Narrative Review

Breastfeeding Support and Midwives' Role in Early Initiation: A Narrative Review

Wdad Alanazy

ABSTRACT

Introduction: Early initiation of breastfeeding (EIBF), placing the newborn to the breast within the first hour after birth, is one of the most effective and low-cost strategies to improve neonatal survival and maternal outcomes. Despite strong global advocacy, EIBF rates remain below the World Health Organization (WHO) target of 70%.

Aim: This narrative review synthesizes recent evidence (2018–2025) on midwives' roles in promoting and supporting EIBF, highlighting institutional, educational, and socio-cultural factors that influence breastfeeding initiation and continuation.

Place and Duration of Study: Majmaah University, Al-Majmaah, 11952, Saudi Arabia from October 2025 till December 2025.

Methods: A structured narrative review guided by the Joanna Briggs Institute (JBI) methodology and the PRISMA-ScR framework was conducted. Searches were performed in PubMed, CINAHL, Scopus, and Google Scholar. Studies addressing breastfeeding initiation, midwifery support, or postpartum education were included.

Findings: eleven peer-reviewed studies met inclusion criteria. Evidence showed that midwives' education and training significantly improve EIBF outcomes. Institutional policies such as Baby-Friendly Hospital Initiative (BFHI) accreditation, rooming-in, and skin-to-skin contact enhance breastfeeding success. Mothers valued empathetic communication, practical assistance, and continuity of care. Barriers included Cesarean delivery, inadequate staff training, and limited institutional support.

Conclusion: Midwives are pivotal in achieving optimal breastfeeding outcomes through immediate postpartum support, advocacy, and culturally sensitive counselling. Strengthening professional education, enforcing BFHI standards, and expanding family-inclusive community programs are essential to meet WHO and Saudi Vision 2030 targets.

Key Words: Breastfeeding support; Early initiation; Midwives; Postpartum care; Baby-Friendly Hospital Initiative; Saudi Arabia.

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INTRODUCTION

Early initiation of breastfeeding (EIBF)—defined as placing the new-born to the breast within the first hour after birth—is a crucial determinant of infant survival and maternal health [1]. According to the World Health Organization (WHO), timely initiation of breastfeeding can prevent up to 15 % of neonatal deaths worldwide, primarily by reducing the incidence of sepsis, pneumonia, diarrhea, and other preventable infections[2,3]. Early mother-infant contact stimulates oxytocin release, enhances uterine contraction to prevent postpartum haemorrhage, and strengthens emotional bonding[4]. From a public-health perspective, EIBF represents a low-cost, high-impact intervention contributing directly to Sustainable Development Goal 3.2 on reducing neonatal mortality. Despite extensive global advocacy, EIBF rates remain below the WHO target of 70 %, with considerable regional disparities. Only about 57.6 % of infants worldwide are breastfed within the first hour, with the lowest prevalence reported in high-income and Middle-Eastern countries[5,6]. In Saudi Arabia, early initiation occurs in roughly 23 % of births, reflecting systemic and cultural barriers[6]. Contributing factors include cesarean deliveries, limited staffing, inconsistent postnatal education, and inadequate Baby-Friendly Hospital Initiative (BFHI) implementation[3,7].

Midwives occupy a strategic and irreplaceable role in promoting EIBF through immediate postpartum care, counselling, and advocacy for mother- and baby-friendly practices[8]. Positioned at the frontline of maternity services, midwives implement evidence-based interventions—ensuring skin-to-skin contact, facilitating rooming-in, and guiding early latching and positioning[4,9]. Beyond technical competence, their empathy, communication, and cultural sensitivity

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directly influence maternal confidence and breastfeeding success [10].

However, gaps persist in midwives' breastfeeding knowledge, institutional backing, and self-efficacy. Heavy workloads, limited continuing education, and fragmented health-care policies restrict the consistency and quality of breastfeeding assistance[11,12]. Sociocultural norms, family influence, and post-cesarean anxiety further complicate EIBF implementation. Breastfeeding is widely recognized as one of the most effective and cost-efficient interventions for improving maternal and neonatal health outcomes. Early initiation of breastfeeding, defined as putting the newborn to the breast within the first hour after birth, plays a critical role in reducing neonatal morbidity and mortality. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) strongly recommend early initiation of breastfeeding as an essential component of optimal newborn care. Initiating breastfeeding within the first hour of life helps stimulate the release of oxytocin, promotes uterine contraction, enhances mother–infant bonding, and supports the establishment of an adequate milk supply. Additionally, early breastfeeding allows newborns to receive colostrum, which is rich in immunological components, growth factors, and essential nutrients that protect against infections and support early immune development[13-15].

