

**Table S1.1 Effect of breastfeeding interventions (n=37) on breastfeeding practices**

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
<b>COUNSELLING (n=11)</b>				
1	Ahmadi et al., 2016 Mothers with premature (34-37wk) infants (+,++)	<b>Breastfeeding consultation</b> IG: Consultation sessions based on BASNEF model (5 sessions of 30 min, 5 consecutive days) CG: Conventional training by staff Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> Comparison of continuation of EBF (%), baseline,1,2,3,4m	↑
2	Albernaz et al., 2003 Infants (+,+)	<b>Lactation counselling</b> -based on 40-h WHO lactation support training course IG: Support by trained nurse-hospital and home visits (5,15,30,45,60,90 and 120d) CG: Standard care Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> EBF compared to fully weaned at 4m, % [40 vs 31]	↔
3	Tahir & Al-Sadat, 2013 Mothers (-,+)	<b>Telephone lactation counselling</b> IG: Counselling twice monthly by certified lactation counsellors + conventional care CG: Conventional care Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, RR(CI) [1.04(0.58-1.87)]	↔
4	Aidam et al., 2005 Pregnant women attending prenatal clinics (+,+)	<b>Lactation counselling</b> -based on WHO/UNICEF counselling training manual, LINKAGES- “facts for feeding” brochure, Helping Mothers to Breastfeed-book IG1: Pre, peri and postnatally IG2: Peri and postnatally CG: Non-BF health education support Delivery: Hospital-based	<b>Breastfeeding practices (IG1, IG2 vs CG)†</b> Comparison of continuation of EBF (%) from baseline-1-2-3-4-5-6m (over the previous 24h)	↑
5	Oliveira et al., 2014 Adolescent mothers with newborns and their mothers (+,+)	<b>Counselling sessions</b> -based on WHO guiding principles IG1: AG not living with mother, with int CG1: AG not living with mother, without int IG2: AG living with mother, with int CG2: AG living with mother, without int Delivery: Hospital-based	<b>Breastfeeding practices</b> <u>Kaplan-Meier curve, EBF (birth-1-2-3-4-5-6m)</u> EBF (IG1 vs CG1) EBF (IG2 vs CG2)	↑ ↑
6, 7	Kimani-Murage et al., 2016; Kimani-Murage et al., 2017	<b>Home-based nutrition counselling</b> IG: CHWs were trained to offer counselling on MIYCN CG: Standard care	<b>Breastfeeding practices (IG vs CG)</b> <u>EBF for 0-6m, %(CI)</u> IG [55.2(50.4-59.9)] vs CG [54.6(50.0-59.1)]	↔

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
	Mother-child pairs (++,++)	Delivery: Community-based		
8, 9	Engebretsen et al., 2014 Tylleskar et al., 2011 Mother-infant pairs (++,++)	<b>EBF counselling</b> -by peer counsellors from local communities trained in 1wk WHO courses-Breastfeeding Counselling: A training course, and HIV and Infant Feeding Counselling: A training course IG: Peer counselling (1 antenatal and 4 postnatal) CG: Usual care Delivery: Community-based	<b>Breastfeeding practices (IG vs CG), Burkina Faso</b> <u>EBF, PR(CI)</u> 24wks, 24-h recall [3.33(1.74, 6.38)] <b>Breastfeeding practices (IG vs CG), Uganda</b> <u>EBF, PR(CI)</u> 24wks, 24-h recall [3.83(2.97, 4.95)] <b>Breastfeeding practices (IG vs CG), South Africa</b> <u>EBF, PR(CI)</u> 24wks, 24-h recall [5.70(1.33, 24.56)]	↑  ↑  ↑
10	Morrow et al., 1999 Pregnant women (-,-)	<b>Home based peer counselling</b> -by trained counselor (La Leche League Mexico) IG1: 6 visits, IG2: 3 visits CG: No intervention Delivery: Community-based	<b>Breastfeeding practices (IG1 and IG2 vs CG)<sup>†</sup></b> Duration of any BF ≥6m, % [87 vs 76]	↔
11	Leite et al., 2005 Mothers-infants (+,-)	<b>Home based peer counselling</b> IG: Home visits 5,15,30,60,90 and 120d CG: Standard care Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> <u>Feeding practices at 4m, %</u> EBF [24.7 vs 19.4]	↑
<b>EDUCATION (n=8)</b>				
12	Froozani et al., 1999 Mother-infant pairs (-,+)	<b>BF education</b> IG: Education, face-to-face, after delivery and during follow-up CG: Usual care Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> <u>Feeding pattern 4m after delivery (%)</u> EBF [54 vs 6.5]	↑
13	Neyzi et al., 1991 Mother-infant pairs (-,-)	<b>Educational intervention</b> IG: 2 sessions after delivery CG: Usual care Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 4m, % [67.7 vs 5.0]	↑
14	Khreshheh et al., 2011 Primiparous women (+,+)	<b>Educational programme supporting BF</b> IG: One-to-one postnatal education sessions and follow-up phone calls at 2 and 4m pp CG: Routine care Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> BF only at 6m, % [39 vs 27]	↔
15	Susin & Giugliani, 2008 Mother-father-infant triads (+,+)	<b>Educational session by a trained paediatrician</b> -18 minutes video, discussion, handouts IG1: Intervention to mother+father	<b>Breastfeeding practices</b> <u>Discontinuation of EBF at 6m, HR(CI)</u> IG1 vs CG [0.65(0.45-0.96)]	↑

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
		IG2: Intervention to mother only CG: No intervention Delivery: Hospital-based	IG2 vs CG [0.93(0.66-1.31)]	↔
16	Ozluses & Celebioglu, 2014 Couples with their infants (-,-)	<b>Educating fathers</b> IG1: Mothers-20min/d IG2: Mothers+fathers-20min/d CG: No EBF education Delivery: Hospital-based	<b>Breastfeeding practices (IG1 vs IG2 vs CG)</b> EBF at 6m,% [33.3 vs 56.4 vs 12.8]	↑
17	Su & Ouyand, 2016 Pregnant women (-,-)	<b>Breastfeeding education</b> IG: Education to mother+father CG: Education to mother only Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, % [40.0 vs 17.6]	↑
18	Aksu et al., 2011 Pregnant women (+,+)	<b>Postnatal BF education</b> -Standard BF education to both groups in antenatal period -Based on 18h WHO/UNICEF BF counselling/lactation management course IG: BF education at home on day 3 postpartum (reinforcement) CG: No education/support Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, % [43 vs 23] Duration of EBF, m [4.7±1.2 vs 3.9±1.2]	↑ ↑
19	Jakobsen et al., 2008 Mothers and infants (+,+)	<b>Health education</b> -based on WHO recommendations IG: Education provided individually and orally in local language CG: Standard care Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> <u>Time of introduction of water, HR(CI)</u> 121-180d [0.18(0.06-0.49)]	↑
<b>TRAINING (n=7)</b>				
20	Agrasada et al., 2005 Mother-infant (term LBW) pairs (+,-)	<b>Training programme for counsellors</b> IG1: BF counselling by trained counsellors IG2: Child feeding counselling by trained counsellors CG: Any counselling Delivery: Hospital-based	<b>Breastfeeding practices (IG1, IG2 vs CG)<sup>†</sup></b> Comparison of EBF from 2wk-6m	↑
21	Khayyati & Mansouri, 2009 Pregnant women (-,-)	<b>Training movies</b> -important BF points and ways for doing IG: Training movies and common method of face-to-face training CG: Face-to-face training	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, % [49.1 vs 51.2]	↔

