

A Review of Strategies to promote, intervene and optimize breastfeeding practices

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ABSTRACT

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Background: Breastfeeding plays a vital role in the health and development of both infants and mothers, but exclusive breastfeeding rates in Ethiopia are still low, emphasizing the need for focused interventions. Factors like maternal age, education, and geographic location should be considered to enhance breastfeeding practices. To overcome challenges and improve breastfeeding outcomes, it is essential to implement effective strategies such as policy reforms, healthcare support, and community-based education. This paper is to review some strategies to promote, intervene, and optimize breastfeeding practices.

Method: This research was conducted using a review method of various publications, including books and scientific articles, to examine strategies for addressing breastfeeding barriers across multiple aspects.

Results: There are some strategies for promoting breastfeeding practices including education and awareness campaigns, workplace policies, community programs and initiatives, involvement of healthcare providers, media influence and marketing strategies, peer support groups, also cultural sensitivity and tailored approaches. There are also some intervention to address barriers such as myths and misconceptions, socioeconomic barriers, poor access on lactation, maternal health issues, engaging fathers and family members, overcoming psychological barriers, also policy advocacy and legal support.

Conclusion: Healthcare professionals need a multifaceted approach that includes evidence-based interventions, tailored support programs, and comprehensive policies to improve breastfeeding initiation and continuation rates. Engaging community stakeholders and fostering a supportive environment through education and socio-cultural awareness can empower mothers and contribute to long-term public health benefits by promoting sustained breastfeeding practices.

1. Introduction

In practices concerning breastfeeding, an imperative role their existence attains in health in infants and their development, with a paramount cost-efficiency being held by exclusive breastfeeding as an intervention for the reduction of morbidity and mortality on a global scale. Irrespective of its importance, the rate at which exclusive breastfeeding is prevalent in Ethiopia persists at a low measure, signposting a dire demand for interventions specifically targeted to proliferate this fundamental practice among mothers. This stresses upon the necessity to discern predictors of exclusive breastfeeding, for instance, the maternal age, the level of education attained, the wealth index, the accessibility to media, coupled with the geographic locale, in order to custom-make efficacious strategies pertaining to these determinative factors (1). Additionally, the assessment



of the efficacy of varied interventions in both the promotion and the optimization of breastfeeding, especially within low-resource settings, could divulge invaluable perspectives pertinent to policy formulation alongside program evolution. Comprehending the contextual determinants impacting practices of breastfeeding stands critical for the conceptualization of exhaustive strategies inclusive of initiatives oriented towards community-based education and support, aimed at boosting exclusive breastfeeding rates and ameliorating health outcomes in mothers and children.

Breastfeeding, as a fundamental aspect, stands in the health and wellness of infants and mothers, crucially. In the substantiated research, breastfeeding is indicated to contribute noteworthy to optimal developmental growth of infants, providing critical nutrients and antibodies necessary for the immunity system essential. Furthermore, breastfeeding encourages a particularly unique maternal-infant bond, which stands in promotion of emotional well-being and attachment(2). For maternal subjects, breastfeeding assists postpartum recovery through facilitative weight loss and diminishes risks pertinent to specific health conditions including breast and ovarian malignancies (3). Breastfeeding's significance extends transcendent of physical health, embodying psychological rewards for both mothers and infants. Recognizing breastfeeding's multi-dimensional advantages underscores meaningfulness in implementing efficacious strategies, which promote and support breastfeeding, ensuring maternal-infant wellness.

In the current provocations concerning fostering breastfeeding, multifarious intricacies and impediments impede the quintessential propulsion of breastfeeding procedures. Matters such as deficient support systems, societal conventions, and conflicting indoctrinations from the formula commerce contribute substantial hindrances to cultivating a breastfeeding-conducive milieu. Additionally, inequalities in procuring breastfeeding resources and enlightenment further worsen the plight for many individuals endeavoring to commence and perpetuate breastfeeding. These bewilderments accentuate the pivotal necessity for customized mediations and all-encompassing stratagems that tackle the convoluted web of determinants impacting breastfeeding behaviors. Investigation intimates that polyhedral methodologies, featuring policy modifications, communitarian involvement, healthcare practitioner tutelage, and purpose-driven public cognizance drive, are indispensable to overcoming these barricades and endorsing enduring breastfeeding practices on a grander scale. By acknowledging and energetically addressing these extant provocations, stakeholders can labor towards contriving a supportive ecosystem that prioritizes and encourages breastfeeding as the paramount infant alimentation preference (4).

Because breastfeeding is important for the health of both babies and mothers, this paper is to examine and combine the effectiveness of different ways to promote and improve breastfeeding. By looking at a variety of approaches, it aims to find the best practices that can be used in different places to help start and continue breastfeeding. By thoroughly reviewing current studies and evidence, this work intends to address gaps in our understanding of specific methods, like awareness programs, laws, healthcare support, and community involvement. By analyzing the pros and cons of various techniques, this research aims to give useful insights for policymakers, healthcare experts, and activists to make detailed plans to improve breastfeeding rates and health outcomes for mothers and babies. The results provide evidence-based suggestions for future methods and rules, supporting better breastfeeding promotion on a wider scale (2).

