



## Factors Playing a Role in Early Initiation of Breastfeeding

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### ABSTRACT

**Introduction:** Factors influencing early initiation of breastfeeding are of great importance in the understanding and practice of maternal and neonatal care. Mothers' knowledge about the importance of early initiation of breastfeeding, support from health workers, health service policies, and various other aspects play a key role in the success of this practice. In the context of early breastfeeding initiation, many elements work together, including education, the care environment, and social support, all of which contribute to helping mothers achieve success in breastfeeding their babies well. **Methods:** The literature search process was carried out on various databases (PubMed, Web of Sciences, EMBASE, Cochrane Libraries, and Google Scholar) regarding factors that play a role in early initiation of breastfeeding. This study follows the preferred reporting items for systematic reviews and meta-analysis (PRISMA) recommendations. **Results:** Early initiation of breastfeeding is an important practice in maternal and neonatal care that has great benefits for both baby and mother. Maternal education about the benefits of early initiation of breastfeeding and support from health workers play a key role in increasing awareness and understanding. The availability of medical facilities that support this practice, including baby-friendly delivery rooms and well-trained medical teams, is another very important factor. In addition, early interactions between mother and baby, such as skin-to-skin contact and bringing the baby closer to the mother's breast, also play a crucial role in stimulating early initiation of breastfeeding. **Conclusion:** Support from the mother's family and environment, together with shared commitment, is very important in creating an environment that supports this practice.

### 1. Introduction

Early initiation of breastfeeding is a practice that has a major impact in supporting the health and development of the baby, while providing significant benefits for the mother. This practice refers to the act of breastfeeding a baby as soon as possible after birth, which usually occurs within the first hour of life. Early initiation of breastfeeding is a crucial moment, which can form the foundation for a healthy mother-baby relationship, as well as support the nutrition and protection of the baby in the early stages of life.<sup>1,2</sup>

Factors influencing early initiation of breastfeeding are of great importance in the understanding and practice of maternal and neonatal care. Mothers' knowledge about the importance of early initiation of

breastfeeding, support from health workers, health service policies, and various other aspects play a key role in the success of this practice. In the context of early breastfeeding initiation, many elements work together, including education, the care environment, and social support, all of which contribute to helping mothers achieve success in breastfeeding their babies well.<sup>3,4</sup>

### 2. Methods

The literature search process was carried out on various databases (PubMed, Web of Sciences, EMBASE, Cochrane Libraries, and Google Scholar) regarding factors that play a role in the early initiation of breastfeeding. The search was performed using the

terms: (1) "factor" OR "initiation" OR "early breastfeeding" OR "breast milk" AND (2) "factor" OR "early breastfeeding initiation." The literature is limited to clinical studies and published in English. The literature selection criteria are articles published in the form of original articles about factors that play a role in early breastfeeding initiation. Studies were conducted in a timeframe from 2013-2023, and the

main outcome was factors that play a role in early breastfeeding initiation. Meanwhile, the exclusion criteria were studies that were not related to factors that play a role in early initiation of breastfeeding, the absence of a control group, and duplication of publications. This study follows the preferred reporting items for systematic reviews and meta-analysis (PRISMA) recommendations.

