

## **Study of Reasons for Breastfeeding Cessation in Basra City During The First Six Months Following Childbirth**

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**Abstract.** Breastfeeding is universally recognized as the optimal source of infant nutrition, providing essential immunological, psychological, and developmental benefits for both mother and child. Specific Background: Despite the World Health Organization's recommendation for exclusive breastfeeding during the first six months postpartum, global and regional adherence remains low, with many women discontinuing early. Knowledge Gap: Limited studies in Basra have systematically investigated the underlying reasons for breastfeeding cessation within the critical first six months. Aims: This study aimed to identify the main causes of breastfeeding cessation among mothers in Basra and assess associations with socio-demographic and obstetric factors. Results: A total of 158 mothers were included. Most participants were 26–35 years old (56.4%), urban residents (76.6%), and of moderate financial level (75.3%). Only 31% practiced breastfeeding, while 48.1% relied on bottle feeding. The majority (68.4%) breastfed for 1–6 months, and only 16.5% continued beyond one year. Early cessation was not significantly associated with demographic or obstetric factors except parity, as multiparous mothers were more likely to continue breastfeeding. The leading reason for cessation was the perception of insufficient milk supply (36.7%), followed by time constraints (14.6%) and family influence (14%). This study highlights false perceptions of inadequate milk supply as a key, modifiable determinant of breastfeeding cessation in Basra, emphasizing the role of maternal experience and parity. Strengthening antenatal and postnatal counseling, enhancing family support, and improving primary health care interventions are critical for promoting longer breastfeeding duration and overcoming preventable barriers.

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## Highlights

1. Only 31% of mothers in Basra practiced breastfeeding, while 48.1% relied on bottle feeding.
2. The main reason for early breastfeeding cessation was the perception of insufficient milk supply (36.7%).
3. Multiparous mothers were significantly more likely to continue breastfeeding compared to primiparous mothers.

**Keywords:** breastfeeding cessation, breastfeeding rate, lactation, Breast milk.

## Introduction

Promoting breastfeeding is one of the most important aspects of maternal and child health care as well as primary health care (PHC). The World Health Organization advises exclusive breastfeeding for the first six months after delivery and starting within an hour of birth [1,2,3]. The advantages of exclusive breastfeeding. In light of these advantages, the World Health Organization (WHO) defines exclusive breastfeeding as consuming only breastmilk (including expressed or wet nurse milk) for the first six months of life, along with rehydration solution (ORS), drops, and syrups (vitamins, minerals, and medications) [4].

An infant receives all the energy and nourishment they require throughout the first few months of life from breast milk. Additionally, during the second year of life, it continues to meet up to one-third of a child's nutritional needs, and in the second half, it can meet up to 50% or more [4,5]. Within two weeks of giving birth, 25% of women who started nursing started giving their child liquids other than breast milk, according to Canadian research [6]. Breastfed babies are less likely to get acute infections like meningitis, pneumonia, ear infections, diarrhea, Haemophilus influenzae, and urinary tract infections [4,5].

Additionally, it guards against type 1 diabetes, ulcerative colitis, and Crohn's disease in the future. There is ample evidence of the advantages of exclusive breastfeeding [4,7]. According to research by Hossain et al., exclusive breastfeeding is positively correlated with a lower incidence of a number of gastrointestinal, respiratory, and other infections in 60 out of 70 studies conducted in both high- and low-income settings [7]. Maintaining breastfeeding during infancy

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may provide long-term cardiovascular health benefits [8], because it is associated with decreased total serum cholesterol and mean blood pressure [4].

Children who are breastfed score higher on intelligence tests. According to a Saudi study, girls aged seven to nine who were exclusively breastfed outperformed girls who were bottle-fed in terms of IQ [9]. Babies who are breastfed have a lower chance of being overweight or obese, as well as a lower chance of developing type 2 diabetes as adolescents and adults [4]. Women who breastfeed have a lower risk of developing breast and ovarian cancers. Additionally, postpartum bleeding is a natural family planning approach that delays a woman's fertility [4].

