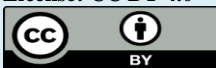


# Maternal Experiences and Midwives Perspectives on Breastfeeding Support in a General Hospital Setting: A Qualitative Study

Alabrah Juliet Avwerosuo\*, Faith Chinaemerem Diorgu and Onasoga Olayinka

Africa Centre of Excellence in Public Health and Toxicological Research (ACE-PUTOR), University of Port-Harcourt, Port Harcourt, Rivers State, Nigeria.

\*Corresponding author e-mail: [julietavwerosuo@gmail.com](mailto:julietavwerosuo@gmail.com); Tel.: +234(0)7088063482

Article History	Abstract
Received: 09 Jul 2023 Accepted: 02 Aug 2023 Published: 16 Sept 2023	<p><b>Background:</b> Breastfeeding is widely acknowledged as the best feeding method for newborns, providing numerous health benefits for both mothers and babies. However, breastfeeding rates remain below average in many countries. Breastfeeding support plays a crucial role in promoting successful breastfeeding experiences, and midwives are key providers of this support.</p> <p><b>Objective:</b> This study aimed to explore the experiences of postnatal mothers and midwives' perceptions regarding breastfeeding support at the General Hospital, Ekpan, Delta State, Nigeria.</p> <p><b>Methods:</b> A phenomenological research design was employed to delve into the subjective experiences and meanings ascribed to breastfeeding support. Data were collected through focus group discussions with postnatal mothers and key informant interviews with midwives. Thematic analysis was conducted using ATLAS.ti software to identify emerging themes and sub-themes.</p> <p><b>Results:</b> The findings revealed that mothers had positive and negative experiences, recognized the importance of breastfeeding, and understood its duration and benefits. They emphasized the significance of colostrum and highlighted breastfeeding duration as lasting about one year or more. The midwives demonstrated a clear understanding of breastfeeding recommendations and perceived themselves as educators, providing valuable tips and techniques to mothers.</p> <p><b>Conclusion:</b> This study shed light on postnatal mothers' experiences and midwives' perspectives regarding breastfeeding support. The findings show the importance of comprehensive support to promote successful breastfeeding practices. Recommendations include improving on health promotion to improve attitudes towards breastfeeding, breastfeeding mothers and staffing levels, providing essential resources, enhancing midwives job security and remuneration, and delivering clear and accessible information to mothers. By implementing these recommendations, healthcare institutions can create an environment that fosters effective breastfeeding support and ultimately improves breastfeeding rates among breastfeeding women.</p>
License: CC BY 4.0*  Open Access article.	<p><b>Keywords:</b> Breastfeeding, Breastfeeding support, Breastfeeding Mothers, Midwives, Perceptions</p>

**How to cite this paper:** Alabrah, J. A., Diorgu, F. C., & Onasoga, O. (2023). Maternal Experiences and Midwives Perspectives on Breastfeeding Support in a General Hospital Setting: A Qualitative Study. *Journal of Public Health and Toxicological Research*, 1(1), 24–29. Retrieved from <https://jphtr.com/index.php/journal/article/view/14>.

## Introduction

Breastfeeding is widely recognized as a critical component of early childhood development, offering a multitude of immediate and enduring health advantages for both infants and mothers (Victora *et al.*, 2016; Abdulahi *et al.*, 2021). According to the guidelines set forth by the World Health Organization (WHO), it is recommended that infants be exclusively breastfed for the initial six months of their lives (Moraes, 2021). Subsequently, breastfeeding should be continued alongside the introduction of complementary foods for a period of two years or longer. Notwithstanding these recommendations, breastfeeding rates are still below average in many developed and developing nations, with only about 40% of newborns being exclusively breastfed for the first six

months. Many factors, such as social influences, medical procedures, and personal experience with breastfeeding support, contribute to these low percentages (Rollins *et al.*, 2016). The provision of effective breastfeeding support in a general hospital setting, where women undergo childbirth and initiate their transition into motherhood, emerges as a crucial factor influencing the achievement of successful breastfeeding outcomes (Rollins *et al.*, 2016). Hospital-based interventions, encompassing educational programmes, counselling services, and practical support, possess the capacity to exert a substantial influence on maternal breastfeeding experiences, thereby resulting in enhanced infant health and overall welfare (Renfrew *et al.*, 2012; Schmied *et al.*, 2011). It has also been reported that mothers expressed favourable experiences when

