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Reviewed Article

Factors Affecting Baby Friendly Practices by Nursing Mothers

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Abstract

Breastfeeding is a critical public health intervention with numerous benefits for infants and mothers. The World Health Organization recommends exclusive breastfeeding for the first six months of an infant's life and continued breastfeeding for two years or more. Despite these recommendations and various initiatives to promote optimal breastfeeding practices, global exclusive breastfeeding rates remain low. This article explores the factors influencing baby-friendly practices, focusing on exclusive breastfeeding. It examines maternal factors such as age, education, and employment, as well as societal and cultural influences. Additionally, it discusses the benefits of exclusive breastfeeding for both infants and mothers, emphasizing its role in reducing childhood morbidity and mortality. The article highlights the importance of healthcare support, workplace accommodations, and education in promoting exclusive breastfeeding. Understanding these factors is crucial for healthcare providers and policymakers to develop effective strategies for promoting and supporting exclusive breastfeeding among nursing mothers.

Keywords: Factors, Baby Friendly, Practices, Nursing Mothers

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Introduction

The act of breastfeeding is a fundamental and innate process that effectively fulfils the child's energy and nutritional requirements during the initial stages of infancy. Additionally, it continues to play a significant role in meeting approximately half or more of the child's nutritional and energy needs in the latter half of infancy and throughout the second year of life (World Health Organisation, 2019). Exclusive breastfeeding is considered a crucial public health intervention and is widely recognised as one of the most essential techniques for enhancing newborn survival rates (Arage and Gedamu 2019). To ensure the child's optimal growth and overall well-being, the World Health Organisation (WHO, 2019) has provided evidence-based recommendations. According to these recommendations, infants should be initiated and exclusively breastfed within one hour of birth for a duration of six months. After this period, complementary foods should be introduced while breastfeeding continues for a minimum of two years or longer.

Breast milk encompasses a comprehensive array of essential nutrients that are important for the health and development of children throughout the initial half-year of their lives. Additionally, it has bioactive components that enhance the underdeveloped immune system of the newborn, therefore offering defence against infections. Furthermore, it includes additional elements that facilitate the process of digestion and the absorption of essential nutrients. Breastfeeding is a significant public health approach aimed at decreasing maternal, baby, and child morbidity and death (Essien et al., 2018; Habtewold et al., 2019). The conventional method of nourishing newborn children with essential nutrients for optimal growth and development is accomplished via the act of nursing. It is widely acknowledged that the vast majority of mothers have the capacity to breastfeed, if they possess proper knowledge, as well as receive support from their family, the healthcare system, and society at large.

According to the World Health Organisation (WHO, 2019), the global prevalence of exclusive breastfeeding among babies over the years 2007-2014 was around 36 percent. The annual mortality rate of children under the age of five in sub-Saharan Africa is expected to exceed 7 million, with inadequate feeding practises being identified as a contributing factor. The promotion of exclusive breastfeeding has been recognised as a highly effective intervention in terms of potential life-saving impact on a global scale. It has been estimated that if all children were adequately breastfed, there is the potential to reduce infant mortality worldwide by 13% (Brulde, 2017). Despite various initiatives aimed at promoting and facilitating the adoption of optimal breastfeeding practises, such as the establishment and implementation of numerous national policies and guidelines that offer information and guidance on infant and young child feeding (IYCF), as well as the availability of counselling and support services in numerous healthcare facilities, the prevalence of optimal breastfeeding remains low (Elyas et al., 2018).

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The commencement and practise of breastfeeding are subject to several factors, including parity, maternal level of education and age, site of delivery, family support system, and prevailing cultural norms (Kramer and Kakuma 2019). According to Ogunleye et al. (2018), several factors were identified as barriers to exclusive breastfeeding among mothers. These factors include the perception that breastfeeding is not satisfying for babies, cultural beliefs, lack of support from spouses, family, and the workplace, the need for mothers to return to work, maternal health issues, and the necessity for infants to learn to consume other foods.
Therefore, the objective of the study is to review factors affecting baby friendly practices by nursing mothers.

