

Factors Associated with the Delay of Early Initiation of Breastfeeding in Hospitals: A Scoping Review

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Abstract

Background: Early Initiation of Breastfeeding (EIB) is a crucial practice that supports newborn health and the success of exclusive breastfeeding. Despite its known benefits, the implementation of EIB faces several challenges, particularly in hospital settings. **Objective:** This scoping review aims to identify and map the factors that delay EIB in hospitals, providing insight into the barriers that hinder its effective practice. **Method:** A comprehensive search was conducted across four databases—Google Scholar, Semantic Scholar, Elsevier, and PubMed—using terms related to EIB obstacles. **Results:** Initially, 1,276 articles were identified, and after applying the PRISMA method for screening, 14 articles were included in final analysis. The review highlights several obstacles to EIB, including cognitive factors like mothers' lack of knowledge and experience, operational challenges such as high workloads and limited resources among health staff, and postpartum factors, particularly discomfort following cesarean sections. These issues were found to be consistent across various settings. **Conclusions:** To address these barriers, the review emphasizes the need for improved education for mothers and healthcare providers, stronger hospital policies supporting EIB, and better resource availability, such as counseling materials. Implementing these strategies is vital for optimizing EIB practices and achieving better health outcomes for mothers and newborns while supporting global breastfeeding initiatives.

Keywords: Delay, early initiation of breastfeeding (EIB), Hospital

Introduction:

Breastfeeding is an ideal, safe, and recommended source of nutrition for babies in their growth process (1). Breast milk is also considered one of the most cost-effective practices to support the survival and development of babies (2). Breast milk reduces the mortality rate of children under five due to infectious diseases and reduces the mortality rate of mothers due to breast cancer(3). Other valuable benefits for breastfed babies and breastfeeding mothers can be obtained through early initiation of breastfeeding, so the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend early initiation of breastfeeding within the first hour after childbirth.

Early initiation of breastfeeding is the foundation of ideal breastfeeding practiced by breastfeeding babies immediately after birth because the beginning of breastfeeding is vital for the survival of the child(4). Research shows that the probability of death is 33% higher in babies whose initiation of breastfeeding is delayed compared to those who initiate breastfeeding early (4,5). According to WHO and UNICEF, less than half of mothers worldwide (42%) start breastfeeding within the first hour, which is then continued for exclusive breastfeeding(6).

Health Workers and Health Service Facility providers are required to place the mother and Baby in 1 (one) room or joint care unless on

medical indications determined by a doctor. Support by Hospitals in the aspect of accompaniment is carried out through the provision of moral support, guidance, assistance, and supervision of mothers and babies during early breastfeeding initiation activities and/or during early breastfeeding needs to be done and becomes the main responsibility of Health Facility providers which in this context are Hospitals. If health facility providers and workers do not carry out these responsibilities, they will be subject to administrative sanctions in accordance with Minister of Health Regulation Number 15 of 2014. In addition, there is a significant relationship between early initiation of breastfeeding and exclusive breastfeeding. This result can provide additional evidence regarding early initiation of breastfeeding to increase exclusive breastfeeding. Conversely, if early initiation of breastfeeding is not carried out, it will increase the risk of unsuccessful exclusive breastfeeding(7).

A recent study in The Lancet compares the prevalence of early breastfeeding initiation between low- and middle-income countries (LMICs) and high-income nations (2). Among the 68 LMICs with available data, 49% reported that over half of newborns were breastfed within the first hour, with Kyrgyzstan being the only country to reach 80%. Notably, half of the LMICs lacked data on early breastfeeding initiation. In high-income countries, even less data was available, with only 6 out of 27

countries providing relevant statistics. Italy had the highest rate at 94%, while Saudi Arabia reported the lowest at 23% (2).

