

## **Abstract for the 12<sup>th</sup> Nordic Public Health Conference**

**Title:** Focused support improves breastfeeding in an early discharge setting – a cluster randomized study

**Type of presentation:** Oral presentation

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**Background and aim:** Length of postnatal hospitalization has decreased and shortened hospital stay has been shown to be associated with infant nutritional problems and increase in readmissions. Health professionals at hospitals lack clinical guidelines which take into account that early discharge is the norm. We aimed to develop and evaluate the effects of a simple breastfeeding programme adapted to the early discharge hospital setting on maternal self-efficacy, breastfeeding duration and infant readmission.

**Theoretical framework and methods:** Intervention Mapping, a method for development of health promotion complex interventions was used as inspiration during the development of the breastfeeding programme. The evaluation was designed as a cluster randomized trial. Maternity wards in Denmark were assigned to intervention or usual care. Women were eligible if they expected a single infant, intended to breastfeed, were able to read Danish, and expected to be discharged within 50 hours postnatally.

**Results:** A theory and evidence based breastfeeding programme was developed and implemented. Between April 2013 and August 2014, 2065 and 1476 mothers were recruited from intervention and reference wards, respectively. Six months following birth the programme showed an adjusted OR of 1.36, 95% CI 1.02-1.81 of exclusive breastfeeding and an adjusted OR 0.55, 95% CI 0.37-0.81 of readmission of new-borns in favour of the new programme. The intervention did not affect maternal breastfeeding self-efficacy.

**Conclusion:** In an early discharge hospital setting a focused breastfeeding program increased exclusive breastfeeding at six months postnatally, and decreased infant readmission. This indicates the importance of matching today's breastfeeding promotion programmes to the context of early discharge.

**Implications for further research, policy or practice:** Further research might include a cost effectiveness analysis to guide policy makers to further dissemination of the programme. Likewise, it would be relevant to evaluate the effect of the programme in disadvantage groups.

### **Key references:**

Victora et al. Lancet 2016;387:475-90

Rollins et al. Lancet 2016;387:491-504