Cochrane Consumers and Communication Review Group

Proposal for a new Cochrane Review

Please email your completed form to the Group's acting Managing Editor, Dr. Sue Cole, at sue.cole@latrobe.edu.au, together with brief CVs (up to 3 pages each) for all authors.

Before completing this form:

- **Make sure that your proposal falls within the Consumers and Communication Group's scope, and that it has not already been covered in another Cochrane review. Check existing registered titles and reviews at:** www.cochrane.org/reviews/en/topics.
- **Note that all authors must read and follow the *Cochrane Handbook for Systematic Reviews of Interventions* (see** www.cochrane.org/resources/handbook**).**
- **Be aware that preparing a Cochrane review requires a significant, long-term commitment. At least two review authors are required before a title can be registered. Note the expectations of Cochrane review authors at** http://www.cochrane.org/editorial-and-publishing-policy-resource/managing-expectations
- **Your review team should involve the following skills: someone who is an experienced Cochrane review author, someone with topic expertise in the title you are registering, someone with statistical and methodological expertise, as well as someone who should have either first language English or a very high standard of written English.**
- **The Consumers and Communication Review Group reserves the right to withdraw a review at any stage of the editorial process; if we have good reason to do so.**

SECTION A

Link to NOTES for section A.

Proposed Title (using standard format) *(See notes and section 4.2.1 of the Handbook)*

Factors that influence women's engagement with breastfeeding support: a qualitative evidence synthesis.

Contact Author Name *(the contact person for the review, see section 4.2.3)*

Theresa Bengough

Motivation for the Review *(see notes)*

Substantial evidence is supporting the many health benefits which are associated with breastfeeding for mother and infant. Comprehensive guidelines and best practice information is available in order to

stimulate a supportive environment for breastfeeding, to facilitate the initiation of breastfeeding as well as to ensure a sufficient duration of breastfeeding in different settings (NICE, 2008; JBI, 2011) both in the context of medical clinics and facilities as in primary health care. On the primary research level the urge for support of a breastfeeding-friendly postnatal environment has been stressed in recently conducted research projects (Jonas et al, 2008; Hoddinott et al, 2013; Salone et al, 2013).

On the synthesis level, the Cochrane Database of Systematic Reviews contains several reviews with a particular focus on breastfeeding support. Most of these reviews have been published by the Cochrane Pregnancy and Childbirth Group. The review by Dyson et al (2005) focused on the effectiveness of support or other interventions for breastfeeding mothers. Abdulwadud and Snow (2012) assessed the effectiveness of workplace interventions to support and promote breastfeeding among women returning to paid work after the birth of their children, and its impact on process outcomes pertinent to employees and employers, but found no RCTs addressing the topic of breastfeeding in a work based setting.
Kramer et al conducted a Cochrane review of effectiveness on the optimal duration of exclusive breastfeeding, which was first published in 2002 and updated in 2012 (Kramer et al, 2012). Sikorski and colleagues have conducted a systematic review on support for breastfeeding mothers in 2002. This review has been updated and republished in 2002, 2007 and 2012, focusing on the effectiveness of support for breastfeeding mothers (Sikorski et al, 2002; Britton et al, 2007; Renfrew et al, 2012). A protocol of a Cochrane review on the effects of baby-led versus scheduled breastfeeding on the continuation of breastfeeding for healthy newborns was published in 2011 (Fallon, 2011). In addition, several other reviews include topical information on breastfeeding, e.g. the review by Glenton (Glenton et al, 2013). They gathered evidence on the fact that lay health worker programmes can effectively deliver key maternal and child health interventions, including interventions to increase for instance childhood immunisation rates or breastfeeding. The researchers included and examined six studies in their review in which the lay health workers' main task was to offer breastfeeding advice and support.

Despite the availability of high quality evidence on the benefits of breastfeeding support and the efforts made to implement support programs, breastfeeding rates are still modest. In Europe for example, initiation rates are quite high in Spain and the UK (approx. 80%), but the proportion of children who are exclusively breastfeed at 3 months drops down to 40% in Spain and 20% in the UK (OECD, 2009). The ranges for other European countries show a similar decrease from initiation to continuation rates (OECD, 2009). Research evidence further shows that initiation and continuation rates are lower among families from lower socio-economic groups (Health Development Agency, 2004). This suggests a need to study factors influencing breastfeeding initiation and duration beyond the characteristics or intrinsic qualities of the support programs themselves. A good look into contextual factors that facilitate or constrain the responsiveness to, engagement[1] and satisfaction with breastfeeding support is warranted. We intend to investigate these factors, hereby complementing the content of existing reviews of effectiveness on breastfeeding support. We expect that the findings of our review will inform how interventions could be improved and how we can further align them with women's needs.

