

ORIGINAL RESEARCH ARTICLE

Support experiences of mothers with breastfeeding problems: A qualitative study

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Ash Eker^{1*}, Meltem Aydın Beşen¹ and Sümbüle Köksoy Vayisoğlu²

Mersin University Icel Health School, Midwifery Department, Mersin, Turkey¹; Mersin University Nursing Faculty, Department of Public Health Nursing, Mersin, Turkey²

*For Correspondence: Email: aker25@hotmail.com; Phone: +90324-3610001 (14222)

Abstract

Understanding mothers with problems regarding support is important for planning care, directing interventions, and ensuring the continuity of breastfeeding. This is a qualitative analytic study. Data were collected by using questions about socio-demographic characteristics and semi-structured interview questions. The research sample consisted of 15 mothers who met the participation criteria and volunteered to participate. Most of the mothers stated that they want to be supported when they need it, they want positive support, they do not want to be compared with other mothers and they care about professional support. Social support given without ignoring the feelings and expectations of the woman during the breastfeeding process will positively affect the process. (*Afr J Reprod Health* 2022; 26[7]: 102-111).

Keywords: Breastfeeding, support perception, breastfeeding problems, midwifery, nursing

Résumé

Il est important de comprendre les mères qui ont des problèmes de soutien pour planifier les soins, orienter les interventions et assurer la continuité de l'allaitement. Il s'agit d'une étude analytique qualitative. Les données ont été recueillies à l'aide de questions sur les caractéristiques sociodémographiques et de questions d'entrevue semi-structurées. L'échantillon de recherche était composé de 15 mères qui répondaient aux critères de participation et se sont portées volontaires pour participer. La plupart des mères ont déclaré qu'elles veulent être soutenues quand elles en ont besoin, qu'elles veulent un soutien positif, qu'elles ne veulent pas être comparées à d'autres mères et qu'elles se soucient du soutien professionnel. Un soutien social apporté sans ignorer les sentiments et les attentes de la femme pendant le processus d'allaitement aura un effet positif sur le processus. (*Afr J Reprod Health* 2022; 26[7]: 102-111).

Mots-clés: Allaitement, perception du soutien, problèmes d'allaitement, sage-femme, infirmière

Introduction

Breastfeeding contributes significantly to the psychological and physiological health of both the mother and the baby¹. Also, among “Sustainable Development Goals” breastfeeding seems to be associated with “poverty, nutrition, education, reducing inequality, development and growth”². Achieving improvement for these aspects makes it crucial to protect, encourage and support breastfeeding¹.

Worldwide, two out of three infants cannot be fed with breast milk only for the first 6 months, and these rates have not improved for 20 years^{3,4}.

Breastfeeding is a major global public health issue. Despite the vast number of studies in the literature on increasing feeding with breast milk only, breastfeeding duration, and the amount of breast milk^{5,6}, the interventions seem to be inadequate considering national and international data. It has been reported that breastfeeding is positively affected when adequate and regular healthcare service is provided from pregnancy to postpartum⁷. Mothers need social support during breastfeeding (mostly from the spouse and from their female relatives, their mothers, mothers-in-law, aunts, etc.). In fact, mothers consider social support to be more important than healthcare support due to the

continuous contact. Having positive but inadequate social support may lead women to give up on breastfeeding⁸.

Mothers with breastfeeding problems may need more support. Revealing the experiences of mothers with problems regarding support is key for planning care, directing interventions, and ensuring the continuity of breastfeeding⁹.

In the light of this information, we aimed to determine the social support experiences of mothers who have breastfeeding problems and what kind of support they need.

Method

This is qualitative descriptive research that uses phenomenological methods to determine the types of social support that mothers with breastfeeding problems need and how they perceive this support.

Research universe and sampling

The research universe included all mothers who could be accessed through social media between 1.04.2019-30.09.2019 and who were in their first six months after birth. 48 mothers had responded to and commented on these announcements. All participants were mothers who had short- or long-term breastfeeding problems.

