Methods
Income countries?
practice during the first 24 months of life, in low-, middle-, and high-
successfully utilized to promote, protect, and support breastfeeding

The Best Practice Interventions project seeks to create a living database of studies
reporting evidence for promoting, protecting, and supporting breastfeeding, globally.
The current study (an evidence review) will form the basis for identifying and classifying
the reported evidence in peer-reviewed journal articles. Ultimately, the study aims to
improve access to existing effective interventions and best practices, while limiting the
burden of accessing this evidence.

Research Question
Across all societal targets (eg mothers, caregivers, families, communities,
institutions, health care providers, and other actors involved with maternal
and care), which ‘Intervention ‘strategies’ or Exposures’ have been
successfully utilized to promote, protect, and support breastfeeding practice
during the first 24 months of life, in low-, middle-, and high-income countries?

Background
Breastfeeding (BF) is globally recognized as a critical intervention for child survival. However,
breastfeeding practice remains inconsistent and sub-optimal, globally. Unlike
in developed countries, developing countries lack resources to generate empirical
evidence to support science-based decision-making on optimal breastfeeding. Much of
the existing evidence is generated in developed country settings and published in
journals that may not be accessible easily to decision-makers.

Findings

Source country of included studies: USA- 26.8%; UK- 4.9%; Brazil-4.8%; India-4.8; Australia-4.3%
Study design of included studies: RCTs - 32%; Quasi- Experiment - 15.3%; cross-sectional: 22.9%
Study period of included: Before year 2000: 7.2%
2000-2010: 17.7%
After 2010: 75.1%
After 2014: < 50%

Methods

- Design: Scoping Review methodology
- Search Strategy: Population, Exposure and Outcome (PEO) framework, Search in English language databases: Medline/Pubmed, Cochrane Central, CINAHL, SCOPUS, Google Scholar (via Publish or Perish), WHO ELENA (Evidence Library), EMBASE, Index Medicus.
- Inclusion criteria: Human-related studies, ‘intervention-focused’ studies, published between 1970-2021, accessible online, published in English Language.
- Exclusion criteria: non-biological mothers, twins & multiple births.
- Primary outcomes: Early initiation of BF, Exclusive BF, Continued BF until 12 months, responsive BF on demand.
- Secondary outcomes: Knowledge, attitudes, policies, political economy, financing, promotion, advocacy, coordination of BF programs.
- Classification of paper: Technical content of intervention and implementation considerations

Figure 1: Taxonomy used for classification

Journey
- Menarche
- Conception
- Pregnancy
- Birth
- Initiation
- First 6 months
- Back to work
- 2 years

Ecosystem
- Society
- Community
- Healthcare
- Education
- Self
- BMS
- Employment
- Influencers

Activity Cluster
- Attitudes
- Knowledge
- Maternal health
- Infant health
- Legal/policy
- Resources
- Common practices

Intervention type
- Promotion of education
- Counselling and support
- Training of care staff
- Peer support
- Counter marketing
- Training for peer support
- Advocacy
- Hotlines
- Information resources

Figure 2: Types of interventions in the included studies

Conclusions
- We identified almost 1,500 published studies on breastfeeding interventions.
- We classified the documents based on characteristics using taxonomy.
- Created clusters that will enable development of a database that can be upated over time.

Next Steps
- Next steps will involve further classification of papers based on implementation requirements of end-users
- Creation of a user-friendly database and user-interface
- Continuous update of the database based on new documents
- Apply ethical principles in the application of the interventions

Figure 1: Clustering by Activity

<table>
<thead>
<tr>
<th>Classification category</th>
<th>Number of documents</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menarche</td>
<td>1,408</td>
<td>100</td>
</tr>
</tbody>
</table>
| Conception              | 13                  | 0.9%
| Pregnancy               | 386                 | 27.4%
| Birth                   | 407                 | 28.9%
| Initiation              | 478                 | 33.9%
| First 6 mo              | 565                 | 40.3%
| Back to work            | 57                  | 4.0%
| First 2 years           | 129                 | 9.2%

Figure 1: Clustering by Journey

<table>
<thead>
<tr>
<th>Journey stage</th>
<th>Number of documents</th>
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</thead>
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<tr>
<td>Menarche</td>
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<td>Back to work</td>
<td>57</td>
</tr>
<tr>
<td>First 2 years</td>
<td>129</td>
</tr>
</tbody>
</table>

Figure 1: Clustering by Ecosystem

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number of documents</th>
<th>%</th>
</tr>
</thead>
</table>
| Society        | 57                 | 4.0%
| Community      | 480                | 34.1%
| Healthcare     | 917                | 65.1%
| Education      | 40                 | 2.8%
| Self (intrapersonal) | 167 | 11.9% |
| BMS/Formula    | 3                  | 0.2%
| Employment     | 52                 | 3.7%
| Influencers    | 6                  | 0.4%

Figure 1: Clustering by communication Channel

<table>
<thead>
<tr>
<th>Communication channel</th>
<th>% of Documents</th>
</tr>
</thead>
</table>
| Audio messages        | 0.0%
| Social media Photo    | 0.0%
| Video with sub-text   | 0.0%
| Booklet               | 0.0%
| Telephone             | 0.0%
| Home visit,12F        | 0.0%

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