International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume: 3 | Issue: 3 | Mar-Apr 2019 Available Online: www.ijtsrd.com e-ISSN: 2456 - 6470

Systematic Review- Obstacles for Discontinuation of Breast-Feeding

Dr. Lamiaa Ahmed Elsayed Ahmed[1, 2], Dr. Pushpamala Ramaiah[2], Dr. Grace Lindsay[2]

[1]Professor of Pediatric Nursing, Faculty of Nursing, Ain Shams University, Cairo, Egypt
[2]Professor at Faculty of Nursing, Umm Al-Qura University, Mecca, Saudi Arabia

How to cite this paper: Dr. Lamiaa Ahmed Elsayed Ahmed | Dr. Pushpamala Ramaiah | Dr. Grace Lindsay "Systematic Review- Obstacles for Discontinuation of Breast-Feeding" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-3 | Issue-3 , April 2019, pp.1051-1059, URL: https://www.ijtsrd.com/papers/ijtsrd23289.pdf

IJTSRD23289

ABSTRACT

Breastfeeding has benefits for mother and important determinant for infant normal growth and development. This study identified and recommends evidence-based practice intervention aimed at overcoming BF constrain to increase continuation among mothers and to identify the factors that help to develop successful breastfeeding promotion strategies.

Aims: This review of article aims is to review existing literature to identify the main obstacles for breastfeeding among mothers to their infants.

Method: A search of Pro Quest, MEDLINE, CINAHL, MEDLINEINDEX, Clinically KEY, EBSCO, and Google Scholar was conducted to retrieve studies from January 2010 to December 2017. Using inclusion criteria, we selected both qualitative and quantitative studies that described barriers to breastfeeding. Key words used were Breastfeeding mothers; exclusive breastfeeding; infant breastfeeding; maternal barriers of breastfeeding; challenges, obstacles or problems of breastfeeding.

Results: Fifteen articles were included in this review six studies addressing maternal barriers for BF, five studies addressing obstacles for appropriate EBF duration and four studies addressing factors associated with early breastfeeding cessation. Result from the studies reviewed identified 30 constraints or barriers, which may lead to discontinue breastfeeding for infant. The literature is rich in documentation stating that continuation of BF is associated with many obstacles.

KEYWORDS: *Breastfeeding mother, Exclusive breastfeeding (EBF); Infant breastfeeding; maternal obstacle or barriers of breastfeeding*

INTRODUCTION

The prevalence of (EBF) throughout the first 6 months of life was only 5.8%. In Zimbabwe, EBF is usually promoted as part of health education lessons delivered by nurses to mothers during antenatal and postnatal visits[2].This study examined the obstacles to continuation of Breast Feeding among mothers. Identification barriers of breastfeeding will help to develop appropriate clinical practice guidelines to overcome those hindrances associated with discontinuation of breastfeeding[11].Legislation in most Arab countries is derived from Islamic sharia law based on the Holy Quran and the Hadiths. The Quran says that the mothers shall give suck to their offspring for 2 complete years **(Al-Baqarah: 233)**, which might give Arab mothers an advantage over mothers in other cultures**.** Nevertheless, the rate of mothers' breastfeeding is still far below WHO recommendations**[12].**