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
		Delivery: Hospital-based		
22	Bhandari et al., 2003 Infants (++,++)	<b>Promotion of EBF by training existing primary healthcare health and nutrition workers</b> -based on IMNCI training manual on BF counselling IG: Promotion by CHWs trained in BF (3-day course) CG: Usual care Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, OR(CI) [17.6(6.6-47.2)]	↑
23	Balaluka et al., 2012 Infants (+,+)	<b>Trained CVs</b> -part of community-based nutrition project where CVs were trained in BF IG: Promoting EBF via door-to-door visits and community meetings CG: Usual care only Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, % (CI) [57.7(50.9-64.5) vs 2.7(1.1-6.6)]	↑
24	Mukantwali et al., 2006 Mother-infant pairs (-, -)	<b>Special training of CHWs</b> IG: Visited by specially trained CHW CG: Visited by normally trained CHW Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m (7d recall), % [67 vs 37]	↔
25	Mukhopadhyay et al., 2017 Mother-infant pairs (-, -)	<b>Modular training on infant feeding to CHWs in local vernacular</b> IG: Trained CHWs CG: Standard care Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> EBF at 6m, % [79 vs 64]	↑
26	Shamim et al., 2017 Mothers of infants <6m (+,+)	<b>Special training</b> -5d training course (WHO/UNICEF breastfeeding counselling training guidelines) IG1: Trained TBAs/CVs IG2: Trained + supervised TBAs/CVs CG: TBAs/CVs without special training Delivery: Community-based	<b>Breastfeeding practices<sup>‡</sup></b> <u>EIBF within 1h (pre-post), %</u> IG1 [38→60] IG2 [35→68] CG [29→35] <u>EBF 24h prior to interview (pre-post), %</u> IG1 [63→76] IG2 [62→83] CG [61→67]	↑ ↑ ↑ ↔ ↔ ↔
<b>PROMOTION (n=4)</b>				
27	Cangol & Sahin, 2017 Pregnant- applied to pregnancy preparation course (-,+)	<b>BF motivation programme based on Pender's Health Promotion Model</b> IG: 4 times-antenatal period, 1 <sup>st</sup> postnatal day, 4 <sup>th</sup> -6 <sup>th</sup> postnatal wk and 4 <sup>th</sup> postnatal month CG: Standard care	<b>Breastfeeding practices (IG vs CG)</b> Intention to BF, % [94.1 vs 75.8]	↑

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
		Delivery: Hospital-based		
28	Gu et al., 2016 Primiparous women accompanied by husband/ mother (-,+)	<b>Theory of Planned Behaviour (TPB)-based intervention programme</b> IG: Individual instruction, group education and telephone counselling CG: Routine nursing care Delivery: Hospital-based	<b>Breastfeeding practices (IG vs CG)</b> BF at 6m, PD(CI) [31.9(22.0, 40.7)]	↑
29	Moudi et al., 2016 Primiparous women referred to health centre (+,-)	<b>BF promotion</b> IG1: Peer support group (4 times) IG2: Health care provider's education (4 training sessions) CG: Routine care Delivery: Hospital-based	<b>Breastfeeding practices (IG1 vs IG2 vs CG)</b> <u>Duration of EBF, mean(sd)</u> EBF at 8wk [21.7±24.44 vs 10.10±16.23 vs 8.5±14.93]	↑
30	Akram et al., 1997 Pregnant women (-,-)	<b>Promotion of EBF</b> IG: Health messages CG: No health messages Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> Prelacteal feeds, % [66 vs 31]	↑
<b>PEER SUPPORT (n=4)</b>				
31, 32, 33	Bich & Cuong, 2017; Bich et al., 2016; Bich et al., 2014 Fathers and their pregnant wives from 7-30 wk gestation (+,+)	<b>Fathers as supporters</b> IG: BF education material, counselling services at community health centres, invitation to social events and household visits CG: No intervention to fathers Delivery: Community-based	<b>Breastfeeding practices (IG vs CG)</b> <u>At 6m, %</u> EBF (since birth) [6.7 vs 0.9]	↑
34	Dearden et al., 2002 Mothers of infants <6m (+,+)	<b>Mother-to-mother support programme of La Leche League Guatemala</b> IG: BF counselling by trained counsellor CG: Usual care Delivery: Community-based	<b>Breastfeeding practices</b> <u>Changes in IG vs CG from baseline (%)</u> EIBF, within 1h [+1.0 vs +3.0] EBF in past 24-h [+2.1 vs -3.9]	↓ ↑
<b>OTHER INTERVENTION (n=3)</b>				
35	Yotebieng et al., 2015 Mother-infant pairs (++,++)	<b>10 steps of successful BF programme</b> IG1: BFHI steps 1-9 IG2: BFHI steps 1-10 CG: Standard care Delivery: Hospital-based	<b>Breastfeeding practices</b> <u>EIBF, PR(CI)</u> IG1 vs CG [1.01(0.79-1.30)] IG2 vs CG [0.98(0.73-1.32)] <u>EBF at 24 wks, PR(CI)</u> 24-h recall IG1 vs CG [3.50(2.76-4.43)] 24-h recall IG2 vs CG [1.31(0.91-1.89)]	↔ ↔ ↑ ↔

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
36	Menon et al., 2016 Infants (++,++)	<b>BF practices at scale</b> IG: Intensified IPC, MM, CM, and PA CG: Standard nutrition counselling and less intensive MM, CM, and PA Delivery: Community-based	<b>Breastfeeding practices (IG vs CG), Bangladesh</b> <u>DDE between baseline and endline, %(CI)</u> EIBF, within 1h of birth [16.70(2.78, 30.57)] EBF, infants <6m [36.20(21.01, 51.46)] <b>Breastfeeding practices (IG vs CG), Vietnam</b> <u>DDE between baseline and endline, %(CI)</u> EIBF, within 1h of birth [10.00(-1.25, 21.40)] EBF, infants <6m [27.90(17.74, 38.07)]	↑ ↑ ↔ ↑
37	Ochola et al., 2013 Pregnant women (34-36 wk) attending antenatal clinic (+,+)	<b>Counselling on EBF</b> IG1: Home based intensive counselling group (HBIC)-7 sessions at home by trained peers (1 prenatally and 6 postnatally) IG2: Facility based semi-intensive counselling group (FBSIC)-1 session prenatally	<b>Breastfeeding practices (IG1, IG2 vs CG)</b> Comparison of EBF, RR(CI) <u>EBF at 6m</u> HBIC vs CG [4.20(1.66-10.64)] FBSIC vs CG [1.64(0.56- 4.81)]	↑ ↔