So far, there is only one Cochrane review synthesizing qualitative evidence related to the provision of support: the review by Glenton and colleagues mentioned above that focused on lay health worker support (Glenton et al, 2013). It evaluates support in a broader context of access to maternal and child health and

[1] We define engagement as a context-dependent, psychological state characterized by fluctuating intensity levels. It occurs within dynamic, iterative engagement processes but does not equal involvement or participation only. Instead, it compromises cognitive and emotional as well as behavioural dimensions. One of the core characteristics we emphasize is the necessity of a process of relational exchange to allow any engagement to occur, hence the focus on interactive components of support rather than logistics and material support (Brodie et al, 2011).

contains primary studies related to breastfeeding. It can serve as a model for the review we will be developing. Since none of the above mentioned protocols or reviews has been articulated in terms of investigating the impact of factors that may facilitate or constrain women's engagement with breastfeeding support or how they generally respond to them, we will primarily focus on barriers and facilitators that influence their attitudes and behaviour.

A number of reviews exploring barriers and facilitators towards breastfeeding have been published elsewhere. In our review, we will focus specifically on breastfeeding support. Breastfeeding support covers a variety of interventions. Renfrew et al (2012), for example, have highlighted the fact that it includes travel support and logistic support as well as educational and informational interventions.
In our qualitative synthesis, breastfeeding support will be defined in terms of human actions and interactions, or relational exchange, for example providing *reassurance, praise, information, education, and creating opportunities to discuss and to respond to the mother's questions.* With relational exchange we mean that support should go beyond merely providing logistics to facilitate breastfeeding, such as providing a room or a fridge at the mother's workplace etc. The type of evidence collected in our review does include participants' satisfaction with any of the support programs or components provided, for instance the quality of the support delivered by others in terms of level of training, demographic and professional characteristics of the provider. This definition is in line with the one provided by Renfrew (and specified in this registration form in section (e)). Our qualitative evidence synthesis shall be linked to the reviews by Renfrew and Dyson (Dyson et al, 2005; Renfrew et al, 2012). This will allow us to increase and broaden the understanding of how the available support is perceived and experienced by mothers and mothers-to-be, the two target groups we intend to cover in our review.

Contact with the authors of the relevant Cochrane reviews of effectiveness has recently been established. We explored their interest in co-authoring our review. Both teams are happy for us to take the qualitative evidence synthesis forward and expressed an interest to serve as consultants rather than co-authors.

Description of Proposal *(see Handbook chapter 5)*

(a) Objective

The overall objective is to undertake a qualitative evidence synthesis and integrate it with two Cochrane reviews on effectiveness of breastfeeding support (Renfrew et al, 2012; Dyson et al, 2005). We intend to identify contextual factors that influence women's engagement with breastfeeding support. Our review questions are the following:

1. *How do mothers and mothers-to-be perceive or experience breastfeeding support?*
    a. *Which contextual factors influence women's overall engagement and responsiveness to breastfeeding support services or programs?*
    b. *Which contextual factors influence women's satisfaction with breastfeeding support services or programs?*
    c. *Which barriers or facilitators may have an impact on the choice of women to engage with or take part in breastfeeding support?*
2. *What are potential matches and mismatches that can be identified between women's needs and the way breastfeeding support services or programs are rolled out?*
    a. *What do women consider the right moment to initiate support (antenatal vs. postnatal)?*
    b. *How long is support needed as perceived by women?*
    c. *What type of support or which components are appreciated or lacking?*
3. *What other benefits do women get from a support program apart from breastfeeding initiation and duration? (Example sub-questions: Do breastfeeding support services or programs make women more resilient to challenge the attitudes of their partners, families, or other social environment? Do they increase self-confidence?)*

<u>The specific objectives are:</u>

- to identify and synthesize qualitative studies exploring factors that facilitate or constrain the engagement and satisfaction with breastfeeding support in two phases:

  i) initiation (antenatal phase)

  ii) continuation (postnatal phase)

- to identify characteristics of the populations, interventions or outcomes (e.g. relevant subgroups, outcome measures, questions that need to be taken into account) that may be important to consider in future updates of the linked Cochrane reviews of effectiveness (Dyson et al, 2005; Renfrew et al, 2012);
- to provide suggestions on how to improve breastfeeding support programs to increase the level of satisfaction of women with support and to better match the expectations and needs of women.

(b) Rationale for review

Breastfeeding plays an important role in public health. A growing body of evidence has revealed various health benefits (American Academy of Paediatrics, 2012) of breastfeeding in terms of maternal and child health. The World Health Organization (2009) presents optimal breastfeeding as one of the most effective interventions in child public health. Longstanding evidence of good quality is available that attempts to support women to breastfeed and to keep it up. The WHO's recommended breastfeeding period of 6 months is based on evidence delivered by amongst others NICE: "Recent National Institute for Health and Clinical Excellence (NICE) guidance on modelling the cost effectiveness of breastfeeding to the UK National Health Service (NHS) estimates that peer support which achieves an estimated 20 percentage point increase in breastfeeding initiation would save the NHS money over the long term (NICE, 2007). The model suggests that such a scheme would avert 2.7 per 10,000 cases of pre-menopausal breast cancer in mothers and 285 per 10,000 cases of infections requiring hospitalisation in the first year of life. At the current NICE threshold for cost per quality-adjusted life year (QALY) gained (£20,000-£30,000), it estimates that expenditure on breastfeeding support would be justified in competition with other demands on NHS resources by an increase in initiation rates of about 15 percentage points." (Dyson et al, 2005, page 3).