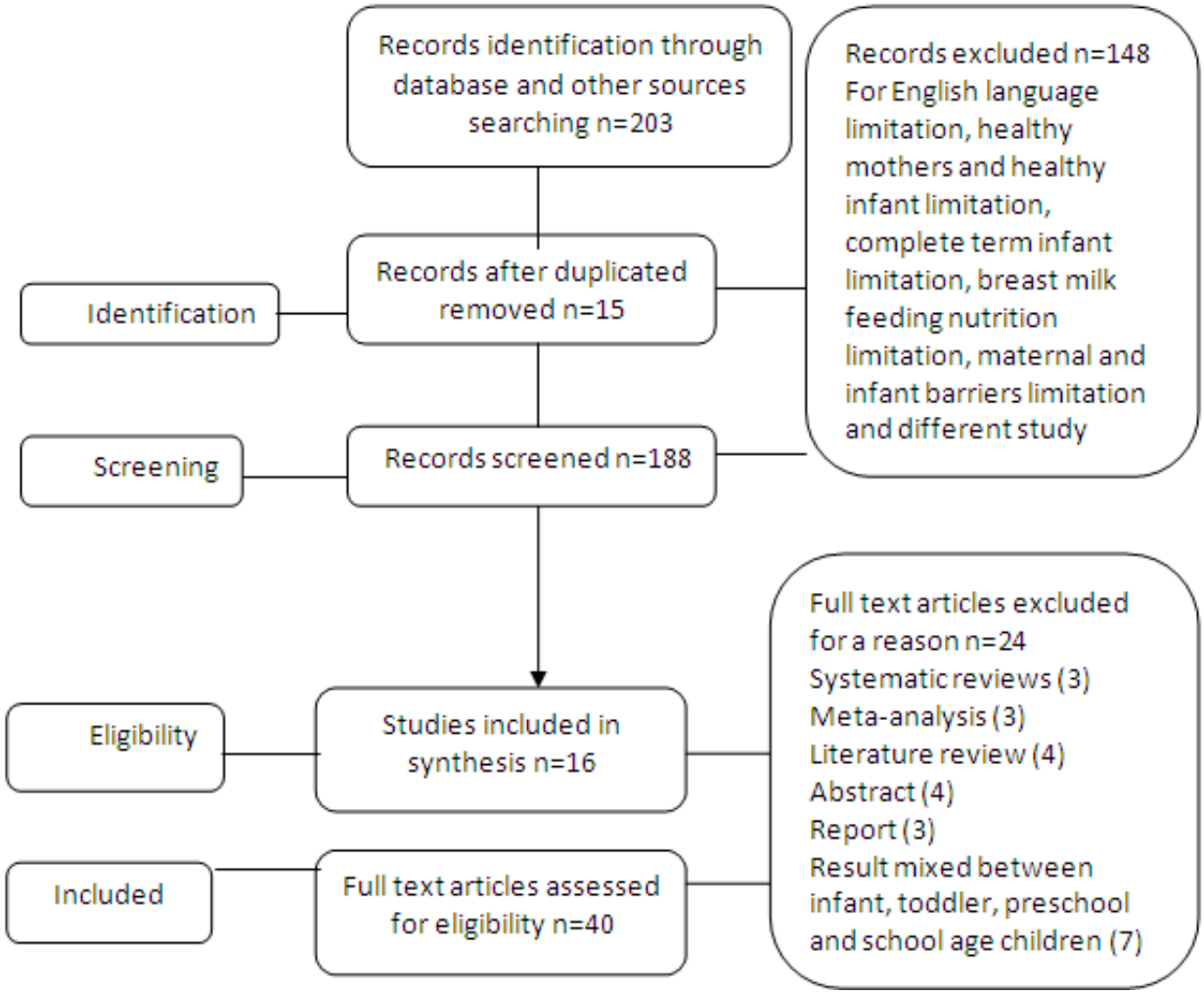
Identification and recognition of the obstacles to BF in communities is essential for developing education and behavior change strategies targeting families at heightened risk of suboptimal infant feeding behaviors[13].Despite EBF provides countless benefits for maternal, infant and population-level health, EBF rates remain low especially in developing countries, where the burden associated with sub-optimal BF practices is greatest[1]**.** It is essential to understand how multiple factors affect breastfeeding practices in order to improve the duration of breast-feeding**.** According to (AAP) and (WHO), there is strong evidence that infants receiving only breast milk along 6 months with no other liquids or solids known as exclusive breastfeeding (EBF), have many health benefits to mothers, babies, the environment, and society. It has the appropriate quantities of nutrients, which can easily be digested[11].Breast milk not only protects the infant from infections and diseases, but it is also thought to predispose a person to good health over his lifetime[7].Mothers who engage in optimal breastfeeding practices have a lower risk of developing breast and ovarian cancers, type 2 diabetes mellitus, hypertension, cancer, and cardiovascular disease**[9].**WHO infant feeding guidelines recommend that newborns should be put to the breast within the first hour of birth (to initiate breastfeeding[13]**.**

Continuation of EBF is associated with many evidence-based research articles reported that the most common factors for early discontinuation of BF were lack of paid maternal leave, maternal beliefs and misperceptions, such as insufficient breast milk and painful breastfeeding associated with

incorrect infant position and latch maternal characteristics such as age income, education, knowledge, and ethnicity have been associated with the initiation and continuation of EBF**.** The lack of support, encouragement, and education from healthcare professionals, family, and friends can become barriers to exclusive breastfeeding[11]**.**

