International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Building a Stronger Support System for Breastfeeding: A Multi-Layered Framework for Nursing Practice

Vigy Elizebth Cherian[1], Nithya K S[2]

[1]Department of Child Health (Pediatric) Nursing, Metro College of Nursing, Greater Noida, Uttar Pradesh, India

[2]Department of Child Health (Pediatric) Nursing, Metro College of Nursing, Greater Noida, Uttar Pradesh, India
Corresponding Author Email: *vigyelizebth[at]gmail.com*

Abstract: ***Breastfeeding remains one of the most cost-effective public health interventions for reducing under-five morbidity and mortality, yet global and national exclusive breastfeeding rates continue to fall short of recommended targets. Evidence consistently shows that breastfeeding success is not determined by maternal willpower alone but by the strength of the surrounding support system. This article presents a multi-layered conceptual framework- comprising the mother-infant dyad, family, health system, workplace, and community/policy layers- for understanding and strengthening breastfeeding support, drawing on the World Breastfeeding Week 2026 theme, "Breastfeeding for a Sustainable Start in Life: Strengthen What Works." The article synthesizes the physiological, psychological, and societal benefits of breastfeeding; identifies eight recurrent systemic barriers to sustained breastfeeding; and outlines four strategic pillars- evidence-based skill integration, patient-centred communication, interprofessional synergy, and policy advocacy- through which nurses can operationalize support at the point of care. National policy initiatives in India, including the Mothers' Absolute Affection (MAA) programme, the Baby-Friendly Hospital Initiative (BFHI), POSHAN Abhiyaan, the RMNCH+A strategy, and the National Guidelines on Infant and Young Child Feeding, are reviewed alongside a regional illustration from Kerala, where near-universal institutional delivery offers a unique opportunity for early breastfeeding support. A practical "5 A's" framework (Assess, Advise, Assist, Appreciate, Arrange follow-up) is proposed for use by nursing students and practising nurses in clinical settings. The article concludes that sustainable improvement in breastfeeding outcomes requires coordinated action across every layer of the support system, with nurses positioned as central advocates and educators within this network.***

Keywords: Breastfeeding support; lactation management; nursing education; Baby-Friendly Hospital Initiative; maternal and child health; India

1. Introduction

Breastfeeding is widely recognized as one of the most effective interventions available for improving child survival and long-term health outcomes. The World Health Organization estimates that optimal breastfeeding practices could prevent more than 800,000 under-five child deaths globally each year, underscoring its significance not merely as an individual maternal choice but as a public health priority [1,2]. This premise underlies the World Breastfeeding Week 2026 theme, "Breastfeeding for a Sustainable Start in Life: Strengthen What Works," which emphasizes that the evidence base for effective breastfeeding support already exists; the imperative now is consistent implementation and reinforcement of what is known to work [2].

A persistent misconception, even among healthcare workers, is that breastfeeding success depends primarily on maternal willpower. Available evidence instead points to a multifactorial model in which breastfeeding outcomes are shaped by emotional, practical, and professional support from family members, nurses, physicians, employers, and the broader community [3,4]. This article proposes and describes a layered conceptual framework for breastfeeding support, reviews the physiological and societal rationale for prioritizing breastfeeding, identifies common systemic barriers, and outlines evidence-based strategies - anchored in national policy initiatives- through which nursing professionals can strengthen support at every level of contact with breastfeeding mothers.

2. Rationale

The Health, Economic, and Societal Case for Breastfeeding Support

2.1 Benefits to the Infant

Breastfeeding provides infants with:

- Complete, easily digestible nutrition for the first six months of life, unmatched by any alternative feeding method.
- Antibodies that reduce the risk of infection and diarrhoeal disease.

- A lower risk of respiratory illness and sudden infant death syndrome.
- Support for healthy brain and cognitive development.

2.2 Benefits to the Mother

For mothers, breastfeeding is associated with:

- Faster uterine involution and a reduced risk of postpartum haemorrhage.
- Lower long-term risk of breast and ovarian cancer.
- Natural child-spacing through lactational amenorrhoea.
- Stronger maternal-infant bonding and reduced postpartum anxiety when breastfeeding proceeds successfully.

2.3 Benefits to Society

The benefits of breastfeeding extend beyond the mother-infant dyad to society at large, including:

- Lower healthcare costs, resulting from fewer hospital admissions for infection and illness.
- Improved school performance later in childhood, linked to early nutritional adequacy.
- Environmental benefits, given the absence of packaging, processing, and transport requirements associated with breastmilk substitutes.
- Contributions to broader sustainable development and national health goals.