Breastfeeding for more than three months reduced the incidence of respiratory infections (75%), atopic dermatitis (42%), asthma (40%), and otitis media (77%). Additionally, breastfeeding for longer than six months is associated with a 20% lower risk of leukemia and a 36% lower risk of sudden death [10].

However, according to WHO estimates, only roughly one-third of newborns receive solely breast milk for the first six months [4]. Countries with 3-month EBF rates ranging from 21 to 68% and 6-month EBF rates ranging from 15 to 30% include the United States, Tanzania, Brazil, Turkey, Australia, and Thailand. [5,7] Only 39% of babies globally were breastfed within an hour of birth, despite WHO guidelines and the advantages of EBF; About 22 million of the 56 million babies born worldwide were exclusively breastfed, while over 34 million children were not. In developing countries, inadequate breastfeeding practices, especially exclusive breastfeeding, have been extensively reported [11].

Evidence supporting the significant health benefits of prolonged breastfeeding—defined as breastfeeding for more than six months—has grown in recent years. According to the CDC's 2022 Nursing Report Card, 83.2 percent of U.S. newborns started nursing in 2019, and 78.6 percent were still receiving some breast milk at one month. Only 24.9% of infants were exclusively breastfed at six months, but 55.8% of them continued to be so [12]. Only 6.3% of children were exclusively breastfed within the first six months of life, according to a different 2021 study that included data from six European nations (Belgium, Bulgaria, Germany, Greece, Poland, and Spain) [13].

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The Quran, the Holy Book, and the WHO and UNICEF worldwide guidelines both recommend that Muslim women breastfeed their children for two years, serves as the foundation for the best breastfeeding practices in Saudi Arabia. Of the 136 mothers in the study, only 37.5% were exclusively breastfeeding [3].

However, "breastfeeding difficulties" refers to a wide range of social, psychological, and biological problems; several breastfeeding determinants have been characterized within a complicated framework that incorporates both individual characteristics and structural contexts implicated at several levels. Of the individual components, nursing experience significantly impacts early breastfeeding cessation and reduces the likelihood that mothers will continue to breastfeed a subsequent child [11].

Mothers reported pain, exhaustion, cracked nipples, and a sense of not having enough milk when breastfeeding. The first month was the most challenging; Mastitis, the infant's inability to grow, and a higher likelihood of non-exclusive breastfeeding at three months were associated with the mother's sense of not having enough milk, and returning to work [14]. Primary care should fully support breastfeeding, including prenatal education and postpartum visits. The family planning strategy and the state of medical treatment in China have distinct effects on breastfeeding behaviors compared to other nations' traditional postpartum practices [15]. Based on earlier research, ten categories were created to address the primary causes of breastfeeding discontinuation: [16]

1. "Perceived low milk quantity" refers to the mother's self-reported belief that the baby was showing signs of hunger and was not receiving enough milk.
2. "Sore breasts or nipples / Too painful" include general or nebulous discomfort during nursing, biting, engorgement, mastitis, or other nipple pain, and breast infections.
3. "Mother/infant separation" refers to reduction or cessation of nursing due to the kid's care being provided by grandparents, the mother and child not living together, or other comparable circumstances.
4. "Maternal choice," or the decision of parents to cease breastfeeding without explaining.

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5. "Breastfeeding skills were not effective" refers to Qualified nurses have identified issues with technique, discomfort with the act or meaning of breastfeeding, and other doubts about one's capacity to breastfeed.
6. "Mother's medical condition," which includes the advice of a physician or other healthcare provider and allusions to illnesses unrelated to nursing.
7. "Inconvenience/fatigue due to breastfeeding" refers to the mother's exhaustion or demands from breastfeeding and her inability to find the time to do so while taking care of other children.
8. "Return to work," in which the mother returned to work or intended to return to work.
9. Among the "baby-centered factors" are difficulties latching, fatigue, long stretches between feedings, unwillingness to breastfeed or confusion of the breast, fussiness or irritation over the length or frequency of nursing, improper feeding, and other challenges related to breastfeeding.
10. "Baby's medical condition" contained mentions of illnesses unrelated to breastfeeding.