Yet, as already highlighted, initiation rates leave room for improvement and continuation rates are low on an international level and many women worldwide choose to use formula to feed their babies. As outlined above, initiation rates (for example less than 80% in Spain and the U.K. in 2005) decrease dramatically after 3 months of exclusive breastfeeding (ranging from 40% in Spain to less than 20% in the U.K. in 2005), regardless of all efforts. The ranges for other European countries show a similar decrease from initiation to continuation rates (OECD, 2009). Research evidence further shows that initiation and continuation rates are lower among families from lower socio-economic groups (Health Development Agency, 2004). Explanations for why these differences exist vary and include the impact of potential negative attitudes towards breastfeeding of partners, family or close friends, or societal attitude towards breastfeeding in public or within employment environment (Johnston and Esposito, 2007; Arora et al 2000). Hence it is valuable to look into potential side benefits (or harms) from breastfeeding support programs as well, for instance the fact that they might have an influence on women's resilience towards their environment by providing them with meaningful resources in order to position themselves in or challenge thoughts and prejudices of their partners, family and society. Other reasons for why include breastfeeding rates vary between countries and populations include socio-cultural, personal, social and structural factors (Brand et al, 2011; Ajetunmobi and Whyte, 2012).

Evidence from qualitative research does not only provide insights in barriers and facilitators experienced, in attitudes and perceptions of women, and in their engagement in and satisfaction with support programs proposed. These studies are also meant to give a voice to those who are subjected to the interventions. It allows them to share concerns and suggestions that tap into their specific needs. They inform researchers and policy makers about whether an intervention works or not, in which situations and for which particular populations, and at the same time creates emancipatory potential in the target group.

Our review is intended to supplement two reviews of effectiveness which did not consider any qualitative research evidence (Dyson et al, 2005; Renfrew et al, 2012). For instance, in the Renfrew review, the authors assessed the effectiveness of extra breastfeeding support (compared with usual maternity care) from professionals or from trained lay people or both for breastfeeding mothers. They concluded that support provided by professionals to mothers leads to an increase in duration of breastfeeding, but maternal satisfaction of this support or the level of engagement, responsiveness or satisfaction with this support was

not examined. The authors recommend in their discussion section that this extra support delivered should be tailored to mothers' needs and views.(Renfrew et al, 2012) The Dyson et al review examined the effectiveness of interventions aiming to encourage women to breastfeed and came to the conclusion that support (amongst other interventions) showed improvements in terms of numbers of breastfeeding women(Dyson et al, 2005). Providing hypothetical statements such as the potential of needs-based and informal educational programs to increase the numbers, the review however, does not systematically inventory suggestions or experiences from women themselves.

We acknowledge that linking one qualitative evidence synthesis to more than one review of effectiveness is part of an experimental trajectory. We hope to provide Cochrane review groups with suggestions on how to deal with this situation in future review projects.
If the findings allow for it, an integration of qualitative and quantitative evidence will be presented in the end phase, most likely as a logic model linking potential facilitators and barriers that constrain women's engagement with support and their experience shaping their attitude and beliefs to the expected breastfeeding outcome. Alternatively, we will work with the authors of both reviews of effectiveness to ensure that the qualitative evidence will be incorporated when their reviews will be updated next. We therefore propose to use a contingent type of mixed method study that allows us to present the synthesis as the final product or using its findings to be combined with those of the linked reviews of effectiveness.

We believe that it is important to identify factors that lead to low or high initiation and continuation rates, as well as interventions that might be considered useful from mothers' point of view, but are (partly) underused or problematic in the way they have been set up. We think such information allows us to explain variations in practice and research results. The cultural context needs to be explored to get an understanding why women actually (do not) take part in breastfeeding support. A further integration of the findings of our synthesis with the results of specific Cochrane reviews of effectiveness (Dyson et al, 2005; Renfrew et al, 2012) of breastfeeding support would enhance and extend our understanding of how complex interventions in a sensitive context like breastfeeding work and how perceptions, beliefs and attitudes may impact on engagement of women with such programs. Relevant recommendations for undertaking subgroup analyses or suggestions for potential additional outcome measures to be considered in future updates of the reviews of effectiveness will be formulated. We anticipate for example that the relevance of women's education level, their level of employment or process measures such as accurate timing and duration of interventions may play a major role in whether or not support services are successful.

(c) Types of study

We plan to include all types of empirical qualitative studies, including but not limited to grounded theory studies, phenomenological studies, narrative studies, action research studies, case studies, collaborative forms of research, and visual studies. Studies considered for inclusion will have used qualitative methods for data collection (for instance focus groups, face-to-face interviews, observations, arts based methods or document analysis) and data analysis (an appropriate method that allows to analyse text, observations, visual or narrative presentation of findings). In these studies, the data could be analysed by various approaches, such as content analysis, thematic analysis, constant comparison, or keyword analysis. Editorials, opinion papers and studies that do not provide a transparent audit trail of the methods used will be excluded from the review. The qualitative content from mixed methods studies shall be included if findings from the qualitative research arm can be extracted separately. We will consider the primary studies included in the effectiveness reviews to which this synthesis will be linked, in order to identify (a) qualitative

evidence reported alongside quantitative data about effectiveness, or (b) referred qualitative sibling studies.