\*This work is published open access under the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits free reuse, remix, redistribution and transformation provided due credit is given.

midwives provided them with significant instructions and support throughout their breastfeeding process (Brown *et al.*, 2011; Schmied *et al.*, 2011). A previous study on barriers to breastfeeding among economically disadvantaged women identified five main impediments which include inadequate support within and beyond healthcare facilities, reintegration into the workforce, practical concerns, matters related to Women, Infants, and Children, as well as social and cultural obstacles (Ward & Vartanian, 2021). These obstacles need to be addressed for mothers to accept breastfeeding support. Studies have also examined postpartum mothers' and nurse-midwives experiences in relation to breastfeeding support; however, more qualitative research is still required to truly understand the depths and difficulties of these experiences in a wide range of global contexts (Gavine *et al.*, 2017; Negin *et al.*, 2016). This study seeks to contribute to the body of existing knowledge and improve strategies for enhancing breastfeeding support and outcomes globally by exploring the experiences of postnatal mothers and nurse-midwives in providing breastfeeding support.

Midwives play a central role in providing breastfeeding support to postnatal mothers. Their own knowledge and confidence in breastfeeding management, workload, and time constraints, and the availability of supportive resources and environments can all influence their ability to provide effective support. Nurse-midwives may experience challenges in maintaining up-to-date breastfeeding knowledge and skills, as well as balancing the needs and preferences of individual mothers with evidence-based practice. The literature demonstrates the importance of effective breastfeeding support from nurse-midwives in promoting positive breastfeeding outcomes among postnatal mothers.

A notable correlation exists between the recommendations established by the World Health Organization (WHO), which endorse the practice of exclusive nursing during the initial six months of an infant's existence and the continuation of breastfeeding with the introduction of supplementary foods for a duration of two years or beyond (Moraes, 2021). The aforementioned alignment indicates that mothers exhibit responsiveness towards evidence-based recommendations, leading to more favourable experiences when they possess knowledge and are motivated to comply with these standards. McFadden *et al.*, 2017; Renfrew *et al.*, (2012). There are also indications that positive experiences, which encompass the provision of timely and accurate information, empathetic and non-judgmental care, as well as practical assistance, are linked to higher rates of breastfeeding initiation, lengthier duration of breastfeeding, and overall satisfaction (Ekström *et al.*, 2012; Hauck *et al.*, 2016).

In conclusion, involving midwives in the study is crucial in gaining a comprehensive understanding of breastfeeding support, counselling and practical support in a general hospital setting and developing evidence-based interventions and policies aimed at promoting successful breastfeeding experiences.

## Methodology

This study employed a phenomenological research design in order to investigate the subjective experiences and nuanced

interpretations pertaining to the provision of breastfeeding support. Comprehensive data was gathered by the research team through the utilization of focus group discussions with breastfeeding mothers, as well as key informant interviews with midwives. This study utilized purposive sampling, with a sample size of 36 respondents, to gather data specifically from breastfeeding women who were breastfeeding, ensuring comprehensive data collection from individuals with relevant knowledge and perspectives on postnatal breastfeeding. In order to conduct an analysis of the gathered data, a thematic analysis methodology was utilized, with the assistance of the software ATLAS.ti software version 23, to discern and categorize emerging themes and sub-themes.

The study was conducted at the General Hospital Ekpan in Uvwie Local Government Area of Delta State, Nigeria, with a staff strength of 143 workers including a total number of 40 nurses. The hospital was established on the 1st of February 1980 and serves as a healthcare facility providing postnatal care services to mothers and their newborns.