Qualitative studies do not have a specific sample number and interviews should continue until new information/opinion emerges or data saturation is reached. In the study, which we aimed to examine in detail how mothers experience social support (self-experiences), purposive sampling method, one of the non-probability sampling method, was used, and the determination of the sample number was based on data saturation¹⁰. After the interview with 15 mothers, it was determined that the data continued to repeat itself. The researchers decided that data saturation was reached and the interviews were terminated.

Inclusion criteria

Participants were selected in accordance with sample selection criteria (having no problems that prevent breastfeeding by the mother or the baby, having problems ensuring full breastfeeding and starting additional feeding, the baby being aged less

than six months, having the mother and the baby not separated for more than 24 hours during postpartum, having a single baby born at 37th or above gestational week, being primiparous, having the ability to understand and communicate).

Measures

Research data were collected using an introductory information form that contained inquiry for participants' sociodemographic characteristics, a semi-structured interview form, and a voice recording device. Data collection forms were prepared by referring to the literature and expert opinions.

Data collection

The interviews were made in environments where the participants could comfortably express themselves and voice recording could be done using the in-depth interview method in accordance with the semi-structured interview form and at time periods jointly decided by the researcher and the participants. Interview questions were tested on five mothers who complied with the inclusion criteria. All interviews were carried out by a single researcher. The mean interview duration was between 40-45 minutes. Before the interviews, information was given about the research, informed consent forms were signed, and permission for audio recording was obtained.

Analysis

The interviews were written down from the recordings by the researcher within three days following the interviews and the accuracy of the written data was checked by another researcher. Data analysis was carried out by the researchers. Descriptive data are given numerically (Table 1). Analysis for the interview data was carried out using descriptive and content analysis techniques. To increase data reliability, the researchers first coded the data separately, forming categories based on the similarities and differences of the data, and then, the categories were compared and the analysis was performed on the categories that were agreed upon. Main themes and sub-themes were determined by re-evaluating the data under these

categories. For descriptive analysis, the data were categorized according to these determined themes, interpreted, and directly supported with the statements of the interviewees. The researchers performed the data analysis through discussing and making joint decisions¹¹ (Table 2).

Results

The mothers who participated in the research were aged between 21-38 years, had high school and above education, and almost all were working (Table 1). After data analysis, it was found that the data were categorized under 4 main themes and 9 sub-themes. The main themes were breastfeeding (3 sub-themes), support experiences (3 sub-themes), support needs (3 sub-themes), and recommendations to other mothers (Table 2).

Breastfeeding

Sub-theme 1. 1: Positive perception

The mothers were eager to continue breastfeeding for its physiological and psychological benefits for both their babies and themselves, and their perceptions regarding this matter were positive.

"...also, the mother feels good and sufficient. Like all postpartum troubles and the problems of raising a baby are relieved while breastfeeding." (Participant 1).

"I feel happy when I'm breastfeeding, seeing that I can be enough for my child relaxes me both mentally and physically. It's a very nice feeling, a great bond." (Participant 5).

Sub-theme 1. 2: Proper breastfeeding

The mothers defined proper breastfeeding as bonding, satisfaction, peace and comfort, and increased height and weight for the baby, while for themselves, they defined it as the ability to maintain technically correct breastfeeding (in terms of duration, jaw movement, complete grasping of the areola, etc.). When proper breastfeeding was thought to be inadequate, the parents began using a formula, which was also affected by their feeling of helplessness and by negative reactions and misinformation by their mothers/mothers-in-law, healthcare professionals, and other women around them.

"It is important for the baby to be fed and for us to bond. For me, it is key that the baby gets happy, does not cry, and looks comfortable after breastfeeding." (Participant 3).

"If the baby's height-weight, development, and movements all look normal, I feel satisfied." (Participant 9).

"...I get suspicious if he/she doesn't grip the entire areola and doesn't feed for 30 minutes." (Participant 2).

"We started to use the formula because of the pressure of my mother, saying that I have low milk, the baby cries, he/she is sucking but not getting fed enough." "My husband also said to give him the formula if that's what'll make him stop crying." (Participant 15).

