

# Effective Approaches to Addressing Challenges in Exclusive Breastfeeding

Mrs. Rashmi Singh<sup>1</sup>, Dr. S. K. Mohanasundari<sup>2</sup>,  
Mr. Suraj Kumar Meena<sup>3</sup>, Mrs. Rani B<sup>4</sup>, Mrs. Neelam Vashishtha<sup>5</sup>,  
Mrs. Pratheeba Sathianathan<sup>6</sup>, Mrs. Preethi Sathianathan<sup>7</sup>

<sup>1</sup>Tutor/Clinical Instructor College of Nursing, AIIMS Bibinagar

<sup>2</sup>Assistant Professor College of Nursing, AIIMS Bibinagar

<sup>3</sup>Nursing Officer, AIIMS Bibinagar

<sup>4,5,6,7</sup>Tutor/CI (Nursing), College of Nursing, AIIMS Bibinagar.

## Abstract:

Exclusive breastfeeding (EBF) is crucial for infant health and development, endorsed by organizations like the American Academy of Paediatrics and the World Health Organization. Despite its benefits, global EBF rates fall short of targets. Globally, 48% of infants under six months are exclusively breastfed, with significant regional disparities. In India, rates vary across states. In Telangana only 68% of infants under six months are exclusively breastfed. Barriers include insufficient support, perceived milk insufficiency, lack of knowledge, latch and positioning issues, maternal and infant health concerns, work constraints, societal norms, formula marketing, and institutional practices. Strategies to overcome these barriers involve family, healthcare providers, employers, communities, education, counselling, supportive environments, peer support, addressing health concerns, workplace support, cultural sensitivity, regulation, and policy changes.

**Keywords:** Exclusive breast feeding, proper latching, BFHI policy, expressed breast milk and donor milk.

## INTRODUCTION

Exclusive breastfeeding (EBF) means an infant receives only breast milk from his/her mother or a wet nurse for the first six months of life without other solids or liquids.(1) The American Academy of Paediatrics (AAP) in their most recent breastfeeding policy statement, reaffirmed their long-standing recommendation of exclusive breastfeeding for about the first 6 months of life, with continued breastfeeding through 12 months and beyond, as appropriate complementary foods are introduced.(4)(5) The World Health Organization (WHO) similarly recommends that infants worldwide be exclusively breastfed for the first 6 months, complimentary foods can thereafter be added at six months of age with the continuation of breastfeeding up to two years and beyond. It is evident from the literature that EBF offers both long and short-term benefits both to the mother and the infant.(2) The benefits of EBF to the infant include a reduction in the vulnerability to infectious diseases, steady infant growth and cognitive development, as well as a reduced risk of childhood hypertension, obesity and diabetes mellitus.(3) For the mother, the benefits of EBF include the strengthening of mother child bond, and a

reduction in post-partum blood loss, depression, type 2 diabetes, breast and ovarian cancer.(3) Despite these benefits, global trends suggest that early cessation of breastfeeding, and poorly timed introduction of liquids, solid and semi solid foods is the norm in many communities across the globe.(4) The current rate of early initiation and EBF are high compared to the overall global rate, both are below the 2020 national targets of 90% and 72%, respectively. Moreover, after birth, the EBF rate in Ethiopia declines rapidly from 74% between 0–1 month to 36% at 4–5 months. Whereas, the rate of EBF increased from 55% in 2000 to 60% in 2016, this increase was neither substantial nor forecasting the reach of the national 2020 targets.(5)

### **The current rate of exclusive breastfeeding in world**

Globally, the percent of infants under six months of age exclusively breastfed has reached 48%, close to achieving the World Health Assembly 2025 target of 50%. The rate of exclusive breastfeeding is ten percentage points higher than a decade earlier, showing that significant progress is possible and has occurred across regions and countries. The Global Breastfeeding Collective has set a target to reach 70% by 2030. Based on survey data collected in 2016-22, 46% of newborns initiated breastfeeding within one hour of birth against the target of 70%. While 71% of women continue to breastfeed their infant for at least one year, by two years of age, breastfeeding rates decline to 45%.

The Collective aims to achieve 80% and 60% respectively. Therefore, national efforts towards supporting continued breastfeeding must be amplified. Out of 100 countries that have updated their data on exclusive breastfeeding since the Global Breastfeeding Scorecard was first published in 2017, 70 documented an increase. Of these, 22 countries documented an increase of more than ten percentage points.(6)

The United Nations Children's Fund (UNICEF) reports that 40% of infants aged six months and younger are exclusively breastfed globally. Of this estimate, only 23 countries across the globe have achieved the UNICEF and WHO recommendation of EBF for 60% of infants six months and younger. According to the Global Burden of Diseases, Injuries, and Risk Factors Study, an estimated 47.5 million Disability Adjusted Life Years (DALYs) were lost in 2010 due to suboptimal breastfeeding. In addition, the low uptake of EBF has been reported as a factor that has contributed to 11.6% of Under-5 deaths in sub-Saharan Africa. (7)