In the UK, although the National Health Service (NHS) publishes breastfeeding data, the percentage of babies breastfed within one hour after birth is not specified. For the 2013-14 period, the NHS estimated that 75% of babies initiated breastfeeding, though no time frame was provided. In the USA, the number of hospitals following the majority of the "Ten Steps to Successful Breastfeeding" rose from 29% in 2007 to 54% in 2013, with 65% of these hospitals implementing early breastfeeding initiation (8).

The health benefits of exclusive breastfeeding for the first six months are well-documented, reducing child morbidity and mortality. Additionally, research highlights the advantages for mothers, including lower risks of breast and ovarian cancers, obesity, diabetes, hypertension, and heart disease. In order to deal with complex problems related to EIB practices, there is an urgent need to investigate the obstacles that may hinder effective implementation, especially in hospitals because hospitals are one of the pillars supporting the success of EIB. Therefore,

a comprehensive scoping review of research related to factors associated with the delay of early initiation of breastfeeding in hospitals becomes an urgency that must be done to collect evidences needed and formulate the lesson learned to developed the best solution regarding to the delay of Early Initiation of Breastfeeding in hospital.

METHODS

This research uses a Scoping Review study design, a type of evidence synthesis that aims to systematically identify and map the available evidence on a specific topic, field, concept, or issue (9).

In writing this Scoping Review, the researcher will thoroughly summarize the obstacles in early initiation of breastfeeding in hospitals. In the literature search, the researcher utilizes the PRISMA method (Preferred Reporting Items for Systematic Review and Meta-analysis) to select relevant research articles. PRISMA is a standard method that uses a checklist in its process to assess the quality of research to be included in the review. The selection of articles using PRISMA is shown in **Figure 1**.

