H	H	HPD UYSC	HPD UYSC	HPD LYSC	U	H
18	L	UPD LYSC	U	H	L	HPD LYSC	LPD HYSC	UPD LYSC	HPD UYSC	H
19	U	U	U	H	UPD HYSC	HPD UYSC	HPD UYSC	L	LPD UYSC	UPD HYSC
20	L	L	L	H	H	UPD HYSC	UPD LYSC	U	LPD UYSC	UPD HYSC
κ value	.837	.556	.403	1	.921	-.127*	.421	.474	.087	.032
α value	.942	.778	.316	1	.945	-.181**	.445	.638	.107	-.111

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H= high; U= Unclear; L=Low; PD= rating provided by author PD; YSC= rating provided by author YSC;

i. Random sequence generation; ii. Allocation concealment; iii. Adequate and appropriate eligibility criteria; iv. Blinding of participants and personnel; v. Blinding of outcome assessment; vi. Flaws in outcome measurement; vii. Controlling for confounds; viii. Incomplete outcome data; ix. Selective reporting; x. Other bias(es). *Cohen's kappa (κ) calculated for inter-rater reliability for each domain criteria. Where κ is negative, agreement between raters is equal to 'none' or worse than would have occurred at random. **Krippendorff's alpha (α) calculated for inter-rater reliability for each domain criteria, treating ratings as ordinal data. Where α assumed a negative value, agreement between raters are consistently discordant, indicating raters may have conflicting understandings of domain criteria or emphasising different sources of bias in overall ratings given.

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Appendix H

Quality of Evidence Assessment Using the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) approach

Full Quality Assessment for Breastfeeding Initiation (Overall Effect)

Figure H1. Overall effect of interventions on breastfeeding initiation. Graphical representation of overall effect estimates and corresponding risk of bias assessment on each domain created using Review Manager 5. Variations in effect estimates are a result of rounding errors.

Table H1
Full Quality of Evidence Assessment Using GRADE for Breastfeeding Initiation

GRADE Factor	Consequence	Reason
Limitation in study design or risk of bias	Downgrade one level from High to Moderate	Overall quality of evidence starts at high because the majority of studies are RCTs (n = 5) (n = 4 are quasi-experimental randomised-controlled trials). Downgraded by one level to moderate because the proportion of information from studies at 'high' risk of bias is sufficient to affect the interpretation of results (40 / 90criteria are rated as 'high' risk of bias.
Inconsistency of Results	Downgrade one level from Moderate to Low	I ² for overall effect is considered low at 0% and there appears to be overall inconsistency in results with regards to confidence intervals (all of 95% CI's intercept 1); effect sizes are extremely large and confidence intervals are wide which casts doubt on the precision of results; because of the uncertainty caused by wide variance in point estimates across studies and overlap in 95% CI's across 1 in all but one case, downgrade by one level.
Indirectness of Evidence	No downgrade – stay as Low	Interventions included were all comparable in terms of their population (Women over 18 years delivering

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		healthy, single infant born at term), intervention (social-psychological intervention for breastfeeding), and outcome measurement (self-report measure of breastfeeding behaviours measured in dichotomous data over the postnatal period)
Imprecision	No downgrade – stay at Low	Unclear whether the optimal information size criterion is met overall across all studies, and the total sample size for the overall effect is not overly large ($N = 2,042$); however the 95% CI for the overall effect excludes no effect (i.e. does not intercept at one) ($OR = 2.32$, 95%CI [1.33- 4.03]) so recommendation from GRADE (5.2.4.2. III) is do not downgrade for imprecision. Therefore do not downgrade.
Publication Bias	No downgrade – stay at Low	<p>According to funnel plot below (Figure 2), the pattern of distribution resembles an inverted funnel indicating there is little or no evidence of publication bias. Having considered the study design, sample size, lag bias, search strategy along with funnel plots, there was decision to not downgrade on publication bias. Additional statistical analyses were performed to support subjective observations of ‘no publication’ bias.</p> <p>Selection methods analyses of publication bias, namely the ‘FAT-PET-PEESE’ meta-regression approach (Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996), were conducted to confirm the presence (or absence) of publication bias and provide effect estimates adjusted for the impact of publication bias (<i>if present</i>). The approach first provides estimates for the Funnel Asymmetry Test (FAT) (replicating Egger’s test of bias in effect estimates) then the Precision Effect Test (PET), which tests the slope from Egger’s test ($H_0: \gamma_1 = 0$) indicating whether there is a true effect present beyond publication selection bias (Stanley & Doucouliagos, 2012). If PET, is non-significant ($p > .05$) the approach accepts the null hypothesis, indicating no presence of publication bias or other small-sample effects and the regression outcome of PET is reported. If PET is significant ($p < .05$), indicating presence of publication bias, then the Precision Effect Estimate with Standard Error (PEESE) and adjusted effect estimates are reported.</p> <p>FAT-PET-PEESE analyses indicate no presence of publication bias. The unadjusted random effect estimate indicates a significant moderate impact of intervention on breastfeeding initiation. Egger’s test (performed using the <i>metafunnel</i> command (Sterne & Egger, 2001), and replicated in FAT) is negative, indicating no</p>

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evidence of publication bias (Egger’s bias $\beta = -.249$, Standard Error [SE] = .524, $p = .649$). PET-PEESE adjusted estimate indicates small sample effects are unlikely to have biased the estimated effect size.

Unadjusted Effect (RE) = 0.841, SE = .282, OR = 2.32, $p = .018$
Egger bias [FAT] = -0.249, SE = 0.437, $p = 0.586$
Adjusted Effect [PET] = 1.038, SE = .250, OR = 2.82, $p = .004$
Adjusted Effect [PEESE] = .971, SE = .123), OR = 2.64, $p = <.001$

Therefore the decision not to downgrade remains.

Overall rating Low

Figure H2. Funnel plot for the overall effect of social-psychological interventions on breastfeeding initiation. There is no evidence of publication bias.

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Full Quality Assessment for Duration of Any Breastfeeding (Overall Effect)

Figure H3. Overall effect for any breastfeeding displayed graphically using interface provided by Review Manager 5. Effect estimates provided in graphic may not accurately represent estimates used in the review due to data handling and rounding errors. Risk of Bias assessment included.

Table H2 Full Quality of Evidence Assessment Using GRADE for Duration of Any Breastfeeding		
GRADE Factor	Consequence	Reason
Limitation in study design or risk of bias	Downgrade one level from High to Moderate	Overall quality of evidence starts at high because the majority of studies are RCTs ($n = 9$) ($n = 7$ are quasi-experimental randomised-controlled trials). Downgraded by one level to moderate because the proportion of information from studies at 'high' risk of bias is sufficient to affect the interpretation of results (66 / 160) criteria are rated as 'high' risk of bias).
Inconsistency of Results	No downgrade – stay as Moderate	I^2 for overall effect is considered low-moderate at 48.1% and there appears to be overall consistency in results (almost all of 95% CI's intercept 1) and effect sizes (variance 'for control' and 'for intervention' comparable).
Indirectness of Evidence	No downgrade – stay as Moderate	Interventions included were all comparable in terms of their population (Women over 18 years delivering healthy, single infant born at term), intervention (social-psychological intervention for breastfeeding), and outcome measurement (self-report measure of

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		breastfeeding behaviours measured in dichotomous data over the postnatal period)
Imprecision	Downgrade one level from Moderate to Low	Unclear whether the optimal information size criterion is met overall across all studies, but the sample size for the overall effect is large overall ($n = 4,153$), the 95%CI overlaps on no effect (intercepts 1) and therefore (according to GRADE criteria 5.2.4.2 III.) fails to exclude important benefit or harm and should be downgraded.
Publication Bias	No downgrade – stay at Low	<p>According to funnel plot (Figure H4), the pattern of distribution resembles an inverted funnel indicating there is little or no evidence of publication bias; having considered the study design, sample size, lag bias, search strategy along with funnel plots, there was consensus to not downgrade on publication bias. Additional statistical analyses were performed to assess the validity of objective observations.</p> <p>Selection methods analyses of publication bias, namely the 'FAT-PET-PEESE' meta-regression approach (Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996), were conducted to confirm the presence (or absence) of publication bias and provide effect estimates adjusted for the impact of publication bias (<i>if present</i>).</p> <p>The unadjusted random effect estimate indicates a non-significant impact of intervention on rates of any breastfeeding with an effect very close to the null hypothesis. Egger's test performed using the <i>metafunnel</i> command (Sterne & Egger, 2001) indicates no evidence of publication bias (Egger's Bias $\beta = -1.23$, $SE = .905$, $p = .195$) and is confirmed in FAT analyses (below). PET-PEESE adjusted estimate indicates publication bias or other small-sample effects are unlikely to have biased the estimated effect size.</p> <p>Unadjusted Effect (RE) = $-.121$, $SE = .115$, $OR = .886$, $p = .311$ Egger bias [FAT] = -1.232, $SE = 1.072$, $p = .270$ Adjusted Effect [PET] = $.256$, $SE = .262$, $OR = 1.29$, $p = .345$ Adjusted Effect [PEESE] = $.036$, $SE = .135$, $OR = 1.04$, $p = .794$</p> <p>Therefore, the decision not to downgrade remains.</p>
Overall rating	Low	

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Figure H4. Funnel plot for the overall effect of social-psychological interventions on any breastfeeding. There is no evidence of publication bias.

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Duration of Exclusive Breastfeeding (Overall Effect)

Figure H5. Overall effect for exclusive breastfeeding displayed graphically using interface provided by Review Manager 5. Effect estimates provided in graphic may not accurately represent estimates used in the review due to data handling and rounding errors. Risk of Bias assessment included.

Table H3		
Full Quality of Evidence Assessment Using GRADE for Duration of Exclusive Breastfeeding		
GRADE Factor	Consequence	Reason
Limitation in study design or risk of bias	Downgrade one level from High to Moderate	Overall quality of evidence starts at high because half of studies are RCTs (n = 8) (n = 8 are quasi-experimental randomised-controlled trials). Downgraded by one level to moderate because the proportion of information from studies at 'high' risk of bias is sufficient to affect the interpretation of results (65/160) criteria are rated as 'high' risk of bias).
Inconsistency of Results	No downgrade – stay as Moderate	I ² for overall effect is classed as 'substantial' (68.7%); all OR are >1; reasonable variance in point estimates across studies (all in the same direction); there is overlap of the 95% CI's among studies which indicates variation is what is expected to occur naturally (i.e. by chance alone); where 95% CI's do not overlap 1 it is potentially due to small sample sizes across these studies (each <100 in total). All studies show favour for same direction and reasonable 95% CI's with one exception with small sample size. Do not downgrade.

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Indirectness of Evidence	No downgrade – stay as Moderate	Interventions included were all comparable in terms of their population (Women over 18 years delivering healthy, single infant born at term), intervention (social-psychological intervention for breastfeeding), and outcome measurement (self-report measure of breastfeeding behaviours measured in dichotomous data over the postnatal period)
Imprecision	No downgrade – stay at Moderate	It is unclear whether the optimal information size criterion is met, but the sample is large overall ($N = 3,671$); the overall 95% CI excludes no effect ($OR = 1.84$ 95% CI [1.38 – 2.45]) so recommendation from GRADE (5.2.4.2. III) is do not downgrade for imprecision.
Publication Bias	Downgrade one level from Moderate to Low	<p>According to funnel plot below (Figure H6), the pattern of distribution does not resemble an inverted funnel and likely indicates publication bias; smaller studies are not symmetrically distributed around the pooled estimate and there is potential that the equivalent number of studies which would be expected in the bottom left ‘quadrant’ of the funnel have not been included in the analysis. To support objective observations of publication bias, additional statistical analyses were performed.</p> <p>Selection methods analyses of publication bias, namely the ‘FAT-PET-PEESE’ meta-regression approach (Stanley & Doucouliagos, 2012; Vevea & Hedges, 1996), were conducted to confirm the presence (or absence) of publication bias and provide effect estimates adjusted for the impact of publication bias (<i>if present</i>). Egger’s tests using the <i>metafunnel</i> command (Sterne & Egger, 2001), was significant ($p = .020$). The unadjusted random effect estimate indicates a significant moderate impact of intervention on exclusive breastfeeding. Egger’s test for funnel asymmetry using FAT is positive and the PET-PEESE adjusted estimate indicates that after accounting for small-sample effects, the impact of interventions is non-significant.</p> <p>Unadjusted Effect (RE) = .610, $SE = .172$, $OR = 1.840$, $p = .003$ Egger bias [FAT] = 2.250, $SE = .868$, $p = .021$ Adjusted Effect [PET] = -.162, $SE = .218$, $OR = .850$, $p = .469$ Adjusted Effect [PEESE] = .217, $SE = .127$, $OR = 1.242$, $p = .110$</p> <p>FAT-PET-PEESE analyses indicate presence of publication bias and/or other small-study effects. Therefore, the decision to downgrade remains.</p>
Overall rating	Low	

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Figure H6. Funnel plot for the overall effect of social-psychological interventions on exclusive breastfeeding. There is evidence of publication bias objectively and this is supported with statistical tests indicating small study effects.

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References

- Egger, M., Davey Smith, G., Schneider, M., & Minder, C. (1997). Bias in meta-analysis detected by a simple, graphical test. *British Medical Journal*, 315, 29-634. doi:10.1136/bmj.315.7109.629
- Hedges, L. V., & Vevea, J. L. (1996). Estimating effect size under publication bias: Small sample properties and robustness of a random effects selection model. *Journal of Educational and Behavioural Sciences*, 21, 299- 332. doi:10.3102/10769986021004299
- McShane, B. B., Böckenholt, U., & Hansen, K. T. (2016). Adjusting for publication bias in meta-analysis: An evaluation of selection methods and some cautionary notes. *Perspectives on Psychological Science*, 11, 730-749. doi:10.1177/1745691616662243
- Stanley, T. D., & Doucouliagos, H. (2012). Meta-regression approximations to reduce publication selection bias. *Research Synthesis Methods*, 5, 60-78. doi:10.1002/jrsm.1095
- Sterne, J. A. C., Egger, M., & Davey Smith, G. (2001). Investigating and dealing with publication and other biases in meta-analysis. *British Medical Journal*, 323, 101-105. doi:10.1136/bmj.323.7304.101
- Vevea, J. L. & Hedges, L. V. (1995). A general linear model for estimating effect size in the presence of publication bias. *Psychometrika*, 60, 419-435. doi:10.1007/BF02294384

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Appendix I

Sub-Analysis of Intervention Effects: Impact of Risk of Bias

Breastfeeding Initiation

Figure II. The impact of social-psychological interventions on breastfeeding initiation observed between studies with higher and lower risk of bias. As observed in main effects analysis, interventions do not increase the likelihood of breastfeeding initiation, regardless of whether they contain higher or lower risk of bias. Note: Studies with lower risk of bias are still within the threshold for high risk of bias overall.

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Table II
Meta-Analysis Output for Sub-Analysis of Risk of Bias on Breastfeeding Initiation

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Lower RoB				
I-V pooled ES	2.65	[1.29, 5.44]	-	59.02
Significance test(s) (<i>z</i>)	2.65	-	.008*	-
Heterogeneity <i>I</i> ²	0.0%	-	.838	-
Higher RoB				
I-V pooled ES	1.92	[0.81, 4.55]	-	40.98
Significance test(s) (<i>z</i>)	1.47	-	.140	-
Heterogeneity <i>I</i> ²	0.0%	-	.873	-
Overall				
I-V pooled ES	2.32	[1.33, 4.03]	-	100.00
Significance test(s) (<i>z</i>)	2.98	-	.003*	-
Heterogeneity <i>I</i> ²	0.0%	-	.966	-
<i>Note.</i> OR = Odds Ratio; LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval. * <i>p</i> < .05				

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Overall Duration of Any Breastfeeding

Figure I2. The impact of social-psychological interventions on overall duration of any breastfeeding observed between studies with higher and lower risk of bias. No significant effects of social-psychological interventions are observed overall or among studies with higher or lower risk of bias. Note: Studies with lower risk of bias are still within the threshold for high risk of bias overall.

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Table I2

Meta-Analysis Output for Sub-Analysis of Risk of Bias on Overall Effect of Any Breastfeeding Over Time

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Lower RoB				
D Pooled OR	0.84	[0.57, 1.23]	-	39.99
Significance test(s) (<i>z</i>)	0.91	-	.362	-
Heterogeneity <i>I</i> ²	61.5%	-	.024*	-
Higher RoB				
D Pooled OR	0.92	[0.72, 1.19]	-	60.01
Significance test(s) (<i>z</i>)	0.63	-	.530	-
Heterogeneity <i>I</i> ²	41.6%	-	.080	-
Overall				
D Pooled OR	0.89	[0.72, 1.09]	-	100.00
Significance test(s) (<i>z</i>)	1.14	-	.253	-
Heterogeneity <i>I</i> ²	48.1%	-	.016*	-
<i>Note.</i> OR = Odds Ratio; LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval. * <i>p</i> < .05				

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Overall Duration of Exclusive Breastfeeding

Figure I3. The impact of social-psychological interventions on the overall duration of exclusive breastfeeding observed between studies with higher and lower risk of bias. Observed main effects hold true across studies with higher and lower risk of bias, although effects size is marginally larger among studies with lower risk of bias. Note: Studies with lower risk of bias are still within the threshold for high risk of bias overall.

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Table I3

Meta-Analysis Output for Sub-Analysis of Risk of Bias on Overall Effect of Exclusive Breastfeeding Over Time

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Lower RoB				
D Pooled OR	1.93	[1.30, 2.88]	-	47.76
Significance test(s) (<i>z</i>)	3.23	-	.001*	-
Heterogeneity <i>I</i> ²	63.7%	-	.011*	-
Higher RoB				
D Pooled OR	1.78	[1.18, 2.70]	-	52.24
Significance test(s) (<i>z</i>)	2.72	-	.006	-
Heterogeneity <i>I</i> ²	70.8%	-	.001	-
Overall				
D Pooled OR	1.84	[1.38, 2.45]	-	100.00
Significance test(s) (<i>z</i>)	4.16	-	< .001**	-
Heterogeneity <i>I</i> ²	68.7%	-	< .001**	-
<i>Note.</i> OR = Odds Ratio; LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval. * <i>p</i> < .05 ** <i>p</i> < .001				

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix J

Sub-Analysis of the Impact of Intervention Characteristics: Timing of Intervention Delivery

Breastfeeding Initiation

Figure J1. Sub-group analysis of breastfeeding initiation by timing of intervention delivery (combined antenatal and postnatal interventions vs postnatal only interventions). Overall, standalone postnatal interventions significantly increased the likelihood of women initiating any or exclusive breastfeeding. Combined antenatal and postnatal interventions were not effective at improving breastfeeding initiation. Study 17 is not included in this comparative analysis because the intervention was delivered antenatally only.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table J1
Meta-Analysis Output for Sub-Analysis of the Impact of Timing of Intervention Delivery on Breastfeeding Initiation

Study	Effect Size (ES)	95% CI [LL, UL]	<i>p</i> value	% Weight
Postnatal Only				
I-V Pooled ES	2.479	[1.16, 5.31]	-	56.48
Significance test(s) (<i>z</i>)	2.34	-	.019*	-
Heterogeneity <i>I</i> ²	0.0%	-	.754	-
Antenatal & Postnatal				
I-V Pooled ES	1.854	[0.78, 4.41]	-	43.52
Significance test(s) (<i>z</i>)	1.40	-	.163	-
Heterogeneity <i>I</i> ²	0.0%	-	.922	-
Overall				
I-V Pooled ES	2.185	[1.23, 3.87]	-	100.00
Significance test(s) (<i>z</i>)	2.68	-	.007*	-
Heterogeneity <i>I</i> ²	0.0%	-	.973	-

Note. LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
 **p* < .05

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Duration of Any Breastfeeding

Figure J2. Sub-group analysis of the overall duration of any breastfeeding by timing of intervention delivery (combined antenatal and postnatal interventions vs postnatal only interventions). Social-psychological interventions were not found to significantly increase the likelihood of any breastfeeding across the postpartum period and these main effects remained in sub-analyses.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table J2

Meta-Analysis Output for Sub-Analysis of the Impact of Timing of Intervention Delivery on Overall Effect of Duration of Any Breastfeeding

Study	Effect Size (ES)	95% CI [LL, UL]	<i>p</i> value	% Weight
Postnatal Only				
D Pooled <i>OR</i>	0.811	[0.58, 1.14]	-	54.89
Significance test(s) (<i>z</i>)	1.20	-	.231	-
Heterogeneity <i>I</i> ²	64.8%	-	.006*	-
Antenatal & Postnatal				
D Pooled <i>OR</i>	1.04	[0.84, 1.30]	-	45.11
Significance test(s) (<i>z</i>)	.39	-	.700	-
Heterogeneity <i>I</i> ²	7.2%	-	.373	-
Overall				
D Pooled <i>OR</i>	.895	[-.72, 1.11]	-	100.00
Significance test(s) (<i>z</i>)	1.02	-	.307	-
Heterogeneity <i>I</i> ²	50.7%	-	.013*	-
<i>Note.</i> OR = Odds Ratio; LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval. * <i>p</i> < .05				

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Duration of Exclusive Breastfeeding

Figure J3. Sub-group analysis of the duration of exclusive breastfeeding by timing of intervention delivery (combined antenatal and postnatal interventions vs postnatal only interventions. Only standalone postnatal interventions significantly increased the likelihood of women exclusively breastfeeding over the postpartum period. Interventions delivered across both the antenatal and postnatal period were not effective at promoting exclusive breastfeeding.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table J3

Meta-Analysis Output for Sub-Analysis of the Impact of Timing of Intervention Delivery on Overall Effect of Duration of Exclusive Breastfeeding

Study	Effect Size (ES)	95% CI [LL, UL]	<i>p</i> value	% Weight
Postnatal Only				
D Pooled <i>OR</i>	2.14	[1.41, 3.26]	-	56.14
Significance test(s) (<i>z</i>)	3.55	-	< .001**	-
Heterogeneity <i>I</i> ²	71.4%	-	.001*	-
Antenatal & Postnatal				
D Pooled <i>OR</i>	1.43	[0.96, 2.14]	-	43.86
Significance test(s) (<i>z</i>)	1.77	-	.077	-
Heterogeneity <i>I</i> ²	61.8%	-	.015*	-
Overall				
D Pooled <i>OR</i>	1.80	[1.34, 2.42]	-	100.00
Significance test(s) (<i>z</i>)	3.91	-	< .001**	-
Heterogeneity <i>I</i> ²	69.7%	-	< .001**	-
<i>Note.</i> OR = Odds Ratio; LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval. * <i>p</i> < .05 ** <i>p</i> < .001				

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix K

Sub-Analysis of the Impact of Intervention Characteristics: Maternal Parity

Breastfeeding Initiation

Figure K1. Sub-group analysis of breastfeeding initiation by maternal parity (interventions targeting primiparous women only vs. both multiparous and primiparous women). Overall, only interventions delivered to first-time mothers (primiparous women) were effective at promoting rates of breastfeeding (any or exclusive) initiation. Interventions targeting multiparous and primiparous women together did not significantly increase rates of initiation.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table K1
Meta-Analysis Output for Sub-Analysis of the Impact of Maternal Parity on Breastfeeding Initiation