After exploration of mother's knowledge, beliefs and attitudes regarding infant breastfeeding to identify and understand barriers to EBF. In adjusted multivariate analyses, EBF practice was positively associated with mother's belief in the sufficiency of EBF. Findings underscore the importance of exploring cultural beliefs and practices as they pertain to infant feeding and care and present insights for designing and targeting EBF promotion interventions[2]**.**Breastfeeding choices are influenced by many factors, including culture, traditions, socioeconomic, family, and personal pressures, to name a few. Some mothers choose not to breastfeed because formula is so easily available and considered convenient to use. The decline of breastfeeding in some countries is of concern to many[14]**.**

Methodology: A comprehensive search of databases and Internet research engines holding information related to barriers of breastfeeding mothers for their infant was conducted a literature search from 2010-2017 using the Cinahl, Medline, Pro Quest–Medline Index, Clinical key, EBSCO, Google Scholar.



The key search terms entered into database searches were: Breastfeeding mother; exclusive breastfeeding; infant breastfeeding; maternal barriers of breastfeeding; factors influencing on breastfeeding duration; challenges, obstacles or barriers of breastfeeding. Databases were searched for relevant information contained within journals and articles. Literature searches were limited by language (English). The inclusion criteria used for article selection were 1.Quantitative studies (experimental & non-experimental) and qualitative; 2. Studies related to barriers mothers face to appropriate breastfeeding duration; 3. Studies related to infant breast milk feeding, 4.Maternal factors association with breastfeeding cession, 5. Exclusive breastfeeding. A total of 40 originals studies were reviewed. Following this initial review26, articles were excluded as they failed to meet the above inclusion criteria. 16 articles are included in this review. **(Figure1)**.

Results: Among the 16 articles that met the inclusion criteria, (15) studies identified Barriers among breastfeeding mothers for their infants. **(Table1)**. Table 1 provides an overview of the author, year of publication, sample, setting, study method, study design, Potential predicator variables, results and limitation of each study. The studies presented in Table 1 will be discussed the barriers of Breastfeeding which addresses the Studies on barriers of Breast-feeding, which has a total of 30obstacleswere mothers faced to appropriate breastfeeding duration to their infants. These are classified as maternal & infant barriers.

Result (Obstacles of breast feeding)	Potential predicator variables	Study method	Study design	Setting	Sample	Author, year
-pre-lacteal infant feeding (cause perception of lack breast milk) - (caesarean section) - higher maternal age (≥35 years) -unplanned pregnancy -Low mother's intention about EBF	-IFI score categories -multivariate Cox model Proportional Hazards -regression Model	Inter-views	longitudinal descriptive study ,Prospective Study (quantitative	antenatal clinics (ANC), Public secondary health facilities *Nigeri*a.	210 mothers	Balogun.O, et al (2016) [1]
-Maternal problems (inadequate milk supply, sore or painful nipples, difficulties with breastfeeding technique) -infant problems (Poor latching on) - Misconceptions(make the baby sick, breastfeeding is time-consuming and stressful, breastfed babies are smaller compared to formula-fed babies, Use of medications while breastfeeding - embarrassment	-Demographic variables - preliminary analysis	-survey questionnaire - Demographic Questionnaire	-Descriptive study(quantitative)	obstetrics and gynecology RGV of South Texas	75 mothers	Thomas.J, et al (2016) [11].

