

Original Article

Nurses' Views on Exclusive Breastfeeding: A Qualitative Study

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Abstract

Background: Nurses have a major share in the initiation and maintenance of breastfeeding. Although exclusive breastfeeding offers significant health benefits for both mothers and infants, various factors can adversely impact its practice.

Objective: This study was conducted to examine the views of nurses about exclusive breastfeeding.

Methodology: This qualitative study was conducted with 15 nurses between April 2021 and January 2022 with a phenomenological approach. Data were collected using in-depth interviews, an Individual Introduction Form and a Semi-Structured Interview Form. The data obtained were evaluated by the researchers by inductive approach and content analysis.

Results: In the study, five main themes and sub-themes belonging to these themes were created: (1) what is known about exclusive breastfeeding, (2) individual breastfeeding experiences of nurses, (3) the effects of exclusive breastfeeding, (4) factors affecting exclusive breastfeeding and (5) recommendations. Most of the nurses made the definition of exclusive breastfeeding according to the World Health Organization definition. Nurses stated that exclusive breastfeeding has beneficial effects on maternal and infant health and their views on exclusive breastfeeding have been influenced by their own breastfeeding experiences. Nurses think that the young mother's age, high income level, perception of insufficient milk, primiparity, cesarean delivery method, lack of prenatal education, unwanted pregnancies, negative maternal and newborn health and negative birth experiences affect women's exclusive breastfeeding processes negatively.

Conclusion: The fact that nurses' own breastfeeding experiences are positive may affect the content of breastfeeding education they give to mothers in their professional lives. Nurses should evaluate pregnant women in terms of factors that prevent exclusive breastfeeding during pregnancy and pre-pregnancy counseling and take necessary precautions in the early period.

Keywords: Breastfeeding; nurse; qualitative research.

Introduction

Exclusive breastfeeding is defined as an infant being fed only with breastmilk without receiving any additional supplements (water, tea, fruit juice, formula, etc.), apart from products given for medical purposes, in the first six months of life (Elyas et al., 2017). According to World Health Organization data, nearly 44% of infants younger than six months are exclusive breastfeeding (WHO, 2023). In Turkey, in spite of 98% of infants being breastfed for some portion of their life,

only 41% of infants younger than six months are exclusive breastfeeding (Turkey Demographic and Health Survey, 2018).

In spite of the countless benefits of breastmilk, when rates are examined, it appears that exclusive breastfeeding is not at desired levels in a global sense. When the causes of this low rate are investigated, many factors affect the breastfeeding process preventing exclusive breastfeeding in both developing and developed countries. Sociodemographic factors related to the

mother (age, educational level, income level, family type, partner support, etc.), factors related to the birth and postpartum process (location of birth, type of birth, etc.), factors related to the infant (complications experienced, sex, etc.), problems related to the breast, health services available and problems related to health professionals may be listed as factors affecting exclusive breastfeeding (Ejje et al., 2021; Keles Alp, 2021, Shi et al., 2021).

Nurses, playing an active role in identifying and resolving obstacles, have an important place in all stages of breastfeeding because they have a great share in both starting breastfeeding in the shortest time and at the point of providing support. Nurses may explain actions to be taken based on their observations and support ensuring or increasing exclusive breastfeeding by taking precautions related to obstacles or organizing counseling services in line with this (Lucchini-Raies et al., 2019). Qualitative studies in the literature on the subject focus on the effects of nurses' knowledge levels about exclusive breastfeeding and the breastfeeding education they provide on the duration of exclusive breastfeeding of mothers, and the effects of their own breastfeeding experiences on the breastfeeding education they provide (Lucchini- Raies et al., 2019; Whelan and Kearney, 2015; Wright ve Hurst, 2018). It is important to investigate the views of nurses about exclusive breastfeeding, identify what they think the obstacles are and to document thoughts about increasing exclusive breastfeeding among nurses, who have significant power in terms of exclusive breastfeeding. Therefore, the aim of the study was to determine the views of nurses about exclusive breastfeeding by answering the following questions: (i) What do nurses think about exclusive breastfeeding? (ii) According to nurses, what are the obstacles to exclusive breastfeeding? (iii) Do nurses perform professional activities to increase exclusive breastfeeding? What are these? (iv) What recommendations do nurses have to increase exclusive breastfeeding?