2. Method

This paper utilizes library research as its data collection method. This approach entails examining and analyzing information from various sources, such as scientific articles, books, theories, and documents that directly pertain to the research issue. It involves gathering primary data, which is the original and firsthand information sourced directly from library materials. The authors compile literature from journal articles and other scholarly references to summarize the topic at hand. The references are confined to those

related to breastfeeding, interventions for breastfeeding, or breastfeeding techniques, focusing on the subject matter under discussion.

3. Result and Discussion

A. Strategies for Promoting Breastfeeding Practices

1) Education and Awareness Campaigns

Understanding about the practices of breastfeeding happens to be quite important for the proper enacting of techniques aimed to foster, meddle, and maximize the activities surrounding breastfeeding. Reforms in modern times regarding education, put a spotlight on learning that revolves around projects and student-focused ways to boost outcomes in education. Bringing into play an international-like curriculum, has the potential to incredibly increase the global edge that students possess (5). Additionally, securing agreement from experts, makes the strategies better for enhancing treatment outcomes in places like Iraq. This underpins the significance of fusing guides that are evidence-based with views from experts in real-life for tailoring interventions fittingly (6). Through the use of educational technologies alongside expert wisdom, the spread of info and guides about breastfeeding can be bettered, ensuring a vast and strong method of advocating and boosting breastfeeding practices. This matches the wider goal in the essay of looking into multifaceted ways to better breastfeeding practices across varied socio-cultural framework (3).

Efforts to increase public awareness and understanding regarding health in various countries have used different forms of mass media to reach more targets. In Indonesia, a program from the National Nutrition Communication Campaign (NNCC) has been implemented to increase stunting awareness and promote exclusive breastfeeding among rural Indonesian mothers. Program implementation focuses on two main strategies, namely multi-media messages and interpersonal communication (IPC). Multi-media implementation using platforms such as television, radio, social media, and print media, with content aimed at increasing awareness about EBF and the importance of nutrition during the first 1000 days of life. Meanwhile, IPC uses face-to-face communication methods, group discussions, and support groups implemented through women's groups, maternal health classes, and Posyandu (integrated health posts). IPC focuses on how the health workers communicated the importance of EBF, appropriate complementary feeding, and hygiene. Exposure to NNCC was considered positively associated with increased knowledge about EBF, the importance of nutrition in the first 1000 days, and awareness of stunting. IPC is particularly effective in improving EBF-related knowledge and intentions (7).

A similar form of campaign was carried out in Ghana by focusing on social media platforms, in the form of Facebook and Twitter. The Breastfeed4Ghana campaign aimed to promote breastfeeding and it reached the target population by gaining 4,832 followers. Despite high acceptability, the campaign did not significantly improve breastfeeding knowledge among participants (8). In the USA, there is a campaign in the form of a 12-month social media intervention by the Women, Infants, and Children (WIC) program to promote breastfeeding, targeting WIC participants with varying levels of message exposure. The results show that women with medium-high exposure to the intervention showed higher campaign awareness, more positive breastfeeding attitudes, higher self-efficacy, and greater perceived social support compared to those with low exposure. Even though there are no significant differences in breastfeeding initiation and duration between the two groups (9). Various types of programs have been implemented to increase awareness of breastfeeding in various countries, also supported by the participation of NGOs such as WHO, UNICEF, or other institutions that focus on optimizing breastfeeding achievements. For example, the World Alliance for Breastfeeding Action (WABA) promotes breastfeeding through various initiatives and campaigns such as coordinating World Breastfeeding Week (WBW) to raise awareness and galvanize action on breastfeeding-related issues; align their campaign with the United Nations' SDGs to highlight

the importance of breastfeeding in achieving these goals; provide technical support, seed grants, and educational resources to empower parents and communities; and also offer courses to develop participants' knowledge and skills to support breastfeeding and advocate for improved infant feeding practices (10).

2) Workplace Policies

Analyze strategies to enhance and improve breastfeeding practices—need examination, specifically observing significant part supportive workplace policies play in enabling successful breastfeeding journeys for new mothers. Findings from survey oncology field researchers conducted (11) glare inadequacy current lactation policies, infrastructure at workplace, especially affecting trainees, early career faculty. Discourse addressing problems like access to lactation rooms, enough pumping breaks, discomfort in seeking protected pumping time crucial in nurturing supportive breastfeeding environment in job settings. Rapid review by Sax Institute (3) emphasizes comprehensive workplace policy importance for lactating employees' needs, pressing for systemic alterations to maintain women's workforce presence. Elevating supportive workplace policies implementation, enhancement, organizations can potently promote, intervene, optimize breastfeeding practices, thereby boosting mothers, infants' holistic well-being.

A systematic review carried out on articles published between 2008-2019 resulted in the conclusion that breastfeeding interventions in the workplace can support exclusive breastfeeding (EBF), but the quality of literature on this topic is limited. The confidence in using lactation spaces and breaks is influenced by individual characteristics, type of employment, and support from partners, colleagues, and supervisors, because support from co-workers and supervisors is crucial for successful breastfeeding at the workplace, especially associated with longer breastfeeding duration. The types of workplace support for breastfeeding such as providing private or semi-private spaces for breastfeeding or breastmilk extraction; allowing flexible work hours or breaks for milk expression; encouragement or support from colleagues and supervisors; and offering breastfeeding education and counseling at the workplace (12).