-Lack of social support from family -low incomes maternal education						
-incorrect positioning and attachment -infant's diseases - Younger mothers (<20 years) - low socio-economic status (SES) - mother's cigarettes smoking (caesarean section) violence - pre-existing maternal health problems	- socio-demographic characteristics-Edinburgh Postnatal Depression Scale (EPDS) - univariate regression models	interviews	-Cohort study, Retrospective Study(quantitative)	public health facilities in two Local Health Districts in Sydney, Australia	17,564 mothers	Ogbo.F, et al (2017) [9].
- significant factors associated with breastfeeding duration were: - Child's bottle use. - Maternal marital status.	-breastfeeding duration and socioeconomic and maternal/child biological	Survey Questionnaires	Cross-sectional(quantitative)	Acrelandia	1225 mothers	Kearns, A., et al (2016) [14].
Effective BF negatively associated with low social support	Determine the relationship between social support and breastfeeding self-efficacy	Survey Questionnaires	Cross-sectional(quantitative)	Tabriz, Iran Health centers	220 mothers	Faridvand, F., etal. (2017) [3].
-Perception of 'not enough milk' - Engorged breast, sore nipple	-demographic proforma to analyze the baseline variables.	observational - Structured Checklist of breastfeed	Descriptive, observational study(quantitative)	Hegde Hospital, Deralakatte. (medical	100 mothers	Sunanda B, Nayak, S. (2017) [7].
-cultural conflict -- lack of family support, -lack of community support, - inadequate knowledge related to breastfeeding,	- demographic data tool - focus group interview guide	interviews	descriptive study (qualitative)	northern, central, and southern villages in Guam.	24 mothers	Wood, K.M., &Qureshi, k. (2017)[10].

caesarean section	A) socio-demographic,factors. b) Clinical factors. c) lactation-related factors. D)hospital practices	structured face-to-face questionnaire	Cross sectional study	Tertiary University Hospital, maternity ward in Greece	438mothers	Tavoulari. E, Benetou.V, et al (2015) [15].
Employment single mothers,	multivariate model, regression	Interviews Questionnaire	Cohort study, retrospective	University of Edinburgh, 23 Buccleuch Place, Edinburgh EH8 9LN, UK	5015 mothers	Skafida.V, (2011) [6].
- mothers return to work -receipt of a formula	demographic factors, regression models,	Interviews	cross-sectional survey	School of Public Health, University of California	10,000families were randomly selected the survey was completed with a total of 4725 participants	Langellier, B. A., (2011) [4].
maternal-baby issues (Mother perceived milk insufficiency), social factors	Socio-demographic data	Interviews	Cohort study, prospective	Centre for Rural Health, University of KwaZulu- South Africa	125women	Jama.N,.A, et al (2017)
living separately higher maternal age, employed mother Maternal and infant sickness Lack encouragement influencing early cessation of BF.	sociodemo-graphic data, factors BF, Likert scale	questionnaire via a face-to-face interview	cross-sectional	Pediatric outpatient clinics l in Kuwait	234 Arab mothers	Nassar. M.F., et al (2014) [12].
Maternal work-	Sociodemographic data -EBF -maternal work -	face-to-face structured interviews	cross- sectional (quantitative)	community based Child Welfare Clinics in Ghana	225mother-infant.	Nkrumah.J (2017) [5].
-working mothers -cs delivery -bottle feeding	-multivariate model	-interview - questionnaire	cross- sectional	Geographical region (province	1023 ever married women	Hazir. T, et al (2012) [13].

Maternal barriers identified in three or more studies were, mother employment, Low social support, inadequate knowledge about breastfeeding, mother perceived breast milk insufficiency and cesarean section delivery.

1. Mother Employment: Nassar M.F.2014 and team reported that employed mothers without having the feasibility to breastfeed at work was an important determinant for cessation of breastfeeding. Women cannot breastfeed at workplace (95%CI 1.07–2.74, p=0.013)[12]**.Nkrumah, J. 2016** examined maternal occupation and found that more mothers (91%) in the informal sector of employment breastfed eight or more times in a day compared to those in the formal sector of employment (9%) (p = 0.021). It was also found that mothers who go to work with their infants (64%) breastfeed eight or more times in a day compared to those that do not (36%) (p = 0.000)[5]**.**

Jama N. A, 2017 and colleagues using framework analyses data about breastfeeding challenges in workplace also found mother working factor was identified that led to cessation of EBF, mother struggled to express at work and introduced formula milk at three months for infant[8]**.**

Langellier, B.A.2011 and colleagues argued by multivariate logistic regression analyses, that early mothers return to work had a significant negative impact on all breastfeeding outcomes. Breastfeeding duration is shorter among mothers who return to work within 3–6 months postpartum. Mothers who returned to work within 3 months postpartum were 27% less likely to breastfeed at 6 months (P<0.05), 37% less likely to breastfeed at 12 months (P<0.01), and 51% less likely to breastfeed at 24 months (P<0.05) than mothers who returned to work after 7 months postpartum[4]**.**

