

# Intervention and Optimization Techniques for Breastfeeding: A Comprehensive Approach

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## ABSTRACT

**Background:** A comprehensive strategy for breastfeeding support encompasses a variety of interventions is vital to address both individual and systemic factors that impact breastfeeding practices. The supportive workplace policies, such as flexible work hours and designated breastfeeding spaces, alongside community resources like public breastfeeding areas, play a significant role in enhancing breastfeeding rates and maternal well-being.

**Method:** The paper employs library research, includes scientific articles, books, theories, and documents directly relevant to the research problem.

**Results:** The comprehensive approach could be execute such as addressing myths, misconceptions, and maternal health issues, overcoming socioeconomic and psychological barriers, providing access to lactation, policy, and legal support, and engaging fathers and family members. Besides that, optimization of breastfeeding of breastfeeding practices can be followed up by implementing evidence based practices, monitoring and evaluation of breastfeeding program, research and innovation in lactation support, addressing global disparities in breastfeeding rates, integrating technology for support, also collaboration and partnerships for sustainability.

**Conclusion:** The key elements include overcoming barriers through education, socioeconomic support, and accessible lactation services. Involving fathers and family members in breastfeeding support creates a more supportive environment. Policy advocacy and legal frameworks are crucial for sustained efforts, while continuous innovation and rigorous program evaluation ensure effectiveness and sustainability. Together, these approaches highlight the importance of a holistic, evidence-based strategy to improve maternal and infant health outcomes worldwide.

## 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.

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 (2).

Breastfeeding is widely recognized for its extensive benefits to both infants and mothers. It provides infants with optimal nutrition, essential immune protection, and contributes to their overall growth and development. For mothers, breastfeeding promotes faster postpartum recovery, reduces the risk of certain cancers, and helps establish a strong maternal-infant bond. Despite these advantages, successfully establishing and maintaining breastfeeding requires more than just initiating the process; it demands a proactive approach to overcoming challenges and optimizing practices throughout the breastfeeding period. The importance of supportive interventions in increasing both the rates and duration of breastfeeding, which highlights the need for a comprehensive, well-rounded approach to breastfeeding support (3).

A comprehensive strategy for breastfeeding support encompasses a variety of interventions. This includes prenatal education to prepare expectant mothers for breastfeeding, immediate postpartum support to address initial challenges, and continuous professional assistance to resolve ongoing issues. Stress the significance of prenatal counseling and postnatal support provided by lactation consultants in mitigating common breastfeeding difficulties and enhancing both maternal and infant outcomes (4). Effective techniques such as proper latching, correct positioning, and pain management are crucial for successful breastfeeding. The previous research provide evidence that addressing these techniques can prevent issues like nipple pain and ineffective milk transfer, which are common barriers to successful breastfeeding (5).

To further bolster breastfeeding success, it is vital to address both individual and systemic factors that impact breastfeeding practices. The supportive workplace policies, such as flexible work hours and designated breastfeeding spaces, alongside community resources like public breastfeeding areas, play a significant role in enhancing breastfeeding rates and maternal well-being. Workplace programs are crucial for supporting breastfeeding among employed mothers and their partners. Meta-analysis shows a correlation—though not causal—between having breastfeeding facilities and improved breastfeeding outcomes (6). To enhance these programs, more high-quality research is needed to guide human resource and public health professionals in developing effective interventions that cater to the needs of mothers, infants, and employers. These systemic supports, combined with individual-level interventions, create a comprehensive approach that ensures mothers receive the necessary resources and encouragement at every stage of their breastfeeding journey. By addressing these diverse factors, we can achieve better health outcomes for both mothers and infants, ultimately fostering a more supportive environment for breastfeeding.

## 2. Method

The paper employs library research. Library research is a data collection method that involves studying and analyzing information from several resources. They include scientific articles, books, theories, and documents directly relevant to the research problem. This method gathers primary data, which refers to original and firsthand information obtained directly from the source material within the library setting (7). The authors collect literature from journal articles and other scientific references to extract summaries of the discussed topic. The reference criteria are not outside the realm of breastfeeding, breastfeeding intervention, or breastfeeding techniques to break down the topic discussed.