In sub-Saharan Africa, there is a disparity in the uptake of EBF with the prevalence ranging from 23.7% in Central Africa to 32.6% in West Africa, 53.5% in East Africa and 56.6% in Southern Africa. The countries with the lowest prevalence in each region were Gabon – 6.0% (Central Africa), Cote d'Ivoire-13.2% (West Africa), Comoros-13.5% (East Africa) and Namibia 48.7% (Southern Africa). In Nigeria, the estimated prevalence of EBF was 17.5%, a proportion that is lower than the minimum 60% recommended by the World Health Organization and UNICEF. Despite the baby-friendly hospital initiative that was introduced in 1991 by UNICEF, Nigeria reports sub-optimal practice of EBF among nursing mothers. Evidence however suggest that the reported low uptake of EBF in Nigeria could be an outplay of some underlying factors.(8)

### **Exclusive breast feeding rates in India-**

The proportion of Indian infants exclusively breastfed for 6 months was 31.3% (1280/4095; 95% CI 29.9, 32.7) and 43% (1657/3853; 95% CI 41.4, 44.6) as per the NFHS-4 and 5 surveys, respectively. Exclusive breastfeeding practices at 6 months among different states and union territories of India as per the NFHS-4 and NFHS-5 surveys were: Chhattisgarh (71%), Haryana (69.5%), and Jharkhand (61.7%) were higher

when compared to the overall proportion of 43% for India, while the practice was lower in Meghalaya (23%), Manipur (24.5%), West Bengal (25.4%) and Uttarakhand (25.5%). In the NHFS-4 survey, EBF practices in Tripura (58.5%), Chhattisgarh (47.2%) and Himachal Pradesh (43.4%) were higher compared to the overall EBF practice of 31.3% for India, with the same being lower for Meghalaya (15.1%), Sikkim (17.5%), Karnataka (22.9%), and Uttar Pradesh (23.4%).(9)

### **Exclusive breast feeding rate in Telangana.**

Only 68% of children under six months are exclusively breastfed in Telangana, reveal the latest National Family Health Survey (NFHS)-5 report. Also, while exclusive breastfeeding indicators show an improvement this time over NFHS-4, many infants from the state are still deprived of the highly nutritious first milk (colostrum) and antibodies it contains, the report adds.(10). The first milk, experts add, plays an important role in the overall physical, emotional, and social development of a baby. But the NFHS-5 report states that only "38% started breastfeeding in the first hour of life (as recommended)" in Telangana even though "88% are put to the breast within the first day of life". (10)

### **Barriers to exclusive breastfeeding**

More than 85% of expectant mothers recruited for the national 2005–2007 Infant Feeding Practices Study II (IFPS II) intended to exclusively breastfeed for 3 months or longer yet, only 32% of mothers achieved their intended exclusive breastfeeding goals. Barrier factors to exclusive breastfeeding can vary depending on individual circumstances and cultural contexts. Lack of prenatal education, comfort and ease with formula feeding, perception of insufficient milk, misinterpretation/understanding of normal infant crying, inadequate support, maternal employment, and early introduction of solids are some of the common barriers. (11)

The other common barrier factors that may affect a mother's ability to exclusively breastfeed her baby are:-

- **Insufficient Support**: Lack of support from family members, healthcare providers, employers, or communities can hinder a mother's ability to initiate and maintain exclusive breastfeeding.
- **Perceived Milk Insufficiency**: Mothers may perceive their milk supply as insufficient, leading them to supplement with formula or discontinue breastfeeding prematurely. Currently, perceived insufficient milk supply (PIMS) is one of the main reasons given for formula supplementation and breastfeeding discontinuation . PIMS is the mother's belief that the quality or quantity of her breast milk is insufficient to meet the infant's hunger or nutritional needs (Approximately 30% to 80% of mothers have cited PIMS as the prime reason for formula supplementation or early abandonment of breastfeeding. Given its significance, studies have explored factors influencing PIMS. Women have reported persistent infant crying as a major symptom of PIMS). Ineffective sucking also contributes to doubts over whether milk is enough for the infants. On the contrary, breastfeeding self-efficacy and having sufficient access to information are the two main factors that prevent reports of PIMS.(12)
- **Lack of Knowledge**: Inadequate education and information about the benefits of breastfeeding, proper breastfeeding techniques, and management of common breastfeeding challenges can deter mothers from exclusively breastfeeding. (13)
- **Latch and Positioning Issues**: Difficulties with achieving a proper latch and positioning during breastfeeding can lead to nipple pain, discomfort, and ineffective milk transfer, discouraging mothers from continuing exclusive breastfeeding. (14)

- **Maternal Health Concerns:** Maternal health conditions such as breast engorgement, mastitis, cracked nipples, or postpartum depression can interfere with a mother's ability to breastfeed exclusively. (15)
- **Infant Health Concerns:** Health issues in the newborn such as prematurity, low birth weight, jaundice, tongue tie, or difficulty latching can pose challenges to exclusive breastfeeding. Many infant biologic variables, including birth weight, gestational age, labor medications, oral anatomic variables, neurologic status, and medical conditions, can influence an infant's ability to latch on to the breast, suckle effectively, extract milk, and promote ongoing milk production. Late-preterm infants are physiologically and metabolically immature and are at increased risk, compared with term infants, for infant mortality, morbidity during the birth hospitalization, and hospital readmission, most commonly for jaundice, suspected sepsis, and feeding difficulties. (16)
- **Work and Employment:** Returning to work or school shortly after childbirth may make it difficult for mothers to continue exclusive breastfeeding due to limited time, lack of breastfeeding-friendly policies, and inadequate support for expressing milk or breastfeeding breaks. (17)
- **Cultural and Societal Norms:** Cultural beliefs, social stigma, and societal pressures may influence a mother's decision to breastfeed exclusively or introduce formula feeding. (18)
- **Marketing and Promotion of Infant Formula:** Aggressive marketing tactics by formula companies and the widespread availability of formula milk products can undermine breastfeeding promotion efforts and influence mothers' feeding choices. (19)
- **Institutional Practices:** Practices in healthcare facilities, such as routine supplementation with formula, separation of mother and baby, and limited access to lactation support services, can impede exclusive breastfeeding initiation and continuation.