In order to sample the available literature, we will include studies focusing on breastfeeding *support* but exclude studies on barriers and facilitators to breastfeeding in general. Studies exploring attitudes and views on breastfeeding support will be included as well as studies involving mothers and mothers-to-be considering support or engaging with support. Studies that consider mothers or mothers-to-be's views on breastfeeding support as part of a broader assessment will be equally included if a particular focus on support is mentioned.
To summarize, our review will focus on the link of experiences and perceptions to breastfeeding support rather to breastfeeding itself.

(d) Participants

In line with the two effectiveness reviews mentioned above we will include studies focusing on women who are about to receive support (initiation) or who receive or have received support (continuation). Participants of included studies will be mothers and mothers-to-be i.e. those women who are about to receive or have received breastfeeding support. We will also include studies on mothers-to-be in case they express their ideas of the kind of support they would like to receive. To sum it up, we will include mothers and mothers-to-be expressing themselves about breastfeeding support.

Where relevant, we will explore differences in the experiences of women in the initiation phase and those in the continuation phase. No restrictions will be placed on age, social status, ethnic background or country of recruitment.

As outlined in the subgroup section (g) below, we will consider studies involving mothers and mothers-to-be with specific health conditions. We will consider information from these studies for a potential subgroup analysis as we believe that their perspectives might vary from healthy mothers and consequently be informative.

(e) Interventions and specific comparisons to be made

In order to be considered for inclusion, studies should target breastfeeding support in the pre-natal or post-natal phase or in both.
As outlined in the appendix of this proposal, breastfeeding support covers a variety of interventions. There are inconsistencies in the ways agencies and publications describe breastfeeding support. For instance, information delivery and education are frequently described as components of support. In our review breastfeeding support will be defined in terms of human actions and interactions, or relational exchange. This means that support should go beyond merely providing logistics to facilitate breastfeeding, such as providing a room or a fridge at the mother's workplace etc. The type of evidence collected in our review also includes participants' satisfaction with any of the support programs or components provided, for instance the quality of the support delivered by others, for example in terms of level of training, demographic and professional characteristics of the providers. This definition is in line with the one provided by Renfrew below.

Our definition of support will be consistent with the one provided in the review by Renfrew et al, which we felt was the most comprehensive definition:

'Support' interventions eligible for this review could include elements such as reassurance, praise, information, and the opportunity to discuss and to respond to the mother's questions, and it could also include staff training to improve the supportive care given to women. It could be offered by health professionals or lay people, trained or untrained, in hospital and community settings. It could be offered to groups of women or one-to-one, including mother-to-mother support, and it could be offered proactively by contacting women directly, or reactively, by waiting for women to get in touch. It could be provided face-to-face or over the phone, and it could involve only one contact or regular, ongoing contact over several months (Renfrew, 2012, p.4).

We will exclude interventions on a policy level i.e. only focus on interventions that are directly addressed to women and not to health professionals.

Using the synthesised qualitative findings to supplement the Cochrane intervention reviews (Outcomes)

Included studies will focus on women's experiences of receiving some form of breastfeeding support. Consequently, the primary outcomes of our review will be engagement, satisfaction and responsiveness to breastfeeding support and the choice whether or not to engage with breastfeeding support services or programs. The latter is related to barriers and facilitators experienced by the women. Examples of topics of interest include personal, cultural, political, social, psychological and other barriers and facilitators that impact on mothers' engagement and responsiveness to support. Also factors influencing their overall satisfaction with support and equally influenced their experiences and perceptions of support are in the focus of interest. These outcomes relate to concepts including beliefs, attitudes, perceptions and experiences with breastfeeding support. With a broader perspective on breastfeeding, our primary outcomes may be considered intermediate. Ultimately, long-term outcomes of any support interventions are the continuation or duration of breastfeeding (in line with both linked effectiveness reviews). We consider those quantitative measures secondary outcomes of our qualitative evidence synthesis.
If feasible, we will present the identified factors as mediators and moderators in a logic model that outlines both the intermediary and long term outcomes. We plan to have the logic model validated by experts and lay people who will be consulted in the final phase of the review project (face validity exercise).

(g) What subgroup analysis (if any) do you intend to undertake?

See chapter 9.6 of the Cochrane Handbook for Systematic Reviews of Interventions.

The following sub-groups are potentially relevant in the context of breastfeeding support and will be considered for subgroup analysis:

- mothers-to-be,
- first-time mothers,
- mothers with specific health conditions,
- mothers of premature infants,
- mothers in employment (part-time as well as full-time) and
- mothers in low – and middle- versus high-income countries.

The methodological quality of the included primary studies will be critically appraised using the JBI QUARI

instrument (for more details regarding the choice for this instrument, please refer to section k). In a sensitivity analysis we will reanalyse high quality studies alone thus evaluating what information potentially gets lost by excluding low quality studies from our review.

(h) Other information relevant to this proposal (including relevance to wider community, and ideas for consumer input)

We believe that this review's question is of great importance to mothers worldwide. Their experiences as well as perception of factors facilitating or restraining from breastfeeding support need to be known to be able to adapt breastfeeding services, programs and policies accordingly. Sources of information that mothers use when they consider breastfeeding support or refraining from it should equally be investigated. Better knowledge on where, what and how mothers obtain relevant information will be essential to transfer and translate information about breastfeeding support to this group adequately.

