
*Faire PLUS avec MOINS –
Stratégies de recherche efficaces au
quotidien*

Ann McKibbon

Donna Ciliska



More-with-Less

World Community Cookbooks

Simply in Season

About

Recipe of the Week

Fruit and Vegetable Guide

Blogs & Reviews

Register

Simply in Season Children's Cookbook

About

Look Inside

More-with-Less

About

Recipes

Extending the table

Earmarks of a bestseller

After 25 years More-with-Less Cookbook is still changing eating habits and lives

As an MCC volunteer just out of high school in 1974, I worked with Doris Longacre at MCC's Akron, Pa., headquarters, while she collected, read and tested recipes for her *More-with-Less* cookbook. Written to challenge North Americans to consume less so others could eat enough, the book has sold an astonishing 830,000 copies since its release in 1976.

"It is by far our best-selling book," says Patty Weaver, marketing manager at Herald Press. The popular cookbook, currently selling from its 47th printing, contains 500 recipes and hundreds of spiritual reflections and practical tidbits about eating more simply.



Faire plus avec moins...

- Revues sur la santé 40 000
 - Medline contient 17 000 000 citations
 - Google
 - 1998 26 000 000 URL (pas des pages)
 - 2008 1 000 000 000 000 URL
 - Le volume de tous les documents augmente beaucoup plus vite que le contenu de grande qualité
 - Comment exploiter ces informations?
-

« Wedge » de publication (thérapie)

Idée

Développement de l'idée

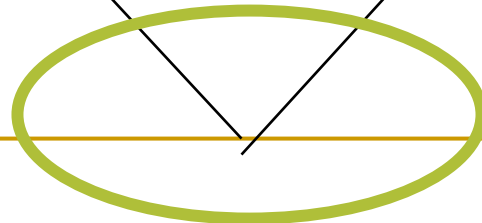
Recherche en laboratoire

Essai sur les animaux

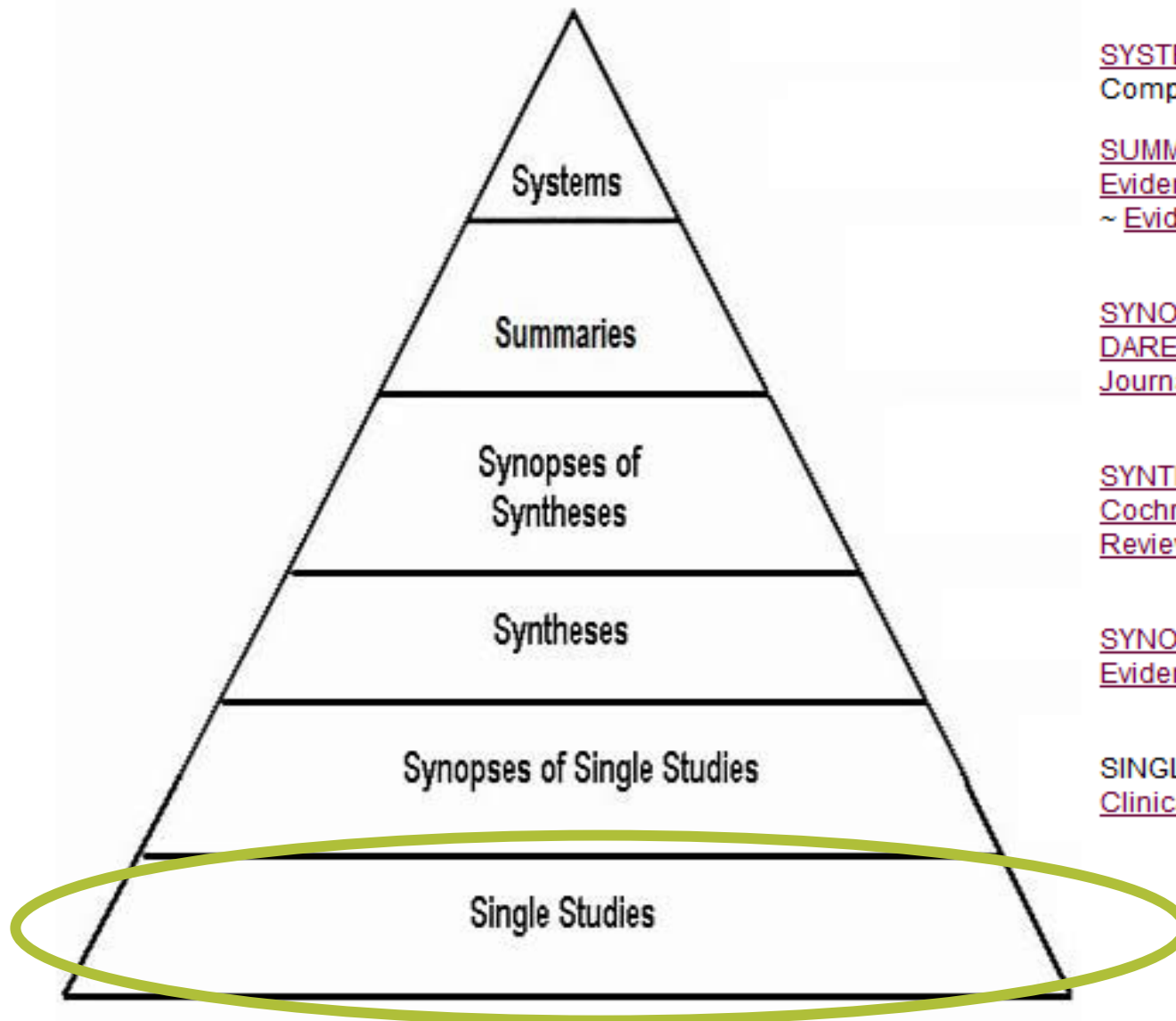
1^{er} niveau d'essais sur les humains Phase I

