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From Hospital to Home: Addressing Breastfeeding Challenges in Preterm Infants Through Family-Centered Support

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Abstract

Background: Preterm infants face heightened risks of morbidity and mortality, making breastfeeding an essential yet often challenging practice. Mothers of preterm infants frequently struggle with low breastfeeding self-efficacy (BSE) due to infant immaturity, NICU separation, and psychosocial stressors. Urban community contexts add further complexity, as nuclear family structures and work demands can limit traditional sources of maternal support.

Objective: This article examines the role of family integration in empowering mothers of preterm infants and enhancing BSE, while identifying gaps in existing interventions and proposing directions for research, practice, and policy.

Methods: A narrative review of the literature was conducted, focusing on barriers to breastfeeding preterm infants, the conceptual basis of BSE, and the potential benefits of family-integrated approaches in urban settings.

Findings: Current interventions are predominantly healthcare provider-driven and hospital-based, with limited attention to family participation. Evidence suggests that family involvement—through emotional reassurance, practical assistance, and cultural guidance—can significantly reduce maternal stress, foster confidence, and improve breastfeeding outcomes.

Conclusion: Family-integrated strategies represent an underutilized yet promising pathway to strengthen BSE and improve neonatal health. Incorporating families into both clinical and community breastfeeding support models has the potential to transform care, particularly in urban contexts, and warrants further investigation through targeted interventions such as those proposed in ongoing doctoral research.

1. Introduction

Preterm birth remains a pressing global health concern, with an estimated 15 million infants born before 37 weeks of gestation each year. Preterm infants are at increased risk of morbidity and mortality due to their physiological immaturity, and optimal nutrition through breastfeeding is a critical determinant of survival and long-term development. Human milk not only provides essential nutrients but also offers immunological protection and enhances neurodevelopmental outcomes. Despite these benefits, breastfeeding preterm infants presents unique challenges, often resulting in delayed initiation, reduced exclusivity, and early cessation of breastfeeding compared to term infants.[1-3]

One key determinant of successful breastfeeding is **maternal breastfeeding self-efficacy (BSE)**, defined as a mother's confidence in her ability to breastfeed. Grounded in Bandura's self-efficacy

theory, BSE is influenced by mastery experiences, social modeling, verbal encouragement, and emotional state.[4-5] Research has consistently demonstrated that higher BSE correlates with greater breastfeeding initiation, exclusivity, and duration.[6] However, mothers of preterm infants frequently report low self-efficacy due to separation from their infants, medical complications, and psychosocial stressors. These challenges are particularly pronounced in urban communities, where nuclear family structures, employment demands, and limited traditional support systems may compound maternal stress and hinder breastfeeding success.[7]

While interventions to improve breastfeeding outcomes often emphasize healthcare provider support, the potential of **family-integrated approaches** remains underexplored.[8] Families, especially partners and grandmothers, play a pivotal role in shaping maternal confidence and practices by providing emotional reassurance, practical assistance, and cultural guidance.[9] Family involvement has been shown to reduce maternal stress, foster positive feeding behaviors, and enhance overall caregiving capacity.[10] Despite this, the integration of families into breastfeeding support models for preterm infants is limited in both research and practice, particularly within urban community contexts. This gap highlights the urgent need to explore how family-centered interventions can empower mothers, strengthen BSE, and ultimately improve breastfeeding outcomes for preterm infants.[11]

2. Research Gap and Need for Intervention

Despite the growing recognition of breastfeeding as a cornerstone of preterm infant survival and health, current support interventions predominantly emphasize the role of healthcare professionals within hospital or neonatal intensive care unit (NICU) settings.[12] Lactation counseling, kangaroo mother care, and structured follow-up programs have shown promise, yet these models often overlook the broader familial and community context in which breastfeeding occurs. In many urban communities, mothers of preterm infants are frequently isolated from extended family networks due to migration, employment demands, and nuclear household structures. This sociocultural reality reduces access to traditional sources of encouragement and practical assistance that could otherwise enhance maternal breastfeeding self-efficacy (BSE)[13].