**Table S1.2 Effect of breastfeeding interventions (n=12) on caregivers' knowledge/skills/practices**

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
<b>COUNSELLING (n=1)</b>				
1	Ahmadi et al., 2016 Mothers with premature (34-37wk) infants (+,++)	<b>Breastfeeding consultation</b> IG: Consultation sessions based on BASNEF model (5 sessions of 30 min, 5 consecutive days) CG: Conventional training by staff Delivery: Hospital-based	<b>Caregivers knowledge/skills/practices (IG vs CG)</b> Comparison of mean scores of structures in BASNEF model (1-knowledge, 2-attitude, 3-subjective norms, 4-enabling factors, 5-outcome evaluation) from baseline-1-2-3-4m Comparison of mean lactation performance score, baseline, 1,2,3,4m	↑ ↑
<b>EDUCATION (n=4)</b>				
2	Khreshheh et al., 2011 Primiparous women (+,+)	<b>Educational programme supporting BF</b> IG: One-to-one postnatal education sessions and follow-up phone calls at 2 and 4m pp CG: Routine care Delivery: Hospital-based	<b>Caregivers knowledge/skills/practices (IG vs CG)</b> Knowledge of BF before and after at 6m, % (7 components)	↕
3	Su & Ouyand, 2016 Pregnant women (-, -)	<b>Breastfeeding education</b> IG: Education to mother+father CG: Education to mother only Delivery: Hospital-based	<b>Caregivers knowledge/skills/practices<sup>‡</sup></b> <u>Comparison of BF knowledge (before-after)</u> Mean score IG [61.73→87.51], CG [72.23→87.04] <u>Comparison of BF attitude (before-after)</u> Mean score IG [59.14→66.50], CG [61.81→66.98]	↑, ↑ ↑, ↑
4	Ahmed, 2008 Mothers and preterm infants (born <37wk)	<b>Educational Programme</b> -based on PRECEDE (Predisposing, Reinforcing, Enabling Constructs in Educational Diagnosis and Evaluation) model	<b>Caregivers knowledge/skills/ practices<sup>‡</sup></b> Comparison of mean knowledge scores (pre- and post-test) IG [28.87±12.19→68.73±8.80]	↑

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
	(-,-)	IG: 5 session CG: Routine care Delivery: Hospital-based	CG [24.47±4.79→40.00±6.66]	↑
5	Aksu et al., 2011 Pregnant women (+,+)	<b>Postnatal BF education</b> -Standard BF education to both groups in antenatal period -Based on 18h WHO/UNICEF BF counselling/lactation management course IG: BF education at home on day 3 postpartum (reinforcement) CG: No education/support Delivery: Community-based	<b>Caregivers knowledge/skills/practices (IG vs CG)</b> Mean BF knowledge scores at 6wk [5.8±1.7 vs 4.8±1.3]	↑
<b>PROMOTION (n=4)</b>				
<b>Hospital-based</b>				
6	Cangol & Sahin, 2017 Pregnant- applied to pregnancy preparation course (-,+)	<b>BF motivation programme based on Pender's Health Promotion Model</b> IG: 4 times-antenatal period, 1 <sup>st</sup> postnatal day, 4 <sup>th</sup> -6 <sup>th</sup> postnatal wk and 4 <sup>th</sup> postnatal month CG: Standard care Delivery: Hospital-based	<b>Caregivers knowledge/ skills/practices (IG vs CG)</b> Self-efficacy, mean(sd) [8.12±2.19 vs 7.36±1.93]	↔
7	Saljughhi et al., 2016 Pregnant women (-,-)	<b>Role playing for promotion of BF</b> IG: Training on promoting BF self-efficacy at 36 <sup>th</sup> wk via role playing CG: Routine care Delivery: Hospital-based	<b>Caregivers knowledge/ skills/practices (IG vs CG)</b> <u>Comparison, mean(sd) scores</u> Self-efficacy [13.2±6.9 vs 3.3±4.01]	↑
8	Akram et al., 1997 Pregnant women (-,-)	<b>Promotion of EBF</b> IG: Health messages CG: No health messages Delivery: Community-based	<b>Caregivers knowledge/ skills/practices (IG vs CG)</b> <u>Knowledge, %</u> Advantage of giving colostrum [74 vs 55] EIBF [66 vs 31]	↑ ↑
9	Reinsma et al., 2016 Pregnant women and their partners (+,-)	<b>Audio programme (Bobbi Be Best) and discussion guide to promote EBF</b> IG: Entertainment education-unique 15 minutes episode about EBF followed by a discussion led by local health worker (once a week, for a total 4wks) CG: Entertainment education-unique 15 minutes episode about injection safety followed by a discussion led by health worker (once a week, for a total 4wks) Delivery: Community-based	<b>Caregivers knowledge/ skills/ practices (IG vs CG)<sup>‡</sup></b> <u>Pre- and post-test comparison, median scores</u> Knowledge of EBF [10→10] vs [10→10] Misconception about EBF [14→10] vs [18→14] Barriers to EBF [6→6] vs [12→10] Benefits of EBF [26→30] vs [27→26] Self-efficacy [20→20] vs [20→20] Intention to EBF [5→5] vs [5→5]	↔ ↑, ↑ ↔ ↑, ↔ ↔ ↔
<b>PEER SUPPORT (n=3)</b>				
10, 11, 12	Bich & Cuong, 2017; Bich et al., 2016; Bich et al., 2014	<b>Fathers as supporters</b> IG: BF education material, counselling services at community health centres, invitation to social events and household visits	<b>Caregivers knowledge/skills/practices (IG vs CG)</b> Parental knowledge score, mean difference [6.3] Parental attitude score, mean difference EIBF [1.7]	↑ ↑

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
	Fathers and their pregnant wives from 7-30 wk gestation (+,+)	CG: No intervention to fathers Delivery: Community-based	EBF [1.3] Supporting mothers to BF [-0.01] Total attitude score [2.9]	↑ ↔ ↑

**Table S1.3 Effect of breastfeeding interventions (n=2) on healthcare staffs' knowledge/skills/practices**

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
<b>TRAINING (n=2)</b>				
1	Ma et al., 2018 Healthcare professional-doctor, nurse, midwife (+,+)	<b>BF DVD training (15 minutes)</b> -developed by researchers in England, mandarin voice-over, covers 4 sessions-optimal positioning and attachment, satisfying feed, hand expression and baby led feed IG: BF essential support skills DVD CG: Vaginal delivery DVD Delivery: Hospital-based	<b>Healthcare staff knowledge/skills/practices</b> <u>Comparison of differences in mean(sd) knowledge scores (pre-post-test)</u> P&A (range 0-6), knowledge IG [2.73±1.41→4.04±1.16], CG [2.86±1.37→2.83±1.19] <u>HE (range 0-6), knowledge</u> IG [2.66±1.09→3.70±1.00], CG [2.81±1.13→2.73±1.19] <u>Comparison of differences in mean(sd) confidence scores (pre-post-test)</u> <u>P&amp;A (range 0-60)</u> IG [49.93±8.48→53.90±6.93], CG [50.68±8.62→50.82±8.89] <u>HE (range 0-20)</u> IG [16.57±3.29→17.91±2.51], CG [17.59±2.85→17.49±2.77]	↑, ↔ ↑, ↔ ↑, ↔ ↑, ↔
2	Shamim et al., 2017 Mothers of infants <6m (+,+)	<b>Special training</b> -5d training course (WHO/UNICEF breastfeeding counselling training guidelines) IG1: Trained TBAs/CVs IG2: Trained + supervised TBAs/CVs CG: TBAs/CVs without special training Delivery: Community-based	<b>Healthcare staff knowledge/ skills/practices</b> <u>Comparison of proportion of TBAs who knew items before and after training, %</u> EIBF [72 vs 92] Prelacteal feeding [88 vs 85] EBF [86 vs 94]	↑ ↔ ↔



