The effect of early nutrition method on HTLV-1 mother-to-child infection

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Review question

The aim is to compare effects of frozen breast milk, short-term breast milk and breast milk nutrition on child borne infection (antibody positive proportion of children aged 18 months and older) to infants born from HTLV-1 carrier mother with complete artificial milk feeding.

Searches

We will search the following electronic bibliographic databases: PubMed (from 1949), CINAHL (from 1981) Web of Science (from 1900), the Cochrane databases (from 1939) and Google Scholar.
[Japanese only; Ichushi, CiNii, KAKEN, database of Health Labour Sciences Research Grant, Google Scholar]
We will also examine the lists of references in the included studies and related previous systematic reviews.
The search strategy will include the terms below.
(”HTLV” or “human T-lymphotropic” or “human T-cell leukemia”) and ((“mother” and “child”) or (“milk” or “vertical”)) and (“transmission” or” infection”)
There will be no language restrictions.

Types of study to be included

Randomized controlled studies or intervention studies (single arm trials, non-randomized studies, quasiexperimental studies, etc.) and observational studies (Cohort studies, Case-control studies, Case-series, etc.)

Condition or domain being studied

HTLV-1 mother-to-child infection.

Participants/population

Mother with HTLV-1 infection, and her child.

Intervention(s), exposure(s)

Frozen breast milk, Short-term breast milk and Long-term breast milk nutrition.
As primary, "short-term" will be defined by under 60 days and "long-term" was by more than 60 days.
And secondary, "short-term" will be defined by under 6 and 7 months and "long-term" was by more than 6 and 7 months.

Comparator(s)/control

Complete artificial milk feeding (or exclusively formula feeding).
These could potentially be another intervention group, an as-usual group or a no control group.

Primary outcome(s)

HTLV-1 antibody positive proportion of children.

Timing and effect measures

After 18 months of age under 15 years old.

Secondary outcome(s)

HTLV-1 antibody positive proportion of children.

Timing and effect measures

After 24 and 46 months of age under 15 years old.

Data extraction (selection and coding)

Titles and/or abstracts of studies retrieved using the search strategy and those from additional sources will be screened independently by two review authors to identify studies that potentially meet the inclusion study type outlined above.
The full text of these potentially eligible studies will be retrieved and independently assessed for eligibility by two review team members. Any disagreement between them over the eligibility of particular studies will be resolved through discussion with a third reviewer. If possible, extracted information will include: study setting; study population and participant demographics and baseline characteristics; details of the intervention and control conditions; study methodology; recruitment and study completion rates; outcomes and times of measurement; indicators of acceptability to users; suggested mechanisms of intervention action; information for assessment of the risk of bias.

Two review authors will extract data independently, discrepancies will be identified and resolved through discussion (with a third author where necessary).

Risk of bias (quality) assessment

Two review authors will independently assess the risk of bias in included studies. We will also assess the risk of bias for randomized controlled trials in included studies according to the Cochrane Handbook for Systematic Review of interventions version 5.1.0.

We will judge allocation sequence concealment, blinding of participants and personnel, blinding of outcome assessment, incomplete outcome data, selective outcome reporting and other potential threats to validity, if applicable.

Strategy for data synthesis

We will provide a synthesis of the findings from the included studies, structured around the type of intervention, target population characteristics, type of outcome and intervention content. Also, if possible, we will provide summaries of intervention effects for each study by calculating risk ratios (for dichotomous outcomes) or standardized mean differences (for continuous outcomes) and perform meta-analysis

Analysis of subgroups or subsets

We will analyze by regions (ex, Japan), study type, type of intervention(s) and type of participants/targeted population.

Contact details for further information

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Organisational affiliation of the review

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Anticipated or actual start date

01 February 2018

Anticipated completion date
31 March 2020

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Conflicts of interest

Language
(there is not an English language summary)

Country
Japan

Stage of review
Review_Ongoing

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Child; Female; HTLV-I Infections; HTLV-II Infections; Human T-lymphotropic virus 1; Humans; Mothers; Nutritional Status

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07 February 2018

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Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Versions
07 February 2018