Concept of Baby Friendly Practices (Exclusive Breastfeeding)
Exclusive breastfeeding refers to the practise of providing an infant with breast milk as the sole source of nutrition, without the addition of any other substances such as solid foods, liquids (including water), with the exception of medically necessary substances like medication, vitamins, and mineral drops. According to the World Health Organisation (WHO, 2019), it facilitates expedited recuperation during periods of sickness and lowers infant death rates associated with certain diseases. Research findings indicate that Nigeria has an annual economic loss of more than $21 billion, and the unfortunate loss of around 103,742 infants each year due to inadequate nursing practices (Saco et al., 2018). According to the findings of the 2014 National Nutrition and Health Survey, it was observed that a quarter of babies aged 0 to 6 months were exclusively breastfed (Warille et al., 2019).

As to the World Health Organisation (2018), exclusive breastfeeding refers to the practise of providing a newborn with breast milk as their sole source of nutrition. No additional liquids or solids are provided, including water, save for the inclusion of oral rehydration solution, as well as vitamin, mineral, or medicinal drops/syrups. Breast milk is recognised as the primary and innate initial sustenance for infants, as it encompasses all the essential energy and nutrients required by the newborn during the initial months of existence. Furthermore, it remains a significant source, constituting at least half or more of a child's nutritional requirements during the latter half of the first year, and approximately one-third during the subsequent year of life.
The World Health Organisation (WHO) recommends that newborns should be exclusively breastfed throughout the initial six months of their lives in order to attain optimal growth, development, and overall good health. Subsequently, it is recommended that babies be provided with supplementary meals that are both nutritionally sufficient and safe, while also maintaining breastfeeding for a duration of two years or beyond. According to the World Health Organisation (2019), it is recommended that mothers continue nursing their infants until they reach the age of two or beyond. Additionally, it is encouraged that at the age of six months, mothers introduce supplementary meals that are nutritionally adequate, safe, and adequately

provided, in order to cater to the changing requirements of the developing newborn (Vennemann, 2019).

Breastfeeding is now being instructed through didactic lectures and practical demonstrations in clinical settings. Given the dynamic interrelation between the mother and newborn in the context of nursing, it is crucial to take into account both persons while doing the assessment and "management" of breastfeeding. The inclusion of input from other disciplines is desired and frequently essential. The act of breastfeeding is a fundamental and innate process that effectively fulfils the child's energy and nutritional requirements during the initial stages of infancy (Primo and Marcos 2019). Additionally, it continues to play a significant role in meeting approximately half or more of the child's nutritional and energy needs in the latter half of infancy and throughout the second year of life (World Health Organisation, 2018).

Based on the findings of the Global Breastfeeding Scorecards (2018), it is evident that the global prevalence of exclusive breastfeeding among babies within the first six months of life is at a mere 41%. This figure falls far short of the established global objective of achieving a 70% exclusive breastfeeding rate by the year 2030. A majority of women, namely two-thirds, sustain nursing until their infants reach the age of one year. However, this proportion declines to 45% by the time the infants reach two years of age (Piro & Ahmed 2020). In Nigeria, while there has been an improvement in the beginning of breastfeeding, the prevalence and duration of exclusive breastfeeding continue to be low. According to the National Planning Commission (NPC) in 2019, Based on the findings of the 2018 Nigeria Demographic and Health Survey, it was observed that 42% of infants begin nursing within the first hour after birth, whereas a mere 29% of infants are exclusively breastfed over the initial six months of their lives (Palmeira and Carnoeiro-Sampaio, 2019).