Sub-theme 1. 3: Negative emotions

The mothers stated that breastfeeding was difficult and when they thought they could not provide proper breastfeeding, they experienced feelings of guilt, helplessness, being inadequate, and dissatisfaction. One mother even stated that she physically harmed herself due to her stress.

"... when I milk it and give it to him/her in a bottle, I feel like an older sister." (Participant 7).

"...I'm trying, but everything's so complicated." "As long as I feed him from a bottle, I conscientiously question myself." (Participant 4).

"I am very sad, I feel guilty. I think I couldn't take good care of him/her." (Participant 8).

Support experiences

Sub-theme 2. 1: Physical support

The mothers stated that comfort support like positioning, room temperature/light/noise adjustment, and doing housework positively affected their breastfeeding. It was found that they mostly received this support from their spouses, mothers, and other women in the family. Lack of physical support was defined as the mother rejecting support, not having relatives to support her, or ending support due to negative perceptions. It was also found that the mothers negatively perceived support beyond their request and they

Table 1: Introductory information of the interviewers and their spouses

Participant	Age	Education	Employment	Spouse's age	Spouse's education	Spouse's employment	Family type
1. Interviewer	25	Bachelor's degree	Teacher	31	Bachelor's degree	Teacher	Nuclear family
2. Interviewer	26	Bachelor's degree	Beautician	31	Master's degree	Teacher	Nuclear family
3. Interviewer	24	Associate degree	Accountant	31	High school	Graphic designer	Nuclear family
4. Interviewer	38	Bachelor's degree	Teacher	48	Bachelor's degree	Teacher	Nuclear family
5. Interviewer	27	Associate degree	Accountant	30	Bachelor's degree	Private sector	Nuclear family
6. Interviewer	31	Bachelor's degree	Accountant	31	Bachelor's degree	Civil servant	Nuclear family
7. Interviewer	27	Bachelor's degree	Teacher	32	Bachelor's degree	Teacher	Nuclear family
8. Interviewer	35	Associate degree	Self-employed	33	Bachelor's degree	Accountant	Nuclear family
9. Interviewer	27	Bachelor's degree	Teacher	31	Associate degree	Civil servant	Nuclear family
10. Interviewer	33	Bachelor's degree	Housewife	32	Bachelor's degree	Corporate	Nuclear family
11. Interviewer	21	High school	Housewife	27	Bachelor's degree	Private sector	Nuclear family
12. Interviewer	33	Bachelor's degree	Private sector	32	Bachelor's degree	Corporate	Nuclear family
13. Interviewer	33	Bachelor's degree	Housewife	33	Bachelor's degree	Teacher	Nuclear family
14. Interviewer	30	Associate degree	Self-employed	36	Bachelor's degree	Private sector	Nuclear family
15. Interviewer	24	Bachelor's degree	Housewife	27	Bachelor's degree	Civil servant	Nuclear family

Table 2: Main themes and sub-themes

Themes	Sub-themes
1. Breastfeeding	1.1 Positive perceptions 1.2 Proper breastfeeding 1.3 Negative emotions
2. Support experiences	2.1 Physical support 2.2 Informational support 2.2.1 The mother and other women in the family 2.2.2 Spouse 2.2.3 Peers 2.2.4 Healthcare personnel 2.3 Emotional support 2.3.1 Positive experiences 2.3.2 Negative experiences
3. Support Need	3.1 Need for correct information 3.2 Need for physical support 3.3 Need for emotional support
4. Recommendations to other mothers	

demanded that decisions and practices about the care of the baby be left to them and their spouses.

"...a peaceful environment is needed. In terms of sound and light." (Participant 12).

"My mother was very helpful, she cooked and did everything else. I was left only with taking care of the baby. I feel safe when I'm with her." (Participant 8).

"After I gave birth for the first time, my mother really supported me, fixing the breast into the baby's mouth, etc." (Participant 6).

"My spouse also helped, he got up while I changed the diaper at night, I didn't get help from anyone else." (Participant 14).