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Primiparous women				
D pooled OR	2.48	[1.33, 4.64]	-	78.27
Significance test(s) (<i>z</i>)	2.85	-	.004*	-
Heterogeneity <i>I</i> ²	0.0%	-	.890	-
Multiparous women				
D pooled OR	1.82	[0.56, 5.96]	-	21.73
Significance test(s) (<i>z</i>)	0.99	-	.324	-
Heterogeneity <i>I</i> ²	0.0%	-	.786	-
Overall				
D pooled OR	2.32	[1.33, 4.03]	-	100.00
Significance test(s) (<i>z</i>)	2.98	-	.003*	-
Heterogeneity <i>I</i> ²	0.0%	-	.966	-

Note. LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
 **p* < .05

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Overall Duration of Any Breastfeeding

Figure K2. Sub-group analysis of the duration of any breastfeeding by maternal parity (interventions delivered to primiparous women only vs multiparous and primiparous women). Targeting first time mothers or experienced mothers had no impact on the efficacy of interventions in increasing the likelihood of any breastfeeding, as mirrored in main effects meta-analysis. Study 13 is not included in this comparative analysis because the parity of women is unknown.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table K2

Meta-Analysis Output for Sub-Analysis of the Impact of Maternal Parity on the Overall Effect of Any Breastfeeding Over Time

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Primiparous women				
D pooled OR	0.87	[0.67, 1.12]	-	70.54
Significance test(s) (<i>z</i>)	1.08	-	.282	-
Heterogeneity <i>I</i> ²	45.4%	-	.058	-
Multiparous women				
D pooled OR	0.79	[0.48, 1.29]	-	29.46
Significance test(s) (<i>z</i>)	0.94	-	.346	-
Heterogeneity <i>I</i> ²	56.5%	-	.056	-
Overall				
D pooled OR	0.85	[0.68, 1.06]	-	100.00
Significance test(s) (<i>z</i>)	1.43	-	.153	-
Heterogeneity <i>I</i> ²	45.6%	-	.028*	-

Note. LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
**p* < .05

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Overall Duration of Exclusive Breastfeeding

Figure K3. Sub-group analysis of the duration of exclusive breastfeeding by maternal parity (interventions delivered to primiparous women only vs multiparous and primiparous women). Only interventions targeting first-time mothers (primiparous women) were effective at increasing the likelihood of exclusive breastfeeding across the postpartum period. Interventions targeting all mothers (multiparous and primiparous women combined) were not effective at promoting rates of exclusive breastfeeding. Study 13 is not included in this comparative analysis because the parity of women is unknown.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table K3

Meta-Analysis Output for Sub-Analysis of the Impact of Maternal Parity on the Overall Effect of Exclusive Breastfeeding Over Time

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Primiparous women				
D pooled OR	1.92	[1.39, 2.65]	-	70.72
Significance test(s) (<i>z</i>)	3.98	-	< .001**	-
Heterogeneity <i>I</i> ²	59.7%	-	.008*	-
Multiparous women				
D pooled OR	1.94	[0.83, 4.55]	-	29.28
Significance test(s) (<i>z</i>)	1.53	-	.127	-
Heterogeneity <i>I</i> ²	79.1	-	.001*	-
Overall				
D pooled OR	1.95	[1.44, 2.66]	-	100.00
Significance test(s) (<i>z</i>)	4.26	-	< .001**	-
Heterogeneity <i>I</i> ²	66.3%	-	< .001**	-

Note. LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
**p* < .05 ** *p* < .001

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Appendix L

Sub-Analysis of the Impact of Intervention Characteristics: Use of Fewer (≤ 5) or More (≥ 6) Behaviour Change Techniques

Breastfeeding Initiation

Figure L1. Sub-group analysis of breastfeeding initiation and the use of fewer (≤ 5) or more (≥ 6) behaviour change techniques (BCTs). Using more behaviour change techniques in interventions did not significantly increase the likelihood of breastfeeding initiation.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table L1

Meta-Analysis Output for Sub-Analysis of the Impact of using Fewer or More Behaviour Change Techniques on Breastfeeding Initiation

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Fewer BCTs				
D pooled OR	2.52	[0.89, 7.12]	-	28.36
Significance test(s) (<i>z</i>)	1.74	-	.081	-
Heterogeneity <i>I</i> ²	0.0%	-	.782	-
Multiparous women				
More BCTs	2.25	[1.17, 4.31]	-	71.64
Significance test(s) (<i>z</i>)	2.42	-	.015*	-
Heterogeneity <i>I</i> ²	0.0%	-	.864	-
Overall				
D pooled OR	2.32	[1.33, 4.03]	-	100.00
Significance test(s) (<i>z</i>)	2.98	-	.003*	-
Heterogeneity <i>I</i> ²	0.0%	-	.966	-

Note. LL = Lower Limit of 9% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
**p* < .05

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Overall Duration of Any Breastfeeding

Figure L2. Sub-group analysis of overall duration of any breastfeeding and the use of fewer (≤ 5) or more (≥ 6) BCTs. There were no discernible difference in effect estimates between interventions using more or fewer behaviour change techniques. The impact of social-psychological interventions on rates of any breastfeeding across the postpartum period remained non-significant.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table L2
Meta-Analysis Output for Sub-Analysis of the Impact of using Fewer or More Behaviour Change Techniques on Overall Duration of Any Breastfeeding

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Fewer BCTs				
D pooled OR	1.01	[0.84, 1.21]	-	55.22
Significance test(s) (<i>z</i>)	.06	-	.954	-
Heterogeneity <i>I</i> ²	0.0%	-	.481	-
Multiparous women				
More BCTs	0.78	[0.51, 1.17]	-	44.78
Significance test(s) (<i>z</i>)	1.22	-	.222	-
Heterogeneity <i>I</i> ²	66.8%	-	.004*	-
Overall				
D pooled OR	0.89	[0.72, 1.09]	-	100.00
Significance test(s) (<i>z</i>)	1.14	-	.253	-
Heterogeneity <i>I</i> ²	48.1%	-	.016*	-

Note. LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
 **p* < .05

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Overall Duration of Exclusive Breastfeeding

Figure L3. Sub-group analysis of overall duration of exclusive breastfeeding and the use of fewer or more BCTs. The effect of interventions on exclusive breastfeeding over the postpartum period was significant regardless of whether interventions used fewer (≤ 5) or more (≥ 6) behaviour change techniques although the impact was notably larger among interventions employing more BCTs.

SOCIAL-PSYCHOLOGICAL BREASTFEEDING INTERVENTIONS

Table L3

Meta-Analysis Output for Sub-Analysis of the Impact of using Fewer or More Behaviour Change Techniques on Overall Duration of Exclusive Breastfeeding

Study	Odds Ratio (OR)	95% CI [LL, UL]	<i>p</i> value	% Weight
Fewer BCTs				
D pooled OR	1.28	[1.06, 1.54]	-	55.35
Significance test(s) (<i>z</i>)	2.56	-	.010*	-
Heterogeneity <i>I</i> ²	0.0%	-	.675	-
Multiparous women				
More BCTs	3.23	[1.79, 5.82]	-	44.65
Significance test(s) (<i>z</i>)	3.90	-	< .001**	-
Heterogeneity <i>I</i> ²	79.7%	-	< .001**	-
Overall				
D pooled OR	1.84	[1.38, 2.45]	-	100.00
Significance test(s) (<i>z</i>)	4.16	-	< .001**	-
Heterogeneity <i>I</i> ²	68.7%	-	< .001**	-

Note. LL = Lower Limit of 95% Confidence Interval; UL = Upper Limit of 95% Confidence Interval.
p* < .05 *p* < .001

 ***** META-ANALYSIS FOR SOCIAL-PSYCHOLOGICAL INTERVENTIONS
 SYSTEMATIC REVIEW *****

***** META-ANALYSIS FOR MAIN EFFECTS

***** Breastfeeding Initiation - Overall Effect *****
 * Basic Meta-Analysis calculating OR using random effects model *

***** As part of continuity correction add 1 to cells containing 0; *****
 ***** when use cc (.5) estimates are very wide *****

replace BF_initiation_int_NE = 1 in 2

replace BF_initiation_int_NE = 1 in 9

replace BF_initiation_int_NE = 1 in 15

replace BF_initiation_cnt_NE = 1 in 2

replace BF_initiation_cnt_NE = 1 in 15

** First step meta-analysis **

metan BF_initiation_int_E BF_initiation_int_NE BF_initiation_cnt_E BF_initiation_cnt_NE , or
 randomi nointeger sortby(author_ID) label(namevar=author_ID, yearvar=year) xlabel (0.1, 1,
 10) favours (Control # Intervention) texts(120)

**** GENERATE logOR AND logSE for Breastfeeding Initiation ****

replace lnor = ln(_ES)

replace lnor = 0 in 2

replace lnor = 0 in 15

replace lnorse = _selogES

order lnor, after(BCT)

order lnorse, after(lnor)

** FULL META ANALYSIS FOR BREASTFEEDING INITIATION **

metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year)
 xlabel (.1, 1, 10) favours (Control#Intervention) texts(120)

 ***** ANY BREASTFEEDING

* Meta-analysis for Overall effect of Any Breastfeeding *

metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or
randomi nointeger cc(.5) sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel
(0.1, 1, 10) favours (Control # Intervention) texts(120)

***** ANY BREASTFEEDING - OVER TIME

* Meta-analysis for ABF at 1month *

metan ABF_1m_int_E ABF_1m_int_NE ABF_1m_cnt_E ABF_1m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control #
Intervention) texts(120)

* Meta-analysis for ABF at 2months *

metan ABF_2m_int_E ABF_2m_int_NE ABF_2m_cnt_E ABF_2m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control #
Intervention) texts(120)

* Meta-analysis for ABF at 3months *

metan ABF_3m_int_E ABF_3m_int_NE ABF_3m_cnt_E ABF_3m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control #
Intervention) texts(120)

* Meta-analysis for ABF at 4months *

metan ABF_4m_int_E ABF_4m_int_NE ABF_4m_cnt_E ABF_4m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control #
Intervention) texts(120)

* Meta-analysis for ABF at 6months *

metan ABF_6m_int_E ABF_6m_int_NE ABF_6m_cnt_E ABF_6m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control #
Intervention) texts(120)

***** EXCLUSIVE BREASTFEEDING

* Meta-analysis for Overall effect of Exclusive Breastfeeding *

metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or
randomi nointeger cc(.5) sortby(ID) label(namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

***** EXCLUSIVE BREASTFEEDING - OVER TIME

* Meta-analysis for EBF at 1month*

metan EBF_1m_int_E EBF_1m_int_NE EBF_1m_cnt_E EBF_1m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

* Meta-analysis for EBF at 2months*
metan EBF_2m_int_E EBF_2m_int_NE EBF_2m_cnt_E EBF_2m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

* Meta-analysis for EBF at 3months*
metan EBF_3m_int_E EBF_3m_int_NE EBF_3m_cnt_E EBF_3m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

* Meta-analysis for EBF at 4months*
metan EBF_4m_int_E EBF_4m_int_NE EBF_4m_cnt_E EBF_4m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

* Meta-analysis for EBF at 6months*
metan EBF_6m_int_E EBF_6m_int_NE EBF_6m_cnt_E EBF_6m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

***** SUB-ANALYSES

***** SUBANALYSIS 1.0 - RoB Sensitivity analysis *****
***** 1.1 Initiation *****

** Data augmentation to control for /0 problem **
replace BF_initiation_int_NE = 1 in 2

replace BF_initiation_int_NE = 1 in 9

replace BF_initiation_int_NE = 1 in 15

replace BF_initiation_cnt_NE = 1 in 2

replace BF_initiation_cnt_NE = 1 in 15

```
**** Transform into logOR and logSE for Initiation by Risk of Bias subanalysis ****
metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year)
xlabel (.1, 1, 10) favours (Control#Intervention) texts(120) by(RoB)
```

```
***** 1.2 ABF OVERALL
```

```
metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or
randomi nointeger cc(.5) sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel (.1,
1, 10) favours (Control#Intervention) texts(120) by(RoB)
```

```
***** 1.3 EBF OVERALL
```

```
metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or
randomi nointeger cc(.5) sortby(ID) label(namevar=author_ID, yearvar=year) xlabel (.1, 1, 10)
favours (Control#Intervention) texts(120) by(RoB)
```

```
***** SUBANALYSIS 2.0 - Intervention Timing (PN vs. AN&PN) *****
```

```
***** 2.1 Initiation *****
```

```
** Data augmentation to control for /0 problem **
```

```
replace BF_initiation_int_NE = 1 in 2
```

```
replace BF_initiation_int_NE = 1 in 9
```

```
replace BF_initiation_int_NE = 1 in 15
```

```
replace BF_initiation_cnt_NE = 1 in 2
```

```
replace BF_initiation_cnt_NE = 1 in 15
```

```
** Drop Su&Ouyang from sub-analysis because is AN intervention only **
```

```
** So generate new variable (int_timing_exclude) and exclude on this var in meta analysis **
```

```
gen int_timing_exclude = 1
```

```
replace int_timing_exclude = 0 in 17
```

```
**** Transform into logOR and logSE for Initiation by Intervention timing subanalysis ****
```

```
metan lnor lnorse if int_timing_exclude >=1, eform effect(OR) sortby(author_ID)
label(namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention)
texts(120) by(INT_timing)
```

```
***** 2.2 ABF OVERALL
```

```
** Drop Su&Ouyang from meta-analysis because is AN intervention only **
```

```
metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE if
int_timing_exclude >=1, or randomi nointeger cc(.5) sortby (author_ID) label
```

```
1
2
3 (namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention) texts(120)
4 by(INT_timing)
5
6 ***** 2.3 EBF OVERALL *****
7 *****
8
9 ** Drop Su&Ouyang from meta-analysis because is AN intervention only **
10 metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE if
11 int_timing_exclude >=1, or randomi nointeger cc(.5) sortby(ID) label(namevar=author_ID,
12 yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention) texts(120) by(INT_timing)
13
14
15 ***** SUBANALYSIS 3.0 - Participants PP vs. MP&PP *****
16 ***** 3.1 Initiation *****
17
18
19 ** Data augmentation to control for /0 problem **
20 replace BF_initiation_int_NE = 1 in 2
21
22
23 replace BF_initiation_int_NE = 1 in 9
24
25 replace BF_initiation_int_NE = 1 in 15
26
27 replace BF_initiation_cnt_NE = 1 in 2
28
29 replace BF_initiation_cnt_NE = 1 in 15
30
31
32 **** Transform into logOR and logSE for Initiation by Maternal Parity subanalysis ****
33 metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year)
34 xlabel (.1, 1, 10) favours (Control#Intervention) texts(120) by(maternal_parity)
35
36 ***** 3.2 ABF OVERALL *****
37 *****
38
39 ** Need to drop Maycock et al. from analysis because did not report whether PP or MP&PP
40 women included **
41 ** So, to do this generate new variable (ppts_exclude) and exclude on this in meta-analysis **
42 gen ppts_exclude = 1
43 replace ppts_exclude = 0 in 13
44
45
46 metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE if
47 ppts_exclude >=1, or randomi nointeger cc(.5) sortby (author_ID) label (namevar=author_ID,
48 yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention) texts(120) by(maternal_parity)
49
50 ***** 3.3 EBF OVERALL *****
51 *****
52
53 ** Need to drop Maycock et al. from analysis because did not report whether PP or MP&PP
54 women included **
55
56
57
58
59
60
```



```

1
2
3 metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE if
4 ppts_exclude >=1, or randomi nointeger cc(.5) sortby(ID) label(namevar=author_ID,
5 yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention) texts(120) by(maternal_parity)
6
7
8 ***** SUBANALYSIS 4.0
9 *****
10 ***** Fewer (<=5) or More (>=6) Behaviour Change Techniques *****
11 ***** 4.1 Initiation *****
12
13 ** Data augmentation to control for /0 problem **
14 replace BF_initiation_int_NE = 1 in 2
15
16
17 replace BF_initiation_int_NE = 1 in 9
18
19
20 replace BF_initiation_int_NE = 1 in 15
21
22
23 replace BF_initiation_cnt_NE = 1 in 2
24
25
26 replace BF_initiation_cnt_NE = 1 in 15
27
28
29 metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year)
30 xlabel (0.1, 1, 10) favours (Control#Intervention) texts(120) by(BCT)
31
32 ***** 4.2 ABF OVERALL EFFECT
33 *****
34 metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or
35 randomi nointeger cc(.5) sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel
36 (0.1, 1, 10) favours (Control#Intervention) texts(120) by(BCT)
37
38 ***** 4.3 EBF OVERALL EFFECT
39 *****
40 metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or
41 randomi nointeger cc(.5) sortby(ID) label(namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
42 favours (Control#Intervention) texts(120) by(BCT)
43
44 *****
45 **
46 *****
47 **
48 ***** GENERATE OVERALL GRAPHS INCLUDING EACH ANALYSIS AT EACH
49 TIMEPOINT *****
50 *****
51 **
52
53
54 global time 1 2 3 4 6
55
56
57
58
59
60

```

```

1
2
3
4   foreach g of global time {
5     rename EBF_`g'm_int_E EBF_int_E`g'
6     rename EBF_`g'm_int_NE EBF_int_NE`g'
7     rename EBF_`g'm_cnt_E EBF_cnt_E`g'
8     rename EBF_`g'm_cnt_NE EBF_cnt_NE`g'
9     rename ABF_`g'm_int_E ABF_int_E`g'
10    rename ABF_`g'm_int_NE ABF_int_NE`g'
11    rename ABF_`g'm_cnt_E ABF_cnt_E`g'
12    rename ABF_`g'm_cnt_NE ABF_cnt_NE`g'
13  }
14
15
16  drop BF_initiation_int_E BF_initiation_int_NE BF_initiation_int_total
17  BF_initiation_cnt_E BF_initiation_cnt_NE BF_initiation_cnt_total ABF_overall_int_E ///
18  ABF_overall_int_NE ABF_overall_int_total ABF_overall_cnt_E ABF_overall_cnt_NE
19  ABF_overall_cnt_total EBF_overall_int_E EBF_overall_int_NE EBF_overall_int_total ///
20  EBF_overall_cnt_E EBF_overall_cnt_NE EBF_overall_cnt_total lnor lnor lnorse _SS _ES
21  _selogES _LCI _UCI _WT lnor lnorse _SS _ES _selogES _LCI _UCI _WT ABF_6m_cnt_total
22  ///
23  ABF_6m_cnt_total EBF_1m_int_total EBF_1m_cnt_total EBF_2m_int_total EBF_2m_cnt_total
24  EBF_3m_int_total EBF_3m_cnt_total EBF_4m_int_total EBF_4m_cnt_total ABF_1m_int_total
25  ///
26  ABF_1m_cnt_total ABF_2m_int_total ABF_2m_cnt_total ABF_3m_int_total
27  ABF_3m_cnt_total ABF_4m_int_total ABF_4m_cnt_total ABF_6m_int_total
28  EBF_6m_int_total EBF_6m_cnt_total
29
30  reshape long EBF_int_E EBF_int_NE EBF_cnt_E EBF_cnt_NE ABF_int_E ABF_int_NE
31  ABF_cnt_E ABF_cnt_NE, i(ID)
32
33  *****
34  *** Meta-analysis for overall effects at each month postpartum in one graph ***
35  rename _j month
36  label define month_name 1 "1 month postpartum" 2 "2 months postpartum" 3 "3 months
37  postpartum" 4 "4 months postpartum" 6 "6 months postpartum"
38  label values month month_name
39
40  *****
41  ***** Overall effects for Any Breastfeeding across time *****
42  metan ABF_int_E ABF_int_NE ABF_cnt_E ABF_cnt_NE, or randomi nointeger cc(.5) sortby
43  (author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) nooverall by(month)
44  favours(Control#Intervention) texts(120)
45
46  *****
47  ***** Overall effects for Exclusive Breastfeeding across time *****
48
49
50
51
52
53
54
55
56
57
58
59
60

```

```

metan EBF_int_E EBF_int_NE EBF_cnt_E EBF_cnt_NE, or randomi nointeger cc(.5) sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) nooverall by(month)
favours(Control#Intervention) texts(120)

```

```

*****
*****

```

```

*****
***** ASSESSING PUBLICATION BIAS FOR MAIN OUTCOME EFFECTS
*****
*****

```

```

**FAT-PET-PEESE**

```

* 1. The Funnel Asymmetry Test (FAT) is Egger's test of bias in the effect estimates. This is always reported.

* 2. The Precision Effect Test (PET) is the test of the slope from Egger's test. The PET effect is reported if PET is non-significant.

