

Results Summary

What did we do and why?

Babies who are born very early (at less than seven months of pregnancy) can't drink milk directly from the breast or a bottle. Because breastmilk is the best milk for babies born very early, parents are asked to 'express' milk from the breasts to give to their babies down a tube into their tummies.

Many families find that expressing milk for their premature baby can be challenging. The aim of the trial was to find out if listening to a relaxing recording while expressing milk increased the amount people could express and made them feel less anxious or distressed.

The EXPRESS trial included 132 people who gave birth between 23 and 31 weeks of pregnancy (five to seven months).

We gave half the group a relaxing recording to listen to while expressing milk (this was random, like the throw of a dice).

We asked people to tell us about each time they expressed milk on day 4, 14 and 21 after birth and answer some questions. We sent text messages later on to find out how people were feeding their babies.

If you want to download and share the relaxing recording you can find it here (or scan the QR code): www.npeu.ox.ac.uk/express/download-relaxation

Did the relaxing recording increase the amount of milk people could express?

The people who had the relaxing recording expressed on average **74 grams** more milk each day than the people who did not. This is roughly the same as 74ml (two and a half ounces).

We can't say if this difference is the result of chance or if it is because of the relaxing recording (as the difference is not 'statistically significant'). To be confident that a difference of 74g was because of the recording, we would have needed about 300 people in the trial.

There was no difference between the two groups (the people with the recording and the people without the recording) in how many babies were being fed breastmilk later on (near the due date and four months after the due date).





Another way of being more sure about a trial result is to combine it with other trials, so there are more people overall. When we put the results of all the trials on relaxation and breastmilk together (11 trials including 767 people), it looks like relaxation increases the amount of milk that people make. The average increase over all these studies would be similar to 250ml of milk per day.

These trials used lots of different relaxation techniques in many kinds of families and countries. It's possible that relaxation has a smaller effect when people have had a baby very early, or that some kinds of relaxation work better than others, or that they work differently in people with different experiences.

Did the relaxing recording make people less anxious or distressed?

There was no evidence that the recording made people less anxious or distressed.

The two groups had the same average scores on the questionnaire when asked about their anxiety. Three weeks after birth, **about half** the people in the trial had a level of anxiety that could be called 'clinical anxiety'.

The two groups had the same average scores on the questionnaire when asked about post-traumatic stress. Three weeks after birth, about **one in five** of the people in the trial had a level of distress that could be called 'post-traumatic stress'.

Did the relaxing recording change anything else?

There was no difference in the number of times people expressed, how long they expressed or how long they had skin to skin contact with their baby.

Did people listen to the recording?

Almost everyone said they had listened to the recording at least once (98%).

People said that they listened to the recording three times each day on average.

The people who said that they listened three or more times each day expressed 246g (roughly 246ml) more milk on average than those who said that they listened less than three times each day.

Six out of ten people in the relaxing recording group also used another form of relaxation.

One in four people in the group without the recording used another form of relaxation.

How did people feel about the recording?

Three out of five people liked the recording. Three out of four found it relaxing.

About one in ten people disliked the recording and/or said it made them feel less relaxed.

The rest of the people were neutral (they didn't have positive or negative feelings).

A third of people left comments about the recording. The most common positive comments were that people felt relaxed or calmer. The most common negative comments were that listening to the same recording frequently was boring. Several people said they would prefer relaxing music instead of someone talking.

The next page shows some of the comments people made about the recording.

"When I start listening [to] the recording and meditating before expressing, milk starts falling down my chest from both breasts without me touching at all"



"It gives me more energy... Yes, it keeps you wanting to express more... Yes, the recording keeps telling me I can express more for my boys"

((

"The recording puts me on a more relaxed state of mind that helps with expressing milk and removing so much of the trauma that has occurred in the past few days"

"I believe because my birth and recovery has felt rather traumatic, the recording reminds me to focus on the things that I can do right now and being present while I'm expressing focusing on the love I have for my child as opposed to all the other unsavoury bits..."

"This morning i really liked the part about putting your other feelings in a book and closing that book. Even though i havent had skin to skin contact with [baby] this week i like the part that talks about this as my mind goes back to the 3 long cuddles we had..."

Positive comments

"On stressful days it definitely makes me more calm. It's a good length - enough to relax but not too long, once it finishes I pay a bit more attention to expressing & any areas that need a massage etc"

"The study recording has acted as a launchpad to more meditation and as such I have downloaded other apps"

"The first time I listened to it, the parts about imagining your baby nuzzling the breast, or holding your baby, made me feel a bit sad because that's really far off in our situation, but I have got used to it"

"

"I think I would prefer calming music rather that someone talking" "If [baby] is having a good day the recording is brilliant i can actually pay attention to it when we have a day which isnt as good i find it hard to concentrate on it, it becomes more of a chore than a relaxation method"

> "because of being in hospital there was so much else going on I wasn't able to get the most out of it, even at home my little boy didn't let me listen to it with any kind of commitment"

Negative or mixed comments

"It makes me anxious... I didn't find the voice very soothing, it annoyed me after a time."

"The recording is very monotonous... I feel pressure about listening to the recording, and I don't really like listening to it"

"Finding time to remember to listen is tricky"

How did people feel about being in the trial?

Some people said that they enjoyed being part of the trial.



If you have a premature baby and are finding it hard to express milk and breatfeed and want to talk to someone you can call the National Breastfeeding Helpline on 0300 100 0212. They are open from 9:30am to 9:30pm every day. Support is available in English, Welsh, Polish, Bengali and Sylheti.

If you have a premature baby in the neonatal unit, or have had in the past, you can talk to someone about your time in the neonatal unit you can book a video call with a Bliss Champion here: *www.bliss.org.uk/ support-via-video-call-form* or get support by email: *hello@bliss.org.uk*

If you are worried about your mental health you can contact your health visitor or your GP.

EXPRESS Chief Investigator Ilana Levene

NPEU Clinical Trials Unit, National Perinatal Epidemiology Unit University of Oxford, Old Road Campus, OXFORD, OX3 7LF

Solution Control Control Solution S

This research project was funded by the NIHR through a Clinical Doctoral Research Fellowship, NIHR300895. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR, NHS or the UK Department of Health and Social Care.