**Table S1.4 Effect of breastfeeding interventions (n=9) on morbidity**

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
<b>COUNSELLING (n=3)</b>				
1, 2	Engebretsen et al., 2014 Tylleskar et al., 2011 Mother-infant pairs (++,++)	<b>EBF counselling</b> -by peer counsellors from local communities trained in 1wk WHO courses-Breastfeeding Counselling: A training course, and HIV and Infant Feeding Counselling: A training course IG: Peer counselling (1 antenatal and 4 postnatal) CG: Usual care Delivery: Community-based	<b>Morbidity (IG vs CG), Burkina Faso</b> <u>Diarrheal morbidity (2wks recall), PR(CI)</u> 24wks [0.83(0.45, 1.54)] <b>Morbidity (IG vs CG), Uganda</b> <u>Diarrheal morbidity (2wks recall), PR(CI)</u> 24wks [0.82(0.58, 1.15)] <b>Morbidity (IG vs CG), South Africa</b> <u>Diarrheal morbidity (2wks recall), PR(CI)</u> 24wks [1.31(0.89,1.93)]	↔  ↔  ↔
3	Morrow et al., 1999 Pregnant women (-, -)	<b>Home based peer counselling</b> -by trained counselor (La Leche League Mexico) IG1: 6 visits, IG2: 3 visits CG: No intervention Delivery: Community-based	<b>Morbidity</b> Diarrhea in infants 0-3m, % [12 vs 26]	↑
<b>EDUCATION (n=3)</b>				
4	Froozani et al., 1999 Mother-infant pairs (-, +)	<b>BF education</b> IG: Education, face-to-face, after delivery and during follow-up CG: Usual care Delivery: Hospital-based	<b>Morbidity (IG vs CG)</b> <u>Number of days of illness, 4m after delivery, mean(sd)</u> Diarrheal illness [1.2(2.7) vs 4.0(7.1)] Respiratory illness [3.2(5.0) vs 3.7(8.8)]	↔ ↔
5	Khresheh et al., 2011 Primiparous women (+, +)	<b>Educational programme supporting BF</b> IG: One-to-one postnatal education sessions and follow-up phone calls at 2 and 4m pp CG: Routine care Delivery: Hospital-based	<b>Morbidity (IG vs CG)</b> Mild illness at 6m, % [58 vs 69] Hospitalisation at 6m, % [11 vs 18]	↔ ↔
6	Jakobsen et al., 2008 Mothers and infants (+, +)	<b>Health education</b> -based on WHO recommendations IG: Education provided individually and orally in local language CG: Standard care Delivery: Community-based	<b>Morbidity (IG vs CG)</b> <u>Diarrhea morbidity (no. of episodes per 100d of observation), OR(CI)</u> 7-180d [0.98(0.83-1.17)]	↔
<b>TRAINING (n=2)</b>				
7	Khayyati & Mansouri, 2009 Pregnant women (-, -)	<b>Training movies</b> -important BF points and ways for doing	<b>Morbidity (IG vs CG)</b> Infant disease at 6m, % [0.9 vs 4.8]	↔

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
		IG: Training movies and common method of face-to-face training CG: Face-to-face training Delivery: Hospital-based		
8	Bhandari et al., 2003 Infants (++,++)	<b>Promotion of EBF by training existing primary healthcare health and nutrition workers</b> -based on IMNCI training manual on BF counselling IG: Promotion by CHWs trained in BF (3-day course) CG: Usual care Delivery: Community-based	<b>Morbidity (IG vs CG)</b> <u>At 6m, OR(CI)</u> Diarrhea in previous 24h [1.05(0.81-1.36)] Diarrhea in previous 7d [0.85(0.72-0.99)] Diarrhea episode in previous 3m for which treatment was sought outside home [0.68(0.50-0.92)]	↔ ↑ ↑
<b>OTHER INTERVENTIONS (n=1)</b>				
9	Yotebieng et al., 2015 Mother-infant pairs (++,++)	<b>10 steps of successful BF programme</b> IG1: BFHI steps 1-9 IG2: BFHI steps 1-10 CG: Standard care Delivery: Hospital-based	<b>Morbidity</b> <u>Diarrhea since last visit at 24 wks, PR(CI)</u> IG1 vs CG [0.50(0.34-0.73)] IG2 vs CG [1.23(1.03-1.46)] <u>Fever with cough at 24 wks, PR(CI)</u> IG1 vs CG [0.84(0.43-1.62)] IG2 vs CG [1.16(0.71-1.88)]	↑ ↓ ↔ ↔

**Table S1.5 Effect of breastfeeding interventions (n=11) on anthropometry**

No.	Author, population, study quality	Intervention	Outcome	Direction of effect
<b>COUNSELLING (n=4)</b>				
1	Ahmadi et al., 2016 Mothers with premature (34-37wk) infants (+,++)	<b>Breastfeeding consultation</b> IG: Consultation sessions based on BASNEF model (5 sessions of 30 min, 5 consecutive days) CG: Conventional training by staff Delivery: Hospital-based	<b>Anthropometry (IG vs CG)</b> Comparison of mean infant weight, baseline, 1,2,3,4m	↑
2	Albernaz et al., 2003 Infants (+,+)	<b>Lactation counselling</b> -based on 40-h WHO lactation support training course IG: Support by trained nurse-hospital and home visits (5,15,30,45,60,90 and 120d) CG: Standard care Delivery: Hospital-based	<b>Anthropometry (IG vs CG)</b> Mean weight (compared (0-14-30-45-60-90-120d))	↔
3, 4	Engelbrechts et al., 2014 Tylleskar et al., 2011 Mother-infant pairs (++,++)	<b>EBF counselling</b> -by peer counsellors from local communities trained in 1wk WHO courses-Breastfeeding Counselling: A training course, and HIV and Infant Feeding Counselling: A training course	<b>Anthropometry at 24wks (IG vs CG), Burkina Faso</b> <u>Mean z-scores difference (CI)</u> WLZ [-0.20(-0.39, -0.01)] LAZ [-0.02(-0.20, 0.16)] WAZ [-0.15(-0.34, 0.05)]	↓ ↔ ↔