2^e niveau d'essais sur les humains Phase II

3^e niveau d'essais sur les humains Phase III



[Adapted from Haynes R.B. (2007). Of studies, summaries, synopses, and systems: the "5S" evolution of information services for evidence-based healthcare decisions. [Evidence-Based Nursing, 10, 6-7](#)] and Haynes RB. (2001). Of studies, syntheses, synopses, and systems: the "4S" evolution of services for finding current best evidence. *ACP Journal Club*, 134(2):A11-3.



EXAMPLES:

SYSTEMS:

Computerized decision support

SUMMARIES::

[Evidence-Based Guidelines](#)

~ [Evidence-Based Texts](#)

SYNOPSIS OF SYNTHESSES:

[DARE](#) ~ [Evidence-Based Abstract Journals](#)

SYNTHESSES (Systematic Reviews):

[Cochrane Database of Systematic Reviews](#)

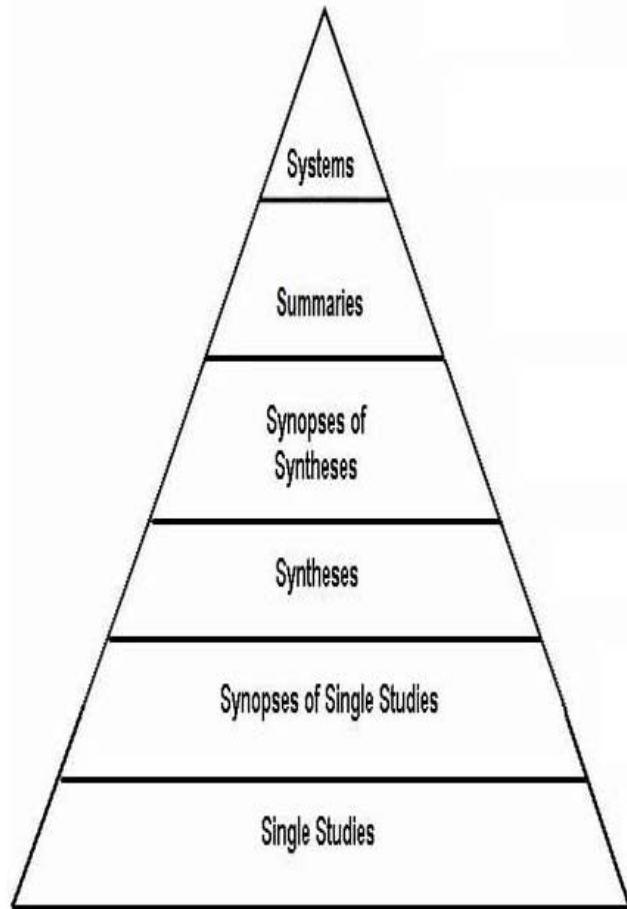
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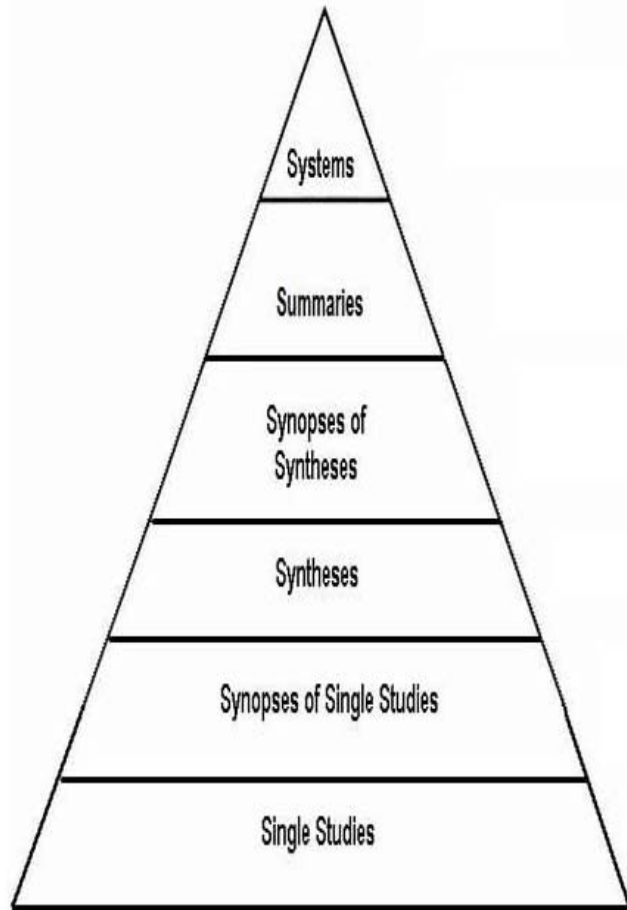
[Clinical Queries](#)

Virus du papillome humain (VPH)



- Systèmes
 - 0
- Résumés (lignes directrices et manuels)
 - 57 en Amérique du Nord
- Sommaires des synthèses
 - 36
- Articles recensés
 - 3 200 non systématiques
 - 243 systématiques
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 - 6
- Études isolées
 - 20 000
- Google
 - 6 240 000 pages

Allaitement et soutien des pairs



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Oral Anticoagulation Management in Primary Care With the Use of Computerized Decision Support and Near-Patient Testing

A Randomized, Controlled Trial

System

David A. Fitzmaurice, MD; F. D. Richard Hobbs, FRCGP; Ellen T. Murray, MSc; Roger L. Holder, BSc; Teresa F. Allan, MSc; Peter E. Rose, MD

Background: There is increased pressure on primary care physicians to monitor oral anticoagulation.

Objective: To test the null hypothesis that oral anticoagulation care can be provided at least as well in primary care through a nurse-led clinic, involving near-patient testing and computerized decision support software, compared with routine hospital management based on a variety of clinical outcome measures.

Methods: A randomized, controlled trial in 12 primary care practices in Birmingham, England (9 intervention and 3 control). Two control populations were used: patients individually randomly allocated as controls in the intervention practices (intrapractice controls) and all patients in control practices (interpractice controls). Intervention practices' patients were randomized to the intervention (practice-based anticoagulation clinic) or control (hospital clinic) group. The main outcome measure was therapeutic control of the international normalized ratio.

Results: Three hundred sixty-seven patients were recruited (122 intervention patients, 102 intrapractice control patients, and 143 interpractice control patients). Standard measures of control of the international normalized ratio (point prevalence) showed no significant difference between the intervention and control groups. Data on proportion of time spent in the international normalized ratio range showed significant improvement for patients in the intervention group (paired *t* test, $P = .008$).

Conclusions: Nurse-led anticoagulation clinics can be implemented in novice primary care settings by means of computerized decision support software and near-patient testing. Care given by this model is at least as good as routine hospital follow-up. The model is generalizable to primary health care centers operating in developed health care systems.

Comment trouver ?

