Original Research

Exploring Factors affecting Early Initiation of Breastfeeding (EIBF) among mothers in Phalombe District Health Facility, Malawi

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Abstract

INTRODUCTION: Initiation of breastfeeding within one hour after birth is the recommended breastfeeding practice endorsed by the World Health Organization (WHO) for its benefits to the baby. Despite the many benefits of Early Initiation of Breastfeeding (EIBF), its practice in Malawi is sub-optimal as 40% of newborns are not initiated on breastfeeding timely. This indicates that there may be several factors affecting the EIBF uptake. We conducted a study to explore factors that promote and disenable early initiation of breastfeeding among mothers in Phalombe District.

Methods: This was a descriptive qualitative study using in-depth interviews with mothers who delivered at Phalombe Health Centre. Fifteen participants were purposively selected and interviewed guided by a semi-structured interview guide. All interviews were audio recorded and transcribed verbatim. The data was analyzed manually using Conventional Content Analysis, which led to the emergence of promoting and hindering factors to EIBF

Findings: Themes that emerged from the data were EIBF knowledge and experience, support and complications. Themes that affected EIBF positively were EIBF experience from past deliveries, EIBF support from health workers and guardians received during delivery, positive mothers' perceptions about colostrum while inadequate prenatal preparation, lack of knowledge on EIBF, routine hospital practices after delivery of the baby, twin delivery, and poor support from health workers in the labor ward disenabled EIBF. The study suggests that giving adequate information about EIBF during antenatal care, adequate staffing, supporting mothers, and delaying routine hospital practices can improve the practice of EIBF.

Conclusion: The findings have shown information gaps among women in the childbearing group. The study suggests that providing education to mother on EIBF and continued support during the birthing period are critical intervention to promote EIBF.

Background

Globally, about 820,000 under-five children die yearly with 6,500 neonatal deaths every day due to diarrhea and pneumonia (WHO; UNICEF, 2018). These deaths are partly attributed to delays in initiating breastfeeding and according to World Health Organization, only half of the newborns worldwide are timely initiated breastfeeding (WHO; UNICEF, 2018). The Malawi, multiple indicator survey reports for 2021 shows that the infant mortality rate is at 40 per 1000 live births which is a poor performance. Phalombe district has a higher infant mortality rate of 69 per 1000 live births which is above the national performance of 40 per 1000, the neonatal mortality rate for Phalombe district has increased from 31 per 1000 live births in 2010 to 40 per 1000 and above the national neonatal mortality rate (NSO and Macro, 2011; NSO, 2021)

The neonatal mortality rate for Phalombe district indicates that one of the causes of increased neonatal mortality was poor infant feeding which increased the number of diarrhea cases that led to severe dehydration and hypoglycemia (HMIS, 2022). Some studies indicate that promoting, protecting, and supporting optimal breastfeeding practices is crucial for child survival because the first hours and days after birth are the most critical times for newborn survival, and delaying the initiation of breastfeeding places the baby at an increased risk of death (Kalisa et al., 2016).

To maximize these benefits to all Malawian neonates, the government of Malawi is committed to promoting and supporting optimal breastfeeding practices through the implemen-

tation of different strategies and program interventions. Some of the interventions being implemented are the Baby-Friendly Hospital Initiative (BFHI), National Nutrition Policy with Infant and Young Child Feeding guidelines, Integrated HIV Clinical Management, and PMTCT guidelines.

The government of Malawi first adopted the Baby-Friendly Hospital Initiative (BFHI) in 1993 (Kavle et al., 2019) and started implementing the program under the nutrition department. Phalombe district started to implement BFHI in 2017 with the help of implementing partners to promote, protect, and support breastfeeding practices. The District conducted training of health workers and dissemination of breastfeeding messages to health workers and communities as capacity building were done with an aim of sharing knowledge to improve child health indicators (Kavle et al., 2019). Despite these efforts, mothers still have information gaps about EIBF hence the prevalence of early initiation of breastfeeding within 1 hour after birth of life was only 40% by 2021 and 2022 (HMIS, 2022). The factors affecting the recommended practice of EIBF have not been well established. Therefore, the study was conducted to explore factors affecting early initiation of breastfeeding among postpartum mothers.