There exists a widespread agreement on the inherent significance of breastfeeding in facilitating the appropriate growth and development of infants, as well as promoting their physical and mental well-being (World Health Organisation, 2019). The significance of breastfeeding, specifically exclusive breastfeeding, and the adoption of proper supplementary feeding practises is widely acknowledged as crucial components for the optimal growth and development of newborns, as well as for the avoidance of childhood illnesses. The World Health Organisation (WHO) defines exclusive breastfeeding as the act of providing an infant with only breast milk, which may include expressed breast milk, while excluding the administration of vitamins, minerals, medications, water, breast milk replacements, other liquids, and solid meals. Breast milk encompasses a comprehensive array of nutrients that fulfil the nutritional needs of infants throughout the initial half-year period of their lives (Okogba, 2018). Vaccination provides protection against prevalent childhood ailments, including diarrhoea and pneumonia.

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Additionally, it may yield enduring advantages like as decreased mean blood pressure and cholesterol levels, as well as reduced rates of obesity and type-2 diabetes.

Benefits of Exclusive Breastfeeding for Infants and Mothers

Colostrum, the initial secretion of the mammary glands, is the primary form of breast milk bestowed upon a newborn by either the biological mother or a surrogate wet nurse. This vital substance fulfils the entirety of an infant's nutritional needs immediately following birth. Breast milk is the primary source of nourishment for infants, meeting the bulk of their nutritional requirements for a duration of up to eighteen months (WHO, 2019). According to Palmeira and Carnoeiro-Sampaio (2019), breast milk is composed of antibodies that confer protection against invading pathogens. Additionally, breast milk has a crucial role in maintaining the health and overall well-being of newborn infants. Colostrum, the initial secretion of the mammary glands after childbirth, is a substance characterised by its purity, nutritional value, and high concentration of antibodies, which serve to protect neonates from many diseases (Leon-Cava et al., 2018). Colostrum, the initial immunisation administered to infants, contains immunoglobulin that serves to safeguard the newborn, induce a gentle laxative action, facilitate the elimination of meconium, and aid in the regulation of bilirubin accumulation (Elyas et al., 2018). Breastfeeding has been found to contribute to the appropriate development of the mandible, dental structure, and speech abilities (Okogba, 2018). Additionally, it has been shown to improve the overall well-being of women, help in child-spacing, reduce the likelihood of ovarian and breast cancer, enhance household and national resources, ensure good feeding practises, and promote environmental safety (WHO, 2019).

Breastfeeding is widely recognised as the optimal approach for nourishing newborns, since it offers unparalleled benefits for their overall well-being and optimal physical and cognitive development. Additionally, it is an essential component of their producing process, with significant consequences for maternal well-being. Breastfeeding has historically and now been recognised as a suitable approach for providing neonates with vital nutrients needed for good physical and cognitive advancement.

Breast milk is often considered to be an optimal, innate, and safeguarding source of nourishment for infants. In light of the objectives of public health, which include extending individuals' lifespans by decreasing death rates and avoiding illnesses by reducing morbidity rates, breastfeeding, particularly exclusive breastfeeding, has been acknowledged as a valuable strategy for attaining these objectives (Brulde, 2017). According to a study conducted by Vennemann et al. (2019), breastfeeding has been identified as a protective factor against sudden infant death syndrome (SIDS), resulting in a 50% reduction in risk across all stages of infancy. Furthermore, the study suggests that the benefits of breastfeeding demonstrate a dose-response

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relationship, whereby longer durations and exclusive breastfeeding are associated with greater health advantages.

Exclusive breastfeeding throughout the initial six months of an infant's life serves to fulfil specific biological and psychological requirements, hence enhancing the likelihood of survival during the crucial period of growth and development. There is a substantial body of data indicating that prenatal breastfeeding instruction is a cost-effective, low-technology health intervention that is widely available in many regions (Essien et al., 2018). According to Maduforo et al. (2020), the use of educational interventions during breastfeeding sessions and throughout pregnancy has advantageous outcomes in the development of maternal confidence. There is a favourable correlation between the continuation of exclusive breastfeeding and the quality of counselling and care provided by physicians and healthcare providers in relation to breastfeeding decisions.