- Difficile, parce qu'il n'en existe pas beaucoup
 - Base de données TRIP
 - Medline

 - Utiliser des termes liés au contenu et un « soutien à la décision »
-



Evidence Based Medicine [Medical Images](#) [Patient Information Leaflets](#)

breast feeding peer support decision support

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[Interventions to promote breast-feeding : applying the evidence in clinical practice](#)



CMA Infobase (Canada). 2004

[Breastfeeding best practice guidelines for nurses.](#)



National Guideline Clearinghouse (USA). 2007

[Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers](#)



National Health and Medical Research Council (Australia). 2003

[Postnatal care. Routine postnatal care of women and their babies.](#)



National Guideline Clearinghouse (USA). 2006

[Workplace health promotion: how to help employees to stop smoking.](#)



National Guideline Clearinghouse (USA). 2007

[Guidelines for the management of HIV infection in pregnant women 2008](#)



National Library of Guidelines (UK). 2008

[Interventions in schools to prevent and reduce alcohol use among children and young people.](#)



National Guideline Clearinghouse (USA). 2007

[Mental wellbeing and older people](#)



National Institute for Health and Clinical Excellence - Public Health. 2008

[Brief interventions and referral for smoking cessation in primary care and other settings.](#)



National Guideline Clearinghouse (USA). 2006

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Worldviews Evid Based Nurs. 2005;2(1):25-32.
PMID: 17040553 [PubMed - indexed for MEDLINE]
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- 2: [Mothers' decisions to change from formula to mothers' milk for very-low-birth-weight infants.](#)
Miracle DJ, Meier PP, Bennett PA.
J Obstet Gynecol Neonatal Nurs. 2004 Nov-Dec;33(6):692-703.
PMID: 15561657 [PubMed - indexed for MEDLINE]
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- 3: [Insight from a breastfeeding peer support pilot program for husbands and fathers of Texas WIC participants.](#)
Stremler J, Lovera D.
J Hum Lact. 2004 Nov;20(4):417-22.
PMID: 15479662 [PubMed - indexed for MEDLINE]
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- 4: [Dads as breastfeeding advocates: results from a randomized controlled trial of an educational intervention.](#)
Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J.
Am J Obstet Gynecol. 2004 Sep;191(3):708-12.
PMID: 15467529 [PubMed - indexed for MEDLINE]
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Résumés

- Le travail d'analyse a déjà été réalisé:
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 - Résumé de la littérature – ces deux éléments dans un ensemble de conclusions basées sur le contenu
 - Recommandations
 - Manuels bien faits
 - Lignes directrices pour la pratique clinique
-


Livres

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- Connaître sa source et celui qui la produit
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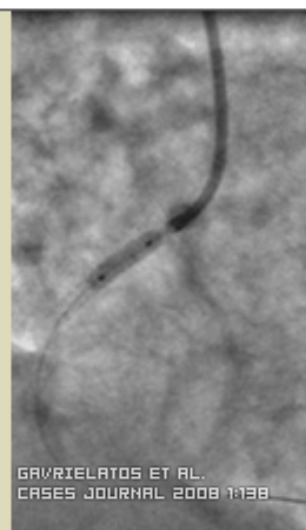
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Editorial

Drug-eluting stents seem to have recently fallen out of favour, being the subject of controversy surrounding their long-term safety. Past examples of drugs placed on the shelf after identification of adverse effects subsequent to initial enthusiasm suggest that drug-eluting stents have entered an established cycle. If they follow this pattern, after setting limitations to their use, a return to popularity could be next. But, as we contemplate in our Editorial, could this cycle have been avoided by actively seeking potential adverse effects at an earlier stage?



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June 22, 2009

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Promoting and Supporting Breast-Feeding

JAY MORELAND, M.D., and
JENNIFER COOMBS, P.A.-C.

University of Utah School of Medicine, Salt Lake City, Utah

 A patient information [handout on breast-feeding, written by the authors of this article, is provided on page 2103.](#)

The family physician can significantly influence a mother's decision to breast-feed. Prenatal support, hospital management and subsequent pediatric and maternal visits are all-important components of breast-feeding promotion. Prenatal encouragement increases breast-feeding rates and identifies potential problem areas. Hospital practices should focus on rooming-in, early and frequent breast-feeding, skilled support and avoidance of artificial nipples, pacifiers and formula. Infant follow-up should be two to four days postdischarge, with lactation support groups, including lactation consultants and peer counselors. (Am Fam Physician 2000;2103-4.)

