Why we did this systematic review
- The World Health Organisation recommends exclusive breastfeeding for infants for the first 6 months of life, and a continuation to breastfeed for 2 years or more1
- Results from the National Infant Feeding Survey found that while the majority of women initiate breastfeeding, by 5 months of age, only 15% of infants are still exclusively breastfed2
- Midwife-led continuity of care is safe 3 and this model is well placed to promote and support breastfeeding
- We performed a systematic review of quantitative studies comparing midwife-led continuity models of antenatal care to other models of antenatal care, which included breastfeeding outcomes beyond postpartum hospital inpatient stay

What we found
- 9 studies (1 randomised, 8 non-randomised) were included in the final review (see Figure)
- Definitions of breastfeeding were varied and not always described
- Evidence to support the association of midwife-led continuity of care and breastfeeding was limited, with 4 studies not finding statistically significant differences in breastfeeding rates between models of antenatal care
- Duration of breastfeeding was not a primary outcome in any of the included studies, and therefore, confounding variables that might affect breastfeeding duration were not controlled for
- Risk of bias in non-randomised studies ranged from ‘serious’ to ‘critical’, with the randomised controlled trial assessed as having ‘some concerns’ (see Table)

What this means
- This was the first systematic review of midwife-led continuity of antenatal care and breastfeeding outcomes
- Midwife-led continuity models may provide an opportunity to develop a relationship during the antenatal period, which affords women the ability to trust the advice about breastfeeding they receive postnatally and therefore assist with continuation of breastfeeding despite barriers
- From this review, it is concluded there is a lack of methodologically robust studies examining the relationship between midwife-led continuity models of antenatal care and breastfeeding outcomes

References