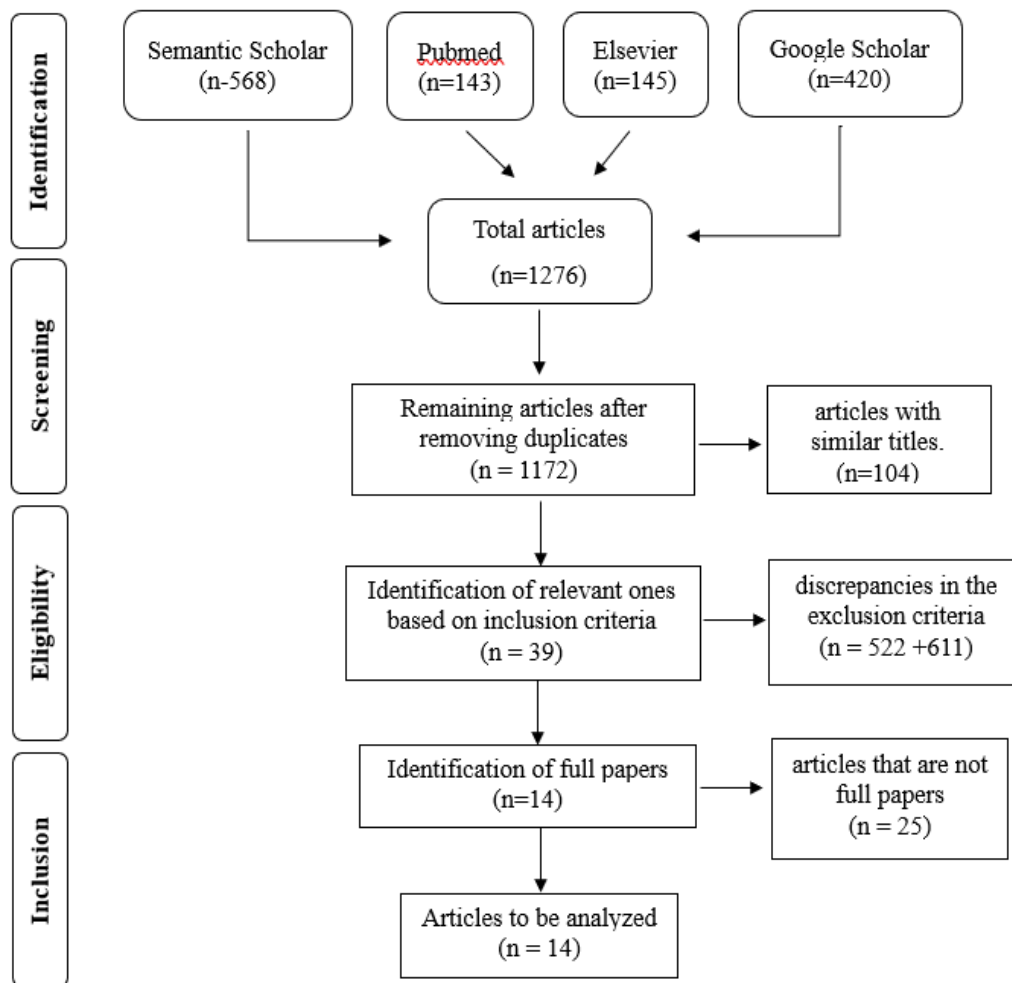


Figure 1. PRISMA Diagram

The literature study is conducted by creating a summary of mapping findings from articles related to the research objectives. The researcher conducts an article search using several electronic databases, namely Google Scholar, Semantic Scholar, Elsevier, and

Pubmed using the keywords "early initiation of Breastfeeding obstacles in Hospital" and "Inisiasi Menyusui Dini di Rumah Sakit". The entire search strategy is listed in **tables 1 and 2**.

Table 1. Article Selection Criteria

No	Criteria	Inclusion	Exclusion
1	Year of Publication	2019-2024	Years before 2019
2.	Study Design and	a) Qualitative	a) Full text not available

Research type	b) Quantitative c) Mixed Methods	b) closed access c) besides the three study types listed in the inclusion criteria
3. Setting	The study was conducted at the hospital	The study was not conducted at the hospital
4. Sample	Mother and newborns	Mother with HIV infection

Table 2. Summary of Search Result by Keyword

No	Database	Keyword	Sum
1	Pubmed	((Obstacles) OR (Difficulties) OR (Hambatan) AND (IMD) OR (EIBF) OR (Early Breastfeed) AND (Hospital) OR (Rumah Sakit) OR (Hospise))	143
2	Semantic Scholar	((Obstacles) OR (Difficulties) OR (Hambatan) AND (IMD) OR (EIBF) OR (Early Breastfeed) AND (Hospital) OR (Rumah Sakit) OR (Hospise))	568
3	Google Scholar	((Obstacles) OR (Difficulties) OR (Hambatan) AND (IMD) OR (EIBF) OR (Early Breastfeed) AND (Hospital) OR (Rumah Sakit) OR (Hospise))	420
4	Elsevier	((Obstacles) OR (Difficulties) OR (Hambatan) AND (IMD) OR (EIBF) OR (Early Breastfeed) AND (Hospital) OR (Rumah Sakit) OR (Hospise))	145

Result dan Discussion

The data synthesis is carried out by the researcher in observing and identifying findings related to obstacles in early initiation

of breastfeeding. These findings are then collected and mapped to show an overview and research climate on the topic over a span of 6 years.

Table 3. Recapitulation Results of Included Article Findings

No.	Writer	Title	Year	Region	Research Findings
1.	Ameinah Thamer Alrasheedi	Factors associated with early initiation of breastfeeding in central Saudi Arabia: a hospital-based survey(10)	2023	Saudi Arabia	There are several obstacles to early initiation of breastfeeding, one of which is cesarean surgery on mothers giving birth. The reason is that post-cesarean surgery causes mothers to experience post-operative pain, fatigue, decreased attention and readiness, respiratory problems, and unpreparedness of the body to provide breast milk to the baby. the education is relatively low, so mothers do not feel supported and facilitated.