Breast-feeding is the best form of nutrition and has a significant impact on the initiation and maintenance of breastfeeding. Physicians can have a significant impact on the initiation and maintenance of breastfeeding if they have sufficient knowledge of breastfeeding benefits and the necessary skills to provide support or habits.³ In one recent study,⁴



Lignes directrices pour la pratique clinique

- Best Practice Guidelines

(Association des infirmières et infirmiers autorisés de l'Ontario)

- Recommended Clinical Practice Guidelines
(Guideline Advisory Committee (GAC))

- Infobanque AMC : Guides de pratiques cliniques
(Association médicale canadienne)

- Clinical Practice Guidelines

(Alberta Medical Association)

- National Guideline Clearinghouse (États-Unis)

- AGREE-Appraisal of Guidelines Research & Evaluation

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Short List

1. Immunisation pendant la grossesse

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Items 1 to 7

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| <input type="checkbox"/> Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]. 2008 Mar. 105 pages. NGC:006418

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- [Breastfeeding best practice guidelines for nurses](#). Registered Nurses' Association of Ontario - Professional Association. 2003 Sep (addendum released 2007 Mar). Original guideline: 120 pages; addendum: 15 pages. NGC:005959

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- [Primary care interventions to promote breastfeeding: U.S. Preventive Services Task Force recommendation statement](#). United States Preventive Services Task Force - Independent Expert Panel. 1996 (revised 2008). 6 pages. NGC:006745

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- Primary care interventions to promote breastfeeding: U.S. Preventive Services Task Force recommendation statement. NGC:6745

- Interventions to promote breast-feeding: applying the evidence in clinical practice. NGC:3651

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Guideline Comparison

GUIDELINE TITLE	Primary care interventions to promote breastfeeding: U.S. Preventive Services Task Force recommendation statement.	Interventions to promote breast-feeding: applying the evidence in clinical practice.
DATE RELEASED	1996 (revised 2008)	2004 Mar 16
ADAPTATION	Not applicable: The guideline was not adapted from another source.	The guideline is an update of recommendations by the Canadian Task Force on Preventive Health Care (CTFPHC) made in 1994.
GUIDELINE DEVELOPER(S)	United States Preventive Services Task Force - Independent Expert Panel	Canadian Task Force on Preventive Health Care - National Government Agency [Non-U.S.]
SOURCE(S) OF FUNDING	United States Government	The Canadian Task Force on Preventive Health Care (CTFPHC) is funded through a partnership between the Provincial and Territorial Ministries of Health and Health Canada.
COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE	<p><i>Task Force Members*</i>: Ned Calonge, MD, MPH, <i>Chair</i> (Colorado Department of Public Health and Environment, Denver, Colorado); Diana B. Petitti, MD, MPH, <i>Vice Chair</i> (Keck School of Medicine, University of Southern California, Sierra Madre, California); Thomas G. DeWitt, MD (Children's Hospital Medical Center, Cincinnati, Ohio); Allen Dietrich, MD (Dartmouth Medical School, Lebanon, New Hampshire); Kimberly D. Gregory, MD, MPH (Cedars-Sinai Medical Center, Los Angeles, California); Russell Harris, MD, MPH (University of North Carolina School of Medicine, Chapel Hill, North Carolina); George Isham, MD, MS (HealthPartners, Minneapolis, Minnesota); Michael L. LeFevre, MD, MSPH (University of Missouri School of Medicine, Columbia, Missouri); Rosanne Leipzig, MD, PhD (Mount Sinai School of Medicine, New York, New York); Carol Loveland-Cherry, PhD, RN (University of Michigan</p>	<p><i>Canadian Task Force on Preventive Health Care (CTFPHC) Members</i>: Dr. John W. Feightner, (<i>Chair</i>) Professor, Department of Family Medicine, The University of Western Ontario, London, Ont.; Dr. Harriet MacMillan, (<i>Vice-chair</i>) Associate Professor, Departments of Psychiatry and Behavioural Neurosciences and of Pediatrics, Canadian Centre for Studies of Children at Risk, McMaster University, Hamilton, Ont.; Drs. Paul Bessette, Professeur titulaire, Département d'obstétrique-gynécologie, Université de Sherbrooke, Sherbrooke, Que.; R. Wayne Elford, Professor Emeritus, Department of Family Medicine, University of Calgary, Calgary, Alta.; Denice Feig, Assistant Professor, Department of Medicine, University of Toronto, Toronto,</p>

