

**Response to Kim et al. "Effect of Postpartum Breast-Feeding Support on Breast-Feeding Practices" (2016-LT-17341)**

Sir:

We would like to thank Kim et al. for their positive comments on our article on professional breastfeeding support to improve exclusive breastfeeding rates. We are further encouraged that our study findings have influenced clinical practice in the authors' hospital and have contributed to improved breastfeeding outcomes.

Early postpartum breastfeeding support is critical for new mothers, especially primiparas who lack breastfeeding experience and often have no breastfeeding role models. The best way of delivering this breastfeeding support has been debated, and different interventions have been tested in a variety of settings. In our study, we compared usual care with in-hospital postpartum support and telephone support after hospital discharge. While both were beneficial in improving breastfeeding rates, to our surprise, the effect of telephone support was greater. In Asia, because of prevailing postpartum cultural practices, women usually refrain from going outside the home in the first month after birth. Therefore, in these populations, breastfeeding telephone support may provide both practical and emotional support at a critical time. Other studies of professional telephone support in non-Asian countries have shown no significant effect on breastfeeding rates.<sup>1, 2</sup> Therefore, it is likely that there is no 'one-size fits all' approach to breastfeeding support and cultural and contextual factors are important in developing effective support interventions.

While we agree with Kim et al. that the first month postpartum is the critical time point for providing breastfeeding support, it is also necessary to examine the benefits of extending breastfeeding support beyond this period if we are to substantially improve exclusive breastfeeding rates. In our study, although there was an improvement in exclusive breastfeeding rates in the telephone support group across the 6-month study period, the effect was greatest at one month postpartum, the time frame that the support was provided. Studies of breastfeeding support have shown that professional support interventions improved breastfeeding rates at 1 to 2 months postpartum, but the effect was not sustained at 4 to 6 months postpartum and the interventions had minimal effect on

exclusive breastfeeding rates.<sup>3</sup> Therefore, further interventions are needed that can effectively improve exclusive breastfeeding rates in the first six months postpartum to ensure that infants are exclusively breastfed for the recommended length of time.

We would encourage Kim et al. to develop further and rigorously test their professional breastfeeding support intervention with a larger sample. Telephone-based interventions can be a cost-effective strategy to deliver breastfeeding support once new mothers have left the hospital.<sup>4</sup> Furthermore, with the substantial improvements in digital communication methods, other strategies such as text messaging and video chat can readily be incorporated into telephone support to enhance and sustain intervention effectiveness.

#### References:

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2. Bunik M, Shobe P, O'Connor ME, Beaty B, Langendoerfer S, Crane L, et al. Are 2 weeks of daily breastfeeding support insufficient to overcome the influences of formula? *Acad Pediatr*. 2010 Jan-Feb;10(1):21-8.
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4. Dennis CL. Health professionals need to target exclusive breastfeeding. *BJOG*. 2014 Dec;121(13):1684.