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Benefits of Exclusive Breastfeeding for Mothers with Infants Less Than 6 Months Old: A Comprehensive Systematic Review

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Abstract

*Background: This systematic review explores the benefits of exclusive breastfeeding for mothers with infants aged less than 6 months. Exclusive breastfeeding is crucial for infant health, and its impact on maternal well-being remains a topic of interest. Methodology: Following PRISMA guidelines, key terms "breastfeeding," "benefits+breastfeeding," and "br*stfeeding" were used to search electronic databases. Boolean operators and truncation options were employed for the inclusion of relevant studies. Results and Findings: Five articles were selected for analysis. Studies examined breastfeeding interventions, maternal social support, and breastfeeding initiation rates. Positive impacts were observed on knowledge, attitude, practices, and emotional well-being of mothers. Exclusive breastfeeding enhanced maternal-infant bonding, weight management, and physical health. It acted as a natural contraceptive, providing cost-effective nutrition and immunological protection for infants. Conclusion: Exclusive breastfeeding offered numerous health benefits for mothers with infants under 6 months. By prioritizing support and education, societies empowered mothers to embrace exclusive breastfeeding, fostering a healthier future for mothers and infants worldwide.*

Keywords: Breastfeeding, mothers, benefits breastfeeding, systematic review

Introduction

Exclusive breastfeeding (EBF) is widely acknowledged as the optimal mode of infant feeding, providing numerous health benefits to both infants and mothers (Alsolami et al., 2019; Lucas, Zhang, et al., 2019; Vieira Borba et al., 2018; Westerfield et al., 2018). Breast milk is uniquely designed to meet the nutritional and developmental needs of newborns, offering a multitude of bioactive components that support growth, immunity, and overall well-being (Madhoun et al., 2020; Peters & Pompeii-Wolfe, 2018; Wiciński et al., 2020). This systematic review explored the existing literature on the benefits of EBF specifically for mothers with infants aged less than 6 months. By examining a diverse range of studies, this review seeks to shed light on the significance of breastfeeding as a crucial component of maternal and child health. The study aims to synthesize existing literature on the subject.

Methodology

In order to ensure a comprehensive search, this systematic review adhered to the Preferred

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Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page, McKenzie, et al., 2021). Electronic databases acquired a total of 80 studies from PubMed, Scopus, and Proquest systematically searched using key terms such as "breastfeeding," "benefits+EBF," and "br*stfeeding." Truncation options were applied to maximize the inclusion of relevant articles, and Boolean operators (AND, OR) were used to refine the search and ensure the identification of pertinent studies.

After an initial screening of titles and abstracts using the PRISMA guideline, the selected articles underwent full-text review for eligibility (Selcuk, 2019). Inclusion criteria encompassed studies conducted between 2020 and 2023, focusing on the benefits of EBF for mothers with infants aged less than 6 months. Following a rigorous screening process, only five articles were included in this review.

A rigorous screening process was conducted to identify relevant studies on the benefits of EBF for mothers with infants under 6 months old. The screening process followed the PRISMA guidelines ensured transparency, reproducibility, and accuracy (Page, Moher, et al., 2021), found on figure 1.