Infants who are exclusively breastfed for the recommended duration of six months experience significant protection against various prevalent childhood diseases and conditions, including but not limited to diarrhoea, gastrointestinal tract infections, allergic diseases, diabetes, obesity, childhood leukaemia and lymphoma, as well as inflammatory and bowel diseases (World Health Organisation, 2018; Elyas et al., 2018). According to Bonyata (2018), there is a significant decrease of 72% in the likelihood of hospitalisation due to lower respiratory tract infections within the initial year of life when infants are exclusively breastfed for a duration exceeding 4 months. Furthermore, Edmond et al. (2020) conducted a study that corroborated the protective effects of exclusive breastfeeding against both isolated and repeated cases of otitis media. Infants who received complementary meals before reaching the age of 4 months exhibited a 40% higher incidence of otitis media compared to their peers.

Breast milk has a crucial role in facilitating the sensory and cognitive development of infants, while also providing them with protection against both viral and chronic illnesses. The practise of exclusive breastfeeding has been found to have a significant impact on reducing newborn mortality rates attributed to prevalent childhood ailments such as diarrhoea and pneumonia. Additionally, exclusive breastfeeding has been seen to facilitate a more expedited healing process during episodes of sickness. The measurement of these impacts is applicable in both resource-limited and affluent countries, as demonstrated by Kramer et al. (2018). Breastfeeding has a significant role in promoting the physical and emotional well-being of women. It serves as an effective method of birth control, mitigates the likelihood of developing ovarian and breast cancer, enhances the allocation of familial and societal resources, ensures a reliable means of nourishment, and upholds environmental sustainability (World Health Organisation, 2019). When adequate and meaningful interventions are implemented, breastfeeding can be

responsive and demonstrate rapid improvement. Optimal outcomes are achieved when interventions are implemented across many channels (Arage and Gedamu, 2019).

Breastfeeding has been found to decrease the likelihood of deadly postpartum haemorrhage as well as the occurrence of breast and ovarian cancer in pre-menopausal women. The act of nursing on a regular and exclusive basis has been found to have a significant impact on the timing of fertility resumption, resulting in a delay. Additionally, this practise has been seen to provide a protective effect against anaemia in women, as it aids in the conservation of iron. Breastfeeding facilitates regular engagement between the mother and the newborn, so promoting the establishment of emotional connections, a feeling of safety, and cognitive stimulation for the growing brain of the baby (World Health Organisation, 2019). Moreover, breastfeeding is widely recognised as the most effective intervention in reducing infant mortality and promoting optimal growth and development of newborns. The optimal practise of breastfeeding in India has been shown to reduce child mortality by more than 15% out of a total population of 2,400,000 children. Breastfeeding is often regarded as the optimal approach that aligns with the physiological and psychological requirements of newborn infants. Research has determined that inadequate adherence to exclusive breastfeeding during the initial six months of an infant's life leads to around 1.4 million fatalities and contributes to 10% of the overall illness burden among children under the age of five. Research conducted in developing countries has demonstrated that infants who are not breastfed have a much higher risk of mortality within the first month of life compared to those who get exclusive breastfeeding (Saco et al., 2019).

Maternal Factors Influencing Breastfeeding Practices among Mothers

Previous research conducted by Habtewold et al. (2013) has demonstrated a noteworthy correlation between parity and good breastfeeding practises. Research has demonstrated that the practise of exclusive breastfeeding can be adversely affected by factors such as familial and partner pressure to introduce supplementary meals, as well as excessive demands on mother time that may conflict with other competing duties (Edmond et al., 2011). Several maternal characteristics have demonstrated noteworthy correlations with exclusive breastfeeding, such as maternal age, maternal health condition, nursing experience, and several others. According to a study conducted by Essien et al. (2018), there is a lower likelihood of first-time moms initiating breastfeeding and maintaining it for a duration of 6 months when compared to women who had previous experience. According to Okogba (2018), first-time moms often have greater challenges in the process of establishing breastfeeding. Additionally, they are more prone to stop nursing as reported by these mothers. The influence of parity, or the number of times a woman has given birth, on breastfeeding initiation and success has been demonstrated in previous research (Ogunleye et al., 2018). Primiparas, or moms who are experiencing childbirth and baby care for the first time, tend to have lower levels of self-confidence in their capacity to

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effectively breastfeed compared to multiparas, who have prior experience in these domains. The study conducted by Warille et al. (2019) has shown that the intention to breastfeed is a robust indicator of the commencement of breastfeeding. Nevertheless, there exists a divergence in research findings regarding the influence of a mother's attitude towards breastfeeding and the long-term effectiveness of breastfeeding (Piro and Ahmed 2020).