### **Strategies to overcome barriers of exclusive breast feeding: (20,21 & 22 )**

#### **Strategies to overcome Insufficient Support: (23)**

##### **1. Family Members:**

- **Education:** Provide family members with information about the benefits of exclusive breastfeeding for both the mother and baby. Highlight the importance of their support in helping the mother achieve her breastfeeding goals.
- **Communication:** Encourage open communication between the mother and her family members. Address any concerns or misconceptions they may have about breastfeeding and clarify any misunderstandings.
- **Involvement:** Encourage family members to actively participate in supporting the breastfeeding mother by assisting with household chores, providing emotional support, and facilitating uninterrupted breastfeeding time.

##### **2. Healthcare Providers:**

- **Training:** Ensure that healthcare providers receive comprehensive training on lactation support and counselling techniques. Equip them with the knowledge and skills needed to assist mothers with breastfeeding initiation and troubleshooting common breastfeeding challenges.
- **Continuity of Care:** Foster continuity of care by establishing a supportive breastfeeding-friendly environment across all healthcare settings, including prenatal care, labour and delivery, postpartum care, and paediatric visits.

- Access to Lactation Consultants: Ensure that mothers have access to certified lactation consultants or breastfeeding support groups for personalized guidance and assistance with breastfeeding concerns.

### 3. Employers:

- Workplace Policies: Advocate for supportive workplace policies that accommodate breastfeeding mothers, such as flexible work hours, paid maternity leave, lactation breaks, and designated lactation rooms equipped with breast pumps and refrigerators for storing expressed milk.
- Education and Awareness: Educate employers and colleagues about the benefits of breastfeeding and the importance of supporting breastfeeding employees. Raise awareness about existing legal protections for breastfeeding mothers in the workplace.
- Resource Allocation: Allocate resources to support breastfeeding-friendly initiatives within the workplace, such as providing access to lactation consultants, breastfeeding education materials, and breastfeeding-friendly workplace accommodations.

### 4. Communities:

- Peer Support Groups: Establish and promote peer support groups for breastfeeding mothers within the community. These groups can provide a supportive network where mothers can share experiences, seek advice, and receive encouragement from fellow breastfeeding mothers.
- Community Programs: Advocate for community-based programs that promote breastfeeding awareness, education, and support. Collaborate with local organizations, healthcare providers, and community leaders to implement initiatives such as breastfeeding classes, support groups, and public breastfeeding awareness campaigns.

Cultural Sensitivity: Recognize and respect cultural norms and practices related to breastfeeding within the community. Tailor breastfeeding support interventions to align with cultural beliefs and preferences to ensure their effectiveness and acceptability.

## Strategies to overcome Perceived Milk Insufficiency (24)

Because insufficient milk is a chief reason that breastfeeding women begin supplementing with formula or wean early, helping women establish an abundant milk supply is a critical strategy in promoting exclusive and extended breastfeeding. In a study comparing milk output among mothers of preterm and term infants, mean milk output at days 6 and 7 was highly associated with week 2 milk output and moderately associated with week 6 output for both gestation groups. For both mothers of term and preterm infants, mean milk volumes produced by day 6 and 7 predicted whether the mother would achieve adequate milk production at week 6 postpartum. These data emphasize the importance of the first 1 to 2 weeks postpartum in establishing a plentiful milk supply that will facilitate exclusive breastfeeding. Some of the strategies to increase milk supply to mother are-

### 1. Education and Counselling:

- Breastfeeding Education: Provide comprehensive education on breastfeeding physiology, including normal variations in milk production and factors affecting milk supply. Ensure that mothers understand the principles of supply and demand and how breastfeeding works.
- Counselling Services: Offer individualized counselling sessions with lactation consultants or knowledgeable healthcare providers. Address mothers' concerns about milk supply, assess breastfeeding techniques, and provide guidance on optimizing latch, positioning, and frequency of breastfeeding sessions.



**2. Supportive Environment:**

- Encouragement: Offer verbal reassurance and positive reinforcement to mothers about their ability to produce an adequate milk supply for their baby. Recognize and acknowledge their efforts in breastfeeding and express confidence in their breastfeeding capabilities.
- Emotional Support: Provide emotional support to mothers experiencing anxiety or stress related to perceived milk insufficiency. Offer a non-judgmental listening ear, validate their feelings, and offer encouragement and empathy.

**3. Effective Breastfeeding Practices:**

- Responsive Feeding: Encourage responsive feeding practices, including feeding on demand and allowing the baby to nurse whenever they show hunger cues (fig-1) Emphasize the importance of frequent and effective breastfeeding to stimulate milk production and maintain milk supply.
- Skin-to-Skin Contact: Promote skin-to-skin contact between mother and baby, especially during the early postpartum period. Skin-to-skin contact enhances maternal-infant bonding, stimulates milk production, and encourages breastfeeding initiation and duration.