A scoping review based on the Joanna Briggs Institute framework aims to map strategies for promoting, protecting, and supporting breastfeeding among working women (13) also drawing a consistent conclusion. A supportive intervention in the workplace can directly achieve SDGs, particularly points 5 (gender quality) and 8 (decent work). A supportive workplace is defined as a supportive room for breastfeeding and a positive work environment. The supportive rooms for breastfeeding help achieve SDGs 5th and 8th by reducing stress also promoting equality and well-being for working mothers. The existence of support rooms contributes to a friendly and productive work environment, enhancing women's professional performance and recognition. With continued support for the implementation of breastfeeding in the workplace, SDGs 2nd (zero hunger), 3rd (good health and well-being), and 12th (responsible consumption and production) can also be achieved by providing essential nutrition, reducing infant mortality, and being environmentally friendly and indirectly sustainable. However, there are still challenges and recommendations that are expected to optimize the supportive workplace policies such as emphasis on the need for maternity leave laws, company policies for breastfeeding support, and extending these benefits to informal and self-employed workers.

3) Community Programs and Initiatives

Upon the examination of efficacious stratagems aimed at promoting the practices of breastfeeding within communal environments, the consideration of variegated interventions and programs possessing the aptitude to positively influence outcomes related to maternal and child health is of paramount importance. Initiatives rooted in the community, exemplified by the Community-Based Intervention Packages (CBIP) executed by Ancillary Nurse-Midwives

during the Antenatal and Postnatal periods, have exhibited marked improvements in the Early Initiation of Breastfeeding (EIBF) among women as opposed to conventional care (6). Moreover, the cross-sectional investigation of Knowledge, Attitude, and Practices among lactating mothers divulged that a substantial fraction of mothers acknowledged the advantageous impacts of breastfeeding on child health and bonding (14). These discoveries accentuate the significance of customized community initiatives that supply education, support, and resources to elevate breastfeeding practices among mothers. Through the utilization of community involvement and targeted interventions, lasting enhancements in breastfeeding rates can be attained, ultimately fostering superior health outcomes for both mothers and infants.

Community factors can significantly influence exclusive breastfeeding practices by paying attention to community-related factors, such as place of residence, health facilities, environmental factors (15), cultural beliefs, support system, health education, and economic status (15) (16). Each community-related factor exerts a varying degree of influence. Mothers living in rural areas, giving birth in health facilities with professional guidance, and the availability of health services and transport infrastructure in urban areas are more likely to influence breastfeeding practices (15). The cultural norms and beliefs about breastfeeding can impact whether mothers breastfeed exclusively. The support from family members, especially partners and extended family, plays a crucial role in encouraging and sustaining exclusive breastfeeding. The access to information and counseling about breastfeeding during antenatal and postnatal care also significantly increases the likelihood of exclusive breastfeeding. Interestingly, household income levels can affect breastfeeding practices, with lower-income households more likely to exclusively breastfeed due to the high cost of formula and other supplements (16). Those community-related factors must be used as a basis for designing breastfeeding community programs and initiatives.

There are several examples of the implementation of breastfeeding community programs and initiatives globally and how effective their implementation is in increasing the practice of exclusive breastfeeding among mothers. For example, the Becoming Breastfeeding Friendly (BBF) initiative has improved breastfeeding rates and stronger breastfeeding policies in participating countries, such as Ghana, Mexico, Germany, Great Britain, Samoa, and Myanmar. The BBF initiative helps countries scale up breastfeeding programs using a policy toolbox with three components: the BBF Index, case studies, and a five-meeting process to develop and implement policy recommendations. Countries using BBF have seen improvements in breastfeeding rates and policy development (8)(17). Various factors including dynamic committee, logistical challenges, facilitation and leadership, and advocacy-accountability influence the implementation of the BBF in Ghana. The dynamic committee factors explain that a diverse group of experts from various sectors drove the implementation, bringing valuable knowledge and perspectives. The difficulties in accessing data and the need for strong in-country technical support were significant barriers to the meaning of logistical challenges. The facilitation and leadership factor explains that committee members feel well-positioned to lead the dissemination and implementation of recommendations. Lastly, advocacy was essential for translating recommendations into action, and accountability was crucial for proper implementation (17).

4) Involvement of Healthcare Providers

Healthcare providers exert a significant influence in advancing and endorsing breastfeeding practices, markedly contributing to the triumph of breastfeeding programs. By virtue of their specialized skills and recurrent interactions with expectant mothers as well as new parents, healthcare providers possess a distinctive chance to inform, advise, and empower families regarding the advantages and methods of breastfeeding. Studies reveal that backing from healthcare providers is correlated with heightened breastfeeding initiation and duration. Consequently, the integration of thorough training on breastfeeding promotion into the curriculum of healthcare provider training programs, along with ongoing professional growth,

is of paramount importance. Additionally, ensuring the presence of certified lactation consultants within healthcare settings and establishing breastfeeding-friendly policies can further amplify the support extended to mothers (18). By actively involving healthcare providers in endeavors to promote breastfeeding, one can cultivate a culture that prioritizes and normalizes breastfeeding, thereby promoting the health and welfare of both infants and mothers.

Although generally, healthcare providers have a big influence on the success of exclusive breastfeeding, it cannot be denied that support for health workers is also needed as a form of state commitment to increasing coverage of exclusive breastfeeding in its region. This is because many countries fall short of WHO recommendations on exclusive breastfeeding due to various challenges faced by nursing mothers. From the perspective of healthcare providers, nurses and midwives play a crucial role in supporting breastfeeding but need adequate training to overcome barriers and provide effective support (19). The findings regarding behavior, attitudes, and knowledge of health workers in breastfeeding are not as imagined. For example, many healthcare workers do not consistently follow best practices, such as advising against giving tea or pacifiers to breastfed babies in the first six months, which is due to the rarity of healthcare professionals participating in breastfeeding education programs. In addition, healthcare professionals showed the least understanding and awareness about the rules and regulations outlined in The International Code Marketing of Breast-milk Substitutes and the use of medications while breastfeeding (20).