The literature consistently identifies BSE as a determinant of breastfeeding outcomes, yet few studies have examined interventions that directly target confidence-building among mothers of preterm infants through family integration. Existing research has largely focused on term infants, or on professional-driven strategies that may inadvertently position mothers as passive recipients of care rather than empowered agents of change. Moreover, the majority of family-centered approaches explored to date have been implemented in hospital-based contexts, with limited evidence on their adaptation and effectiveness in community or home settings—particularly in urban areas where healthcare access and familial support vary widely.[14]

This gap underscores the need for innovative, community-based interventions that deliberately integrate family members into the breastfeeding journey of mothers with preterm infants. By equipping families with knowledge, communication strategies, and supportive roles, such approaches have the potential to reduce maternal stress, increase BSE, and ultimately improve breastfeeding initiation and continuation. Addressing this overlooked dimension is critical not only for strengthening maternal confidence but also for aligning neonatal care with holistic, culturally sensitive practices. Your PhD study responds directly to this need by testing a **family-integrated model of breastfeeding support** within an urban community

context, thereby offering a novel contribution to both maternal and child health scholarship and practice.[15]

3. Implications for Practice and Policy

Clinical Practice

- Incorporate family members into breastfeeding counseling sessions in NICUs and postnatal wards.
- Train nurses and lactation consultants to engage fathers, grandparents, and other caregivers as active participants.
- Promote family-inclusive practices such as skin-to-skin contact and shared caregiving responsibilities to build maternal confidence.

Community-Based Care

- Develop family-focused breastfeeding education modules for use in urban community health centers.
- Leverage community health workers to deliver home visits that include both mothers and family members.
- Organize peer-support groups where families of preterm infants can share experiences and strategies.[16]

Policy and Systems-Level Support

- Embed family-integration strategies into urban maternal and child health policies.
- Advocate for workplace policies that extend paternity leave and flexible work arrangements to support shared caregiving.
- Integrate family-centered breastfeeding support into national child health programs and urban NICU discharge protocols.[17]

Research and Evaluation

- Encourage longitudinal studies to assess the long-term impact of family-integrated interventions on breastfeeding duration, infant growth, and maternal well-being.
- Evaluate cultural adaptations of family-centered approaches in diverse urban communities.
- Build evidence on cost-effectiveness to support scaling up of family-inclusive models.[18]

Broader Societal Impact

- Normalize family participation in infant feeding decisions through awareness campaigns.
- Reduce stigma around preterm birth and promote supportive community environments.
- Enhance maternal empowerment and gender equity by recognizing shared responsibility in infant care.[19]

4. Conclusion

Breastfeeding preterm infants presents distinct physiological and psychosocial challenges that often undermine maternal confidence and breastfeeding success. Evidence demonstrates that breastfeeding self-efficacy (BSE) is a pivotal determinant of initiation, exclusivity, and duration of breastfeeding. Yet, in many urban communities, mothers of preterm infants face limited support, compounded by nuclear family structures, employment pressures, and fragmented health services. Conventional interventions have largely focused on professional-driven support, overlooking the empowering role that families can play in strengthening maternal confidence and sustaining breastfeeding practices.

A family-integrated approach represents a promising yet underutilized strategy to address these challenges. By involving partners, grandparents, and extended family members in breastfeeding

education and support, mothers are more likely to feel reassured, empowered, and capable of overcoming barriers to breastfeeding preterm infants. The integration of families into both clinical and community care pathways has the potential to bridge existing gaps, foster culturally sensitive practices, and create sustainable systems of support in urban settings. As such, interventions that empower mothers through family participation are not only essential for enhancing BSE but also for improving neonatal outcomes and advancing maternal-infant health equity.

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