

Cochrane Database of Systematic Reviews

Baby-led compared with scheduled (or mixed) breastfeeding for

successful breastfeeding (Review)
Fallon A, Van der Putten D, Dring C, Moylett EH, Fealy G, Devane D
Fallon A, Van der Putten D, Dring C, Moylett EH, Fealy G, Devane D. Baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding.

Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD009067. DOI: 10.1002/14651858.CD009067.pub3.

www.cochranelibrary.com



[Intervention Review]

Baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding

Anne Fallon¹, Deirdre Van der Putten¹, Cindy Dring², Edina H Moylett³, Gerard Fealy⁴, Declan Devane¹

¹School of Nursing and Midwifery, National University of Ireland Galway, Galway, Ireland. ²Health Promotion, Student Services, National University of Ireland Galway, Galway, Ireland. ³Department of Paediatrics, National University of Ireland Galway, Galway, Ireland. ⁴Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland

Contact address: Anne Fallon, School of Nursing and Midwifery, National University of Ireland Galway, Áras Moyola, Galway, Ireland. anne.fallon@nuigalway.ie.

Editorial group: Cochrane Pregnancy and Childbirth Group.

Publication status and date: New search for studies and content updated (no change to conclusions), published in Issue 9, 2016.

Citation: Fallon A, Van der Putten D, Dring C, Moylett EH, Fealy G, Devane D. Baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD009067. DOI: 10.1002/14651858.CD009067.pub3.

Copyright © 2016 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

ABSTRACT

Background

Baby-led breastfeeding is recommended as best practice in determining the frequency and duration of a breastfeed. An alternative approach is described as scheduled, where breastfeeding is timed and restricted in frequency and duration. It is necessary to review the evidence that supports current recommendations, so that women are provided with high-quality evidence to inform their feeding decisions.

Objectives

To evaluate the effects of baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding, for healthy newborns.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (23 February 2016), CINAHL (1981 to 23 February 2016), EThOS, Index to Theses and ProQuest database and World Health Organization's 1998 evidence to support the 'Ten Steps' to successful breastfeeding (10 May 2016).

Selection criteria

We planned to include randomised and quasi-randomised trials with randomisation at both the individual and cluster level. Studies presented in abstract form would have been eligible for inclusion if sufficient data were available. Studies using a cross-over design would not have been eligible for inclusion.

Data collection and analysis

Two review authors independently assessed for inclusion all potential studies we identified as a result of the search strategy. We would have resolved any disagreement through discussion or, if required, consulted a third review author, but this was not necessary.

Main results

No studies were identified that were eligible for inclusion in this review.



Authors' conclusions

This review demonstrates that there is no evidence from randomised controlled trials evaluating the effect of baby-led compared with scheduled (or mixed) breastfeeding for successful breastfeeding, for healthy newborns. It is recommended that no changes are made to current practice guidelines without undertaking robust research, to include many patterns of breastfeeding and not limited to baby-led and scheduled breastfeeding. Future exploratory research is needed on baby-led breastfeeding that takes the mother's perspective into consideration.

PLAIN LANGUAGE SUMMARY

Patterns of breastfeeding, according to the baby or according to the clock

What is the issue?

Patterns of breastfeeding can vary greatly. Two very different approaches are often used to determine when the baby will breastfeed and for how long. One approach is led by the baby, and is known as baby-led, unrestricted or breastfeeding on demand. The other approach is led by the clock, and is known as scheduled, timed or restricted breastfeeding.

From the early 20th century women in many health settings were advised to breastfeed according to the clock; timing and restricting both the frequency and length of breastfeeds. This advice was based on bottle-feeding patterns. This practice changed when baby-led or demand breastfeeding was advocated. With baby-led breastfeeding, the amount of milk produced is determined by the baby's demand. The baby then controls the supply of milk, ensuring that enough milk is produced to meet his or her needs. With this approach, close contact between the mother and her baby is encouraged with no restrictions placed on their time together. However, the mother may not always be in a position to breastfeed her baby on demand due to, for example, being separated from her baby for any reason, and there can be uncertainty for the mother if and when her baby does not demand a breastfeed.

Why is this important?

Mothers require information on the frequency and duration of breastfeeds but they receive conflicting advice. Current guidelines encourage baby-led breastfeeding. It is important to systematically review the evidence, to inform women's decisions on the relative effectiveness of each method.

This review is also important as baby-led breastfeeding is not always followed, as many women and caregivers seem more comfortable with scheduled rather than baby-led feeding patterns.

What evidence did we find?

We searched for evidence on 23 February 2016 and identified no new studies for inclusion in the update of this review.

What does this mean?

We looked for studies that compared baby-led with scheduled (or mixed) breastfeeding for successful breastfeeding for healthy newborn babies. However, no studies were found that met the inclusion criteria. It is recommended that no changes are made to current practice guidelines without undertaking robust research, to include many patterns of breastfeeding and not limited to baby-led and scheduled breastfeeding. Future exploratory research on baby-led breastfeeding is also needed that takes the mother's perspective into consideration.