We intend to invite a selected group of consumers and experts from our personal networks to comment on the final logic model generated from the review results, hereby actively seeking their opinions on the review results and any cultural sensitivity of the recommendations made. In line with existing guidance we will invite individual stakeholders to comment on the final draft of the review with a particular focus on the model development part and the implications for policy and practice part (Rees and Oliver, 2012).

A larger involvement of stakeholders does not fall within the lines of the resources and manpower available for this review.

(i) Overlap

Identify and address any issues of overlap with other reviews (Cochrane and non-Cochrane reviews, completed or in progress).

Several reviews outside of Cochrane have been identified addressing perception of breastfeeding and breastfeeding support (Fairbank et al, 2000; Mc Innes and Chambers, 2008; Schmied et al, 2009; Burns et al, 2010, Beake et al, 2012, Jolly, 2012), which clearly highlights the importance of this issue. We believe that these other syntheses demonstrate even more the need to link a rigorous qualitative evidence synthesis to already existing reviews on the effectiveness of support interventions. This will enable a better understanding of the reasons for variation in practice and variation in success rates of service programs, many of them might be related to cultural, political and personal context. It will allow us to increase and broaden the understanding of how the evaluated support interventions in the reviews can be adapted to better meet women's needs.
Additionally, we argue that the identified reviews use different in- and exclusion criteria or in other cases do not meet the methodological standards of a Cochrane review in terms of including a critical appraisal or exhaustiveness of the search (Mc Innes and Chambers, 2008; Schmied et al, 2009; Burns et al, 2010). Additionally, they are potentially too narrow in scope (e.g. for the setting defined) to be relevant in the context of the existing effectiveness reviews selected.

The review that comes closest to the scope of ours is the one by Schmied and colleagues on women's perception and experiences of breastfeeding support, published in the Joanna Briggs Institute's Library (Schmied et al, 2009). This review is methodologically sound, but excludes studies concerning family or informal support for breastfeeding while ours will include these types of support. In addition, our literature search will be more recent (Schmied et al's literature search stopped in 2007). The appraisal results of the

studies that overlap between both reviews will be transferred to our review, hence the choice for the JBI QARI instrument for critical appraisal that has been used in the Schmied review. The strength of this review is that we align our qualitative evidence synthesis with Cochrane reviews of effectiveness (Dyson et al, 2005; Renfrew et al, 2012).

Besides the review by Schmied et al several other qualitative syntheses on breastfeeding are available. We anticipate that our review's scope, criteria, target group, search dates and synthesis of findings will differ considerably from previously conducted syntheses. In particular we will add a model building component to the review, integrating aspects from the linked effectiveness reviews with the insights from the qualitative evidence synthesis. Also, we argue that the syntheses that we have identified so far may not always meet the methodological standards of a Cochrane review in terms of a transparent and comprehensive approach. We do emphasize though that these other qualitative syntheses shall be obtained and their included studies data mined and conclusions taken into account.

(j) OPTIONAL: Suggested External Peer Referees

Claire Glenton
Simon Lewin

Both suggested referees have extensive expertise with qualitative evidence synthesis within the Cochrane Collaboration. Their review has been suggested as an interesting worked example we can draw from (Glenton et al, 2013).

(k) REFERENCES

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SECTION B

Link to Notes for section B

Review author team and area of expertise (Please submit a brief CV (up to 3 pages) for each author, with this title proposal)		
	Name	**Area of expertise** (please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics)
Contact author:	Theresa Bengough	Theresa Bengough is a researcher with social science and clinical research background and affiliated with the Austrian Public Health Institute. She is enrolled in the doctoral program at the Faculty of Social Sciences at KU Leuven/ Belgium. Her research focuses on knowledge translation in medicine and early child development and child health. She is involved in the conceptualisation and teaching of the education program for family practitioners in Austria and has some teaching experiences in qualitative research methods. Theresa is an active member of the Cochrane Consumer Network, where she provides feedback on review protocols and reviews and of the Pregnancy Childbirth Group.
Co author(s) :	Karin Hannes	Karin Hannes is member of the Cochrane Qualitative and Implementation Methods Group and has extensive experience in qualitative evidence synthesis. She has contributed to the writing of the chapter "Qualitative research and Cochrane reviews" within the Cochrane Handbook for Systematic Reviews of Interventions. She is an author of the Cochrane systematic review on "Electronic retrieval of health information by healthcare providers to improve practice and patient care" and the protocol for a systematic review on "Educational interventions for improving the communication skills of general practice trainees in the clinical consultation". Furthermore, Karin co-authored a book on mixed methods research synthesis that will be published by Sage in February 2016. Additionally she has access to mixed method researchers through her research group.
	Erik von Elm	Erik von Elm is an epidemiologist and board-registered public health physician. He is co-director of Cochrane Switzerland and senior researcher at the Institute of Social and Preventive Medicine at the University Hospital of Lausanne/ Switzerland, Erik conducts Cochrane review author trainings on an ongoing basis and has extensive experience with the methodology of systematic reviews. He is also co-convenor of the STROBE initiative.
	Sabine Lins	Sabine Lins has been recently working at the German Cochrane Centre in Freiburg and has been involved in two Cochrane Reviews. She is involved in a Cochrane Review that combines quantitative and qualitative methods: Efficacy and experiences of telephone counselling for informal carers of people with dementia.
	Mieke Heyvaert	Mieke Heyvaert is a Postdoctoral Fellow of the Research Foundation - Flanders (FWO), who works at the Faculty of Psychology and Educational Sciences, KU Leuven/ Belgium. In 2012, she defended a Ph.D.