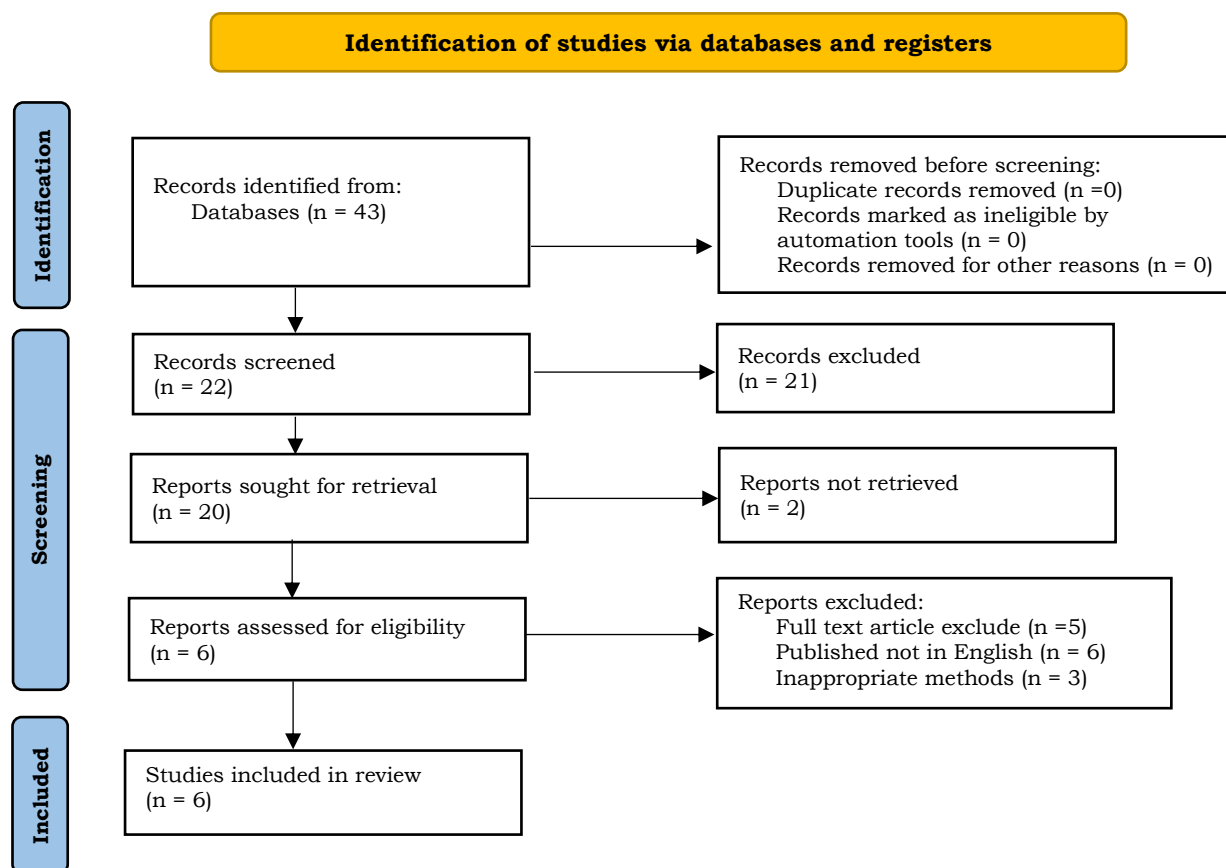


Figure 1. PRISMA flowchart.

### 3. Results and Discussion

#### Awareness and education

Mother's knowledge about the benefits of early initiation of breastfeeding is a very important first step. When mothers have a solid understanding of how these practices can affect their baby's health and development, they are more likely to be motivated to do them. Prenatal education is the key to providing correct and in-depth information about early initiation of breastfeeding to prospective mothers. This includes an explanation of the important role of breast milk in

providing nutrition and protection to babies. This education can occur during pregnancy, which gives mothers time to understand and plan early breastfeeding initiation practices. The role of health workers, such as midwives, doctors or nurses, should not be ignored. They have an important role in providing information, guidance and direct support to mothers during childbirth. This support includes helping the mother understand the correct way to put the baby to the breast, answering questions, and providing emotional encouragement. Many mothers

may be faced with myths and fears related to breastfeeding, which can be a barrier to early initiation of breastfeeding. Prenatal education and support from health workers can help dismantle these myths and reduce mothers' fears. The family can also play an important role in providing support and information to the mother. Support from partners and other family members can help motivate mothers to initiate early breastfeeding. Maternal understanding and awareness of early initiation of breastfeeding is critical in ensuring that this practice is carried out successfully. Therefore, education and support efforts involving various parties, including mothers, families, and health workers, are essential in promoting better early breastfeeding initiation practices.<sup>5-7</sup>

