



TITLE: Telehealth Delivery of Breastfeeding support for Post-Partum Women: Clinical Effectiveness and Guidelines

DATE: 16 June 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of the use of telehealth for the delivery of breastfeeding support?
2. What are the evidence-based guidelines regarding the use of telehealth for the delivery of breastfeeding support?

KEY FINDINGS

Two systematic reviews and three randomized controlled trials were identified regarding the clinical effectiveness of the use of telehealth for the delivery of breastfeeding support. In addition, one evidence-based guideline regarding the use of telehealth for the delivery of breastfeeding support was identified.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No methodological filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and June 10, 2015. Internet links were provided, where available.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material and may contain material in which a third party owns copyright. **This report may be used for the purposes of research or private study only.** It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners' own terms and conditions.

Table 1: Selection Criteria

Population	Women who require breastfeeding support (likely up to 8 weeks post-partum)
Intervention	Breastfeeding support delivered via telehealth (usually by a lactation consultant or a public health nurse)
Comparator	No breastfeeding support; Breastfeeding support delivered in person; No comparator
Outcomes	Q1: Successful breastfeeding, newborn weight gain, resolution of breastfeeding problems (e.g., clogged ducts, latch problems, etc.) Q2: Guidelines and best practices for the delivery of telehealth support for breastfeeding
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two systematic reviews and three randomized controlled trials were identified regarding the clinical effectiveness of the use of telehealth for the delivery of breastfeeding support. In addition, one evidence-based guideline regarding the use of telehealth for the delivery of breastfeeding support was identified. No relevant health technology assessments or non-randomized studies were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

1. Lavender T, Richens Y, Milan SJ, Smyth RMD, Dowswell T. Telephone support for women during pregnancy and the first six weeks postpartum [Internet]; 2013, Issue 7 [cited 2015 June 15].
Full-text available:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009338.pub2/pdf/standard>
See: Positive behaviour change, page 13
2. Renfrew MJ, McCormick FM, Wade A, Quinn B, Dowswell T. Support for healthy breastfeeding mothers and healthy term babies [Internet]; Cochrane Library 2012, Issue 5 [cited 2015 June 15].
Full-text available:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001141.pub4/pdf/standard>
See: Type of support, page 20

Randomized Controlled Trials

3. Fu IC, Fong DY, Heys M, Lee IL, Sham A, Tarrant M. Professional telephone support for first-time breastfeeding mothers. BJOG 2014 Dec;121(13):1673-83.
[PubMed: PM24861802](#)
4. Seguranyes G, Costa D, Fuentelsaz-Gallego C, Beneit JV, Carabantes D, Gomez-Moreno C, et al. Efficacy of a videoconferencing intervention compared with standard postnatal care at primary care health centres in Catalonia. Midwifery. 2014 Jun;30(6):764-71.
[PubMed: PM24016553](#)
5. Carlsen EM, Khynaeb A, Renault KM, Cortes D, Michaelson KF, Pryds O. Telephone-based support prolongs breastfeeding duration in obese women. Am J Clin Nutr. 2013 Nov;98(5):1226-32.
[PubMed: PM24004897](#)

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

6. Grawey AE, Marinelli KA, Holmes AV, Academy of Breastfeeding Medicine. ABM clinical protocol #14: breastfeeding-friendly physician's office: optimizing care for infants and children, revised 2013. Breastfeed Med. 2013 Apr;8(2):237-42.
NGC summary available:
http://www.guideline.gov/content.aspx?id=46908&search=breastfeeding+and+tele*
[PubMed: PM23573799](#)
See: Recommendation 10

PREPARED BY:

Canadian Agency for Drugs and Technologies in Health

Tel: 1-866-898-8439

www.cadth.ca

APPENDIX – FURTHER INFORMATION:

Systematic Reviews and Meta-analyses

Inclusion of Telehealth Interventions Unclear

7. Bevan G, Brown M. Interventions in exclusive breastfeeding: a systematic review. [Br J Nurs](#). 2014 Jan 23-Feb 12;23(2):86-9.
[PubMed: PM24464112](#)
8. Skouteris H, Nagle C, Fowler M, Kent B, Sahota P, Morris H. Interventions designed to promote exclusive breastfeeding in high-income countries: a systematic review. *Breastfeed Med*. 2014 Apr;9(3):113-27.
[PubMed: PM24568270](#)

Internet-Based Breastfeeding Support

9. Giglia R, Binns C. The effectiveness of the internet in improving breastfeeding outcomes: a systematic review. *J Hum Lact*. 2014 May;30(2):156-60.
[PubMed: PM24646682](#)

Non-Randomized Studies – Alternate Outcomes

10. Habibi MF, Nicklas J, Spence M, Hedberg S, Magnuson E, Kavanagh KF. Remote lactation consultation: a qualitative study of maternal response to experience and recommendations for survey development. *J Hum Lact*. 2012 May;28(2):211-7.
[PubMed: PM22344851](#)
11. Rojjanasrirat W, Nelson EL, Wambach KA. A pilot study of home-based videoconferencing for breastfeeding support. *J Hum Lact*. 2012 Nov;28(4):464-7.
[PubMed: PM22802355](#)

Additional References

12. Public Health Agency of Canada (PHAC) and Breastfeeding Committee for Canada. Protecting, promoting and supporting breastfeeding: a practical workbook for community-based programs [Internet]. Ottawa (ON): PHAC; 2014 [cited 2015 June 15]. Full-text available:
<http://www.breastfeedingcanada.ca/documents/Breastfeeding%20Workbook%202014.pdf>
See: Strategy 6: Sustain Support Beyond Initiation, page 11
13. Breastfeeding Committee of Canada (BCC). BFI integrated 10 steps practice outcome indicators for hospitals and community health services [Internet]. Drayton Valley (AB): BCC; 2012 [cited 2015 June 15]. Full-text available: http://www.breastfeedingcanada.ca/documents/2012-05-14_BCC_BFI_Ten_Steps_Integrated_Indicators.pdf
See: Appendix 10.1: Continuum of Care Checklist, page 38

14. Walker E, DeVouge L, Chang D, Notten L. Effect of peer support on breastfeeding initiation, duration and exclusivity: evidence for public health decision making [Internet]. Brampton (ON): Peel Region Health Authority; 2012 [cited 2015 June 15]. Full-text available: <http://www.peelregion.ca/health/library/pdf/BF-Peer-Support-July2012.pdf>
See: Key Take Home Messages, page 1