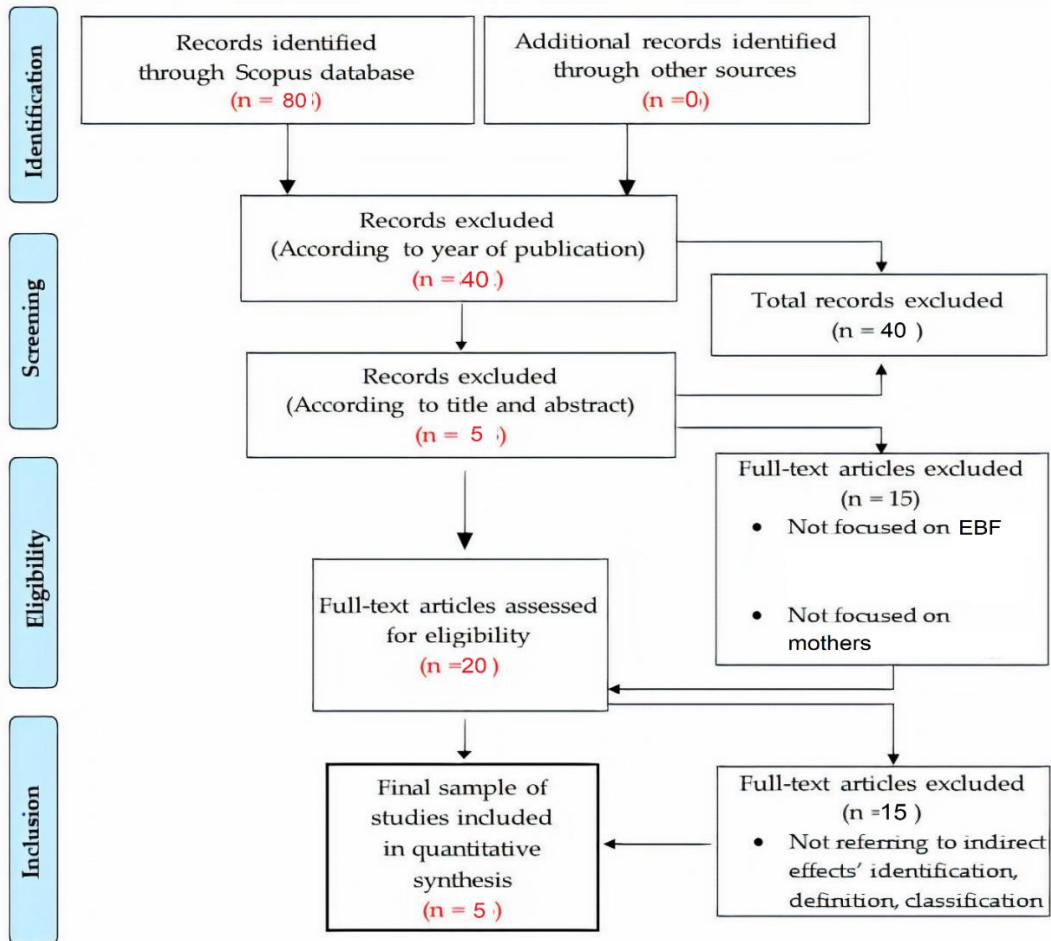


Figure 1. PRISMA Guideline.

The first step involved conducting a comprehensive literature search using electronic databases with key terms entered on search engines such as "breastfeeding," "benefits+breastfeeding,"

and "br*stfeeding" in order to capture a wide range of articles related to the topic.

After retrieving the initial set of articles, duplicates were removed to ensure that each study was unique (Cooper et al., 2018). The titles and abstracts of the remaining articles were then screened to exclude studies that were clearly irrelevant or not aligned with the research question. The first inclusion criteria included only studies that mentioned the benefits of EBF for mothers with infants aged less than 6 months.

Next, the full texts of the selected articles were thoroughly evaluated in order to assess their eligibility for inclusion (Page, McKenzie, et al., 2021). Any discrepancies or disagreements were resolved through discussion and consultation in the final five articles selected with other reviewers. Studies that met all the inclusion criteria were included in the final analysis.

In order to ensure the quality of the selected studies, the methodological rigor of each study was assessed using standardized tools, such as the Newcastle-Ottawa Scale for observational studies and the Cochrane Risk of Bias tool for randomized controlled trials (Gray & Grove, 2020). Studies with low methodological quality were carefully evaluated for potential bias and their impact on the overall findings of the systematic review (Page, Moher, et al., 2021).

The screening process ensured that only high-quality, relevant, and reliable studies were included in the analysis (table 1), thereby enhancing the credibility and validity of the review's findings.

Results and Findings

Of the 80 articles selected from databases, only five were used in this systematic review.

Murthy et al., (2020) found that EBF could enhance maternal-infant bonding, fostering a closer emotional connection between mothers and their infants. This randomized trial investigated the impact of an assisted breastfeeding technique on knowledge, attitude, and practices of mothers with cleft lip- and palate-affected infants. The intervention significantly improved breastfeeding outcomes, highlighting the value of additional support mechanisms for mothers facing unique breastfeeding challenges.

Beatrice et al., (2020) reported that EBF provides a cost-effective means of supplying essential nutrition and immunological protection to infants. This study examined the effectiveness of simulation-based teaching on manual expression of breast milk among mothers of babies admitted to the neonatal unit in South India. The results revealed that the intervention positively influenced breastfeeding practices, emphasizing the importance of tailored educational approaches for mothers.

Lee et al., (2022) says that EBF contributes to better physical health outcomes for mothers, promoting their overall well-being. This qualitative study explored user experiences with an online breastfeeding course for Southeast Asian pediatric trainees who came to Malaysia. The findings indicated a positive impact on breastfeeding knowledge and support, underscoring the significance of customized educational resources in diverse cultural contexts.

Philip et al., (2023) revealed that EBF can serve as a natural contraceptive method during the postpartum period, offering family planning benefits to mothers. Conducting a repeated cross-sectional analysis, this study investigated breastfeeding initiation rates in Ireland over two decades. The research identified ten recommended priorities for improvement to enhance

breastfeeding support for mothers, emphasizing the specific need for sustained efforts to promote family planning.