The study Population comprised postnatal breastfeeding mothers and midwives from the antenatal, labour, and postnatal units of General Hospital Ekpan, Uvwie in Delta State, Nigeria. The Chief Nursing Officer, Nursing Officer, and participants with varying nursing experience levels were included. The Chief Nursing Officer, with over 10 years of experience, represented realism, while the Nursing Officer, with less than 5 years of experience, represented idealism. This diverse selection aimed to capture a comprehensive understanding of the perspectives and experiences in the study setting, enhancing the depth and richness of the research findings.

## Results

**Mothers' Experiences of Breastfeeding Support:** From the three Focus Group Discussions (FGDs) conducted with mothers via voice recorder, it was found that all mothers had some knowledge and understanding of what was meant by breastfeeding and its importance to their children. At least all mothers in this study highlighted that breastfeeding should be carried out for about 1 year or more. They also mentioned that breastfeeding builds children's brain, and help in child growth and development including building a bond between mother and child. For instance, respondent number 8 FGD 1 said that: *"My knowledge about breastfeeding is that breastfeeding is an act of exclusively feeding the baby only with breast milk from the mother. You have the first one that is very important to give to the baby which is called the Colostrum; that is, thick yellowish part of breast milk that comes first and when that is being given to the baby, the act of feeding exclusively makes the child to be very strong, healthy and it increases their immune system because the baby's immunity is very tender. Then, the act of breast feeding only exclusively make the immunity of the baby to be very stronger to fight against diseases and infections. Then, when you breastfeed and not add water, because we still have another kind that is mixed with water but the one that is advisable to give to the baby is exclusive one that you give only breast milk. So, it makes the child healthy. And stay out of diseases and sickness"*; other respondents (3 and 4) from FGD 2 mentioned that: *"the first*

*food the child eats is the breast milk to make the child grow healthy and strong”.*

In relation to mothers’ experiences, most of them said that they have support from their partners, family members, neighbours, and some midwives during breastfeeding. They revealed physical, social, and economic support. Some mentioned that their husbands supported them by providing money for family upkeep, helping to feed the baby and carrying the child when he or she was crying. Others also stated that family members support in carrying the children, fetching water, doing laundry, and provision of finance.

Although women demonstrated a positive experience, some still noted that though they found the process interesting and would love to have babies, they still felt that they didn’t have enough support. They further reiterated that no matter the situation, mothers should always be joyful because the benefits at the end of the day outweigh all difficulties. This is seen as women in FGD 2 stated that *“sometimes people will say madam please o shift oo I want to sit down here if you are breastfeeding your baby you now make me to stand; Sometimes people don’t support but sometimes people support”.*

Overall, women experience a diversity of challenges. Respondents across all FGDs expressed poverty as their main challenge. Poverty was cited as a factor that made some women unable to cater for hospital bills leading to mother and child separation by health facility staff. Mothers said that they hated hearing their baby cry and the mockery being made by health facility staff including cleaners and some nurses. Additionally, women linked poverty to food crises, hunger, and inability to breastfeed because of inadequate breast milk. This is seen as respondent from FGD 1 mentioned that *“physical challenges that I face was breast milk is not flowing well and I have anxiety because of money that am spending every day. The thing is making me to think and my blood pressure (BP) sometimes would go up. When I want to extract breast milk, I will not see milk due to tension”* **Respondent 3.**

*“my emotional challenge is that I want to be close to my baby but my baby is not close to me because of lack of money they have discharged me since there is no money to go and bring out my baby when I suppose to have fill feeling my baby lying together with him feeding him when I suppose to I will not feed him. Am going to the sickbay every three hours. My mind is not settled, no sleeping well at night no resting because of what lack of money”* **Respondent 2.**

Furthermore, women in FGD 2 stated: *“I do experience sleepless night and back pain to the extent that I will disturb my husband to help massage me that night so you can imagine how it is”;* *The last time the baby bite my breast Wow, it was so painful. It was a bad experience. But I slapped him so that next time he will not do it again”.*