However, previous research has indicated that women who possess favourable attitudes towards breastfeeding and exhibit a resolute commitment to breastfeeding for an extended duration are more inclined to surmount challenges associated with employment outside of the household, ultimately leading to effective nursing of their children. The perception of each feeding approach by individuals appears to be influenced by the feeding strategy employed by their family and friends (Arage and Gedamu 2019). Another contributing aspect is the level of maternal understanding, which has an impact on the implementation of effective breastfeeding practises. According to Essien et al. (2018), a significant proportion of newborn and early child mortality worldwide may be attributed to inadequate infant feeding practises and infectious diseases. Specifically, over 60% of these fatalities are linked to suboptimal breastfeeding practises, accounting for about two-thirds of the total mortality. Inadequate nutrition can arise not alone from insufficient food availability, but also from limited understanding of effective feeding strategies and the supply of substandard food. The implementation of well-defined initiatives is crucial, particularly in developing nations, to ensure the provision of essential services and assistance for newborns and young children, with the primary objective of promoting optimum breastfeeding (Leon-Cava et al., 2018). In several poor nations, newborns and young children have heightened susceptibility to malnutrition due to little understanding of appropriate child feeding practises and the prevalence of infectious infections. As a result, a significant proportion of children are experiencing various forms of malnutrition, including impaired physical growth, weight loss, and deficits in essential micronutrients.

The implementation of optimal feeding practises throughout the newborn and infant stages has a crucial role in determining both short-term and long-term health outcomes for individuals, as well as contributing to social development. According to a study conducted by Habteworld et al. (2019), children who do not obtain enough breastfeeding experience a higher frequency of illnesses, exhibit slower growth, and face an increased risk of mortality within the first month of life compared to children who are partially or exclusively breastfed. Several observational studies have demonstrated that maternal awareness of optimal child feeding practises, such as exclusive breastfeeding for six months, continued partial breastfeeding, and the timely introduction of appropriate complementary foods is crucial for providing physiological and economic advantages to mothers and promoting the health of their children. The level of perceived ease associated with nursing, as opposed to formula feeding, varies among moms. According to Warrile et al. (2019), there exists a belief among certain mothers that formula

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feeding is a more convenient option because to its potential for simpler scheduling and the alleviation of worries over optimal child weight development. According to Moore and Coty (2006), certain mothers express that formula feeding is perceived as less socially awkward, provides a greater sense of reassurance due to the ability to visually check the quantity of milk consumed by the newborn, and is more convenient when delegating the care of the baby to someone else. According to Warrile et al. (2019), some women hold the belief that breastfeeding is a simpler, more fulfilling, healthier, more organic, more cost-effective, and more convenient method of nourishing both the infant and the mother. Breastfeeding is a widely prevalent practise, although a significant proportion of women residing in both urban and rural regions worldwide do not adhere to recommended guidelines for breastfeeding and supplemental feeding practises. In Sub-Saharan African nations, the occurrence of under-five mortality is strongly correlated with the premature discontinuation of breastfeeding and the prevalence of infectious illnesses. However, it is also intimately connected to a lack of understanding regarding appropriate newborn feeding practices.

