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Proactive telephone support for breastfeeding women in disadvantaged areas provided by a postnatal ward feeding support team

Submission date
29/06/2010

Recruitment status
No longer recruiting

Registration date
02/08/2010

Overall study status
Completed

Last Edited
19/09/2013

Condition category
Pregnancy and Childbirth

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
2010PH001

Study information

Scientific Title
Proactive telephone support for breastfeeding women in disadvantaged areas provided by a postnatal ward feeding support team: A nested, pilot, randomised controlled trial

Acronym
FEST (FEeding Support Team Study)

Study objectives
1. Is additional pro-active (health service initiated) telephone breastfeeding support offered to women living in disadvantaged areas after hospital discharge feasible and likely to be more effective than reactive telephone support at increasing the proportion of women who are breastfeeding exclusively at 6-8 weeks?
2. Is it feasible to have a dedicated feeding team, with skill mix, based on a postnatal ward to deliver feeding support to women on the ward and a telephone support service for up to 2 weeks to breastfeeding women after hospital discharge?
3. What are the opportunities and barriers to implementing the above two interventions?

Ethics approval required
Old ethics approval format

Ethics approval(s)
North of Scotland Research Ethics Committee approved on the 23rd of April 2010 (ref: 10/S0801 /22)

Study design
Single centre pilot randomised controlled trial embedded within a mixed methods action research study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Breast feeding

Interventions
A multi-skilled feeding team will be set up to provide breastfeeding support on the postnatal ward and deliver a pilot RCT of pro-active/reactive telephone support after hospital discharge.

All trial participants:
Specialised feeding support team care on the postnatal ward including watching a breast feed.
Ability for patients to telephone the feeding support team for up to 2 weeks after hospital discharge.
Intervention arm:
In addition, pro-active (feeding team initiated) daily telephone calls following hospital discharge for 1 week, with the option to continue for an extra week unless she chooses to withdraw from the study or stops breastfeeding before then.

RCT embedded within a before (3 months) and during the feeding support team intervention (3 months) audit of any breastfeeding (initiation and at 6-8 weeks after birth)

1. Steering group to oversee the project
1.1. Steering group of lay and professional representatives to meet every 4 weeks (recorded). Reflective action cycles. PH to chair.
1.2. Identify pregnant women due to deliver during the feeding team intervention and send information leaflets when they are 32-36 weeks pregnant
1.3. Map existing care pathways and resources for breastfeeding in Grampian to optimise the fit between the new feeding team and existing care.
1.4. Develop a triage system to assess need and provide other non-telephone support when required

2. Feeding team member characteristics
2.1. Feeding team members should
2.1.1. have personally breastfed
2.1.2. be trained and up to date in breastfeeding management ideally to UNICEF level
2.2. The team composition to be decided through the action research process. It might include midwives, nursery nurses, maternity aids, peer supporters.

3. Feeding team roles
3.1. To identify women initiating breastfeeding and living in eligible postcodes (list drawn up by the research team) and gain informed consent to participate
3.2. To watch a complete breastfeed for all women prior to hospital discharge and provide breastfeeding support on the ward for all consenting women
3.3. Document feeding method at discharge. If breastfeeding and they consent to the RCT they will be randomised immediately after hospital discharge
3.4. Immediately after hospital discharge, the feeding support team will access a web based independent randomisation system set up by CHART, a registered clinical trials unit at the University of Aberdeen, and they will be informed whether the woman is in the intervention (proactive daily phone calls) or control (no further intervention women can phone the team) arm
3.5. All women randomised to the telephone support trial will be able to initiate phone calls to the feeding team for the first 2 weeks after hospital discharge
3.6. In the intervention arm, maximum support would be pro-active (feeding team initiated) daily telephone calls following hospital discharge for 1 week, with the option to continue for an extra week unless she chooses to withdraw from the study or stops breastfeeding before then
3.7. Triage to other care pathways if indicated, including a face to face assessment at a mutually convenient time and place e.g. assessment of positioning and attachment
3.8. Complete a telephone and patient contact time log
3.9. Attend steering group meetings

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Any breastfeeding at 6-8 weeks after birth

Key secondary outcome(s))

1. Exclusive breastfeeding at 6-8 weeks after birth
2. Satisfaction with hospital care
3. Satisfaction with care after discharge home
4. Process evaluation - qualitative interview data
5. Health Economic evaluation
All outcomes to be assessed at 6-8 weeks after birth using modifications of the tools used in the BIG trial (ISRCTN44857041; see http://www.controlled-trials.com/ISRCTN44857041)

Completion date
20/12/2010

Eligibility

Key inclusion criteria
Women living in the three most disadvantaged postcode area quintiles of the Scottish Index of Multiple Deprivation, who initiate breastfeeding while on a postnatal ward and consent to participate.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
Female

Key exclusion criteria
1. Serious maternal medical or psychiatric problems
2. Serious infant health problems
3. Language problems that cannot be resolved through the use of language line

Date of first enrolment
26/07/2010

Date of final enrolment
20/12/2010

Locations

Countries of recruitment
United Kingdom

Scotland

Study participating centre
Senior Clinical Research Fellow and GP
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Sponsor information

Organisation
University of Aberdeen (UK)

ROR
https://ror.org/016476m91

Funder(s)

Funder type
Government

Funder Name
NHS Grampian (UK) - Chief Executive Letter (CEL) 36: Nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas (funding allocation 2008 - 2011) (ref: 2010PH001)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	24/04/2012		Yes	No
Results article	process evaluation results	25/04/2012		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes