

Can Weekly Telephone Support Prolong Breastfeeding Duration in Mothers at risk of Early Cessation?

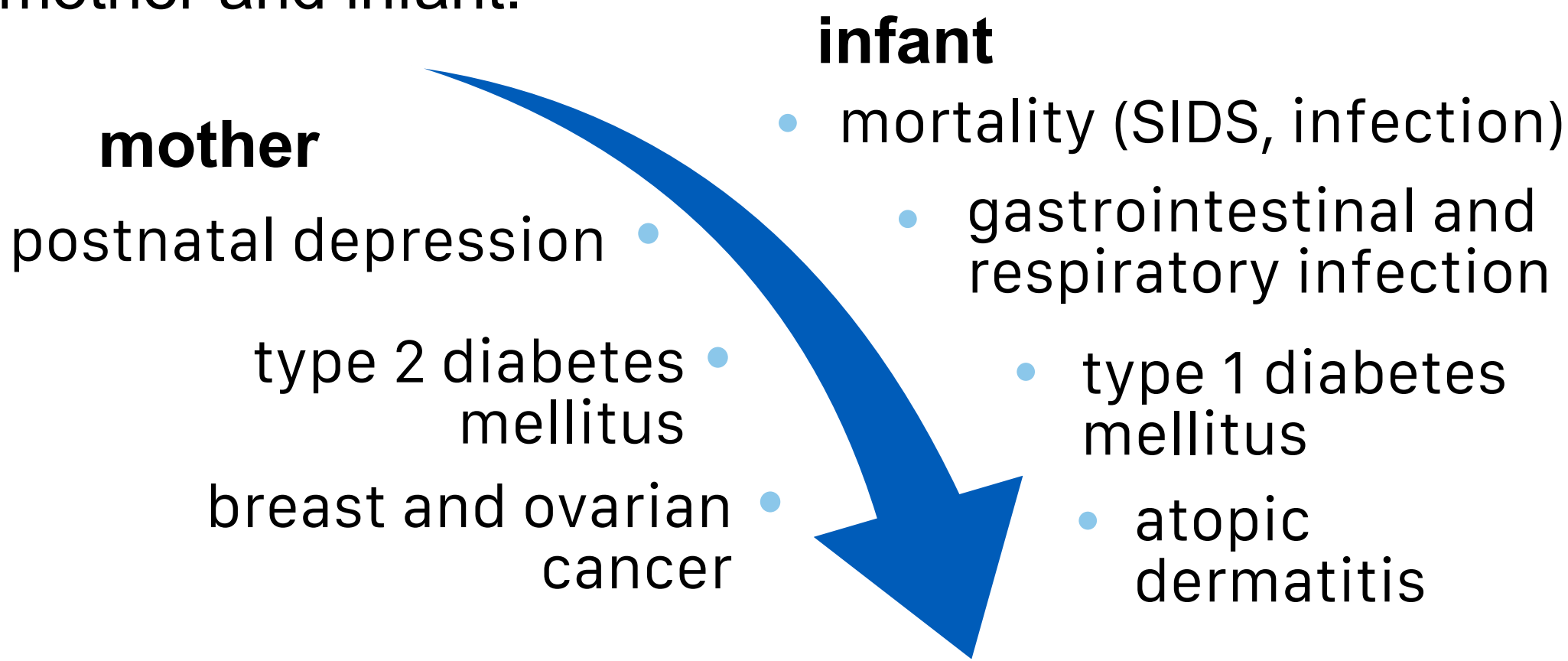
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Northern Health

BACKGROUND

- **Exclusive breastfeeding (EBF)** confers many health benefits¹ for both mother and infant.



- Currently, only **37.5% of Australian mothers** reach the recommended EBF duration of **6 months**².
- Several maternal factors are associated with a **higher risk of early breastfeeding cessation**:

Biological	Young maternal age ³ , BMI ≥30 ⁴ , smoking ⁵ , chronic illness ⁶ , caesarean delivery ⁷
Psychological	Depressive and/or anxious symptoms ⁸
Social	Low socioeconomic status ⁹ , employment ⁸ , single parenthood ¹⁰ , limited social support ¹¹

- Telephone-based breastfeeding support is a **cost-effective alternative**¹² for hospitals, as well as being convenient and accessible for patients.