Material and Methods

Study design and participant: This study was a qualitative study performed with the phenomenological approach using the content

analysis method. The study adhered to the guideline for reporting qualitative research, Consolidated Criteria for Reporting Qualitative Research (COREQ). The population for the research comprised nurses employed in postpartum clinics and pregnancy schools in an education and research hospital located in İzmir in the west of Türkiye (N=51). During qualitative implementations, as the criterion for ending the application is saturation of the collected data (the point at which data repeats, no additional data is obtained, no new information or views are obtained, all questions related to the research are answered), no sample calculations were performed and the data collection process ended when data saturation was reached. As data saturation was reached in the 15th interview, the research sample comprised 15 nurses. The study included nurses who accepted participation in the study, could speak and understand Turkish, had no obstacle to communication and were employed in postpartum clinics and pregnancy schools.

The 15 nurses participating in the research were aged 25-49 years with mean age of 34.6 years. Most nurses (nine nurses) were married and six nurses were single, while 11 had undergraduate degrees. Three of the nurses in the study had breastfed for two years, while 7 nurses had exclusively breastfed for six months (Table 1).

Data collection: Collection of data in the research used the individual descriptive form and the semi-structured interview form. Individual descriptive form was prepared by the researchers in line with the literature. It comprised seven questions related to the sociodemographic features of nurses (age, marital status, educational status, having children, etc.) and views related to breastfeeding. Semi structured interview form was prepared by the researchers in line with the literature. It comprised seven questions about the nurses' experience of exclusive breastfeeding, obstacles encountered during this process, what they do to increase exclusive breastfeeding among mothers they care for and obstacles to sustaining exclusive breastfeeding (Table 2). Opinions were obtained from eight lecturers specializing in obstetric nursing and the form was assessed

for understandability and/or whether new questions were required by performing a pilot interview with two nurses. The interview form was then given its final form. Pilot interview data were not included in the study. Data were collected in a quiet, calm nurses' room in the unit in which the participants worked after receiving ethics committee and institutional permissions and after participants provided verbal and written consent. Interviews were recorded with an Android mobile telephone with voice recording features. The interviews lasted a total of 540 minutes, with mean duration 39 minutes (minimum: 21 minutes, maximum: 1 hour 7 minutes). After transcription of interviews, 212 pages containing 77.567 words of data were obtained.

Data analysis: Qualitative data analysis was conducted in five stages using inductive method and content analysis: (1) transcription of recorded interviews, (2) independent coding of meaningful parts of the data by two researchers and resolution of disagreements through discussion, (3) separation of codes into themes according to their explanatory power, (4) organization of data without comment for objectivity, (5) verification of themes with Participants 1 and 9, who were selected due to their different experiences, was completed without additions, ensuring the reliability of the findings.

Rigour: To be able to ensure validity and reliability in the study, the credibility, transferability, consistency and confirmability criteria were met. Strategies like in-depth data collection, expert investigation and participant confirmation were adopted to ensure reliability. During interviews, participants provided consent to allow a researcher to participate in the interviews as an observer, while the other researcher conducted the interview. The researchers avoided leading questions and paid attention to the principles of summarizing and concretizing in accordance with communication rules. Data were independently assessed by the researchers. Later inconsistencies between coders were discussed and consensus was reached. Additionally, data obtained at the end of interviews were confirmed by communicating the results to participant 1 and participant 9.

Ethical consideration: The study was conducted in accordance with the Helsinki Declaration. Data were collected after receiving permission from Izmir Katip Celebi University Non-Interventional Clinical Research Ethics Committee (date: 17.09.2020, decision no: 980). Verbal and written consent was obtained from the institution where the research was to be held and from individuals participating in the research. During interviews, participants were given information that their voices would be recorded and that images would not be recorded. The transcription process was performed in an environment where only the researcher could hear the recording. When writing the findings, nurses who were interviewed were labeled participant 1, participant 2, etc. and given numbers according to the order of their interview.

