Teaching fathers encourages mothers to breastfeed for longer

Involving fathers in a breastfeeding support programme encourages new mothers to breastfeed for longer, concludes a study published online in *Pediatrics*.[1]

A randomised controlled trial conducted in Toronto, Canada, evaluated the effectiveness of a co-parenting intervention on exclusive breastfeeding. In the co-parenting group, both members of the couple met with a breastfeeding specialist and received take-home information on breastfeeding techniques, community resources and details on how fathers can assist. Researchers sent follow-up emails to the co-parenting group to remind parents of the resources and answered any questions by telephone when the infant was two weeks old.

More than 95% of mothers in the co-parenting group were still breastfeeding at 12 weeks postpartum, compared to 88% of mothers in the control group. Although there was no difference in exclusive breastfeeding between the groups, in the co-parenting group fathers reported more confidence in their ability to help with breastfeeding and more mothers said their partners assisted with breastfeeding and that they were satisfied with the assistance.

Fathers play an important role in breastfeeding and this study indicates that co-parenting breastfeeding support programmes may be beneficial for fathers as well as mothers.

Reference

1. **Abbass-Dick J. et al.** Co-parenting breastfeeding support and exclusive breastfeeding: a randomized controlled trial. *Pediatrics* 2015;135:102-10.

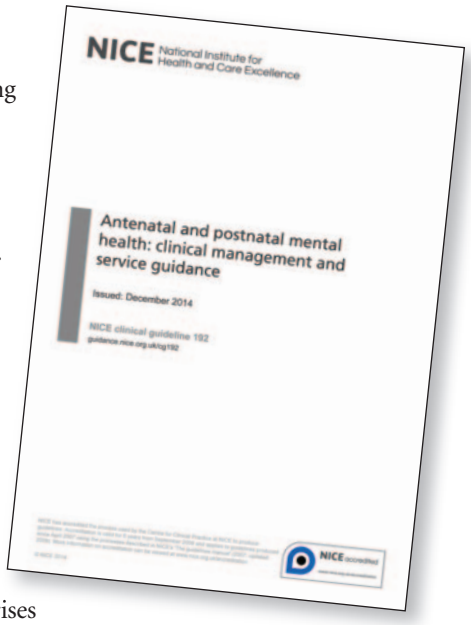
Perinatal mental health gains further attention

In December, NICE (the National Institute for Health and Care Excellence) updated its guideline on safely treating mental health problems in women before, during and after pregnancy.

Women are at greater risk of mental health problems during and after pregnancy and the effects on families can last for a long time. Depression and anxiety disorders affect one in five women in the first year after childbirth; mothers need appropriate help so they can care for themselves and their baby.

The NICE guidance makes a number of new and updated recommendations for the recognition, care and treatment of mental health problems in women during pregnancy and the postnatal period. Updated recommendations include:

- considerations for women of childbearing potential who have a new, existing or past mental health problem
- treatment decisions, advice and monitoring for women who are planning a pregnancy, pregnant or in the postnatal period
- starting, using and stopping treatment
- pharmaceutical interventions
- traumatic birth, stillbirth and miscarriage.



Meanwhile, *The Lancet* has published a series of open access articles on perinatal mental health reviewing the effects of perinatal mental disorders on mother and child. The first of three papers examines non-psychotic mental illness, such as depression, anxiety, and post-traumatic stress disorder. The second paper looks at serious mental illness, focusing on bipolar disorder, psychosis, and schizophrenia; and the third paper summarises evidence for the effects of parental mental health on the child: from fetal development to adolescence across a range of low and high income countries.

The NICE guideline is available at www.nice.org.uk/guidance/cg192

To see *The Lancet* articles visit www.thelancet.com/series/perinatal-mental-health

Review concludes insufficient evidence for role of pentoxifylline in prevention of BPD

A Cochrane review calls for high quality clinical studies into the role of pentoxifylline for prevention of bronchopulmonary dysplasia (BPD) in preterm neonates, particularly concerning long-term neurodevelopmental outcome.[1]

BPD, a common complication in preterm infants, is associated with poor long-term respiratory and neurodevelopmental outcome and increased mortality. The prophylactic use of agents that modulate inflammation such as pentoxifylline, a synthetic methylxanthine and phosphodiesterase inhibitor, may reduce the incidence of BPD.

The main aim of the review was to find out whether pentoxifylline compared with placebo or no drug offers important advantages to premature infants. Only one study of moderate size and quality was identified and this did not show strong evidence that pentoxifylline offers benefit.

The authors concluded there is insufficient evidence to determine the safety and efficacy of pentoxifylline for prevention of BPD in preterm neonates.

Reference

1. **Schulzke S.M. et al.** Pentoxifylline for the prevention of bronchopulmonary dysplasia in preterm infants. *Cochrane Database Syst Rev* 2014;11:CD010018.