No.	Author, population, study quality	Intervention	Outcome	Direction of effect
			61-120d [0.45 vs 0.59] 121-150d [0.19 vs 0.47] 151-180d [-0.16 vs 0.08]	↔ ↓ ↓
<b>TRAINING (n=4)</b>				
7	Khayyati & Mansouri, 2009 Pregnant women (-, -)	<b>Training movies</b> -important BF points and ways for doing IG: Training movies and common method of face-to-face training CG: Face-to-face training Delivery: Hospital-based	<b>Anthropometry (IG vs CG)</b> Weight, mean(sd) [3309±481 vs 3194±4820]	↔
8	Bhandari et al., 2003 Infants (++, ++)	<b>Promotion of EBF by training existing primary healthcare health and nutrition workers</b> -based on IMNCI training manual on BF counselling IG: Promotion by CHWs trained in BF (3-day course) CG: Usual care Delivery: Community-based	<b>Anthropometry (IG vs CG)</b> Mean weight, length HAZ, WHZ (<-2sd, %)	↔ ↔
9	Balaluka et al., 2012 Infants (+, +)	<b>Trained CVs</b> -part of community-based nutrition project where CVs were trained in BF IG: Promoting EBF via door-to-door visits and community meetings CG: Usual care only Delivery: Community-based	<b>Anthropometry (IG vs CG)</b> Weight at 6m, mean(sd) [6.73±1.23 vs 6.61±0.92]	↔
10	Mukhopadhyay et al., 2017 Mother-infant pairs (-, -)	<b>Modular training on infant feeding to CHWs in local vernacular</b> IG: Trained CHWs CG: Standard care Delivery: Community-based	<b>Anthropometry (IG vs CG)</b> Weight, mean(sd) [3682±727 vs 3067±719] Length, mean(sd) [15.22±3.7 vs 14.64±3.0]	↑ ↔
<b>PROMOTION (n=1)</b>				
11	Cangol & Sahin, 2017 Pregnant- applied to pregnancy preparation course (-, +)	<b>BF motivation programme based on Pender's Health Promotion Model</b> IG: 4 times-antenatal period, 1 <sup>st</sup> postnatal day, 4 <sup>th</sup> -6 <sup>th</sup> postnatal wk and 4 <sup>th</sup> postnatal month CG: Standard care Delivery: Hospital-based	<b>Anthropometry (IG vs CG)</b> Birth weight(kg), mean(sd) [3.35±0.47 vs 3.19±0.40]	↔

Footnote:

Symbols used- ↑, positive effect; ↓, negative effect; ↔, no effect; ↑ mixed effect; †, analysis included comparison of IG1/IG2 with CG; ‡, analysis included before after comparison in intervention and control

Abbreviations- AG, adolescent girls; BASNEF, beliefs, attitudes, subjective norms and enabling factors; BHFI, baby friendly hospital initiative; CG, control group; CHW, community health worker; CI, confidence interval; CM, community mobilisation; CV, community volunteer; d, day; DDE, difference-in-difference estimate; EBF, exclusive breastfeeding; EIBF, early initiation of breastfeeding; GATHER, greet clients, ask clients about themselves, tell clients about their choices, help clients choose, explain what to do and return for follow up; gs, gestation; h, hour; HAZ, height-for-age z-score; HE, hand expression; HR, hazard ratio; IG, intervention group; IMNCI, integrated management of childhood illness; IPC, interpersonal counselling; LBW, low birth weight; m, month; MIYCN, maternal infant and young child nutrition; MM, mass media; OR, odds ratio; PA, policy advocacy; PD, prevalence difference; pp, postpartum; PR, prevalence ratio; RR, relative risk; TBA, traditional birth attendant; WAZ, weight-for-age z-score; wk, week; WLZ, weight-for-length z-score

**Table S2 Breastfeeding support packages that showed positive effects on breastfeeding outcomes and caregivers' knowledge/skills/practices**

<b>Hospital-based interventions</b>
<b>Counselling</b>
<p><b>Ahmadi et al., 2016</b>  <b>Mothers with premature (34-37wk) infants</b>  <b>Breastfeeding consultation using BASNEF model and counselling steps using GATHER model</b></p> <ul style="list-style-type: none"> <li>– First session: Consultation and counselling to get mothers familiar with methods of breastfeeding premature infants.</li> <li>– Second session: Counselling to get mothers familiar with several conventional definitions and explanations in breastfeeding.</li> <li>– Third session: Counselling to get mothers familiar with the advantages and disadvantages of natural and artificial feeding of premature infants.</li> <li>– Fourth session: Counselling to get mothers familiar with correct techniques of breastfeeding in premature infants.</li> <li>– Fifth session: Review of the content and conclusion</li> </ul> <p><b>IG:</b> 5 sessions of 30 min, 5 consecutive days, <b>CG:</b> Conventional training by staff  <b>Delivery:</b> Researchers, <b>Follow-up:</b> 34-37wk gestations to 4m pp</p>
<p><b>Aidam et al., 2005</b>  <b>Pregnant women attending prenatal clinics</b>  <b>Lactation counselling based on WHO/UNICEF counselling training manual, LINKAGES- “facts for feeding” brochure, Helping Mothers to Breastfeed-book</b></p> <p>[Author's developed specific BF materials for the intervention group mothers. These were adapted from-</p> <ol style="list-style-type: none"> <li>1) the WHO/UNICEF BF counselling training manual</li> <li>2) LINKAGES (Academy for Educational Development) “Facts for Feeding” brochure</li> <li>3) a book entitled Helping Mothers to Breastfeed</li> </ol> <p><i>Intervention group women received education on the following topics at the specified periods: definition of EBF, early BF initiation, importance of colostrum, on-demand and frequent feeds, benefits of EBF for infant and mother, BF techniques (positioning and attachment, including latch-on), dangers of Prelacteal feeds, adequacy of breast milk for 6m, dangers of breast milk substitutes, and prevention and management of lactation problems (engorgement, sore nipples).</i></p> <p><b>IG1:</b> Pre, peri and postnatally, <b>IG2:</b> Peri and postnatally, <b>CG:</b> Non-BF health education support  <b>Delivery:</b> Counsellors, <b>Follow-up:</b> 3<sup>rd</sup> trimester-6m pp</p>
<p><b>Oliveira et al., 2014</b>  <b>Adolescent mothers with newborns and their mothers</b>  <b>Counselling sessions based on WHO guiding principles</b></p> <p>[BF counselling session were given in accordance with WHO guiding principles-</p> <ul style="list-style-type: none"> <li>– BF importance and duration</li> <li>– factors that interfere with the production of milk</li> <li>– the technique of BF</li> <li>– the consequences of using a pacifier and the baby's crying and communication</li> </ul> <p>Doubts specific to each mother and grandmother were addressed and clarified.</p> <p><b>IG1:</b> AG not living with mother, with intervention, <b>CG1:</b> AG not living with mother, without intervention, <b>IG2:</b> AG living with mother, with intervention <b>CG2:</b> AG living with mother, without intervention  <b>Delivery:</b> Researchers, <b>Follow-up:</b> up to 6m</p>