While in FGD 3 the commonest challenges were *“Sincerely you will experience physical challenge, you as a woman, that back pain number one day, sleepless nights, and headache? Yes, then I think I remember one or two occasions when I was breastfeeding. My colleagues were laughing at me that I’m*

*smelling breast milk. I think that’s also one challenge. Because no matter how you try to address, you expose yourself in the public, especially when you’re struggling to breastfeed as one challenge I experienced”;* *“Yes. They call me old woman that it was in those days they breastfeed. A younger woman like me shouldn’t be breastfeeding a child exposing my breasts that my breast belongs to my husband, not my child. So I face a lot of mockery, a lot of accused, curses and so ever why breastfeeding my children. A lot of my friends don’t support me”.*

**Midwives Perception of Breastfeeding Support:** In the second part of the study midwives’ perspectives regarding breastfeeding support rendered to women in General Hospital Ekpan. It was noted that all the six midwives included in this study knew what breastfeeding was, its importance, and the World Health Organization recommendations on breastfeeding and duration. This is seen as respondent 1 reported that *“Okay, breastfeeding is feeding a baby that is being breastfed exclusively and should be breastfed only for six months strictly on the breast milk, no addition of water. That’s why I said a baby that the mother is breastfeeding exclusively, it means nothing else should be added, it’s just the breast milk. And this should happen from birth to six months after which the mother can introduce the baby to family food? Yes. Then with also the breast milk from time to time, the mother will feed baby with family food and also be breastfeeding the child until one or two years, especially two years according to World Health Organization”.*

Respondent 3 added the importance of breastfeeding by stating that *“Okay. Breastfeeding has numerous importance from the mother’s side, it helps in the involution of the uterus. It helps to space the number of children because, at the time of breastfeeding, Oxytocin is released, preventing you from getting pregnant. And then also, there’s this bond between the mother and the baby we are breastfeeding”.*

When exploring providers’ perceptions about breastfeeding mothers, they revealed that mothers lacked several capabilities and they put in efforts to educate them for instance on how to breastfeed children. They also mentioned that they try to provide some tips that can help women reduce the risk of having problems such as pains probably caused by baby grasping their nipple. Some of the recommendations they listed included on their breast. Some tactics shared with mothers were the use of breastfeeding pumps and pillows including sitting well and holding the baby from the buttock on their palm. They also highlighted how they talk to them about the importance of ensuring that the baby’s mouth is on the areola, not on the nipple. They also said that they often told them the importance of breastfeeding in a conducive environment to ensure proper suckling of their babies and maintenance of their self-prestige.

This is seen as respondent 3 reported that *“I always give them Health talk when they come for antenatal. Make them to be a proud mother, you don’t have to be ashamed. There are songs I even sing during antenatal to encourage them. Give your baby breast any time any day anywhere anytime give you baby breast. So, they are used to it, they know, that whether in Market or in a taxi or a church will tell them to get handkerchief to cover their breast while the baby can suck. So,*

*they don't feel ashamed" while 2 stated "Like sitting down, you make sure that mothers were seated by giving support to the baby. And also, you ensure that the baby's mouth is on the areola, not on the nipple. And the environment also should be conducive for the mother and the baby".*

## **Discussion**

**Mothers' Experiences of Breastfeeding Support:** The findings revealed that mothers had positive and negative experiences due to the fact that some midwives supported them, while others did not support the mothers as they were overwhelmed with work pressure, the mothers had a basic understanding of breastfeeding, they recognized its importance for their children's well-being. The participants emphasized the duration of breastfeeding and its role in brain development, child growth, and mother-child bonding. They also acknowledged the significance of colostrum in boosting the baby's immunity. These findings align with the guidelines proposed by the World Health Organization (WHO, 2010) advocating for exclusive breastfeeding for the first six months, followed by continued breastfeeding with complementary foods for two years or more.