**4. Nutritional Support:**

- Healthy Diet: Encourage mothers to maintain a nutritious and well-balanced diet rich in protein, fluids, and essential nutrients. A healthy diet supports optimal milk production and maternal well-being.
- Hydration: Remind mothers to stay hydrated by drinking plenty of water throughout the day. Adequate hydration is essential for milk production and can help prevent dehydration, which may affect milk supply.

**5. Monitoring and Evaluation:**

- Weight Gain Monitoring: Monitor the baby's weight gain closely to assess breastfeeding effectiveness and ensure adequate milk intake. Regular weight checks can provide reassurance to mothers and help identify any potential issues early.
- Growth and Development Milestones: Educate mothers about typical growth and development milestones in breastfed babies. Emphasize that consistent weight gain, diaper output, and developmental progress are indicators of adequate milk supply.

**6. Peer Support and Community Resources:**

- Breastfeeding Support Groups: Encourage mothers to join breastfeeding support groups or online communities where they can connect with other breastfeeding mothers, share experiences, and receive encouragement and practical tips.

Community Resources: Provide information about local resources, such as breastfeeding clinics, peer support programs, and lactation support hotlines, where mothers can access additional assistance and guidance



Fig-1: Baby Feeding cues

## Strategies to overcome lack of knowledge(25)

### 1. Antenatal Education:

- Prenatal Classes: Offer prenatal breastfeeding classes or workshops to expectant mothers and their partners. These classes cover topics such as the benefits of breastfeeding, breastfeeding physiology, proper latch and positioning, milk production, and strategies for managing common breastfeeding challenges.
- One-on-One Counselling: Provide individualized counselling sessions with expectant mothers to discuss their breastfeeding goals, address concerns, and answer questions about breastfeeding. Offer evidence-based information and practical guidance to help mothers feel prepared and confident about breastfeeding.
- Prenatal breastfeeding education is critically important to inform pregnant women about the infant and maternal health benefits of breastfeeding, strengthen their intention to breastfeed, elicit and address

perceived barriers, and identify key sources of support. Although most expectant mothers are aware that breastfeeding trumps infant formula in nutritional quality and immune benefits, few know that the health benefits are dose-related or that the small quantities of colostrum available in the first day or two after birth are sufficient to meet the needs of term, healthy newborns. A 2005 Cochrane review of intervention trials to promote the initiation of breastfeeding found that health education, especially needs-based, informal, repeat sessions, and peer support interventions, significantly increase breastfeeding initiation rates among US economically disadvantaged mothers.

## **2. Postnatal Support:**

- **Hospital-Based Support:** Ensure that hospitals and birthing centres provide comprehensive breastfeeding support services immediately postpartum. Offer lactation consultations, breastfeeding support groups, and access to certified lactation consultants to assist mothers with breastfeeding initiation and early breastfeeding challenges.
- **Postpartum Home Visits:** Offer home visits by lactation consultants or breastfeeding specialists in the early postpartum period to provide hands-on assistance with breastfeeding, assess latch and positioning, and troubleshoot any breastfeeding difficulties in the comfort of the mother's home environment.

## **3. Written and Visual Resources:**

- **Breastfeeding Literature:** Provide mothers with written materials, such as pamphlets, brochures, or booklets, containing information about the benefits of breastfeeding, proper breastfeeding techniques, and common breastfeeding challenges. Ensure that the information is accessible, culturally sensitive, and available in multiple languages if needed.
- **Educational Videos:** Create or recommend educational videos demonstrating proper breastfeeding techniques, newborn feeding cues, and strategies for overcoming breastfeeding obstacles. Visual resources can enhance mothers' understanding of breastfeeding concepts and techniques.

## **4. Peer Support:**

- **Peer Counsellors:** Train and deploy peer breastfeeding counsellors or breastfeeding peer supporters who have personal breastfeeding experience and can offer guidance, encouragement, and practical tips to new mothers. Peer support can help mothers feel understood, supported, and motivated to continue breastfeeding.
- **Breastfeeding Support Groups:** Facilitate breastfeeding support groups or mother-to-mother support networks where mothers can share experiences, seek advice, and receive encouragement from peers who have successfully breastfed their babies.

## **5. Continuous Support:**

- **Follow-Up Care:** Provide ongoing support and follow-up care to breastfeeding mothers beyond the immediate postpartum period. Offer regular check-ins, phone consultations, or virtual appointments to address any breastfeeding concerns, monitor breastfeeding progress, and provide additional assistance as needed.
- **Accessible Resources:** Ensure that breastfeeding support resources, such as helplines, online forums, and lactation clinics, are readily accessible to mothers whenever they need assistance or guidance with breastfeeding.



## Strategies to overcome Latch and Positioning Issues (26)

### 1. Hands-on Assistance:

- **Lactation Consultations:** Offer one-on-one lactation consultations with trained lactation consultants or breastfeeding specialists. These consultations provide personalized support and guidance to mothers experiencing latch and positioning difficulties. Consultants can assess latch quality, observe feeding sessions, and provide hands-on assistance to correct positioning and latch problems.
- **Demonstration and Practice:** Demonstrate proper latch such as Chin touches the breast, mouth wide opened, lower lip everted, and mouth full of breast or only part of upper areola will be visible (n. fig-2) and demonstrate positioning techniques to mothers using anatomical models, videos, or live demonstrations. Encourage mothers to practice these techniques under supervision to ensure they feel comfortable and confident with the correct breastfeeding mechanics.