<p><b>Education</b></p>
<p><b>Froozani et al., 1999</b>  <b>Mother-infant pairs</b>  <b>BF education by trained nutritionist (40h BF course)</b>  The BF education was given by a trained nutritionist in a 40-hour breastfeeding course (adapted from Breastfeeding counselling: a training course) in which each mother (after delivery) learned about the advantages of breastfeeding for herself and her child. The topics covered included-</p> <ul style="list-style-type: none"> <li>- the anatomy and physiology of the mammary gland</li> <li>- how to position the infant on the breast and prevent breastfeeding problems</li> <li>- rooming-in</li> <li>- breastfeeding on demand</li> <li>- the importance of exclusive breastfeeding, i.e., using the breast as the only source of nutrients (except for vitamin drops) during the first 4 months of life</li> </ul> <p><b>IG:</b> Education, face-to-face, after delivery and during follow-up, <b>CG:</b> Usual care  <b>Delivery:</b> Trained nutritionist, <b>Follow-up:</b> Delivery to 4m</p>
<p><b>Neyzi et al., 1991</b>  <b>Mother-infant pairs</b>  <b>Educational intervention by paediatric residents</b>  [During the 1<sup>st</sup> home visit, the mothers were given an appointment card to bring their infants to the University Children's Hospital for follow-up at age 2 weeks. Two paediatric residents were assigned to the care of these infants. The infants were given routine care with subsequent follow-up visits to the hospital at ages 1,2,3 and 4months. The same resident doctor continued to look after the same group of infants throughout study duration. The mothers were also given the doctors' contact details and informed they could call/visit doctors whenever problem arises. During the visits, the doctors spent 5-15 minutes with the mother discussing BF. If needed, the doctors were free to ask the mothers for more frequent visits and to ask them to bring a relative with them.</p> <p><b>IG:</b> 2 sessions after delivery, <b>CG:</b> Usual care  <b>Delivery:</b> Hospital staff, <b>Follow-up:</b> 1,2,3 and 4m</p>
<p><b>Susin &amp; Giugliani, 2008</b>  <b>Mother-father-infant triads</b>  <b>Educational session by a trained paediatrician</b>  [Intervention included of an educational session about BF by a trained paediatrician. Participants watched an 18-minute video on BF, followed by an open discussion and distribution of an explanatory handout. Both the video and the handout were particularly produced for this study. The video discussed some important aspects of BF, such as-</p> <ul style="list-style-type: none"> <li>- the WHO recommendations,</li> <li>- prevention and management of common BF problems</li> <li>- the importance of paternal participation</li> </ul> <p>It directly stated that fathers could support the BF mother by helping with household tasks and child care. It also showed several images of fathers helping with household tasks, such as changing diapers, washing dishes, or vacuum cleaning the carpet</p> <p><b>IG1:</b> Intervention to mother+father, <b>IG2:</b> Intervention to mother only, <b>CG:</b> No intervention  <b>Delivery:</b> Paediatrician, <b>Follow-up:</b> 1,2,4 and 6m</p>
<p><b>Ozluses &amp; Celebioglu, 2014</b>  <b>Couples with their infants</b>  <b>Educating fathers</b></p>

<p>[EBF education was provided to the mothers (20 min/d) in the first intervention group, and to the mothers and fathers (20 min/d for each parent) in the second intervention group; while there was no intervention for the mothers or the fathers in the control group. Education manuals for mothers (28 pages) and fathers (20 pages), prepared by the researchers, were provided to all the parents.</p> <p><b>IG1:</b> Mothers-20 min/d, <b>IG2:</b> Mothers+fathers-20 min/d, <b>CG:</b> No EBF education</p> <p><b>Delivery:</b> Researchers, <b>Follow-up:</b> 1, 2,4 and 6m</p>
<p><b>Su &amp; Ouyand, 2016</b></p> <p><b>Pregnant women</b></p> <p><b>Breastfeeding education based on WHO and La Leche League material</b></p> <p>The educational materials were selected from WHO and La Leche League International websites. In the intervention group, a “father support” model was used to foster father involvement in decision making with mothers on a feeding model and in supporting BF practices through emotional and physical aspects. The educational intervention was tested by 3 obstetricians, 3 senior midwives, and 3 senior nurses working in an obstetrics unit. The breastfeeding education programme lasted 60-90 minutes, and there were 4-8 participants in each class. PowerPoint presentations, breast models, and newborn dolls were used during the class. Each participant was given a booklet about BF following the education programme.</p> <p><b>IG:</b> Education to mother+father, <b>CG:</b> Education to mother only</p> <p><b>Delivery:</b> Researchers, <b>Follow up:</b> 1,2,4 and 6m</p>
<p><b>Ahmed, 2008</b></p> <p><b>Mothers and preterm infants (born &lt;37wk)</b></p> <p><b>Educational Programme based on PRECEDE model</b></p> <p>The 5 session BF educational programme designed using the PRECEDE (Predisposing, Reinforcing, Enabling Constructs in Educational Diagnosis and Evaluation) model included-</p> <ul style="list-style-type: none"> <li>– need assessment based on the results of previous studies and surveys, literature review and clinical observation</li> <li>– specification of programme goals</li> <li>– formulation of behavioural and learning objectives for each goal</li> <li>– selection of intervention methods</li> <li>– specification of time needed to achieve each learning objective</li> <li>– selecting suitable educational strategies based on Bandura’s SCT</li> <li>– programme evaluation</li> </ul> <p><b>IG:</b> 5 session BF education programme, <b>CG:</b> Routine care</p> <p><b>Delivery:</b> Not clear, <b>Follow-up:</b> Birth-3m</p>
<p><b>Training</b></p>
<p><b>Agrasada et al., 2005</b></p> <p><b>Mother-infant (term LBW) pairs</b></p> <p><b>Training programme for counsellors</b></p> <p>A 2-tier programme was implemented to select and train the counsellors. An invitation to a postpartum care seminar was sent to key local health centres in 13 cities of Metro Manila. Training material was provided to participants at no cost.</p> <ul style="list-style-type: none"> <li>– Level-one training: 3-day seminar on postpartum mother-child health</li> <li>– Level-two training: Didactic interactive sessions (e.g., role-playing, discussion groups, problem solving) and practical skill workshop (demonstration and return demonstration exercises)</li> </ul> <p><b>IG1:</b> BF counselling by trained counsellors, <b>IG2:</b> Child feeding counselling by trained counsellors, <b>CG:</b> Any counselling</p> <p><b>Delivery:</b> Counsellors, <b>Follow-up:</b> 15d,1,2,3,4,5 and 6m</p>