## 3. Result

### A. 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 (8). 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.

Breastfeeding is a natural process that provides numerous benefits for both mothers and infants. However, it is often surrounded by myths and misconceptions that can discourage mothers from breastfeeding or lead to early weaning. One common misconception is that breastfeeding is painful and uncomfortable. While it is normal to experience some soreness in the early days of breastfeeding, this discomfort is usually temporary and can be alleviated with proper latching and positioning. A study published in the *Journal of Human Lactation* in 2021 found that the majority of mothers who reported experiencing pain during breastfeeding were able to overcome this challenge with the help of lactation support (9).

In the current study, 34.4% of participants believed breastfeeding causes weight gain. However, (10) found that women who exclusively breastfeed for the first year are more likely to lose postpartum weight. In the previous study reported that longer breastfeeding reduces postpartum weight retention (11), but (12) observed only a minor impact on weight loss in the U.S. The study reveals that persistent myths in Derna City, Libya—shaped by ethnicity, socioeconomic status, and culture—lead to early breastfeeding discontinuation. This highlights the need for better education and support for families to encourage sustained breastfeeding and emphasizes the importance of ongoing professional support (13).

Long-standing cultural norms in the study area continue to promote giving babies water and herbal concoctions immediately after birth. Healthcare workers report that grandmothers often oppose exclusive breastfeeding (EBF) and influence their daughters' feeding practices. Additionally, there is a notable gap in mothers' understanding of the sufficiency of breastmilk alone to meet infants' needs for the first six months. To address this, it is crucial to involve grandmothers, mothers-in-law, and other influential community figures, such as queen mothers, in developing and implementing strategies to promote exclusive breastfeeding (1). Another myth is that women with small breasts cannot produce enough milk to feed their babies. However, breast size is not a reliable indicator of milk production. The amount of milk a woman produces is determined by her baby's demand, not the size of her breasts. A study published in the *Breastfeeding Medicine* in 2022 found that women with small breasts were just as likely to produce enough milk for their babies as women with large breasts (14).

## 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 (15). 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.

Socioeconomic factors significantly affect breastfeeding practices, particularly in Bangladesh. Low socioeconomic status often leads to challenges such as inadequate nutrition, limited access to breastfeeding support, and financial pressures that can hinder breastfeeding. Additionally, societal barriers like gender biases, lack of religious knowledge, and traditional beliefs also impact breastfeeding. System-level issues, such as the adverse effects of cesarean deliveries, lengthy infant cleaning times, formula milk advice from health workers, and short maternity leave, further complicate breastfeeding efforts. Effective interventions must address these barriers through improved education on breastfeeding techniques, engaging fathers and significant others, and monitoring the marketing of breastmilk substitutes. Potential strategies include community meetings, peer support groups, and financial incentives for maternal nutrition. Addressing structural gender inequities and ensuring equal opportunities for both men and women are crucial for sustainable improvements in breastfeeding practices (16).

The Breastfeeding Experience and Support Model for Low-Income Women highlights the common challenges faced by low-income mothers in the U.S. It shows that shared narratives and breastfeeding knowledge significantly influence their feeding practices. Despite this, many low-income women encounter more barriers and negative expectations than positive support. Lack of proper education and follow-up from healthcare professionals can weaken their ability and resolve to breastfeed. Additionally, workplace conditions and employer flexibility for breastfeeding women are crucial factors. Improving community education, enhancing peer support, running public service campaigns, and creating breastfeeding-friendly facilities could boost support and potentially increase breastfeeding rates among low-income women (17).

## 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.

Mothers found lactation support effective in addressing various physical, practical, and self-efficacy challenges related to breastfeeding. This aligns with a Cochrane review by (5) which



highlighted the positive impact of postnatal support on breastfeeding outcomes up to six months. Key elements of effective lactation support include in-person, proactive, and empathetic assistance. Such support can help establish breastfeeding, resolve early issues, and enhance self-efficacy, a modifiable factor that influences breastfeeding success. While the lactation support evaluated meets essential needs, additional social and structural factors also affect infant feeding practices (18).