Taken together, these findings position breastfeeding support not merely as a matter of individual family choice but as a component of public health infrastructure with measurable returns at the population level.

3. Conceptualizing the Breastfeeding Support System

A breastfeeding support system can be defined as a network of people, services, and policies that provide emotional, educational, practical, and professional assistance to mothers across the breastfeeding journey- from pregnancy, through delivery, and throughout the months and years of feeding that follow [3]. The emphasis on "network" rather than a single point of contact is deliberate: breastfeeding support functions much like a chain, and a chain is only as strong as its weakest link. A hospital may deliver exemplary support in the first 48 hours postpartum, yet if a mother returns to a workplace without provision for milk expression six months later, the continuity of support- and often breastfeeding itself- breaks down.

When this network functions effectively, the following outcomes are observed:

- Increased rates of exclusive breastfeeding.
- Optimized infant growth and development.
- Improved maternal confidence and self-esteem.
- Strengthened mother-infant bonding.
- Reduced breastfeeding-related stress and anxiety.
- Improved overall maternal physical and mental health.
- Prevention of early cessation of breastfeeding before the mother had intended to stop.

The final point merits particular attention: most mothers who discontinue breastfeeding earlier than planned do not do so by choice, but because the support system failed them at a critical juncture. This observation reframes the role of the nurse- not solely to teach mothers how to breastfeed, but to identify and address the systemic gaps that surround them.

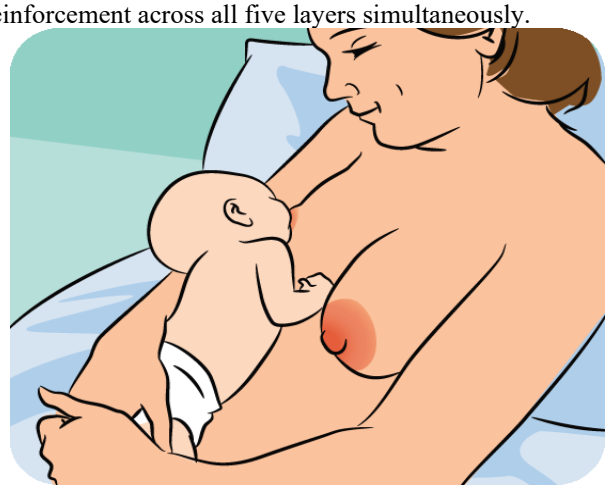
3.1 A Layered Model of Support

The framework proposed in this article conceptualizes breastfeeding support as operating in five concentric layers, radiating outward from the mother and infant at the centre:

- Mother and Baby- the central dyad around which all support is organized.
- Family and Partner- skin-to-skin assistance, night-feed support, household load-sharing, and myth-busting from extended family members.
- Health System- antenatal counselling, golden-hour support at birth, lactation clinics, and structured discharge planning.
- Workplace- creche or pumping facilities, protected breaks, phased return-to-work policies, and manager awareness.

- Community and Policy- outreach by ASHA and Anganwadi workers, peer support groups, and statutory maternity entitlements.

No single layer can sustain breastfeeding outcomes in isolation; sustained success requires coordinated reinforcement across all five layers simultaneously.



4. Barriers to Effective Breastfeeding Support

Clinical experience and the literature converge on eight commonly recurring barriers that undermine breastfeeding continuity [3,4]:

- Lack of family support.
- Inadequate breastfeeding knowledge among mothers, and at times among healthcare staff.
- Cultural myths and misconceptions.
- Early return to work.
- Lack of workplace facilities for expressing milk.
- Unaddressed pain, poor latch, or breast problems.
- Social stigma associated with breastfeeding in public.
- Aggressive marketing of infant formula.

Notably, few of these barriers relate to a deficit in maternal willpower; nearly all reflect systemic gaps in knowledge, infrastructure, or policy enforcement. This reframing is central to the argument advanced in this article: nursing interventions aimed solely at maternal education are necessarily incomplete unless paired with efforts to address the surrounding systemic barriers.

5. Strategic Pillars for Strengthening Breastfeeding Support in Clinical Practice

Building a robust breastfeeding support system within clinical practice rests on four strategic pillars.

5.1 Pillar 1- Evidence-Based Skill Integration

Lactation management should not be treated as a peripheral topic within pediatric nursing curricula. It requires specialized clinical competencies- including hand-expression technique, management of latch dysfunction, and an understanding of the physiological dynamics of milk supply- that demand deliberate, supervised practice rather than theoretical instruction alone.