The divergent accounts provided by mothers and midwives may be ascribed to a number of significant factors. The primary determinant among these characteristics was the degree of support offered by midwives. Mothers expressed favourable experiences when midwives provided them with significant instructions and support throughout their nursing process. On the other hand, adverse experiences arose when midwives encountered excessive job demands, which could potentially impede their capacity to offer comprehensive assistance. This may involve limited individual engagement duration, rushed consultations, or inadequate information dissemination. The mothers' comprehension of breastfeeding emerged as an additional influential factor in shaping their experiences. Individuals who demonstrated a foundational understanding of breastfeeding and its importance were more inclined to share favourable experiences. Mothers who possessed such qualities were more equipped to commence and sustain the practice of breastfeeding, acknowledging its benefits for the holistic welfare of their offspring.

The significance of breastfeeding duration was underscored by the study participants, who highlighted its effects on brain development, infant growth, and the mother-child relationship. The acknowledgment of the diverse advantages associated with breastfeeding is believed to have played a role in fostering more favourable experiences. Mothers who possessed knowledge of these advantages exhibited higher levels of motivation to engage in nursing, resulting in increased satisfaction with their overall breastfeeding experience. Furthermore, the research emphasized the importance of colostrum, the initial lacteal secretion produced by postpartum mothers. The participants recognized the significant impact of nursing on enhancing an infant's immune system, which served as a strong incentive for them to persist with breastfeeding despite any obstacles they may encounter.

The consequences of research findings on breastfeeding support for women have substantial implications in various health fields, such as, public, maternal, social and physical health. Beginning with the implications for public health, these

findings have the potential to serve as a fundamental basis for the development and implementation of public health initiatives. Gaining an understanding of the various elements that impact the experiences of women in relation to breastfeeding provides public health campaigns with significant insights. These campaigns can highlight the significance of breastfeeding and the crucial involvement of healthcare personnel, including midwives, in providing assistance to breastfeeding moms. Furthermore, the results of this study can provide valuable insights to inform the formulation of evidence-based policies and recommendations that are designed to support and protect the practice of breastfeeding. By implementing measures to enhance the skill set of healthcare professionals through enhanced training programs and mitigating work-related stress among midwives, these policies have the potential to optimize the alignment of healthcare services with the specific requirements of mothers and their newborns.

Transitioning to the issue of Maternal Health Implications, the aforementioned findings indicate the possibility of enhancing the overall welfare of mothers. Acknowledging the influence of midwife assistance and mothers' understanding of breastfeeding has the potential to enhance maternal contentment with healthcare provisions. Consequently, this can provide favorable effects on maternal mental well-being and alleviate stress and anxiety experienced in the challenging postpartum phase. Moreover, the amelioration of the obstacles outlined in the study, including the issue of overburdened midwives, has the potential to enhance maternal health outcomes by fostering increased rates of effective breastfeeding. This, in turn, is linked to a multitude of health advantages for both the mother and the infant.

The examination of the social health implications is of utmost importance. The results illustrate the importance of social support in the context of nursing among moms. Comprehending this particular facet has the potential to facilitate the development of community programs and initiatives aimed at offering assistance and motivation to recently become mothers, so cultivating a more nurturing social milieu. Additionally, it has the potential to facilitate the decrease of societal stigmatization surrounding the act of nursing in public settings, thereby fostering a more inclusive and tolerant social environment. Positive breastfeeding experiences have the potential to further strengthen the link between mother and child, thereby impacting the social and emotional development of both individuals.

The results of this study highlight the potential for enhancements in the physical health of both infants and mothers, specifically in relation to physical health implications. Enhanced recognition of the advantages associated with nursing, such as the immune-enhancing attributes of colostrum, has the potential to enhance newborn health outcomes through the mitigation of disease risks and the facilitation of optimal growth and development. In addition, the significance placed on the duration of breastfeeding and its impact on brain development can have enduring repercussions for the child's physical well-being, perhaps resulting in enhanced cognitive and physical growth. The physical well-being of mothers can also have positive effects, as breastfeeding has been linked to a reduced likelihood of

developing specific diseases, such as breast and ovarian cancer. Favorable breastfeeding encounters have the potential to extend the length of breastfeeding, hence potentially amplifying the associated health advantages.