Differences in the economic burden—encompassing both time and out-of-pocket costs for lactation support—may partly explain the variations in breastfeeding initiation and duration observed among vulnerable populations. The Affordable Care Act (ACA) requires all nongrandfathered private health insurance plans to cover lactation support, counseling, and breastfeeding equipment. This mandate includes coverage for lactation consultant visits and breast pumps. Research indicates that this coverage has led to an increase in breastfeeding initiation by up to 2.5 percentage points overall, translating to approximately 47,000 additional infants starting breastfeeding each year in the United States. The ACA's impact is particularly significant for vulnerable populations, highlighting the effectiveness of mandated lactation support in improving breastfeeding rates (19).

#### 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 (20). 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 (21). 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.

Based on previous research, it is evident that women who breastfed, especially for longer durations, have a lower risk of breast and ovarian cancer as well as type 2 diabetes. Exclusive or predominant breastfeeding during the first six months postpartum extends the period of lactational amenorrhea. Women who breastfed for over 12 months had a 26% reduced risk of breast cancer and a 35% reduced risk of ovarian cancer compared to those who did not breastfeed. The reduction in breast cancer risk was less pronounced for women who breastfed only briefly. Additionally, breastfeeding was linked to a 32% decrease in the risk of type 2 diabetes, with a 9% risk reduction for each additional 12 months of breastfeeding. Less intensive breastfeeding provided fewer benefits. These findings highlight the diverse advantages of breastfeeding and its impact on maternal health outcomes (22).

Many studies highlight that breastfeeding offers various health benefits for mothers, including a lower risk of metabolic syndrome and certain reproductive cancers. It may also help women manage biological and psychosocial stressors during the postpartum period. However, evidence on whether breastfeeding reduces the risk of postpartum depression or enhances maternal bonding is limited. Additionally, breastfeeding decreases lifetime estrogen exposure, which could contribute to the reduced risk of reproductive cancers in women who breastfeed. Some research shows that longer total durations of breastfeeding are associated with better health outcomes (23).

#### 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 (24). 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.

Practical support from fathers and family members for breastfeeding includes helping with household chores, baby care, childcare for older children, and ensuring the mother eats well. Emotional support involves calming the baby, encouraging the mother with praise, and reducing her loneliness by being present during breastfeeding. Some partners found paternity leave beneficial for supporting breastfeeding, while others offered advice on techniques like baby latching. Understanding the impact of breastfeeding on intimacy and emotional well-being is important. Positive emotional support from partners is linked to higher breastfeeding initiation rates. Involving partners and family members early in breastfeeding interventions could enhance support. Addressing partners' needs and improving communication about support roles could strengthen family support for breastfeeding. Healthcare professionals should receive training to better include family members in breastfeeding education and adapt their approach accordingly (25).

From the previous research, evening groups for fathers and partners of high-risk inner-city women were designed to involve men in breastfeeding education. Key strategies included hosting meetings at community centers, scheduling them in the evening, providing transportation, employing a male facilitator, and using a curriculum tailored for fathers. Pocket-sized handouts, incentives, and a dedicated male resource specialist were also incorporated. The specialist offered support for various needs beyond breastfeeding. Studies showed that such programs positively impacted maternal breastfeeding rates and were effective in engaging inner-city fathers, despite challenges in recruitment and retention. Overall, brief, father-focused breastfeeding education significantly improved paternal knowledge and attitudes, enhancing breastfeeding rates. Successful elements included a curriculum for fathers, peer facilitation, accessible resources, and community-based locations. This approach is crucial for advancing breastfeeding goals and involving fathers in support roles (26).

## 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 (15). 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.

Psychosocial barriers to breastfeeding include psychological and social challenges that often reinforce each other. Psychologically, women may feel embarrassed, lack confidence, fear reduced freedom, worry about milk supply, or anticipate pain and unattractive breasts. Misconceptions about breastfeeding, often rooted in cultural or educational beliefs, can also deter women. Postpartum depression can exacerbate these issues by increasing anxiety and loneliness, making breastfeeding more difficult. Socially, returning to work poses challenges, such as short maternity leaves and the difficulty of balancing work and breastfeeding. Supportive workplace practices, like flexible hours, on-site childcare, and clean, comfortable pumping areas, can alleviate these barriers. Addressing these psychosocial obstacles through education and better support systems is essential for improving breastfeeding rates (27).