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- **DARE-Database of Abstracts of Reviews of Effects**

(Centre for Reviews and Dissemination)

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<input type="checkbox"/>	DARE	The effectiveness of primary care-based interventions to promote breastfeeding: evidence review and meta-analysis for the U.S. Preventive Services Task Force	2003	Guise J M, Palda V, Westhoff C, Chan B K, Helfand M, Lieu T A	Annals of Family Medicine	Abstract
<input type="checkbox"/>	DARE	The effectiveness of community interventions to increase fruit and vegetable consumption in people four years of age and older	1999	Ciliska D, Miles E, O'Brien M A, Turl C, Tomasik H H, Donovan U, Beyers J	Report	Abstract
<input type="checkbox"/>	DARE	Effectiveness of interventions to promote healthy feeding in infants under one year of age	1998	Tedstone A, Duncie N, Aviles M, Shetty P, Daniels L	Report	Abstract
<input type="checkbox"/>	DARE	Interventions for promoting the initiation of breastfeeding	2005	Dyson Lisa, McCormick Felicia M, Renfrew Mary J	Cochrane Database of Systematic Reviews: Reviews	Cochrane Review

Database of Abstracts of Reviews of Effects (DARE)

The effectiveness of primary care-based interventions to promote breastfeeding: evidence review and meta-analysis for the U.S. Preventive Services Task Force

Guise J M, Palda V, Westhoff C, Chan B K, Helfand M, Lieu T A

CRD summary	This review compared primary care-based interventions to promote breast-feeding. The reviewers concluded that education and support interventions seem to improve breast-feeding outcomes up to 6 months. However, there was a lot of variability in the interventions and populations in the included studies, which could make it difficult to be sure that the effect seen was really due to the intervention.
Authors' objectives	To evaluate the effectiveness of counselling, behavioural and environmental interventions to improve breast-feeding.
Searching	MEDLINE, the Cochrane Controlled Trials Register and HealthSTAR were searched from inception to December 2001 using the search terms listed in the paper. The Cochrane Database of Systematic Reviews and the databases of the Centre for Reviews and Dissemination were also searched for relevant reviews. Only English language publications were included.
Study selection: study designs	Randomised controlled trials (RCTs) and cohort studies were eligible for inclusion in the review.
Study selection: specific interventions	Studies evaluating any counselling or behavioural intervention that originated from a clinician's practice (office or hospital) and was implemented with the intention of improving the initiation and/or duration of breast-feeding were eligible for inclusion. Interventions conducted by a variety of providers in a variety of settings were also eligible as long as they originated from the health care setting. Community-based or peer-originated interventions were not included. The included studies employed a variety of interventions: group or individual education, in-person or telephone support, written materials, rooming-in, early contact and commercial discharge packets.
Study selection: participants	Studies including new mothers and babies in developed countries were eligible for inclusion. The included studies encompassed a variety of populations: women recruited before and after giving birth, low-income women, women at risk for low birth weight babies, women who had problems with breast-feeding previously and women who were already breast-feeding successfully.
Study selection: outcomes	Studies that reported the initiation and/or duration of breast-feeding initiation were eligible for inclusion. Breast-feeding initiation referred to breast-feeding before hospital discharge. Short-term duration referred to 2 to 4 months postpartum, while long-term duration referred to 4 to 6 months postpartum. Other outcomes were exclusivity and adherence to breast-feeding.
Study selection: how were decisions on the relevance of	Two reviewers independently reviewed all titles and abstracts for inclusion. The authors did not state how any disagreements were resolved.

Articles recensés



Bienvenue

Le but de ce site Web est de fournir aux décideurs en santé publique des données probantes de qualité tirées de la recherche, vous faisant ainsi gagner du temps en repérant, en évaluant et en classant les données probantes tirées de recensions systématiques afin de les compiler dans un registre que vous pouvez consulter en ligne gratuitement : health-evidence.ca. Les résultats d'un projet de recherche financé par les [Instituts de recherche en santé du Canada](#) ont mis en évidence la nécessité d'une source fiable de données probantes tirées de recensions que les décideurs en santé publique pourraient consulter et utiliser facilement. Vous pouvez obtenir de plus amples renseignements à propos de l'étude et de la recherche en cours ailleurs dans le site et vous pouvez également obtenir de plus amples renseignements à

15 avril 2009

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Atelier d'été 2009 des CCNSP
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Mont Ste-Anne, Québec

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National Institute for Health and Clinical Excellence - Public Health. 2008

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Telephone-based peer support increased the duration of breast feeding in primiparous mothers

Sources of funding:
University of Toronto
Faculty of Nursing;
Maternal, Infant, and
Reproductive Health
Research Unit.