The present study corroborates the positive experiences and support received by mothers from their partners, family members, neighbours, and midwives, as highlighted in a systematic review conducted by Gavine *et al.* (2017). The support encompassed various aspects, including financial assistance, assistance with feeding and caring for the baby, and help with household tasks. Furthermore, the challenges faced by the mothers in the present study, such as poverty, lack of support, and social stigma, resonate with the findings highlighted by Renfrew *et al.* (2012). The participants expressed a range of challenges, including financial constraints, physical difficulties, and emotional challenges due to limited resources and separation from their babies.

Although the work of McFadden *et al.* (2017) presents a differing perspective, suggesting that breastfeeding mothers still encounter inadequate support, the challenges faced by the mothers in the present study align with the findings of McFadden *et al.* (2017). Additionally, a mother in the current study expressed overall positive experiences while acknowledging the need for more support. They emphasized the importance of remaining joyful despite difficulties, as the long-term benefits of breastfeeding outweigh the challenges (Nikolopoulou, 2022). Many participants reported receiving support from their partners, family members, neighbours, and nurses during breastfeeding, aligning with Negin *et al.* (2016), who found that various forms of support positively influenced breastfeeding practices.

**Midwives Perception of Breastfeeding Support:** The study shows that the midwives demonstrated a clear understanding of breastfeeding, including its recommended duration and benefits according to World Health Organization guidelines. They perceived themselves as educators and provided valuable tips to mothers on proper breastfeeding techniques, such as utilizing breastfeeding pumps, pillows, and ensuring correct positioning and the baby's mouth latches onto the areola. Moreover, they emphasized the importance of creating a conducive environment for breastfeeding and expressed concerns regarding staff shortages, cultural beliefs, and societal influences that impact mothers' breastfeeding practices. The findings also revealed that mothers often lacked certain skills, and midwives made efforts to educate them on various aspects, such as proper breastfeeding techniques and methods to reduce discomfort caused by the baby grasping the nipple.

These findings are in alignment with previous research conducted by Lojander and Niela (2022), who emphasized midwives' knowledge of breastfeeding recommendations and the importance of exclusive breastfeeding for the first six months. Similarly, Furber and Thomson (2018) conducted a qualitative study on midwives' experiences in providing breastfeeding support in the United Kingdom, highlighting strategies employed by midwives to educate and support breastfeeding mothers, including positioning tips, the use of breastfeeding aids, and the promotion of a conducive

breastfeeding environment (Lojander and Niela, 2022; Furber and Thomson, 2018).

Moreover, the findings of Smith *et al.* (2022) on midwives' perspectives on breastfeeding support in Bangladesh, and Thabet and Graham's (2021) systematic review on midwives' experiences and attitudes towards breastfeeding support in low- and middle-income countries.

Also, the study by Wilinska *et al.* (2020) on midwives' experiences and practices related to breastfeeding support in Poland further resonates with the statements made by the midwives in the current study regarding the importance of educating and supporting mothers (Smith *et al.*, 2022; Thabet and Graham, 2021; Wilinska *et al.*, 2020).

The qualitative study by Olaolorun *et al.* (2019) on midwives' experiences of breastfeeding support in Nigeria also echoes the significance of education, support, and creating a positive breastfeeding environment, which aligns with the statements made by the midwives in the current study.

Finally, the systematic review by James *et al.* (2017) emphasized the crucial role of midwives in breastfeeding support, including education, guidance, and practical assistance, which further supports the statements made by the midwives in the current study (James *et al.*, 2017).