"I would like to get maternal support for 10-15 days, but then I never want anyone's support. They disturb the order of my house." (Participant 2).

Sub-theme 2. 2: Informational support

Sub-theme 2.2.1: Mother/mother-in-law and other women in the family

There were women who found the knowledge and experience of their mothers/mothers-in-law, and other women in their families to be correct and useful, while others found them to be incorrect and inadequate.

"My sister is a nurse, so I really trust what she says. She supports me breastfeeding my baby." (Participant 7).

"My mother is with me and she's my biggest support. I really make use of her experiences. She shows me the things I shouldn't do and corrects my mistakes." (Participant 10).

"For example, when I don't understand something, I ask my aunt." (Participant 11).

"Unfortunately, today, mother-in-law and grandmothers do not support new mothers." (Participant 4).

Sub-theme 2.2.2: Spouse

Some mothers stated that they received enough support as information and trust from their spouses, while others stated that their spouses did not provide enough support due to lack of information.

"If my spouse told me that he did research about breast milk and that breastfeeding is very important, maybe we could have continued. I felt like I was left by myself." (Participant 9).

"My spouse comforted me, saying don't listen to them, they don't know." (Participant 12).

"...I only have my wife with me. And all she says is don't put pressure on the baby. Let the baby feed whenever he wants." (Participant 6).

Sub-theme 2.2.3: Peers

The mothers stated that they benefited from the information and experiences of their peers who went through the same process.

"There are two or three other women who had problems with breastfeeding. I get support from them." (Participant 7).

"I have a friend. Talking to her helped me a lot. For example, I didn't breastfeed my baby due to cracks, I was milking it. She told me to

breastfeed. So I was positively affected." (Participant 9).

"My friends warned us to stop using pacifiers. They think that she keeps her full because she constantly sucks on a pacifier." (Participant 6).

Sub-theme 2.2.4: Healthcare personnel

It was found that the informational support that the mothers received from healthcare personnel upon starting breastfeeding and during their problems were inadequate to meet their expectations.

"...I consulted with my obstetrician and pediatrician. It was not enough and I still cannot fully breastfeed." (Participant 1).

"I asked my doctor, he/she said if he/she is not feeding, I should milk it into a bottle." (Participant 6).

"...I wish the nurse had taught us about glass feeding when we first came. I wish we'd never used a bottle." (Participant 7).

"...since our doctor said that the baby should stay at the breast for at least 30-40 minutes, I push the baby's head so that the baby can suckle" (Participant 2).

Sub-theme 2.3: Emotional support

Sub-theme 2.3.1: Positive experiences

The positive experiences of the mothers regarding emotional support were found as their feelings being understood, being motivated for breastfeeding, their decisions being respected, and having people they trust with them.

"My mother was very supportive, she said my milk would eventually come, as do for all mothers." (Participant 6).

"...a friend of mine said "I understand you". And I felt better." (Participant 11).

"...just as the baby trusts me, I feel the same thing for my mother." (Participant 8).

"...my spouse also respected my decision, helped me, and we could breastfeed again." (Participant 12).

Sub-theme 2.3.2: Negative experiences

The mothers reported that early and crowded visitors, negative statements by people around them, and comparisons all negatively affected

breastfeeding. It was found that these negative experiences led to feelings of anxiety, sadness, guilt, and inadequacy in the mothers.

"I felt bad compared to others. They weigh 10-11 kg, while mine is left so small." (Participant 9).

"Apparently, it is not a good thing to visit the family on their first day; it is important to leave them alone for a bit." (Participant 3).

"...why don't you breastfeed, don't you have milk? These sentences make me feel guilty and inadequate." (Participant 8).

"...is that all you could do with your big breasts, they said. These are heavy things to say. These should not be said to a mother who is breastfeeding." (Participant 12).

Support need

Sub-theme 3.1: Need for correct information

The mothers stated that obtaining correct information would positively affect breastfeeding and this should specifically be met by experts (breastfeeding consultants).

"There should be a breastfeeding consultant for those who have problems like me, otherwise women cannot breastfeed and do not know what to do." (Participant 11).

