Does Baby Carrying Help With Breastfeeding?
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No pediatric clinician has to be convinced that "breast is best." There is also good evidence that parent-infant skin-to-skin contact is associated with increases in breastfeeding initiation and duration.

Emily Little, PhD, and her colleagues at the University of Oregon, University of Texas-Austin and UC Merced asked an interesting question—if skin-to-skin contact is associated with increases in breastfeeding initiation and duration, what about parent-infant physical contact without direct skin-to-skin contact? This week in Pediatrics, we are early releasing the answer to that question in an article entitled, "An Infant Carrier Intervention and Breastfeeding Duration: A Randomized Controlled Trial" (10.1542/peds.2020-049717)

100 pregnant persons who lived in low-income California communities and were receiving routine home visits from community health workers were randomized to receive a baby carrier during a prenatal visit or a wait list control (parents in the wait list control group received the baby carrier when the infant was 6 months old). Parents then received intermittent surveys via text messages regarding their use of the carrier and their feeding practices.

Although there were no differences between the groups in breastfeeding at 6 weeks and 3 months, a larger proportion - 68% - of the parents in the carrier group were still breastfeeding, compared with 40% of the parents in the control group (p=0.02).

The reason for this difference is unclear, since the amount of time when the carrier was used was not correlated with breastfeeding duration.

Most of the parents in this study self-identified as Latino, and it is unclear if such an intervention would have similar results in other populations. In addition, there are many models of baby carriers, and we don't know if there would be similar results with a different carrier. The carrier used in this study was one in which the infant is held close to the parent's chest, facing the parent, in an upright position. No matter which carrier is used, for safety reasons, we need to remind parents that the baby should be positioned so that the head is upright and the nose and mouth are not obstructed.

Nonetheless, the findings of this study are certainly thought-provoking. I look forward to future studies by this group or others looking at interventions that use infant carriers.