### 2. Educational Resources:

- **Visual Guides:** Provide mothers with visual guides or educational materials illustrating correct latch and positioning techniques (fig-3). These resources should include step-by-step instructions (Box-1), diagrams, and photographs depicting optimal breastfeeding positions and latch mechanics. Ensure that materials are culturally sensitive and available in multiple languages as needed.
- **Online Tutorials:** Create or recommend online tutorials or video resources that mothers can access at their convenience. These tutorials should cover topics such as achieving a deep latch, proper nipple placement, and positioning for effective milk transfer. Online resources offer flexibility and accessibility for mothers seeking guidance outside of healthcare settings.

### 3. Supportive Tools:

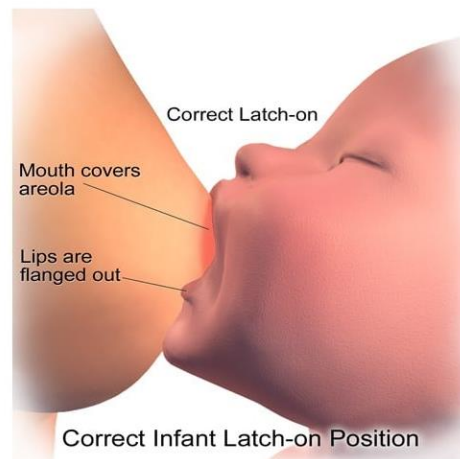
- **Nipple Shields:** Consider the temporary use of nipple shields as a supportive tool for mothers experiencing latch difficulties or nipple pain. Nipple shields can provide a protective barrier, facilitate latch, and encourage effective milk transfer in some cases. However, their use should be monitored and guided by a healthcare professional to ensure proper fit and minimize potential drawbacks.
- **Breastfeeding Pillows:** Recommend the use of breastfeeding pillows or supportive cushions to assist mothers in achieving comfortable and ergonomic breastfeeding positions. These supportive tools can help maintain proper alignment of the baby's body, alleviate strain on the mother's arms and back, and promote optimal latch and positioning.

### 4. Encouragement and Reassurance:

- **Positive Reinforcement:** Offer encouragement and positive reinforcement to mothers as they work to improve latch and positioning. Recognize their efforts and progress, and reassure them that difficulties with breastfeeding are common and can be overcome with support and practice.
- **Patience and Persistence:** Emphasize the importance of patience and persistence in mastering breastfeeding skills. Encourage mothers to persevere through initial challenges, reassure them that improvement takes time, and offer ongoing support and guidance as needed.

### 5. Continued Support:

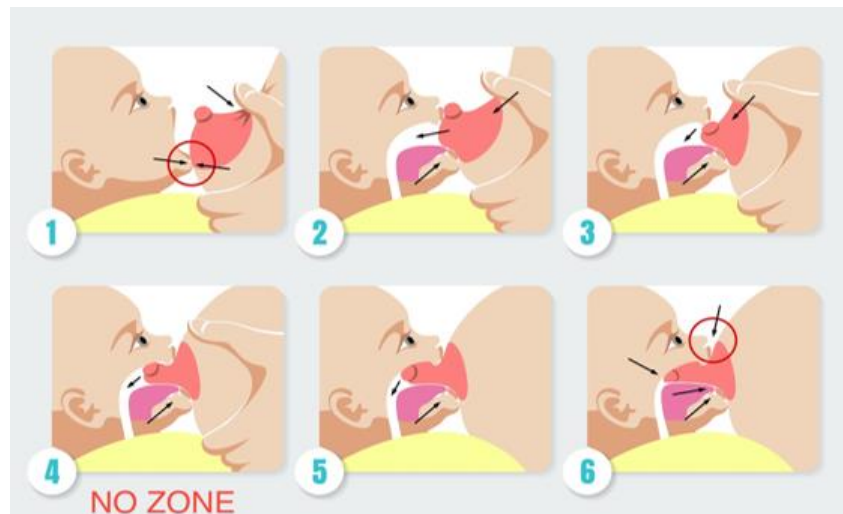
- **Follow-Up and Monitoring:** Schedule follow-up appointments or check-ins to monitor progress and address any ongoing issues with latch and positioning. Provide ongoing support and adjustments as needed to ensure mothers feel supported throughout their breastfeeding journey.
- **Peer Support Networks:** Connect mothers with peer support networks or breastfeeding support groups where they can share experiences, seek advice, and receive encouragement from other mothers who have overcome similar challenges with latch and positioning.