Methods

Study design: We conducted an exploratory descriptive qualitative study between December 2022 and February 2023. The study was conducted among 15 postpartum mothers to explore factors affecting early initiation of breastfeeding. The design was chosen because is able to give a reflection of lived in experiences and enabled the researcher to have a deeper understanding of the promoting and hindering factors of EIBF practice.

Setting: The study was conducted at Phalombe Health Centre which was also acting as a District Hospital because the district had no Hospital by then. The Facility had the largest catchment population of 55874 and was among Health Centers with a low prevalence of EIBF of 40 percent (HMIS, 2022). The facility manages approximately 10,000 deliveries every year.

Sampling and selection of study participants: Researchers purposively sampled 15 postpartum mothers who had given birth to a live baby within 24 hours. The mothers had just experienced the birth and delivery process within 24 hours and had a newborn baby eligible for early initiation of breastfeeding. The postpartum mothers in this study were above 18 years old, either married or not, with one or more children, educated or not, with a normal newborn and were willing to participate in the study as they gave consent.

Data collection: In-depth interviews were conducted using a semi-structured guide containing open-ended questions. Data collection was done seven days after delivery of a newborn and was done in the participant's homes to allow mothers to rest and be in a comfortable position to discuss while they had not forgotten the experiences encountered during the delivery. All interviews were recorded using a digital voice recorder in Chichewa. Each interview lasted approximately 40 - 60 minutes. To complement the audios, field notes were also collected.

Data analysis: Data from the in-depth interviews were transcribed and analyzed manually. The researcher transcribed audio recordings of the interviews and verified the transcription by re-reading the transcribed data while listening to the recorded data. The areas that were incomplete or incorrectly transcribed were noted and corrected. After transcription, the data were analyzed using conventional content analysis. Data from in-depth interviews were read several times to obtain an overview of the gathered data. The researcher took note of the introductory ideas of analytical interest that helped organize the data. The researcher identified and extracted sayings or direct participant quotations from the collected data. The codes were generated and the identified codes were grouped into potential themes. The supervisor reviewed the themes to verify the relationships and reliability of the codes and themes. The researchers considered how each theme fitted into the overall stories about the research questions.

Ethical consideration: The study received ethical approval (P.09/22/3775) from the College of Medicine Research and Ethics Committee (COMREC). The Phalombe District Health Office Research committee which is responsible for the management of all health-related research also granted permission. We also explained the purpose of the study to the facility in-charge and potential participants. Informed consents were obtained from all participants and they agreed to be audio recorded. The voice recorder and transcripts were kept under lock, and keys were accessed by the researchers only to ensure privacy and confidentiality.

Findings

Participant's characteristics: The study comprised 15

postpartum mothers. All participants were married and of the Lomwe tribe. The majority of the mothers (n =10) delayed initiation of breastfeeding. Most of them (n =10) were less than 25 years old, and among them three were first-time mothers. All first-time mothers delayed initiation of breastfeeding. The social demographic information has been summarized in table 1.

Table 1: *Participants social demographic information (n=15)*

Characteristics	Number
Age group	
Less than 25	10
25-29	2
30-34	2
35 and above	1
Marital status	
Married	15
Ethnic group	
Lomwe	15
Religion	
Christianity	13
Moslem	2
Level of education	
Standard 1-4	1
Standard 5-8	9
Form 1-2	1
Form 3-4	4
Number of children	
One child	4
2 or more children	11
Occupation	
Housewife	11
Business	2

The study identified factors that promoted early initiation of breastfeeding and factors that acted as hindrances to EIBF. The factors have been presented in themes according to their categories see Table 2 below that shows the summary of the themes that emerged from the data.

EIBF promoting factors

EIBF experience from past deliveries: Some mothers who had two or more children reported that they managed to initiate breastfeeding timely because they had knowledge and practical experience with EIBF from previous pregnancy and delivery. The experienced mothers reported having some information about EIBF from the health education they received during antenatal visits of previous pregnancies. One mother reported that she learned from the previous pregnancy antenatal visits that when the baby is born, it should be breastfed immediately. She said:

"At antenatal, they encouraged us that once you have given birth to a baby, you must start breastfeeding right away" (Participant #4).

