Barriers to Exclusive Breastfeeding: Systematic Review
Findings from Low and Middle Income countries

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Photo credit: MCSP Mozambique/ Kate Holt
Outline

• Global progress on exclusive breastfeeding (EBF), within the context of World Health Assembly goals

• Key barriers to exclusive breastfeeding from systematic review – data not for circulation, as in press

• Programmatic implications and interventions

• Q & A
Little Progress in Exclusive Breastfeeding Rates Since 1990

UNICEF, 2013
Tracking Countries’ Progress on EBF

World Health Assembly Global Target by 2025: Increase the rate of exclusive breastfeeding to 50%

![Bar chart showing the number of countries in different categories of breastfeeding status: Off course, little/no progress (34), Off course, some progress (13), On course (36), Missing data (110).]
Systematic Review: Objective

To determine barriers to EBF in 25 United States Agency for International Development (USAID) ending preventable child and maternal deaths (EPCMD) priority countries

1. Prenatal barriers

2. Barriers encountered on the first day

3. Barriers encountered in maintaining EBF over the first six months of life
Methods

Identification: Scopus, Medline, PsychINFO, CINAHL databases

Non-duplicate records n= 4798

Records screened by title
Records screened by abstract

Full-text articles assessed for eligibility

Records excluded after screening

Full text articles excluded

Studies included: N= 48
*include qualitative

* in press, numbers in cells removed for circulation
Inclusion Criteria

1. Human data collected on or after January 1, 2000
2. Infants deemed healthy
3. Primary data collection
4. Articles in English, Spanish, or French
5. 25 USAID Ending Preventable Child and Maternal Death (EPCMD) priority countries

*Not for circulation, in press*
Exclusion criteria:

1. Infants reported as ill, premature, and/or unhealthy
2. Reported outcomes did not include EBF
3. Data included intent to breastfeed without data on EBF
4. Only sociodemographic characteristics of the mother and no other information on EBF
5. Systematic or other reviews

* Not for circulation, in press
Results

Sixteen Barriers to EBF

* Sensitive data presented during webinar removed, as in press
Prenatal related barriers to EBF

Photo Credit: MCSP Mozambique/ Kate Holt
Lack of or late attendance at antenatal care

• Measurement of ANC attendance varied: attendance at any ANC visit, the frequency of ANC visits, or attendance for a certain number of visits
• Five studies noted positive association between ANC attendance and EBF
• Greater ANC attendance- greater likelihood of practicing EBF
Poor maternal knowledge of EBF and EBF practices

- Definitions of maternal knowledge of EBF varied: maternal report of EBF definition and benefits, recommendations, and/or best practices.

- Three studies showed a significant association between maternal knowledge and EBF practices.
Maternal health and attitudes & EBF practices

- Six studies examined maternal health and attitudes regarding desire and ability to breastfeed and EBF practices
- Measures of maternal health and attitudes differed included personal frustrations, confidence in one’s ability to breastfeed, stress, and maternal illness.
- In Pakistan, Nigeria, and Ghana mothers ceased breastfeeding – as considered breastfeeding a stressful, frustrating, and/or painful experience.
Lack of intention to practice EBF

• Two studies examined relationship between having a plan to exclusively breastfeed and EBF practices.
• Nearly 4x likelihood of practicing EBF for those that had a prenatal plan than those who did not (Ethiopia)
• Women who had no planned length of EBF were more likely to discontinue EBF than those who planned to EBF (Democratic Republic of Congo)
Barriers to EBF: First day of life

Photo Credit: MCSP Ethiopia/Karen Kasmauski
Place of birth and EBF practices

• Seven studies found a significant and positive association between delivery in a health facility and EBF practices.

• Two studies in Ethiopia and Uganda found 2-3 times higher likelihood of practicing EBF in women who delivered in a health facility than those who delivered at home.
Method of Delivery and EBF

• Five studies found mothers were ~2-10 times more likely to exclusively breastfeed following vaginal birth in comparison to infants delivered through cesarean section.