Within two weeks of giving birth, 25% of nursing moms introduced liquids other than breastmilk to their child's diet, and just 14.4% of the women surveyed were exclusively breastfed for at least six months, according to the Canadian Maternity Experience Survey [6].

According to the CDC's 2022 Breastfeeding Report Card, 83.2 percent of babies born in the US in 2019 started breastfeeding, and 78.6 percent were still getting some breast milk at one month. At six months, just 24.9% of babies were exclusively breastfed, while 55.8% of them remained on it [6]. Even though 85% of children were nursed at some point, just 6.3% were exclusively breastfed for the first six months, according to a less optimistic 2021 study that incorporated data from six European nations (Belgium, Bulgaria, Germany, Greece, Poland, and Spain) [13]. According to World Health Organization (WHO) studies, while most mothers are able to breastfeed, 1% to 2% of mothers are unable to make enough milk due to a specific body pathology [2].

Maternal age, health, education, and attitude were all strongly linked to early breastfeeding discontinuation, as were other modifiable factors experienced during hospitalization, including latching issues and the introduction of formula feeding [3].

## **Methods**

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The Primary Health Center in the Basra Governorate is the site of this cross-sectional descriptive study. A pretested structured questionnaire that was approved by the Iraqi Ministry of Health's breastfeeding, maternal, and child health specialists was used to gather data through in-person interviews.

All women between the ages of 15 and 45 who came to get their full-term children vaccinated and who satisfied our requirements to be included in the study Participants in the study were regardless of parity status or delivery method (including vaginal, instrumental, and cesarean section deliveries), infants delivered following a single pregnancy  $\geq 34$  weeks of gestation). Multiple pregnancies, preterm deliveries (less than 34 weeks), stillbirths, newborn or infant mortality, and mothers who decline to continue study participation are among the exclusion criteria. IBM SPSS Statistics version 30.0 was used to analyze the statistical data. Qualitative data, which are represented as percentages (%) and the number of respondents, are examined using the Pearson Chi-squared test. Differences are deemed statistically significant at  $p < 0.05$ .

## Results

A total of 158 women were included in this study. The most common age group was (26-35), representing more than half of the participants (56%), followed by the age group (15-25), around (29.7%). In this study, most participants were from an urban area (76.6%). Regarding educational level, 46.2% have a college education, followed by 29.1% have primary education. On the other hand, the majority of participants were housewives (about 69%), while only 25.3% were governmental employees. As shown in the table, most of the participants (75.5%) were at a moderate financial level, followed by 15.2% who were at a low economic level. Statistical analysis revealed a non-significant link between demographic characteristics and the duration of breastfeeding cessation. ( $P > 0.05$ ) (Table 1).

**Table 1:** Socio-Demographic distribution of study sample

Age (years)	Frequency	Percent	p- value
15-25	47	29.7	0.542
26-35	89	56.4	
36-45	21	13.3	
>45	1	0.6	NS
Address			

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Urban	121	76.6	0.124
Rural	37	23.4	NS
<b>Level of education</b>			
Illiterate	5	3.2	
Primary	46	29.1	0.151
Secondary	28	17.7	NS
College	73	46.2	
Higher Education	6	3.8	
<b>Occupation</b>			
Housewife	109	69.0	
Government employee	40	25.3	0.756
Self-employee	2	1.3	NS
Other	7	4.4	
<b>Financial Level</b>			
low	24	15.2	0.192
medium	119	75.3	NS
high	15	9.5	
Total	158	100.0	

This table shows the feeding history of infants provided by the participants, of whom only 31% breastfed their infants, while most (48.1%) were bottle-fed, and 20.9% were on mixed feeding. Regarding the duration of feeding, it indicates that most infants (68.45%) were fed for 1-6 months, and only 16.5% continued for more than one year. Those exclusively breastfed comprise nearly one quarter (24.5%) of infants who reached one year of breastfeeding. Statistically, there was no significant association between infant feeding history and the period of breastfeeding cessation ( $P>0.05$ ) (Table 2).