WHO and UNICEF promote and support breastfeeding in maternity services worldwide through the Baby-Friendly Hospital Initiative (BFHI). The BFHI outlines ten steps that hospitals and maternity facilities should follow to support breastfeeding effectively, namely adhere to the International Code of Marketing of Breast-milk Substitutes; have a written infant feeding policy communicated to staff and parents; ensure staff have the knowledge and skills to support breastfeeding; discuss the importance and management of breastfeeding with pregnant women and their families; facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth; do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated; enable mothers and infants to remain together 24 hours a day; support mothers to recognize and respond to their infants' cues for feeding; counsel mothers on the use and risks of feeding bottles, teats, and pacifiers; finally coordinate discharge so the parents and infants have timely access to ongoing support and care (21). An example of good practice from Bangladesh, which continued support with mobile phone counseling after delivery hospital had significantly increased the exclusive breastfeeding rates (EBR) from 58% to 78% (22).

5) Media Influence and Marketing Strategies

Delving into strategies to foster, intervene, and boost breastfeeding maneuvers, the sway of media and marketing stratagems pops up as a cardinal facet of potent execution. Channels of media wield a crucial part in molding societal perceptions and conduct, inclusive of views on breastfeeding. Exploiting marketing stratagems via focused campaigns and educational milestones could amplify public consciousness and backing for breastfeeding maneuvers. As accentuates the significance of structural capital in health hubs for rendering preconception care, a akin tactic can be applied to breastfeeding advocacy, assuring ample resources and backing systems are established (23). Furthermore, accentuates the requisite for nascent interventions, underscoring the potential sway of gestational weight accumulation on progeny's body mass. By blending evidence-based practices into media volleys and marketing exertions, personalized communiqués can be dispersed to bolster mothers and kin in enacting informed choices about breastfeeding, thereby pushing forward collective public health repercussions. These gleanings spotlight the variegated essence of advocating breastfeeding practices, where media clout and pinpointed marketing stratagems hold a pivotal role in intensifying victory and boosting health repercussions (24).

The media holds significant potential as a communication tool for advancing breastfeeding initiatives, shaping maternal breastfeeding practices, and garnering stakeholder support (25). Women who received breastfeeding information from mass media were significantly more likely to practice exclusive breastfeeding for six months (26). However, emphasizes that the content and frequency of breastfeeding information in the media can influence breastfeeding rates, some women, especially those with no prior breastfeeding experience, may not trust media information about breastfeeding. Moreover, the media often fails to present positive information about breastfeeding, which can impact its effectiveness (27).

Apart from the media, some marketing strategies should also be managed to generate positive outcomes for exclusive breastfeeding. Since infant formula manufacturers historically promoted formula over breast milk, it led to a decline in breastfeeding rate. Exposure to formula information from print media and websites is associated with shorter intended exclusive breastfeeding duration and lower odds of breastfeeding initiation. This strengthens the need for increased promotion of breastfeeding information in the media to counteract the negative impact of marketing formulas (28). Especially when breast milk substitutes (BMS) marketing are provided for free in maternity facilities and promoted by health workers. Those influence social norms, since making formula use seems extensive and modern, which negatively impacts breastfeeding practices (29). Demarketing can be a strategy used to reduce consumer demand for a product or service. It involves modifying the marketing mix elements (product, price, place, and promotion) to make the product less attractive. As accentuates demarketing strategies positively affect women's attitudes, intentions, and behaviors towards breastfeeding, especially among younger, more educated, unemployed, and lower-income women (30).

6) Peer Support Groups

When reflecting upon the adoption of peer support consortiums as a method to augment breastfeeding habits, it's obviously that these communal assemblies exhibit a pivotal function in nurturing profitable breastfeeding results. These peer assistance groups present a setting where persons could exchange experiences, pursue counsel, and obtain motivation from their equals, crafting a backing atmosphere propitious to maintaining breastfeeding endeavors (31). Inquiries have demonstrated that peer support strategies considerably boost breastfeeding commencement and continuation percentages, underlining the considerable character of societal linkages in endorsing maternal and infantile welfare. Exploiting the potentiality of peer support clusters in breastfeeding enhancement schemes, medical establishments can efficaciously tackle impediments, bolster maternal self-assurance, and install enduring breastfeeding customs within societies. The assimilation of peer support apparatuses into wide-ranging breastfeeding agendas could conclusively forward the larger aim of heightening breastfeeding habits and advancing maternal and neonatal wellbeing results.

A peer support group refers to groups where women who have breastfed their babies provide emotional, practical, and informational support to other breastfeeding women. These groups aim to create a comfortable and welcoming environment where women can share experiences and support each other, help women expand their social networks and reduce feelings of isolation, offer guidance on breastfeeding techniques and address practical difficulties, as well increase women's self-esteem and confidence in breastfeeding. Embedding peer supporters in healthcare systems can help reduce tension between them and healthcare professionals (32). The success of breastfeeding peer support is attributed to shared experiences, social matching, and the ability to provide emotional and informational support. However, to enhance integration and scalability, standardized training and supervision plans are necessary (33). In line with that emphasizes that the most successful group strategies for supporting and maintaining breastfeeding are by combining peer support with the leadership or counseling of a healthcare professional (34).

