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

Submission date	Recruitment status	[_] Prospectively registered
28/07/2007	No longer recruiting	[_] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
09/08/2007	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
31/12/2020	Pregnancy and Childbirth	

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)

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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