Despite strong global recommendations, the rate of early initiation of breastfeeding remains suboptimal in many regions, particularly in low- and middle-income countries. Various barriers contribute to delayed initiation, including lack of maternal awareness, cultural practices, medical interventions during delivery, and inadequate breastfeeding support in healthcare facilities. Among healthcare professionals involved in maternity care, midwives play a pivotal role in facilitating early initiation of breastfeeding[16]. As primary caregivers during labor, delivery, and the immediate postpartum period, midwives are uniquely positioned to provide education, emotional support, and practical guidance to mothers. Their clinical skills and counseling abilities significantly influence maternal confidence and the successful initiation of breastfeeding. Midwives contribute to breastfeeding promotion through multiple mechanisms. They assist mothers with proper positioning and attachment, encourage skin-to-skin contact immediately after birth, and provide reassurance and counseling to overcome initial breastfeeding difficulties[17]. Evidence suggests that continuous professional support from trained midwives increases the likelihood of timely breastfeeding initiation and improves exclusive breastfeeding rates during the early postpartum period. In addition, midwives play an important role in implementing evidence-based practices recommended by the Baby-Friendly Hospital Initiative (BFHI), which emphasizes early mother–infant contact and breastfeeding support within healthcare settings[17].

This review therefore synthesizes recent empirical and integrative evidence on midwives' roles, barriers, and enabling factors affecting EIBF. By identifying effective strategies and persistent gaps, it aims to inform educational programs, policy frameworks, and maternal-child health initiatives aligned with WHO goals and Saudi Vision 2030 priorities.

METHODS

A structured narrative review was conducted following the Joanna Briggs Institute (JBI) methodology (2017) and aligned with the PRISMA-ScR framework. The review process included identifying relevant literature, screening for eligibility, charting data, and synthesizing results according to the stated objectives. To synthesize current evidence (2018–2025) on the role of midwives in supporting EIBF and to explore institutional, educational, and sociocultural factors that influence initiation and continuation during the early postpartum period.

Using the PCC framework (Population, Concept, Context):

Inclusion criteria

1. Peer-reviewed empirical or review studies addressing breastfeeding initiation, midwifery support, or early postpartum education.
2. Research involving mothers, midwives, nurses, or health systems supporting EIBF.
3. Published in English (Jan 2018 – Jun 2025).
4. Full-text availability.
5. Quantitative, qualitative, or mixed-methods studies of moderate-to-high quality.

Exclusion criteria

1. Editorials, commentaries, abstracts, or grey literature.
2. Non-English publications or unrelated topics.
3. Studies lacking methodological transparency or full-text access.

Electronic searches were performed in PubMed, CINAHL, Scopus, and Google Scholar (June 2025). Reference lists of included papers were screened manually.

Search terms combined MeSH and free-text keywords: ("early initiation of breastfeeding" OR "EIBF") AND ("midwife" OR "midwifery support" OR "lactation counselling" OR "breastfeeding education") AND ("postpartum care" OR "Baby-Friendly Hospital Initiative" OR "skin-to-skin contact"). After duplicate removal, two reviewers screened titles, abstracts, and full texts independently; discrepancies were resolved by discussion.

Search outcome: 82 records identified → 21 duplicates removed → 61 screened → 37 excluded → 24 full texts assessed → 15 excluded (low quality) → 9 studies included. Data were extracted using a standardized

form capturing author(s), year, country, design, population, and key findings. Quality was assessed using the JBI Critical Appraisal Tools, retaining only studies meeting ≥ 70 % criteria for rigor and relevance.

