

Evaluation of a peer counselling program to promote increased duration and exclusivity of breastfeeding

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| Submission date 28/07/2007 | Recruitment status No longer recruiting | <input type="checkbox"/> Prospectively registered |
| Registration date 09/08/2007 | Overall study status Completed | <input type="checkbox"/> Protocol |
| Last Edited 31/12/2020 | Condition category Pregnancy and Childbirth | <input type="checkbox"/> Statistical analysis plan |
| | | <input checked="" type="checkbox"/> Results |
| | | <input type="checkbox"/> 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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Evaluation of a peer counselling program to promote increased duration and exclusivity of breastfeeding

Acronym

PC SUPPORT

Study objectives

Peer counsellor support consisting of a postpartum hospital visit and subsequent telephone contact can increase the exclusivity and duration of breastfeeding at six months

Ethics approval required

Old ethics approval format

Ethics approval(s)

Hospital Ethics Committee, Princess Margaret Hospital, 23/10/2001, ref: 01-48

Study design

Quasi-randomised controlled trial of a peer counselling intervention

Primary study design

Interventional

Secondary study design

Non randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Other

Participant information sheet

Health condition(s) or problem(s) studied

Breastfeeding promotion

Interventions

The eligible mothers were allocated, on an alternating basis, to one of the two ward areas, (subject to bed availability): a Peer Counsellor ward area or a control ward area. The peer counsellors were asked to only see mothers allocated to the peer counsellor ward area during the study period. Although this was done to avoid the potential influence of placing a control mother next to mother receiving peer counsellor advice, the strategy had the effect of preventing a true randomisation of mothers as enrolment occurred after allocation to these ward areas. All potentially eligible mothers were screened by one of our team members on the day of discharge. Peer counsellor group mothers needed to have had at least one peer

counsellor hospital visit and they were recruited even if they had given up breastfeeding prior to discharge to avoid over-estimating any potential benefit of the peer counsellor intervention. As the numbers of potential control group mothers exceeded the number of potential peer counsellor mothers, computer generated random number lists were used for the selection of control mothers.

As part of the hospitals peer counsellor volunteer programme, mothers were visited by a peer counsellor postpartum on an ad hoc basis. The peer counsellor would provide mothers with information on the benefits of exclusive breastfeeding, breastfeeding during illness, basic lactation anatomy and physiology, positioning and latching-on, common myths, problems and solutions, healthy breastfeeding patterns, maternal concerns, milk expression and storage, and sources of social and community support. If a mother was subsequently recruited into the peer counsellor intervention group, she would in addition receive seven regular telephone consultations from a peer counsellor (at 24 hours, 4 days, 1 week, 2 weeks, 1 month, 2 and 4 months post discharge). These contacts were discontinued at any time if the mother decided to completely stop breastfeeding her infant. The peer counsellors were allowed to provide more frequent telephone support if necessary. The control group mothers would not receive a peer counsellor visit or any phone contacts. They would receive the usual postnatal care and breastfeeding advice which included antenatal education.

All mothers (both peer counsellor and control groups) were contacted by the research nurse at 5 days, 3 and 6 months after delivery for data collection.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

1. Breastfeeding duration
2. Breastfeeding exclusivity, assessed at 5 days, 3 and 6 months

Secondary outcome measures

Recruitment data were collected through a structured interview, after obtaining signed informed consent and included information on the following:

1. Mother's obstetric and breastfeeding history
2. Current feeding method
3. Preparation for breastfeeding
4. Lactation problems
5. Breastfeeding support network
6. Breastfeeding duration plan
7. Breastfeeding confidence level
8. Breastfeeding knowledge (pre-test)
9. Information on hospital practice postpartum related to the "ten steps" of the Baby Friendly Hospital Initiative
10. Demographic information
11. Infant formula supplementation (if any)

Each study mother was followed for 6 months after they returned home. Follow-up interviews, regardless of whether mothers had changed their feeding methods, were scheduled at 5 days, 3

and 6 months post discharge. Information collected at these interviews included current feeding practices, feeding problems, baby's health, use of pacifier, infant formula advertisement exposure, and other factors likely to influence feeding choice.

Overall study start date

15/11/2001

Completion date

30/11/2002

Eligibility

Key inclusion criteria

Mothers were eligible for inclusion in the study if they were Cantonese-speakers, healthy and had had a vaginal delivery of a full term healthy infant. It was required that mothers planned to stay in Hong Kong for 6 months postpartum, and that they expressed an intention to breastfeed upon admission to the postnatal unit.

Participant type(s)

Patient

Age group

Adult

Sex

Female

Target number of participants

200 (100 per group)

Total final enrolment

200

Key exclusion criteria

If mothers allocated to peer counsellor group area had not received a visit by a peer counsellor at the time of enrollment.

Date of first enrolment

15/11/2001

Date of final enrolment

30/11/2002

Locations

Countries of recruitment

Hong Kong

Study participating centre
The Department of Paediatrics
Shatin
Hong Kong
NT

Sponsor information

Organisation

The Chinese University of Hong Kong, Department of Paediatrics (Hong Kong)

Sponsor details

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Sponsor type

Government

ROR

<https://ror.org/00t33hh48>

Funder(s)

Funder type

Government

Funder Name

The postgraduate student undertaking the study was supported by a research studentship from the Research Grants Council, Hong Kong.

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

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 | 20/09/2007 | 31/12/2020 | Yes | No |