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Latch On: A multi-centre randomised trial of multicomponent perinatal breastfeeding support for women with a raised body mass index

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Breastfeeding is recommended by the World Health Organization as the ideal source of infant nutrition(1), as breastfeeding confers multiple health benefits for both mother and infant(1). Women with overweight and obesity are at-risk of reduced breastfeeding success compared with women of normal weight(2). Enhanced knowledge and support contributes to increased success in women with raised body mass indices (BMIs)(3).

The Latch On study was a multicentre randomised controlled trial of a multicomponent breastfeeding education and support intervention versus usual care on the prevalence of any breastfeeding at 3 months in women with BMIs ≥25 kg/m^2. The trial was prospectively registered and occurred at four Irish maternity centres between 2019 and 2022.

225 primiparous women and their nominated support partners were recruited and randomised to intervention (n = 112) or control group (n = 113). using a computer-generated randomisation sequence. Women were aged over 18, with BMIs ≥25kg/m^2, carrying a singleton pregnancy and without contraindication for breastfeeding. The intervention consisted of an antenatal group breastfeeding education session with support partners, followed by a lactation consultant delivered individual postnatal breastfeeding assessment, and postnatal telephone contact for up to six weeks. The control group received usual care, which included optional general antenatal classes, access to hospital lactation consultant if required, and follow-up breastfeeding clinics in some centres.

The primary outcome was any breastfeeding at three months postpartum. Secondary outcomes included breastfeeding rates at discharge, six weeks, and six months postpartum, breastfeeding self-efficacy, attitudes toward breastfeeding, and impact of the COVID-19 pandemic on these outcomes.

194 women reached the primary outcome point at 3 months postpartum (n = 99 intervention, n = 95 control) and had a median BMI of 28.2kg/m^2 (range 25.0–43.4). Breastfeeding prevalence at 3 months postpartum was 68.7% (n = 68) in the intervention group and 62.1% (n = 59) in the control group (RR1.16, 95% CI 0.85-1.57, P = 0.42). Breastfeeding initiation or rates at any timepoint did not differ. The antenatal education intervention with support partner present increased motivation to breastfeed in the intervention group (P = 0.02), and proportion who were positive towards breastfeeding (n = 58, 61.7%) compared with the control group (n = 36, 38.3%) (RR1.45, 95% CI 1.07-1.96, P = <0.01). More women in the control group accessed support from private lactation consultants (intervention 23.5% (n = 12) control 45.3% (n = 24) P = 0.03).

In conclusion, both groups had high rates of breastfeeding at all timepoints, and the study found no intervention effect. Enhanced antenatal education improved breastfeeding attitudes and motivation prior to birth. The control group sought out more professional support outside the study. Providing adequate education and support to women who intend to breastfeed remains of paramount importance.

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