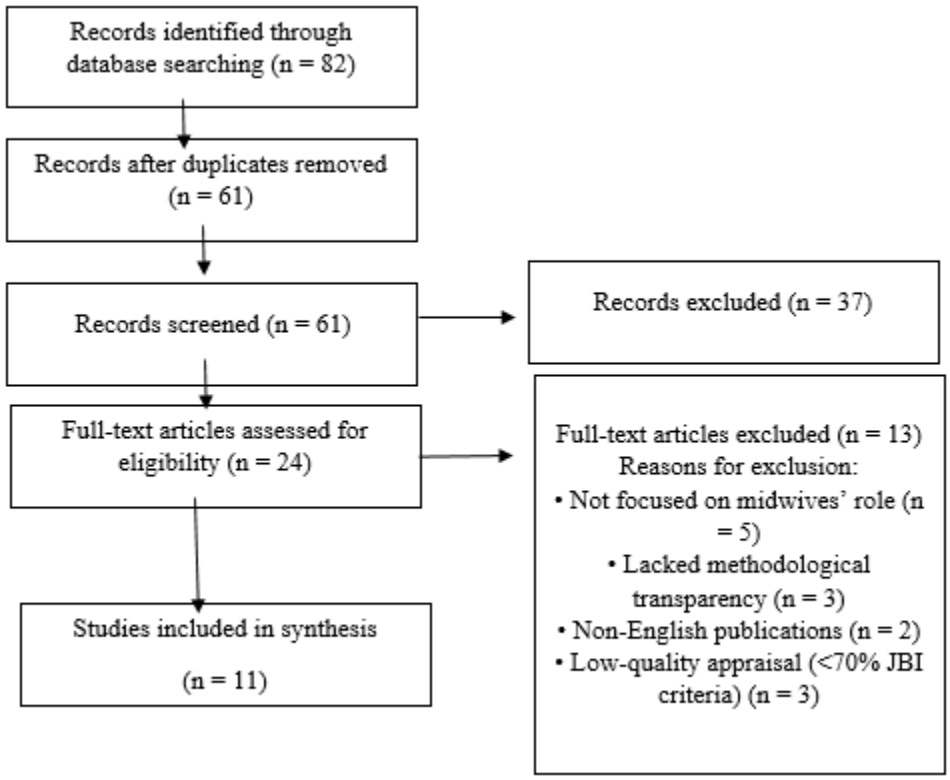

Figure 1. PRISMA 2020 Flow Diagram for Study Selection

FINDINGS AND DISCUSSION

Globally, only ~57.6% of infants are breastfed within 1 hour after birth, a rate dropping sharply following cesarean delivery[3]. Cultural beliefs about colostrum impurity and the prestige of formula remain persistent deterrents. In Saudi Arabia, EIBF rates remain low (~23%) despite institutional policies advocating early feeding[6]. The 2024 study by Alissa and Alshareef in Makkah revealed that mothers who initiated breastfeeding early and received pre-birth education maintained longer exclusive breastfeeding durations — confirming the vital link between EIBF and sustained exclusive breastfeeding.[13-15]

Midwives' clinical competence and confidence are critical determinants of early initiation of breastfeeding (EIBF) success. Wang et al. (2023) and Sato et al. (2022) demonstrated that structured lactation-support programs significantly enhance midwives' knowledge, practical skills, and the overall rate of successful EIBF; however, ongoing reinforcement, mentorship, and performance supervision are necessary to sustain these improvements[9,11]. The French National College of Midwives' guidelines emphasize that midwives must master three essential predictors of breastfeeding success—safe skin-to-skin contact, initiation of the first breastfeed, and continuous 24-hour rooming-in—which together form the foundation of competent perinatal care[16-17].

Training that integrates these competencies within the Baby-Friendly Hospital Initiative (BFHI)—particularly Step 2 (staff competency) and Step 4 (skin-to-skin contact)—has been shown to improve care consistency, adherence to evidence-based practices, and institutional accountability. Nevertheless, many Saudi midwives continue to report limited opportunities for continuing education, high clinical workloads, and a lack of structured mentorship programs, all of which restrict skill retention and confidence in implementing EIBF-supportive interventions. Midwives bridge the gap between clinical protocol and maternal experience. Evidence from Sweden[10] and France[13] shows that midwife-led empathy, hands-on guidance, and reassurance are key determinants of maternal confidence. Saudi mothers echo this need for personalized and trust-based communication[9], yet heavy caseloads limit midwives' availability for extended postpartum counselling. The WHO (2024) and BFHI guidelines recommend 1 trained breastfeeding specialist per 700 births, but many facilities fall short of this ratio[19-21].

Institutional support directly affects EIBF outcomes. Facilities with BFHI accreditation, 24-hour rooming-in, and immediate skin-to-skin show significantly higher

initiation rates[3]. Saudi studies report organizational barriers such as inconsistent BFHI implementation, staff shortages, and limited training in cesarean wards[6]. Midwives often struggle to balance routine clinical tasks with breastfeeding support, especially when policy frameworks lack clarity or resources for protected lactation time and private spaces.