**Fig-2: Correct infant latch on position**

**Box-1: Latching correctly step by step guide**

- Find a Comfortable Position: Sit in a comfortable chair or lie down on your side with support pillows if needed. Ensure that your back is well-supported, and you're relaxed.
- Position Your Baby: Hold your baby close to your body with their chest facing yours. Their nose should be in line with your nipple.
- Support Your Baby's Neck: Use one hand to support your baby's neck and shoulders, while your other hand supports their bottom. Ensure that your baby's head is free to tilt back slightly.
- Stimulate Your Baby's Mouth: Gently stroke your baby's lips with your nipple to encourage them to open their mouth wide. You can also tickle their lower lip with your nipple.
- Wait for the Wide Open: Wait until your baby opens their mouth wide like a yawn. This wide open mouth indicates that your baby is ready to latch.
- Aim Your Nipple: Once your baby's mouth is wide open, aim your nipple towards the roof of their mouth, rather than directly into the centre. This ensures a deeper latch.
- Bring Your Baby to the Breast: With your baby's mouth wide open, bring them quickly to your breast, aiming their lower lip far from the base of your nipple.
- Check the Latch: Ensure that your baby has a good mouthful of breast tissue, with their lips flanged outwards like fish lips. You should see more of the areola above their top lip than below their bottom lip.
- Listen and Observe: You should hear your baby swallow rhythmically as they feed. Also, pay attention to signs of discomfort or pain, such as nipple pain, and adjust the latch if necessary.
- Feeding: Allow your baby to feed as long as they want on the first breast, then offer the second breast if they're still hungry.



**Fig-3: Latch baby correctly.**

### Strategies to overcome Maternal Health Concerns (27)

#### 1. Breast Engorgement:

- Encourage frequent breastfeeding: Frequent nursing helps relieve engorgement by emptying the breasts regularly.
- Warm compress: Applying a warm compress to the breasts before nursing can help soften the breast tissue and facilitate milk flow.
- Cold compress: After nursing, applying a cold compress or cold cabbage leaves to the breasts can reduce swelling and discomfort.
- Gentle massage: Massaging the breasts gently before and during nursing can help relieve engorgement.

#### 2. Mastitis:

- Continued breastfeeding: Continuing to breastfeed from the affected breast helps to clear the blockage and prevent further engorgement.
- Warm compress: Applying a warm compress to the affected breast before nursing can help alleviate pain and promote milk flow.
- Adequate rest: Encourage the mother to rest and avoid strenuous activities to aid in recovery.
- Antibiotics: If mastitis is severe or accompanied by fever, antibiotics may be necessary, so consulting a healthcare provider is crucial.

#### 3. Cracked Nipples:

- Proper latch: Ensuring that the baby has a correct latch can prevent further damage to the nipples.
- Lanolin cream: Applying lanolin cream to the nipples after breastfeeding can help soothe and moisturize cracked skin.
- Air drying: Allowing the nipples to air dry after nursing can promote healing.
- Breastfeeding positions: Experimenting with different breastfeeding positions can help reduce friction on the nipples and alleviate pain.

#### 4. Postpartum Depression:

- Supportive environment: Providing emotional support and understanding is crucial for a mother experiencing postpartum depression.
- Professional help: Encourage the mother to seek help from a healthcare provider or mental health professional for counselling or therapy.

- Peer support groups: Connecting with other mothers who have experienced postpartum depression can provide valuable support and reassurance.
- Self-care: Encourage the mother to prioritize self-care activities such as adequate sleep, healthy nutrition, exercise, and taking breaks when needed.

#### **5. Maternal Medical Conditions or Medications:**

- Collaborate with healthcare providers: Work closely with healthcare providers to assess the impact of maternal medical conditions or medications on breastfeeding and develop a plan that balances the benefits of breastfeeding with the mother's health needs.
- Explore alternatives if necessary: In some cases, alternative feeding methods such as expressed breast milk or donor milk may be considered if breastfeeding is contraindicated due to maternal health concerns or medications.

#### **6. Providing Support in Challenging Circumstances:**

- Offer emotional support: Provide compassionate support to mothers facing difficult circumstances such as being in the intensive care unit (ICU) or experiencing the loss of a mother. Offer practical assistance and connect them with resources to support breastfeeding if desired.

#### **7. Respecting Maternal Choices:**

- Respect maternal autonomy: Acknowledge and respect the mother's decision if she is unwilling to breastfeed, ensuring that she is provided with information and support to make informed feeding choices for her baby.

### **Strategies to overcome infant Health Concerns (28)**

#### **1. Prematurity and Low Birth Weight:**

- Kangaroo care: Encourage kangaroo care, where the baby is held skin-to-skin with the mother or another caregiver, which promotes bonding and helps regulate the baby's temperature and breathing.
- Pumping breast milk: If the baby is unable to breastfeed directly, the mother can pump breast milk to provide to the baby through a bottle or feeding tube, supporting optimal nutrition and immune protection.

#### **2. Jaundice:**

- Encourage breastfeeding: Promote frequent breastfeeding to help flush out bilirubin and reduce jaundice levels in the baby. Breast milk helps promote bowel movements, which can aid in the elimination of bilirubin.
- Monitor breastfeeding and output: Ensure that the baby is breastfeeding effectively and producing an adequate number of wet and soiled diapers to indicate sufficient milk intake.

#### **3. Tongue Tie or Difficulty Latching:**

- Lactation support: Provide support from a lactation consultant to assess and address issues with tongue tie or difficulty latching, including guidance on breastfeeding techniques and positioning.
- Consider corrective measures: If tongue tie is severe and impacting breastfeeding, referral to a healthcare provider for evaluation and potential corrective measures such as frenotomy may be necessary.

#### **4. Infant of HIV Positive Mother:**

- Follow medical guidance: Ensure that breastfeeding decisions are made in consultation with healthcare providers, considering factors such as the mother's viral load, access to antiretroviral therapy, and local

guidelines for preventing mother-to-child transmission of HIV.