Maternal psychological barriers to breastfeeding include low confidence, negative body image, embarrassment about breastfeeding in public, and stigma associated with obesity. Women

who are overweight or obese often face compounded physical and psychological challenges. Negative body image is a significant factor, with embarrassment and societal stigma influencing their decision to breastfeed. In Western societies, where media often scrutinizes post-birth bodies, overweight women may feel particularly reluctant to breastfeed publicly due to body image concerns. This highlights the need for clinicians to offer timely and sensitive support, addressing stigma and enhancing confidence. Tailored educational interventions for maternity care professionals are crucial to avoid stigmatization and improve communication about the benefits of breastfeeding. Additionally, research should focus on effective strategies for supporting obese women in breastfeeding, as past efforts to increase breastfeeding self-efficacy have shown limited success (28).

#### 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 (29), 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 (30) 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.

Countries have varied approaches to promoting and supporting breastfeeding, but successful strategies share common elements: evidence-based advocacy, political will, financing, and research. Burkina Faso excels through effective collaboration among government, NGOs, and international organizations, coupled with a robust advocacy strategy and innovative social behavior campaigns. Mexico's progress is driven by the multisectoral BBF initiative, which fosters coordinated stakeholder efforts and legislative changes. The Philippines has made strides with strong government commitment, a comprehensive national health policy, and improved maternity protection laws. In the United States, the CDC has been central to breastfeeding advocacy, research, and support, though weak national protection measures remain a challenge. Across all countries, improving maternity protection and enforcing the WHO Code of Marketing of Breast-Milk Substitutes are critical for advancing breastfeeding efforts and overcoming commercial and policy barriers (31).

Incarcerated women and their children could greatly benefit from breastfeeding, but face substantial obstacles. Incarceration disrupts the mother-child bond and the child's right to breastfeed. Despite existing national, provincial, and international protections, these are often poorly implemented or enforced. Health care providers should collaborate with legal and community organizations to ensure these rights are upheld, recognizing breastfeeding as crucial for infant health and development. Providers must understand relevant laws and connect with local experts familiar with carceral environments to build supportive networks. They can also advocate for breastfeeding rights in legal proceedings and address deficiencies in correctional policies, such as inadequate facilities for milk storage and lack of breastfeeding support. For better support, correctional services and police should be mandated to facilitate breastfeeding, and human rights laws should explicitly safeguard breastfeeding as a gendered issue. Policymakers need to address legislative gaps and develop specific policies to meet the needs of breastfeeding mothers (32).

### B. 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 (33) 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, (34) accentuates 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.

The Baby-Friendly Hospital Initiative (BFHI), which follows the Ten Steps to Successful Breastfeeding, promotes optimal evidence-based practices in hospitals and extends support beyond discharge. BFHI has been proven to enhance breastfeeding initiation, continuation, and exclusivity over time. The impact of the Ten Steps is dose-dependent: the more steps implemented, the less likely mothers are to discontinue breastfeeding within two months of leaving the hospital. As a result, many hospitals are adopting some or all of the Ten Steps to improve breastfeeding support, even without formal Baby-Friendly designation. These steps, which include staff training and evidence-based protocols, contribute to increased breastfeeding exclusivity by encouraging practices such as more frequent nighttime breastfeeding and reducing unnecessary supplementation. Accumulating evidence supports the value of these interventions, highlighting the need for national policies and local strategies to guide and enhance breastfeeding support (35).

Implementing evidence-based practices in breastfeeding is vital for ensuring both maternal and infant health. A study published in *The Lancet* underscores the importance of early initiation of breastfeeding, maintaining exclusive breastfeeding for the first six months, and continuing breastfeeding with complementary foods up to two years. These practices are backed by substantial evidence demonstrating their role in improving infant growth, boosting immunity, and reducing risks of postpartum depression in mothers. Healthcare professionals are encouraged to follow these guidelines to enhance breastfeeding outcomes (3).

## 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 (36). 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 (37). 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.