Cultural attitudes and family dynamics significantly influence midwives' ability to implement early initiation of breastfeeding (EIBF). Studies from Indonesia and China have shown that family-inclusive antenatal education substantially improves both initiation and exclusivity rates[22,23]. In Saudi Arabia—where decision-making during childbirth and postpartum often involves fathers and grandmothers—midwives must extend breastfeeding education beyond mothers to include key family members. Engaging these influencers helps dispel myths about colostrum impurity, strengthens emotional support for mothers, and reduces early formula introduction[24]. The French National College of Midwives' guidelines emphasize that cultural and familial perceptions directly shape breastfeeding behaviours. Midwives are therefore encouraged to promote shared parental responsibility, highlighting fathers' active participation not only as emotional supporters but also as advocates for exclusive breastfeeding and baby-friendly practices[25]. Empowering midwives to address these cultural dimensions requires targeted communication training, community engagement programs, and culturally tailored counselling that respects traditional norms while promoting evidence-based care. When midwives are empowered to act as both clinicians and educators, they can build trust, challenge misconceptions, and strengthen maternal autonomy within culturally diverse settings. This dual role positions midwives as key change agents in achieving higher EIBF rates and sustaining breastfeeding beyond the early postpartum period[27]. Effective EIBF support extends beyond hospital discharge. Couto et al. (2025)[4] found that home visits and teleconsultations by midwives sustain breastfeeding intentions. However, returning to work is a major barrier for Saudi mothers. Alissa and Alshareef (2024)[13] reported that short maternity leaves and lack of expressing facilities in workplaces significantly reduced exclusive breastfeeding durations — reinforcing the need for midwives to advocate policy reforms and guide mothers on safe milk expression and storage[27-29].

Midwives face multidimensional barriers in promoting EIBF:

- **Systemic:** workforce shortages and inadequate BFHI integration;
- **Educational:** limited continuing education and training opportunities;
- **Cultural:** beliefs that colostrum is impure and pressure from relatives to formula-feed;
- **Operational:** high workload, insufficient privacy for breastfeeding counselling;
- **Psychological:** midwives own self-efficacy and emotional burnout when support is not institutionally valued.

These findings underscore the need for system-level strategies to empower midwives as frontline advocates for maternal and neonatal health[30]. Early initiation of breastfeeding, defined as placing the newborn to the breast within the first hour after birth, is a key intervention recommended by the World Health Organization and other global health agencies. Initiating breastfeeding soon after delivery allows infants to receive colostrum, which is rich in antibodies, growth factors, and protective proteins essential for early immune development. Early breastfeeding also promotes skin-to-skin contact between mother and infant, enhances maternal–infant bonding, and stimulates the release of oxytocin, which facilitates uterine contraction and reduces the risk of postpartum hemorrhage[31]. In neonatal care settings, particularly among preterm or low-birth-weight infants, early exposure to human milk has been associated with improved feeding tolerance, reduced risk of necrotizing enterocolitis, and decreased rates of late-onset sepsis. Despite strong global recommendations and clear health benefits, the rate of early initiation of breastfeeding remains suboptimal in many regions. Several maternal, cultural, institutional, and healthcare-related factors influence the timing and success of breastfeeding initiation[32]. Lack of maternal knowledge, delayed skin-to-skin contact, medical interventions during childbirth, and insufficient breastfeeding counseling are among the most commonly reported barriers. In healthcare facilities, the support provided by trained health professionals plays a critical role in promoting early initiation of breastfeeding and ensuring successful lactation.

CONCLUSION

Midwives are the linchpin of successful early breastfeeding initiation. When supported through continuous training, adequate staffing, and family-inclusive education, their impact on EIBF is profound. Overcoming barriers such as cesarean births, inconsistent policies, and cultural misconceptions requires an integrated approach involving policy-makers, educators, and midwifery leaders. Establishing BFHI standards nationwide and expanding midwife-led lactation programs will help Saudi Arabia achieve WHO and Vision 2030 targets for maternal and child health.

To advance EIBF outcomes, health systems should:

1. Invest in continuous midwifery education and reflective supervision.
2. Institutionalize BFHI standards and supportive maternity policies.

3. Promote culturally inclusive family participation and community awareness.

These actions are essential for achieving **WHO 2030 breastfeeding targets** and fulfilling **Saudi Vision 2030** health priorities.

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