Peer support significantly boosts mothers' confidence and ability to breastfeed, leading to higher self-efficacy scores. Because mothers in peer support groups tend to have higher rates of exclusive breastfeeding compared to those who only receive routine training. Regular

communication and support from peers ensure that mothers receive continuous guidance and motivation throughout the early postpartum period (35). Furthermore, emphasizes that support groups provide active knowledge transfer, which is more effective than one-on-one peer counseling. Even with online breastfeeding peer support could empower mothers and positively influence breastfeeding outcomes and perceptions. Mothers who seek online breastfeeding peer support are commonly due to feelings of isolation, lack of professional support, and preference for online over offline support. Online support was characterized by easy access, availability, and a wealth of resources from experienced mothers (36)(37).

7) Cultural Sensitivity and Tailored Approaches

The propitious promotion of breastfeeding necessitates an intricate comprehension of cultural subtleties and the variegated requisites of disparate communities. Customizing interventions to reverberate with cultural sensibilities can markedly augment their pertinence and efficaciousness, culminating in superior outcomes in lactation practices. Empirical evidence delineates that monolithic approaches might not invariably yield optimal results, predominantly in heterogenous territories such as Australia, wherein cultural convictions and mores modulate maternal and neonatal health comportment. By recognizing and infusing cultural cognizance into breastfeeding advocacy stratagems, medical practitioners and policymakers can ameliorate disparities in accessibility and adoption. Culturally bespoke methodologies can engender trust, fortify communication, and counteract discrete impediments that sundry cultural cohorts may encounter in the realm of breastfeeding initiation and perpetuation. Consequently, it is paramount to enact interventions that venerate cultural pluralism and dispense support that is attuned to each community's idiosyncratic demands (1).

An ethnographic study carried out in Gambia and yield findings that some cultural beliefs and practices are related. There are food taboos physical effects, charm water, and the relationship of breast size with milk adequacy. For example, the cultural beliefs about food taboos are mothers avoid certain foods like green leafy vegetables and hot foods, believing they cause diarrhea or fever in infants (38). It's different in Norway, mothers encounter cultural pressure to breed their babies. It's because breastfeeding is seen as the standard and best practice for mothers, that's creating a strong cultural expectation for breastfeeding. This makes mothers tend to feel pressured to breastfeed to meet societal and cultural norms, and often feel judged if they don't. This kind of pressure can lead to feelings of guilt, shame, and stigma for mothers who cannot or choose not to breastfeed (39).

Because culture is a factor that influences breastfeeding success, culturally tailored breastfeeding information and support from family/friends and support groups are needed to help reduce breastfeeding disparities (40). For example, the development and implementation of mobile health (mHealth) interventions that are specifically designed to meet the unique cultural needs and preferences of a particular community. Tailoring mHealth tools to the cultural context can significantly increase user engagement and acceptance by providing health information and intervention that resonates with users' cultural beliefs and practically makes them more relatable and effective. In addition, offering content in the users' preferred language ensures better understanding and comfort, also leading to higher engagement. Meanwhile, customizing messages and features to address specific health needs and preferences of the community could enhance user experience and adherence (41). In line with this, culturally sensitive communication can improve breastfeeding outcomes among minority women. The need for culturally appropriate health care services and maternity staff training that includes cultural sensitivity to avoid stereotyping breastfeeding behaviors in different ethnic/racial groups. Social marketing campaigns tailored to minority women are also needed to educate and support minority women by addressing their unique needs, cultural practices, and potential barriers to breastfeeding (42).

B. Interventions to Address Barriers to Breastfeeding

1) Addressing Myths and Misconceptions

Erroneous beliefs and myths about breastfeeding keep persisting despite the endeavors to promote practices grounded in evidence. Addressing these erroneous beliefs is vital in ensuring correct implementation of breastfeeding promotion strategies. By debunking widespread myths such as "formula feeding is the same as breastfeeding" or "breastfeeding is for certain women only," interventions might be tailored more effectively to target knowledge and belief gaps among stakeholders. Evidence suggests that educational campaigns aimed at specific audiences combined with culturally sensitive messages can assist in challenging incorrect beliefs and encourage behavioral change. Moreover, incorporating accurate data into healthcare provider training routines and public health programs might further advance the spread of correct breastfeeding practices and benefits (43). By engaging with and confronting erroneous beliefs actively, interventions can cultivate an environment supporting and normalizing breastfeeding, ultimately aiding in yielding enhanced public health results.

Numerous breastfeeding myths exist that greatly affect its practice. Based on health workers' (HWs) perspective for example noted that some mothers believe HWs themselves do not practice EBF, and grandmothers often argue that their children grew well without EBF. On the other hand, despite their health background, many lactating nurses and midwives in the Greater Accra Region of Ghana believe in various myths about breastfeeding, such as green stools/diarrhea, childhood diseases, teeth discoloration, and children becoming unwise. Cultural norms and close relatives significantly influence these myths, making it challenging for health professionals to debunk them (44) (45). Other misconceptions about breastfeeding, such as insufficient milk supply and the effects of maternal health conditions, were found to significantly influence the discontinuation of breastfeeding (46).