"I went to the breastfeeding consultant and they helped me, taught me ways to breastfeed." (Participant 12).

Sub-theme 3.2: Need for physical support

During breastfeeding, help is needed to support mothers in matters such as housework, individual physical needs, and baby care until they are active, and to postpone visits that may negatively affect the process.

"...if my family was here, I could just leave it, go out, and get some air." (Participant 6).

"I think anyone who visits breastfeeding mothers should stop making comments about how the mother feeds her newborn, and should offer help in other things, like do they have food, is the house cleaned, does the mother have clean clothes, is she hungry, etc. (Participant 5).

"...the house should be closed to visitors for at least 30 days. No one should come. Only

mothers should be allowed to come in and do whatever is needed. Others should postpone their visits." (Participant 5).

Sub-theme 3.3: Need for emotional support

It was found that the mothers needed to be motivated during breastfeeding, to hear positive things about the process, to be respected for their decisions, not be judged, and made to feel safe.

"...things like, oh my daughter, breastfeed the baby so it can grow healthy, are very effective. I want to be approved by my mother." (Participant 9).

"I need to be motivated." Ensuring correct breastfeeding etc. I want to hear good things about things." (Participant 12).

"They should either say nothing or just say positive things. I can't tell my relatives anything because they are just all negative." (Participant 8).

"I mean, I don't think any mother wants bad things to happen to their baby. They should not be intervened. They should be left alone." (Participant 3).

Recommendations to other mothers

Mothers recommended that other mothers who are expecting a baby or have breastfeeding problems relax, be patient, not be influenced by their surroundings, and listen to their maternal instincts.

"Actually, everything passes when you just have patience. The baby starts to feed and everyone who gets in the way goes away and you are left alone with your child. Mothers need a little more patience." (Participant 8).

"Patience... They need to relax and they need to know that this will pass, that it won't be like this forever." (Participant 3).

Discussion

Postpartum is a period where women experience emotional fluctuations due to hormonal influences. Trying to adapt to this new period, mothers have mentioned three main difficulties (physical, practical and adequacy) in breastfeeding¹².

In this study, the mothers defined breastfeeding as a difficult process, where they had

certain expectations for themselves and their baby. Mothers who thought their breastfeeding was improper stated that they felt guilt, helplessness, inadequacy, and dissatisfaction, that it felt complicated, and they had begun to use a formula. Santacruz-Salas *et al.*¹³ emphasize that due to personal factors, incorrect practices, and influence from the social environment, women's expectations about the desired period to feed the baby only with breast milk and to continue breastfeeding are not achieved.

There are many factors that affect the mother's adaptation to her baby and to the process, one of them being "support". It has been reported that women expect particular support from their mothers during early motherhood and care about being close to them. However, women have described a lack of support and anger when they failed to get the help they wanted, when their mothers behaved rather like "guests" than "helpers", and when they perceived interference with their personal space or privacy¹⁴. In this research, most mothers stated that they wanted their physical needs to be met by being "supported", but most of all they wanted to be understood, to be left alone with their babies, and to hear suggestions instead of criticism. The mothers stated that the support provided for comfort had a positive effect on breastfeeding and they received this support from their spouses, mothers and other women in the family. Mothers who receive family support overcome the obstacles they encounter during breastfeeding more easily, feel happy, proud, and fulfil their maternal roles¹⁵. One study reports that mothers with more family support had fewer depressive symptoms, lower rates of breastfeeding problems, and prolonged duration of feeding with breast milk only¹⁶.

In this study, some mothers found the knowledge and experience of their own mothers/mothers-in-law and other women in the family regarding breastfeeding to be correct and useful, while other mothers found them to be incorrect and inadequate. Angelo *et al.* state that mothers/mothers-in-law are at the center of breastfeeding support and they can positively support their daughters/brides on breastfeeding through their knowledge, attitudes, and practices or can discourage them from breastfeeding through negative opinions and insufficient guidance¹⁷.