* 3. The Precision Effect Test (PET) is the test of the slope from Egger's test. The PEESE effect is reported if PET is significant.

```

// FAT-PET-PEESE //

```

```

* quietly {
* random effect estimate
* metareg lnor, wsse(lnorse) mm
* local bRE = _b[_cons]
* local sRE = _se[_cons]
* test _b[_cons] = 0
* local pRE = r(p)

```

```

* PET estimate of publication bias (same estimate as Egger test)
* reg teffect prec constant, noc vce(robust)
* local bFAT = _b[constant]
* local sFAT = _se[constant]
* test _b[constant] = 0
* local pFAT = r(p)
* local bPET = _b[prec]
* local sPET = _se[prec]
* test prec = 0
* local pPET = r(p)

```

```

* PEESE estimate of publication bias
* reg teffect prec lnorse, noc vce(robust)
* local bPEESE = _b[prec]
* local sPEESE = _se[prec]
* test prec = 0

```

```

1
2
3 * local pPEESE = r(p)
4 * }
5
6
7 * di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; p = " %5.3f `pRE'
8 * di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
9 * di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; p = " %5.3f
10 `pPEESE'
11 * di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; p = " %5.3f `pPET'
12 //report PEESE where PET significant and PET otherwise//
13
14
15 *****
16 **
17
18 // Breastfeeding Initiation //
19
20 * FULL METANALYSIS FOR INITIATION *
21 quietly {
22 replace BF_initiation_int_NE = 1 in 2
23 replace BF_initiation_int_NE = 1 in 9
24 replace BF_initiation_int_NE = 1 in 15
25 replace BF_initiation_cnt_NE = 1 in 2
26 replace BF_initiation_cnt_NE = 1 in 15
27 metan BF_initiation_int_E BF_initiation_int_NE BF_initiation_cnt_E BF_initiation_cnt_NE, or
28 randomi nointeger sortby(author_ID) label(namevar=author_ID, yearvar=year) xlabel (0.1, 0.5,
29 5, 1) favours (Control # Intervention)
30 ** Generate logOR AND logSE for INITIATION **
31 replace lnor = ln(_ES)
32 replace lnor = 0 in 2
33 replace lnor = 0 in 15
34 replace lnorse = _selogES
35 }
36 metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year)
37 xlabel (.1, 1, 10) favours (Control#Intervention) astext(70)
38
39 *** META FUNNEL - PUBLICATION BIAS - EGGERS ***
40 metafunnel lnor lnorse, eform xtitle("Odds ratio (log scale)")
41 metabias lnor lnorse, egger
42
43 ** FAT-PET-PEESE **
44 gen _tINT = lnor/lnorse
45 gen _precINT = (1/lnorse)
46 gen _varINT = lnorse^2
47
48 quietly {
49 * FAT *
50 metareg lnor, wsse(lnorse) mm
51
52
53
54
55
56
57
58
59
60

```

```

1
2
3 local bRE = _b[_cons]
4 local sRE = _se[_cons]
5 test _b[_cons] = 0
6 local pRE = r(p)
7
8
9 * PET *
10 reg _tINT _precINT, vce(robust)
11 local bFAT = _b[_cons]
12 local sFAT = _se[_cons]
13 test _b[_cons] = 0
14 local pFAT = r(p)
15 local bPET = _b[_precINT]
16 local sPET = _se[_precINT]
17 test _precINT = 0
18 local pPET = r(p)
19
20
21 * PEESE *
22 reg _tINT _precINT lnorse, noc vce(robust)
23 local bPEESE = _b[_precINT]
24 local sPEESE = _se[_precINT]
25 test _precINT = 0
26 local pPEESE = r(p)
27 }
28
29
30
31 di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
32 ; p = " %5.3f `pRE'
33 di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
34 di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f
35 exp(`bPET') " ; p = " %5.3f `pPET'
36 di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f
37 exp(`bPEESE') " ; p = " %5.3f `pPEESE'
38
39
40 *****
41 **
42
43 // Any Breastfeeding (ABF) //
44
45 * FULL META-ANALYSIS FOR ABF *
46 metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or
47 randomi nointeger cc(.5) sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel
48 (0.15, 15)
49 * Generate logOR AND logSE for ABF *
50 gen logOR = ln(_ES)
51 gen lnorSE1 = _selogES
52
53
54
55 * META FUNNEL - PUBLICATION BIAS - EGGERS *
56
57
58
59
60

```



```

1
2
3 metafunnel logOR _selogES, eform xtitle("Odds ratio (log scale)")
4 metabias logOR _selogES, egger
5
6
7 ** FAT-PET-PEESE **
8 gen _tABF = logOR/lnorSE1
9 gen _precABF = (1/lnorSE1)
10 gen _varABF = lnorSE1^2
11
12 quietly {
13   * FAT *
14   metareg logOR, wsse(lnorSE1) mm
15   local bRE = _b[_cons]
16   local sRE = _se[_cons]
17   test _b[_cons] = 0
18   local pRE = r(p)
19
20
21   * PET *
22   reg _tABF _precABF, vce(robust)
23   local bFAT = _b[_cons]
24   local sFAT = _se[_cons]
25   test _b[_cons] = 0
26   local pFAT = r(p)
27   local bPET = _b[_precABF]
28   local sPET = _se[_precABF]
29   test _precABF = 0
30   local pPET = r(p)
31
32
33   * PEESE *
34   reg _tABF _precABF lnorSE1, noc vce(robust)
35   local bPEESE = _b[_precABF]
36   local sPEESE = _se[_precABF]
37   test _precABF = 0
38   local pPEESE = r(p)
39
40   }
41
42
43 di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE)' "
44 ; p = " %5.3f `pRE'
45 di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
46 di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f
47 exp(`bPET)' " ; p = " %5.3f `pPET'
48 di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f
49 exp(`bPEESE)' " ; p = " %5.3f `pPEESE'
50
51
52
53 *****
54 **
55
56
57
58
59
60

```

```

1
2
3 // Exclusive Breastfeeding (EBF) //
4
5 * Meta-analysis for Overall effect of Exclusive Breastfeeding *
6 metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or
7 randomi nointeger cc(.5) sortby(ID) label(namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
8 favours(Control#Intervention) texts(120)
9
10 * Generate logOR AND logSE for EBF *
11 gen logOR2 = ln(_ES)
12 gen lnorSE2 = _selogES
13
14 * META FUNNEL - PUBLICATION BIAS - EGGERS *
15 metafunnel logOR2 _selogES, eform xtitle("Odds ratio (log scale)")
16 metabias logOR2 _selogES, egger
17
18 ** FAT-PET-PEESE **
19
20 gen _tEBF = logOR2/lnorSE2
21 gen _precEBF = (1/lnorSE2)
22 gen _varEBF = lnorSE2^2
23
24
25 quietly {
26 * FAT *
27 metareg logOR2, wsse(lnorSE2) mm
28 local bRE = _b[_cons]
29 local sRE = _se[_cons]
30 test _b[_cons] = 0
31 local pRE = r(p)
32
33
34 * PET *
35 reg _tEBF _precEBF, vce(robust)
36 local bFAT = _b[_cons]
37 local sFAT = _se[_cons]
38 test _b[_cons] = 0
39 local pFAT = r(p)
40 local bPET = _b[_precEBF]
41 local sPET = _se[_precEBF]
42 test _precEBF = 0
43 local pPET = r(p)
44
45
46 * PEESE *
47
48 reg _tEBF _precEBF lnorSE2, noc vce(robust)
49 local bPEESE = _b[_precEBF]
50 local sPEESE = _se[_precEBF]
51 test _precEBF = 0
52 local pPEESE = r(p)
53 }
54
55
56
57
58
59
60

```

```

di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
; p = " %5.3f `pRE'
di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f
exp(`bPET') " ; p = " %5.3f `pPET'
di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f
exp(`bPEESE') " ; p = " %5.3f `pPEESE'

```

```

*****
**

```

```
// Publication Bias analysis for Exclusive Breastfeeding across the postpartum period //
```

```
* Meta-analysis for EBF at 1month*
```

```
metan EBF_1m_int_E EBF_1m_int_NE EBF_1m_cnt_E EBF_1m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

```

```
* FAT PET PEESE *
```

```
gen lnor1 = ln(_ES)
gen lnorse1 = _selogES

```

```
gen _tEBF1 = lnor1/lnorse1
gen _precEBF1 = (1/lnorse1)
gen _varEBF1 = lnorse1^2

```

```
* META FUNNEL - PUBLICATION BIAS - EGGERS *
```

```
metafunnel lnor1 lnorse1, eform xtitle("Odds ratio (log scale)")
metabias lnor1 lnorse1, egger

```

```
quietly {
```

```
* FAT *
```

```
metareg lnor1, wsse(lnorse1) mm
local bRE = _b[_cons]
local sRE = _se[_cons]
test _b[_cons] = 0
local pRE = r(p)

```

```
* PET *
```

```
reg _tEBF1 _precEBF1, vce(robust)
local bFAT = _b[_cons]
local sFAT = _se[_cons]
test _b[_cons] = 0
local pFAT = r(p)
local bPET = _b[_precEBF1]
local sPET = _se[_precEBF1]

```

```

1
2
3 test _precEBF1 = 0
4 local pPET = r(p)
5
6
7 * PEESE *
8 reg _tEBF1 _precEBF1 lnorse1, noc vce(robust)
9 local bPEESE = _b[_precEBF1]
10 local sPEESE = _se[_precEBF1]
11 test _precEBF1 = 0
12 local pPEESE = r(p)
13 }
14
15
16 di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
17 ; p = " %5.3f `pRE'
18 di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
19 di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f
20 exp(`bPET') " ; p = " %5.3f `pPET'
21 di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f
22 exp(`bPEESE') " ; p = " %5.3f `pPEESE'
23
24
25 *****
26 *
27
28 * Meta-analysis for EBF at 2months*
29 metan EBF_2m_int_E EBF_2m_int_NE EBF_2m_cnt_E EBF_2m_cnt_NE, or randomi sortby
30 (author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
31 favours(Control#Intervention) texts(120)
32
33
34 * FAT PET PEESE *
35 gen lnor2 = ln(_ES)
36 gen lnorse2 = _selogES
37
38
39 gen _tEBF2 = lnor2/lnorse2
40 gen _precEBF2 = (1/lnorse2)
41 gen _varEBF2 = lnorse2^2
42
43
44 * META FUNNEL - PUBLICATION BIAS - EGGERS *
45 metafunnel lnor2 lnorse2, eform xtitle("Odds ratio (log scale)")
46 metabias lnor2 lnorse2, egger
47
48 quietly {
49 * FAT *
50 metareg lnor2, wsse(lnorse2) mm
51 local bRE = _b[_cons]
52 local sRE = _se[_cons]
53 test _b[_cons] = 0
54 local pRE = r(p)
55
56
57
58
59
60

```

* PET *

reg _tEBF2 _precEBF2, vce(robust)

local bFAT = _b[_cons]

local sFAT = _se[_cons]

test _b[_cons] = 0

local pFAT = r(p)

local bPET = _b[_precEBF2]

local sPET = _se[_precEBF2]

test _precEBF2 = 0

local pPET = r(p)

* PEESE *

reg _tEBF2 _precEBF2 lnorse2, noc vce(robust)

local bPEESE = _b[_precEBF2]

local sPEESE = _se[_precEBF2]

test _precEBF2 = 0

local pPEESE = r(p)

}

di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' ") ; OR = " %5.3f exp(`bRE') " ; p = " %5.3f `pRE'

di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' ") ; p = " %5.3f `pFAT'

di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' ") ; OR = " %5.3f exp(`bPET') " ; p = " %5.3f `pPET'

di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' ") ; OR = " %5.3f exp(`bPEESE') " ; p = " %5.3f `pPEESE'

*

* Meta-analysis for EBF at 3months*

metan EBF_3m_int_E EBF_3m_int_NE EBF_3m_cnt_E EBF_3m_cnt_NE, or randomi sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)

favours(Control#Intervention) texts(120)

* FAT PET PEESE *

gen lnor3 = ln(_ES)

gen lnorse3 = _selogES

gen _tEBF3 = lnor3/lnorse3

gen _precEBF3 = (1/lnorse3)

gen _varEBF3 = lnorse3^2

* META FUNNEL - PUBLICATION BIAS - EGGERS *

metafunnel lnor3 lnorse3, eform xtitle("Odds ratio (log scale)")


```
metabias lnor3 lnorse3, egger
```

```
quietly {
```

```
* FAT *
```

```
metareg lnor3, wsse(lnorse3) mm
```

```
local bRE = _b[_cons]
```

```
local sRE = _se[_cons]
```

```
test _b[_cons] = 0
```

```
local pRE = r(p)
```

```
* PET *
```

```
reg _tEBF3 _precEBF3, vce(robust)
```

```
local bFAT = _b[_cons]
```

```
local sFAT = _se[_cons]
```

```
test _b[_cons] = 0
```

```
local pFAT = r(p)
```

```
local bPET = _b[_precEBF3]
```

```
local sPET = _se[_precEBF3]
```

```
test _precEBF3 = 0
```

```
local pPET = r(p)
```

```
* PEESE *
```

```
reg _tEBF3 _precEBF3 lnorse3, noc vce(robust)
```

```
local bPEESE = _b[_precEBF3]
```

```
local sPEESE = _se[_precEBF3]
```

```
test _precEBF3 = 0
```

```
local pPEESE = r(p)
```

```
}
```

```
di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ); OR = " %5.3f exp(`bRE') "
```

```
; p = " %5.3f `pRE'
```

```
di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ); p = " %5.3f `pFAT'
```

```
di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ); OR = " %5.3f
```

```
exp(`bPET') " ; p = " %5.3f `pPET'
```

```
di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ); OR = " %5.3f
```

```
exp(`bPEESE') " ; p = " %5.3f `pPEESE'
```

```
*****
```

```
*
```

```
* Meta-analysis for EBF at 4months*
```

```
metan EBF_4m_int_E EBF_4m_int_NE EBF_4m_cnt_E EBF_4m_cnt_NE, or randomi sortby
```

```
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
```

```
favours(Control#Intervention) texts(120)
```

```
* FAT PET PEESE *
```

```

1
2
3     gen lnor4 = ln(_ES)
4     gen lnorse4 = _selogES
5
6
7     gen _tEBF4 = lnor4/lnorse4
8     gen _precEBF4 = (1/lnorse4)
9     gen _varEBF4 = lnorse4^2
10
11    * META FUNNEL - PUBLICATION BIAS - EGGERS *
12    metafunnel lnor4 lnorse4, eform xtitle("Odds ratio (log scale)")
13    metabias lnor4 lnorse4, egger
14
15
16    quietly {
17    * FAT *
18    metareg lnorse4, wsse(lnorse4) mm
19    local bRE = _b[_cons]
20    local sRE = _se[_cons]
21    test _b[_cons] = 0
22    local pRE = r(p)
23
24
25    * PET *
26    reg _tEBF4 _precEBF4, vce(robust)
27    local bFAT = _b[_cons]
28    local sFAT = _se[_cons]
29    test _b[_cons] = 0
30    local pFAT = r(p)
31    local bPET = _b[_precEBF4]
32    local sPET = _se[_precEBF4]
33    test _precEBF4 = 0
34    local pPET = r(p)
35
36
37    * PEESE *
38    reg _tEBF4 _precEBF4 lnorse4, noc vce(robust)
39    local bPEESE = _b[_precEBF4]
40    local sPEESE = _se[_precEBF4]
41    test _precEBF4 = 0
42    local pPEESE = r(p)
43    }
44
45
46    di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
47    ; p = " %5.3f `pRE'
48    di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
49    di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f
50    exp(`bPET') " ; p = " %5.3f `pPET'
51    di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f
52    exp(`bPEESE') " ; p = " %5.3f `pPEESE'
53
54
55
56
57
58
59
60

```

```
*****
*
* Meta-analysis for EBF at 6months*
metan EBF_6m_int_E EBF_6m_int_NE EBF_6m_cnt_E EBF_6m_cnt_NE, or randomi sortby
(author_ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10)
favours(Control#Intervention) texts(120)

* FAT PET PEESE *
gen lnor6 = ln(_ES)
gen lnorse6 = _selogES

gen _tEBF6 = lnor6/lnorse6
gen _precEBF6 = (1/lnorse6)
gen _varEBF6 = lnorse6^2

* META FUNNEL - PUBLICATION BIAS - EGGERS *
metafunnel lnor6 lnorse6, eform xtitle("Odds ratio (log scale)")
metabias lnor6 lnorse6, egger

quietly {
* FAT *
metareg lnorse6, wsse(lnorse6) mm
local bRE = _b[_cons]
local sRE = _se[_cons]
test _b[_cons] = 0
local pRE = r(p)

* PET *
reg _tEBF6 _precEBF6, vce(robust)
local bFAT = _b[_cons]
local sFAT = _se[_cons]
test _b[_cons] = 0
local pFAT = r(p)
local bPET = _b[_precEBF6]
local sPET = _se[_precEBF6]
test _precEBF6 = 0
local pPET = r(p)

* PEESE *
reg _tEBF6 _precEBF6 lnorse6, noc vce(robust)
local bPEESE = _b[_precEBF6]
local sPEESE = _se[_precEBF6]
test _precEBF6 = 0
local pPEESE = r(p)
```

```
1
2
3      }
4
5      di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' ") ; OR = " %5.3f exp(`bRE') "
6      ; p = " %5.3f `pRE'
7
8      di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' ") ; p = " %5.3f `pFAT'
9      di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' ") ; OR = " %5.3f
10     exp(`bPET') " ; p = " %5.3f `pPET'
11     di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' ") ; OR = " %5.3f
12     exp(`bPEESE') " ; p = " %5.3f `pPEESE'
13
14
15     *****
16     **
17     *****
18     **
19
20     ***** SUBANALYSIS FOR FU et al. three armed intervention *****
21     **** Control data has been /2 for between intervention groups throughout ****
22
23
24     set obs 21
25     replace ID = "Fu et al. In-Hospital Group" in 21
26     replace year = "2014" in 21
27     replace author_ID = 21 in 21
28
29
30     set obs 22
31     replace ID = "Fu et al. Telephone Group" in 22
32     replace year = "2014" in 22
33     replace author_ID = 22 in 22
34
35
36     label define Authors 1 "Abbass-Dick et al." 2 "Ahmed et al." 3 "Bunik et al." 4 "Fu et al." 5
37     "Hannula et al." 6 "Jiang et al." 7 "Kang et al." 8 "Khresheh et al." 9 "Kupratakul et al." 10
38     "Labarere et al." 11 "Li et al." 12 "Liu et al." 13 "Maycock et al." 14 "Meedya et al." 15
39     "Rasmussen et al." 16 "Rosuzeita et al." 17 "Su & Ouyang et al." 18 "Tahir & Al-Sadat" 19 "Wu
40     et al." 20 "Zhu et al." 21 "Fu et al. (In-Hospital group)" 22 "Fu et al. (Telephone group)", replace
41
42     *** Add data for BF initiation for In-Hospital group ***
43     replace BF_initiation_int_E = 190 in 21
44     replace BF_initiation_int_NE = 0 in 21
45     replace BF_initiation_int_total = 190 in 21
46
47
48     replace BF_initiation_cnt_E = 128 in 21
49     replace BF_initiation_cnt_NE = 2 in 21
50     replace BF_initiation_cnt_total = 130 in 21
51
52
53     *** Add data for BF initiation for Telephone group ***
54     replace BF_initiation_int_E = 259 in 22
55     replace BF_initiation_int_NE = 2 in 22
56
57
58
59
60     URL: https://mc.manuscriptcentral.com/rhpr E-mail: martin.hagger@curtin.edu.au
```

```
1
2
3 replace BF_initiation_int_total = 261 in 22
4
5 replace BF_initiation_cnt_E = 128 in 22
6 replace BF_initiation_cnt_NE = 2 in 22
7 replace BF_initiation_cnt_total = 130 in 22
8
9
10 *** ANY BREASTFEEDING ***
11 *** Add data for ABF overall for In-Hospital group ***
12 replace ABF_overall_int_E = 48 in 21
13 replace ABF_overall_int_NE = 108 in 21
14 replace ABF_overall_int_total = 156 in 21
15
16
17 replace ABF_overall_cnt_E = 32.5 in 21
18 replace ABF_overall_cnt_NE = 79 in 21
19 replace ABF_overall_cnt_total = 111.5 in 21
20
21
22 *** Add data for ABF overall for Telephone Group ***
23 replace ABF_overall_int_E = 78 in 22
24 replace ABF_overall_int_NE = 137 in 22
25 replace ABF_overall_int_total = 215 in 22
26
27
28 replace ABF_overall_cnt_E = 32.5 in 22
29 replace ABF_overall_cnt_NE = 79 in 22
30 replace ABF_overall_cnt_total = 111.5 in 22
31
32
33 *** ABF at 1MONTH ***
34 *** Add data for ABF 1month for In-Hospital Group ***
35 replace ABF_1m_int_E = 95 in 21
36 replace ABF_1m_int_NE = 54 in 21
37 replace ABF_1m_int_total = 149 in 21
38
39
40 replace ABF_1m_cnt_E = 65.5 in 21
41 replace ABF_1m_cnt_NE = 42.5 in 21
42 replace ABF_1m_cnt_total = 108 in 21
43
44
45 *** Add data for ABF 1month for Telephone Group ***
46 replace ABF_1m_int_E = 125 in 22
47 replace ABF_1m_int_NE = 62 in 22
48 replace ABF_1m_int_total = 187 in 22
49
50
51 replace ABF_1m_cnt_E = 65.5 in 22
52 replace ABF_1m_cnt_NE = 42.5 in 22
53 replace ABF_1m_cnt_total = 108 in 22
54
55
56
57
58
59
60
```


*** ABF at 2MONTHS ***

*** Add data for ABF 2months for In-Hospital Group ***

replace ABF_2m_int_E = 68 in 21

replace ABF_2m_int_NE = 89 in 21

replace ABF_2m_int_total = 157 in 21

replace ABF_2m_cnt_E = 43.5 in 21

replace ABF_2m_cnt_NE = 66.5 in 21

replace ABF_2m_cnt_total = 110 in 21

*** Add data for ABF 2months for Telephone Group ***

replace ABF_2m_int_E = 97 in 22

replace ABF_2m_int_NE = 108 in 22

replace ABF_2m_int_total = 272 in 22

replace ABF_2m_cnt_E = 43.5 in 22

replace ABF_2m_cnt_NE = 66.5 in 22

replace ABF_2m_cnt_total = 110 in 22

*** ABF at 3MONTHS ***

*** Add data for ABF 3months for In-Hospital Group ***

replace ABF_3m_int_E = 48 in 21

replace ABF_3m_int_NE = 108 in 21

replace ABF_3m_int_total = 156 in 21

replace ABF_3m_cnt_E = 32.5 in 21

replace ABF_3m_cnt_NE = 79 in 21

replace ABF_3m_cnt_total = 111.5 in 21

*** Add data for ABF 3months for Telephone Group ***

replace ABF_3m_int_E = 78 in 22

replace ABF_3m_int_NE = 137 in 22

replace ABF_3m_int_total = 215 in 22

replace ABF_3m_cnt_E = 32.5 in 22

replace ABF_3m_cnt_NE = 79 in 22

replace ABF_3m_cnt_total = 111.5 in 22

*** EXCLUSIVE BREASTFEEDING ***

*** Add data for EBF Overall for In-Hospital Group ***

replace EBF_overall_int_E = 34 in 21

replace EBF_overall_int_NE = 156 in 21

replace EBF_overall_int_total = 190 in 21

```
1
2
3
4 replace EBF_overall_cnt_E = 18.5 in 21
5 replace EBF_overall_cnt_NE = 111.5 in 21
6 replace EBF_overall_cnt_total = 130 in 21
7
8
9 *** Add data for EBF Overall for Telephone Group ***
10 replace EBF_overall_int_E = 46 in 22
11 replace EBF_overall_int_NE = 215 in 22
12 replace EBF_overall_int_total = 261 in 22
13
14
15 replace EBF_overall_cnt_E = 18.5 in 22
16 replace EBF_overall_cnt_NE = 111.5 in 22
17 replace EBF_overall_cnt_total = 130 in 22
18
19 *** EBF 1MONTH ***
20 *** Add data for EBF 1MONTH for In-Hospital Group ***
21 replace EBF_1m_int_E = 41 in 21
22 replace EBF_1m_int_NE = 149 in 21
23 replace EBF_1m_int_total = 190 in 21
24
25
26 replace EBF_1m_cnt_E = 22 in 21
27 replace EBF_1m_cnt_NE = 108 in 21
28 replace EBF_1m_cnt_total = 130 in 21
29
30
31 *** Add data for EBF 1MONTH for Telephone Group ***
32 replace EBF_1m_int_E = 74 in 22
33 replace EBF_1m_int_NE = 187 in 22
34 replace EBF_1m_int_total = 261 in 22
35
36
37 replace EBF_1m_cnt_E = 22 in 22
38 replace EBF_1m_cnt_NE = 108 in 22
39 replace EBF_1m_cnt_total = 130 in 22
40
41 *** EBF 2MONTHS ***
42 *** Add data for EBF 2MONTHS for In-Hospital Group ***
43 replace EBF_2m_int_E = 33 in 21
44 replace EBF_2m_int_NE = 157 in 21
45 replace EBF_2m_int_total = 190 in 21
46
47
48 replace EBF_2m_cnt_E = 20 in 21
49 replace EBF_2m_cnt_NE = 110 in 21
50 replace EBF_2m_cnt_total = 130 in 21
51
52
53 *** Add data for EBF 2MONTHS for Telephone Group ***
54 replace EBF_2m_int_E = 56 in 22
55 replace EBF_2m_int_NE = 205 in 22
56
57
58
59
60
```

```
replace EBF_2m_int_total = 261 in 22
```

```
replace EBF_2m_cnt_E = 20 in 22
```

```
replace EBF_2m_cnt_NE = 110 in 22
```

```
replace EBF_2m_cnt_total = 130 in 22
```

```
*** EBF 3MONTHS ***
```

```
*** Add data for EBF 3MONTHS for In-Hospital Group ***
```

```
replace EBF_3m_int_E = 34 in 21
```

```
replace EBF_3m_int_NE = 156 in 21
```

```
replace EBF_3m_int_total = 190 in 21
```

```
replace EBF_3m_cnt_E = 18.5 in 21
```

```
replace EBF_3m_cnt_NE = 111.5 in 21
```

```
replace EBF_3m_cnt_total = 130 in 21
```

```
*** Add data for EBF 3MONTHS for Telephone Group ***
```

```
replace EBF_3m_int_E = 46 in 22
```

```
replace EBF_3m_int_NE = 215 in 22
```

```
replace EBF_3m_int_total = 261 in 22
```

```
replace EBF_3m_cnt_E = 18.5 in 22
```

```
replace EBF_3m_cnt_NE = 111.5 in 22
```

```
replace EBF_3m_cnt_total = 130 in 22
```

```
*** Adding dummy variable to include and exclude observations (studies) in analysis by ***
```

```
gen exclude = -999
```

```
replace exclude = 0 in 21
```

```
replace exclude = 1 in 22
```

```
* i.e. Fu et al. *
```

```
** continuity correction for 0 Non-Events in BF initiation in In-Hospital group **
```

```
replace BF_initiation_int_NE = 1 in 21
```

```
*** BREASTFEEDING INITIATION ***
```

```
*** Sub-Group Meta-analysis for BF initiation with Fu et al. ***
```

```
metan BF_initiation_int_E BF_initiation_int_NE BF_initiation_cnt_E BF_initiation_cnt_NE if  
exclude>=0, or randomi nointeger sortby(author_ID) label(namevar=author_ID, yearvar=year)  
by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)
```

```
*** ANY BREASTFEEDING ***
```

```
*** Sub-Group meta-analysis for ABF Overall Effect with Fu et al. ***
```

metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year)
by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** Sub-Group Meta-analysis for ABF at 1-MONTH ***

metan ABF_1m_int_E ABF_1m_int_NE ABF_1m_cnt_E ABF_1m_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year) by(exclude)
xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** Sub-Group Meta-analysis for ABF at 2-MONTHS ***

metan ABF_2m_int_E ABF_2m_int_NE ABF_2m_cnt_E ABF_2m_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year) by(exclude)
xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** Sub-Group Meta-analysis for ABF at 3-MONTHS ***

metan ABF_3m_int_E ABF_3m_int_NE ABF_3m_cnt_E ABF_3m_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year) by(exclude)
xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** EXCLUSIVE BREASTFEEDING ***