The key drivers for effective policy advocacy on breastfeeding: (a) a clear advocacy approach, (b) a strategic group of stakeholders, and (c) the completion of 15 critical tasks related to the International Code of Marketing of Breast-milk Substitutes (38). Their work, along with implementation research (39) highlights the importance of real-time assessment in evaluating advocacy efforts. This approach helps track progress, identify successful strategies, and make timely adjustments. At the global level, the Global Breastfeeding Collective, led by UNICEF and WHO, aims to enhance breastfeeding support through a strategic advocacy approach. This includes seven key actions such as funding breastfeeding programs, enforcing the Code, and improving workplace policies.



Tools like the Global Breastfeeding Scorecard and investment cases help track progress and advocate for increased investment in breastfeeding programs. Recent data show that while some countries have made strides, none fully meet all recommended actions. Regional initiatives, such as those in ASEAN, West and Central Africa, East and Southern Africa, and South Asia, are working to improve Code legislation and monitoring. These efforts are complemented by global advocacy and multisectoral alliances to enhance breastfeeding policies and practices. Monitoring and evaluation are crucial in these efforts, providing insights into the effectiveness of strategies and ensuring that policies are implemented and enforced properly (40).

### 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 (36).

Previous research on the Telehealth Lactation Support program, part of the Brazilian National Telehealth Program's São Paulo Center, shows that the aims of this program is to enhance professional knowledge through systematic teleeducation. By integrating various media and aligning with the interdisciplinary approach of the program, it addresses the historical, social, and psychological dimensions of breastfeeding. This initiative underscores the importance of continuous education and adaptation to professional needs, enhancing the effectiveness of lactation support (41). Engaging with lactation specialists via telehealth requires thoughtful planning and proactive involvement from both providers and parents to ensure a smooth integration into clinical practice. Telelactation is a novel approach to delivering professional breastfeeding support, particularly beneficial for underserved communities (42).

Telehealth consultations should address all key aspects of breastfeeding, such as assessment, breast milk transfer, and weight monitoring. Encouraging technology-based prenatal breastfeeding education, especially during the pandemic, is vital. Rapid adoption of online meeting platforms can enhance education and training throughout the prenatal and postpartum periods, fostering successful and extended breastfeeding. It is crucial to update the breastfeeding support system to better serve pregnant and breastfeeding mothers. Utilizing technological advancements can improve the delivery of breastfeeding education and support, streamline services, reduce redundancy, and conserve resources. Integrating lactation specialists into a unified team can ensure continuous service, prevent overlap, and standardize breastfeeding education. This standardization should include various platforms like online courses, smartphone apps, and in-person training, allowing mothers to choose the most appropriate method based on their needs and circumstances (42).

### 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 (43).

The Central Illinois Breastfeeding Professional Network's efforts have led to unified messaging across health care facilities, boosted breastfeeding knowledge among providers, enhanced local support, and improved access to resources for breastfeeding families. These changes aim to tackle barriers such as poor education, inconsistent care, and unsupportive practices. A continuity of care framework has shown promise in improving breastfeeding rates, but more evidence is needed to support its effectiveness (44). Breastfeeding is linked to a lower risk of hyperbilirubinemia, and midwives are key in promoting breastfeeding to prevent it (45).

Midwives support breastfeeding by educating women and offering assistance before and after birth. They are also crucial in screening for hyperbilirubinemia, especially with the rise in home screenings. Continuity of Care in midwifery (MCoC) reduces the need for treatment of hyperbilirubinemia and promotes exclusive breastfeeding at discharge compared to standard care. A Canadian study supports this, showing that consistent breastfeeding support is vital for reducing infant readmission rates for hyperbilirubinemia. Effective care models include integrating community-based services with hospital follow-up. Systematic reviews confirm that starting care during pregnancy and continuing postpartum better supports breastfeeding and maternal health (46).

#### 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.

To effectively promote breastfeeding in Black and low-income communities, agencies need to recognize that low breastfeeding rates are often due to social and systemic barriers beyond individual control (47) (48). Programs that focus only on changing individual behaviors miss the opportunity to address these broader issues (49). Organizations should integrate breastfeeding services into their overall programming and build strong community partnerships to make lasting Policy, System, and Environmental (PSE) changes (Centers for Disease Control and Prevention, 2012). These partnerships help tackle structural barriers and improve breastfeeding rates equitably. In 2014, the CDC and NACCHO launched the Reducing Disparities in Breastfeeding Through Peer and Professional Support (Breastfeeding) Project. This initiative aimed to enhance community-level breastfeeding programs in mainly African American communities, highlighting the need to address both individual and systemic factors to improve breastfeeding rates in underserved areas (50).