**Table (2):** Infant feeding history

<b>Type of feeding</b>	Frequency	Percent	P -value
breast feeding	49	31.0	
bottle feeding	76	48.1	0.192
mix	33	20.9	NS
<b>Period of feeding</b>			
continuous	26	16.5	0.847
1-6 months	108	68.4	NS
7-12 months	19	12.0	
No feeding	5	3.1	
<b>Total</b>	<b>158</b>	<b>100.0</b>	

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<b>Breast Feeding</b>			0.102
40 days	13	26.5	NS
1-6 months	24	49.0	
7-12 months	12	24.5	
<b>Total</b>	<b>49</b>	<b>100</b>	

The result shows that more than half of the women (58.2%) had normal vaginal delivery, and most of them had no complication after delivery (93%), and only 4.4% complained of post-partum bleeding. Regarding the party, (78.5%) of participants were mothers of 1-3 children, and only (1.9%) were grand multipara who had more than 7 children. In this study, the majority of neonates delivered (84.2%) did not require Neonatal Intensive Care unit admission, and 94.3% of them had normal weight. There was a significant association between the Parity (no. of children) and the period of cessation of breastfeeding. ( $P < 0.05$ ) (Table 3).

**Table (3):** Past obstetric history

<b>Type of delivery</b>	Frequency	Percent	p- value
Normal vaginal delivery	92	58.2	0.342
Caesareans delivery	66	41.8	NS
<b>Parity (No. of children)</b>			
1-3	124	78.5	0.009
4-7	31	19.6	SA
>7	3	1.9	
<b>Complication during labor</b>			
bleeding	7	4.4	
fever	2	1.3	0.162
others	2	1.3	NS
no	147	93.0	
<b>previous breast disease</b>			
Breast abscess	1	0.6	0.210
Nipple crack	19	12.0	NS
No	138	87.3	
<b>Neonatal Intensive Care admission</b>			
Yes	25	15.8	0.112
No	133	84.2	NS
<b>Baby weight at delivery</b>			



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Normal	149	94.3	0.543
Low wt.	9	5.7	NS
Total	158	100.0	

This table shows that most women (62%) receive simple assurance and support from PHC about breastfeeding practice; in contrast, only 5.1% did not receive any support (Table 4).

**Table (4):** Evaluation of Assurance and support from PHC about breastfeeding

Level of assurance		
Good	52	32.9
Simple	98	62.0
No assurance	8	5.1
Total	158	100.0

The study revealed that Mother's belief that milk is not enough was the most common cause of cessation of BF early in about (36.7%) of the women participated in this study followed by Time consuming reason in (14.6%) and Family effect in (14%) and the least one is lack of support in PHC in (0.6%). As shown in Table 5.

**Table (5):** Causes of cessation of Breastfeeding

Cause	Frequency	Percent
Family effect	22	14.0
Job effect	16	10.1
Return to study	5	3.2
Drug effect	2	1.3
Mother's belief that milk is not enough	58	36.7
Disease	16	10.1
Time consuming	23	14.6
Frequently awake at night	7	4.4
Shamming BF at public place	8	5.0
Lack of support at PHC	1	0.6
	158	100

## Discussion

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Promoting breastfeeding is regarded as one of the most important aspects of maternal and child health as well as primary health care (PHC). [3]