		project on mixed methods research synthesis. Her postdoctoral research focuses on the meta-analysis of single-case experiments. She authored and co-authored numerous publications on mixed methods research synthesis, meta-synthesis, and meta-analysis, in both methodological and international journals. Furthermore, she is the lead author of a book on mixed methods research synthesis that will be published by Sage in the Mixed Methods Research Series in February 2016.

Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest? NO

If yes, please give details.

The Cochrane Collaboration's general policy states, "The performance of the review must be free of any real or perceived bias introduced by receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review." As such, authors should declare and describe any present or past affiliations or other involvement in any organisation or entity with an interest in the outcome of the review that might lead to a real or perceived conflict of interest. This includes acting as an investigator of a study that might be included in this review. Authors should declare potential conflicts even if they are confident that their judgement is not influenced (see Handbook section 2.6 and http://www.cochrane.org/editorial-and-publishing-policy-resource/conflicts-interest-and-cochrane-reviews).

Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? YES.

If yes, please give details.
As mentioned above, Theresa Bengough is enrolled in a doctoral program at the Faculty of Social Sciences at KU Leuven/ Belgium. The review project is part of her doctoral project and thus tied to the overall deadlines of the PhD project.

Has the review already been carried out or published?
NO. We stress that a draft protocol has been produced already and will be updated in the upcoming months. **If yes, where has it been published?**

If the perceived conflict of interest or any author alters after signing this declaration contact the Consumers and Communication Review Group for advice, and to notify us of the change.

Roles and responsibilities

See also the more detailed task list at Chapter 9, for your own use when preparing your review. You will also find this section helpful in completing the protocol section on 'Contributions of authors' if your title is registered.

Task	Who has agreed to undertake the task?
Draft the protocol background and selection criteria	TB, KH, EvE, SL
Draft the protocol methods section	TB, KH, EvE, MH
Work with the Group's Trials Search Coordinator	TB + EvE (advice will be sought from Andrew Booth, information specialist from the CQIM-Group)

and local support to develop a search strategy	
Search for trials (usually 2 people) Obtain copies of trials	TB + content expert (involvement of authors of the Renfrew- and Dyson review group) TB
Select which trials to include (2 + 1 arbiter)	TB + shared task by other co-authors. EvE will be the arbiter
Extract data from trials (2 people)	TB + SL + shared task by other co-authors
Enter data into RevMan (1 person)	TB
Check the entered data (1 person)	TB + shared task by other co-authors
Carry out the analysis	TB
Interpret the analysis	All authors
Content expert name	tba
Statistician name (we require that your team has access to a statistician. That person should be a qualified statistician. Please name the person and state how many hours they will be able to give you approximately.	Not applicable, KH and MH will advise on methods to combine qualitative information with quantitative outcomes of the two reviews to which the synthesis will be linked.
Draft the final review text	TB, EvE, KH, SL, MH
Update the review	tbd

Link to Notes for section B

Other information

Have you or a co-author written a Cochrane systematic review before? Yes

If yes, please list the review title/s...

Karin Hannes:

1) Electronic retrieval of health information by healthcare providers to improve practice and patient care.

2) Protocol for a systematic review: Educational interventions for improving the communication skills of general practice trainees in the clinical consultation

Erik von Elm (full review & protocols):

1) Full publication of results initially presented in abstracts

2) Non-pharmacological interventions for chronic pain in people with spinal cord injury

3) Human resource management training of supervisors for improving health and well-being of employees

4) Open versus laparoscopic pyloromyotomy for pyloric stenosis

5) Interventions implemented through sporting organisations for promoting healthy behaviour or improving health outcomes

Sabine Lins (full review & protocols):

1)Protocol for a systematic review: Efficacy and experiences of telephone counselling for informal carers of people with dementia

2)Protocol for a systematic review: Pelvic floor muscle training versus other active treatments for urinary incontinence in women

Do you have access to the Cochrane Handbook for Systematic Reviews of Interventions? Yes

Have you attended a Cochrane Review training workshop? Yes

If yes, which one/s?.