For correspondence:
Dr C. L. Dennis,
University of Toronto,
Toronto, Ontario,
Canada.
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A modified version of
this abstract also
appears in
*Evidence-Based
Nursing*.

Peer support v conventional care for breastfeeding primiparous mothers†

Outcomes	Peer support	Conventional care	RBI (95% CI)	NNT (CI)
Breast feeding at 4 weeks‡	92%	84%	11% (1 to 16)	12 (8 to 191)
Breast feeding at 8 weeks‡	85%	75%	17% (3 to 25)	8 (6 to 40)
Breast feeding at 12 weeks‡	81%	67%	25% (9 to 35)	6 (5 to 17)
Exclusive breast feeding at 12 weeks	57%	40%	41% (9 to 84)	7 (4 to 24)

†Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article.

‡Based on adjusted analysis.

Dennis CL, Hodnett E, Collop R, et al. The effect of peer support on breast-feeding duration among primiparous women: a randomized controlled trial. *CMAJ* 2002 Jan 8;166:21–8.

QUESTION: Do primiparous, breastfeeding mothers who receive telephone-based peer support continue breast feeding for a longer duration than women who receive conventional care?

Design

Randomised (allocation concealed*), blinded (outcome assessors),* controlled trial with follow up at 4, 8, and 12 weeks postpartum.

Setting

2 semi-urban community hospitals near Toronto, Ontario, Canada.

Patients

258 in-hospital, primiparous, breastfeeding women who were ≥ 16 years of age, were able to speak English, had a singleton birth at ≥ 37 weeks of gestation, and were accessible by a local telephone call. Exclusion criteria were factors that could seriously interfere with breast feeding (eg, serious maternal illness or infant congenital abnormality) or prenatal enrolment with the participating volunteer breast feeding organisation. 256 women (99%) completed the trial and were included in the analysis. Most (75%) were between 25 and 34 years of age.

Intervention

132 women were allocated to the peer-support group, which included telephone-based peer support plus conventional in-hospital and community postpartum services (eg, a hospital-based breast feeding clinic and support services by public health nurses). Each new mother was paired with a peer volunteer (ie, a mother who had ≥ 6 mo of previous breastfeeding experience and a positive attitude towards breast feeding and had completed a 2.5 h orientation session) who lived nearby and was readily available. Peer volunteers were asked to contact the new mother within 48 hours after hospital discharge and as frequently thereafter as the mother deemed necessary. 126 women were allocated to conventional care only.

COMMENTARY

Breast feeding is known to reduce the incidence of infections and allergies, and improve nutritional status and neurodevelopment in infants.^{1–3} Although many mothers initiate breast feeding, many stop in the first 6 weeks postpartum. The study by Dennis *et al* was

COMMENTARY

Mary Lou Walker, RN, MHSc, *Family Health Program Manager*

Toronto Public Health, Toronto, Ontario, Canada

Most mothers stop breast feeding before their infants are 6 months old, despite the well documented health benefits for both themselves and their infants. The study by Dennis *et al* focused on the effect of telephone based peer support on breastfeeding duration. This study was methodologically strong, with random assignment to groups, blinding of the outcome assessor, and follow up of all but 2 mothers. The findings show that telephone based peer support was effective in maintaining breast feeding to 12 weeks post partum. Further study is needed to determine if this intervention is effective in maintaining breast feeding beyond 12 weeks. The study was done within a small geographic area and had a homogeneous sample, so its generalisability to other areas and other populations, particularly younger, less educated, low income, or immigrant women, would need to be evaluated. Because the extent of breast feeding was not associated with the occurrence and frequency of peer support interactions, the authors conclude that a standardised peer support intervention does not appear necessary. Other research both confirms and contradicts this finding.^{1,2} Differences may be related to the definition and preparation of peer supporters. Further exploration of this issue is necessary to assist with transferability to practice.