Table 2*: Factors that emerged from the data*

Themes	Sub-themes
EIBF promoting factors	EIBF experience from past deliveries EIBF support from health workers and guardians received during delivery Influence of Mother's Perceptions about Colostrum
EIBF hindering factors	Inadequate prenatal preparation during antenatal care Routine hospital practices after delivery of a baby Poor support from health workers in labour ward

However, it was noted that all first-time mothers delayed initiating breastfeeding because they lacked experience and did not know what to do immediately after the baby was born. One of the first-time mothers reported that she just followed instructions from the midwives because she did not have experience with EIBF but the midwives did not instruct the first-time mothers to initiate breastfeeding. She said:

"We follow what doctors (midwives) say... so could I have told them that they should give me the baby? We follow what they say" (Participant #2).

EIBF support from health workers and guardians, received

during delivery: The study found only five mothers that initiated breastfeeding timely. The few mothers were assisted by a health worker to initiate breastfeeding within 60 minutes after giving birth. One mother said:

"The one who helped with my delivery took good care of me and also cared for me well, and was showing interest to help me" (Participant #11). Another mother said:

"I was told by the doctors that I should hold the baby's buttocks in my palm and the head on the elbow, they meant that this is the only way to carry the baby when breastfeeding" (Participant #2) and also another mother said:

"To me, I can say the health workers told me that I should start breastfeeding the baby and is supposed to have this first milk" (Participant #6).

Additionally, a few mothers also reported that they did not receive support from health workers but received positive support from their guardians to initiate breastfeeding within 1 hour after giving birth. The guardians advised them to initiate breastfeeding while watching them. One mother said:

"My grandmother told me that I should breastfeed the baby immediately and frequently... she said you should breastfeed and she was there watching me closely" (Participant #5).

Influence of Mother's Perceptions about Colostrum

Positive Perceptions about Colostrum: The study found that there were no misconceptions about colostrum, and, therefore did not interfere with early initiation of breastfeeding. All mothers reported that they have positive perceptions about the first milk colostrum that it protects the baby from diseases and it is essential for newborn growth. A certain mother said:

"This milk gives health to the baby and also it protects the baby from infections" (Participant # 4).

No pre-lacteal feeding: The study found that all mothers did not give their newborns any other food or drink apart from breast milk after birth. Mothers reported that they understand that breast milk is the only recommended food for the baby. A certain mother said:

"The moment the baby was born, I was breastfeeding only and the baby was not given anything to drink" (Participant #6).

Another mother said: "The baby was just suckling the milk only, and not drinking any traditional medication" (Participant #13).

Hindrances to EIBF

Inadequate prenatal preparation during antenatal care: This study shows that mothers were not given adequate information about EIBF during antenatal. Some of the reasons mothers were not equipped with information were: giving out general information about pregnancy process and health education sessions neglect by both health workers and mothers. All these led to mothers' knowledge deficit. The majority of mothers were given only general information about breastfeeding, birth preparedness, danger signs, and care during pregnancy. One mother said:
"During health education, it was all about pieces of information concerning delivery, saying when you are pregnant you face minor disorders and also you have to prepare by buying basin, wrappers (Chitenge)…but there was no message of breastfeeding" (Participant #5). Another mother said:

"We were being taught how we can live, what we can eat, how we can care for the pregnancy" (Participant #11).

This indicates that mothers lack knowledge about EIBF hence they fail to make a decision to start breastfeeding immediately after giving birth. While some mothers said had received general information, some said they did not get any health education at all because health workers neglected health education sessions during the antenatal visits. Some mothers reported that during antenatal visits, they were not educated about anything until they finished their scheduled visits. Neglecting health education was also seen among mothers as intentional as the mothers admitted that they absconded health education sessions because it is time-consuming. The reasons the women were giving for health workers neglecting health education were: the midwives were busy during the shift, midwives were coming late for work and found a lot of mothers, hence they neglected health education to cut time and do fast. One mother said:

"…I should not lie, they never liked to teach us maybe just because they used to be few of them sometimes one person, therefore, was found to be busy. Sometimes, the nurse was alone having to attend maternity at the very same time as labor ward… we would find ourselves waiting for him" (Participant #7).