## Conclusion

This study explored maternal experiences and midwives' perspectives on breastfeeding support in General Hospital Ekpan Uvwie Local Government area of Delta State, Nigeria. The findings revealed that mothers had positive and negative experiences, recognized the importance of breastfeeding, and understood its duration and benefits but they failed to implement the teachings of the midwives due to some cultural and traditional beliefs. They had support from their spouse, family members, and midwives. They emphasized the significance of colostrum and highlighted breastfeeding duration as lasting about one year or more. The midwives demonstrated a clear understanding of breastfeeding recommendations and perceived themselves as educators, providing practical, valuable tips and techniques to mothers.

## Acknowledgments

I am grateful to Prof. Faith C. Diorgu, Nr. Patience Uyosue, Nr. Florence Ovuobor, Sam-Ogude, Adiela, and Amb. Ohemu Godwin Pius for their help with the study and manuscript. The participants' expertise, assistance, and insightful input shaped this study's outcome. I also want to thank Dr. Afolabi Esther, Amb. Ati-makpah Victoria and Dr. Egelege Aziemeola for their great support throughout the project. The authors' collaboration improved this manuscript's quality and scope. I appreciate their dedication and encouragement.

## Declaration of Interest

The authors declare no conflicts of interest. No financial, personal, or professional relationships might bias this research or its presentation. This manuscript's findings are based exclusively on data analysis and the authors' professional judgment.

## References

- Abdulahi, M., Fretheim, A., Argaw, A., & Magnus, J. H. (2021). Breastfeeding education and support to improve early initiation and exclusive breastfeeding practices and infant growth: a cluster randomized controlled trial from a rural Ethiopian setting. *Nutrients*, 13(4), 1204.
- Furber, C. M., and Thomson, A. M. (2018). Breastfeeding practice in the UK: midwives' perspectives. *Journal of maternal & child nutrition* 4(1): 44–54.
- Gavine, A., MacGillivray, S., Renfrew, M. J., Siebelt, L., Haggi, H., and McFadden, A. (2017). Education and training of healthcare staff in the knowledge, attitudes and skills needed to work effectively with breastfeeding women: A systematic review. *International breastfeeding journal* 12(1): 6 - 10.
- Hunter, J., Fenwick, J., Sidebotham, M., Henley, J., and Taylor, J. (2015). Midwives and lactation consultants: roles and responsibilities in relation to women's infant feeding decisions. *Midwifery* 31(1): 103-111.
- James, M., Kable, A., Snodgrass, M., and Evans, K. (2017). A systematic review of midwives' perspectives on factors that influence breastfeeding continuation. *Women and Birth* 3(4): 2-29.
- McFadden, A., Gavine, A., Renfrew, M. J., Wade, A., Buchanan, P., Taylor, J. L., Veitch, E., Rennie, A. M., Crowther, S. A., Neiman, S., and MacGillivray, S. (2017). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database of Systematic Reviews*, 2(2). <https://doi.org/10.1002/14651858.cd001141.pub5>
- Moraes, B. A., Strada, J. K. R., Gasparin, V. A., Espirito-Santo, L. C. D., Gouveia, H. G., & Gonçalves, A. D. C. (2021). Breastfeeding in the first six months of life for babies seen by Lactation Consulting. *Revista Latino-Americana de Enfermagem*, 29, e3412.
- Negin, J., Coffman, J., Vizintin, P., and Raynes-Greenow, C. (2016). The influence of grandmothers on breastfeeding rates: a systematic review. *BMC Pregnancy and Childbirth* 16(91). <https://doi.org/10.1186/s12884-016-0880-5>
- Nikolopoulou, K. (2022, August 11). *What Is Purposive Sampling? / Definition & Examples*. Scribbr. Retrieved from <https://www.scribbr.com/methodology/purposive-sampling/>
- OlaOlorun, F. M., Lawoko, S., Jansson, B., and Langius-Eklöf, A. (2019). Midwives' perspectives on breastfeeding support for women experiencing domestic violence: A qualitative study. *Women and Birth* 32(2): 2-36.
- Renfrew, M. J., McCormick, F. M., Wade, A., Quinn, B., and Dowswell, T. (2012). The effectiveness of breastfeeding support provided to mothers by healthcare professionals: A systematic review of quantitative and qualitative evidence. *The Cochrane Database of Systematic Reviews*, 5(5): CD001141.
- Rollins, N. C., Bhandari, N., Hajeerhoy, N., Horton, S., Lutter, C. K., Martinez, J. C., Piwoz, E. G., Richter, L. M., and Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? *The Lancet* 387(10017): 491-504. [https://doi.org/10.1016/S0140-6736\(15\)01044-2](https://doi.org/10.1016/S0140-6736(15)01044-2)
- Schmied, V., Beake, S., Sheehan, A., McCourt, C., and Dykes, F. (2011). Women's perceptions and experiences of breastfeeding support: a meta synthesis. *Birth (Berkeley Calif.)*, 38(1): 49–60. <https://doi.org/10.1111/j.1523-536X.2010.00446.x>
- Smith, S., Rashid, S., Ali, N. S., and Azim, M. F. (2022). Midwives' perspectives of breastfeeding support: A systematic review and meta-synthesis. *Women and Birth* 3(1): 36-45.
- Thabet, K., Janssen, P. A., and Graham, I. D. (2021). Exploring midwives' perspectives on providing breastfeeding support to mothers: A qualitative study. *Midwifery*, 100: 1-50.
- Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., ... and Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet* 387(10017): 475-490.
- Wilinska, E., Niedziela, M., and Zarajczyk, M. (2020). Breastfeeding support provided by midwives in the postpartum period: A systematic review. *International Journal of Environmental Research and Public Health* 1(11): 4-45.
- World Health Organization. (2010). Breastfeeding. Retrieved from <https://www.who.int/topics/breastfeeding/en/>.