According to a recent study conducted by Essien et al. (2018), it was found that mothers tend to introduce water, butter, and a variety of foods to their children at an early stage, resulting in a decrease in the proportion of infants who are exclusively breastfed and an increase in the proportion of infants who get supplemental food at a very young age. One additional component that has an influence on perceptions of breastfeeding pertains to the apprehensions surrounding maternal health, stress levels, dietary habits, and other related variables, and how these factors might potentially affect the well-being of the infant in the event of nursing. It is well acknowledged that a woman's circumstances play a pivotal role in determining the sustained success of breastfeeding over an extended period. The employment of a woman might provide challenges to the utilisation of a breast pump in the workplace, so impeding her capacity to sustain breastfeeding for an extended period (Elyas et al., 2018). According to Salami et al. (2012), there is a higher likelihood of breastfeeding among women who work part-time compared to those who work full-time, despite both groups dedicating a significant portion of their time to meeting financial obligations. According to Vennemann et al. (2019), there is a comparable likelihood of breastfeeding initiation among working women. However, these mothers have a lower incidence of exclusive long-term breastfeeding.

There are several challenges that impede the successful implementation of a mother's nursing regimen within the workplace. Frequently referenced concerns include the absence of suitable breastfeeding accommodations in the workplace, insufficient familial assistance, maternal insufficiency in breastfeeding knowledge, and feelings of humiliation (Kramer and Kakuma 2019). The challenges encountered by employed mothers frequently include rigid working schedules, difficulties in locating or accessing childcare services in close proximity to their workplace, inadequate provisions for breastfeeding privacy, limited availability of refrigeration

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facilities for storing breast milk, restricted duration of paid maternity leave, and concerns regarding job stability (Leon-Cava et al., 2018). Several research studies conducted in Nigeria have indicated that mothers who give birth in healthcare facilities that have been certified as baby friendly are more inclined to engage in exclusive breastfeeding (EBF) and continue nursing their children for an extended duration (Maduforo et al., 2018).

Other Factors Influencing Breastfeeding Practices among Mothers

In their study, Maduforo et al. (2018) conducted an investigation on the level of knowledge and awareness of exclusive breastfeeding among women residing in Lagos, Nigeria. The findings indicated a significant degree of knowledge and awareness of exclusive breastfeeding among nursing moms residing in both rural and urban regions of Lagos. The observed phenomenon can be linked to the heightened levels of awareness that are prevalent in metropolitan areas of Nigeria, particularly in places like Lagos. In a study conducted by Ogunleye et al. (2018) that aimed to investigate the existing knowledge, attitudes, and practises regarding breastfeeding among mothers in five rural communities within the Toto Local Government area in Nassarawa State, Nigeria, it was discovered that while breastfeeding was commonly practised by mothers, none of the infants were exclusively breastfed. Additionally, all the mothers provided their infants with pre-lacteal feeds, which included water, formula, or herbal tea. This finding suggests that the women possessed a limited understanding of the practise of exclusive breastfeeding, which in turn may influence their attitudes about engaging in exclusive nursing. The success of breastfeeding is contingent upon several factors, including the willingness of the mother, the health of the newborn, and the support provided by medical professionals. Additionally, the attitudes and ideas that women hold towards breastfeeding play a crucial role in determining its effectiveness. Previous studies have indicated that women who possess little understanding regarding exclusive breastfeeding (EBF) tend to have unfavourable attitudes towards EBF, which therefore contributes to the low prevalence of this practise (Okogba, 2018). While a portion of moms endeavour to exclusively breastfeed, the majority regard exclusive breastfeeding as excessively challenging, burdensome, and demanding, leading them to opt for feeding their infants with baby formula.

The study conducted by Habteworld et al. (2019) examined the relationship between early exclusive breastfeeding and maternal attitudes towards infant feeding among new mothers in two hospitals in San Francisco. The researchers employed a structured interview methodology and found that a significant proportion (79.8%) of the mothers included in the study exclusively breastfed their infants within a short period of 1-4 days after giving birth. In a study conducted by Mohammad et al. (2006), an assessment was made regarding the knowledge, attitude, and practise of breastfeeding among women residing in the northern region of Jordan. The findings indicated that Jordanian women generally held a favourable attitude towards breastfeeding, perceiving it to be a more convenient and cost-effective method compared to formula feeding.