Routine hospital practices after delivery of the baby: Routine hospital practices also interfered with EIBF. The majority of the mothers reported that their babies delayed

starting breastfeeding because immediately after delivery, midwives conducted routine newborn care. The routine care mentioned were: weighing the baby, wrapping the baby in a Chitenge, suturing vaginal tears, documentation, and placing the baby on a weighing scale while continuing caring for the mother. One mother said:

"After the baby was out, the nurse took the baby, put it on my abdomen, dried it well, then he requested for a cloth, covered the baby, and left it on … mm, in the weighing scale, they use in the labor ward. They left the baby in the scale and continued caring for me" (Participant #1).

Twin delivery also affected EIBF as one mother who had twins reported that, having twin delivery delayed the initiation of breastfeeding because the midwives waited a long time for the second twin to be born before initiation of breastfeeding. The mother said that the first twin was born at 3 o'clock while the second one was born at 4 o'clock but she started breastfeeding after the second baby was born, she further said:

"They delayed to suckle because he had not finished caring for me because another one was not yet born therefore it could not be possible to take a baby and start breastfeeding" (Participant #12).

Poor support from health workers in labor ward: The majority of mothers reported that they did not receive practical or emotional support from health workers during and after delivery to initiate breastfeeding within 1 hour. The mothers reported a challenge of inadequate health workers, the mothers also perceived that health workers lacked knowledge and skills of early initiation of breastfeeding, and some midwives had negative attitudes towards mothers. Therefore, these issues caused a delayed initiation of breastfeeding because the midwives were not supportive to the mothers. One mother said:

"…because there was one nurse, therefore, it was impossible to attend to us all at once" (Participant #12). Another participant said:

"It is the same nurse who brought the baby to me but the nurse did not say anything about breastfeeding initiation because there were a lot of patients, he was attending… There were 3 patients but there was only one doctor (nurse)" (Participant #3).

Another mother said: "At labor, they treat us harshly, they need to be advised because they shout at us while we don't know, they just shout. They don't share with you information concerning early initiation of breastfeeding, and instead of instructing you in the right direction, all they know is shouting at us" (Participant #2).

Some mothers reported that they delayed initiating breastfeeding because they did not receive support hence, they lacked the confidence to ask the health worker to give them the baby to start breastfeeding. The few mothers admit that they knew that they were supposed to breastfeed the baby as soon as possible after delivery, but failed because of fearing health workers' comments. The mothers were afraid to be wrong and waited for the health worker to advise them to start breastfeeding which never happened. One mother said:

"I know as soon as the baby is born, and it is given to you, you have to take the breast and give it to the baby, but, because health workers are different, you wait to be told. Maybe you try to take the breast and give it to the baby, then you hear the midwives say that you are wrong" (Participant #9).

Discussion

The study has uncovered factors that promote and disenable the practice of early initiation of breastfeeding. The study has revealed that having two or more children who were breastfed after delivery makes mothers to have experience with EIBF from the previous delivery. Experience assists mothers to practice EIBF and ensures their newborn is breastfed timely. This is similar to the findings of an Ethiopian study, where mothers with four or higher birth deliveries initiate breastfeeding within one hour than mothers with first delivery because they have experience (Shiferaw, Mossa and Gashaw, 2017). This is similar to studies conducted in Nepal-South Asia, which found that first birth orders (first delivery) initiated breastfeeding later than those of second or more birth orders (Ekubay, Berhe and Yisma, 2018; Bhandari, 2019; Seidu et al., 2020). Additionally, some Malawian breastfeeding studies also indicate that mothers with more birth deliveries had increased odds of initiating timely breastfeeding compared to mothers with fewer childbirths because multiparous mothers have previous breastfeeding experience (Nkoka, 2019; Walters et al., 2019; Chipojola et al., 2020). It has been also observed in Ethiopia (Shiferaw, Mossa and Gashaw, 2017) and Nepal that mothers with birth experience initiate breastfeeding timely than first time mothers (Ekubay, Berhe and Yisma, 2018; Belachew, 2019; Bhandari, 2019).