This study examined reasons for the early cessation of breastfeeding and factors affecting it within PHC centers; most of the mothers included in the study were aged 26-35 years old same for a study by Jama et al that (59.5%) of the women were in that age which is the active reproductive age group. [11] While a study in Saudi Arabia found that cessation of exclusive BF was associated with younger age, this can be because of mothers' ignorance of the importance of BF or their lack of instruction in BF technique during and after pregnancy. [17] A study in Riyadh at King Abdullah bin Abdulaziz University Hospital showed that there was a substantial correlation between maternal age and early breastfeeding discontinuation. [3]

Nearly one quarter (23.4%) of the women in this study were from rural regions, and most were from urban areas. Regarding their education, (46%) had a college education; the same as the Saudi study, in which (64.7%) had completed a bachelor's degree. [3] Regarding mothers' occupation, most were housewives in this study. They had no significant association with early cessation of breastfeeding, However, there was a statistically significant correlation between early breastfeeding discontinuation and the mother's occupational position. In Ethiopia's rural areas, farmers were 6.4 times more likely than those in private occupations to experience an early breastfeeding cessation. [1]

Most of the study participants were of a medium financial level, similar to Somali study participants (54.7%), where the mothers earned a moderate monthly income. [11]

About 68.4% of women included in the study breastfed their infants up to 6 months, while only 19.92% practiced Exclusive breastfeeding during the full 6 months in the Spanish research, because the social or familial context influences the early introduction of solid food. [10] while (29.3%) practiced early cessation of BF in rural Ethiopia among household mothers and primary education. [1] On the other hand, the prevalence of exclusive breastfeeding was 52% in the Somali region of Ethiopia. A community-based study found that practicing exclusive breastfeeding depended on multiple factors, including antenatal care, institutional birth, colostrum feeding, residence, spouse education, and counseling during prenatal and postnatal care, all of which were substantially correlated. [18]

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Although the mode of delivery was not a major influence, our study did identify certain features associated with the termination of EBF. The study found that women who gave birth by cesarean section were more likely to cease breastfeeding. [19] The prevalence of formula feeding during hospitalization varied significantly depending on the route of delivery ( $p < 0.001$ ). Supplemental feeding was given to 61.7% ( $n = 271/439$ ) of infants born via emergency cesarean section. 3% ( $n = 751/1225$ ) of kids born usually did not require formulas. A Hungarian study found that 53.5% ( $n = 129/241$ ) of the babies born via elective cesarean section received formula supplementation while in the hospital. [20] Additionally, compared to primiparous moms, multiparous women were much less likely to discontinue breastfeeding and were more likely to continue breastfeeding for six months. [21]. This is similar to our study, in which multiparous and grand multiparous women are less likely to cease breastfeeding early because of their experience, which is statistically significant.

According to a study by Gianni et al., the lack of breastfeeding difficulties was substantially linked to a lower probability of non-exclusive breastfeeding at three months. [21] In this study, most of the participants had no complications either partum or postpartum, and only 15.8% needed admission to Neonatal Intensive Care, and 5.7% had low birth weight, neither was statistically significant.

Nipple cracks are frequent and can complicate breastfeeding with the risk of early cessation of breastfeeding; Nipple cracks as a post-partum breast problem happened in 12% of the study population, but it was not statistically and, in many others, study. The women most commonly experienced breast pain, engorgement, and cracked nipples, whereas the least common issues were mastitis and breast abscess, which were linked to an increased risk of non-exclusive breastfeeding at three months. [22,23] Because of its advantages, pregnant mothers who have learned about breastfeeding are persuaded to give breast milk to their unborn child. Their doctor or nurse is the primary source of this information for them. [24] In this study, only 32.9% of the women got a good assurance in the PHC. Breastfeeding success is positively impacted by prenatal and postnatal care, including counseling and instruction for women. [14]

Understanding successful breastfeeding support programs is crucial because they provide information on the long-term health benefits of nursing for both moms and babies. The study

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found that, in contrast to mothers in a control group, women who are part of the breastfeeding support program (BSP) breastfeed for more extended periods and with greater exclusivity. [25]