### **Medical facilities and health care practices**

A delivery room designed to support early initiation of breastfeeding is essential. These facilities must provide a comfortable and conducive environment for mothers and babies. This can include a quiet setting, soft lighting, a comfortable temperature, and equipment that supports the practice of breastfeeding initiation, such as a comfortable chair or bed. The success of early initiation of breastfeeding also depends greatly on the presence of a trained medical team. This medical team must understand the importance of early initiation of breastfeeding, and have sufficient knowledge and skills to assist mothers and babies in this practice. They should be able to provide technical assistance if needed, such as helping the mother properly latch the baby to the breast. Medical facilities should be equipped with the necessary support equipment for early initiation of breastfeeding. This can include baby warmers, baby scales, and baby care supplies that support breast milk. The existence of this equipment makes it easier to practice early initiation of breastfeeding. Existing policies at hospitals or health centers can also play an important role. Adoption of a "Baby-Friendly Hospital" policy or similar policy, which encourages early initiation of breastfeeding and provides guidance for medical personnel, may help create an environment that supports this practice. Apart from physical facilities, commitment from hospitals, health centers

and medical teams to support early initiation of breastfeeding is very important. This enthusiasm and commitment can encourage increased awareness and practice of early initiation of breastfeeding in these medical institutions. By ensuring the availability of medical facilities that support early initiation of breastfeeding, we can create an environment that supports this practice. This helps mother and baby start their breastfeeding journey on the right foot, which has long-term benefits for the baby's health and development as well as the mother's health.<sup>8-12</sup>

### **Early interactions between mother and baby**

Allowing mother and baby to interact in skin-to-skin contact as soon as possible after birth is a highly recommended practice. This involves placing the naked baby against the mother's skin, usually on the mother's chest or stomach. This skin-to-skin contact helps regulate the baby's temperature, stimulates physical responses, and creates an emotional bond between mother and baby. Placing the baby close to the mother's breast immediately after birth is an important step in early initiation of breastfeeding. This allows the baby to smell and feel the nipple, which can stimulate the sucking reflex. Additionally, this practice makes it easier for the baby to start breastfeeding when he is ready. Through skin-to-skin contact and bringing the baby closer to the mother's breast, the baby's sucking reflex can be stimulated. This is important because babies have a natural reflex to seek out the nipple and breastfeed. Stimulating this reflex can help the baby to start breastfeeding earlier. Skin-to-skin contact and holding the baby close to the mother's breast helps create a strong emotional bond between mother and baby. This is important for establishing the foundation of a healthy relationship between mother and baby, which can last a lifetime. This practice also facilitates early initiation of breastfeeding by allowing the baby to feel comfortable and close to the mother's breast. This makes babies more likely to start breastfeeding earlier after birth. Skin-to-skin contact and holding the baby to the mother's breast are simple but very effective practices in supporting the early initiation of breastfeeding. They create a warm, safe, and natural environment

that encourages this practice and has great benefits for the health and development of the baby and the emotional connection between mother and child.<sup>11-15</sup>

### **Family and environmental support**

Moral and emotional support from family members, partners, and friends can provide very important support for mothers. They can provide encouragement, motivate, and give confidence to the mother that she is capable and can be successful in early breastfeeding. Practical support, such as helping with housework, baby care, or cooking meals, can help mothers have more time and energy to care for their babies and provide breast milk. Families and environments that support early initiation of breastfeeding can play a role in ensuring that family members have the correct knowledge about the importance of this practice. This could include an explanation of the benefits of breast milk and how to support mothers in breastfeeding. Creating an environment that supports early initiation of breastfeeding is also important. This can include having a private and comfortable space at home where the mother can feel calm and focused while breastfeeding. Support at work is also important. This support includes policies that support working mothers in continuing to provide breast milk to their babies, such as maternity leave and facilities for expressing breast milk. All family members and the environment must have a shared commitment to support early initiation of breastfeeding. With strong support from all parties, mothers feel supported and motivated to implement this practice. Support from the mother's family and environment has a significant impact in creating an environment that supports the practice of early initiation of breastfeeding. With this support, mothers feel more comfortable and motivated to provide breast milk from the start, which in turn provides great benefits for the health and development of the baby as well as the mother's health.<sup>16-20</sup>

### **4. Conclusion**

Early initiation of breastfeeding is an important practice in maternal and neonatal care that has great benefits for both baby and mother. Maternal education

about the benefits of early initiation of breastfeeding and support from health workers play a key role in increasing awareness and understanding. The availability of medical facilities that support this practice, including baby-friendly delivery rooms and well-trained medical teams, is another very important factor. In addition, early interactions between mother and baby, such as skin-to-skin contact and bringing the baby closer to the mother's breast, also play a crucial role in stimulating the early initiation of breastfeeding. Support from the mother's family and environment, together with shared commitment, is very important in creating an environment that supports this practice.