1) Cochrane Reviews: Basiskurs für Autoren;
29.-31. January 2014, ISPM Zürich, Switzerland (we regularly hold ourselves 2.5 day introductory course for German-speaking review authors)

2) Systematic Review Workshop Quantitative and Qualitative approaches to Evidence Synthesis
25.-27. May 2014, Utrecht, Netherlands
27.-28. May 2015, Leuven, Belgium

If no, are you planning to? **Y/N** Which one/s (*http://www.cochrane.org/tags/news-events/workshops*)

Have you participated in Cochrane Online Learning (http://training.cochrane.org/authors/intervention-reviews/olms)? Yes

Have you installed RevMan 5, the Cochrane Review Manager software? Yes

Have you explored the Cochrane Consumers & Communication Review Group website? (http://cccrg.cochrane.org/) Yes

Underline those of the following which you have access to, plus outline any other databases you think have access to that you think you will need to search:

The Cochrane Library, MEDLINE, EMBASE, PsycINFO, Joanna Briggs Institute, Dissertation Abstracts, WHO Library

Do you have access to an academic library? Yes

Can you order journal articles not held in the library? Yes

Do you have access to local assistance (such as a medical librarian/information specialist) to support the development and running of search strategies? Yes

Do you expect that you'll need assistance from the Review Group with:

Developing search strategies (*see Chapter 6 in the Handbook)*?

Running searches on electronic databases? Potentially

Do you have access to reference management software?	Yes
If yes, which software, and what version?	
Zotero	
Are you familiar with using RevMan 5?	Yes
Will you require training? If yes, in what topics?	No
Do you have access to a statistician (required)	Yes, and access to a qualitative research and mixed method methodologist
Do you have contact with consumer groups?	Yes
Do you predominantly speak/write in a language other than English? If yes, please specify language	Yes
German (all authors publish on a regular basis in international journals; one co-author is an academic editor of the English-language journal PLoS ONE)	Yes

We recommend that at least one author has English as their first language English or a very good standard of English as their second language; this helps make the editorial process more efficient and helps you to produce a higher quality review.

Provisional dates for submission of drafts to editorial base

Draft PROTOCOL (within 6 months of title registration) a draft protocol can be transmitted within the given timeframe
Draft REVIEW (within 18 months of protocol acceptance) within 18 months of protocol acceptance

Link to Notes for section B

Agreement to Editorial Review and Publication in *The Cochrane Library*

By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Cochrane Collaboration policy.

The Consumers and Communication Review Group will support you in various ways to complete your review, including: assistance with the development of a search strategy, advice and assistance with RevMan software as needed, thorough and timely editorial and peer review of your protocol and review (and updates), and checking of your extracted data and your analysis methods at review stage. We provide a range of written and electronic resources such as resource packs, a data extraction template, and a study design and study quality guide.

A draft protocol must be submitted to the Review Group within six months of title registration. The review must be completed within a reasonable period. If drafts are not submitted before the agreed deadlines, or if we are unable to

contact you for an extended period, the Review Group has the right to de-register the title or transfer the title to alternative authors. The Review Group also has the right to de-register or transfer the title if the submissions do not meet the standards of the Review Group and/or The Cochrane Collaboration. Authors should be prepared for multiple iterations of their protocol and review in order to prepare it to an acceptable standard for publication.

You accept responsibility for maintaining the review in light of new evidence, comments and criticisms, and other developments, and updating the review at least once every two years, or, if requested, transferring responsibility for maintaining the review to others as agreed with the Review Group.

The support of the Review Group in preparing your review is conditional upon your agreement to publish the protocol, finished review and subsequent updates the Cochrane Database of Systematic Reviews. By completing this form you undertake to publish this review in the Cochrane Database of Systematic Reviews before publishing elsewhere (concurrent publication in other journals may be allowed in certain circumstances with prior permission from the Review Group)

I understand the long-term commitment necessary when undertaking a Cochrane Review, and agree to publish first in *The Cochrane Library*.

Title submitted: Factors that influence women's engagement with breastfeeding support: a qualitative evidence synthesis.

Contact author: .....**Theresa Bengough**.....

Signed on behalf of all authors: ..... **Date:** 13.1.15

Review authors (see Handbook section 4.2.2.)

Each person named as an author must make a substantial contribution to the conception and design, or analysis and interpretation of the data in the review. **Please attach a brief cv (no more than 3 pages) for each author.**

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	Hide your address and phone numbers: ☐	Hide your email address: ☐	
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Please copy box if you have more than three review authors.

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Thank you for completing this form

Appendix

We examined the www to explore definitions or descriptions of breastfeeding support by various health agencies. We searched the following sources: major health agency websites, grey literature reports and literature about general breastfeeding support (see Table 1).

What we learnt

1. interventions are performed in different ways
    - one-to-one support from health professionals (midwifes, family physician, nurse, International Board Certified Lactation Consultant, etc.)
    - peer group support (drop-ins, cafes, centres)
    - support that is targeted at the core-family (support for partners, etc)
    - support with no human involvement (books, helplines, websites, leaflets)

2. interventions can be based either
    - on verbal communication
    - written communication
    - oral communication (pod casts,etc)
    - visual communication (animation videos, etc)

3. frequently described components of the intervention are
    - educational sessions
    - some sort of information provision
    - assessment
    - supervision
    - measurements that target the direct relation between mother and baby (direct breastfeeding after birth, rooming-in, etc.)
    - Interventions in case of urgent medical issues (mastitis, etc)
    - Advocacy
    - encouragement

4. interventions are dedicated to different time points
    - before conception and early pregnancy
    - during pregnancy
    - after birth
    - during first months of baby

5. interventions are targeted on various groups
    - women
    - partners
    - health care professionals

Our conclusion

There were some consistencies in the ways agencies and publications describe breastfeeding support. Information delivery as well as education are frequently described as a component of support, rather than an intervention itself and seem to be the most common components of interventions.
We claim that there is no clear definition of breastfeeding support or components of breastfeeding support. This means for our review that we will include all interventions that aim at initiating and continuing breastfeeding. We will exclude interventions on a policy level though and only focus on interventions that are directly addressed to women and not to health professionals.