e-LMS
e-Grievance Redress Mechanism
Upload
PG 2022/2023 Apply Here

5 Day Systematic Review - Apply Here

**UNIVERSITY OF PORT HARCOURT**  
**WORLD BANK AFRICA CENTRE OF EXCELLENCE**  
**FOR PUBLIC HEALTH AND TOXICOLOGICAL RESEARCH (PUTOR)**

[Home](#) | [About](#) | [Programs](#) | [Admissions](#) | [Minutes of Meeting](#) | [Policies & Guidelines](#) | [The ACE Project](#) | [News & Rep](#)  
[Publications](#) | [DLR](#) | [Financial Reports](#) | [DLR 6.1: Timely Fiduciary Reporting](#) | [DLR 6.2: Functioning Internal Audit Unit](#) | [DLR 7.1](#)

**OUR CONCERN**

**The nexus – problems, scope and disciplinary actions**

Biological factors	Age, sex, genetic factors, body systems, well-beingness	STUDIES IN:
Social factors	Family structure, education, occupation, income, risk taking behaviour, literacy, discrimination, social support, culture/spiritual participation	CLINICAL EPIDEMIOLOGY, OCCUPATIONAL HEALTH, TOXICOLOGY, NUTRITIONAL BIOCHEMISTRY, MIDWIFERY/CHILD HLT
Physical environment	Air, water, housing conditions, working conditions, noise, public safety, remediations (road/rail, land use, waste disposal, sewage)	FIELD EPIDEMIOLOGY, REPRODUCTIVE HEALTH, HEALTH PROMOTION, NURSING, PUBLIC HEALTH NUTRITION
Public policy & services	Access to and quality of health care services, health workforce, social structures, other health-relevant public services	ENVIRONMENTAL HEALTH, OCCUPATIONAL HEALTH, FIELD EPIDEMIOLOGY, TOXICOLOGY, NUTRITIONAL BIOCHEMISTRY
Oil and Gas Exploration		HEALTH SYSTEMS, OCCUPATIONAL HEALTH, REPRODUCTIVE HEALTH, FIELD EPIDEMIOLOGY, MIDWIFERY/CHILD HLT

[PUTOR-UNIPORT \(aceputoruniport.edu.ng\)](http://aceputoruniport.edu.ng)

Manuscript submission: [Journal of Public Health and Toxicological Research \(jphtr.com\)](http://jphtr.com)