Breastfeeding peer counseling: from efficacy through scale-up
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CRD summary
The authors concluded that breastfeeding peer counseling initiatives were effective and can be scaled up in both
developed and developing countries as part of well-coordinated national breastfeeding promotion or maternal-child
health programmes. The reliability of the conclusions is uncertain due to weaknesses in the review processes (risk of
error and bias, unclear study quality and potential for publication bias).

Authors’ objectives
To assess the effectiveness of breastfeeding peer counseling in improving rates of breastfeeding initiation, duration,
exclusivity, maternal and health outcomes, and scale-up activities.

Searching
PubMed, Web of Science and The Cochrane Library were searched up to September 2008. Search terms were reported.
Reference lists of relevant articles and the authors’ personal files were handsearched. Papers published in English,
French, Spanish and Portuguese were considered.

Study selection
Randomised controlled trials where breastfeeding was the main focus of the peer counseling were eligible for inclusion.
Studies where the intervention exclusively used professional health workers such as nurses or where the intervention
was not primarily focused on breastfeeding were excluded. For evidence on scale-up of breastfeeding peer counseling, randomised controlled trials that evaluated breastfeeding interventions or development/evaluation of regional/national
breastfeeding peer counseling programmes or programmes that included a peer counseling component were eligible for
inclusion. Outcomes assessed were breastfeeding rates, duration, exclusivity and mother and infant health outcomes.

Study settings varied; some studies were of low-income women. Interventions that included at least three contacts,
provided both prenatal and postpartum support and delivered most contacts in person were considered high intensity.
Interventions that contained only prenatal education or where postpartum contact was primarily via telephone support
were considered low intensity. The content, duration and curriculum of the peer counseling protocols varied. Limited
details of peer counselor activities were reported in most studies. Contact in most studies was in person. Infant feeding
practices, health care access and delivery, and availability of breast milk substitutes were varied in the included studies.

An expert panel of four lactation reviewers selected studies for inclusion; the authors did not report how disagreements
were resolved.

Assessment of study quality
The authors did not state that they assessed study quality.

Data extraction
Data on the interventions (peer counseling programmes, scaling-up activities) and outcome measures were extracted.

The authors did not state how data were extracted.

Methods of synthesis
Results of included studies were described in a narrative synthesis.

Results of the review
Twenty-five studies were included: breastfeeding initiation (n=4,116 participants); breastfeeding rates (n=2,532);
exclusive breastfeeding rates (n=5,465).
Initiation (seven studies): High-intensity peer counseling interventions were significantly associated with increased rates of initiation of breastfeeding in three of four studies. Three low-intensity interventions showed no significant difference between intervention and control groups.

Duration (13 studies): High-intensity peer counseling interventions were associated with increased rates of initiation of breastfeeding in five out of nine studies; only one out of five low-intensity peer counseling interventions achieved the same.

Exclusive breastfeeding (12 studies): Peer counseling interventions were associated with significant increases in exclusive breastfeeding rates in seven RCTs specifically designed to evaluate the effectiveness of peer counseling. Mixed results were found in studies not specifically designed to evaluate effectiveness of peer counseling.

Health outcomes (five studies): Breastfeeding peer counseling interventions were associated with significant reductions in rates of infant diarrhea in four of the five studies. Breastfeeding peer counseling intervention, compared to control, was associated with a significantly longer duration of lactation-induced maternal amenorrhea (one study).

Scale-up: Implementation of scaling-up interventions (details reported in paper) were associated with significant improvement in rates of timely initiation of breastfeeding and exclusive breastfeeding. Further results suggested that it was cost-effective to scale-up breastfeeding peer counseling as part of national breastfeeding promotion efforts (it was unclear whether these studies met the review inclusion criteria).

Authors' conclusions
Breastfeeding peer counseling initiatives were effective and could be scaled up in both developed and developing countries as part of well-coordinated national breastfeeding promotion or maternal-child health programmes.

CRD commentary
The review question was clearly stated. Three databases were searched for papers written in English, French, Spanish and Portuguese; relevant studies may have been missed. Study selection was conducted in duplicate, which minimised risks of error and bias; it was unclear whether a similar process was used in data extraction. The quality of included studies was unclear as study validity was not assessed. The decision to describe results in a narrative synthesis was supported by significant study differences. The evidence on the effectiveness of scale-up activities should be interpreted with caution since it was unclear whether summarised studies met the review inclusion criteria.

Limitations in review processes (risk of error and bias, unclear study quality, potential for language and publication biases) make the reliability of the conclusions uncertain.

Implications of the review for practice and research
**Practice:** The authors did not state any implications for clinical practice.

**Research:** The authors stated that future breastfeeding peer counseling studies should document components of counseling training programmes, define breastfeeding outcomes, use standard definitions of exclusive breastfeeding, assess maternal and child health outcomes, assess effects in non-low income populations and define optimal scaling-up strategies.

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**Bibliographic details**

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.