Although PHC units are acknowledged as a valuable resource for ensuring and promoting breastfeeding, it is evident that BF promotion is lacking at every stage (preconception, pregnancy, and postpartum). Breastfeeding is only encouraged during pregnancy, but not enough for this practice to continue in later phases. [24]

According to the results of other studies, such as a Mexican study, the mother's perception that she did not produce enough milk (42.9%) was the main reason for stopping exclusive breastfeeding after six months, followed by drug use (17.7%) and employment (16.2%). In the current study, perceived low milk quantity was the most common reason for stopping breastfeeding in approximately 36.7% of women. [19] and the primary cause, 43.7% in a Chang et al. study [16]. Furthermore, early breastfeeding failure was linked to the return to work or study (13.3%) in this study; juggling work and exclusive breastfeeding is difficult and necessitates significant short- and long-term support. [21]

Women usually stop nursing before or after going back to work in nations with short maternity leave. The 193 countries in the United Nations that offer paid maternity leave are Mexico (12 weeks), the United Kingdom (40 weeks), India (26 weeks), Chile (6 weeks before and 12 weeks after birth), Canada (1 year), and China (14 weeks). However, the only nations that do not provide paid maternity leave are the United States, Oman, and Papua New Guinea. [2] Most moms must choose whether to return to work and plan for their baby's care, including nursing, during Taiwan's eight-week formal maternity leave. Chang et al.'s study showed that after two weeks of returning to work, only one-third of the mothers continued breastfeeding. [14]. Support timing is crucial; data from a 2006 maternity survey indicates that extra help significantly impacts breastfeeding rates within the first 10 days following delivery. Support during the first two days is essential because this is when breastfeeding drops off the most. Health experts, partners, family, and friends often give mothers contradictory advice and pressure them to live up to social norms and expectations of "good motherhood". [26]

They also expressed less confidence in their ability to breastfeed and expressed dissatisfaction with the lack of assistance they received from family members and medical

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professionals. [2] Due to the UK's lengthy history of formula feeding and the public's disapproval of nursing, many women might not have experienced breastfeeding firsthand. [26] The risk of stopping exclusive breastfeeding was lower for women who got breastfeeding counseling during prenatal care than for those who did not. [27]

Mothers in this study claimed that breastfeeding is time-consuming (14.6%) and that they frequently wake up at night (4.4%). Mothers who breastfed exclusively slept for fewer hours each day on average (7.08 hours). While nursing women were more alert at night, there were no appreciable changes in how long they slept compared to non-lactating mothers. An Australian study concluded that the amount of time spent on childcare activities was higher for nursing moms (8.5 hours per week). Although breastfeeding moms typically have a formal legal right to enter public areas, their actual experiences there are characterized by inequity and a lack of autonomy. In this study, about 5% of the women feel ashamed of breastfeeding in public places because private spheres must be accessible in specific ways. (29)

Regarding complaints about disease in (10.1%) of the participants as a cause to stop BF, Mosca et al. discovered that mothers most frequently mentioned lactational and nutritional problems as reasons for stopping nursing, especially in the first three months following birth. Interestingly, the investigators found that only 29% to 51% of cases considered the examination by a health care expert necessary. (30)

## **Conclusions**

Our study indicate that mothers experience breastfeeding difficulties through the first six months after delivery leading to the early cessation of BF; It reported about half of women ceased BF after six months and the most relevant cause to that is the false perception of low milk quantity, the idea of being time consuming or low support of their family, all are modifiable causes raising the need of BF promotion and support from health workers and health care professionals play a major role in that during antenatal and postnatal visits.

Most participants received at least a simple assurance in PHC that they need more support from their husbands and family members to practice BF for more than six months.

## **Recommendations:**

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- The availability of antenatal care services should be improved to enable moms to receive enough visits.
- Health education and promotion should be enhanced with proper breastfeeding practice and correct techniques to decrease the common difficulties and false perceptions about breastfeeding among mothers.
- Activating breastfeeding counselling by health care professionals plays a major role in supporting breastfeeding practice.

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