Skafida.V. 2011 used regression analysis combined with multivariate model for testing breastfeeding duration; the evidence suggests that negative relationship between maternal employment and breastfeeding duration otherwise longer maternity leave is positively associated with longer breastfeeding duration, [6]**.**

Thomas, J.2016 analyzed findings of the study indicated that no significant relationship between employment status of the mother and duration of EBF. This finding was inconsistent with the findings of these papers and many other research studies that stated maternal employment was a barrier to continue EBF[11]**.**

2. Inadequate knowledge about benefit of BF: Nassar M.F.2016 and team using multivariate Cox regression analyses and reported that breastfeeding information given after birth rather than before birth and later initiation of breastfeeding are factors that influencing early cessation of breastfeeding before 6 months. Timeliness of receiving breastfeeding information After birth (p=0.020)[12]**.Wood, K.M**.2017 and researchers found that inadequate knowledge related to breastfeeding, how to manage common breastfeeding problems and false believes about BF are key barriers to BF[10]**. Balogun, O.O.2017**and team used Cox regression hazards model to determine that low mother's intention about EBF result from inadequate knowledge are more risk for EBF cessation. (Inadequate knowledge: Non-EBF mean=22, SD=51.2, p value=0, 26)[1]**.Thomas.J** using bivariate correlation analysis found significant relationship between EBF short duration and mothers who stated inadequate knowledge on the benefits of EBF on infant and maternal health(p=0.147). Lack of information that exclusive breastfed babies have fewer chances of developing infectious and chronic diseases compared to formula feeding(p=0.966) and lack of information that breastfeeding mothers have less risk of developing ovarian and breast cancer and fractures related to thinning of bone. (p=0.276)[11]**.**

3. Mother Perceived Breast Milk Insufficiency Desai.A.2015 and associated in adjusting multivariate analyses showed that mothers believed their breast milk was insufficient in quantity or quality to meet the hunger or thirst needs of their infants (95% CI: 1.41, 1.86). Findings underscore the importance of exploring cultural beliefs and practices as they pertain to infant feeding[2]**.Thomas.J,**2016 using bivariate correlation analysis found that half of the women (44%) perceived inadequate milk supply or no enough breast milk production (p=0 .117). This misconception considers as significant barrier to continue EBF[11]**.Balogun, O.,(2017)** and team determined that pre-lacteal feeding (fluids prior to first breastfeed) was practiced among 23.0 % of health workers with most mothers (62.5 %) cited that lack of breast-milk is the primary reason for administering pre-lacteal feeds, a factor which in itself has been associated with negative attitudes towards breastfeeding and maternal lack of confidence in her ability to breastfeed. Thus, Pre-lacteal feed administration (HR 2.93 95 % CI 1.49–5.77) was risk factor for cessation of EBF[1]. **Sunanda B. and Nayak, S.** reported that women perception of 'not enough milk' (37.5%) was the most common breastfeeding problem faced by both primi and multiparous mothers[7]**.**

4. Low social support: Findings of studies suggest that social support involves a person's perception of the availability of individuals that care for them also reported that mothers with high social support were more successful in breastfeeding. Friendships, social support, the woman's knowledge about the benefits of breast milk, and convenience were some of the facilitating factors of breastfeeding. Faridvand, F et al using general linear model and found there was a significant statistical relationship between low social support and risk for BF cessation (95% CI= 0.1 (0.01 to 0.23), P=0.038**)[3]. Ogbo. F,2016** and colleagues by using multiple imputation analyses reported that mothers who not having family support were significantly more likely to discontinue EBF in the early postnatal period compared to their counterparts (AOR=1.7, 95%CI 1.2–2.1, P=0.003[9]**.Wood, K.M.,** 2017[10]**.Thomas.J,2016**

5. Mode of Delivery (Caesarean Section) Hazir.T et al co-researchers using Multivariate analysis, indicated that caesarean section had significantly higher odds for no timely initiation of breastfeeding (OR=1.95, 95% CI 1.30, 2.90; P=0.001). Mothers who delivered through Caesarean section had misperception of insufficient breast milk contributing towards high bottle-feeding rate, where it was the main reason for delayed contact. [13]**.Ogbo. F.A.2016, [9].Tavoulari E.F et al 2015.**