2.	Sergio Martínez, Julián Rodríguez, Adriana Peinado, Juan Miguel	Determinants and Factors Associated Maintenance of Exclusive Breastfeeding after Hospital Discharge after Birth(11)	2022	Spain	Several factors that become obstacles to early initiation of breastfeeding include: <ol style="list-style-type: none"> 1. Multiple pregnancies 2. Labor induction 3. ICU admission for childbirth 4. Use of regional or epidural anesthesia 5. Premature birth of the baby
3.	Nazirah Johar, et al	Factors Associated with Early Breastfeeding Initiation among Women Who underwent Cesarean Delivery at Tertiary Hospitals in Kelantan, Malaysia (12)	2020	Malaysia	The factors that become obstacles for mothers to initiate early breastfeeding are: <ol style="list-style-type: none"> 1. Lack of skin-to-skin contact 2. Discomfort after childbirth such as dizziness, fatigue, pain during breastfeeding, and feelings of anxiety 3. Instability of the health status of the mother or newborn, equipment problems, and issues with nursing staff in the operating room 4. The mother's perception
4	Rejina Gurung, et al	Predictors for timely initiation of breastfeeding after birth in the hospitals of Nepal- a prospective observational study (13)	2021	Nepal	The obstacles to breastfeeding in the first hour are: <ol style="list-style-type: none"> 1. Multiparity is associated with untimely initiation of breastfeeding 2. Obstetric complications during hospital admission increase the likelihood of delayed initiation of breastfeeding 3. Neonates with low birth weight are more likely to have delayed initiation of breastfeeding 4. Insufficient skin-to-skin contact between the neonate and the mother significantly increases the likelihood of delayed initiation of breastfeeding
5	Margaret Rukindo, Mathias Tumwebaze, Elizabeth Manimake	First Hour Initiation of Breast Feeding & Associated Factors, among Mothers at Post Natal Ward in	2020	Uganda	The factors associated with the failure of early initiation of breastfeeding include: <ol style="list-style-type: none"> 1. The mother's occupation, age, marital status, religion, and the healthcare workers' knowledge about the practice. 2. Lack of knowledge about the

		Fort Portal Referral Hospital, Uganda(14)			<p>definition, procedures, and benefits of initiating breastfeeding in the first hour can lead to initiation failure.</p> <ol style="list-style-type: none"> Insufficient knowledge among healthcare workers in hospitals can lead to failure in initiating breastfeeding in the first hour. Hospitals serve a large population and perform many deliveries every day, which can strain resources and impact the quality of service provided to mothers and babies.
6.	Sharada Acharya et al	The Determinants of Early Initiation of Breastfeeding Practice among Mothers Attending a Tertiary Hospital, Kathmandu(15)	2020	Nepal	<ol style="list-style-type: none"> Cesarean delivery has been found to be a significant factor causing delay in breastfeeding initiation Mothers who make postnatal visits more than twice are also more likely to delay breastfeeding initiation Babies with low birth weight are identified as another determinant factor associated with delayed breastfeeding initiation Mothers giving birth to their first baby are found to be significantly associated with delayed breastfeeding initiation
7.	Daniya Stany et al	Impact of a quality improvement program: Early initiation of breastfeeding after cesarean section in a tertiary care hospital, in Eastern India (16)	2021	India	<p>The obstacles experienced in the research are:</p> <ol style="list-style-type: none"> Lack of skin-to-skin contact between mother and child The busyness of the nurse, so there is no time to supervise early breastfeeding initiation Lack of antenatal counseling related to early breastfeeding initiation before childbirth operation Lack of knowledge related to early breastfeeding initiation