Study limitations: Data obtained as a result of the study include the views of nurses employed in the hospital in which the research was performed in Izmir. As a result, the results of the research cannot be generalized which is a limitation of the research.

Results

In this section, themes are identified, explained, and illustrated using representative quotes from the transcripts. Views of nurses about exclusive breastfeeding are presented in Table 3. From data obtained in the research, the five main themes emerged, each with their own sub-themes.

Theme 1. Knowledge about exclusive breastfeeding:

Correct: Most nurses described exclusive breastfeeding as not giving any fluid or food to the infant apart from breastmilk for six months and emphasized the importance and adequacy of breastmilk for the infant's development.

Mistaken: Two nurses participating in the study stated that they recommended exclusive breastfeeding; however, they stated there was a need to give formula if required.

Thema 2. Individual breastfeeding experience of nurses:

Contribution of individual experience: Some nurses stated that they understood mothers better after their own experiences of

motherhood and breastfeeding and gave examples of their own experiences.

Social support provided to nurses: Some nurses participating in the study stated that the social support received from their partners, families and colleagues during their own breastfeeding process positively contributed to their experienced.

Difficulties experienced by nurses: Some nurses participating in the study reported that they experienced difficulty during breastfeeding due to health problems of the infant, working hours and becoming pregnant through in vitro fertilization (IVF).

Thema 3. Effects of exclusive breastfeeding:

Effects on maternal health: Most nurses stated the positive effects of exclusive breastfeeding on maternal health included recovery of the uterus easy loss of weight gained during pregnancy and protective effects against cancer. Additionally, they reported that it positively affected the mother psychologically, strengthened communication between mother and infant, and increased milk amounts.

Effects on infant health: All nurses participating in the study stated that exclusive breastfeeding has many positive effects on the physical and psychological health of the infant both during early childhood and in later years.

Thema 4. Factors affecting exclusive breastfeeding:

Individual factors: Nurses stated that factors affecting exclusive breastfeeding were age, income level, social support, perception of inadequate milk, mother's health status and caregivers; however, educational level did not impact exclusive breastfeeding.

Factors linked to pregnancy, birth and postpartum period: Nurses stated that factors affecting exclusive breastfeeding included parity, receiving antenatal education, type of

birth, unwanted pregnancy and being an adolescent mother, having a negative birth experience, and health status of mother and neonate.

Cultural factors: Several nurses participating in the study stated that different beliefs and mistaken information linked to cultural factors delayed breastfeeding of infants, and that additional food like water, sugar water, and sugary tea were given apart from breastmilk.

Factors linked to health services: Nearly all nurses stated that factors like inadequate personnel, number of patients and excess workload, and crowded patient rooms affected breastfeeding education and the infant being introduced to the mother.

Thema 5. Recommendations:

Recommendations about training: Nurses participating in the study stated that training was important to increase exclusive breastfeeding rates in the country and that recommendations like training being given in pregnancy schools and even in public education centers, resolving problems about pregnant cases accessing training, fathers being included in training, and information being included in health lessons in the educational syllabus would be effective in increasing exclusive breastfeeding.

Recommendations about preventing formula use: Some nurses proposed that the use of formula was a significant obstacle to exclusive breastfeeding and recommended that the media could be used and formula prices could be increased to reduce formula use.

Recommendations about providing health services: One of the nurses participating in the study proposed that nursing units/nursing buildings may be created, and several recommended the need to increase the quality and number of nurses/midwives providing breastfeeding counseling.

Table 1. Sociodemographic and breastfeeding status of nurses

Participant	Age	Education	Duration of professional experience	Children	Duration of BF/EBF
P1	49	Undergraduate	26 years	2	26 months/ 6 months 28 months/ 7 months
P2	25	Undergraduate	1 year	-	-
P3	33	Undergraduate	13 years	1	22 months/ 6 months
P4	26	Undergraduate	2 years	-	-
P5	36	Undergraduate	12 years	1	6 months/ 6 months
P6	30	Undergraduate	7 years	1	10 months/ -
P7	30	Undergraduate	6 years	-	-
P8	46	Associate degree	27 years	2	8 months /8 months 6 months/6 months
P9	32	Undergraduate	8 years	1	29 months/6 months
P10	40	Masters	20 years	-	-
P11	40	Masters	18 years	-	-
P12	33	Undergraduate	8 years	-	-
P13	36	Undergraduate	11 years	1	24 months/6 months
P14	32	High school	12 years	1	15 months/-
P15	32	Undergraduate	7 years	1	22 months/6 months