Mercan & Tari Selcuk, (2021) observed that EBF is associated with better weight management in postpartum women, potentially aiding in postpartum weight loss. This study examined the association between postpartum depression level, social support level, and breastfeeding attitude and self-efficacy in weight management. The results revealed that higher social support positively influenced breastfeeding self-efficacy, reaffirming the critical role of support systems in facilitating successful weight management.

Table 1. Results and Findings.

Authors & year	Design	Aim	Country	Findings
Murthy et al., (2020)	Randomized controlled trial	Investigated the impact of an assisted breastfeeding technique on knowledge, attitude, and practices of mothers with cleft lip- and palate-affected infants.	India	maternal-infant bonding
Beatrice et al., (2020)	Quasi-experimental	Examined the effectiveness of simulation-based teaching on manual expression of breast milk among mothers of babies admitted to the neonatal unit.	India	providing cost-effective nutrition and immunological protection for infants
Lee et al., (2022)	Phenomenological study	Explored lived experiences on physical changes from a customized educational resources in diverse cultural contexts.	Malaysia	physical health
Philip et al., (2023)	Cross-sectional analysis	Investigated breastfeeding priorities for improvement to specific need for sustained efforts to promote family planning.	Ireland	natural contraceptive

Mercan & Tari Selcuk, (2021)	Cross-sectional	Examined the association between postpartum depression level, social support level, and breastfeeding attitude and self-efficacy in weight management.	Turkey	weight management
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Acquiring the results found on table1 requires a rigorous discussion in order to synthesize new knowledge.

Discussion

The synthesis of new knowledge in this systematic review demonstrated the multifaceted benefits of EBF for mothers with infants aged less than 6 months. These benefits encompassed not only physical health but also emotional well-being and social support (Bengough et al., 2022; Ichsan et al., 2021; Lucas, Bernier, et al., 2019; Sebastiani et al., 2019; Shipp et al., 2022).

The following discussion provides an in-depth analysis of the identified benefits:

Improved Maternal-Infant Bonding: McGowan & Bland, (2023) agreed with Murthy et al., (2020) who also said that EBF fosters a unique emotional connection between mothers and their infants. The act of nursing creates a profound sense of closeness and security, promoting a strong mother-infant bond that lays the foundation for a nurturing relationship (Trafford et al., 2020).

Cost-effective Nutrition and Immunological Protection for Infants: Rhodes et al., (2021) agreed with Beatrice et al., (2020) who also said that EBF is a cost-effective feeding option, eliminating the need for expensive infant formulas and related feeding equipment. By relying on breast milk, families can save money on feeding costs and allocate resources for other essential needs. Kamalifard et al., (2019) also agreed that Breast milk is a rich source of immune factors, including immunoglobulins and cytokines, which provide passive immunity to infants, safeguarding them from various infections and diseases.

Enhanced Maternal Physical Health: Nkrumah et al., (2021) agreed with Lee et al., (2022) who also said that breastfeeding has been linked to a range of maternal health benefits, including a reduced risk of postpartum hemorrhage, postpartum depression, and certain cancers. The act of breastfeeding stimulates the release of oxytocin, which aids in uterine contractions and facilitates postpartum recovery (Wiciński et al., 2020).

Natural Contraceptive Effect: Calik-Ksepka et al., (2022) agreed with Philip et al., (2023) saying that EBF can act as a natural form of contraception, known as the Lactational Amenorrhea Method (LAM). When specific criteria are met, LAM can delay the return of menstruation and ovulation, providing temporary natural contraception (Hoyt-Austin et al., 2023). In order to discuss this further, the LAM is a natural contraceptive approach that relies on the suppressive effect of EBF on ovulation and menstruation during the postpartum period (Eticha, Girma, Mamo, Asefa, Birhanu, Taye, Alemu, Nigussie, et al., 2023). So in order to effectively use LAM for contraception, three key criteria must be met (Eticha, Girma, Mamo, Asefa, Birhanu, Taye, Alemu, Niguse, et al., 2023; Eticha, Girma, Mamo, Asefa, Birhanu, Taye, Alemu, Nigussie, et

al., 2023): EBF where the baby relies solely on breast milk for nutrition, frequent breastfeeding day and night, and the absence of menstruation. LAM is most reliable in the first six months postpartum but becomes less effective as other forms of nutrition are introduced to the infant and breastfeeding frequency decreases. While LAM offers a hormone-free and convenient contraceptive option for breastfeeding mothers, it is essential for users to receive accurate information and support to ensure its effectiveness as a family planning method (Birabwa et al., 2022).

Weight Management: Ryan et al., (2022) agreed with Mercan & Tari Selcuk, (2021) saying, breastfeeding helps postpartum mothers shed excess weight gained during pregnancy. The energy expenditure associated with milk production can contribute to gradual and healthy weight loss, promoting maternal well-being (Sari Ozturk & Demir, 2023).