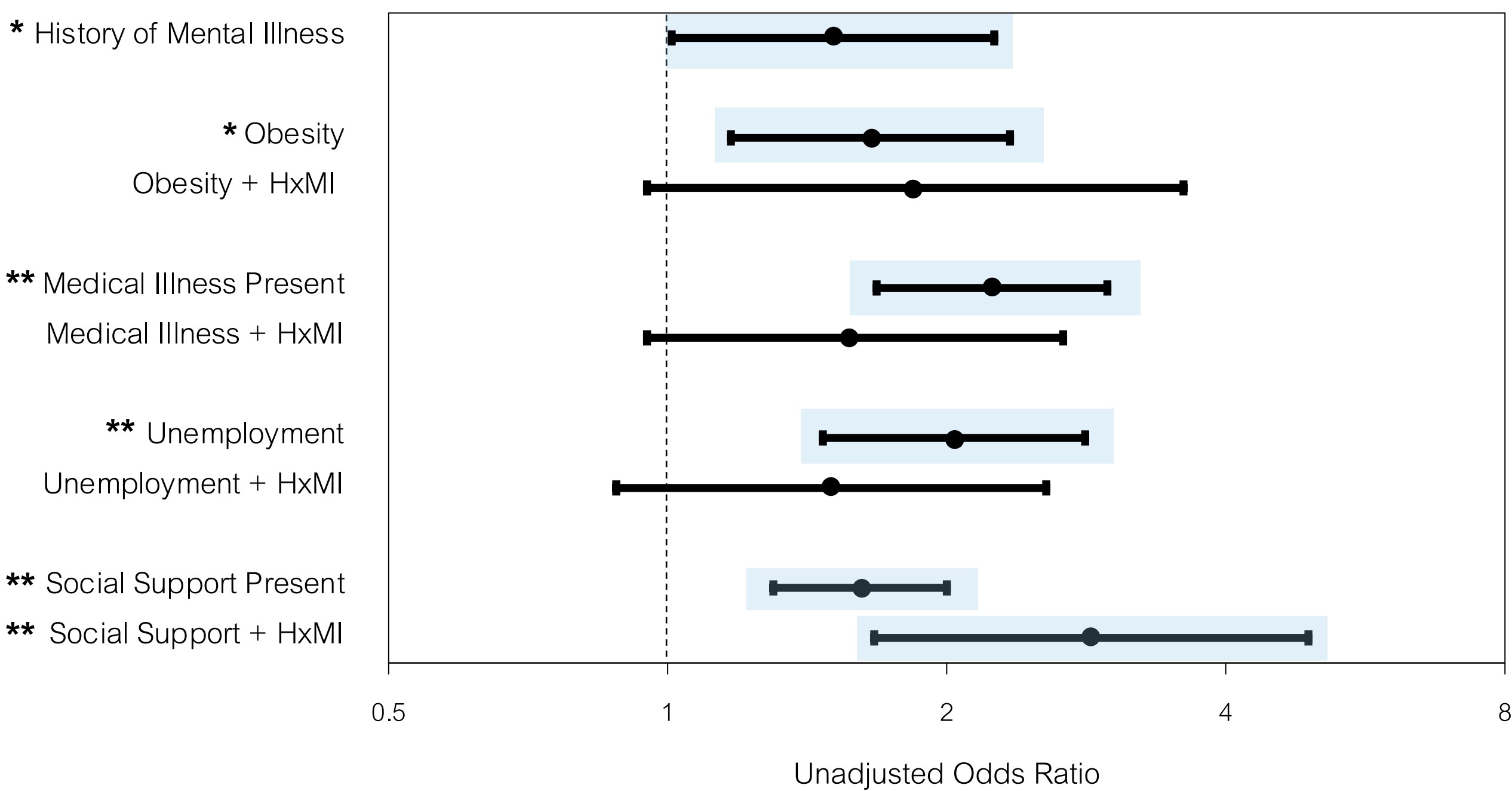
RESULTS

Table 1. Participants' Baseline Characteristics.
Data presented as *n* (%) for categorical variables and median (IQR) for continuous variables. Different *n* given where *n* < column *n*. 3 records excluded due to missing data.