Various forms of misconceptions and myths about breastfeeding, as mentioned above, necessitate the emergence of diverse approaches to address them. Thus, providing accurate information through healthcare providers, lactation consultants, and educational materials is needed to help dispel myths. Encouraging participation in breastfeeding support groups where mothers can share experiences and receive advice, ensuring that healthcare professionals are well-trained in breastfeeding support and can provide evidence-based information, running public health campaigns to promote the benefits of breastfeeding and correct common misconceptions, and offering one-on-one counseling to address specific concerns and myths that individual mothers may have (47). Further, focusing on educating and sensitizing mothers, mothers-in-law, and friends who influence first-time mothers (FTMs), and creating a supportive environment by engaging the entire community in discussions about the benefits of exclusive breastfeeding also can be helpful (48).

2) Overcoming Socioeconomic Barriers

Confronting the manifold complications introduced by socioeconomic obstacles is crucial in nurturing effective breastfeeding methodologies. Economic inequalities stand recognized as prominent impediments to achieving desirable breastfeeding statistics, with determinants like financial strata, educational attainment, and resource availability heavily swaying maternal choices on whether to begin and persist with breastfeeding (49). Enacting precise interventions suited to a variety of socio-economic settings is vital to close these chasms, incorporating tactics that span from community-oriented aid initiatives to job-related provisions that foster breastfeeding for employed women. By focusing on fair access to resources and support infrastructures, authorities can efficiently tackle the socioeconomic barriers that thwart breastfeeding habits, thereby advocating inclusivity and enabling all mothers to make educated decisions that benefit both maternal and infant well-being. Underlining the significance of bespoke support frameworks and anticipatory steps, measures designed to alleviate socioeconomic inequalities promise advancements in enhancing breastfeeding routines across different groups.

There are some strategic keys to overcoming breastfeeding inequities, such as multidisciplinary support, policy changes, a social justice lens, and targeted interventions. The

multidisciplinary support is explained by engaging healthcare professionals, community lactation support, family members, employers, and childcare providers to help parents overcome obstacles and achieve their breastfeeding goals. As for the policy changes could be delivered by advocating for paid parental leave, workplace lactation programs, and policies that support breastfeeding in hospitals and communities. Further, addressing socioeconomic, legal, and political barriers that prevent women from breastfeeding, framing these as health inequities and human rights violations, and also focusing on improving peer and family support, access to evidence-based maternity care, and employment support, especially for socio-economically vulnerable women might be alternative strategies that would help overcome these barriers (12)(50).

3) Providing Access to Lactation Support

In the scenario concerning the amelioration of breastfeeding practices, the provision of access to all-encompassing lactation support services is of paramount importance. Such accessible and evidence-founded services of support hold a crucial role in the empowerment of mothers towards both the initiation and maintenance of breastfeeding with success. Through the assurance that lactation support is ubiquitously available within healthcare settings, workplaces, and communities, the impediments to breastfeeding can be addressed in an effective manner, culminating in elevated breastfeeding rates and durations. Additionally, uniquely tailored lactation support services cognizant of individual requirements and cultural contexts possess the capacity to considerably augment maternal confidence and the outcomes of breastfeeding. Research studies have proven that interventions targeting lactation support result in positive outcomes, emphasizing the significance of integrating these services as a foundational aspect of breastfeeding promotion strategies. By assigning priority to the availability of quality lactation support, healthcare frameworks and policymakers exhibit the potential to substantially contribute to the optimization of breastfeeding practices, alongside the cultivation of an encouraging milieu for breastfeeding mothers (51).

Some practical strategies are scientifically proven to improve lactation support such as antenatal nursing intervention programs, community-based support programs, workplace lactation programs, and training for healthcare providers. Providing nursing interventions during the antenatal period can significantly improve breastfeeding self-efficacy and positively impact the initiation, exclusivity, and continuity of breastfeeding (52). Establishing community-based programs that offer peer support and professional lactation consulting can enhance breastfeeding rates. These programs can provide accessible and culturally sensitive support to mothers in their communities (53). Creating supportive workplace environments with designated lactation rooms and flexible break times can help working mothers continue breastfeeding. Policies that support breastfeeding in the workplace are crucial for maintaining breastfeeding practices (12). Further, ensuring that healthcare providers receive adequate training in lactation support can improve the quality of care mothers receive. Continuous education programs keep healthcare providers updated on best practices in lactation support (54).

4) Addressing Maternal Health Issues

Acting upon maternal health matters is imperative within the sphere of augmenting and enhancing breastfeeding methodologies as emphasized by the necessity to assist late preterm infants encountering feeding hurdles (55). Such predicaments affect not merely the infants' sustenance and progression but also have significant bearings on maternal psychological well-being and the mother-infant rapport. The formation of congruent dyadic interactions between mothers and their late preterm offspring stands fundamental to deter distorted feeding conducts in subsequent periods of life. Moreover, endeavors like the mWACH-PrEP inquiry in Kenya delve into reciprocal communication mechanisms to amplify PrEP compliance among gestating and postpartum women, demonstrating the promise of pioneering remedies to resolve peripartum episodes and health setbacks that could impede perennial adherence (56). By directing attention to maternal health and harnessing customized supportive maneuvers, a

favorable climate for triumphant breastfeeding methods and the bolstering of general welfare for both mothers and infants might be attained.