- Promote exclusive breastfeeding with antiretroviral therapy: In many cases, exclusive breastfeeding combined with maternal antiretroviral therapy is recommended to reduce the risk of HIV transmission while providing important health benefits to the baby.

## **Strategies to overcome work and employment (29)**

### **1. Communicate with Employers or School Authorities:**

- Advocate for breastfeeding-friendly policies: Discuss with employers or school authorities the importance of supporting breastfeeding mothers by implementing policies such as flexible work schedules, lactation rooms, and breastfeeding breaks.
- Educate about the benefits: Explain the benefits of breastfeeding for both the mother and the organization, such as reduced absenteeism, increased employee retention, and improved morale.

### **2. Plan Ahead:**

- Start pumping before returning to work: Begin pumping breast milk a few weeks before returning to work to build up a supply and become comfortable with the pumping routine.
- Establish a pumping schedule: Plan regular pumping breaks throughout the workday to maintain milk supply and prevent engorgement. Ideally, mothers should aim to pump every 2-3 hours for about 15-20 minutes per session.
- Invest in a quality breast pump: A good-quality electric breast pump can make expressing milk more efficient and comfortable, especially for working mothers with limited time.

### **3. Create a Supportive Environment:**

- Educate colleagues: Foster understanding and support among co-workers by educating them about the importance of breastfeeding and the needs of breastfeeding mothers.
- Seek support from supervisors: Communicate openly with supervisors about breastfeeding needs and work together to find solutions that accommodate both work responsibilities and breastfeeding goals.
- Connect with other breastfeeding mothers: Join support groups or online communities for breastfeeding mothers to share experiences, tips, and advice for balancing work and breastfeeding.

### **4. Utilize Available Resources:**

- Explore available resources: Research local laws and regulations regarding breastfeeding rights in the workplace or educational institutions, and utilize resources provided by government agencies or advocacy organizations.
- Access community support: Seek out community resources such as lactation consultants, breastfeeding support groups, and childcare providers who are knowledgeable about breastfeeding-friendly practices.

### **5. Prioritize Self-Care:**

- Take breaks when needed: Prioritize self-care by taking short breaks during the work or school day to rest, eat nutritiously, and recharge.
- Get enough rest: Adequate rest is crucial for maintaining milk supply and overall well-being, so prioritize sleep whenever possible.



**Strategies to overcome cultural and societal norm: (30)****1. Cultural Sensitivity and Education:**

- Cultural competence training: Healthcare providers, lactation consultants, and community workers should receive training on cultural sensitivity to better understand and respect diverse cultural beliefs and practices related to breastfeeding.
- Tailored education materials: Develop educational resources that are culturally appropriate and sensitive to the beliefs and traditions of diverse communities, emphasizing the importance of exclusive breastfeeding for maternal and infant health.
- Engage community leaders: Collaborate with community leaders, elders, religious leaders, and cultural influencers to promote positive messaging about exclusive breastfeeding and dispel myths or misconceptions.

**2. Peer Support and Role Models:**

- Establish peer support groups: Create peer support networks or breastfeeding support groups within communities where mothers can share experiences, receive encouragement, and learn from each other.
- Highlight success stories: Showcase stories of mothers who have successfully breastfed exclusively despite cultural or societal challenges, serving as positive role models for others facing similar barriers.

**3. Addressing Social Stigma and Pressure:**

- Normalize breastfeeding: Work to normalize breastfeeding in public spaces and media representations, challenging societal norms that view breastfeeding as taboo or inappropriate.
- Advocacy and awareness campaigns: Launch advocacy campaigns to raise awareness about the benefits of exclusive breastfeeding and challenge societal norms that prioritize formula feeding or discourage breastfeeding in public.
- Address misinformation: Provide accurate information about breastfeeding through community workshops, educational sessions, and media campaigns to counteract misinformation and dispel myths surrounding breastfeeding.

**4. Creating Supportive Environments:**

- Workplace and community support: Advocate for breastfeeding-friendly policies in workplaces, schools, healthcare facilities, and public spaces, ensuring that mothers have access to adequate support, lactation rooms, and breastfeeding breaks.
- Partner with community organizations: Collaborate with local community organizations, non-profits, and government agencies to provide resources, support services, and breastfeeding-friendly environments for mothers and families.

**5. Empowerment and Decision-Making:**

- Empower mothers: Encourage mothers to make informed decisions about breastfeeding based on their individual circumstances, preferences, and cultural beliefs, empowering them to assert their rights and preferences for exclusive breastfeeding.
- Provide culturally sensitive counseling: Offer individualized counseling and support to address cultural concerns or challenges that may impact a mother's decision to breastfeed exclusively, respecting her autonomy and cultural values.

## Strategies to overcome Marketing and Promotion of Infant Formula (31)

### 1. Regulatory Measures:

- Strengthen regulations: Advocate for stricter regulations and enforcement of marketing practices for infant formula, including restrictions on advertising, promotion, and sponsorship by formula companies.
- Implement WHO Code: Encourage adherence to the International Code of Marketing of Breast-milk Substitutes (WHO Code) at national and local levels, which includes restrictions on advertising formula to the general public and healthcare professionals.

### 2. Public Awareness and Education:

- Promote breastfeeding education: Increase awareness about the benefits of exclusive breastfeeding through public health campaigns, educational materials, and community workshops targeting expectant parents, caregivers, and healthcare professionals.
- Counter misinformation: Provide accurate information about breastfeeding and formula feeding to counteract misleading or biased messaging from formula companies, emphasizing the importance of breastfeeding for maternal and infant health.

