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[Intervention Review]

Telephone support for women during pregnancy and the first six weeks postpartum

Tina Lavender¹, Yana Richens², Stephen J Milan³, Rebecca MD Smyth¹, Therese Dowswell⁴

¹School of Nursing, Midwifery and Social Work, The University of Manchester, Manchester, UK. ²Elizabeth Garrett Anderson and Obstetric Hospital, University College London Hospital Foundation Trust, London, UK. ³Population Health Sciences and Education, St George's University of London, London, UK. ⁴Cochrane Pregnancy and Childbirth Group, Department of Women's and Children's Health, The University of Liverpool, Liverpool, UK

Contact address: Tina Lavender, School of Nursing, Midwifery and Social Work, The University of Manchester, Oxford Road, Manchester, M13 9PL, UK. tina.lavender@manchester.ac.uk.

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ABSTRACT

Background

Telephone communication is increasingly being accepted as a useful form of support within health care. There is some evidence that telephone support may be of benefit in specific areas of maternity care such as to support breastfeeding and for women at risk of depression. There is a plethora of telephone-based interventions currently being used in maternity care. It is therefore timely to examine which interventions may be of benefit, which are ineffective, and which may be harmful.

Objectives

To assess the effects of telephone support during pregnancy and the first six weeks post birth, compared with routine care, on maternal and infant outcomes.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (23 January 2013) and reference lists of all retrieved studies.

Selection criteria

We included randomised controlled trials, comparing telephone support with routine care or with another supportive intervention aimed at pregnant women and women in the first six weeks post birth.

Data collection and analysis

Three review authors independently assessed studies identified by the search strategy, carried out data extraction and assessed risk of bias. Data were entered by one review author and checked by a second. Where necessary, we contacted trial authors for further information on methods or results.

Main results

We have included data from 27 randomised trials involving 12,256 women. All of the trials examined telephone support versus usual care (no additional telephone support). We did not identify any trials comparing different modes of telephone support (for example, text messaging versus one-to-one calls). All but one of the trials were carried out in high-resource settings. The majority of studies examined support provided via telephone conversations between women and health professionals although a small number of trials included telephone support from peers. In two trials women received automated text messages. Many of the interventions aimed to address specific

health problems and collected data on behavioural outcomes such as smoking cessation and relapse (seven trials) or breastfeeding continuation (seven trials). Other studies examined support interventions aimed at women at high risk of postnatal depression (two trials) or preterm birth (two trials); the rest of the interventions were designed to offer women more general support and advice.

For most of our pre-specified outcomes few studies contributed data, and many of the results described in the review are based on findings from only one or two studies. Overall, results were inconsistent and inconclusive although there was some evidence that telephone support may be a promising intervention. Results suggest that telephone support may increase women's overall satisfaction with their care during pregnancy and the postnatal period, although results for both periods were derived from only two studies. There was no consistent evidence confirming that telephone support reduces maternal anxiety during pregnancy or after the birth of the baby, although results on anxiety outcomes were not easy to interpret as data were collected at different time points using a variety of measurement tools. There was evidence from two trials that women at high risk of depression who received support had lower mean depression scores in the postnatal period, although there was no clear evidence that women who received support were less likely to have a diagnosis of depression. Results from trials offering breastfeeding telephone support were also inconsistent, although the evidence suggests that telephone support may increase the duration of breastfeeding. There was no strong evidence that women receiving telephone support were less likely to be smoking at the end of pregnancy or during the postnatal period.

For infant outcomes, such as preterm birth and infant birthweight, overall, there was little evidence. Where evidence was available, there were no clear differences between groups. Results from two trials suggest that babies whose mothers received support may have been less likely to have been admitted to a neonatal intensive care unit (NICU), although it is not easy to understand the mechanisms underpinning this finding.

Authors' conclusions

Despite some encouraging findings, there is insufficient evidence to recommend routine telephone support for women accessing maternity services, as the evidence from included trials is neither strong nor consistent. Although benefits were found in terms of reduced depression scores, breastfeeding duration and increased overall satisfaction, the current trials do not provide strong enough evidence to warrant investment in resources.

PLAIN LANGUAGE SUMMARY

Telephone support for women during pregnancy and up to six weeks after the birth

Telephone support may be of benefit to women with particular problems during pregnancy and in the first six weeks after the birth of the baby but it is not clear which interventions may be helpful, which are ineffective, and which may be harmful.

Telephone communication is increasingly being accepted as a useful form of support within health care, with many telephone-based interventions currently being used in maternity care.

In this review we have included results from 27 randomised trials with more than 12,000 women. All of the trials examined telephone support versus usual care (no additional telephone support). In two trials women received automated text messages. We did not identify any trials comparing different types of telephone support (for example, text messaging versus one-to-one calls). All but one of the trials were carried out in high-resource settings. The majority of studies examined support provided via telephone conversations between women and health professionals although a small number of trials included telephone support from peers. Many of the results described in the review are based on findings from only one or two studies. Overall, results were inconsistent and inconclusive. Telephone support may increase women's overall satisfaction with their care during pregnancy and the postnatal period; although results for both periods were from only two studies. There was no consistent evidence confirming that telephone support reduces anxiety during pregnancy or after the birth of the baby. Evidence from two trials showed that women who received support had lower average depression scores in the postnatal period but without clear evidence that women who were supported were less likely to have a diagnosis of depression. Results from trials encouraging breastfeeding through telephone support were also inconsistent, although there was some evidence that telephone support may increase the duration of breastfeeding. There was no strong evidence that women receiving telephone support were less likely to be smoking at the end of pregnancy or during the postnatal period.

For infant outcomes, such as preterm birth and infant birthweight, overall, there was little evidence. Where evidence was available, there were no clear differences between groups.

There remains uncertainty regarding the benefit of telephone support and despite some encouraging findings, there is insufficient evidence to recommend routine telephone support for women accessing maternity services.