• Two studies examined the relationship between cesarean birth and EBF and found women were more likely to cease EBF.
Timing of initiation of BF and EBF

• Five studies found a significant positive association between early initiation of breastfeeding, and continued practice of EBF at six weeks, ten weeks, and six months after birth.
Prelacteal feeding

- 7 studies examined prelacteal feeding
- Prelacteal feeding prevalence ranges widely – up to 76%
- Glucose water, infant formula, honey, cow or buffalo milk, or water were cited as common prelacteal feeds
Colostrum feeding practices and EBF

• Two studies - association between providing or discarding colostrum and the likelihood of EBF
  • Ethiopia- discarding colostrum ~2 times higher odds of non-EBF
  • Nepal: fed colostrum ~27 times greater likelihood of EBF compared to if other foods given as a first feed
Barriers to maintaining EBF in the first 6 months of life

Photo Credit: Kate Holt/ MCSP Mozambique
Maternal employment and EBF practices

• Seven studies found a association between maternal employment and EBF practices
• Definitions of maternal employment varied across the studies and included employment status, type of occupation
• Women who defined themselves as housewives or as unemployed were more likely to practice EBF than woman with formal employment.
Perceived infant behaviors in relation to EBF

- Eleven studies examined perceived infant behaviors in relation to EBF practices
- Infant behaviors and cues included interpretation of crying, fussiness, and perceived receipt of adequate nutrition for the infant
- One study found maternal perception of infant health was not associated with EBF (multivariate analyses)
Perceptions of insufficient breastmilk and EBF practices

• Nine studies examined the relationship of maternal perception of insufficient milk to EBF practices
• Kenya: women who believed they could produce enough breastmilk were nearly 4 times more likely to practice EBF
• Qualitative data: mothers perceived their breastmilk to be lacking in quantity to nourish infants and introduced other foods to satiate and calm fussiness
Perceived inadequate maternal nutrition and EBF practices

• Three studies only
• Maternal nutrition was described within the context of household food insecurity, ability to purchase food, or the lack of certain foods
• Neither quantitative study found a significant association between maternal nutrition and EBF practices.
• Qualitative data describe quality of diet and breastmilk sufficiency
Other problems with breastfeeding and EBF practices

- Seven studies examined the relationship between breast problems and EBF practices.
- Breastfeeding problems defined as mastitis, breast engorgement, and cracked or inverted nipples.
- Two studies showed negative association with breastfeeding problems and EBF likelihood - more likely to cease EBF.
Counseling on breastfeeding and EBF practices

• Four studies reported a significant and positive association between counseling and EBF.

• Two studies showed mothers counseled on infant feeding practices had a greater likelihood of exclusively breastfeeding
Family and community support for EBF and EBF practices

- Twelve studies reported data on types of family and community support
- Seven studies indicated that grandmothers have an influential role in infant feeding practices
- Two studies reported a significant and positive association between family and community support and EBF
Summary of findings

• Moderate evidence of a negative association between maternal employment and EBF
• Data on intent to breastfeed are limited and unclear in relation to EBF
• Strong evidence that type of delivery, particularly caesarean section, can impede EBF practices
Summary of findings

- Moderate evidence- early initiation of breastfeeding and EBF
- Breastfeeding problems and perceived insufficient breastmilk were commonly reported
- Counseling on EBF and the presence of family and/or community support - > some effect on EBF practices
- Unclear as to role of perceived infant behaviors/health and EBF
Programmatic Implications and Interventions

- Workplace support for breastfeeding
- Address challenges for cesarean delivery and EBF
- Strengthen health worker skills at health facilities
- Strengthen family- and community-level interventions
- Lack of information on implementation of the International Code of Marketing of Breast-milk Substitutes - need to support legislation and regulations on marketing of breastmilk substitutes
Thank you!

Photo Credit: Kate Holt/ MCSP Mozambique
For more information, please visit www.mcsprogram.org

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