Table 1: Index study papers associated with included intervention cases

	Index papers	Goal	Delivery issues	Fidelity issues	Performance in relation to outcomes (int. vs. control)	Evaluation design
1	**McInnes et al (2000)**	To improve initiation rates and continuation rates to 6 weeks to women of all parity living in a socially deprived, geographically defined population.	Yes	No	Significant increase in initiation (23% vs. 20%) after MLR analysis, no significant increase at 6 weeks (10% vs 8%).	Quasi-experimental
2	**Dennis et al (2002)**	To improve continuation rates to 3 months among a geographically defined population of first time mothers who had initiated breastfeeding.	No	No	Significant increase in continuation at 3 months (81.1% v. 66.9%).	RCT
3	**Graffy et al (2004)**	To improve continuation rates at 6 weeks among women of all parity 'considering breastfeeding' but without a prior successful breastfeeding experience, in population defined by GP practice registration.	Yes	No	No significant increase in continuation to 6 weeks (65% vs. 63%)	RCT
4	**Chapman et al (2004)**	To improve breastfeeding initiation and continuation rates through the first six months among women of all parity who were 'considering breastfeeding' in a geographically defined population of WIC clients.	Yes	Yes	Significant decrease in non-initiation (9% vs 23%) decrease in discontinuation by 1 month (36% vs 49%) and 3 months (56% vs 71%).	RCT
5	**Anderson et al (2005)**	To improve exclusive breastfeeding rates at 3 months among women of all parity who were 'considering breastfeeding' among WIC clients intending to deliver in a particular hospital.	No	No	Significant decrease in non-exclusive breastfeeding over past 24 hours at 3 months (99% vs 79%).	RCT
6	**Muirhead et al (2006)**	To improve breastfeeding initiation and continuation rates to four months among women of all parity in population defined by GP practice registration	No	Yes	No significant increase in continuation at 6 weeks (31% vs 29%).	RCT
7	**MacArthur et al (2009)**	To improve breastfeeding initiation rates among women of all parity in a population defined by GP practice registration	Yes	Yes	No significant increase in initiation (69.0% vs 68.1%).	RCT
	Jolly et al (2012)	To improve breastfeeding continuation rates at 6 weeks and 6 months among women of all parity, in a population defined by GP practice registration	Yes	Yes	No significant increase in continuation at 6 weeks (62.7% vs 645%) or at 6 months (34.3% vs 38.9%)	RCT
8	**Gross et al (2009)**	To improve breastfeeding initiation rates and continuation rates among women of all parity, in a geographically defined population of WIC clients.	Unclear	Unclear	Significant increase in initiation (60.9% vs 47.3%).	Natural experiment
9	**Yun et al (2010)**	To improve breastfeeding initiation rates and continuation rates among women of all parity, in a geographically defined population of WIC clients.	Unclear	Unclear	WIC agencies using prenatal peer support had significantly higher initiation rates (51.1% vs 48.8%) after adjusting for confounders.	Natural experiment
10	**Di Meglio et al (2010)**	To improve breastfeeding continuation rates among adolescent mothers who had initiated breastfeeding who were WIC clients.	Yes	Yes	No significant difference in breastfeeding duration (median 75 days in the intervention group vs. 35 days in the control group).	RCT Low power
11	**Olson et al (2010)**	To improve breastfeeding initiation rates and continuation rates to six months among women of all parity who had themselves requested the BFPS service, in a geographically defined population of WIC clients.	No	No	Significant increase in mean duration (unadjusted increase of 2.6 weeks). Significant increase in unadjusted initiation rates: 49.3% v 68.6%; continuation rates: 8.9% v 17.5% breastfeeding at 3 months; and 15.3% v 8.6% (P<0.01) at 6 months.	Natural experiment
12	**Chapman et al (2013)**	To improve exclusive breastfeeding rates at 1 and 3 months among a hospital population of overweight /obese women who were 'considering breastfeeding' in a hospital-based population, hospital serving low income mothers.	Yes	Yes	No significant increase in initiation (99% in both groups). Non-significant increase in continuation (93% vs 84%) and exclusivity (81% vs 67%) at 2 weeks. After MLR no significant increase in continuation or exclusivity at any time point.	RCT Loss to follow up. Low power. Control contamination
13	**Reeder et al (2014)**	To improve breastfeeding initiation rates and duration and exclusivity rates at 3 and 6 months among women of all parity who were 'intending to breastfeed or considering breastfeeding' who were WIC clients. High background initiation rates – the focus on continuation and exclusivity.	Yes	No	Increased nonexclusive breastfeeding at least 3 months adjusted RR 1. 22 (95% CI (1.10–1.34), relative to a mean of 59%. Increases driven by increases in Spanish-speaking sub-population.	RCT. Hawthorne effect indicated by external validity analysis
14	**Srinivas et al (2015)**	To increase any and exclusive breastfeeding rates at 6 months among women who were 'interested in participating' in the study in a hospital affiliated population of WIC clients. The study was designed to adjust for self-efficacy.	Yes	No	After adjusting for self-efficacy, increased continuation at 1 month (34% vs 28%) were significant. The intervention group was more likely to achieve their breastfeeding goal (43% vs 22%). No difference at 6 months (4% continuation in both groups).	RCT
15	**Scott et al (2016)**	To improve breastfeeding initiation and continuation at two weeks and at six weeks among adolescent mothers in geographically defined population.	Yes	No	Significant increase in prevalence at 2 weeks by 0.5 percentage points (69.6% in intervention period, compared to 33.8 % in comparison period). No significant increase above trend at 6 weeks.	Adjusted time series. New intervention.