*** Sub-Group meta-analysis for EBF Overall Effect with Fu et al. ***

metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE if
exclude>=0, or randomi nointeger sortby(ID) label(namevar=author_ID, yearvar=year)
by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** Sub-Group Meta-analysis for EBF at 1-MONTH ***

metan EBF_1m_int_E EBF_1m_int_NE EBF_1m_cnt_E EBF_1m_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year) by(exclude)
xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** Sub-Group Meta-analysis for ABF at 2-MONTHS ***

metan EBF_2m_int_E EBF_2m_int_NE EBF_2m_cnt_E EBF_2m_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year) by(exclude)
xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

*** Sub-Group Meta-analysis for ABF at 3-MONTHS ***

metan EBF_3m_int_E EBF_3m_int_NE EBF_3m_cnt_E EBF_3m_cnt_NE if exclude>=0, or
randomi nointeger sortby (author_ID) label (namevar=author_ID, yearvar=year) by(exclude)
xlabel (0.1, 1, 10) favours(Control#Intervention) texts(150)

**

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***** END

**

For Peer Review Only


```

1 . do "/var/folders/jq/n7j5rp2n0h32ly30n4g8qhm40000gp/T//SD47358.000000"
2 . *****
3 . ***** META-ANALYSIS FOR SOCIAL-PSYCHOLOGICAL INTERVENTIONS SYSTEMATIC REVIEW *****
4 .
5 . ***** META-ANALYSIS FOR MAIN EFFECTS *****
6 .
7 . ***** Breastfeeding Initiation - Overall Effect *****
8 . * Basic Meta-Analysis calculating OR using random effects model *
9 .
10 . ***** As part of continuity correction add 1 to cells containing 0; *****
11 . ***** when use cc (.5) estimates are very wide *****
12 .
13 . replace BF_initiation_int_NE = 1 in 2
    (1 real change made)
14 .
15 . replace BF_initiation_int_NE = 1 in 9
    (0 real changes made)
16 .
17 . replace BF_initiation_int_NE = 1 in 15
    (1 real change made)
18 .
19 . replace BF_initiation_cnt_NE = 1 in 2
    (1 real change made)
20 .
21 . replace BF_initiation_cnt_NE = 1 in 15
    (1 real change made)
22 .
23 . ** First step meta-analysis **
24 . metan BF_initiation_int_E BF_initiation_int_NE BF_initiation_cnt_E BF_initiation_cnt_NE , or ran
    > _ID) label(namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control # Intervention)

```

Study	OR	[95% Conf. Interval]		% Weight
Ahmed et al. (2016)	0.860	0.052	14.108	3.91
Fu et al. (2014)	3.508	0.638	19.284	10.54
Hannula et al. (2014)	1.561	0.219	11.147	7.92
Kupratakul et al. (2014)	4.706	0.502	44.137	6.11
Liu et al. (2017)	1.524	0.246	9.437	9.21
Rasmussen et al. (2017)	0.950	0.055	16.293	3.79
Rosuzeita et al. (2017)	1.829	0.411	8.138	13.74
Su & Ouyang (2016)	5.645	0.625	50.987	6.32
Zhu et al. (2017)	2.472	1.013	6.034	38.46
D+L pooled OR	2.302	1.324	4.002	100.00

```
1
2
3      Heterogeneity chi-squared = 2.58 (d.f. = 8) p = 0.958
4      I-squared (variation in OR attributable to heterogeneity) = 0.0%
5      Estimate of between-study variance Tau-squared = 0.0000
6
7      Test of OR=1 : z= 2.95 p = 0.003
8
9
10
11
12      25 .
13
14      26 . **** GENERATE logOR AND logSE for Breastfeeding Initiation ****
15
16      27 . replace lnor = ln(_ES)
17      (5 real changes made)
18
19
20      28 . replace lnor = 0 in 2
21      (1 real change made)
22
23
24      29 . replace lnor = 0 in 15
25      (1 real change made)
26
27
28      30 . replace lnorse = _selogES
29      (3 real changes made)
30
31
32      31 .
33
34      32 . order lnor, after(BCT)
35
36
37      33 . order lnorse, after(lnor)
38
39
40      34 .
41
42      35 . ** FULL META ANALYSIS FOR BREASTFEEDING INITIATION **
43
44      36 . metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year) xla
45      > trol#Intervention) texts(120)
46
47
48      Study | ES [95% Conf. Interval] % Weight
49      -----+-----
50      Ahmed et al. (2016) | 1.000 0.061 16.412 3.91
51      Fu et al. (2014) | 3.508 0.638 19.284 10.54
52      Hannula et al. (2014) | 1.561 0.219 11.147 7.92
53      Kupratakul et al. (2014) | 4.706 0.502 44.137 6.11
54      Liu et al. (2017) | 1.524 0.246 9.437 9.21
55      Rasmussen et al. (2017) | 1.000 0.058 17.151 3.79
56      Rosuzeit et al. (2017) | 1.829 0.411 8.138 13.74
57      Su & Ouyang (2016) | 5.645 0.625 50.987 6.32
58      Zhu et al. (2017) | 2.472 1.013 6.034 38.46
59
60      -----+-----
61      I-V pooled ES | 2.320 1.334 4.034 100.00
62
63      -----+-----
64
65      Heterogeneity chi-squared = 2.40 (d.f. = 8) p = 0.966
66      I-squared (variation in ES attributable to heterogeneity) = 0.0%
67
68      Test of ES=1 : z= 2.98 p = 0.003
69
70
71
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73      37 .
74
75      38 . *****
76
77      39 . ***** ANY BREASTFEEDING *****
78
79      40 .
80
81      41 . * Meta-analysis for Overall effect of Any Breastfeeding *
82
83      42 . metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or randomi noin
84      > ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control # Intervention)
```

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	1.062	0.582	1.941	6.53
Ahmed et al. (2016)	0.360	0.157	0.829	4.34
Bunik et al. (2010)	0.815	0.495	1.341	7.93
Fu et al. (2014)	1.163	0.821	1.647	10.37
Jiang et al. (2014)	1.065	0.691	1.643	8.93
Kupratakul et al. (2	1.695	0.690	4.164	3.89
Labarere et al. (201	0.940	0.538	1.642	7.09
Li et al. (2018)	0.373	0.166	0.839	4.50
Maycock et al. (2013	1.232	0.886	1.712	10.69
Meedya et al. (2014)	0.786	0.433	1.425	6.62
Rasmussen et al. (20	0.308	0.082	1.149	2.11
Rosuzeita et al. (20	0.931	0.397	2.184	4.20
Su & Ouyang (2016)	0.661	0.250	1.747	3.46
Tahir & Al-Sadat (20	0.989	0.638	1.532	8.85
Wu et al. (2014)	3.467	0.975	12.328	2.25
Zhu et al. (2017)	0.556	0.345	0.896	8.24
D+L pooled OR	0.886	0.721	1.090	100.00

Heterogeneity chi-squared = **28.92** (d.f. = 15) p = **0.016**

I-squared (variation in OR attributable to heterogeneity) = **48.1%**

Estimate of between-study variance Tau-squared = **0.0758**

Test of OR=1 : z= **1.14** p = **0.253**

43 .
 44 . ***** ANY BREASTFEEDING - OVER TIME *****
 45 .
 46 . * Meta-analysis for ABF at 1month *
 47 . metan ABF_1m_int_E ABF_1m_int_NE ABF_1m_cnt_E ABF_1m_cnt_NE, or randomi sortby (author_ID) label
 > =year) xlabel (0.1, 1, 10) favours (Control # Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Ahmed et al. (2016)	0.370	0.166	0.824	9.23
Bunik et al. (2010)	1.005	0.571	1.771	13.09
Fu et al. (2014)	0.938	0.691	1.273	18.63
Kupratakul et al. (2	0.498	0.184	1.343	7.00
Labarere et al. (201	0.940	0.538	1.642	13.25
Meedya et al. (2014)	0.556	0.339	0.912	14.53
Rasmussen et al. (20	0.289	0.048	1.727	2.75
Su & Ouyang (2016)	2.900	0.895	9.392	5.48
Tahir & Al-Sadat (20	0.585	0.313	1.091	12.01
Wu et al. (2014)	3.077	0.739	12.820	4.03
D+L pooled OR	0.786	0.573	1.079	100.00

Heterogeneity chi-squared = **18.76** (d.f. = 9) p = **0.027**

I-squared (variation in OR attributable to heterogeneity) = **52.0%**

Estimate of between-study variance Tau-squared = **0.1156**

Test of OR=1 : z= **1.49** p = **0.137**

48 .

49 . * Meta-analysis for ABF at 2months *
50 . metan ABF_2m_int_E ABF_2m_int_NE ABF_2m_cnt_E ABF_2m_cnt_NE, or randomi sortby (author_ID) label
> =year) xlabel (0.1, 1, 10) favours (Control # Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	0.767	0.418	1.406	12.14
Ahmed et al. (2016)	0.219	0.095	0.508	9.62
Fu et al. (2014)	1.147	0.832	1.582	15.26
Kupratakul et al. (2	1.680	0.640	4.409	8.45
Li et al. (2018)	0.373	0.166	0.839	9.91
Maycock et al. (2013	1.232	0.886	1.712	15.18
Rosuzeita et al. (20	1.220	0.529	2.812	9.66
Wu et al. (2014)	3.467	0.975	12.328	6.19
Zhu et al. (2017)	0.556	0.345	0.896	13.61
D+L pooled OR	0.849	0.572	1.262	100.00

Heterogeneity chi-squared = 31.51 (d.f. = 8) p = 0.000
I-squared (variation in OR attributable to heterogeneity) = 74.6%
Estimate of between-study variance Tau-squared = 0.2405

Test of OR=1 : z= 0.81 p = 0.419

51 .
52 . * Meta-analysis for ABF at 3months *
53 . metan ABF_3m_int_E ABF_3m_int_NE ABF_3m_cnt_E ABF_3m_cnt_NE, or randomi sortby (author_ID) label
> =year) xlabel (0.1, 1, 10) favours (Control # Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	1.062	0.582	1.941	18.83
Ahmed et al. (2016)	0.360	0.157	0.829	13.56
Bunik et al. (2010)	0.815	0.495	1.341	21.75
Fu et al. (2014)	1.163	0.821	1.647	26.27
Kupratakul et al. (2	1.695	0.690	4.164	12.37
Rasmussen et al. (20	0.308	0.082	1.149	7.22
D+L pooled OR	0.859	0.576	1.283	100.00

Heterogeneity chi-squared = 11.40 (d.f. = 5) p = 0.044
I-squared (variation in OR attributable to heterogeneity) = 56.1%
Estimate of between-study variance Tau-squared = 0.1276

Test of OR=1 : z= 0.74 p = 0.458

54 .
55 . * Meta-analysis for ABF at 4months *
56 . metan ABF_4m_int_E ABF_4m_int_NE ABF_4m_cnt_E ABF_4m_cnt_NE, or randomi sortby (author_ID) label
> =year) xlabel (0.1, 1, 10) favours (Control # Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Kupratakul et al. (2	1.695	0.690	4.164	10.57
Meedya et al. (2014)	0.786	0.433	1.425	24.09
Rosuzeita et al. (20	0.931	0.397	2.184	11.75

Su & Ouyang (2016)	0.661	0.250	1.747	9.03
Tahir & Al-Sadat (20	0.989	0.638	1.532	44.55
<hr/>				
D+L pooled OR	0.948	0.708	1.270	100.00
<hr/>				

Heterogeneity chi-squared = 2.55 (d.f. = 4) p = 0.635
 I-squared (variation in OR attributable to heterogeneity) = 0.0%
 Estimate of between-study variance Tau-squared = 0.0000

Test of OR=1 : z= 0.36 p = 0.721

57 .
 58 . * Meta-analysis for ABF at 6months *
 59 . metan ABF_6m_int_E ABF_6m_int_NE ABF_6m_cnt_E ABF_6m_cnt_NE, or randomi sortby (author_ID) label
 > =year) xlabel (0.1, 1, 10) favours (Control # Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Bunik et al. (2010)	0.656	0.383	1.121	20.76
Kupratakul et al. (2010)	4.583	1.689	12.435	14.41
Meedya et al. (2014)	0.296	0.095	0.923	12.77
Rosuzeita et al. (2010)	1.118	0.474	2.635	16.23
Su & Ouyang (2016)	1.077	0.409	2.833	14.79
Tahir & Al-Sadat (2010)	1.252	0.746	2.098	21.03
D+L pooled OR	1.054	0.592	1.877	100.00

Heterogeneity chi-squared = 16.52 (d.f. = 5) p = 0.006
 I-squared (variation in OR attributable to heterogeneity) = 69.7%
 Estimate of between-study variance Tau-squared = 0.3431

Test of OR=1 : z= 0.18 p = 0.859

60 .
 61 . *****
 62 . ***** EXCLUSIVE BREASTFEEDING *****
 63 .
 64 . * Meta-analysis for Overall effect of Exclusive Breastfeeding *
 65 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or randomi noin
 > l(namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	1.373	0.779	2.417	7.61
Ahmed et al. (2016)	5.132	2.159	12.199	5.45
Fu et al. (2014)	1.300	0.851	1.985	8.74
Jiang et al. (2014)	1.307	0.932	1.833	9.39
Kang et al. (2008)	6.000	1.890	19.043	3.93
Khresheh et al. (201	1.670	0.683	4.083	5.27
Kupratakul et al. (2	1.923	0.772	4.791	5.16
Li et al. (2018)	2.662	1.187	5.970	5.82
Liu et al. (2017)	20.898	2.679	163.026	1.65
Maycock et al. (2013	1.077	0.790	1.467	9.59
Meedya et al. (2014)	1.273	0.702	2.308	7.37
Rasmussen et al. (20	0.364	0.095	1.386	3.23
Rosuzeita et al. (20	2.839	1.190	6.773	5.43

Su & Ouyang (2016)	2.941	1.071	8.074	4.62
Tahir & Al-Sadat (20	1.132	0.725	1.768	8.57
Zhu et al. (2017)	3.433	2.085	5.651	8.15
-----+				
D+L pooled OR	1.840	1.380	2.452	100.00
-----+				

Heterogeneity chi-squared = 47.89 (d.f. = 15) p = 0.000
I-squared (variation in OR attributable to heterogeneity) = 68.7%
Estimate of between-study variance Tau-squared = 0.1988

Test of OR=1 : z= 4.16 p = 0.000

66 .
67 . ***** EXCLUSIVE BREASTFEEDING - OVER TIME *****
68 .
69 . * Meta-analysis for EBF at 1month*
70 . metan EBF_1m_int_E EBF_1m_int_NE EBF_1m_cnt_E EBF_1m_cnt_NE, or randomi sortby (author_ID) label
> =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Ahmed et al. (2016)	2.546	1.160	5.586	11.57
Fu et al. (2014)	1.680	1.141	2.475	19.12
Kang et al. (2008)	3.755	1.239	11.385	7.63
Kupratakul et al. (2014)	3.100	1.166	8.242	9.00
Liu et al. (2017)	12.064	2.668	54.551	4.82
Meedya et al. (2014)	1.799	1.097	2.951	16.88
Rasmussen et al. (2014)	0.364	0.095	1.386	5.82
Su & Ouyang (2016)	0.973	0.371	2.548	9.17
Tahir & Al-Sadat (2014)	1.694	0.989	2.903	15.99
D+L pooled OR	1.920	1.326	2.780	100.00

Heterogeneity chi-squared = 16.94 (d.f. = 8) p = 0.031
I-squared (variation in OR attributable to heterogeneity) = 52.8%
Estimate of between-study variance Tau-squared = 0.1477

Test of OR=1 : z= 3.45 p = 0.001

71 .
72 .
73 . * Meta-analysis for EBF at 2months*
74 . metan EBF_2m_int_E EBF_2m_int_NE EBF_2m_cnt_E EBF_2m_cnt_NE, or randomi sortby (author_ID) label
> =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
-----+				
Abbass-Dick et al. (	1.669	0.930	2.994	11.73
Ahmed et al. (2016)	7.202	2.995	17.321	9.29
Fu et al. (2014)	1.352	0.898	2.035	13.13
Kang et al. (2008)	5.500	1.813	16.681	7.59
Kupratakul et al. (2	2.857	1.140	7.161	8.97
Li et al. (2018)	2.662	1.187	5.970	9.85
Liu et al. (2017)	20.898	2.679	163.026	3.47
Maycock et al. (2013	1.077	0.790	1.467	13.81
Rosuzeita et al. (20	1.555	0.682	3.543	9.72

Zhu et al. (2017)	3.433	2.085	5.651	12.44
D+L pooled OR	2.497	1.612	3.867	100.00

Heterogeneity chi-squared = 39.89 (d.f. = 9) p = 0.000
 I-squared (variation in OR attributable to heterogeneity) = 77.4%
 Estimate of between-study variance Tau-squared = 0.3357

Test of OR=1 : z= 4.10 p = 0.000

75 .
 76 .
 77 . * Meta-analysis for EBF at 3months*
 78 . metan EBF_3m_int_E EBF_3m_int_NE EBF_3m_cnt_E EBF_3m_cnt_NE, or randomi sortby (author_ID) label
 > =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	1.373	0.779	2.417	23.86
Ahmed et al. (2016)	5.132	2.159	12.199	18.28
Fu et al. (2014)	1.300	0.851	1.985	26.53
Kang et al. (2008)	6.000	1.890	19.043	13.86
Kupratakul et al. (2	1.923	0.772	4.791	17.48
D+L pooled OR	2.240	1.256	3.996	100.00

Heterogeneity chi-squared = 12.95 (d.f. = 4) p = 0.012
 I-squared (variation in OR attributable to heterogeneity) = 69.1%
 Estimate of between-study variance Tau-squared = 0.2821

Test of OR=1 : z= 2.73 p = 0.006

79 .
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 81 . * Meta-analysis for EBF at 4months*
 82 . metan EBF_4m_int_E EBF_4m_int_NE EBF_4m_cnt_E EBF_4m_cnt_NE, or randomi sortby (author_ID) label
 > =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Jiang et al. (2014)	1.307	0.932	1.833	27.93
Kupratakul et al. (2	6.282	1.635	24.142	6.49
Meedya et al. (2014)	1.273	0.702	2.308	19.04
Rosuzeita et al. (20	2.839	1.190	6.773	12.43
Su & Ouyang (2016)	2.941	1.071	8.074	10.12
Tahir & Al-Sadat (20	1.132	0.725	1.768	23.99
D+L pooled OR	1.663	1.138	2.429	100.00

Heterogeneity chi-squared = 10.46 (d.f. = 5) p = 0.063
 I-squared (variation in OR attributable to heterogeneity) = 52.2%
 Estimate of between-study variance Tau-squared = 0.1042

Test of OR=1 : z= 2.63 p = 0.009

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1
2
3      83 .
4      84 .
5      85 . * Meta-analysis for EBF at 6months*
6      86 . metan EBF_6m_int_E EBF_6m_int_NE EBF_6m_cnt_E EBF_6m_cnt_NE, or randomi sortby (author_ID) label
7          > =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)
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Study	OR	[95% Conf. Interval]	% Weight
Jiang et al. (2014)	2.627	1.465 4.711	26.29
Khresheh et al. (201)	1.670	0.683 4.083	15.08
Kupratakul et al. (2014)	9.250	1.097 77.995	3.37
Meedya et al. (2014)	3.375	1.083 10.516	10.35
Rosuzeita et al. (2016)	1.875	0.657 5.348	11.81
Su & Ouyang (2016)	3.111	1.024 9.452	10.74
Tahir & Al-Sadat (2016)	1.045	0.535 2.043	22.36
D+L pooled OR	2.092	1.398 3.130	100.00

```

Heterogeneity chi-squared = 8.00 (d.f. = 6) p = 0.238
I-squared (variation in OR attributable to heterogeneity) = 25.0%
Estimate of between-study variance Tau-squared = 0.0721

Test of OR=1 : z= 3.59 p = 0.000

87 .
88 . *****
89 . ***** SUB-ANALYSES *****
90 .
91 .
92 . ***** SUBANALYSIS 1.0 - RoB Sensitivity analysis *****
93 . ***** 1.1 Initiation *****
94 .
95 . ** Data augmentation to control for /0 problem **
96 . replace BF_initiation_int_NE = 1 in 2
97 . (0 real changes made)
98 .
99 . replace BF_initiation_int_NE = 1 in 9
100 . (0 real changes made)
101 .
102 . replace BF_initiation_cnt_NE = 1 in 2
103 . (0 real changes made)
104 .
105 . replace BF_initiation_cnt_NE = 1 in 15
106 . (0 real changes made)
107 .
108 . ***** Transform into logOR and logSE for Initiation by Risk of Bias subanalysis *****
109 . metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year) xla
110 . > trol#Intervention) texts(120) by(RoB)
```