The use of systematic reviews in research is crucial for synthesizing and evaluating evidence from multiple studies on a specific topic (Page, Moher, et al., 2021; Vergara-Merino et al., 2020). In this systematic review, the researchers utilized the Newcastle-Ottawa Scale for observational studies and the Cochrane Risk of Bias tool for randomized controlled trials to assess the methodological quality of the included studies (Andersen et al., 2020; Stang et al., 2018). While these tools are commonly employed and provide valuable insights into the quality of the evidence, they do have some limitations that need to be considered (Pati & Lorusso, 2018).

Firstly, the Newcastle-Ottawa Scale is widely used to assess the quality of observational studies, but it relies on subjective judgment to assign scores for each criterion (Kolaski, Romeiser Logan, et al., 2023). This subjective nature may introduce bias in the assessment process, as different reviewers may interpret the same study differently, leading to inconsistency in the scoring (Kolaski, Logan, et al., 2023). Moreover, the Newcastle-Ottawa Scale assesses studies based on a limited set of criteria, mainly focusing on selection, comparability, and outcome (Norris et al., 2021). While these are essential aspects of study quality, they may not capture all relevant factors, such as confounding variables or attrition bias (Lunny et al., 2018). Therefore, the Newcastle-Ottawa Scale may not provide a comprehensive assessment of the methodological quality of observational studies (Jennifer & Sophie, 2023).

Similarly, the Cochrane Risk of Bias tool is widely used for randomized controlled trials (Andersen et al., 2020; Stang & Rothman, 2023). As a result, it may not fully address the specific biases that can arise in trials evaluating non-pharmacological interventions, such as EBF or other behavioral interventions (JEPS Bulletin, 2019). Additionally, the Risk of Bias tool uses a judgment-based approach to categorize the risk of bias as low, unclear, or high. This subjective process may lead to misclassification or inconsistency in bias assessment among different reviewers.

Another limitation of both tools is that they primarily focus on certain sources of bias, such as randomization, blinding, and allocation concealment (Creswel, 2019; Stang & Rothman, 2023). While these are essential sources of bias to consider, other factors, such as performance bias or detection bias, may also influence the study results and are not fully addressed by the tools (Gray & Grove, 2020).

Despite these limitations, the Newcastle-Ottawa Scale and Cochrane Risk of Bias tool remain valuable tools for assessing study quality in systematic reviews (Andersen et al., 2020; Norris et al., 2021; Pati & Lorusso, 2018). Researchers can use them to identify potential biases in the included studies and consider the overall quality of evidence when drawing conclusions or making recommendations based on the review's findings .

In order to overcome some of these limitations, researchers conducting this systematic review used a comprehensive and transparent approach to assess study quality (Pollock et al., 2018; Siddaway et al., 2019). This included involvement of multiple reviewers to independently assess the studies, using clear criteria for each assessment, and providing detailed justifications for the scoring decisions (Fan & Jia, 2020). Additionally, researchers considered using additional tools or approaches to address specific sources of bias that was not fully captured by the Newcastle-Ottawa Scale or Risk of Bias tool (Patel et al., 2022).

Nevertheless, there was no bias on the synthesis of new evidences that breast milk is a remarkable natural resource that provides unparalleled nutrition and immunological protection, fostering optimal health and development for infants. Moreover, breastfeeding offers mothers a range of physical, emotional, and social benefits, strengthening maternal-infant bonding and promoting overall well-being (Laksono et al., 2021; Wiciński et al., 2020).

The evidence presented underscores the critical role of support systems, healthcare professionals, and community organizations in promoting and sustaining EBF practices. By investing in targeted educational interventions, counseling services, and comprehensive support networks, we can empower mothers to embark on their breastfeeding journey with confidence and success (Mulcahy et al., 2022).

Conclusion

The comprehensive systematic review presented herein highlights the significant benefits of EBF for mothers with infants aged less than 6 months. Exclusive breastfeeding enhanced maternal-infant bonding, weight management, and physical health. It acted as a natural contraceptive, providing cost-effective nutrition and immunological protection for infants.

EBF offers mothers a range of benefits, including improved maternal-infant bonding. Breastfeeding fosters a unique emotional connection between mothers and infants, promoting a sense of closeness and security.

In conclusion, EBF is a transformative practice with multifaceted benefits for both mothers and infants. As a society, it is crucial to recognize and support breastfeeding as a fundamental aspect of maternal and child health. By prioritizing the promotion and protection of breastfeeding practices, we can create a healthier and more equitable world for mothers and infants alike. Efforts to promote breastfeeding should be integrated into maternal and child health programs, health systems, and government policies to create a supportive and nurturing environment for mothers worldwide (Chowdhury et al., 2021; Hussein et al., 2019; Ibrahim et al., 2023).

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