Discussion: The aim of this review was to identify barriers of breast feeding mothers for their infants. Identification of barriers is important however, findings from this review suggest that appropriate breastfeeding duration is handled

by presence of multiple obstacles. Sound evidence demonstrates that are maternal employment, perception of inadequate breast milk, low social support, inadequate knowledge related to breastfeeding and caesarean section were significantly associated with negative breastfeeding outcomes. These barriers will be discussed. Findings of many research studies stated that maternal employment and early return to work or school were factors associated with shorter duration of continue exclusive breastfeeding[6,4,12,11,5,8].More mothers in the informal sector of employment exclusively breastfeeding their infants and breastfeeding more than eight times compared to mothers in formal sectors of employment, Family support, bed-shearing, flexible work schedule and cultural beliefs are key factors of exclusive breastfeeding and breastfeeding frequency[5]. Mothers who are returning to work or school need for encouraging and to establish policies that allow flexibility at work and appropriate places to breastfeeding or express-milk[11].

Interventions for improving exclusive breastfeeding practice among mothers should provide mothers with the education, encouragements, and support necessary to achieve successful breastfeeding outcomes; further hospital should reduce giving out free formula discharge packs, which appear to have significant damaging effect on exclusive breastfeeding outcomes[4]. The evidence suggests that participation in employment is correlated with earlier breastfeeding cessation and working full-time was associated with shorter breastfeeding durations than working part-time. Misperception of Insufficient milk supply concerns have even consistently reported as key contributor to early breastfeeding cessation in several studies[1, 11, 8, 7]. Misconception lack of breast milk was the most common barrier to exclusive breastfeeding cited by mothers. The reasons for this perception included the baby constantly crying, baby wanting to breastfeed for longer, or no milk being produced when expressing. This 'forced' mothers to introduce formula milk[8].

There is common practice in the hospital for newborns to be given pre-lacteal feeds while mothers waited for their milk to come in. This was a barrier to EBF for some mothers, because they were no longer designated as EBF according to the strict definition used[8]. **Balogun, O.et al, (2015)** stated that there are negative association between EBF and pre-lacteal feeding. Almost two-thirds of mothers cited the lack of breast-milk as primary reason for administering pre-lacteal feeds, a factor that in itself has been associated with negative attitudes towards breastfeeding and maternal lack of confidence in her ability to breastfeed. However, hospital interventions for improving EBF should be done early in the prenatal period[1]. Common belief that breast milk alone is insufficient to meet the nutritional requirements for infants throughout the first 6 months of life. This misconception of breast milk insufficiency was widely reported in EBF promotion interventions. Nutrition feedings made up of non-breast milk feedings were given when mothers believed their breast milk was insufficient to meet the hunger or thirst needs of their infants. Once EBF had been interrupted by the first non-breast milk food, concerns about breast milk insufficiency became the most important barrier to EBF[2]. 5% of mothers actually have physiological insufficient milk supply but up to 50% of mothers report to health facilities about insufficient milk for their baby, this misperception about lack of breast milk result from mothers doubting of their ability to breastfeed, which may lead to perception of insufficient milk supply and adding other food or fluids to the baby's diet[8].

Desai, A., et al. (2014) suggested that programs which delivered by health workers to mothers over the prenatal and postnatal periods should Address the barriers, concerns about breast milk insufficiency, receiving infant feeding information, psychosocial, social support and advising the mothers to breastfeed frequently to ensure adequate quantity and to eat, drink well herself to ensure adequate quality. EBF promotion and provide framework for effective interventions and programs to increase EBF rates[2]. Lack of support, encouragement, and education for breastfeeding mothers from healthcare professional, family and community most commonly barrier reported among formula feeding mothers and served as significant barrier for exclusive breastfeeding[11, 10].

Several studies have reported that breast-feeding mothers who have low social support and low income are the least likely to breastfeed. Promote maternal and infant health it is vital to educate, support and encourage mother to continue with exclusive breast feeding[11]. Findings from previous studies suggest that women with high social support were more successful in breastfeeding. Social support, mother knowledge about the benefits of breast milk, and convenience were some of the facilitating factors of breast-feeding. There are three main aspects of social support: emotional (feeling loved, valued, and appreciated), informational (advice or guidance), and instrumental (tangible help) [2].