<p><b>Promotion</b></p>
<p><b>Cangol &amp; Sahin, 2017</b>  <b>Pregnant women- applied to pregnancy preparation course</b>  <b>BF motivation programme based on Pender's Health Promotion Model</b>  The BF motivation programme was structurally based on the conceptual framework of Pender's Health Promotion Model (HPM). The aim of the HPM is to teach individuals behaviours that will improve their health. The main concept of the model is self-efficacy. The components of the HPM are-</p> <ul style="list-style-type: none"> <li>- behaviour-specific cognitions and effects</li> <li>- perceived benefits and barriers</li> <li>- perceived self-efficacy</li> <li>- activity-related effects</li> <li>- interpersonal influences</li> <li>- situational influences</li> </ul> <p>These fundamental components are the main motivating factors in acquiring and maintaining health-promoting behaviours. Four BF motivation programme sessions were held.  <b>IG:</b> 4 times-antenatal period, 1<sup>st</sup> postnatal day, 4<sup>th</sup>-6<sup>th</sup> postnatal wk and 4<sup>th</sup> postnatal month,  <b>CG:</b> Not clear  <b>Delivery:</b> Researchers, <b>Follow-up:</b> 4m</p>
<p><b>Gu et al., 2016</b>  <b>Primiparous women companied by husband/ mother</b>  <b>Theory of Planned Behaviour (TPB)-based intervention programme</b>  [In addition to routine nursing care, intervention group was offered the theory of planned behaviour (TPB)-based programme. To ensure the quality and consistency of intervention, nurses were trained before the study. The programme comprised 1 individual instruction and 2 group educations at hospital and continued telephone counselling at home during postpartum period.  <b>IG:</b> Individual instruction, group education and telephone counselling, <b>CG:</b> Routine nursing care  <b>Delivery:</b> Nurses, <b>Follow-up:</b> 3d,6wk,4m and 6m pp</p>
<p><b>Moudi et al., 2016</b>  <b>Primiparous women referred to health centre</b>  <b>BF promotion</b>  To prepare volunteers for support, the researcher held training classes in 5 group sessions with 7-8 persons in each group. Daily sessions over 3 hours with a 45-minute break was held every 90 minutes separately by the investigator at each centre. The education was on the-</p> <ul style="list-style-type: none"> <li>- definition of peer support- purpose, role, and responsibilities of peer volunteers</li> <li>- communication skills</li> <li>- the basics of breast milk feeding (BMF) (benefits of BMF; anatomy and physiology of lactation; conditions of feeding and breast insertion; proper establishment of BMF; barriers to support and encourage; questions, common concerns, and stories; and false beliefs about BMF)</li> </ul> <p>Intervention was delivered in the health care with the lecture approach, using educational slides and images, questions and answers, and role playing.  <b>IG1:</b> Peer support group (4 times), <b>IG2:</b> Health care provider's education (4 training sessions),  <b>CG:</b> Routine care  <b>Delivery:</b> N/A, <b>Follow-up:</b> 4 and 8wk</p>
<p><b>Saljughi et al., 2016</b>  <b>Pregnant women</b>  <b>Role playing for promotion of BF</b></p>

At first the researcher prepared a scenario for the roles of BF mother, grandmother, aunt and the training midwife according to the instructions by WHO and the latest guidelines by Ministry of Health and Medical Education. The main topics were discussed in two sections:

- the first part was about training the right methods of breastfeeding
- the second part was about the problems during BF (mother's and infant's problems), mother's concerns about infant's nourishment and special needs of each mother during BF

After preparing the scenarios as mentioned, role selection, rehearsal and coordination of role players were conducted at the 35<sup>th</sup> week of pregnancy (one week before performing).

**IG:** Training on promoting BF self-efficacy at 36<sup>th</sup> wk via role playing, **CG:** Routine care

**Delivery:** Researchers, **Follow-up:** 1m pp

Community-based interventions
<b>Counselling</b> <b>Engebretsen et al., 2014; Tylleskar et al., 2011</b> <b>Mother-infant pairs</b> <b>EBF counselling based on WHO course</b> The intervention consisted of EBF counselling by peer counsellors that were from the local communities and trained in a 1 wk course by the national research teams with a curriculum adapted from the WHO courses ' <i>Breastfeeding Counselling: A Training Course</i> ' and ' <i>HIV &amp; Infant Feeding Counselling: a Training Course</i> '. All mothers were offered at least 5 home visits, the first occurred in the third trimester of pregnancy. <b>IG:</b> Peer counselling (1 antenatal and 4 postnatal), <b>CG:</b> Usual care <b>Delivery:</b> Trained peer counsellors, <b>Follow-up:</b> 3,6,12 and 24wks
<b>Morrow et al., 1999</b> <b>Pregnant women</b> <b>Home based peer counselling by trained counselor (La Leche League Mexico)</b> Three women who had previously worked for the Instituto Nacional de la Nutricion as field data collectors were trained to promote BF as peer counsellors. Each was a resident of San Pedro Martir, aged 25-30 years, had a high-school education, and had a commitment to BF, although they did not necessarily have previous personal BF experience. These peer counsellors were trained and supervised by staff of La Leche League of Mexico and the physician study coordinator, who was also trained in lactation management. The peer-counsellor training consisted of 1 wk of classes, 2 months in lactation clinics and with mother-to-mother support groups, and 1 day of observation and demonstration by visiting experts. Finally, the peer counsellors practised in a neighbourhood nearby San Pedro Martir for 6 months before the intervention trial, during which the content of messages and problem-solving skills were refined. <b>IG1:</b> 6 visits, <b>IG2:</b> 3 visits, <b>CG:</b> No intervention <b>Delivery:</b> Researchers, <b>Follow-up:</b> 2,4,6wk and 2,3 and 6m pp
<b>Leite et al., 2005</b> <b>Mothers-infants</b> <b>Home based peer counselling</b> Home visits consisted of 6 visits performed by lay counsellors following the discharge from maternity services: on the 5 <sup>th</sup> day from birth, 15 <sup>th</sup> , 30 <sup>th</sup> , 60 <sup>th</sup> , 90 <sup>th</sup> and 120 <sup>th</sup> . These lay counsellors have personal experience in BF their own children and comprise of a workgroup that is associated with the " <i>Assis Chateaubriand Maternity School</i> " Milk Bank at the Federal University of Ceara for more than 5 years. Besides the periodic training and supervision activities, all members of this group have participated in a 20-h theory-practice course adapted from " <i>Breastfeeding counselling: a training course</i> ". <b>IG:</b> Home visits 5,15,30,60,90 and 120d, <b>CG:</b> Standard care