5.2 Pillar 2- Empathetic, Patient-Centred Communication

Effective breastfeeding support depends on guidance that replaces directive instruction. Listening to a mother's concerns with empathy, rather than clinical detachment, encourages open communication and prevents silent distress. Mothers who feel judged are less likely to seek further help; mothers who feel heard are more likely to return for continued support.

5.3 Pillar 3- Interprofessional Synergy

Nurses must collaborate closely with obstetricians, pediatricians, dietitians, and community health workers to present a unified clinical plan for infant nutrition. Conflicting guidance from different members of the healthcare team is among the fastest ways to undermine maternal confidence in breastfeeding.

5.4 Pillar 4- Policy Advocacy and Hospital Systems

Nursing staff play a central role in enforcing Baby-Friendly Hospital Initiative (BFHI) guidelines and ensuring adherence to the Infant Milk Substitutes (IMS) Act, which restricts inappropriate marketing of breastmilk substitutes, and in prioritizing rooming-in over unnecessary formula introduction. In this capacity, nurses transition from being direct caregivers to serving as institutional advocates for breastfeeding-protective policy.

6. The Role of the Family, with Particular Reference to Fathers

Within the family layer of the proposed framework, the role of fathers deserves specific attention. Evidence indicates that fathers who actively support breastfeeding are associated with increased breastfeeding initiation, exclusivity, and duration [4]. Practical paternal contributions include:

- Encouraging the mother, particularly during the difficult early postpartum days.
- Sharing infant-care tasks such as diapering, soothing, and burping, allowing the mother to rest.
- Contributing to household responsibilities.
- Shielding the mother from unnecessary stress or unsolicited pressure from others.
- Attending breastfeeding counselling sessions directly.

A practical implication for clinical practice is that nurses should actively invite partners into counselling sessions rather than directing guidance exclusively toward the mother.

7. National and Global Policy Initiatives Supporting Breastfeeding in India

India has developed several institutional programmes that operationalize the multi-layer support framework described above.

7.1 Mothers' Absolute Affection (MAA) Programme

Launched by the Ministry of Health and Family Welfare (MoHFW) in 2016, the MAA programme promotes early

initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months of life [5]. It strengthens breastfeeding counselling through trained healthcare providers, ASHA workers, and Anganwadi workers, and builds community awareness through Information, Education, and Communication (IEC) activities. Its core message is that every mother deserves the knowledge, confidence, and support needed to breastfeed successfully.

7.2 Baby-Friendly Hospital Initiative (BFHI)

A joint initiative of the World Health Organization and UNICEF, the BFHI encourages hospitals and maternity facilities to implement the Ten Steps to Successful Breastfeeding, promoting rooming-in, skin-to-skin contact, and early initiation of breastfeeding while discouraging unnecessary formula supplementation unless medically indicated [6]. Its guiding principle is that hospital environments should actively protect, promote, and support breastfeeding.

7.3 POSHAN Abhiyaan (National Nutrition Mission)

Launched in 2018 to improve the nutritional status of women and children, POSHAN Abhiyaan promotes breastfeeding as a key strategy for reducing malnutrition, stunting, wasting, and anaemia. It integrates nutrition services through Anganwadi centres and community health workers and encourages community participation and behaviour-change communication [7].

7.4 RMNCH+A Strategy

The Reproductive, Maternal, Newborn, Child and Adolescent Health Plus (RMNCH+A) strategy provides a continuum of care from adolescence through pregnancy, childbirth, newborn care, and childhood. It integrates breastfeeding counselling into antenatal, intrapartum, and postnatal care, promoting early initiation and exclusive breastfeeding as essential newborn-care practices [8].

7.5 National Guidelines on Infant and Young Child Feeding (IYCF)

Developed by the Ministry of Health and Family Welfare in collaboration with national and international organizations, the IYCF guidelines recommend early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months, and appropriate complementary feeding thereafter alongside continued breastfeeding up to two years or beyond [9]. These guidelines serve as the national standard for infant and young child feeding practice.

8. Regional Illustration: Kerala's Breastfeeding Support Ecosystem

Kerala offers an instructive regional example of how the layered framework described above can be operationalized. The state's breastfeeding support ecosystem includes ASHA workers, who conduct home visits reinforcing early breastfeeding messages and identifying problems before they escalate; Anganwadi (ICDS) centres, which provide growth monitoring and ongoing maternal-nutrition counselling within the community; and Primary Health Centres (PHCs) and lactation units, which provide facility-based counselling, referral, and management of feeding difficulties.