### 3. Supportive Environments:

- Create breastfeeding-friendly spaces: Advocate for the establishment of breastfeeding-friendly environments in workplaces, healthcare facilities, public spaces, and childcare centers, where mothers feel supported and encouraged to breastfeed.
- Provide lactation support: Ensure access to lactation consultants, peer support groups, and breastfeeding counseling services for mothers who may encounter challenges with breastfeeding, offering tailored support to meet their needs.

### 4. Community Engagement:

- Engage community stakeholders: Collaborate with community leaders, healthcare providers, educators, and advocacy groups to raise awareness about the impact of formula marketing on breastfeeding rates and advocate for policy changes.
- Empower grassroots movements: Support grassroots organizations and breastfeeding coalitions working to protect, promote, and support breastfeeding at the local level, amplifying their voices and efforts.

### 5. Corporate Accountability:

- Hold formula companies accountable: Advocate for transparency and accountability from formula companies regarding their marketing practices, including monitoring and reporting violations of marketing regulations.
- Encourage ethical marketing: Promote ethical marketing practices within the infant formula industry, including transparency in labeling, responsible advertising, and compliance with regulatory guidelines.

## Strategies to overcome Institutional Practices (32)

### 1. Implement Baby-Friendly Hospital Initiative (BFHI):

- Adopt BFHI guidelines: Healthcare facilities can follow the Ten Steps to Successful Breastfeeding outlined by the World Health Organization (WHO) and UNICEF's BFHI (Box-2), which promote breastfeeding-friendly practices such as immediate and uninterrupted skin-to-skin contact after birth,

rooming-in, and avoiding routine supplementation with formula.

- Seek BFHI accreditation: Work towards BFHI accreditation to demonstrate commitment to evidence-based breastfeeding practices and provide optimal support for breastfeeding mothers and babies.

## 2. Training and Education:

- Provide staff training: Offer comprehensive training for healthcare providers, including doctors, nurses, midwives, and lactation consultants, on breastfeeding best practices, lactation management, and the importance of supporting exclusive breastfeeding.
- Promote breastfeeding-friendly culture: Foster a culture within healthcare facilities that values and prioritizes breastfeeding, ensuring that all staff members are knowledgeable and supportive of breastfeeding mothers.

## 3. Rooming-In and Skin-to-Skin Contact:

- Facilitate rooming-in: Encourage mothers and babies to stay together in the same room throughout their hospital stay, promoting bonding and facilitating frequent breastfeeding.
- Promote skin-to-skin contact: Encourage immediate skin-to-skin contact between mother and baby after birth and throughout the postpartum period to facilitate breastfeeding initiation, regulate the baby's temperature, and promote maternal-infant bonding.

## 4. Lactation Support Services:

- Provide access to lactation support: Ensure that lactation consultants or trained breastfeeding counselors are available to provide support and guidance to breastfeeding mothers during their hospital stay and after discharge.
- Establish breastfeeding support groups: Create breastfeeding support groups within healthcare facilities where mothers can share experiences, receive encouragement, and access additional support resources.

## 5. Policy Changes:

- Review and revise policies: Evaluate existing hospital policies and protocols related to breastfeeding initiation and support, and revise them to align with evidence-based breastfeeding practices and the BFHI guidelines.
- Implement breastfeeding-friendly policies: Implement policies that promote exclusive breastfeeding, such as limiting the use of artificial nipples, pacifiers, and formula supplementation unless medically necessary.

## 6. Continuous Quality Improvement:

- Monitor and evaluate practices: Establish mechanisms for monitoring and evaluating breastfeeding practices within healthcare facilities, including tracking exclusive breastfeeding rates, identifying areas for improvement, and implementing strategies to address gaps.
- Regular staff feedback and training: Encourage ongoing feedback from staff and mothers to identify challenges and areas for improvement, and provide regular training and support to address them.

### Box-2: Baby friendly hospital initiative policy-2018:

#### Critical management procedure

- **1a.** Comply fully with the *International Code of Marketing of Breast-milk Substitutes* and relevant World Health Assembly resolutions.

- **1b.** Have a written infant feeding policy that is routinely communicated to staff and parents.
- **1c.** Establish ongoing monitoring and data-management systems.
- **2.** Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
- **Key clinical practices:**
  3. Discuss the importance and management of breastfeeding with pregnant women and their families.
  4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
  5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
  6. Do not provide breastfed new-borns any food or fluids other than breast milk, unless medically indicated.
  7. Enable mothers and their infants to remain together and to practise rooming-in 24 hours a day.
  8. Support mothers to recognize and respond to their infants' cues for feeding.
  9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
  10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

**Conclusion:**

Exclusive breastfeeding offers numerous benefits to both infants and mothers, yet global rates remain below targets, hindered by various barriers. Efforts to overcome these barriers require multifaceted strategies involving healthcare systems, communities, workplaces, and societal norms. By addressing issues such as support, education, healthcare practices, and cultural beliefs, we can promote exclusive breastfeeding and improve maternal and infant health outcomes worldwide. Prioritizing breastfeeding-friendly policies, enhancing support networks, and fostering a cultural shift towards breastfeeding are essential steps towards achieving optimal breastfeeding practices and ensuring the well-being of mothers and infants globally.

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