8.	Kinshella, et al	Beyond early initiation: A qualitative study on the challenges of hospital-based postpartum breastfeeding support (17)	2024	Finlandia	<p>The obstacles and challenges of early initiation of breastfeeding include:</p> <ol style="list-style-type: none"> 1. Mother's fatigue after giving birth can hinder early initiation of breastfeeding 2. Inadequate follow-up on postnatal breastfeeding practices poses challenges 3. Poor support for facility-based breastfeeding after initial counseling contributes to the neglect of postnatal care in hospitals 4. Monitoring and correction of improper breastfeeding practices by health workers rarely occur after the mother and baby are transferred to the postpartum ward
9	Joyce, et al	The Association between a Novel Baby-Friendly Hospital Program and Equitable Support for Breastfeeding in Vietnam (18)	2021	Vietnam	<ol style="list-style-type: none"> 1. The lack of implementation of evidence-based practices such as skin-to-skin contact and important newborn care from an early stage hinders early initiation. 2. The increasing rate of cesarean births in low- and middle-income countries, including Vietnam, can lead to a low rate of early initiation of childbirth due to the direct separation of mother and baby.
10	Mary, et al	Early initiation of breastfeeding and factors associated with its delay among mothers at discharge from a single hospital (19)	2022	India	<p>Factors Causing the Failure of Early Initiation of Breastfeeding:</p> <ol style="list-style-type: none"> 1. Insufficient breast milk, maternal fatigue, long recovery time from anesthesia, uncomfortable breastfeeding position after cesarean surgery, delay in transferring the baby from the NICU, and delay in transferring the mother from the operating room are reasons for the delay in breastfeeding initiation. 2. Maternal fatigue, uncomfortable breastfeeding position due to post-cesarean

					pain, and insufficient breast milk due to decreased oxytocin release followed by anesthesia can hinder direct skin contact
11	Enni Prina	Faktor-faktor yang Memengaruhi Kegagalan Inisiasi Menyusui dini pada Ibu Post Sectio Caesaria di Rumah Sakit tentara Binjai	2019	Indonesia	<p>Factors Influencing the Failure of Early Initiation of Breastfeeding:</p> <ol style="list-style-type: none"> 1. Childbirth with cesarean surgery can cause difficulties in implementing early breastfeeding initiation 2. Maternal health conditions such as preeclampsia and hypertension can hinder the success of early breastfeeding initiation 3. Prolonged childbirth or postpartum can be one of the factors causing the failure of early breastfeeding initiation 4. In cases of placenta previa or other placental problems, early breastfeeding initiation may face challenges
12	Nguefack, et al	Reasons for Delayed Breastfeeding Initiation among Newly Delivered Women in Two First-Category Hospitals in Yaoundé, Cameroon	2020	Kamerun	<p>Reasons for the Delay in Breastfeeding Initiation:</p> <ol style="list-style-type: none"> 1. Cesarean delivery, belief in 'stale milk', lack of knowledge about the timing of breastfeeding initiation, baby falling asleep, and lack of instructions from health workers are common reasons for delayed breastfeeding initiation. 2. Some mothers refuse to breastfeed early due to concerns about breast damage or because they are working mothers 3. Factors contributing to the delay in initiation include lack of knowledge among nursing staff and mothers, geographical origin, and childbirth through cesarean surgery. 4. Various reasons related to the mother, newborn, medical staff, and socio-cultural issues.

13	Noviandari dan Mahayanti	The Relationship Between the Level of Knowledge of Health Workers and the Implementation of Early Breastfeeding Initiation at Private Hospitals in Yogyakarta	2023	Indonesia	<ol style="list-style-type: none">1. Lack of knowledge among health workers can hinder the proper implementation of early breastfeeding initiation2. Inadequate training and education for health service staff can lead to less optimal practices in carrying out early breastfeeding initiation3. Lack of support and resources in health facilities can also be an obstacle to the success of early breastfeeding initiation
14	Sukarti dan Windiani	Obstacles to the successful implementation of early breastfeeding initiation (IMD) in mothers giving birth at Sanglah Central General Hospital in Denpasar	2020	Indonesia	<p>Obstacles to Early Initiation of Breastfeeding:</p> <ol style="list-style-type: none">1. Low knowledge of health workers about IMD regulations and lack of motivation in implementing IMD2. Lack of information media support such as posters, leaflets, and counseling books for IMD implementation3. Factors that influence the success or failure of IMD implementation include lack of maternal knowledge about the benefits of IMD and lack of support from health service providers