However, their attitude towards exclusive breastfeeding was found to be less positive. Aniebue and Adioma (2010) conducted a study to assess the knowledge, beliefs, and attitudes of rural Nigerian women towards exclusive breastfeeding (EBF). The study sample consisted of 200 moms from the rural community of Enugu, Nigeria. Among the participants, 82.4% (154 mothers) reported having heard about EBF. However, only 29.9% of these mothers demonstrated accurate information regarding the appropriate period for initiating EBF. A total of 30.5% of respondents expressed the belief that exclusive breastfeeding is inadequate to provide the nutritional needs of infants during the initial six months of life. A majority of participants (56.7%) expressed acceptance towards the practise of exclusive breastfeeding, but a smaller proportion (38.5%) acknowledged the safety of colostrum for infants. The primary justifications for the rejection of colostrum mostly stemmed from its perception as a toxic and unsanitary kind of milk, as well as its cultural unacceptability.

Various socio-demographic characteristics, including age, marital status, level of education, and employment, have been recognised as factors that hinder the adoption of exclusive breastfeeding. According to the findings of the study conducted by Essien et al. (2018), it was observed that moms within the age range of 25-35 years were more likely to engage in exclusive breastfeeding (EBF) compared to women aged 15-24 years. Additionally, the researchers have identified the educational degree of moms as a key factor that might impact the practise of exclusive breastfeeding. According to the authors' perspective, a significant proportion of women who have received formal education tend to dwell and engage in employment inside metropolitan regions that are equipped with hospitals that prioritise the well-being of infants. The exposure of these women to the media and hand bills on exclusive breastfeeding (EBF) contributed to the development of knowledge regarding the advantages of breastfeeding, leading to increased acceptance and adoption of EBF. The importance of educational level on the practise of health promoting behaviour, such as exclusive breastfeeding (EBF) for babies and mothers, has been acknowledged by the Health Belief Model (HBM) and the Health Promotion Model (HPM) (Primo and Marcos, 2019).

Handbills Regularly breastfeeding an infant every 2-3 hours promotes a consistent production of milk, whereas engaging in breastfeeding around 8 times per day appears to support abundant milk production in the majority of women for at least the initial 4 months following childbirth, and maybe beyond. Numerous working moms have challenges in adhering to the aforementioned exclusive breastfeeding (EBF) recommendation, particularly when their occupational circumstances do not afford them the necessary opportunity to do so (Essien et al., 2018). Additionally, there are certain employers that do not actively support the practise of exclusive breastfeeding for working women beyond the duration of maternity leave. This is seen in their failure to provide enough accommodations for nursing mothers to take breaks in order to breastfeed their infants. In a study conducted by Arage and Gedamu (2019), it was shown

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that working women had a higher likelihood of not engaging in exclusive breastfeeding when compared to their jobless counterparts.

Multiple research have indicated the presence of unfavourable attitudes among healthcare personnel and insufficient social support as obstacles that impede the achievement of optimal newborn feeding practises. The amiable demeanour exhibited by healthcare professionals, together with the presence of supportive peers who have achieved successful breastfeeding, enhances the probability of subsequent breastfeeding. Elyas et al. (2018) research examined the practise of exclusive breastfeeding (EBF) and the elements that are related with it in Enugu, Nigeria. The study findings indicated that obstacles such as poor income and familial resistance, particularly from grandparents, were significant barriers to the adoption of EBF. Moms with low economic status and middle-class moms have a shorter duration of breastfeeding, namely fewer than six months, in comparison to mothers with high-income levels. In contrast, Edmond et al. (2020) conducted research examining the relationship between socio-economic characteristics and exclusive breastfeeding. The findings indicated that among the 215 women included in the study, a higher proportion (78%) of low-income earners practised exclusive breastfeeding for a longer duration compared to just 49.4% of high-income earners who had difficulties in doing so. Several studies have also indicated that moms have reported exclusive nursing to be physically demanding and unpleasant.