Study	ES	[95% Conf. Interval]		% Weight
-----+-----				
Low				
Ahmed et al. (2016)	1.000	0.061	16.412	3.91
Fu et al. (2014)	3.508	0.638	19.284	10.54
Kupratakul et al. (2014)	4.706	0.502	44.137	6.11
Zhu et al. (2017)	2.472	1.013	6.034	38.46
Sub-total				
I-V pooled ES	2.649	1.289	5.444	59.02
-----+-----				
High				
Hannula et al. (2014)	1.561	0.219	11.147	7.92
Liu et al. (2017)	1.524	0.246	9.437	9.21
Rasmussen et al. (2014)	1.000	0.058	17.151	3.79
Rosuzeita et al. (2014)	1.829	0.411	8.138	13.74
Su & Ouyang (2016)	5.645	0.625	50.987	6.32
Sub-total				
I-V pooled ES	1.916	0.807	4.547	40.98
-----+-----				
Overall				
I-V pooled ES	2.320	1.334	4.034	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**
Low	0.85	3	0.838	0.0%
High	1.23	4	0.873	0.0%
Overall	2.40	8	0.966	0.0%
Overall Test for heterogeneity between sub-groups:				
	0.32	1	0.572	

** I-squared: the variation in ES attributable to heterogeneity)

Significance test(s) of ES=1

Low	z= 2.65	p = 0.008
High	z= 1.47	p = 0.140
Overall	z= 2.98	p = 0.003

108 .
 109 . ***** 1.2 ABF OVERALL *****
 110 . metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or randomi noin
 > ID) label (namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention) te

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
Low				
Abbass-Dick et al. (	1.062	0.582	1.941	6.53
Ahmed et al. (2016)	0.360	0.157	0.829	4.34
Fu et al. (2014)	1.163	0.821	1.647	10.37
Kupratakul et al. (2	1.695	0.690	4.164	3.89
Meedya et al. (2014)	0.786	0.433	1.425	6.62
Zhu et al. (2017)	0.556	0.345	0.896	8.24
Sub-total				
D+L pooled OR	0.837	0.572	1.226	39.99

-----+-----				
High				
Bunik et al. (2010)	0.815	0.495	1.341	7.93
Jiang et al. (2014)	1.065	0.691	1.643	8.93
Labarere et al. (201)	0.940	0.538	1.642	7.09
Li et al. (2018)	0.373	0.166	0.839	4.50
Maycock et al. (2013)	1.232	0.886	1.712	10.69
Rasmussen et al. (20	0.308	0.082	1.149	2.11
Rosuzeita et al. (20	0.931	0.397	2.184	4.20
Su & Ouyang (2016)	0.661	0.250	1.747	3.46
Tahir & Al-Sadat (20	0.989	0.638	1.532	8.85
Wu et al. (2014)	3.467	0.975	12.328	2.25
Sub-total				
D+L pooled OR	0.922	0.715	1.189	60.01
-----+-----				
Overall				
D+L pooled OR	0.886	0.721	1.090	100.00
-----+-----				

Test(s) of heterogeneity:					
	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Low	12.98	5	0.024	61.5%	0.1315
High	15.41	9	0.080	41.6%	0.0624
Overall	28.92	15	0.016	48.1%	0.0758

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Low	z= 0.91	p = 0.362
High	z= 0.63	p = 0.530
Overall	z= 1.14	p = 0.253

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111 .
112 . ***** 1.3 EBF OVERALL *****
113 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or randomi noin
> l(namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Control#Intervention) texts(120)
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Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
Low				
Abbass-Dick et al. (	1.373	0.779	2.417	7.61
Ahmed et al. (2016)	5.132	2.159	12.199	5.45
Fu et al. (2014)	1.300	0.851	1.985	8.74
Khresheh et al. (201	1.670	0.683	4.083	5.27
Kupratakul et al. (2	1.923	0.772	4.791	5.16
Meedya et al. (2014)	1.273	0.702	2.308	7.37
Zhu et al. (2017)	3.433	2.085	5.651	8.15
Sub-total				
D+L pooled OR	1.930	1.295	2.875	47.76
-----+-----				
High				
Jiang et al. (2014)	1.307	0.932	1.833	9.39

Kang et al. (2008)	6.000	1.890	19.043	3.93
Li et al. (2018)	2.662	1.187	5.970	5.82
Liu et al. (2017)	20.898	2.679	163.026	1.65
Maycock et al. (2013)	1.077	0.790	1.467	9.59
Rasmussen et al. (20)	0.364	0.095	1.386	3.23
Rosuzeita et al. (20)	2.839	1.190	6.773	5.43
Su & Ouyang (2016)	2.941	1.071	8.074	4.62
Tahir & Al-Sadat (20)	1.132	0.725	1.768	8.57
Sub-total				
D+L pooled OR	1.780	1.175	2.695	52.24

Overall				
D+L pooled OR	1.840	1.380	2.452	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Low	16.55	6	0.011	63.7%	0.1747
High	27.42	8	0.001	70.8%	0.2270
Overall	47.89	15	0.000	68.7%	0.1988

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Low	z= 3.23	p = 0.001
High	z= 2.72	p = 0.006
Overall	z= 4.16	p = 0.000

```

114 .
115 . ***** SUBANALYSIS 2.0 - Intervention Timing (PN vs. AN&PN) *****
116 . ***** 2.1 Initiation *****
117 .
118 . ** Data augmentation to control for /0 problem **
119 . replace BF_initiation_int_NE = 1 in 2
120 . (0 real changes made)
121 .
122 . replace BF_initiation_int_NE = 1 in 9
123 . (0 real changes made)
124 .
125 . replace BF_initiation_cnt_NE = 1 in 2
126 . (0 real changes made)
127 .
128 . replace BF_initiation_cnt_NE = 1 in 15
129 . (0 real changes made)

```

```
128 .
129 . ** Drop Su&Ouyang from sub-analysis because is AN intervention only **
130 . ** So generate new variable (int_timing_exclude) and exclude on this var in meta analysis **
131 . gen int_timing_exclude = 1

132 . replace int_timing_exclude = 0 in 17
    (1 real change made)

133 .
134 . **** Transform into logOR and logSE for Initiation by Intervention timing subanalysis ****
135 . metan lnor lnorse if int_timing_exclude >=1, eform effect(OR) sortby(author_ID) label(namevar=au
    > 1 (.1, 1, 10) favours (Control#Intervention) texts(120) by(INT_timing)
```

Study	ES	[95% Conf. Interval]		% Weight
-----+-----				
Postnatal Int Only				
Ahmed et al. (2016)	1.000	0.061	16.412	4.17
Fu et al. (2014)	3.508	0.638	19.284	11.25
Zhu et al. (2017)	2.472	1.013	6.034	41.05
Sub-total				
I-V pooled ES	2.479	1.159	5.305	56.48
-----+-----				
Antenatal & Postnata				
Hannula et al. (2014)	1.561	0.219	11.147	8.46
Kupratakul et al. (2014)	4.706	0.502	44.137	6.52
Liu et al. (2017)	1.524	0.246	9.437	9.83
Rasmussen et al. (2017)	1.000	0.058	17.151	4.05
Rosuzeita et al. (2017)	1.829	0.411	8.138	14.67
Sub-total				
I-V pooled ES	1.854	0.779	4.410	43.52
-----+-----				
Overall				
I-V pooled ES	2.185	1.233	3.869	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**
Postnatal Int Only	0.56	2	0.754	0.0%
Antenatal & Postnata	0.92	4	0.922	0.0%
Overall	1.73	7	0.973	0.0%

Overall Test for heterogeneity between sub-groups:

	0.24	1	0.621
--	------	---	-------

** I-squared: the variation in ES attributable to heterogeneity)

Significance test(s) of ES=1

Postnatal Int Only	z=	2.34	p =	0.019
Antenatal & Postnata	z=	1.40	p =	0.163
Overall	z=	2.68	p =	0.007

```
136 .
137 . ***** 2.2 ABF OVERALL *****
138 . ** Drop Su&Ouyang from meta-analysis because is AN intervention only **
139 . metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE if int_timing_ex
```

```
> ger cc(.5) sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours
> s(120) by(INT_timing)
```

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
Postnatal Int Only				
Abbass-Dick et al. (	1.062	0.582	1.941	6.80
Ahmed et al. (2016)	0.360	0.157	0.829	4.55
Bunik et al. (2010)	0.815	0.495	1.341	8.20
Fu et al. (2014)	1.163	0.821	1.647	10.62
Li et al. (2018)	0.373	0.166	0.839	4.72
Tahir & Al-Sadat (20	0.989	0.638	1.532	9.12
Wu et al. (2014)	3.467	0.975	12.328	2.38
Zhu et al. (2017)	0.556	0.345	0.896	8.51
Sub-total				
D+L pooled OR	0.811	0.575	1.143	54.89
-----+-----				
Antenatal & Postnata				
Jiang et al. (2014)	1.065	0.691	1.643	9.20
Kupratakul et al. (2	1.695	0.690	4.164	4.09
Labarere et al. (201	0.940	0.538	1.642	7.36
Maycock et al. (2013	1.232	0.886	1.712	10.94
Meedya et al. (2014)	0.786	0.433	1.425	6.88
Rasmussen et al. (20	0.308	0.082	1.149	2.23
Rosuzeita et al. (20	0.931	0.397	2.184	4.41
Sub-total				
D+L pooled OR	1.044	0.839	1.300	45.11
-----+-----				
Overall				
D+L pooled OR	0.895	0.722	1.108	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Postnatal Int Only	19.90	7	0.006	64.8%	0.1450
Antenatal & Postnata	6.47	6	0.373	7.2%	0.0067
Overall	28.41	14	0.013	50.7%	0.0804

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Postnatal Int Only	z=	1.20	p =	0.231
Antenatal & Postnata	z=	0.39	p =	0.700
Overall	z=	1.02	p =	0.307

```
140 .
141 . ***** 2.3 EBF OVERALL *****
142 . ** Drop Su&Ouyang from meta-analysis because is AN intervention only **
143 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE if int_timing_ex
> ger cc(.5) sortby(ID) label(namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Control
> (INT_timing)
```

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
Postnatal Int Only				
Abbass-Dick et al. (	1.373	0.779	2.417	7.97
Ahmed et al. (2016)	5.132	2.159	12.199	5.72
Fu et al. (2014)	1.300	0.851	1.985	9.16
Kang et al. (2008)	6.000	1.890	19.043	4.13
Khresheh et al. (201	1.670	0.683	4.083	5.54
Li et al. (2018)	2.662	1.187	5.970	6.11
Tahir & Al-Sadat (20	1.132	0.725	1.768	8.97
Zhu et al. (2017)	3.433	2.085	5.651	8.54
Sub-total				
D+L pooled OR	2.141	1.407	3.259	56.14
-----+-----				
Antenatal & Postnata				
Jiang et al. (2014)	1.307	0.932	1.833	9.83
Kupratakul et al. (2	1.923	0.772	4.791	5.42
Liu et al. (2017)	20.898	2.679	163.026	1.74
Maycock et al. (2013	1.077	0.790	1.467	10.04
Meedya et al. (2014)	1.273	0.702	2.308	7.73
Rasmussen et al. (20	0.364	0.095	1.386	3.39
Rosuzeita et al. (20	2.839	1.190	6.773	5.69
Sub-total				
D+L pooled OR	1.433	0.961	2.137	43.86
-----+-----				
Overall				
D+L pooled OR	1.799	1.340	2.415	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Postnatal Int Only	24.45	7	0.001	71.4%	0.2430
Antenatal & Postnata	15.70	6	0.015	61.8%	0.1440
Overall	46.25	14	0.000	69.7%	0.2000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Postnatal Int Only	z=	3.55	p =	0.000
Antenatal & Postnata	z=	1.77	p =	0.077
Overall	z=	3.91	p =	0.000

```
144 .
145 .
146 . ***** SUBANALYSIS 3.0 - Participants PP vs. MP&PP *****
147 . ***** 3.1 Initiation *****
148 .
149 . ** Data augmentation to control for /0 problem **
150 . replace BF_initiation_int_NE = 1 in 2
    (0 real changes made)
151 .
```

```

152 . replace BF_initiation_int_NE = 1 in 9
    (0 real changes made)

153 .

154 . replace BF_initiation_int_NE = 1 in 15
    (0 real changes made)

155 .

156 . replace BF_initiation_cnt_NE = 1 in 2
    (0 real changes made)

157 .

158 . replace BF_initiation_cnt_NE = 1 in 15
    (0 real changes made)

159 .

160 . **** Transform into logOR and logSE for Initiation by Maternal Parity subanalysis ****
161 . metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year) xla
    > trol#Intervention) texts(120) by(maternal_parity)

```

Study	ES	[95% Conf. Interval]		% Weight
-----+-----				
Primiparous women				
Fu et al. (2014)	3.508	0.638	19.284	10.54
Liu et al. (2017)	1.524	0.246	9.437	9.21
Rosuzeita et al. (20	1.829	0.411	8.138	13.74
Su & Ouyang (2016)	5.645	0.625	50.987	6.32
Zhu et al. (2017)	2.472	1.013	6.034	38.46
Sub-total				
I-V pooled ES	2.482	1.328	4.639	78.27
-----+-----				
Multiparous women				
Ahmed et al. (2016)	1.000	0.061	16.412	3.91
Hannula et al. (2014	1.561	0.219	11.147	7.92
Kupratakul et al. (2	4.706	0.502	44.137	6.11
Rasmussen et al. (20	1.000	0.058	17.151	3.79
Sub-total				
I-V pooled ES	1.818	0.555	5.957	21.73
-----+-----				
Overall				
I-V pooled ES	2.320	1.334	4.034	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**
Primiparous women	1.13	4	0.890	0.0%
Multiparous women	1.06	3	0.786	0.0%
Overall	2.40	8	0.966	0.0%
Overall Test for heterogeneity between sub-groups:				
	0.21	1	0.649	

** I-squared: the variation in ES attributable to heterogeneity)

Significance test(s) of ES=1

Primiparous women z= **2.85** p = **0.004**

Multiparous women z= **0.99** p = **0.324**
Overall z= **2.98** p = **0.003**

```
162 .  
163 . ***** 3.2 ABF OVERALL *****  
164 . ** Need to drop Maycock et al. from analysis because did not report whether PP or MP&PP women in  
165 . ** So, to do this generate new variable (ppts_exclude) and exclude on this in meta-analysis **  
166 . gen ppts_exclude = 1  
  
167 . replace ppts_exclude = 0 in 13  
      (1 real change made)  
  
168 .  
169 . metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE if ppts_exclude  
      > (.5) sortby (author_ID) label (namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Cont  
      > by(maternal_parity)
```

Study	OR	[95% Conf. Interval]		% Weight
Primiparous women				
Abbass-Dick et al. (	1.062	0.582	1.941	7.32
Bunik et al. (2010)	0.815	0.495	1.341	8.86
Fu et al. (2014)	1.163	0.821	1.647	11.55
Jiang et al. (2014)	1.065	0.691	1.643	9.97
Li et al. (2018)	0.373	0.166	0.839	5.06
Meedya et al. (2014)	0.786	0.433	1.425	7.42
Rosuzeita et al. (20	0.931	0.397	2.184	4.72
Su & Ouyang (2016)	0.661	0.250	1.747	3.89
Wu et al. (2014)	3.467	0.975	12.328	2.54
Zhu et al. (2017)	0.556	0.345	0.896	9.21
Sub-total				
D+L pooled OR	0.869	0.672	1.122	70.54
Multiparous women				
Ahmed et al. (2016)	0.360	0.157	0.829	4.88
Kupratakul et al. (2	1.695	0.690	4.164	4.37
Labarere et al. (201	0.940	0.538	1.642	7.94
Rasmussen et al. (20	0.308	0.082	1.149	2.38
Tahir & Al-Sadat (20	0.989	0.638	1.532	9.88
Sub-total				
D+L pooled OR	0.789	0.482	1.292	29.46
Overall				
D+L pooled OR	0.852	0.684	1.061	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Primiparous women	16.48	9	0.058	45.4%	0.0711
Multiparous women	9.20	4	0.056	56.5%	0.1664
Overall	25.73	14	0.028	45.6%	0.0775

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Primiparous women	z=	1.08	p =	0.282
Multiparous women	z=	0.94	p =	0.346
Overall	z=	1.43	p =	0.153

```

170 .
171 . ***** 3.3 EBF OVERALL *****
172 . ** Need to drop Maycock et al. from analysis because did not report whether PP or MP&PP women in
173 .
174 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE if ppts_exclude
> (.5) sortby(ID) label(namevar=author_ID, yearvar=year) xlabel (.1, 1, 10) favours (Control#Inter
> nal_parity)

```

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
Primiparous women				
Abbass-Dick et al. (	1.373	0.779	2.417	8.37
Fu et al. (2014)	1.300	0.851	1.985	9.56
Jiang et al. (2014)	1.307	0.932	1.833	10.23
Khresheh et al. (201	1.670	0.683	4.083	5.89
Li et al. (2018)	2.662	1.187	5.970	6.48
Liu et al. (2017)	20.898	2.679	163.026	1.89
Meedya et al. (2014)	1.273	0.702	2.308	8.13
Rosuzeita et al. (20	2.839	1.190	6.773	6.05
Su & Ouyang (2016)	2.941	1.071	8.074	5.18
Zhu et al. (2017)	3.433	2.085	5.651	8.94
Sub-total				
D+L pooled OR	1.921	1.392	2.651	70.72
-----+-----				
Multiparous women				
Ahmed et al. (2016)	5.132	2.159	12.199	6.07
Kang et al. (2008)	6.000	1.890	19.043	4.42
Kupratakul et al. (2	1.923	0.772	4.791	5.77
Rasmussen et al. (20	0.364	0.095	1.386	3.65
Tahir & Al-Sadat (20	1.132	0.725	1.768	9.38
Sub-total				
D+L pooled OR	1.941	0.828	4.549	29.28
-----+-----				
Overall				
D+L pooled OR	1.954	1.436	2.659	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Primiparous women	22.34	9	0.008	59.7%	0.1412
Multiparous women	19.16	4	0.001	79.1%	0.7099
Overall	41.54	14	0.000	66.3%	0.2117

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Primiparous women	z=	3.98	p =	0.000
Multiparous women	z=	1.53	p =	0.127
Overall	z=	4.26	p =	0.000

```
175 .
176 . ***** SUBANALYSIS 4.0 *****
177 . ***** Fewer (<=5) or More (>=6) Behaviour Change Techniques *****
178 . ***** 4.1 Initiation *****
179 .
180 . ** Data augmentation to control for /0 problem **
181 . replace BF_initiation_int_NE = 1 in 2
    (0 real changes made)
182 .
183 . replace BF_initiation_int_NE = 1 in 9
    (0 real changes made)
184 .
185 . replace BF_initiation_int_NE = 1 in 15
    (0 real changes made)
186 .
187 . replace BF_initiation_cnt_NE = 1 in 2
    (0 real changes made)
188 .
189 . replace BF_initiation_cnt_NE = 1 in 15
    (0 real changes made)
190 .
191 . metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year) xla
    > ontr01#Intervention) texts(120) by(BCT)
```

Study	ES	[95% Conf. Interval]		% Weight
Fewer BCTs				
Fu et al. (2014)	3.508	0.638	19.284	10.54
Hannula et al. (2014)	1.561	0.219	11.147	7.92
Kupratakul et al. (2014)	4.706	0.502	44.137	6.11
Rasmussen et al. (2014)	1.000	0.058	17.151	3.79
Sub-total				
I-V pooled ES	2.520	0.892	7.123	28.36
More BCTs				
Ahmed et al. (2016)	1.000	0.061	16.412	3.91
Liu et al. (2017)	1.524	0.246	9.437	9.21
Rosuzeita et al. (2017)	1.829	0.411	8.138	13.74
Su & Ouyang (2016)	5.645	0.625	50.987	6.32
Zhu et al. (2017)	2.472	1.013	6.034	38.46
Sub-total				
I-V pooled ES	2.245	1.168	4.316	71.64
Overall				
I-V pooled ES	2.320	1.334	4.034	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**
Fewer BCTs	1.08	3	0.782	0.0%
More BCTs	1.29	4	0.864	0.0%
Overall	2.40	8	0.966	0.0%
Overall Test for heterogeneity between sub-groups:				
	0.03	1	0.853	

** I-squared: the variation in ES attributable to heterogeneity)

Significance test(s) of ES=1

Fewer BCTs	z=	1.74	p =	0.081
More BCTs	z=	2.42	p =	0.015
Overall	z=	2.98	p =	0.003

192 .
 193 . ***** 4.2 ABF OVERALL EFFECT *****
 194 . metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE, or randomi noin
 > ID) label (namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control#Intervention) t

Study	OR	[95% Conf. Interval]		% Weight
Fewer BCTs				
Abbass-Dick et al. (	1.062	0.582	1.941	6.53
Bunik et al. (2010)	0.815	0.495	1.341	7.93
Fu et al. (2014)	1.163	0.821	1.647	10.37
Jiang et al. (2014)	1.065	0.691	1.643	8.93
Kupratakul et al. (2	1.695	0.690	4.164	3.89
Meedya et al. (2014)	0.786	0.433	1.425	6.62
Rasmussen et al. (20	0.308	0.082	1.149	2.11
Tahir & Al-Sadat (20	0.989	0.638	1.532	8.85
Sub-total				
D+L pooled OR	1.005	0.838	1.206	55.22
More BCTs				
Ahmed et al. (2016)	0.360	0.157	0.829	4.34
Labarere et al. (201	0.940	0.538	1.642	7.09
Li et al. (2018)	0.373	0.166	0.839	4.50
Maycock et al. (2013	1.232	0.886	1.712	10.69
Rosuzeita et al. (20	0.931	0.397	2.184	4.20
Su & Ouyang (2016)	0.661	0.250	1.747	3.46
Wu et al. (2014)	3.467	0.975	12.328	2.25
Zhu et al. (2017)	0.556	0.345	0.896	8.24
Sub-total				
D+L pooled OR	0.775	0.514	1.167	44.78
Overall				
D+L pooled OR	0.886	0.721	1.090	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
--	----------------------------	-----------------------	---	-------------	-------------

Fewer BCTs	6.52	7	0.481	0.0%	0.0000
More BCTs	21.08	7	0.004	66.8%	0.2097
Overall	28.92	15	0.016	48.1%	0.0758

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Fewer BCTs	z=	0.06	p =	0.954
More BCTs	z=	1.22	p =	0.222
Overall	z=	1.14	p =	0.253

195 .
196 . ***** 4.3 EBF OVERALL EFFECT *****
197 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or randomi noin
> l(namevar=author_ID, yearvar=year) xlabel (0.1, 1, 10) favours (Control#Intervention) texts(120)