It has been discovered in this study that, women have recently developed a positive perception about colostrum

hence they believe that it is very important to the newborn and they ensure their baby feed on colostrum immediately after birth. Mothers positive perceptions about colostrum and promotion of EIBF was also found in Spain, where women had a positive attitude towards colostrum and they believed that first milk is good for the baby hence the prevalence of EIBF was good above 76% in their country (Atyeo et al., 2017) compared to other countries where women believe that colostrum is dirty (Kalisa et al., 2015; Mukunya et al., 2017). This study has shown that the practice of not giving pre-lacteal feeds promotes EIBF. This is similar to the cross-sectional study findings conducted in Tanzania (35). Prelacteal feeds satisfy the baby fast hence reduces the desire to breastfeed and mothers relax and delay breastfeeding timely.

However, this study demonstrates that majority of women delayed with initiation of breastfeeding because they lacked knowledge about EIBF, lacked health workers practical support after delivery and routine hospital practices which disenable timely initiation of breastfeeding. The mothers were not prepared well antenatally since they did not receive enough information about EIBF for them to decide to start the initiation of breastfeeding as soon as they gave birth. This is similar to the study findings of Rwanda, Bangladesh and Tanzania where 50% of women who initiated breastfeeding timely, had knowledge of EIBF which they gained during antenatal visits and counselling services on breastfeeding and infant feeding (Mwaisela and Mwantimwa, 2018; Belachew, 2019; Lyellu et al., 2020; Mukashyaka et al., 2020). The delay with initiation of breastfeeding also was because they lacked experience with EIBF since some were first-time mothers. (Shiferaw, Mossa and Gashaw, 2017). This is similar to Nepal studies and some parts of Ethiopia where it was discovered that children of first birth order were initiated breastfeeding later than those of second or more birth order (Ekubay, Berhe and Yisma, 2018; Belachew, 2019; Bhandari, 2019; Seidu et al., 2020; Johar et al., 2021).

Most mothers also did not receive EIBF practical support after the delivery of a baby (Seidu et al., 2020). Other studies have also noted that mothers who get practical support from midwives during labor and delivery initiate breastfeeding timely (Atyeo et al., 2017; Nkoka, 2019; Gebretsadik et al., 2020; Mose et al., 2021). Some mothers were delayed because they had a twin delivery (WHO; UNICEF, 2018; Nkoka, 2019; Walters et al., 2019).

A lot of mothers were delayed because of routine hospital practices after the delivery of the baby (Johar et al., 2021). The mothers did not receive support because of inadequate health workers (Bradley et al., 2015; WHO and UNICEF, 2022). This was also found in Uganda, where there was inadequate professional support to initiate breastfeeding because of work overload which reduces the capacity to provide adequate breastfeeding counseling and support (Kalisa et al., 2015; Kinshella et al., 2021).

Additionally, some mothers failed to practice EIBF because they lacked the confidence to request the midwives to give them their newborns for breastfeeding initiation. The mothers feared the health workers hence they remained silent waiting for midwives' instruction (Mapumulo et al., 2021). This is against the WHO recommendations as it advocates for mother-friendly care which ensures respectful and loving care to all mothers (WHO and UNICEF, 2022).

Strength and limitation

The strengths of the study are the diversity of characteristics of study participants in terms of ages, parity, education and marital status of the mothers, this provided rich data about experiences and perspectives of mothers. Secondly, the study has uncovered factors that promote and hinder the practice of early initiation of breastfeeding. However, the study was conducted at Phalombe Hospital and a small sample size was used hence findings cannot be generalized to the whole population in Malawi. The limitation resulted from the time constraints of the researcher.

Conclusion

The study has described some of the factors that promote or hinder early initiation of breastfeeding. The findings point out the importance of knowledge about early initiation of breastfeeding that can be gained during antenatal care and the support mothers need during prenatal, intrapartum, and postpartum to accomplish early initiation of breastfeeding as soon as they give birth. Mothers need to be prepared adequately during antenatal for them to make an informed decision about feeding their newborns as soon as possible after birth and develop good intentions for practicing early initiation of breastfeeding.

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Conflict of interest

The author declares no conflict of interest.

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