Racial and ethnic disparities were investigated in childbirth class attendance and its impact on breastfeeding initiation. They found that White women were twice as likely as African American women to attend these classes (51). Attending childbirth classes increased the likelihood of starting breastfeeding by 75%. To address these disparities, obstetricians should actively encourage minority women to attend these classes and provide necessary resources (52). Focus group suggestions to improve breastfeeding rates among African American women included support groups, individual mentoring, enhanced provider support, and a social marketing campaign featuring positive images of African American mothers breastfeeding (15).

#### 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 (36). 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.

In a study by (53), an internet-based intervention aimed at improving long-term breastfeeding success provided women with access to certified lactation consultants through web-based posts or webcam. Despite this support, participants did not use the webcam consultations. Similarly, a web-based breastfeeding support clinic offered resources and facilitated forum discussions, but the topics tended to be more about lifestyle than specific breastfeeding challenges. Monitoring by lactation consultants through online platforms enabled early identification and resolution of breastfeeding issues, which improved breastfeeding continuation. Web-based interventions with interactive discussion boards proved effective in increasing exclusive breastfeeding rates and encouraging longer breastfeeding.

Although discussion forums allowed mothers to seek advice from nurses or midwives, no clear connection was found between forum use and higher breastfeeding rates. The Irish breastfeeding helpline (54) had higher usage in urban areas compared to rural ones, indicating a difference in access. Web-based support, including interactive forums, enhanced access to both professional and peer support. The success of web-based interventions often stems from their combination of personalized education and ongoing support. While mobile apps offer promising support, they typically address specific needs like accessing milk banks. Overall, integrating technology with personalized support and credible online forums shows significant potential for improving long-term breastfeeding outcomes (55).

## 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 (37). 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 (56). Foster collaboration partnerships across sectors such as healthcare, education, community support, comprehensive sustainable framework established promote, optimize breastfeeding practices effectively.

To improve breastfeeding rates and reduce disparities, particularly among African American communities, the CDC funded a project implemented by the National Association of County and City Health Officials (NACCHO). The initiative, which involved 69 organizations across 32 states and U.S. territories, focused on increasing access to breastfeeding support through community collaboration. Grantees provided direct lactation support and training to both peer and professional counselors. Over 830 partnerships were formed, including collaborations with health departments, hospitals, and nontraditional partners like faith-based organizations and schools. Despite challenges in recruitment and administration, the project successfully expanded breastfeeding support access and built the capacity needed for long-term sustainability. Key

achievements included integrating lactation services into community programs and establishing enduring partnerships to continue supporting breastfeeding efforts (57).

Previous research highlights the collaborative efforts to improve breastfeeding practices in hospitals across New York through partnership and quality improvement initiatives. The collaboration aims to enhance the support systems for breastfeeding mothers, promote sustainable health practices, and ultimately improve health outcomes for infants and mothers. The partnership involves multiple stakeholders, including healthcare providers, hospitals, and public health organizations, working together to implement best practices and achieve sustainability in breastfeeding support (58).

#### 4. Discussion

The study underscores the importance of addressing myths and misconceptions as a foundational intervention to promote breastfeeding effectively. Erroneous beliefs such as "breastfeeding is painful" or "small breasts cannot produce enough milk" persist across different cultures and socioeconomic settings, hampering breastfeeding practices. Educational campaigns tailored to specific audiences, combined with culturally sensitive messaging, are pivotal in dispelling these myths. Furthermore, integrating accurate breastfeeding data into healthcare provider training and public health programs can significantly advance breastfeeding knowledge and practices, ultimately improving public health outcomes (8).

Overcoming socioeconomic barriers is another critical factor highlighted in this research. Economic inequalities, including financial instability and limited access to resources, pose significant challenges to breastfeeding initiation and continuation. The study emphasizes the necessity of precise interventions that address these socioeconomic disparities, such as community-based support initiatives and workplace provisions that facilitate breastfeeding for employed women. These strategies are essential for promoting inclusive breastfeeding practices that benefit both mothers and infants across diverse socioeconomic backgrounds (16).