BF: Breastfeeding, EBF: Exclusive Breastfeeding

Table 2. Semi-structured interview form

1. What do you think about exclusive breastfeeding?
2. What do you think about the importance of exclusive breastfeeding in terms of maternal and infant health?
3. What was your experience of breastfeeding (exclusive breastfeeding), can you explain?
4. Did your experience of breastfeeding cause a change in your perspective about exclusive breastfeeding? If so, can you explain this change?
5. What are the primary obstacles to exclusive breastfeeding? Can you explain?
 - What are the obstacles caused by factors linked to the birth?
 - What are the obstacles caused by individual factors?
 - What are the obstacles caused by cultural factors?
 - What are the obstacles due to health services?

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6. As a nurse, what do you do to increase exclusive breastfeeding among the mothers you care for?
7. As a health employee, what should we do as a country to increase exclusive breastfeeding rates?
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Table 3. Themes, sub-themes and sample quotations identified in interviews with nurses

Main Themes	Subtheme	Patient Sentence
Knowledge about exclusive breastfeeding	Correct	<i>I think exclusive breastfeeding is only breastmilk for the first six months, not using any extra nutrients or products, like formula etc., like unless there was a medical need, unless the infant has a health problem (P7).</i>
	Mistaken	<i>If the infant is lethargic, sleepy, sugar levels fall. At this point, I am in favor of formula supplementation. Because it is necessary to preserve the infant's sugar level until the milk comes in, formula supplementation is needed (P14).</i>
Individual Breastfeeding Experience of Nurses	Contribution of individual experience	<i>Some mothers come and are very sad. Just talking may be enough for them. I included my own lived experiences in my knowledge base and I support the training I give accordingly (P8).</i>
	Social support provided to nurses	<i>I remember things people around me said. ..my daughter your milk is not enough, that's definitely why the baby is crying... No matter how much milk you have, no matter how nicely you are breastfeeding, and no matter how much you know this job, you will definitely hear these things from those around you unfortunately (P1).</i>
	Difficulties experienced by nurses	<i>When I went back to work, it was a little more... tiring... If I had been at home, my mind would have been a little more relaxed, I think (P3).</i>
Effects of Exclusive Breastfeeding	Effects on maternal health	<i>In terms of maternal health, we prevent breast cancer events that may be encountered at later ages. We prevent the risk of ovarian cancer... Mothers give positive feedback about more rapid loss of weight gained during pregnancy. In mental terms, they feel they are adequate</i>

		<i>and then we raise healthier infants, healthier individuals (P8).</i>
Effects on infant health		<i>We make a strike against obesity in the adolescent period that can be encountered in the future if breastfeeding continues until two years of age, in addition to six months of breastmilk. We protect our baby against diabetes that may emerge in future periods. They gain weight healthily, feed healthily. We protect against situations like bronchiolitis and otitis. In addition to these, we ensure an increase in IQ of plus eight points (P2).</i>
Factors Affecting Exclusive Breastfeeding	Individual factors	<i>Now, younger mothers are more unaware, inexperienced and initially they don't feel like they are mothers... Age is important here (P12).</i> <i>We witnessed that people with low educational level breastfeed more perfectly. Because breastfeeding is something coming from nature (P15).</i> <i>There is a perception of inadequate milk. If they think they don't have milk, they begin formula without consulting us (P6).</i>
	Factors linked to pregnancy, birth and postpartum period	<i>You can see a mother who has received education from their self-confidence, very clearly. Their psychology is more relaxed. We experience less problems, we experience less distress (P10).</i> <i>After cesarean birth, some mothers do not want to breastfeed due to physical discomfort (P4).</i>
	Cultural factors	<i>Older people in the family. Older people in the family are a great disadvantage (P8)</i>
	Factors linked to health services	<i>...we have too much workload...I barely manage to do my own work...I meet the baby, I explain certain headings and important tips especially, to the degree my time allows. Honestly, I can't give very comprehensive education (P10).</i>