Strategies from physiological to psychological perspectives can address both maternal health issues on breastfeeding. For example, maternal eating disorders might have a negative impact on breastfeeding practices and could be tackled through an early multidisciplinary strategy involving nutritional support, psychotherapeutic techniques, and the use of psychotropics if necessary (57). Likewise, on a psychological perspective, integrating mental health in breastfeeding by addressing postpartum depression can enhance the effectiveness of breastfeeding support programs (58).

5) Engaging Fathers and Family Members

Given but the important role of family members, more specifically fathers, in terms of backing breastfeeding practices, involving them effectively is essential for successful interventions. Research demonstrates, it tells us that involving fathers in programs of breastfeeding education and support can massively enhance breastfeeding results. By fathers incorporating into this whole breastfeeding process, not only supportive environment for mother does it foster, but also it boosts bonding and understanding in the family unit. Moreover, engaging fathers can help counters societal norms and stereotypes around the sole responsibility of breastfeeding being a maternal duty, thus promoting gender equality in caregiving roles (59). Strategies which actively involving fathers and family members in breastfeeding promotion initiatives can lead to sustained positive impacts on initiation breastfeeding and even duration rates, ultimately contributing to better maternal, child health outcomes.

6) Overcoming Psychological Barriers

Efforts fixed to better breastfeeding must mess with psychological walls blocking good breastfeeding start and going on. Beating these walls is big in pushing long breastfeeding winning with mothers. Psychological things like no confidence, fear, and social shame can make women stop breastfeeding. Moves to up maternal self-belief and give emotional patting on the back are key in fighting these walls (49). By seeing and grappling with the mums' psychological bumps, health caregivers can roll out fitting back-up tactics that nurse a happy breastfeeding ride. Scribbling a helping scenery that grows emotional wellness and powers mums to jump over psychological humps is so important to push sticking breastfeeding habits. By aiming at the mind blocks, doctors and nurses can be huge in helping mum mental health and getting better breastfeeding results.

7) Policy Advocacy and Legal Support

Inside diverse, complicated array of strategies aiming to promote, intervene, optimize breastfeeding practices, G. Policy Advocacy and Legal Support turns out as very important pillar aiding implementation, sustainability of effectual initiatives. Taking insights from worldwide perspectives, like the desperate need for mental health education efforts in high schools in Uganda (60), might draw similarities to criticality of proactive policy advocacy in area of breastfeeding promotion. Same way partnership with professionals, involving parents remain vital parts in mental health education, pushing for supportive legal structures, policies becomes crucial in nurturing a suitable climate for breastfeeding actions. Moreover, clean energy field's stress on handling regulatory frameworks, promoting pro-renewable policies (61) highlights importance of tactical policy advocacy in pushing breastfeeding as primary public health initiative. Through harmonizing policy advocacy, legal support with evidence-backed interventions, enduring progress in breastfeeding practices gets possible, repeating necessity for all-inclusive methodology covering regulatory advocacy, public awareness drives, stakeholder engagement.

C. Optimization of Breastfeeding Practices

1) Implementing Evidence-Based Practices

Engaging in tasks aimed at augmenting breastfeeding practices by leveraging evidence-based interventions necessitates the adoption of a multitude of strategies becomes an indispensable matter. The discoveries illuminated in (62) emphasize the paramount importance of enacting best-practice nutrition education interventions specifically tailored for adults residing in rural and economically disadvantaged areas, which demonstrates a distinct enhancement in adherence following the execution of said interventions. This distinctly highlights the success of applying evidence-based standards in fostering favorable results. Additionally, the crucial role of carrying out effective measures to encourage breastfeeding and nutritionally sound complementary feeding within primary health care settings, proposing a guideline for proficient implementation via considerations like the type of intervention, intended demographic, and the degree of intervention intensity. By amalgamating these insights with the more extensive milieu of promoting breastfeeding, it becomes glaringly apparent that a multifaceted approach, steered by evidence-based methodologies, is vital for optimizing breastfeeding practices across a variety of settings (13).

2) Monitoring and Evaluation of Breastfeeding Programs

In the milieu of programs aimed at breastfeeding, the central facet of oversight and appraisal materializes as a crucial instrument to measure the potency and ramifications of executed stratagems. Oversight permits prompt tracking of program pursuits and results, bestowing significant cognizance into the headway and sectors demanding modifications. Concurrently, appraisal scrutinizes profoundly into gauging the protracted repercussions of these engagements, elucidating their endurance and eventual triumph in advancing breastfeeding customs (2). Through the deployment of sturdy oversight frameworks alongside rigorous appraisal techniques, stakeholders can not solely assure accountability and lucidity but also fine-tune stratagems predicated on evidence-backed conclusions to bolster program efficacy and expanse (3). The amalgamation of elaborate oversight and appraisal mechanisms within breastfeeding campaigns is indispensable for nurturing continuous enhancement and amplifying the collective impact on maternal and juvenile health sequels, harmonizing with the broader intents of public health endeavors.