A study by **McCarter et al, 2010,** reported that Breastfeeding self-efficacy and social support have a theoretical relationship based on Bandura's social cognitive theory. Using this theory as a framework, a person's perception of self-efficacy is influenced by information received from various sources.. One such source is social or verbal persuasion, which can be understood as emotional support and encouragement. A social support network for breastfeeding can provide these sources of information and theoretically influence a woman's perception of her ability to successfully breastfeed her infant[3]. Evidence indicates that father want to help the mother to have a successful breastfeeding experience. However, limited breastfeeding information for fathers and conflicting information from health professionals to fathers were reported as barriers to fathers' participation in breastfeeding support[9]. Some mothers reported inadequate knowledge related to breastfeeding when they experienced problems such as believing that they did not have enough milk, or their nipples were sore from breastfeeding[10].

Breastfeeding information given before birth can boost rates of breastfeeding, and this agrees with Louanne study, who emphasized the importance of giving breastfeeding information before birth rather than after birth. Mothers should receive breastfeeding information at antenatal period rather than after birth to reduce risk for early cessation of breastfeeding and highlighted the importance of mother's intention to breastfeed in the success of the practice[12].Limited knowledge about how to manage common breastfeeding problems was barrier for breastfeeding. Literature addressed the need for continuing education for nurses and providing breastfeeding support. Study found

knowledge and attitudes, clinical practices and skills, and counseling to be key concepts to include in the education breastfeeding programs[10].

Reliability: In this section, discussion of the reviewed studies will focus on reported reliability and validity of the instrument. Reliability concerns a measure's accuracy and for the purpose of this review related measuring perceived socio-demographic characteristics and social support internal consistency, Cronbach's alpha and interclass confident).Stability of instrument over period of time (test-retest).Only one study included this review assessed internal consistency reliability of following scales; Likert scale and self-efficiency designed by **Dennis (2003**) is questionnaire a 33-item and is scored by a 5-point Likert scale from always confident[5] to not at all confident[1]. Scores range from 33–165, with 33–76 considered low self-efficacy, 77–120 average self-efficacy, and 121–165 regarded as high self- efficacy[3]. The Likert scale included 3 sections: The first explored the Socio demographic data of the mother and details about her infant are diet history. The second addressed the factors that might have contributed to her willingness to continue breastfeeding, and the last section enquired about the factors leading to her decision to end breastfeeding. The weight of each factor was requested as a 4-point Likert scale[12], Dichotomous scale this scale was examined against a set of independent variables (individual, house- hold and community characteristics) in order to determine the prevalence of timely initiation of breast-feeding, exclusive breast-feeding [13].

Edinburgh Depression scale (EPDS) used to collected data for postnatal data (such as information on skin-to-skin contact, EBF at discharge and postnatal depressive symptoms At the end of the questionnaire, research staff referred mothers with health questions or problems identified during the survey to clinic nurses, and referred mothers diagnosed as ''depressed'' or ''suicidal risk'' by the EPDS to mental health care.[2,9.]The Likert scale demonstrated high reliability (r=0.306).Also only one study included this review assessed inter-coder reliability ,The inter-coder reliability refers to the extent to which two or more independent coders agree on the coding of the content of interest with an application of the same coding scheme[8].

Validity: There are two studies included in this review content Validity[1,5,10] .The content validity refers is extent to which the scale covers important aspects of constructed being measured.[1,10]. Only one study included this review criterion validity .The criterion validity refers demonstrating a relationship between test scores and some criterion which is the indicator of ability[5].

Recommendations:

- Healthcare professionals and childbirth educators need to identify and promote strategies to increase mother's awareness regarding exclusive breastfeeding initiation and continuation**.** Evidence based educational strategies and individual support will help mothers gain confidence in breastfeeding by minimizing their uncertainties fears[11]**.**
- Maternity hospitals should continue to reform maternity care practices that promote continuation of EBF for the recommended period of six months and Childbirth education programs will also enhance exclusive breastfeeding for six months as per WHO recommendations[11,7]**.**
- Further researches need about barriers mothers and their families face to continued breastfeeding and develop more effective interventions to support them[14]**.**
- The findings of our study suggest that hospital policies and practices need to reflect the fact that in-hospital breastfeeding affects long-term breastfeeding outcomes. Hospital providers should provide all mothers with the education, encouragement, and support necessary to achieve successful breastfeeding outcomes[4]**.**
- Preventive strategies are needed for boosting and full implementation of the WHO global public health recommendations for exclusive breastfeeding[12]**.**
- It is important to identify cultural believes and practices that support infant and young child feeding in each society and use them to promote EPF practice[5]**.**

References:

[1] Balogun, O. O., Kobayashi, S., Anigo, K. M., Ota, E., Asakura, K., & Sasaki, S. (2016, 10). Factors Influencing Exclusive Breastfeeding in Early Infancy: A Prospective Study in North Central Nigeria. Maternal and Child Health Journal, 20(2), 363-375.

