

INTERVENTIONS TO SUPPORT THE RE-ESTABLISHMENT OF BREASTFEEDING AND THEIR APPLICATION IN HUMANITARIAN SETTINGS: A SYSTEMATIC REVIEW

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BACKGROUND

Relactation is the process of re-establishing breastfeeding (BF) for women who have stopped or never breastfed. In 1998, the World Health Organization (WHO) published guidelines proposing essential measures to achieve relactation. Yet, more knowledge about the practical set-up and outcomes of relactation support interventions in different contexts and population groups is needed, especially in humanitarian settings, where non-breastfed infants are particularly at risk.

The **aim** of this study was to compile and assess the **characteristics, outcomes and factors influencing the implementation of relactation support interventions** reported since the latest WHO recommendations.

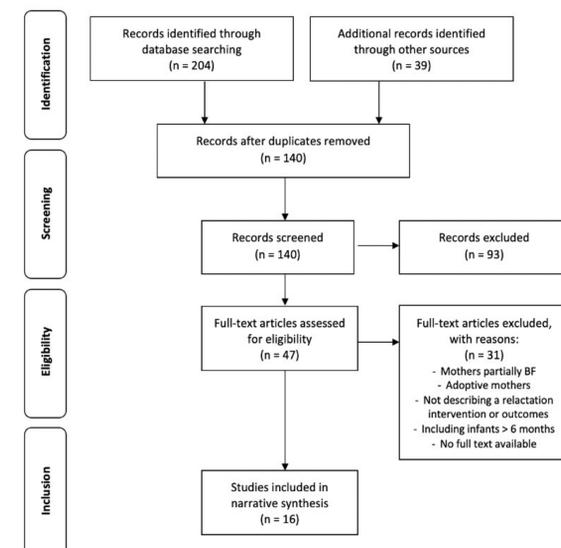
METHODS

We conducted a systematic review following PRISMA guidelines.

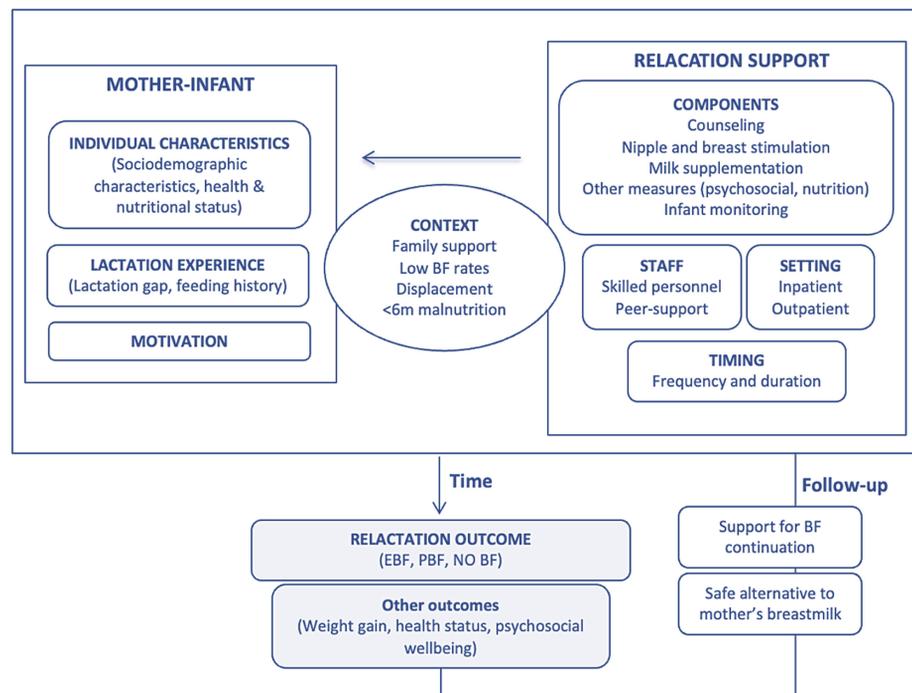
An electronic search through six electronic databases was performed. **Studies reporting characteristics and outcomes of relactation support provided to non-breastfeeding mothers with infants aged up to six months were included.**

Data was analyzed by narrative synthesis and the Johanna Briggs Institute Critical Appraisal Tools were used for quality assessment.

PRISMA flowchart for study selection



Factors involved in the implementation and outcomes of relactation support interventions



RESULTS

- **16 studies** met the inclusion criteria. A majority were observational and conducted in middle-income countries, only one focused on humanitarian settings.
- **Intervention characteristics.** Most interventions (n=11) targeted infants hospitalized with diverse pathologies (diarrhea, respiratory infections, dehydration or malnutrition). Others included HIV positive (n=1) and healthy (n=4) mother-infant pairs. Relactation support was provided at inpatient and outpatient settings and included different methods for counselling and breast stimulation. Little information about milk supplementation during relactation was provided.
- **Outcomes.** The percentage of women achieving relactation varied between studies, ranging from 10% to 100%. Summarizing all mother-infant pairs targeted in the included studies (n=2478), **79,5% mother-infant dyads re-started lactation**. Around half (**48,5%**) achieved **exclusive BF** and **28,3%** provided **mixed feeding** after the intervention. The time to start lactation varied from 2-15 days and the establishment of exclusive BF took from 3-30 days.
- **Enabling factors** included younger infant age, shorter lactation gap, mother's strong motivation, family support, and continuous skilled support.
- A **conceptual model** is proposed to aid future design of relactation support interventions and improve reporting.

CONCLUSION

Current literature suggests that **intensive relactation support can contribute to re-establish BF** but its **application and impact in humanitarian settings remain uncertain**. Further research is needed to explore the effectiveness, feasibility and acceptability of different approaches to relactation support, especially in humanitarian settings.

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