Recommendations	Recommendations about training	<i>Pregnancy training may be given in public education centers. Local administrations may perform this planning (P5).</i>
	Recommendations about preventing formula use	<i>I want many programs made related to breastmilk (P12).</i>
	Recommendations about providing health services	<i>It is necessary to increase the numbers of people among trained nurses interested in breastfeeding. For this, for example, breastfeeding units, breastfeeding buildings may be founded (P9).</i>

Discussion

Nurses play a vital role throughout the breastfeeding process. It is therefore essential that they possess adequate knowledge and provide appropriate breastfeeding education. In this qualitative study, which aimed to explore nurses' views on exclusive breastfeeding, all participants generally understood the definition of exclusive breastfeeding and its benefits for maternal and infant health. However, some inconsistencies in the advice provided by nurses were identified. Studies in the literature emphasized a lack of information about exclusive breastfeeding among health employees and reported the need for more education about breastfeeding (Duarte et al., 2022; Obeng and Reed, 2015). A qualitative study about the topic revealed they gave contradictory advice about breastfeeding to mothers and this situation impacted the process of exclusive breastfeeding (Whelan and Kearney, 2015). As a result, strengthening the knowledge levels of health employees and ensuring integrated knowledge among health employees is important.

In the study nurses who were mothers and had experience of breastfeeding emphasized that these experiences positively impacted the support and training related to breastfeeding given in their professional lives. A study of breastfeeding mothers and nurses revealed that the experiences of health professionals

affected the breastfeeding support given to mothers (Lucchini-Raies et al., 2019). A qualitative study stated that nurses better understood how mothers felt due to difficulties they experienced, and shared their personal experiences due to thinking it would help, similar to the findings obtained in this study (Wright and Hurst, 2018). Studies revealed that the breastfeeding experiences of nurses had positive impact in terms of both mother and nurse and made the breastfeeding process easier. As a result, nurses having positive individual breastfeeding experiences is considered to be effective in breastfeeding training given related to exclusive breastfeeding.

Breastfeeding is influenced by numerous sociodemographic, obstetric, and environmental factors. In the present study, nurses identified young maternal age, high income levels, and perceived milk insufficiency as negative influences on exclusive breastfeeding. A qualitative study focusing on the first breastfeeding experience of adolescent mothers stated that adolescent mothers experienced a variety of problems during first breastfeeding and required support about breastfeeding (Cinar et al., 2019). Nurses should give effective training by predicting the difficulties that may be experienced by adolescent mothers and undertake a supportive role for psychological problems they experience. In the study, they stated that families with high income level had higher tendency to give formula, formula

was used when the mother felt they were inadequate and feeding with breastmilk was associated with a feeling of poverty. Compatible with the study results, in a study, reported that those with high income level chose to feed their infants with supplements along with breastmilk instead of just breastmilk (Rujumba et al., 2020). Similarly, just as in this study, it was also emphasized that there was a belief that feeding with breastmilk was a suitable nutritional method for those in poverty.

Parity also appears to affect exclusive breastfeeding. Nurses reported that multiparous mothers were more confident and experienced fewer difficulties compared to primiparous mothers. A study stated that previous breastfeeding experience directly impacted exclusive breastfeeding (Li et al., 2021), another study based on breastfeeding success concluded that primiparous mothers had problems during the first breastfeeding period and needed help (Gonenli et al., 2019). Based on these results, it is necessary to predict problems that will be experienced by primiparous mothers, to definitely be with them during first breastfeeding and to attempt to reduce their concerns. Nurses emphasized that mothers who had received antenatal training about breastfeeding were more self-confident, breastfed more comfortably and understood the training given by nurses more easily. A study obtained similar results to this study and found that those receiving antenatal training completed breastfeeding in a shorter duration (Tas et al., 2019). An experimental study concluded that mothers given antenatal breastfeeding education had higher knowledge of breastfeeding and self-efficacy by (Piro and Ahmed, 2020). It is important to emphasize the importance of antenatal training and to encourage it. In this sense, it is necessary that health employees meeting mothers before birth should be more aware and encouraging about this topic. Most nurses participating in the study reported that type of birth was a factor affecting breastfeeding, and that mothers with cesarean births and their caregivers gave formula more often. A study by Yisma et al. (2019) concluded that cesarean birth was associated with 46% lower early breastfeeding initiation prevalence, while Getaneh et al. (2021) concluded that it was associated with 79% lower probability of