Study	OR	[95% Conf. Interval]		% Weight
Fewer BCTs				
Abbass-Dick et al. (	1.373	0.779	2.417	7.61
Fu et al. (2014)	1.300	0.851	1.985	8.74
Jiang et al. (2014)	1.307	0.932	1.833	9.39
Kupratakul et al. (2	1.923	0.772	4.791	5.16
Meedya et al. (2014)	1.273	0.702	2.308	7.37
Rasmussen et al. (20	0.364	0.095	1.386	3.23
Tahir & Al-Sadat (20	1.132	0.725	1.768	8.57
Sub-total				
D+L pooled OR	1.263	1.042	1.531	50.08
More BCTs				
Ahmed et al. (2016)	5.132	2.159	12.199	5.45
Kang et al. (2008)	6.000	1.890	19.043	3.93
Khresheh et al. (201	1.670	0.683	4.083	5.27
Li et al. (2018)	2.662	1.187	5.970	5.82
Liu et al. (2017)	20.898	2.679	163.026	1.65
Maycock et al. (2013	1.077	0.790	1.467	9.59
Rosuzeita et al. (20	2.839	1.190	6.773	5.43
Su & Ouyang (2016)	2.941	1.071	8.074	4.62
Zhu et al. (2017)	3.433	2.085	5.651	8.15
Sub-total				
D+L pooled OR	2.965	1.748	5.029	49.92
Overall				
D+L pooled OR	1.840	1.380	2.452	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
Fewer BCTs	4.51	6	0.607	0.0%	0.0000
More BCTs	34.68	8	0.000	76.9%	0.4415
Overall	47.89	15	0.000	68.7%	0.1988

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

Fewer BCTs	z=	2.38	p =	0.017
More BCTs	z=	4.03	p =	0.000
Overall	z=	4.16	p =	0.000

```

198 .
199 . *****
200 .
    end of do-file

201 . do "/var/folders/jq/n7j5rp2n0h321y30n4g8qhm40000gp/T//SD47358.000000"

202 . *****
203 . ***** GENERATE OVERALL GRAPHS INCLUDING EACH ANALYSIS AT EACH TIMEPOINT *****
204 . *****
205 .
206 . global time 1 2 3 4 6

207 .
208 . foreach g of global time {
    2. rename EBF_`g'm_int_E EBF_int_E`g'
    3. rename EBF_`g'm_int_NE EBF_int_NE`g'
    4. rename EBF_`g'm_cnt_E EBF_cnt_E`g'
    5. rename EBF_`g'm_cnt_NE EBF_cnt_NE`g'
    6. rename ABF_`g'm_int_E ABF_int_E`g'
    7. rename ABF_`g'm_int_NE ABF_int_NE`g'
    8. rename ABF_`g'm_cnt_E ABF_cnt_E`g'
    9. rename ABF_`g'm_cnt_NE ABF_cnt_NE`g'
    10. }

209 .
210 . drop BF_initiation_int_E BF_initiation_int_NE BF_initiation_int_total BF_ini
    > cnt_NE BF_initiation_cnt_total ABF_overall_int_E ///
    > ABF_overall_int_NE ABF_overall_int_total ABF_overall_cnt_E ABF_overall_cnt_NE ABF_overall_cnt_tc
    > erall_int_E EBF_overall_int_NE EBF_overall_int_total ///
    > EBF_overall_cnt_E EBF_overall_cnt_NE EBF_overall_cnt_total lnor lnor lnorse _SS _ES _selogES _LC
    > ES _selogES _LCI _UCI _WT ABF_6m_cnt_total ///
    > ABF_6m_cnt_total EBF_1m_int_total EBF_1m_cnt_total EBF_2m_int_total EBF_2m_cnt_total EBF_3m_int_
    > m_int_total EBF_4m_cnt_total ABF_1m_int_total ///
    > ABF_1m_cnt_total ABF_2m_int_total ABF_2m_cnt_total ABF_3m_int_total ABF_3m_cnt_total ABF_4m_int_
    > m_int_total EBF_6m_int_total EBF_6m_cnt_total

211 .
212 . reshape long EBF_int_E EBF_int_NE EBF_cnt_E EBF_cnt_NE ABF_int_E ABF_int_NE ABF_cnt_E ABF_cnt_NE
    (note: j = 1 2 3 4 6)

Data                                wide  ->   long
-----
Number of obs.                      20   ->   100
Number of variables                  50   ->   19
j variable (5 values)                ->   _j
xij variables:

```

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```
EBF_int_E1 EBF_int_E2 ... EBF_int_E6 -> EBF_int_E
EBF_int_NE1 EBF_int_NE2 ... EBF_int_NE6 -> EBF_int_NE
EBF_cnt_E1 EBF_cnt_E2 ... EBF_cnt_E6 -> EBF_cnt_E
EBF_cnt_NE1 EBF_cnt_NE2 ... EBF_cnt_NE6 -> EBF_cnt_NE
ABF_int_E1 ABF_int_E2 ... ABF_int_E6 -> ABF_int_E
ABF_int_NE1 ABF_int_NE2 ... ABF_int_NE6 -> ABF_int_NE
ABF_cnt_E1 ABF_cnt_E2 ... ABF_cnt_E6 -> ABF_cnt_E
ABF_cnt_NE1 ABF_cnt_NE2 ... ABF_cnt_NE6 -> ABF_cnt_NE
```

```
213 .
214 . *****
215 . *** Meta-analysis for overall effects at each month postpartum in one graph ***
216 . rename _j month

217 . label define month_name 1 "1 month postpartum" 2 "2 months postpartum" 3 "3 months postpartum" 4
    > months postpartum"

218 . label values month month_name

219 .
220 . *****
221 . ***** Overall effects for Any Breastfeeding across time *****
222 . metan ABF_int_E ABF_int_NE ABF_cnt_E ABF_cnt_NE, or randomi nointeger cc(.5) sortby (author_ID)
    > arvar=year) xlabel (0.1, 1, 10) nooverall by(month) favours(Control#Intervention) texts(120)
```

Study	OR	[95% Conf. Interval]	
1 month postpartum			
Ahmed et al. (2016)	0.370	0.166	0.824
Bunik et al. (2010)	1.005	0.571	1.771
Fu et al. (2014)	0.938	0.691	1.273
Kupratakul et al. (2014)	0.498	0.184	1.343
Labarere et al. (2014)	0.940	0.538	1.642
Meedya et al. (2014)	0.556	0.339	0.912
Rasmussen et al. (2014)	0.289	0.048	1.727
Su & Ouyang (2016)	2.900	0.895	9.392
Tahir & Al-Sadat (2016)	0.585	0.313	1.091
Wu et al. (2014)	3.077	0.739	12.820
Sub-total			
D+L pooled OR	0.786	0.573	1.079
2 months postpartum			
Abbass-Dick et al. (2016)	0.767	0.418	1.406
Ahmed et al. (2016)	0.219	0.095	0.508
Fu et al. (2014)	1.147	0.832	1.582
Kupratakul et al. (2014)	1.680	0.640	4.409
Li et al. (2018)	0.373	0.166	0.839
Maycock et al. (2013)	1.232	0.886	1.712
Rosuzeita et al. (2014)	1.220	0.529	2.812
Wu et al. (2014)	3.467	0.975	12.328
Zhu et al. (2017)	0.556	0.345	0.896
Sub-total			
D+L pooled OR	0.849	0.572	1.262
3 months postpartum			
Abbass-Dick et al. (2016)	1.062	0.582	1.941
Ahmed et al. (2016)	0.360	0.157	0.829

Bunik et al. (2010)	0.815	0.495	1.341
Fu et al. (2014)	1.163	0.821	1.647
Kupratakul et al. (2010)	1.695	0.690	4.164
Rasmussen et al. (2010)	0.308	0.082	1.149
Sub-total			
D+L pooled OR	0.859	0.576	1.283

4 months postpartum			
Kupratakul et al. (2010)	1.695	0.690	4.164
Meedya et al. (2014)	0.786	0.433	1.425
Rosuzeita et al. (2010)	0.931	0.397	2.184
Su & Ouyang (2016)	0.661	0.250	1.747
Tahir & Al-Sadat (2010)	0.989	0.638	1.532
Sub-total			
D+L pooled OR	0.948	0.708	1.270

6 months postpartum			
Bunik et al. (2010)	0.656	0.383	1.121
Kupratakul et al. (2010)	4.583	1.689	12.435
Meedya et al. (2014)	0.296	0.095	0.923
Rosuzeita et al. (2010)	1.118	0.474	2.635
Su & Ouyang (2016)	1.077	0.409	2.833
Tahir & Al-Sadat (2010)	1.252	0.746	2.098
Sub-total			
D+L pooled OR	1.054	0.592	1.877

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
1 month postpartum	18.76	9	0.027	52.0%	0.1156
2 months postpartum	31.51	8	0.000	74.6%	0.2405
3 months postpartum	11.40	5	0.044	56.1%	0.1276
4 months postpartum	2.55	4	0.635	0.0%	0.0000
6 months postpartum	16.52	5	0.006	69.7%	0.3431

** I-squared: the variation in OR attributable to heterogeneity)

Significance test(s) of OR=1

1 month postpartum	z= 1.49	p = 0.137
2 months postpartum	z= 0.81	p = 0.419
3 months postpartum	z= 0.74	p = 0.458
4 months postpartum	z= 0.36	p = 0.721
6 months postpartum	z= 0.18	p = 0.859

```

223 .
224 . *****
225 . ***** Overall effects for Exclusive Breastfeeding across time *****
226 . metan EBF_int_E EBF_int_NE EBF_cnt_E EBF_cnt_NE, or randomi nointeger cc(.5) sortby (author_ID)
> arvar=year) xlabel (0.1, 1, 10) nooverall by(month) favours(Control#Intervention) texts(120)

```

Study	OR	[95% Conf. Interval]
1 month postpartum		
Ahmed et al. (2016)	2.546	1.160 5.586

Fu et al. (2014)	1.680	1.141	2.475
Kang et al. (2008)	3.755	1.239	11.385
Kupratakul et al. (2014)	3.100	1.166	8.242
Liu et al. (2017)	12.064	2.668	54.551
Meedya et al. (2014)	1.799	1.097	2.951
Rasmussen et al. (2014)	0.364	0.095	1.386
Su & Ouyang (2016)	0.973	0.371	2.548
Tahir & Al-Sadat (2014)	1.694	0.989	2.903
Sub-total			
D+L pooled OR	1.920	1.326	2.780

2 months postpartum

Abbass-Dick et al. (2014)	1.669	0.930	2.994
Ahmed et al. (2016)	7.202	2.995	17.321
Fu et al. (2014)	1.352	0.898	2.035
Kang et al. (2008)	5.500	1.813	16.681
Kupratakul et al. (2014)	2.857	1.140	7.161
Li et al. (2018)	2.662	1.187	5.970
Liu et al. (2017)	20.898	2.679	163.026
Maycock et al. (2013)	1.077	0.790	1.467
Rosuzeita et al. (2014)	1.555	0.682	3.543
Zhu et al. (2017)	3.433	2.085	5.651
Sub-total			
D+L pooled OR	2.497	1.612	3.867

3 months postpartum

Abbass-Dick et al. (2014)	1.373	0.779	2.417
Ahmed et al. (2016)	5.132	2.159	12.199
Fu et al. (2014)	1.300	0.851	1.985
Kang et al. (2008)	6.000	1.890	19.043
Kupratakul et al. (2014)	1.923	0.772	4.791
Sub-total			
D+L pooled OR	2.240	1.256	3.996

4 months postpartum

Jiang et al. (2014)	1.307	0.932	1.833
Kupratakul et al. (2014)	6.282	1.635	24.142
Meedya et al. (2014)	1.273	0.702	2.308
Rosuzeita et al. (2014)	2.839	1.190	6.773
Su & Ouyang (2016)	2.941	1.071	8.074
Tahir & Al-Sadat (2014)	1.132	0.725	1.768
Sub-total			
D+L pooled OR	1.663	1.138	2.429

6 months postpartum

Jiang et al. (2014)	2.627	1.465	4.711
Khresheh et al. (2014)	1.670	0.683	4.083
Kupratakul et al. (2014)	9.250	1.097	77.995
Meedya et al. (2014)	3.375	1.083	10.516
Rosuzeita et al. (2014)	1.875	0.657	5.348
Su & Ouyang (2016)	3.111	1.024	9.452
Tahir & Al-Sadat (2014)	1.045	0.535	2.043
Sub-total			
D+L pooled OR	2.092	1.398	3.130

Test(s) of heterogeneity:

Heterogeneity degrees of

	statistic	freedom	P	I-squared**	Tau-squared
1 month postpartum	16.94	8	0.031	52.8%	0.1477
2 months postpartum	39.89	9	0.000	77.4%	0.3357
3 months postpartum	12.95	4	0.012	69.1%	0.2821
4 months postpartum	10.46	5	0.063	52.2%	0.1042
6 months postpartum	8.00	6	0.238	25.0%	0.0721

** I-squared: the variation in OR attributable to heterogeneity)

Significance test(s) of OR=1

1 month postpartum	z=	3.45	p =	0.001
2 months postpartum	z=	4.10	p =	0.000
3 months postpartum	z=	2.73	p =	0.006
4 months postpartum	z=	2.63	p =	0.009
6 months postpartum	z=	3.59	p =	0.000

```

227 .
228 . *****
229 . *****
230 .
231 . end of do-file

231 . clear

232 . use "/Users/pippadavie/Desktop/Psychological_Interventions_SR_Analysis_060618.dta"

233 . do "/var/folders/jq/n7j5rp2n0h321y30n4g8qhm40000gp/T//SD47358.000000"

234 . *****
235 . ***** ASSESSING PUBLICATION BIAS FOR MAIN OUTCOME EFFECTS *****
236 . *****
237 .
238 . **FAT-PET-PEESE**
239 .
240 . * 1. The Funnel Asymmetry Test (FAT) is Egger's test of bias in the effect estimates. This is al
241 . * 2. The Precision Effect Test (PET) is the test of the slope from Egger's test. The PET effect
242 . * 3. The Precision Effect Test (PET) is the test of the slope from Egger's test. The PEESE effec
243 . * 4. The Precision Effect Test (PET) is the test of the slope from Egger's test. The PEESE effec
244 . // FAT-PET-PEESE //
245 . * quietly {
246 . * random effect estimate
247 . * metareg lnor, wsse(lnorse) mm
248 . * local bRE = _b[_cons]
249 . * local sRE = _se[_cons]
250 . * test _b[_cons] = 0
251 . * local pRE = r(p)
252 .
253 . * PET estimate of publication bias (same estimate as Egger test)
254 . * reg teffect prec constant, noc vce(robust)
255 . * local bFAT = _b[constant]
256 . * local sFAT = _se[constant]
257 . * test _b[constant] = 0
258 . * local pFAT = r(p)

```



```
1
2
3      259 . * local bPET = _b[prec]
4      260 . * local sPET = _se[prec]
5      261 . * test prec = 0
6      262 . * local pPET = r(p)
7      263 .
8      264 . * PEESE estimate of publication bias
9      265 . * reg teffect prec lnorse, noc vce(robust)
10     266 . * local bPEESE = _b[prec]
11     267 . * local sPEESE = _se[prec]
12     268 . * test prec = 0
13     269 . * local pPEESE = r(p)
14     270 . * }
15     271 .
16     272 . * di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; p = " %5.3f `pRE'
17     273 . * di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
18     274 . * di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; p = " %5.3f `pPE
19     275 . * di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; p = " %5.3f `pPET'
20     276 . //report PEESE where PET significant and PET otherwise//
21     277 .
22     278 . *****
23     279 .
24     280 . // Breastfeeding Initiation //
25     281 .
26     282 . * FULL METANALYSIS FOR INITIATION *
27     283 . quietly {
28
29     284 . metan lnor lnorse, eform effect(OR) sortby(author_ID) label(namevar=author_ID, yearvar=year) xla
30         > trol#Intervention) astext(70)
31
32         Study | ES [95% Conf. Interval] % Weight
33         -----+-----
34         Ahmed et al. (2016) | 1.000 0.061 16.412 3.91
35         Fu et al. (2014) | 3.508 0.638 19.284 10.54
36         Hannula et al. (2014) | 1.561 0.219 11.147 7.92
37         Kupratakul et al. (2014) | 4.706 0.502 44.137 6.11
38         Liu et al. (2017) | 1.524 0.246 9.437 9.21
39         Rasmussen et al. (2017) | 1.000 0.058 17.151 3.79
40         Rosuzeit et al. (2017) | 1.829 0.411 8.138 13.74
41         Su & Ouyang (2016) | 5.645 0.625 50.987 6.32
42         Zhu et al. (2017) | 2.472 1.013 6.034 38.46
43         -----+-----
44         I-V pooled ES | 2.320 1.334 4.034 100.00
45         -----+-----
46
47         Heterogeneity chi-squared = 2.40 (d.f. = 8) p = 0.966
48         I-squared (variation in ES attributable to heterogeneity) = 0.0%
49
50         Test of ES=1 : z= 2.98 p = 0.003
51
52     285 .
53     286 . *** META FUNNEL - PUBLICATION BIAS - EGGERS ***
54     287 . metafunnel lnor lnorse, eform xtitle("Odds ratio (log scale)")
55
56     Note: default data input format (theta, se_theta) assumed.
57
58     288 . metabias lnor lnorse, egger
59
60     Note: data input format theta se_theta assumed.
```


Jiang et al. (2014)	1.065	0.691	1.643	8.93
Kupratakul et al. (2014)	1.695	0.690	4.164	3.89
Labarere et al. (2014)	0.940	0.538	1.642	7.09
Li et al. (2018)	0.373	0.166	0.839	4.50
Maycock et al. (2013)	1.232	0.886	1.712	10.69
Meedya et al. (2014)	0.786	0.433	1.425	6.62
Rasmussen et al. (2014)	0.308	0.082	1.149	2.11
Rosuzeita et al. (2014)	0.931	0.397	2.184	4.20
Su & Ouyang (2016)	0.661	0.250	1.747	3.46
Tahir & Al-Sadat (2014)	0.989	0.638	1.532	8.85
Wu et al. (2014)	3.467	0.975	12.328	2.25
Zhu et al. (2017)	0.556	0.345	0.896	8.24
D+L pooled OR	0.886	0.721	1.090	100.00

Heterogeneity chi-squared = 28.92 (d.f. = 15) p = 0.016
I-squared (variation in OR attributable to heterogeneity) = 48.1%
Estimate of between-study variance Tau-squared = 0.0758

Test of OR=1 : z= 1.14 p = 0.253

```
308 . * Generate logOR AND logSE for ABF *
309 . gen logOR = ln(_ES)
      (4 missing values generated)

310 . gen lnorSE1 = _selogES
      (4 missing values generated)

311 .
312 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
313 . metafunnel logOR _selogES, eform xtitle("Odds ratio (log scale)")
```

Note: default data input format (theta, se_theta) assumed.

```
314 . metabias logOR _selogES, egger
```

Note: data input format theta se_theta assumed.

Egger's test for small-study effects:
Regress standard normal deviate of intervention
effect estimate against its standard error

Number of studies = 16 Root MSE = 1.351

Std_Eff	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
slope	.2556364	.2534528	1.01	0.330	-.2879658	.7992387
bias	-1.231918	.9046332	-1.36	0.195	-3.172163	.7083275

Test of H0: no small-study effects P = 0.195

```
315 .
316 . ** FAT-PET-PEESE **
317 . gen _tABF = logOR/lnorSE1
      (4 missing values generated)
```

```

318 . gen _precABF = (1/lnorSE1)
    (4 missing values generated)

319 . gen _varABF = lnorSE1^2
    (4 missing values generated)

320 .
321 . quietly {

322 .
323 . di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
    effect unadjusted (RE) = -0.121 ( SE = 0.115 ) ; OR = 0.886 ; p = 0.311

324 . di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
    Egger bias [FAT] = -1.232 ( SE = 1.072 ) ; p = 0.270

325 . di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f exp(`bPET')
    effect adjusted [PET] = 0.256 ( SE = 0.262 ) ; OR = 1.291 ; p = 0.345

326 . di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f exp(`
    > PEESE'
    effect adjusted [PEESE] = 0.036 ( SE = 0.135 ) ; OR = 1.037 ; p = 0.794

327 .
328 . *****
329 .
330 . // Exclusive Breastfeeding (EBF) //
331 .
332 . * Meta-analysis for Overall effect of Exclusive Breastfeeding *
333 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE, or randomi noin
    > l(namevar=author_ID, yearvar=year) xlabel(0.1, 1, 10) favours(Control#Intervention) texts(120)

```

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	1.373	0.779	2.417	7.61
Ahmed et al. (2016)	5.132	2.159	12.199	5.45
Fu et al. (2014)	1.300	0.851	1.985	8.74
Jiang et al. (2014)	1.307	0.932	1.833	9.39
Kang et al. (2008)	6.000	1.890	19.043	3.93
Khresheh et al. (201	1.670	0.683	4.083	5.27
Kupratakul et al. (2	1.923	0.772	4.791	5.16
Li et al. (2018)	2.662	1.187	5.970	5.82
Liu et al. (2017)	20.898	2.679	163.026	1.65
Maycock et al. (2013	1.077	0.790	1.467	9.59
Meedya et al. (2014)	1.273	0.702	2.308	7.37
Rasmussen et al. (20	0.364	0.095	1.386	3.23
Rosuzeita et al. (20	2.839	1.190	6.773	5.43
Su & Ouyang (2016)	2.941	1.071	8.074	4.62
Tahir & Al-Sadat (20	1.132	0.725	1.768	8.57
Zhu et al. (2017)	3.433	2.085	5.651	8.15
D+L pooled OR	1.840	1.380	2.452	100.00

Heterogeneity chi-squared = 47.89 (d.f. = 15) p = 0.000

I-squared (variation in OR attributable to heterogeneity) = 68.7%

Estimate of between-study variance Tau-squared = 0.1988

```
1
2
3       Test of OR=1 : z=    4.16 p = 0.000
4
5 334 . * Generate logOR AND logSE for EBF *
6 335 . gen logOR2 = ln(_ES)
7       (4 missing values generated)
8
9 336 . gen lnorSE2 = _selogES
10      (4 missing values generated)
11
12 337 .
13 338 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
14 339 . metafunnel logOR2 _selogES, eform xtitle("Odds ratio (log scale)")
15
16       Note: default data input format (theta, se_theta) assumed.
17
18 340 . metabias logOR2 _selogES, egger
19
20       Note: data input format theta se_theta assumed.
21
22       Egger's test for small-study effects:
23       Regress standard normal deviate of intervention
24       effect estimate against its standard error
25
26       Number of studies = 16                                Root MSE      = 1.513
27
28       +-----+-----+-----+-----+-----+-----+
29       | Std_Eff | Coef. | Std. Err. | t | P>|t| | [95% Conf. Interval] |
30       +-----+-----+-----+-----+-----+-----+
31       | slope  | -.1621955 | .2495762 | -0.65 | 0.526 | -.6974831 | .3730921 |
32       | bias   | 2.250086 | .8552276 | 2.63 | 0.020 | .4158057 | 4.084367 |
33       +-----+-----+-----+-----+-----+-----+
34
35       Test of H0: no small-study effects                P = 0.020
36
37 341 .
38 342 . ** FAT-PET-PEESE **
39 343 . gen _tEBF = logOR2/lnorSE2
40      (4 missing values generated)
41
42 344 . gen _preCEBF = (1/lnorSE2)
43      (4 missing values generated)
44
45 345 . gen _varEBF = lnorSE2^2
46      (4 missing values generated)
47
48 346 .
49 347 . quietly {
50
51 348 .
52 349 . di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
53      effect unadjusted (RE) = 0.610 ( SE = 0.172 ) ; OR = 1.840 ; p = 0.003
54
55 350 . di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
56      Egger bias [FAT] = 2.250 ( SE = 0.868 ) ; p = 0.021
57
58 351 . di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f exp(`bPET')
59      effect adjusted [PET] = -0.162 ( SE = 0.218 ) ; OR = 0.850 ; p = 0.469
60
61 352 . di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f exp(`
```



```
> PEESE'
effect adjusted [PEESE] = 0.217 ( SE = 0.127) ; OR = 1.242 ; p = 0.110
```

```
353 .
354 . *****
355 .
356 . // Publication Bias analysis for Exclusive Breastfeeding across the postpartum period //
357 .
358 . * Meta-analysis for EBF at 1month*
359 . metan EBF_lm_int_E EBF_lm_int_NE EBF_lm_cnt_E EBF_lm_cnt_NE, or randomi sortby (author_ID) label
> =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)
```

Study	OR	[95% Conf. Interval]		% Weight
Ahmed et al. (2016)	2.546	1.160	5.586	11.57
Fu et al. (2014)	1.680	1.141	2.475	19.12
Kang et al. (2008)	3.755	1.239	11.385	7.63
Kupratakul et al. (2012)	3.100	1.166	8.242	9.00
Liu et al. (2017)	12.064	2.668	54.551	4.82
Meedya et al. (2014)	1.799	1.097	2.951	16.88
Rasmussen et al. (2010)	0.364	0.095	1.386	5.82
Su & Ouyang (2016)	0.973	0.371	2.548	9.17
Tahir & Al-Sadat (2010)	1.694	0.989	2.903	15.99
D+L pooled OR	1.920	1.326	2.780	100.00

Heterogeneity chi-squared = 16.94 (d.f. = 8) p = 0.031
 I-squared (variation in OR attributable to heterogeneity) = 52.8%
 Estimate of between-study variance Tau-squared = 0.1477

Test of OR=1 : z= 3.45 p = 0.001

```
360 .
361 . * FAT PET PEESE *
362 . gen lnor1 = ln(_ES)
(11 missing values generated)

363 . gen lnorsel = _selogES
(11 missing values generated)

364 .
365 . gen _tEBF1 = lnor1/lnorsel
(11 missing values generated)

366 . gen _preCEBF1 = (1/lnorsel)
(11 missing values generated)

367 . gen _varEBF1 = lnorsel^2
(11 missing values generated)

368 .
369 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
370 . metafunnel lnor1 lnorsel, eform xtitle("Odds ratio (log scale)")
```

Note: default data input format (theta, se_theta) assumed.