Characteristics	Descriptor	Control (<i>n</i> = 378)	Intervention (<i>n</i> = 384)	<i>p</i> -Values
Maternal age		30.5 (24.5–36.5)	30.0 (22.0–38.0)	0.145
Maternal obesity		105 (27.8%)	91 (23.7%)	0.214
Medical condition	Yes	154 (40.7%)	137 (35.7%)	0.157
	No	224 (59.3%)	247 (64.3%)	
Mental health	History of mental illness	72 (19.0%)	75 (19.5%)	0.927
	Active mental illness	58 (15.3%)	56 (14.6%)	0.839
Ethnicity (<i>n</i> = 301/305)	European	91 (30.2%)	104 (34.1%)	0.312
	South Asian	111 (36.9%)	121 (39.7%)	
	East or Southeast Asian	21 (7.0%)	22 (7.2%)	
	Middle Eastern	65 (21.6%)	51 (16.7%)	
	Other	13 (4.3%)	7 (2.3%)	
Occupation status (<i>n</i> = 345/347)	Employed	215 (62.3%)	231 (66.6%)	0.323
	Unemployed	122 (35.4%)	105 (30.3%)	
	Student	8 (2.3%)	11 (3.2%)	
Marital status	Single	43 (11.4%)	53 (13.8%)	0.252
	De Facto	48 (12.7%)	60 (15.6%)	
	Married	287 (75.9%)	271 (70.6%)	
Social support (<i>n</i> = 274/299)	Yes	238 (86.9%)	272 (91.0%)	0.141
	No	36 (13.1%)	27 (9.0%)	

- The program significantly increased EBF rates **across the study period** in the following maternal groupings. ****p* < 0.05** *****p* < 0.001**
- No effect was observed in maternal **history of mental illness** **plus concurrent risk factors** of unemployment, medical illness or obesity—**unless social support was present**.

Figure 1. Overall EBF Outcomes by Mental Illness (MI) Comorbidity.