Based on the analysis conducted on all included articles, There are factors associated with the delay in the early initiation of

breastfeeding in hospitals, which are observed in various countries. The mapping of these factors can be seen in **Table 4**

Table 4. Mapping of factors delaying the EIBF

Factors	Articles	Total
Cognitive Factors of Mothers Giving Birth		12
Lack of Mother's Knowledge	1,5,7,12,14	5
Lack of Mother's experience	3,4,5,6,10,12,13	7
Lack of skin to skin contact	3,4,7,9	4
Operational and Hospital Human Resources Factors		13
Large workload of hospital human resources	2,3,4,5,7,12	7
Lack of knowledge of hospital human resources	5,13,14	3
Hospital management and regulations that are not firm enough	8,9,14	3
Lack of education provided by health workers	1,7,8,12,13	5
Inadequate hospital facilities	8,13	2
Postpartum Factors		11
Discomfort after Caesarean section surgery	1,2,3,4,6,8,9,10,11,12	10
Low Birth Weight/ Premature/ ICU	2,3,4,6,10,11	6
Twin Birth	2	1
Less optimal breastfeeding position	10	1

Cognitive Factors of Mothers in Early Breastfeeding Initiation at the Hospital

In the process of early breastfeeding initiation in hospitals, many mothers experience cognitive obstacles that can affect their ability to successfully start breastfeeding. These cognitive factors are related to psychological and mental aspects that can influence the perception, understanding, and skills of mothers in breastfeeding their newborns. Common cognitive obstacles experienced by mothers are a lack of knowledge and

experience related to early breastfeeding initiation. As many as 76.9% of all included articles state that a lack of experience and knowledge of mothers can hinder early breastfeeding initiation. Research in Uganda shows that almost half of the 162 respondents (49%) do not have knowledge about the meaning, procedure, and benefits of breastfeeding initiation in the first hour. About a third (31%) have little knowledge, and (20%) of postpartum mothers have sufficient knowledge about the practice (14). The lack of

mother's experience also falls into the cognitive obstacles of mothers in early breastfeeding initiation. Research in Finland shows a significant relationship between primiparous mothers with early breastfeeding difficulties (p value=0.023). This also seems to support a strong relationship between inadequate hospital support for postpartum mothers who will perform early breastfeeding initiation (p value=0.026) (20). In terms of experience, nulliparous and primiparous mothers have little experience in providing early breastfeeding initiation. This is confirmed in research in Nepal, that unsuccessful early breastfeeding initiation is experienced by mothers who have never given birth and mothers who have just given birth once with a significant relationship (p value=0.01)(13).

Operational and Hospital Human Resources Factors in Early Breastfeeding Initiation at the Hospital

Early breastfeeding initiation is closely related to the hospital and its operations, as the hospital is the place where mothers practice early breastfeeding initiation under supervision. In a study in India, no mothers were given antenatal counseling about early breastfeeding initiation by the hospital. Nurses did not take the initiative for early breastfeeding initiation, even though there were two nurses available (16), this illustrates the very high hospital workload that disrupts the practice of early breastfeeding initiation in

the Hospital. In addition, in a study in Cameroon, the instructions given to mothers by Health service providers are very lacking. It was found that up to 20.4% of interviewed mothers did, not realize the concept of early breastfeeding initiation, so they could not apply it. Lack of knowledge in our context may be caused by a health system that fails to provide adequate counseling about feeding babies to women. It was found that 20.4% of interviewed mothers, did not realize the concept of early breastfeeding initiation, so they could not apply it. This lack of education is caused by a health service system that fails to provide adequate counseling about Early Breastfeeding Initiation (Nguefack *et al.*, 2020). In Indonesia, research reviewing obstacles originating from hospitals shows that the unclear division of tasks, commitment problems, and adequate knowledge related to early breastfeeding initiation have a major impact on the perception and knowledge of mothers and the willingness to practice early breastfeeding initiation (22). In a qualitative study in Pakistan, health workers affirm the need to focus on the next delivery, strengthening the health system with adequate staff, equipment, and management structure is very important because delivery is in facilities (23).