The efficacy of exclusive breastfeeding (EBF) in significantly reducing child death rates in Africa, with a special focus on Nigeria, has been widely acknowledged. Nevertheless, despite the advantages and certain advancements in the reduction of infant mortality in Africa, there is still a considerable amount of work to be accomplished since newborn death rates have either stagnated or worse in certain nations. Based on data provided by UNICEF, a total of 10 million fatalities among children under the age of 5 were documented in the year 2006. Among these deaths, about 4 million occurred within the initial month of life, with half of these fatalities transpiring within the first 24 hours (Okogba, 2018).The death rates can be significantly decreased by moms adhering to exclusive breastfeeding practises.

Implications to Nursing Practice

This paper on factors affecting baby-friendly practices, particularly exclusive breastfeeding, has several important implications for nursing practice:

1. Promotion of Exclusive Breastfeeding: Nurses play a pivotal role in promoting exclusive breastfeeding. They should be well-informed about the benefits of exclusive breastfeeding and be able to communicate this information effectively to expectant and new mothers. This includes explaining the advantages of exclusive breastfeeding for infant health, bonding, and maternal well-being.

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2. Education and Counseling: Nursing professionals should offer comprehensive education and counseling to expectant mothers on exclusive breastfeeding. This includes teaching proper latch techniques, addressing common breastfeeding challenges, and debunking myths or misconceptions. Education should also extend to family members and the broader community to create a supportive environment.
3. Assessment and Support: Nurses should routinely assess breastfeeding progress during postpartum care and provide support as needed. They should be skilled in identifying common breastfeeding issues, such as insufficient milk supply or latch difficulties, and offer appropriate interventions or referrals to lactation consultants.
4. Cultural Competency: Nurses should be culturally sensitive and aware of how cultural beliefs and norms may influence a mother's decision regarding exclusive breastfeeding. Tailoring breastfeeding education and support to align with cultural preferences is crucial.
5. Workplace Accommodations: For working mothers, nurses can advocate for workplace accommodations that facilitate continued breastfeeding. This may involve discussing options for expressing breast milk, flexible work schedules, and supportive policies within the workplace.
6. Community Engagement: Nurses should engage with local communities to promote exclusive breastfeeding through awareness campaigns, support groups, and community-based education programs. Building a network of breastfeeding-friendly resources within the community is essential.
7. Policy Advocacy: Nurses can advocate for policies that support exclusive breastfeeding, such as maternity leave policies, baby-friendly hospital initiatives, and laws protecting a mother's right to breastfeed in public spaces.
8. Continuing Education: Staying updated on the latest research and best practices in breastfeeding support is crucial for nurses. Participating in continuing education programs focused on breastfeeding can enhance their knowledge and skills.
9. Collaborative Care: Collaborating with other healthcare professionals, such as lactation consultants, pediatricians, and midwives, is essential to provide holistic care to breastfeeding mothers and their infants.
10. Research and Quality Improvement: Nurses can contribute to research and quality improvement efforts related to breastfeeding practices within healthcare settings. This may involve conducting studies to identify barriers and effective interventions or participating in initiatives to improve breastfeeding rates.

In conclusion, nursing practice has a significant role to play in promoting and supporting exclusive breastfeeding. Nurses can have a positive impact by providing education, counseling, support, and advocacy to mothers, families, and communities. This holistic approach can help

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improve exclusive breastfeeding rates and contribute to better health outcomes for infants and mothers.

Conclusion

The practice of exclusive breastfeeding is vital for the health and well-being of infants and mothers. While the benefits of exclusive breastfeeding are well-documented, achieving high rates of exclusive breastfeeding remains a challenge. Maternal factors such as age, education, and employment influence breastfeeding practices, and societal and cultural norms play a significant role. Healthcare providers have a crucial role in educating and supporting nursing mothers, and workplace accommodations can enable mothers to continue breastfeeding while employed. Additionally, public health campaigns and policies that prioritize exclusive breastfeeding are essential to improve breastfeeding rates and reduce childhood morbidity and mortality. It is imperative for healthcare professionals, policymakers, and communities to collaborate in creating a supportive environment for exclusive breastfeeding, ultimately leading to improved health outcomes for infants and mothers.

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