A key statistic underscores the opportunity available in this setting: approximately 99.7% of births in Kerala occur within healthcare facilities [10]. This near-universal institutional delivery rate represents a built-in opportunity for universal early breastfeeding support- provided that this window is used effectively. The relevant infrastructure already exists; the determining factor is whether nursing staff make full use of the opportunity it presents. A specific practical implication is that, because ASHA and Anganwadi workers are often a mother's first point of contact after discharge, nurses should ensure a structured “warm handoff” rather than a routine discharge process alone.

9. Barriers Commonly Encountered in Clinical Practice

Nursing students and practising nurses are likely to encounter the following barriers directly during clinical postings:

- Myths and misinformation- for example, the belief that colostrum is “dirty”, perceived insufficient milk supply, or formula being regarded as superior.
- Caesarean recovery- pain and reduced mobility complicating positioning and early initiation.
- Return-to-work pressure- working mothers consistently demonstrate lower exclusive breastfeeding rates.
- Family and social pressure- well-meaning relatives at times overriding evidence-based advice.
- Unaddressed postpartum distress- feeding difficulties and maternal mental health are closely interlinked.

10. Implications for Nursing Education and Practice

10.1 The Role of Nursing Students and Practising Nurses

Nursing students and practitioners are encouraged to adopt the following principles in clinical practice:

- Listen before advising.
- Encourage rather than criticize.
- Respect each mother's individual circumstances, which may be more complex than they initially appear.
- Correct myths with evidence, calmly and without shaming.
- Empower mothers with confidence, rather than simply issuing instructions.

Every clinical posting represents an opportunity to support a breastfeeding mother; as emphasized throughout this framework, education without empathy remains incomplete.

10.2 A Practical Framework: The 5 A's

The following framework is proposed as a simple, memorable tool for use at the bedside:

- Assess- The mother's technique, the infant's latch, and any red-flag findings.

- Advise- provide clear, evidence-based guidance.
- Assist- offer hands-on help with positioning and attachment.
- Appreciate- acknowledge what the mother is already doing well.
- Arrange follow-up- ensure support does not end at discharge.

In practice, application of the 5 A's framework might involve assessing latch and positioning in the context of caesarean-section recovery, reassuring a mother that perceived low milk supply is common and typically resolves with frequent feeding, and actively involving extended family members- such as a mother-in-law- directly in the counselling conversation rather than working around them.

11. Conclusion

Breastfeeding is not solely the responsibility of the mother; it is a shared commitment involving families, healthcare professionals, communities, workplaces, and governments. The multi-layered framework presented in this article — spanning the mother-infant dyad, family, health system, workplace, and community/policy domains — offers a structured lens through which nurses can identify and address gaps in breastfeeding support. As frontline healthcare providers with sustained contact across the antenatal, intrapartum, and postnatal continuum, nurses are uniquely positioned to empower mothers, dispel myths, deliver evidence-based care, and advocate for breastfeeding-friendly environments within their institutions and communities. Strengthening what already works, one nurse, one family, and one conversation at a time, represents a pragmatic and sustainable pathway toward improved breastfeeding outcomes and, by extension, the health of future generations.

Declarations

Conflict of Interest
The author(s) declare no conflict of interest.

Funding
This work received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

[1] World Health Organization. Infant and young child feeding [Internet]. Geneva: WHO; [cited 2026]. Available from: https://www.who.int/
[2] World Health Organization, UNICEF, World Alliance for Breastfeeding Action. World Breastfeeding Week 2026: Breastfeeding for a Sustainable Start in Life — Strengthen What Works. [Campaign materials].
[3] World Health Organization, UNICEF. Global strategy for infant and young child feeding. Geneva: WHO; 2003.
[4] World Health Organization, UNICEF. Ten steps to successful breastfeeding. In: Baby-Friendly Hospital Initiative: Implementation Guidance. Geneva: WHO; 2018.
[5] Ministry of Health and Family Welfare, Government of India. Mothers' Absolute Affection (MAA) Programme: Guidelines. New Delhi: MoHFW; 2016.
[6] World Health Organization, UNICEF. Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care. Geneva: WHO; 2009.
[7] Ministry of Women and Child Development, Government of India. POSHAN Abhiyaan (National Nutrition Mission). New Delhi: MoWCD; 2018.
[8] Ministry of Health and Family Welfare, Government of India. RMNCH+A Strategy: Reproductive, Maternal, Newborn, Child and Adolescent Health. New Delhi: MoHFW.
[9] Ministry of Health and Family Welfare, Government of India. National Guidelines on Infant and Young Child Feeding. New Delhi: MoHFW.
[10] Government of Kerala. State health statistics on institutional deliveries. [Cite the specific report/survey and year used, e.g., National Family Health Survey-5, Kerala State Fact Sheet].