<b>Delivery:</b> counsellors, <b>Follow up:</b> up to 6 m
<b>Education</b>
<p><b>Aksu et al., 2011</b></p> <p><b>Pregnant women</b></p> <p><b>Postnatal BF education based on 18h WHO/UNICEF BF counselling/lactation management course</b></p> <p>All women received standard BF education and support from nurses and midwives working at <i>Zu" beyde Hanım Maternity Hospital</i>. The training topics that were based on the WHO/UNICEF breastfeeding counselling/lactation management courses were introduced to them. Information on the following topic were provided-</p> <ul style="list-style-type: none"> <li>– production of breast milk</li> <li>– definition of EBF</li> <li>– benefits of EBF for the mother and the child</li> <li>– recommendations for effective breastfeeding</li> <li>– breastfeeding techniques (positioning and attachment)</li> <li>– on-demand and frequent feedings</li> <li>– problems created by pre-lacteals</li> <li>– adequacy of breastfeeding for 6 months</li> <li>– breast milk substitutes</li> <li>– problems connected with BF (e.g. engorgement, tender nipples) and their management</li> </ul> <p><b>IG:</b> BF education at home on day 3 postpartum (reinforcement), <b>CG:</b> No education/support</p> <p><b>Delivery:</b> Trained supporters, <b>Follow-up:</b> 2wk,6wk and 6m pp</p>
<p><b>Jakobsen et al., 2000</b></p> <p><b>Mothers and infants</b></p> <p><b>Health education based on WHO recommendations</b></p> <p>The health education focused on encouraging the mothers to postpone introduction of water and weaning food until the age of 4-6 months according to the WHO recommendation at the time the study was conducted.</p> <p><b>IG:</b> Education provided individual, orally in local language, <b>CG:</b> Standard care</p> <p><b>Delivery:</b> Female health worker, <b>Follow-up:</b> up to 6m</p>
<b>Training</b>
<p><b>Bhandari et al., 2003</b></p> <p><b>Infants</b></p> <p><b>Promotion of EBF by training existing primary healthcare health and nutrition workers</b></p> <p>Health and nutrition workers in the intervention communities attended a 3-day course. Half the course was used for hands-on training in counselling individuals or groups of mothers. The training was based on an adaptation of the <u>Integrated Management of Childhood Illnesses Training Manual</u> on Breastfeeding Counselling, and included training on communication skills, detection of problems with positioning and attachment to the breast and resolving BF difficulties.</p> <p><b>IG:</b> Promotion by CHWs trained in BF (3-day course), <b>CG:</b> Usual care</p> <p><b>Delivery:</b> CHWs, <b>Follow-up:</b> 3d, 3 and 6m</p>
<p><b>Balaluka et al., 2012</b></p> <p><b>Infants</b></p> <p><b>Trained CVs -part of community-based nutrition project where CVs were trained in BF</b></p> <p>The community volunteers selected were trained at the health district level about the key practices of community nutrition and about promoting BF. Key messages were defined so as to help the mothers understand the importance of EBF from birth-</p> <ul style="list-style-type: none"> <li>– Breast milk is the first food suitable for newborn babies and young infants</li> </ul>

<ul style="list-style-type: none"> <li>– It protects the infant against diarrhoea and other illnesses</li> <li>– It strengthens the immunity, without additional costs</li> <li>– BF strengthens the psycho-emotional relationship between mother and child</li> <li>– BF repeatedly stimulates breast milk production for the mother</li> </ul> <p><b>IG:</b> Promoting EBF via door-to-door visits and community meetings, <b>CG:</b> Usual care only</p> <p><b>Delivery:</b> Community volunteers, <b>Follow-up:</b> 3,4,5, and 6m</p>
<p><b>Mukantwali et al., 2006</b></p> <p><b>Mother-infant pairs</b></p> <p><b>Special training of CHWs based on 40h WHO/UNICEF BF course</b></p> <p>A special WHO/UNICEF 40-hour breastfeeding training. The following components were included in this programme-</p> <ul style="list-style-type: none"> <li>– counselling and communication</li> <li>– assessing a breastfed baby,</li> <li>– expressing breastmilk</li> <li>– insufficient breastmilk</li> <li>– refusal to breastfeed</li> <li>– low birth weight and sick babies</li> <li>– increasing breastmilk and re-lactation</li> <li>– building confidence and giving support</li> </ul> <p><b>IG:</b> Visited by specially trained CHW, <b>CG:</b> Visited by normally trained CHW</p> <p><b>Delivery:</b> health workers, <b>Follow-up:</b> up to 6m</p>
<p><b>Mukhopadhyay et al., 2017</b></p> <p><b>Mother-infant pairs</b></p> <p><b>Modular training on infant feeding to CHWs in local vernacular</b></p> <p>Community health workers- Accredited Social Health Activists (ASHAs) and Female Health Workers (FHWs) of the intervention area were given modular training on IYCF practices in local vernacular. ASHAs were asked to visit the households of study infants fortnightly to counsel the mothers/caregivers about IYCF practices, to help them in solving problems regarding feeding and to give necessary health advices. FHWs counselled the mothers/caregivers at sub-centre and outreach clinics and supported ASHAs during their field visit in promoting optimum infant feeding practices. They were supervised on the job by a group of public health experts. ASHAs and FHWs of the control area did not receive any such training or sensitization. ASHAs and FHWs of both the areas were continuing their routine activities.</p> <p><b>IG:</b> Trained community health workers, <b>CG:</b> Standard care</p> <p><b>Delivery:</b> CHWs, <b>Follow-up:</b> up to 6m</p>
<p><b>Promotion</b></p>
<p><b>Akram et al., 1997</b></p> <p><b>Pregnant women</b></p> <p><b>Promotion of EBF</b></p> <p>The intervention consisted of “predefined” health messages that had been pretested on a group of women having the same socioeconomic and literacy status as those in the study group. Messages were pretested with individuals and with groups: the feedback of these women was noted and appropriate changes in the health messages were made. Health education was provided on a one-to-one basis by house visits made by the lady health visitors and health workers. The educators were trained in community motivation and promotion of EBF by resource persons from the lactation management programme. Health messages explained the meaning of EBF, its advantages and stressed the protective role of colostrum and prompt initiation of BF after birth. Mothers were informed about disadvantages of pre-lacteal feeds and the hazards of bottle feeding in promoting</p>

diarrhoea. They were also advised on nutrition and dietary habits and breast care during pregnancy and lactation. These predefined health messages were presented in the form of pictorial flipcharts, photographs representing different BF positions and through verbal communication by trained health workers.

**IG:** Health messages, **CG:** Not given health message

**Delivery:** Health workers, **Follow-up:** 1m before delivery-6m pp

#### **Peer support**

**Bich et al., 2016**

**Fathers and their pregnant wives from 7-30 wk gestation**

**Fathers as supporters**

To motivate fathers to be involved and act, intervention activities were designed and implemented to target not only fathers but also the social group and general community, including political health care systems. An intervention package was developed consisting of several components:

- mass media communication
- father's group counselling at monthly antenatal and vaccination activities
- home visits by village health workers for individual counselling
- father's role enforcement and community mobilization through public events in collaboration with the Farmers' Association.

The intervention package was integrated within the routine health care services for women and children provided by local health staff within the Chi Linh district health system periphery. Health education campaign and counselling activities targeting fathers were carried out continuously during both antenatal and post-natal periods. The intervention package disseminated key messages on BF through mass media communication using radio, posters and pamphlets, groups counselling sessions and home visits to fathers. A public event entitled '*Who loves their wives and children more*' was also arranged to raise awareness in the community, where teams of fathers competed in front of a live audience answering knowledge questions and performing skits and songs.

**IG:** BF education material, counselling services at community health centres, invitation to social events and household visits, **CG:** No intervention to fathers

**Delivery:** CHWs, **Follow-up:** 4 and 6m