Access to comprehensive lactation support services is identified as a key element in improving breastfeeding practices. The availability of lactation support within healthcare settings, workplaces, and communities can effectively address breastfeeding challenges, leading to increased breastfeeding rates and durations. Personalized lactation support services, tailored to individual needs and cultural contexts, can boost maternal confidence and breastfeeding outcomes. Research demonstrates that interventions focused on lactation support yield positive results, underscoring the importance of integrating these services into broader breastfeeding promotion strategies (19).

Maternal health issues also play a significant role in breastfeeding practices. Addressing these issues, particularly for late preterm infants and their mothers, is crucial for improving breastfeeding outcomes. The study highlights the impact of maternal psychological well-being on breastfeeding success and the importance of supportive interventions that foster positive mother-infant interactions. Ensuring maternal health through customized support mechanisms can create a favorable environment for successful breastfeeding and overall maternal and infant well-being (20). Engaging fathers and family members in breastfeeding promotion is emphasized as a critical component of successful interventions. Involving fathers in breastfeeding education and support programs enhances breastfeeding outcomes by creating a supportive environment for mothers and promoting gender equality in caregiving roles. This study shows that strategies that actively involve fathers and family members lead to sustained improvements in breastfeeding initiation and duration, contributing to better maternal and child health outcomes (24).

Addressing psychological barriers is essential for promoting long-term breastfeeding success. Psychological factors such as lack of confidence, fear, and social stigma can deter women from breastfeeding. Interventions that focus on boosting maternal self-efficacy and providing emotional support are crucial for overcoming these barriers. By addressing the psychological challenges mothers face, healthcare providers can develop tailored support strategies that foster a positive breastfeeding experience and improve breastfeeding outcomes (27).



Policy advocacy and legal support are vital for sustaining effective breastfeeding promotion initiatives. The study highlights the importance of proactive policy advocacy in creating a supportive environment for breastfeeding practices. Effective policy advocacy involves collaborating with stakeholders, implementing evidence-based interventions, and ensuring the enforcement of supportive laws and regulations. Countries that have successfully promoted breastfeeding have done so through coordinated efforts involving government, NGOs, and international organizations (31).

Optimizing breastfeeding practices requires the implementation of evidence-based strategies. The research underscores the success of interventions such as the Baby-Friendly Hospital Initiative (BFHI), which promotes optimal breastfeeding practices through the Ten Steps to Successful Breastfeeding. Hospitals adopting these practices have seen improved breastfeeding initiation and continuation rates, demonstrating the importance of evidence-based guidelines in enhancing breastfeeding support and outcomes (35). The study also emphasizes the significance of monitoring and evaluation in breastfeeding programs. Continuous oversight and appraisal of breastfeeding initiatives are crucial for measuring their effectiveness and ensuring their long-term success. By integrating robust monitoring and evaluation frameworks, stakeholders can make evidence-based adjustments to improve program outcomes and expand their reach, ultimately advancing maternal and child health (38).

Lastly, the integration of technology in breastfeeding support is highlighted as a promising avenue for enhancing accessibility and effectiveness. Digital platforms, telehealth services, and mobile applications offer innovative solutions for providing breastfeeding support, especially in underserved communities. These technological tools enable healthcare providers to deliver personalized support and monitor breastfeeding progress remotely, thereby improving breastfeeding outcomes and extending the reach of support services beyond traditional settings (14). This comprehensive approach to breastfeeding promotion, which includes interventions to address myths and misconceptions, socioeconomic barriers, maternal health issues, and psychological barriers, as well as the integration of technology and policy advocacy, presents a robust framework for improving breastfeeding practices globally.

## 5. Conclusion

It is need for comprehensive strategies to enhance global breastfeeding practices. Key elements include overcoming barriers through education, socioeconomic support, and accessible lactation services. Tailored, culturally sensitive interventions that engage community influencers and address inequalities are essential. Involving fathers and family members in breastfeeding support creates a more supportive environment. Policy advocacy and legal frameworks are crucial for sustained efforts, while continuous innovation and rigorous program evaluation ensure effectiveness and sustainability. Together, these approaches highlight the importance of a holistic, evidence-based strategy to improve maternal and infant health outcomes worldwide.

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