In our research, some mothers stated that they received adequate informational support from their spouses and relied on them for knowledge when making decisions about breastfeeding, while others stated that their spouses could not provide enough support due to a lack of knowledge. The mothers reported that they made use of the information and experiences of their peers who went through the same process. The presence of spouses, their support (emotional, social, and physical) and encouragement to continue breastfeeding in the early postnatal period are associated with effective breastfeeding and increased breastfeeding rates¹⁸⁻¹⁹. Research shows that family support has a positive effect on breastfeeding, highlighting the importance of spousal support^{20,21}.

The mother's knowledge, the social and clinical support she receives all influence her breastfeeding decisions. Factors like being aware of the benefits of breastfeeding, access to breastfeeding support, and having a supportive environment influence their breastfeeding behaviors. Regardless of its source, information increases the mother's feeling of adequacy and affects her attitude, perception, and subjective norms²². In our research, the mothers reported that the informational support they received from healthcare personnel at the beginning of breastfeeding and when they had problems was not enough to meet their expectations. When returning home after giving birth, mothers value face-to-face support from healthcare professionals rather than other sources of support. However, the intrusive approach of healthcare professionals and the mixed messages in the information they provide confuse mothers and affect breastfeeding negatively²³⁻²⁴. Realistic knowledge from birth is key to provide a proper preparation for breastfeeding and to help determine breastfeeding intentions. It has been reported that the mother's receiving various trainings during pregnancy and postpartum and receiving counseling on postpartum breastfeeding positively affect breastfeeding²⁵⁻²⁶.

The mothers in our research defined their experiences of positive emotional support during breastfeeding as their feelings being understood, being motivated to breastfeed, their decisions being respected, and being with people they trust. Also, it has been emphasized that visitors in the early period and crowdedness, along with negative comments

and comparisons can negatively affect breastfeeding. The mothers stated that they felt better when they encountered people who have the same problems with them. It is crucial to physically and mentally prepare for breastfeeding instead of making practices that undermine the mother's confidence²³. Baraldi *et al.*²⁷ state that care by older generations, for whom sociocultural beliefs are rather intense, negatively affects breastfeeding. During breastfeeding, it is important for women to receive support from their social environment, like participation and encouragement to increase their feeling of adequacy. Increasing this feeling of adequacy and maintaining a successful breastfeeding requires participation from all support groups. Thus, behavioral and social interventions are needed to educate and encourage families, friends, relatives, and others to provide optimum social support to mothers²⁸. The mothers in this study recommended that mothers who were expecting or having breastfeeding problems should try to relax, that it would get better in time, that they should not mind what others say, and should listen to their motherhood instincts.

Ethical considerations

Ethical approval for the research was obtained from the Clinical Research Ethics Committee at Mersin University and written and verbal approval was obtained (Approval decision number: 78017789/050.01.04/1008853) from the mothers who participated in the research. During reporting, each participant was informed that they would be given a code to protect their privacy.

Conclusion

In conclusion, mothers want to be understood, motivated, and receive the support they need effectively and adequately. Stating that support from their own mothers and spouses has positive effects, the mothers emphasized the importance of getting professional support (breastfeeding consultant). We recommend reviewing the current practices to support breastfeeding, increasing the number of research in this field and conducting more research with larger groups, providing training not only for the mother and spouse but also

for other family members, and promoting breastfeeding consultation services free of charge.

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Highlights

Breastfeeding is every baby's right, the breastfeeding process requires privacy for mother and baby, help should be given when the mother and baby need it and when the mother asks for support, in the postpartum period, the feelings of mother and baby should be considered.

Conflict of interest

The authors report no actual or potential conflicts of interest.

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Contribution of authors

A.E: Conceptualization; data curation; formal analysis; methodology; writing - original draft; writing - review & editing; authorship. M.A.B: Conceptualization; data curation; formal analysis; methodology; writing - original draft; writing - review & editing; authorship. S.K.V: Conceptualization; data curation; formal analysis; methodology; writing - original draft; writing - review & editing; authorship. All authors have seen and approved the article.

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