Hospital aspects play a significant role in supporting or hindering the practice of early breastfeeding initiation. Hospital policies that support, such as those set out in the "Ten Steps

to “Successful Breastfeeding” from WHO/UNICEF, play an important role in creating an environment that supports early breastfeeding initiation. In a study in Cameroon, 3.6% of women with delayed breastfeeding mentioned having carried out inappropriate instructions given by medical staff related to early breastfeeding initiation. This can occur due to a lack of training or qualifications of some delivery room staff about early breastfeeding initiation (21). Comprehensive training for health workers about the importance of breastfeeding, correct breastfeeding techniques, and how to support mothers in the process of breastfeeding initiation is a key step in ensuring that this practice is effectively implemented in hospitals. There is poor support in the facility aspect towards breastfeeding after initial postpartum counseling. Supportive facilities and environments, such as a comfortable and quiet delivery room and the availability of a special room for premature/low birth weight babies to breastfeed play an important role in facilitating early breastfeeding initiation. Adequate education and resources available to mothers about the benefits of breastfeeding and how to do it effectively are also important factors to consider in supporting the practice of early breastfeeding initiation in hospitals, this is shown by research in Yogyakarta Hospital where there is a significant relationship between health worker education and delay in early breastfeeding initiation (22). Integrating

all these aspects into hospital policies and practices can significantly increase the level of early breastfeeding initiation, which in turn supports the overall health of mothers and babies.

Postpartum Factors in Early Breastfeeding Initiation at the Hospital

Current findings indicate that mothers who give birth to their babies through cesarean section are more likely not to initiate early breastfeeding, this can be evidenced through 71% of included articles that provide evidence of this relationship. Cesarean section hinders the practice of early breastfeeding initiation in hospitals that have been reported worldwide (24). The latest study in Nepal reveals that mothers who give birth to their babies through cesarean section have a 7.4 times higher chance to delay early breastfeeding initiation compared to those who give birth normally. Several studies have reported that the mode of delivery is one of the main determinants of early breastfeeding initiation in newborns. Delivery by cesarean section is associated with direct breastfeeding non-compliance. Cesarean section causes a delay in skin-to-skin contact between the mother and the newborn due to the effects of anesthesia and fatigue associated with prolonged labor. This may be because mothers who give birth to their babies through cesarean section need more time to recover from the effects of anesthesia. Mothers may also have difficulty achieving a

comfortable breastfeeding position and delay first contact with their baby. This study also shows that birth weight is significantly associated with early breastfeeding initiation ($p = 0.004$). Babies with low birth weight (OR: 6.923; CI 95%: 1.529 - 31.338) have a 6.9 times higher chance to start breastfeeding after 1 hour from birth (delaying initiation) compared to normal birth weight babies. This finding is similar to findings in western Nepal where babies with low birth weight are less likely to be breastfed in the first hour after birth. This could be due to poor sucking capacity or diseases associated with low birth weight babies (15).