A recently updated systematic review³ concluded that there was clear evidence for the effectiveness of professional support on the duration of any breast feeding, although the strength of its effect on the rate of exclusive breast feeding is uncertain. It also concluded that lay support is effective in promoting exclusive breast feeding, whereas the strength of its effect on the duration of any breast feeding is uncertain. The authors suggest that consideration be given to providing supplementary breastfeeding support as part of routine health services and that further research be done to assess the effectiveness and cost-effectiveness of both lay and professional support in different settings, especially in communities with low rates of breastfeeding initiation. Nurses have an important role to play in the achievement of these goals, particularly in advocating for and participating in continuing research in this area. The different elements of breastfeeding support strategies and the mechanisms by which support operates should be explored.

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One-to-one or group-based peer support for breastfeeding? Women's perceptions of a breastfeeding peer coaching intervention.

[Hoddinott P](#), [Chalmers M](#), [Pill R](#).

Pat Hoddinott is Senior Clinical Research Fellow at The Centre For Rural Health, Aberdeen University, Inverness, Scotland.

BACKGROUND: Studies reporting one-to-one peer support interventions have been successful in some countries with high breastfeeding initiation rates, but less so in Great Britain, where low uptake of peer support has occurred. We conducted a peer coaching intervention study in rural Scotland that improved breastfeeding initiation and duration. This study reports qualitative data about participants' perceptions of the coaching intervention. The aim was to investigate why group-based peer support was more popular than one-to-one peer support. **METHODS:** Qualitative data were collected and analyzed from an initial focus group; 21 semi-structured interviews; and 31 coaching group observations and respondents (n = 105/192) in response to an open question about reasons for not choosing a personal coach in a survey of breastfeeding experiences. We developed a coding frame, identified themes, and constructed charts for analysis and interpretation of data. **RESULTS:** Analysis revealed that groups were more popular because they normalized breastfeeding in a social environment with refreshments, which improved participants' sense of well-being. Groups provided flexibility, a sense of control, and a diversity of visual images and experiences, which assisted women to make feeding-related decisions for themselves, and they offered a safe place to rehearse and perform breastfeeding in front of others, in a culture where breastfeeding is seldom seen in public. Women often felt initial anxiety when attending a group for the first time, and they expressed doubt that one set of "breastfeeding rules" would suit everyone. **CONCLUSIONS:** Pregnant women and breastfeeding mothers will voluntarily engage in an activity to support breastfeeding if there is a net interactional (verbal, visual, emotional and gustatory) gain and a minimum risk of a negative experience. One-to-one peer coaching was perceived as a greater risk to confidence and empowerment than group-based peer coaching.

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NMAHP Research Unit, University of Stirling, UK. rjm2@stir.ac.uk

AIM: This paper is a report of a synthesis of mothers' and healthcare professionals' experiences and perceptions of breastfeeding support. BACKGROUND: Despite increasing knowledge, breastfeeding rates remain relatively static and mothers continue to report dissatisfaction with their experiences of breastfeeding. Greater understanding of breastfeeding may be achieved through rigorous qualitative research, and there has been a recent increase in such studies. DATA SOURCES: Electronic databases and citation lists of published papers were searched for articles listed between 1990 and 2005 and updated in May 2007. Studies were included if they used qualitative methods, were published in English, explored an aspect of breastfeeding and were based in a westernized country. REVIEW METHODS: Papers were included if they reported studies using qualitative methods to explore breastfeeding and were published in English and based in a westernized country. Each study was reviewed and assessed independently, key themes extracted and grouped, and secondary thematic analysis used to explore key concepts. RESULTS: From the 1990-2005 search, five themes emerged in health service support of breastfeeding: the mother-health professional relationship, skilled help, pressures of time, medicalization of breastfeeding and the ward as a public place. Social support had two themes: compatible and incompatible support. One additional theme emerged from the update to 2007: health professional relationships. CONCLUSION: Mothers tended to rate social support as more important than health service support. Health service support was described unfavourably with emphasis on time pressures, lack of availability of healthcare professionals or guidance, promotion of unhelpful practices and conflicting advice. Changes are required within the health services to address the needs of both mothers and staff.

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Christine MacArthur, Kate Jolly, ... Khalid Khan

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Carrie Klima, Kathleen Norr, ... Arden Handler

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Mei Chung, Gowri Raman, Thomas Trikalinos, ... Stanley Ip

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