```
371 . metabias lnor1 lnorsel, egger
```

Note: data input format **theta se_theta** assumed.

Egger's test for small-study effects:
Regress standard normal deviate of intervention
effect estimate against its standard error

Number of studies = 9Root MSE = 1.516

Std_Eff	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
slope	.3766281	.4151163	0.91	0.394	-.604966	1.358222
bias	.7298651	1.205487	0.61	0.564	-2.12066	3.58039

Test of H0: no small-study effectsP = 0.564

```
372 .
373 . quietly {
374 .
375 . di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
    effect unadjusted (RE) = 0.652 ( SE = 0.234 ) ; OR = 1.920 ; p = 0.024
376 . di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
    Egger bias [FAT] = 0.730 ( SE = 1.483 ) ; p = 0.638
377 . di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f exp(`bPET')
    effect adjusted [PET] = 0.377 ( SE = 0.376 ) ; OR = 1.457 ; p = 0.350
378 . di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f exp(`
    > PEESE'
    effect adjusted [PEESE] = 0.498 ( SE = 0.150 ) ; OR = 1.645 ; p = 0.013
379 .
380 . *****
381 .
382 . * Meta-analysis for EBF at 2months*
383 . metan EBF_2m_int_E EBF_2m_int_NE EBF_2m_cnt_E EBF_2m_cnt_NE, or randomi sortby (author_ID) label
    > =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)
```

Study	OR	[95% Conf. Interval]		% Weight
Abbass-Dick et al. (	1.669	0.930	2.994	11.73
Ahmed et al. (2016)	7.202	2.995	17.321	9.29
Fu et al. (2014)	1.352	0.898	2.035	13.13
Kang et al. (2008)	5.500	1.813	16.681	7.59
Kupratakul et al. (2	2.857	1.140	7.161	8.97
Li et al. (2018)	2.662	1.187	5.970	9.85
Liu et al. (2017)	20.898	2.679	163.026	3.47
Maycock et al. (2013	1.077	0.790	1.467	13.81
Rosuzeita et al. (20	1.555	0.682	3.543	9.72
Zhu et al. (2017)	3.433	2.085	5.651	12.44
D+L pooled OR	2.497	1.612	3.867	100.00

Heterogeneity chi-squared = 39.89 (d.f. = 9) p = 0.000

I-squared (variation in OR attributable to heterogeneity) = **77.4%**
 Estimate of between-study variance Tau-squared = **0.3357**

Test of OR=1 : z= **4.10** p = **0.000**

```

384 .
385 . * FAT PET PEESE *
386 . gen lnor2 = ln(_ES)
      (10 missing values generated)

387 . gen lnorse2 = _selogES
      (10 missing values generated)

388 .
389 . gen _teBF2 = lnor2/lnorse2
      (10 missing values generated)

390 . gen _preceBF2 = (1/lnorse2)
      (10 missing values generated)

391 . gen _varEBF2 = lnorse2^2
      (10 missing values generated)

392 .
393 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
394 . metafunnel lnor2 lnorse2, eform xtitle("Odds ratio (log scale)")

```

Note: default data input format (theta, se_theta) assumed.

```
395 . metabias lnor2 lnorse2, egger
```

Note: data input format **theta se_theta** assumed.

Egger's test for small-study effects:
 Regress standard normal deviate of intervention
 effect estimate against its standard error

Number of studies = **10** Root MSE = **1.347**

Std_Eff	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
slope	-.3666891	.2805738	-1.31	0.228	-1.013694	.2803153
bias	3.557695	.9508237	3.74	0.006	1.365091	5.750298

Test of H0: no small-study effects P = **0.006**

```

396 .
397 . quietly {

398 .
399 . di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
      effect unadjusted (RE) = 0.915 ( SE = 0.238 ) ; OR = 2.497 ; p = 0.004

400 . di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
      Egger bias [FAT] = 3.558 ( SE = 0.624 ) ; p = 0.000

401 . di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f exp(`bPET')

```

```
1
2
3      effect adjusted [PET] = -0.367 ( SE = 0.197 ) ; OR = 0.693 ; p = 0.100
4
5 402 . di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f exp(`
6      > PEESE'
7      effect adjusted [PEESE] = 0.255 ( SE = 0.209 ) ; OR = 1.291 ; p = 0.256
8
9 403 .
10 404 . *****
11 405 .
12 406 . * Meta-analysis for EBF at 3months*
13 407 . metan EBF_3m_int_E EBF_3m_int_NE EBF_3m_cnt_E EBF_3m_cnt_NE, or randomi sortby (author_ID) label
14      > =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)
15
16      Study | OR [95% Conf. Interval] % Weight
17      -----+-----
18      Abbass-Dick et al. ( | 1.373 0.779 2.417 23.86
19      Ahmed et al. (2016) | 5.132 2.159 12.199 18.28
20      Fu et al. (2014) | 1.300 0.851 1.985 26.53
21      Kang et al. (2008) | 6.000 1.890 19.043 13.86
22      Kupratakul et al. (2 | 1.923 0.772 4.791 17.48
23      -----+-----
24      D+L pooled OR | 2.240 1.256 3.996 100.00
25      -----+-----
26
27      Heterogeneity chi-squared = 12.95 (d.f. = 4) p = 0.012
28      I-squared (variation in OR attributable to heterogeneity) = 69.1%
29      Estimate of between-study variance Tau-squared = 0.2821
30
31      Test of OR=1 : z= 2.73 p = 0.006
32
33 408 .
34 409 . * FAT PET PEESE *
35 410 . gen lnor3 = ln(_ES)
36      (15 missing values generated)
37
38 411 . gen lnorse3 = _selogES
39      (15 missing values generated)
40
41 412 .
42 413 . gen _tEBF3 = lnor3/lnorse3
43      (15 missing values generated)
44
45 414 . gen _preCEBF3 = (1/lnorse3)
46      (15 missing values generated)
47
48 415 . gen _varEBF3 = lnorse3^2
49      (15 missing values generated)
50
51 416 .
52 417 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
53 418 . metafunnel lnor3 lnorse3, eform xtitle("Odds ratio (log scale)")
54
55      Note: default data input format (theta, se_theta) assumed.
56
57 419 . metabias lnor3 lnorse3, egger
58
59      Note: data input format theta se_theta assumed.
60
```



```
434 . gen lnor4 = ln(_ES)
      (14 missing values generated)

435 . gen lnorse4 = _selogES
      (14 missing values generated)

436 .
437 . gen _tEBF4 = lnor4/lnorse4
      (14 missing values generated)

438 . gen _precEBF4 = (1/lnorse4)
      (14 missing values generated)

439 . gen _varEBF4 = lnorse4^2
      (14 missing values generated)

440 .
441 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
442 . metafunnel lnor4 lnorse4, eform xtitle("Odds ratio (log scale)")

      Note: default data input format (theta, se_theta) assumed.

443 . metabias lnor4 lnorse4, egger

      Note: data input format theta se_theta assumed.

      Egger's test for small-study effects:
      Regress standard normal deviate of intervention
      effect estimate against its standard error

      Number of studies = 6                                Root MSE      = .7274

      +-----+-----+-----+-----+-----+-----+
      | Std_Eff |      Coef.   | Std. Err. |      t   | P>|t| |      [95% Conf. Interval]
      +-----+-----+-----+-----+-----+-----+
      | slope   |    -0.3405171 |    0.1965221 |    -1.73 | 0.158 |    -0.8861499    0.2051157
      | bias    |     2.754334  |    0.6935064 |     3.97 | 0.017 |     0.8288512    4.679816
      +-----+-----+-----+-----+-----+-----+

      Test of H0: no small-study effects                    P = 0.017

444 .
445 . quietly {

446 .
447 . di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
      effect unadjusted (RE) = 0.256 ( SE = 0.116 ) ; OR = 1.292 ; p = 0.078

448 . di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
      Egger bias [FAT] = 2.754 ( SE = 0.565 ) ; p = 0.008

449 . di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f exp(`bPET')
      effect adjusted [PET] = -0.341 ( SE = 0.208 ) ; OR = 0.711 ; p = 0.178

450 . di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f exp(`
      > PEESE'
      effect adjusted [PEESE] = 0.057 ( SE = 0.099 ) ; OR = 1.058 ; p = 0.599

451 .
```

```

452 . *****
453 .
454 . * Meta-analysis for EBF at 6months*
455 . metan EBF_6m_int_E EBF_6m_int_NE EBF_6m_cnt_E EBF_6m_cnt_NE, or randomi sortby (author_ID) label
    > =year) xlabel (0.1, 1, 10) favours(Control#Intervention) texts(120)

```

Study	OR	[95% Conf. Interval]		% Weight
Jiang et al. (2014)	2.627	1.465	4.711	26.29
Khresheh et al. (201)	1.670	0.683	4.083	15.08
Kupratakul et al. (2012)	9.250	1.097	77.995	3.37
Meedya et al. (2014)	3.375	1.083	10.516	10.35
Rosuzeita et al. (2010)	1.875	0.657	5.348	11.81
Su & Ouyang (2016)	3.111	1.024	9.452	10.74
Tahir & Al-Sadat (2010)	1.045	0.535	2.043	22.36
D+L pooled OR	2.092	1.398	3.130	100.00

Heterogeneity chi-squared = **8.00** (d.f. = 6) p = **0.238**
 I-squared (variation in OR attributable to heterogeneity) = **25.0%**
 Estimate of between-study variance Tau-squared = **0.0721**

Test of OR=1 : z= **3.59** p = **0.000**

```

456 .
457 .
458 . * FAT PET PEESE *
459 . gen lnor6 = ln(_ES)
    (13 missing values generated)

460 . gen lnorse6 = _selogES
    (13 missing values generated)

461 .
462 . gen _tEBF6 = lnor6/lnorse6
    (13 missing values generated)

463 . gen _preCEBF6 = (1/lnorse6)
    (13 missing values generated)

464 . gen _varEBF6 = lnorse6^2
    (13 missing values generated)

465 .
466 . * META FUNNEL - PUBLICATION BIAS - EGGERS *
467 . metafunnel lnor6 lnorse6, eform xtitle("Odds ratio (log scale)")

```

Note: default data input format (theta, se_theta) assumed.

```
468 . metabias lnor6 lnorse6, egger
```

Note: data input format **theta se_theta** assumed.

Egger's test for small-study effects:
 Regress standard normal deviate of intervention
 effect estimate against its standard error

Number of studies = 7Root MSE = 1.079

Std_Eff	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
slope	.0134985	.5417054	0.02	0.981	-1.379	1.405997
bias	1.659374	1.212084	1.37	0.229	-1.456386	4.775134

Test of H0: no small-study effectsP = 0.229

```
469 .
470 . quietly {
471 .
472 . di "effect unadjusted (RE) = " %5.3f `bRE' " ( SE = " %5.3f `sRE' " ) ; OR = " %5.3f exp(`bRE') "
    effect unadjusted (RE) = 0.421 ( SE = 0.169) ; OR = 1.523 ; p = 0.047
473 . di "Egger bias [FAT] = " %5.3f `bFAT' " ( SE = " %5.3f `sFAT' " ) ; p = " %5.3f `pFAT'
    Egger bias [FAT] = 1.659 ( SE = 1.175) ; p = 0.217
474 . di "effect adjusted [PET] = " %5.3f `bPET' " ( SE = " %5.3f `sPET' " ) ; OR = " %5.3f exp(`bPET')
    effect adjusted [PET] = 0.013 ( SE = 0.705) ; OR = 1.014 ; p = 0.985
475 . di "effect adjusted [PEESE] = " %5.3f `bPEESE' " ( SE = " %5.3f `sPEESE' " ) ; OR = " %5.3f exp(`
    > PEESE'
    effect adjusted [PEESE] = 0.407 ( SE = 0.360) ; OR = 1.502 ; p = 0.310
476 .
477 . *****
478 .
    end of do-file
479 . do "/var/folders/jq/n7j5rp2n0h321y30n4g8qhm40000gp/T//SD47358.000000"
480 . *** SUBANALYSIS FOR FU et al. three armed intervention ***
481 . **** Control data has been /2 for between intervention groups throughout ****
482 .
483 . set obs 21
    obs was 20, now 21
484 . replace ID = "Fu et al. In-Hospital Group" in 21
    ID was str19 now str27
    (1 real change made)
485 . replace year = "2014" in 21
    (1 real change made)
486 . replace author_ID = 21 in 21
    (1 real change made)
487 .
488 . set obs 22
    obs was 21, now 22
489 . replace ID = "Fu et al. Telephone Group" in 22
    (1 real change made)
490 . replace year = "2014" in 22
```

```
1
2
3      (1 real change made)
4
5 491 . replace author_ID = 22 in 22
6      (1 real change made)
7
8 492 .
9 493 . label define Authors 1 "Abbass-Dick et al." 2 "Ahmed et al." 3 "Bunik et al." 4 "Fu et al." 5 "H
10 > l." 7 "Kang et al." 8 "Khresheh et al." 9 "Kupratakul et al." 10 "Labarere et al." 11 "Li et al.
11 > k et al." 14 "Meedya et al." 15 "Rasmussen et al." 16 "Rosuzeita et al." 17 "Su & Ouyang et al."
12 > u et al." 20 "Zhu et al." 21 "Fu et al. (In-Hospital group)" 22 "Fu et al. (Telephone group)", r
13
14 494 .
15 495 . *** Add data for BF initiation for In-Hospital group ***
16 496 . replace BF_initiation_int_E = 190 in 21
17      (1 real change made)
18
19 497 . replace BF_initiation_int_NE = 0 in 21
20      (1 real change made)
21
22 498 . replace BF_initiation_int_total = 190 in 21
23      (1 real change made)
24
25 499 .
26 500 . replace BF_initiation_cnt_E = 128 in 21
27      (1 real change made)
28
29 501 . replace BF_initiation_cnt_NE = 2 in 21
30      (1 real change made)
31
32 502 . replace BF_initiation_cnt_total = 130 in 21
33      (1 real change made)
34
35 503 .
36 504 . *** Add data for BF initiation for Telephone group ***
37 505 . replace BF_initiation_int_E = 259 in 22
38      (1 real change made)
39
40 506 . replace BF_initiation_int_NE = 2 in 22
41      (1 real change made)
42
43 507 . replace BF_initiation_int_total = 261 in 22
44      (1 real change made)
45
46 508 .
47 509 . replace BF_initiation_cnt_E = 128 in 22
48      (1 real change made)
49
50 510 . replace BF_initiation_cnt_NE = 2 in 22
51      (1 real change made)
52
53 511 . replace BF_initiation_cnt_total = 130 in 22
54      (1 real change made)
55
56 512 .
57 513 . *** ANY BREASTFEEDING ***
58 514 . *** Add data for ABF overall for In-Hospital group ***
59 515 . replace ABF_overall_int_E = 48 in 21
60      (1 real change made)
```

```
1
2
3
4 516 . replace ABF_overall_int_NE = 108 in 21
5      (1 real change made)
6
7 517 . replace ABF_overall_int_total = 156 in 21
8      (1 real change made)
9
10 518 .
11 519 . replace ABF_overall_cnt_E = 32.5 in 21
12      (1 real change made)
13
14 520 . replace ABF_overall_cnt_NE = 79 in 21
15      (1 real change made)
16
17 521 . replace ABF_overall_cnt_total = 111.5 in 21
18      (1 real change made)
19
20 522 .
21 523 . *** Add data for ABF overall for Telephone Group ***
22 524 . replace ABF_overall_int_E = 78 in 22
23      (1 real change made)
24
25 525 . replace ABF_overall_int_NE = 137 in 22
26      (1 real change made)
27
28 526 . replace ABF_overall_int_total = 215 in 22
29      (1 real change made)
30
31 527 .
32 528 . replace ABF_overall_cnt_E = 32.5 in 22
33      (1 real change made)
34
35 529 . replace ABF_overall_cnt_NE = 79 in 22
36      (1 real change made)
37
38 530 . replace ABF_overall_cnt_total = 111.5 in 22
39      (1 real change made)
40
41 531 .
42 532 .
43 533 . *** ABF at 1MONTH ***
44 534 . *** Add data for ABF 1month for In-Hospital Group ***
45 535 . replace ABF_1m_int_E = 95 in 21
46      (1 real change made)
47
48 536 . replace ABF_1m_int_NE = 54 in 21
49      (1 real change made)
50
51 537 . replace ABF_1m_int_total = 149 in 21
52      (1 real change made)
53
54 538 .
55 539 . replace ABF_1m_cnt_E = 65.5 in 21
56      (1 real change made)
57
58 540 . replace ABF_1m_cnt_NE = 42.5 in 21
59      (1 real change made)
60
```



```
1
2
3 541 . replace ABF_1m_cnt_total = 108 in 21
4      (1 real change made)
5
6 542 .
7 543 . *** Add data for ABF 1month for Telephone Group ***
8 544 . replace ABF_1m_int_E = 125 in 22
9      (1 real change made)
10
11 545 . replace ABF_1m_int_NE = 62 in 22
12      (1 real change made)
13
14 546 . replace ABF_1m_int_total = 187 in 22
15      (1 real change made)
16
17 547 .
18 548 . replace ABF_1m_cnt_E = 65.5 in 22
19      (1 real change made)
20
21 549 . replace ABF_1m_cnt_NE = 42.5 in 22
22      (1 real change made)
23
24 550 . replace ABF_1m_cnt_total = 108 in 22
25      (1 real change made)
26
27 551 .
28 552 .
29 553 . *** ABF at 2MONTHS ***
30 554 . *** Add data for ABF 2months for In-Hospital Group ***
31 555 . replace ABF_2m_int_E = 68 in 21
32      (1 real change made)
33
34 556 . replace ABF_2m_int_NE = 89 in 21
35      (1 real change made)
36
37 557 . replace ABF_2m_int_total = 157 in 21
38      (1 real change made)
39
40 558 .
41 559 . replace ABF_2m_cnt_E = 43.5 in 21
42      (1 real change made)
43
44 560 . replace ABF_2m_cnt_NE = 66.5 in 21
45      (1 real change made)
46
47 561 . replace ABF_2m_cnt_total = 110 in 21
48      (1 real change made)
49
50 562 .
51 563 . *** Add data for ABF 2months for Telephone Group ***
52 564 . replace ABF_2m_int_E = 97 in 22
53      (1 real change made)
54
55 565 . replace ABF_2m_int_NE = 108 in 22
56      (1 real change made)
57
58 566 . replace ABF_2m_int_total = 272 in 22
59      (1 real change made)
60
```

```
1
2
3      567 .
4      568 . replace ABF_2m_cnt_E = 43.5 in 22
5            (1 real change made)
6
7      569 . replace ABF_2m_cnt_NE = 66.5 in 22
8            (1 real change made)
9
10     570 . replace ABF_2m_cnt_total = 110 in 22
11           (1 real change made)
12
13     571 .
14     572 .
15     573 . *** ABF at 3MONTHS ***
16     574 . *** Add data for ABF 3months for In-Hospital Group ***
17     575 . replace ABF_3m_int_E = 48 in 21
18           (1 real change made)
19
20     576 . replace ABF_3m_int_NE = 108 in 21
21           (1 real change made)
22
23     577 . replace ABF_3m_int_total = 156 in 21
24           (1 real change made)
25
26     578 .
27     579 . replace ABF_3m_cnt_E = 32.5 in 21
28           (1 real change made)
29
30     580 . replace ABF_3m_cnt_NE = 79 in 21
31           (1 real change made)
32
33     581 . replace ABF_3m_cnt_total = 111.5 in 21
34           (1 real change made)
35
36     582 .
37     583 . *** Add data for ABF 3months for Telephone Group ***
38     584 . replace ABF_3m_int_E = 78 in 22
39           (1 real change made)
40
41     585 . replace ABF_3m_int_NE = 137 in 22
42           (1 real change made)
43
44     586 . replace ABF_3m_int_total = 215 in 22
45           (1 real change made)
46
47     587 .
48     588 . replace ABF_3m_cnt_E = 32.5 in 22
49           (1 real change made)
50
51     589 . replace ABF_3m_cnt_NE = 79 in 22
52           (1 real change made)
53
54     590 . replace ABF_3m_cnt_total = 111.5 in 22
55           (1 real change made)
56
57     591 .
58     592 .
59     593 . *** EXCLUSIVE BREASTFEEDING ***
60     594 .
```