Early Initiation of Breastfeeding In Indonesia

The condition of breastfeeding initiation in Indonesia needs more attention and strategic solutions. Currently, based on the results of the 2017 nutritional status monitoring (PSG), the coverage of exclusive breastfeeding in Indonesia reached 35.7%, an increase of 6.2% compared to the previous year which only reached 29.5% (25). The importance of the practice of early breastfeeding initiation (EIB) in supporting the success of exclusive breastfeeding cannot be denied. The practice of early initiation of breastfeeding (EIB) plays a crucial role in Indonesia's efforts to realize a golden generation through increasing the coverage of exclusive breastfeeding. Data from the results of the 2017 nutritional status monitoring (PSG) show that EIB coverage in

Indonesia has increased to 59.7%, reflecting an increasing awareness of the health benefits offered by this practice in providing optimal protection for newborns. Hospitals play a very important role in the success of Early Breastfeeding Initiation. According to Government Regulation Number 33 of 2012, Health Workers and Health Service Facility providers are required to initiate early breastfeeding for newborns to their mothers at least for 1 (one) hour (26).

The implementation of Early Initiation of Breastfeeding (EIB) faces several significant challenges, particularly within healthcare settings. One major issue is the inadequate knowledge and training of health workers regarding EIB regulations and techniques. Without sufficient education, health professionals may struggle to properly promote and facilitate breastfeeding immediately after birth, leading to inconsistent practices. This lack of expertise not only hampers the effectiveness of EIB programs but also limits the ability of health workers to encourage new mothers to engage in early breastfeeding. Additionally, the absence of adequate informational materials, such as posters, leaflets, and counseling books, in healthcare facilities further weakens the promotion of EIB. These resources are crucial for educating both health workers and mothers about the benefits of early breastfeeding, and their absence leaves a gap in essential knowledge and support(13).

Moreover, the success of EIB is often hindered by limited maternal awareness of its benefits. Many mothers are unaware of the advantages EIB offers, such as providing crucial immune protection to newborns and fostering early bonding. Without proper education and support from healthcare providers, these mothers may miss the opportunity to practice EIB. Additionally, cultural norms and misconceptions can further discourage the practice. To address these issues, a multifaceted approach is necessary, focusing on improving the training and education of health workers, providing essential informational resources, and enhancing maternal knowledge about EIB. By addressing these challenges, the effectiveness of EIB programs can be strengthened, leading to improved health outcomes for both mothers and their infants(14).

Conclusions

From the analysis conducted on the included articles, it can be concluded that there are various obstacles in early breastfeeding initiation in hospitals, which are felt in various countries. These obstacles include cognitive factors in mothers, operational and hospital human resources, as well as postpartum obstacles. The lack of knowledge and experience of mothers, high workload on hospital staff, and postpartum conditions such as cesarean section become the main factors

that hinder the practice of early breastfeeding initiation. These obstacles affect not only mothers, but also health workers and hospital policies in supporting the practice of early breastfeeding initiation.

Recommendation

Based on these findings, several academic recommendations can be proposed to improve the practice of early breastfeeding initiation in hospitals:

1. Improving education and knowledge:
It is important to enhance the education and knowledge of mothers from the time of pregnancy or pregnancy preparation as well as medical personnel and health workers who serve from outpatient, operating room, and inpatient about the benefits and procedures of early breastfeeding initiation. This can be done through more intensive training and more directed educational materials.
2. Provision of adequate support and resources: Hospitals need to ensure that there are enough staff and resources available and committed to supporting the practice of early breastfeeding initiation in hospitals, including the availability of adequate counseling and guidance.
3. Change of hospital policy: Hospital policies need to be strengthened to support the practice of early

breastfeeding initiation, including providing a comfortable recovery room to perform early breastfeeding initiation, adding standard operational procedures during cesarean section by giving early breastfeeding initiation time to elective and stable cesarean patients, ensuring that mothers and babies have skin-to-skin contact as soon as possible after delivery, and enhancing health workers' understanding of the importance of this practice.

4. Community involvement and holistic approach: It is important to involve the community in supporting the practice of early breastfeeding initiation, including supporting postpartum mothers after they leave the hospital. A holistic approach involving all stakeholders, including mothers, families, health workers, and communities, is needed to create an environment that supports the practice of early breastfeeding initiation.

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