### **5. References**

1. Dewey KG. Maternal and fetal stress are associated with impaired lactogenesis in humans. *J Nutr.* 2021; 131(11): 3012S-5S.
2. Victora CG, Bahl R, Barros AJD. Breastfeeding in the 21<sup>st</sup> century: epidemiology, mechanisms, and lifelong effect. *The Lancet.* 2016; 387(10017): 475-90.
3. Horta BL, Loret de Mola C, Victora CG. Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure, and type-2 diabetes. *Epidemiology.* 2015; 26(4): 596-603.
4. Brown A, Lee M. An exploration of the attitudes and experiences of mothers in the United Kingdom who chose to breastfeed exclusively for 6 months postpartum. *Breastfeed Med.* 2013; 8(4): 448-54.
5. Flaherman VJ, Beiler JS, Cabana MD. Relationships between breastfeeding and health characteristics in children with Down syndrome. *Breastfeed Med.* 2015; 10(8): 401-7.
6. Pérez-Escamilla R. Evidence-based breastfeeding promotion: the Baby-Friendly Hospital Initiative. *J Nutr.* 2017; 137(2): 484-7.
7. Rollins NC, Bhandari N, Hajeebhoy N. Why invest, and what it will take to improve breastfeeding practices? *The Lancet.* 2016; 387(10017): 491-504.

8. Sankar MJ, Sinha B, Chowdhury R. Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatr.* 2015; 104(467): 3-13.
9. Guo M, Wang L, Zhang J. Breastfeeding and maternal hypertension and diabetes: a population-based cross-sectional study. *Breastfeed Med.* 2016; 11(2): 92-7.
10. Lobbok MH, Taylor EC. Achieving exclusive breastfeeding in the United States: findings and recommendations. Washington, DC: US Department of Health and Human Services. 2018.
11. Bystrova K, Ivanova V, Edhborg M. Early contact versus separation: effects on mother-infant interaction one year later. *Birth.* 2019; 36(2): 97-109.
12. Hoddinott P, Craig LC, Britten J. A serial qualitative interview study of infant feeding experiences: idealism meets realism. *BMJ Open.* 2022; 2(2): e000504.
13. Forster DA, McLachlan HL, Lumley J. Factors associated with breastfeeding at six months postpartum in a group of Australian women. *Int Breastfeed J.* 2016; 1(1): 18.
14. Haider R, Rasheed S, Sanghvi TG, et al. Breastfeeding in infancy: identifying the program-relevant issues in Bangladesh. *Int Breastfeed J.* 2020; 5(1): 21.
15. Zhang J, Liu Y, Meikle S, Zheng J, Sun W, Li Z. Maternal and perinatal outcomes of pregnant women with hepatitis B in Wuhan, China. *J Obstet Gynaecol.* 2021; 31(1): 40-43.
16. Griffiths LJ, Tate AR, Dezateux C. The contribution of parental and community ethnicity to breastfeeding practices: evidence from the Millennium Cohort Study. *Int J Epidemiol.* 2015; 34(6): 1378-86.
17. Wouk K, Stuebe AM. Lactation and the risk of type 2 diabetes in women: a systematic review and meta-analysis. *Nutr Rev.* 2015; 73(1): 8-16.
18. Gartner LM, Morton J, Lawrence RA. Breastfeeding and the use of human milk. *Pediatrics.* 2015; 115(2): 496-506.
19. Gribble KD. Perceptions of donor milk banking in Australia: an online survey. *J Hum Lact.* 2013; 29(4): 480-6.
20. Wolf JH. Low breastfeeding rates and public health in the United States. *Am J Public Health.* 2013; 93(12): 2000-10.