```
1
2
3 595 . *** Add data for EBF Overall for In-Hospital Group ***
4 596 . replace EBF_overall_int_E = 34 in 21
5      (1 real change made)
6
7 597 . replace EBF_overall_int_NE = 156 in 21
8      (1 real change made)
9
10 598 . replace EBF_overall_int_total = 190 in 21
11      (1 real change made)
12
13 599 .
14 600 . replace EBF_overall_cnt_E = 18.5 in 21
15      (1 real change made)
16
17 601 . replace EBF_overall_cnt_NE = 111.5 in 21
18      (1 real change made)
19
20 602 . replace EBF_overall_cnt_total = 130 in 21
21      (1 real change made)
22
23 603 .
24 604 . *** Add data for EBF Overall for Telephone Group ***
25 605 . replace EBF_overall_int_E = 46 in 22
26      (1 real change made)
27
28 606 . replace EBF_overall_int_NE = 215 in 22
29      (1 real change made)
30
31 607 . replace EBF_overall_int_total = 261 in 22
32      (1 real change made)
33
34 608 .
35 609 . replace EBF_overall_cnt_E = 18.5 in 22
36      (1 real change made)
37
38 610 . replace EBF_overall_cnt_NE = 111.5 in 22
39      (1 real change made)
40
41 611 . replace EBF_overall_cnt_total = 130 in 22
42      (1 real change made)
43
44 612 .
45 613 . *** EBF 1MONTH ***
46 614 . *** Add data for EBF 1MONTH for In-Hospital Group ***
47 615 . replace EBF_1m_int_E = 41 in 21
48      (1 real change made)
49
50 616 . replace EBF_1m_int_NE = 149 in 21
51      (1 real change made)
52
53 617 . replace EBF_1m_int_total = 190 in 21
54      (1 real change made)
55
56 618 .
57 619 . replace EBF_1m_cnt_E = 22 in 21
58      (1 real change made)
59
60 620 . replace EBF_1m_cnt_NE = 108 in 21
```

```
1
2
3      (1 real change made)
4
5      621 . replace EBF_1m_cnt_total = 130 in 21
6          (1 real change made)
7
8      622 .
9      623 . *** Add data for EBF 1MONTH for Telephone Group ***
10     624 . replace EBF_1m_int_E = 74 in 22
11         (1 real change made)
12
13     625 . replace EBF_1m_int_NE = 187 in 22
14         (1 real change made)
15
16     626 . replace EBF_1m_int_total = 261 in 22
17         (1 real change made)
18
19     627 .
20     628 . replace EBF_1m_cnt_E = 22 in 22
21         (1 real change made)
22
23     629 . replace EBF_1m_cnt_NE = 108 in 22
24         (1 real change made)
25
26     630 . replace EBF_1m_cnt_total = 130 in 22
27         (1 real change made)
28
29     631 .
30     632 . *** EBF 2MONTHS ***
31     633 . *** Add data for EBF 2MONTHS for In-Hospital Group ***
32     634 . replace EBF_2m_int_E = 33 in 21
33         (1 real change made)
34
35     635 . replace EBF_2m_int_NE = 157 in 21
36         (1 real change made)
37
38     636 . replace EBF_2m_int_total = 190 in 21
39         (1 real change made)
40
41     637 .
42     638 . replace EBF_2m_cnt_E = 20 in 21
43         (1 real change made)
44
45     639 . replace EBF_2m_cnt_NE = 110 in 21
46         (1 real change made)
47
48     640 . replace EBF_2m_cnt_total = 130 in 21
49         (1 real change made)
50
51     641 .
52     642 . *** Add data for EBF 2MONTHS for Telephone Group ***
53     643 . replace EBF_2m_int_E = 56 in 22
54         (1 real change made)
55
56     644 . replace EBF_2m_int_NE = 205 in 22
57         (1 real change made)
58
59     645 . replace EBF_2m_int_total = 261 in 22
60         (1 real change made)
```

```
1
2
3
4 646 .
5 647 . replace EBF_2m_cnt_E = 20 in 22
6      (1 real change made)
7
8 648 . replace EBF_2m_cnt_NE = 110 in 22
9      (1 real change made)
10
11 649 . replace EBF_2m_cnt_total = 130 in 22
12      (1 real change made)
13
14 650 .
15 651 . *** EBF 3MONTHS ***
16 652 . *** Add data for EBF 3MONTHS for In-Hospital Group ***
17 653 . replace EBF_3m_int_E = 34 in 21
18      (1 real change made)
19
20 654 . replace EBF_3m_int_NE = 156 in 21
21      (1 real change made)
22
23 655 . replace EBF_3m_int_total = 190 in 21
24      (1 real change made)
25
26 656 .
27 657 . replace EBF_3m_cnt_E = 18.5 in 21
28      (1 real change made)
29
30 658 . replace EBF_3m_cnt_NE = 111.5 in 21
31      (1 real change made)
32
33 659 . replace EBF_3m_cnt_total = 130 in 21
34      (1 real change made)
35
36 660 .
37 661 . *** Add data for EBF 3MONTHS for Telephone Group ***
38 662 . replace EBF_3m_int_E = 46 in 22
39      (1 real change made)
40
41 663 . replace EBF_3m_int_NE = 215 in 22
42      (1 real change made)
43
44 664 . replace EBF_3m_int_total = 261 in 22
45      (1 real change made)
46
47 665 .
48 666 . replace EBF_3m_cnt_E = 18.5 in 22
49      (1 real change made)
50
51 667 . replace EBF_3m_cnt_NE = 111.5 in 22
52      (1 real change made)
53
54 668 . replace EBF_3m_cnt_total = 130 in 22
55      (1 real change made)
56
57 669 .
58 670 .
59 671 . *** Adding dummy variable to include and exclude observations (studies) in analysis by ***
60 672 . gen exclude = -999
```



```
673 . replace exclude = 0 in 21
    (1 real change made)

674 . replace exclude = 1 in 22
    (1 real change made)

675 . * i.e. Fu et al. *
676 .
677 . ** continuity correction for 0 Non-Events in BF initiation in In-Hospital group **
678 . replace BF_initiation_int_NE = 1 in 21
    (1 real change made)

679 .
680 . *** BREASTFEEDING INITIATION ***
681 . *** Sub-Group Meta-analysis for BF initiation with Fu et al. ***
682 . metan BF_initiation_int_E BF_initiation_int_NE BF_initiation_cnt_E BF_initiation_cnt_NE if exclu
> sortby(author_ID) label(namevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours
> (150)
```

Study	OR	[95% Conf. Interval]		% Weight
0				
Fu et al. (In-Hospit	2.969	0.266	33.084	40.07
Sub-total				
D+L pooled OR	2.969	0.266	33.084	40.07
1				
Fu et al. (Telephone	2.023	0.282	14.529	59.93
Sub-total				
D+L pooled OR	2.023	0.282	14.529	59.93
Overall				
D+L pooled OR	2.359	0.513	10.854	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	0.0%	0.0000
1	0.00	0	.	0.0%	0.0000
Overall	0.06	1	0.809	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z= 0.88	p = 0.376
1	z= 0.70	p = 0.483
Overall	z= 1.10	p = 0.270

```
683 .
684 .
685 . *** ANY BREASTFEEDING ***
```

686 . *** Sub-Group meta-analysis for ABF Overall Effect with Fu et al. ***

687 . metan ABF_overall_int_E ABF_overall_int_NE ABF_overall_cnt_E ABF_overall_cnt_NE if exclude>=0, c
> author_ID) label (namevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Contr

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
0				
Fu et al. (In-Hospit	1.080	0.635	1.838	46.36
Sub-total				
D+L pooled OR	1.080	0.635	1.838	46.36
-----+-----				
1				
Fu et al. (Telephone	1.384	0.844	2.268	53.64
Sub-total				
D+L pooled OR	1.384	0.844	2.268	53.64
-----+-----				
Overall				
D+L pooled OR	1.234	0.859	1.772	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.45	1	0.504	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z=	0.29	p =	0.776
1	z=	1.29	p =	0.197
Overall	z=	1.14	p =	0.255

688 .

689 . *** Sub-Group Meta-analysis for ABF at 1-MONTH ***

690 . metan ABF_1m_int_E ABF_1m_int_NE ABF_1m_cnt_E ABF_1m_cnt_NE if exclude>=0, or randomi ninteger
> mevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) tex

Study	OR	[95% Conf. Interval]		% Weight
<hr/>				
0				
Fu et al. (In-Hospit	1.142	0.685	1.902	48.12
Sub-total				
D+L pooled OR	1.142	0.685	1.902	48.12
<hr/>				
1				
Fu et al. (Telephone	1.308	0.800	2.139	51.88
Sub-total				
D+L pooled OR	1.308	0.800	2.139	51.88
<hr/>				
Overall				
D+L pooled OR	1.225	0.860	1.746	100.00

-----+-----

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.14	1	0.706	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z= 0.51	p = 0.611
1	z= 1.07	p = 0.284
Overall	z= 1.12	p = 0.261

-----+-----

```
691 .
692 . *** Sub-Group Meta-analysis for ABF at 2-MONTHS ***
693 . metan ABF_2m_int_E ABF_2m_int_NE ABF_2m_cnt_E ABF_2m_cnt_NE if exclude>=0, or randomi ninteger
> mevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) tex
```

Study	OR	[95% Conf. Interval]		% Weight
<hr/>				
0				
Fu et al. (In-Hospit	1.168	0.711	1.918	47.38
Sub-total				
D+L pooled OR	1.168	0.711	1.918	47.38
<hr/>				
1				
Fu et al. (Telephone	1.373	0.858	2.198	52.62
Sub-total				
D+L pooled OR	1.373	0.858	2.198	52.62
<hr/>				
Overall				
D+L pooled OR	1.272	0.904	1.789	100.00
<hr/>				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.22	1	0.643	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z= 0.61	p = 0.539
1	z= 1.32	p = 0.187

Overall z= 1.38 p = 0.167

694 .
695 . *** Sub-Group Meta-analysis for ABF at 3-MONTHS ***
696 . metan ABF_3m_int_E ABF_3m_int_NE ABF_3m_cnt_E ABF_3m_cnt_NE if exclude>=0, or randomi nointeger
> mevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) tex

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
0				
Fu et al. (In-Hospit	1.080	0.635	1.838	46.36
Sub-total				
D+L pooled OR	1.080	0.635	1.838	46.36
-----+-----				
1				
Fu et al. (Telephone	1.384	0.844	2.268	53.64
Sub-total				
D+L pooled OR	1.384	0.844	2.268	53.64
-----+-----				
Overall				
D+L pooled OR	1.234	0.859	1.772	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.45	1	0.504	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z= 0.29	p = 0.776
1	z= 1.29	p = 0.197
Overall	z= 1.14	p = 0.255

697 .
698 .
699 . *** EXCLUSIVE BREASTFEEDING ***
700 . *** Sub-Group meta-analysis for EBF Overall Effect with Fu et al. ***
701 . metan EBF_overall_int_E EBF_overall_int_NE EBF_overall_cnt_E EBF_overall_cnt_NE if exclude>=0, c
> D) label(namevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Interv

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
0				
Fu et al. (In-Hospit	1.314	0.709	2.433	47.49
Sub-total				
D+L pooled OR	1.314	0.709	2.433	47.49
-----+-----				

1

Fu et al. (Telephone	1.290	0.718	2.317	52.51
Sub-total				
D+L pooled OR	1.290	0.718	2.317	52.51
Overall				
D+L pooled OR	1.301	0.851	1.989	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.00	1	0.966	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z= 0.87	p = 0.386
1	z= 0.85	p = 0.395
Overall	z= 1.21	p = 0.225

702 .
703 . *** Sub-Group Meta-analysis for EBF at 1-MONTH ***
704 . metan EBF_lm_int_E EBF_lm_int_NE EBF_lm_cnt_E EBF_lm_cnt_NE if exclude>=0, or randomi ninteger
> mevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) tex

Study	OR	[95% Conf. Interval]	% Weight
0			
Fu et al. (In-Hospit	1.351	0.761 2.399	46.16
Sub-total			
D+L pooled OR	1.351	0.761 2.399	46.16
1			
Fu et al. (Telephone	1.943	1.142 3.306	53.84
Sub-total			
D+L pooled OR	1.943	1.142 3.306	53.84
Overall			
D+L pooled OR	1.643	1.112 2.426	100.00

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.83	1	0.363	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;

only valid with inverse variance method

Significance test(s) of OR=1

0	z=	1.03	p =	0.305
1	z=	2.45	p =	0.014
Overall	z=	2.49	p =	0.013

705 .

706 . *** Sub-Group Meta-analysis for ABF at 2-MONTHS ***

707 . metan EBF_2m_int_E EBF_2m_int_NE EBF_2m_cnt_E EBF_2m_cnt_NE if exclude>=0, or randomi nointeger
> mevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) tex

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
0				
Fu et al. (In-Hospit	1.156	0.630	2.120	46.08
Sub-total				
D+L pooled OR	1.156	0.630	2.120	46.08
-----+-----				
1				
Fu et al. (Telephone	1.502	0.858	2.632	53.92
Sub-total				
D+L pooled OR	1.502	0.858	2.632	53.92
-----+-----				
Overall				
D+L pooled OR	1.332	0.882	2.010	100.00
-----+-----				

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.39	1	0.534	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z=	0.47	p =	0.639
1	z=	1.42	p =	0.155
Overall	z=	1.36	p =	0.173

708 .

709 . *** Sub-Group Meta-analysis for ABF at 3-MONTHS ***

710 . metan EBF_3m_int_E EBF_3m_int_NE EBF_3m_cnt_E EBF_3m_cnt_NE if exclude>=0, or randomi nointeger
> mevar=author_ID, yearvar=year) by(exclude) xlabel (0.1, 1, 10) favours(Control#Intervention) tex

Study	OR	[95% Conf. Interval]		% Weight
-----+-----				
0				
Fu et al. (In-Hospit	1.314	0.709	2.433	47.49

Sub-total					
D+L pooled OR	1.314	0.709	2.433	47.49	
1					
Fu et al. (Telephone	1.290	0.718	2.317	52.51	
Sub-total					
D+L pooled OR	1.290	0.718	2.317	52.51	
Overall					
D+L pooled OR	1.301	0.851	1.989	100.00	

Test(s) of heterogeneity:

	Heterogeneity statistic	degrees of freedom	P	I-squared**	Tau-squared
0	0.00	0	.	.%	0.0000
1	0.00	0	.	.%	0.0000
Overall	0.00	1	0.966	0.0%	0.0000

** I-squared: the variation in OR attributable to heterogeneity)

Note: between group heterogeneity not calculated;
only valid with inverse variance method

Significance test(s) of OR=1

0	z= 0.87	p = 0.386
1	z= 0.85	p = 0.395
Overall	z= 1.21	p = 0.225

```
711 .  
    end of do-file  
  
712 . do "/var/folders/jq/n7j5rp2n0h321y30n4g8ghm40000gp/T//SD47358.000000"  
  
713 . *****  
714 . *****      END *****  
715 . *****  
716 .  
    end of do-file  
  
717 . log close
```

ID	author_ID	year	BF_initiatio	BF_initiatio	BF_initiatio	BF_initiatio	BF_initiatio	BF_initiatio
Abbass-Dic	Abbass-Dic	2015						
Ahmed et al.	Ahmed et al.	2016	49	0	49	57	0	57
Bunik et al.	Bunik et al.	2010						
Fu et al.	Fu et al.	2014	449	2	451	256	4	260
Hannula et al.	Hannula et al.	2014	423	2	425	271	2	273
Jiang et al.	Jiang et al.	2014						
Kang et al.	Kang et al.	2008						
Khresheh et al.	Khresheh et al.	2011						
Kupratakul	Kupratakul	2010	40	1	40	34	4	38
Labarere et al.	Labarere et al.	2011						
Li et al.	Li et al.	2018						
Liu et al.	Liu et al.	2017	3	62	65	2	63	65
Maycock et al.	Maycock et al.	2013						
Meedya et al.	Meedya et al.	2014						
Rasmusse	Rasmusse	2011	19	0	19	20	0	20
Rosazeita et al.	Rosazeita et al.	2018	45	3	48	41	5	46
Su & Ouyang	Su & Ouyang	2016	35	1	36	31	5	36
Tahir & Al-Tahir	Tahir & Al-Tahir	2013						
Wu et al.	Wu et al.	2014						
Zhu et al.	Zhu et al.	2017	149	8	157	113	15	128

	ABF_overera	ABF_overera	ABF_overera	ABF_overera	ABF_overera	ABF_overera	ABF_1m_ir	ABF_1m_ir	ABF_1m_ir
	30	74	104	29	76	105			
	12	37	49	27	30	57	15	34	49
	58	61	119	70	60	130	88	31	119
	126	325	451	65	195	260	220	231	451
	52	206	258	50	211	261			
	21	19	40	15	23	38	9	31	40
	211	29	240	209	27	236	211	29	240
	17	33	50	29	21	50			
	124	229	353	91	207	298			
	55	56	111	40	32	72	52	92	144
	6	13	19	12	8	20	13	5	19
	17	29	46	17	27	44			
	12	23	35	15	19	34	12	24	36
	78	84	162	77	82	159	19	149	168
	29	4	33	23	11	34	30	3	33
	55	102	157	63	65	128			

ABF_1m_c	ABF_1m_c	ABF_1m_c	ABF_2m_ir	ABF_2m_ir	ABF_2m_ir	ABF_2m_c	ABF_2m_c	ABF_2m_c
			27	77	104	32	70	102
31	26	57	12	37	49	34	23	57
96	34	130						
131	129	260	165	286	451	87	173	260
14	24	38	15	25	40	10	28	38
209	27	236						
			17	33	50	29	21	50
			124	229	353	91	207	298
60	59	119						
18	2	20						
			20	27	47	17	28	45
5	29	34						
29	133	162						
26	8	34	29	4	33	23	11	34
			55	102	157	63	65	128

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3	ABF_3m_ir	ABF_3m_ir	ABF_3m_ir	ABF_3m_c	ABF_3m_c	ABF_3m_c	ABF_4m_ir	ABF_4m_ir	ABF_4m_ir
4	30	74	104	29	76	105			
5	12	37	49	27	30	57			
6	58	61	119	70	60	130			
7	126	325	451	65	195	260			
8									
9									
10									
11									
12	21	19	40	15	23	38	21	19	40
13									
14									
15									
16									
17									
18							55	56	111
19	6	13	19	12	8	20			
20							17	29	46
21							12	23	35
22							78	84	162
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ABF_4m_c	ABF_4m_c	ABF_4m_c	ABF_6m_ir	ABF_6m_ir	ABF_6m_ir	ABF_6m_c	ABF_6m_c	ABF_6m_c
			33	86	119	48	82	130
15	23	38	22	18	40	8	30	38
40	32	72	76	18	94	57	4	61
17	27	44	19	25	44	17	25	42
15	19	34	14	21	35	13	21	34
77	82	159	125	35	160	117	41	158

EBF_overa	EBF_overa	EBF_overa	EBF_overa	EBF_overa	EBF_overa	EBF_1m_ir	EBF_1m_ir	EBF_1m_ir
70	34	104	63	42	105			
27	22	49	11	46	57	31	18	49
80	371	451	37	223	260	115	336	451
123	142	265	114	172	286			
18	12	30	6	24	30	23	7	30
17	28	45	12	33	45			
20	20	40	13	25	38	31	9	40
31	19	50	19	31	50			
16	49	65	1	64	65	18	47	65
164	189	353	133	165	298			
56	55	111	32	40	72	92	52	144
8	11	19	12	6	18	8	11	19
25	21	46	13	31	44			
18	17	35	9	25	34	22	14	36
68	94	162	62	97	159	140	28	168
90	67	157	36	92	128			

EBF_1m_c	EBF_1m_c	EBF_1m_c	EBF_2m_ir	EBF_2m_ir	EBF_2m_ir	EBF_2m_c	EBF_2m_c	EBF_2m_c
			75	29	104	62	40	102
23	34	57	31	18	49	11	46	57
44	216	260	89	362	451	40	220	260
14	16	30	20	10	30	8	22	30
20	18	38	25	15	40	14	24	38
			31	19	50	19	31	50
2	63	65	16	49	65	1	64	65
			164	189	353	133	165	298
59	60	119						
12	6	18						
			25	22	47	19	26	45
21	13	34						
121	41	162						
			90	67	157	36	92	128

EBF_3m_ir	EBF_3m_ir	EBF_3m_ir	EBF_3m_c	EBF_3m_c	EBF_3m_c	EBF_4m_ir	EBF_4m_ir	EBF_4m_ir
70	34	104	63	42	105			
27	22	49	11	46	57			
80	371	451	37	223	260			
18	12	30	6	24	30	123	142	265
20	20	40	13	25	38	14	26	40
						56	55	111
						25	21	46
						18	17	35
						68	94	162

EBF_4m_c	EBF_4m_c	EBF_4m_c	EBF_6m_ir	EBF_6m_ir	EBF_6m_ir	EBF_6m_c	EBF_6m_c	EBF_6m_c
114	172	286	40	225	265	18	266	284
3	35	38	17 8	28 32	45 40	12 1	33 37	45 38
32	40	72	18	76	94	4	57	61
13	31	44	12	32	44	7	35	42
9	25	34	14	21	35	6	28	34
62	97	159	20	140	160	19	139	158

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3	RoB	INT_timing maternal_pBCTs_use	BCT	Inor	Inorse	_SS	_ES	
4	Low	Postnatal IrPrimiparous	4 Fewer BCTs					
5	Low	Postnatal IrMultiparous	6 More BCTs	0	1.427569	108	#####	
6	High	Postnatal IrPrimiparous	2 Fewer BCTs					
7	Low	Postnatal IrPrimiparous	4 Fewer BCT	1.254993	#####	711	3.507813	
8	High	Antenatal & Multiparous	4 Fewer BCT	#####	1.003022	698	1.560886	
9	High	Antenatal & Primiparous	3 Fewer BCTs					
10	High	Postnatal IrMultiparous	8 More BCTs					
11	Low	Postnatal IrPrimiparous	5 More BCTs					
12	Low	Antenatal & Multiparous	3 Fewer BCT	1.548813	1.142108	79	4.705883	
13	High	Antenatal & Multiparous	6 More BCTs					
14	High	Postnatal IrPrimiparous	6 More BCTs					
15	High	Antenatal & Primiparous	9 More BCTs					
16	High	Antenatal & Postnatal I	6 More BCTs					
17	Low	Antenatal & Primiparous	5 Fewer BCTs					
18	High	Antenatal & Multiparous	2 Fewer BCT	0	1.450045	41	#####	
19	High	Antenatal & Primiparous	7 More BCTs					
20	High	Primiparous	7 More BCTs	1.730799	1.122867	72	5.645161	
21	High	Postnatal IrMultiparous	1 Fewer BCTs					
22	High	Postnatal IrPrimiparous	9 More BCTs					
23	Low	Postnatal IrPrimiparous	11 More BCTs					
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