3) Research and Innovation in Lactation Support

In domain of lactation support, advancing breastfeeding practices and maternal and infant health outcomes by fostering research and innovation is paramount. Gaps in evidence addressing and prioritizing rigorous methodologies of research are crucial facets of this endeavor. Aiming research efforts not only at identification of successful strategies but also scrutinizing in diverse contexts their effectiveness to ensure broad applicability and impact is needed. Innovation here involves exploration of novel interventions, technologies, and approaches capable of revolutionizing breastfeeding support delivery and reception. Integrating evidence-based practices with cutting-edge innovations can transform lactation support landscape for evolving needs of mothers and infants better meeting. Research and innovation-driven approach can progress in promoting breastfeeding as cornerstone of optimal infant nutrition and maternal well-being catalyze. Emphasis on continuous improvement and robust research adaptation is essential for sustained advancement in initiatives for lactation support achieving (2).

4) Ensuring Continuity of Care

To make sure strategies success to promote optimizing breastfeeding, crucial care continuity must be addressed. Seamless continuum care whole breastfeeding journey, from antenatal to after childbirth is pivotal sustain breastfeeding and overcome challenges potential.

This continuum underscores need healthcare systems prioritize consistent integrated support services follow mothers infants initial stages of breastfeeding start. Research indicates care continuity enhances maternal confidence, fosters positive experiences, mitigates cessation early. By emphasizing establishing reliable networks comprehensive follow-up mechanisms, providers can facilitate sustaining breastfeeding practices combat obstacles stages breastfeeding process (63).

5) Addressing Global Disparities in Breastfeeding Rates

Dealing with worldwide variations in breastfeeding frequencies, one needs an intricate method incorporating socio-cultural, economic, and healthcare aspects impacting breastfeeding habits globally (1). Recognizing distinct contexts for breastfeeding lets interventions be modified to tackle unique difficulties of varied groups, advocating fair access to breastfeeding aid and materials. Attempts should emphasize executing evidence-backed tactics that have shown success in boosting breastfeeding figures in various environments, while also considering the relevance of local customs and ideologies in forming breastfeeding actions. Joint efforts by governments, healthcare workers, communities, and global bodies are crucial to close the breastfeeding rate gap among nations and regions, ultimately improving maternal and child health results internationally. Embracing a broad and comprehensive strategy for breastfeeding advocacy can enable lasting advancement towards perfect breastfeeding methods worldwide.

6) Integrating Technology for Support

Evidential investigations affirm the premise that the amalgamation of technological apparatus within breastfeeding support frameworks can escalate both the accessibility quotient and efficacy metrics, proposing avant-garde solutions towards the mitigation of difficulties encountered by lactating mothers. The harnessing of digital platforms ostensibly permits instantaneous communicative interactions, bespoke advisory services, and distant observational mechanisms, perpetuating support beyond conventionally recognized confines and dismantling impediments to aid solicitation. The infusion of telemedical provisions, mobiliary software applications, and cyber-based dialogue arenas empower healthcare custodians to engage lactating matriarchs in a more interrelational dynamic, calibrating interventional measures to distinct requisites and fostering the perpetuation of breastfeeding modalities. The technological synthesis within support services amplifies outreach and operational convenience, concurrently enabling data-centric decisional analytics and perpetual progress surveillance, collectively fortifying enhanced breastfeeding prognoses. The embracement of technological adjuncts in breastfeeding promotion stratagems potentially metamorphoses the paradigm through which healthcare facilitators and societal collectives bolster breastfeeding matriarchs, accentuating the criticality of a comprehensive approach to maternal and progeny well-being (2).

7) Collaboration and Partnerships for Sustainability

Implementation concerning strategies, effective to promote, intervene, optimize breastfeeding practices demands multifaceted approach emphasizing collaboration, partnerships for sustain. Highlighted rapid review by Sax Institute for Department, Health successful breastfeeding promotion initiatives require effort cohesive involving stakeholders, healthcare professionals, policymakers, community support networks (3). Collaborative approach essential addressed gaps evidence implementing evidence-based interventions supporting breastfeeding mothers effectively. Emphasis on parent-led neonatal pain management discussed in research paper underscores importance engaging parents in care process, fostering bond sustainable promoting practices breastfeeding enhancing overall infant health outcomes (64). Foster collaboration partnerships across sectors such as healthcare, education, community support, comprehensive sustainable framework established promote, optimize breastfeeding practices effectively.

4. Conclusion

Considering promoting breastfeeding practices complexities, healthcare professionals in consideration need a multifaceted approach to encompass various strategies addressing diverse barriers and facilitators. Employing evidence-based interventions and tailored support programs is crucial to improve breastfeeding initiation and continuation rates among various populations. Additionally, engaging with community stakeholders and implementing comprehensive policies that support public breastfeeding can critically affect societal perceptions and norms regarding infant feeding. By integrating education, socio-cultural awareness, and healthcare system support, practitioners foster an environment conducive to breastfeeding, which is seen as the optimal choice for infant feeding. This approach empowers mothers and contributes to long-term public health benefits by promoting sustained breastfeeding practices for maternal and child well-being.

In poking around the various ways to boost and make better breastfeeding habits, it is clear that a loud shout for action is needed to spark real change. Even though there's a ton of interventions and rules to help breastfeeding, a single and all-together push is needed to make it stick. Looking at outcomes from different wide-ranging reviews and single tactics found in the writing, it is key to hammer home the need for team action across many fields. By getting important people like health workers, rule-setters, and local supporters on board, a clear plan can be cooked up to fix the spotted flaws and hurdles in promoting breastfeeding. This outcry does not just stress how vital researched methods are but also highlights the need for non-stop study and check-ups to guide rules and actions properly. Therefore, a team-based and ready approach should be taken to push breastfeeding plans onward and better the well-being of moms and babies alike.

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