[2] Desai, A., Mbuya, M. N., Chigumira, A., Chasekwa, B., Humphrey, J. H., Moulton, L. H., Stoltzfus, R. J. (2014, 05). Traditional Oral Remedies and Perceived Breast Milk Insufficiency Are Major Barriers to Exclusive Breastfeeding in Rural Zimbabwe. Journal of Nutrition, 144(7), 1113-1119.

[3] Faridvand, F., Mirghafourvand, M., Malakouti, J., & Mohammad-Alizadeh-Charandabi, S. (2017, 02). Relationship between social support and breastfeeding self-efficacy among women in Tabriz, Iran. British Journal of Midwifery, 25(2), 103-109.

[4] Langellier, B. A., Chaparro, M. P., & Whaley, S. E. (2011, 12). Social and Institutional Factors that Affect Breastfeeding Duration among WIC Participants in Los Angeles County, California. Maternal and Child Health Journal, 16(9), 1887-1895.

[5] Nkrumah, J. (2016, 12). Maternal work and exclusive breastfeeding practice: A community based cross-sectional study in Efutu Municipal, Ghana. International Breastfeeding Journal, 12(1).

[6] Skafida, V. (2011, 01). Juggling Work and Motherhood: The Impact of Employment and Maternity Leave on Breastfeeding Duration: A Survival Analysis on Growing Up in Scotland Data. Maternal and Child Health Journal, 16(2), 519-527.

[7] Sunanda, B., &Nayak, S. (2017). A Descriptive Study to Identify the Breastfeeding Problems among Postnatal Mothers in Justice K.S. Hegde Hospital, Mangalore. International Journal of Nursing Education, 9(3), 50. Jama, N. A., Wilford, A., Masango, Z., Haskins, L., Coutsoudis, A., Spies, L., & Horwood, C. (2017, 10). Enablers and barriers to success among mothers planning to exclusively breastfeed for six months: A qualitative prospective cohort study in KwaZulu-Natal, South Africa. International Breastfeeding Journal, 12(1).

[8] Ogbo, F. A., Eastwood, J., Page, A., Arora, A., Mckenzie, A., Jalaludin, B., Eapen, V. (2016, 12). Prevalence and

determinants of cessation of exclusive breastfeeding in the early postnatal period in Sydney, Australia. International Breastfeeding Journal, 12(1). Wood, K. M., & Qureshi, K.et al. (2017, 01). Facilitators and Barriers for Successful Breastfeeding among Migrant Chuukese Mothers on Guam. SAGE Open Nursing, 3.

[9] Thomas, J. (2016). Barriers to Exclusive Breastfeeding Among Mothers During the First Four Weeks Postpartum.

[10] Nassar, M.F., et al (2014).Breastfeeding practice in Kuwait: determinants of success and reasons for failure.

[11] Hazir, T., Akram, D., Nisar, Y. B., Kazmi, N., Agho, K. E., Abbasi, S., Dibley, M. J. (2012, 07). Determinants of suboptimal breast-feeding practices in Pakistan. Public Health Nutrition, 16(04), 659-672. doi:10.1017/s1368980012002935

[12] Kearns, A. D., Castro, M. C., Lourenço, B. H., Augusto, R. A., & Cardoso, M. A. (2016). Factors Associated with Age at Breastfeeding Cessation in Amazonian Infants: Applying a Proximal–Distal Framework. Maternal and Child Health Journal, 20(7), 1539-1548.

[13] Tavoulari, E., Benetou, V., Vlastarakos, P. V., Andriopoulou, E., Kreatsas, G., &Linos, A. (2015). Factors affecting breast-feeding initiation in Greece: What is important? Midwifery, 31(2), 323-331.