beginning breastfeeding. Planned pregnancy is an important factor affecting breastfeeding. In this study, it was stated that unwanted pregnancies negatively affected exclusive breastfeeding. Unplanned pregnancy or pregnancy resulting from abuse causes the mother not to want to breastfeed to prevent forming a bond with the infant and to not accept the infant. Compatible with a study in our country, mothers with planned pregnancies were found to have higher rates of exclusive breastfeeding (Calik et al. 2017). Additionally, in the study, it was stated that birth complications or negative birth experiences of women affected initiation and continuation of breastfeeding. Studies related to the topic reached similar conclusions.

Cultural beliefs and misinformation were also cited as barriers, often delaying breastfeeding initiation and encouraging the use of supplemental feeding. Nsiah-Asamoah et al., (2020), in a qualitative study, concluded that some traditional practices in the process after birth and food given to infants obstructed exclusive breastfeeding. A study by Joseph and Earland (2019) stated that different beliefs delayed first breastfeeding and giving different foods affected the initiation and continuation of breastfeeding. In line with other studies in the literature and the findings obtained in this study, though cultural factors were generally concluded to be a factor negatively affecting exclusive breastfeeding, there are studies with opposite results. One study mentioned the positive effect of cultural factors due to the importance and beliefs traditionally related to breastmilk and breastfeeding (Mgongo et al., 2019). These results lead to consideration that culture may create significant differences in the breastfeeding process and that more individual assessment is required. Nurses should make cultural assessments during training and organize training by identifying cultural obstacles.

In the study, nurses experienced significant obstacles to giving quality training like excess workload, excess number of patients per nurse and inadequacy of physical conditions (especially physical conditions in the rooms). A qualitative study by Whelan and Kearney (2015) concluded that, similarly, health employees did not have adequate time to

support breastfeeding women. In both studies, it was emphasized that great changes may be provided with comprehensive breastfeeding training and that inadequate time was a determinative factor in terms of breastfeeding. As a result, it should be ensured that the duty definitions of nurses are organized, workload is reduced, and continuous and long-term training be provided by increasing the numbers of nurses just giving training about breastfeeding. Under control of the Ministry of Health, easily accessible and continuous breastfeeding counseling centers offering services by health professionals should be founded and it is considered that this will be effective in both increasing exclusive breastfeeding rates and in reducing the workload of nurses employed in postnatal clinics.

Conclusion: In the study, most nurses defined exclusive breastfeeding in accordance with the definition of the World Health Organization. Nurses stated that exclusive breastfeeding was beneficial in terms of both maternal and infant health and that many factors negatively impacted the exclusive breastfeeding process. Additionally, factors like inadequate personnel, physical conditions and patient numbers negatively affected the training they gave related to breastfeeding, and they thought that the number of midwives/nurses giving counseling should be increased to elevate the exclusive breastfeeding rates.

Based on the opinions of nurses participating in the study, the content of breastfeeding training should be updated according to risk groups and factors affecting breastfeeding, the knowledge of nurses about exclusive breastfeeding should be updated at certain intervals with standardized training and finally, it is necessary to regulate the number of patients per nurse and the physical conditions in hospitals to be able to accurately and adequately perform practices related to breastfeeding. This study contributes to the field by thoroughly examining nurses' perspectives on exclusive breastfeeding in the Turkish context. Future research can focus on longitudinal studies to evaluate the effects of standardized education programs on nurses' knowledge levels and counseling skills. In addition, it is recommended that comparative

studies be conducted in different cultural and health settings to increase the generalizability of the findings.

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