AIM

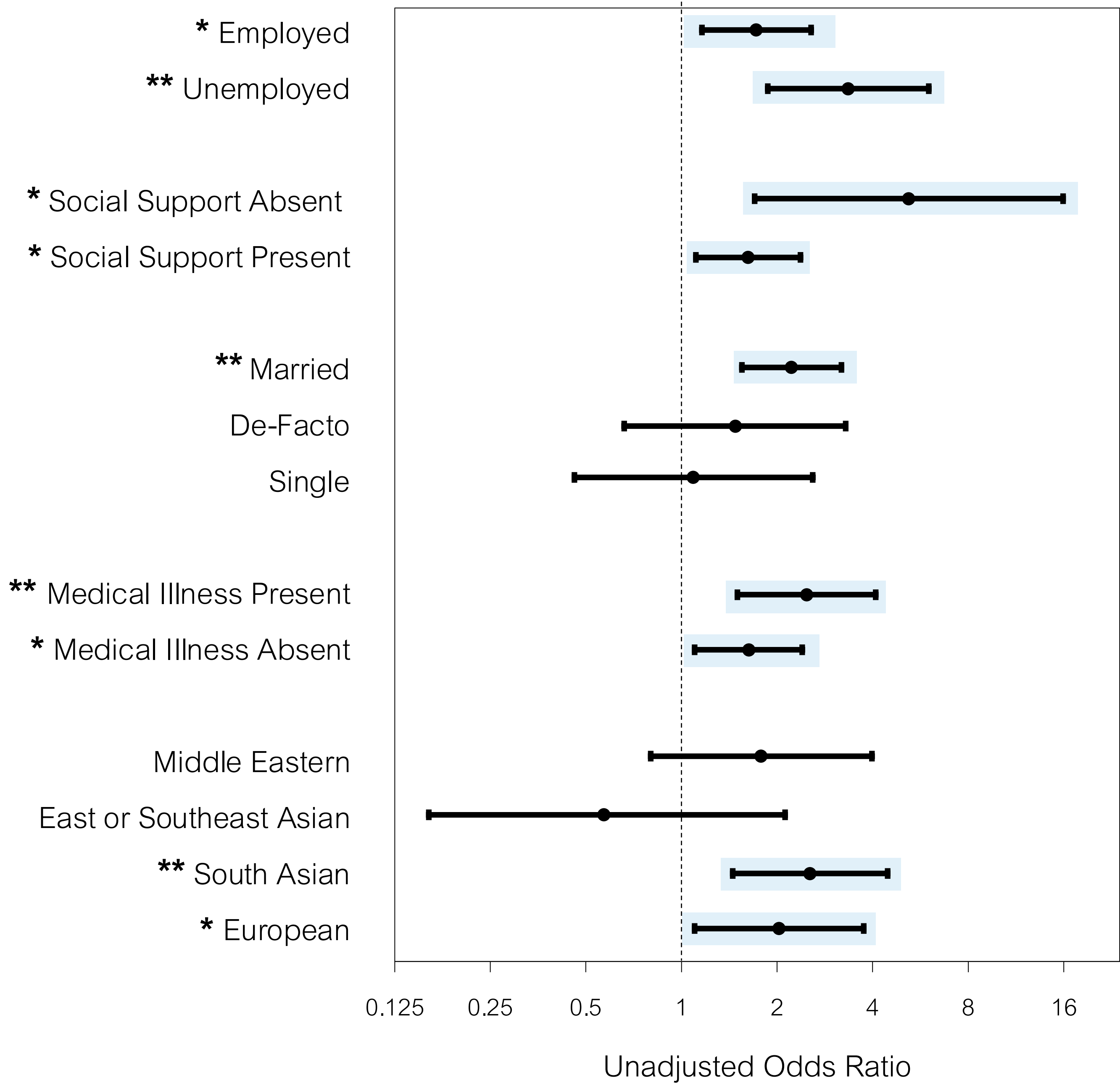
To determine whether a **weekly telephone consult program** during the first month postpartum **prolongs EBF duration for up to 6 months** in mothers **at risk of early cessation**.

METHODS

- **Design.** Secondary analysis of a prospective randomised trial¹³ with further stratification of risk factors linked to early breastfeeding cessation.
- **Participants.** 765 English-speaking mothers who gave birth to infants (>36 weeks) were recruited from The Northern Hospital (TNH) between Feb 2018 and Oct 2019.
- 379 participants were randomly assigned to standard postnatal care (Control). 386 participants were randomly assigned to weekly, proactive telephone calls led by lactation consultants in the first month postpartum (Exposure).
- **Statistical analysis.** Data collection included maternal factors such as age, BMI, medical and mental health conditions, ethnicity, occupation, marital status and social support. Data analysis was performed using IBM SPSS version 29 & 30. Descriptive and univariate statistics were used.

- The program significantly increased EBF rates **at 6 months** compared to Controls in the following maternal groupings. ****p* < 0.05** *****p* < 0.001**

Figure 2. Effects of a Telephone Intervention on EBF at 6 months by Maternal Factors. Unadjusted OR and 95% CI comparing Exposure Group vs. Control Group.



CONCLUSION

- Early postpartum telephone support **prolongs** EBF duration for a number of maternal groups at risk of early cessation.
- A **history of MI** in combination with other risk factors **increased vulnerability** to early EBF cessation. **Adequate social support** may help offset this risk.
- Larger multi-centre trials are required to validate results, focussing on women with **multiple risk factors**, **unmarried status**, and of **East/Southeast Asian or Middle Eastern descent**.

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