Our definition of the intervention

In our review breastfeeding support is primarily defined in terms of human actions and interactions, or relational exchange. With relational exchange and human (inter)actions we mean that support should go beyond merely providing logistics to facilitate breastfeeding, such as providing a room or a fridge at the mother's workplace etc. The type of evidence collected in our review also includes participants' satisfaction with any of the support programs or components provided, for instance the quality of the support delivered by others, for example in terms of level of training, demographic and professional characteristics of the providers. Our definition of support will therefore be in line with the one provided in the review by Renfrew and colleagues (Renfrew et al, 2012). We felt that Renfrew and colleagues covered all relevant components that we also identified in our search and that it was the most comprehensive definition for the topic under study.

'Support' interventions eligible for this review could include elements such as reassurance, praise, information, and the opportunity to discuss and to respond to the mother's questions, and it could also include staff training to improve the supportive care given to women. It could be offered by health professionals or lay people, trained or untrained, in hospital and community settings. It could be offered to groups of women or one-to-one, including mother-to-mother support, and it could be offered proactively by contacting women directly, or reactively, by waiting for women to get in touch. It could be provided face-to-face or over the phone, and it could involve only one contact or regular, ongoing contact over several months (Renfrew, 2012).

Table 1. Descriptions of 'breastfeeding support' from a selection of sources

Organisation	'Breastfeeding support' definition/description
WHO (Factsheet N°342 Infant and young child feeding)	Mothers and families need to be supported for their children to be optimally breastfed. Actions that help protect, promote and support breastfeeding include: • adoption of policies such as the International Labour Organization's Maternity Protection Convention 183 and Recommendation No. 191, which complements Convention No. 183 by suggesting a longer duration of leave and higher benefits; • the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions; • implementation of the Ten Steps to Successful Breastfeeding specified in the Baby-Friendly Hospital Initiative, including: - skin-to-skin contact between mother and baby immediately after birth and initiation of breastfeeding within the first hour of life; - breastfeeding on demand (that is, as often as the child wants, day and night); - rooming-in (allowing mothers and infants to remain together 24 hours a day); - not giving babies additional food or drink, even water, unless medically necessary; • provision of supportive health services with infant and young child feeding counselling during all contacts with caregivers and young children, such as during antenatal and postnatal care, well-child and sick child visits, and immunization; and

	• community support, including mother support groups and community-based health promotion and education activities.
NHS (NHS Choices information, 2014)	• One-to-one support for breastfeeding - Information delivered by midwives, health visitors or local trained volunteer mothers • Breastfeeding drop-ins, cafes and centres - Generally a mix of mothers and volunteers who have breastfed their own babies • Partner support - Antenatal or breastfeeding sessions with the objective to learn the same information as the partner - Emotional and practical support • Helplines and breastfeeding websites
AAFP (American Academy of Family Physicians, 2014)	• Preconception and prenatal education - Addressing the baby's feeding decision before conception or early pregnancy - Inform, advise, elicit risk factors - Educate • Intrapartum support - Facilitate immediate postpartum breastfeeding - Minimize separation of mother and baby and secure skin to skin contact - Wait after the first breastfeeding to perform routine procedures as weighing, etc. • Early postpartum support - Advocate, encourage, educate - Ensure that breastfeeding is adequately assessed by qualified professionals - Provide clear written breastfeeding instructions - Identify breastfeeding problems and act on them • Ongoing support - Evaluate mother and baby - Continue support and encourage - Acknowledge common breastfeeding challenges - Educate office staff - Encourage exclusive and partial breastfeeding if exclusive is not possible
USDA (United States Department of Agriculture)	• Support of the Women, Infants and Children (WIC) program - through counseling and breastfeeding educational materials. - Breastfeeding mothers receive follow-up support through peer counselors. - Breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers. - Mothers who exclusively breastfeed their infants receive an enhanced food package. - Breastfeeding mothers can receive breast pumps, breast shells or nursing supplementers to help support the initiation and continuation of breastfeeding.
NICE (Maternal and child nutrition NICE guidelines PH11)	Development of 7 recommendations on breastfeeding aimed at different target groups to take action. They imply: - Raise awareness - Training for health professionals - Joint working between health professionals and peer supporters - Education and information for pregnant women - Ensure written breastfeeding policy - Ensure settings that best meet women's needs - Provide informal group sessions that focus on how to breastfeed effectively, covering feeding positions or attach the baby correctly - Provide dietary information - Provide local peer support programmes - Teach how to hand-express breast milk - Teach how to store expressed milk correctly
La Leche League	Provides support mostly via their webpages with several sections: - Answers (on a wide range of topics around breastfeeding) - Forums (offers to connect with other parents) - FQA - Help (offers to get directly in touch with a local La Leche League Leader) - Podcasts (on breastfeeding and parenting topics) - Information in various languages