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Original Research Article

Succeed early: Early initiation of breastfeeding: A prospective observational study

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Abstract

Background: Early initiation of breastfeeding (EIBF) refers to feeding a newborn with the mother's breast milk within the first hour after birth, ensuring the baby receives the highly beneficial colostrum. EIBF plays a crucial role in reducing child morbidity and mortality by protecting infants from common illnesses such as diarrhoea and pneumonia. It has been shown to lower neonatal and early infant mortality rates by up to 22%. Additionally, EIBF can help prevent postpartum haemorrhage, a leading cause of maternal deaths. Promoting EIBF requires enhancing breastfeeding and nutrition counselling during antenatal care and providing healthcare professionals with adequate training to support EIBF, including in cases involving caesarean deliveries.

Materials and Methods: A prospective observational study was conducted at a tertiary healthcare centre over a two-month period, from January to March 2025. Postnatal women who had delivered either vaginally or via caesarean section were included based on specific inclusion criteria. Participants were asked a series of questions, administered through Google Forms, to assess their knowledge about early initiation of breastfeeding and to identify the reasons for any delays in starting breastfeeding.

Results: A total of 134 postnatal women were included in the study who were asked pre validated questions regarding knowledge on early initiation of breast feeding. It was observed that a significant majority of the population (70.1%) resided in rural areas, with the majority of women being homemakers (91%) living in joint families (82.1%). Furthermore, 93.3% of the population was aware of breastfeeding. Among those who delivered vaginally, 60.6% initiated breastfeeding within half an hour, while 47% of those who had undergone caesarean section started breastfeeding within half to one hour. Also, 78.4% were avoiding pre-lacteal feeds.

Conclusion: Despite awareness of the benefits of early initiation of breastfeeding, delays were commonly observed, largely due to the high number of caesarean deliveries. The situation is further complicated when newborns are admitted to the NICU, presenting additional challenges to timely breastfeeding initiation.

Keywords: Early initiation of breastfeeding, Colostrum, Pre-lacteal feeds, Postnatal mothers.

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1. Introduction

According to the World Health Organization (WHO), Early Initiation of Breastfeeding (EIBF) involves feeding the newborn with the mother's breast milk within the first hour after birth, ensuring the intake of colostrum.[1] Colostrum, a yellowish fluid rich in essential nutrients and antibodies, serves as the infant's first source of nutrition and natural immunization. This early feeding provides vital energy and nutrients necessary for the newborn's immediate growth and development. Furthermore, EIBF strengthens the mother-child bond and positively influences cognitive development. It also helps reduce the risk of non-communicable diseases and obesity later in life.[2]

Delaying breastfeeding beyond the first hour—but within the first 24 hours—increases the risk of neonatal mortality by 40%, and this risk rises to 80% if breastfeeding is initiated after 24 hours. Despite these well-established benefits, global rates of EIBF remain suboptimal, with only 57.6% of infants being breastfed within the first hour of life. Challenges to the early initiation of breastfeeding include hospital practices that separate mothers from their newborns soon after delivery, maternal fatigue after prolonged labor, caesarean sections, and cultural beliefs that promote discarding colostrum and offering traditional foods or fluids instead.[3]

Extensive research highlights the health benefits of breastfeeding, especially its role in protecting infants from various infectious diseases such as diarrhoea, pneumonia, meningitis, and neonatal sepsis. Although much attention has been given to exclusive breastfeeding during the first six months, recent studies emphasize that the timing of breastfeeding initiation also plays a significant role in reducing neonatal morbidity and mortality.[4–6] In addition to benefiting newborns, breastfeeding also promotes maternal health by lowering the risks of breast and ovarian cancers, maternal obesity, diabetes, hypertension, and coronary heart disease.[7]

Several studies have employed various models to explore the factors influencing early initiation of breastfeeding

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(EIBF). The selection and classification of variables in these studies were guided by a comprehensive review of literature from low- and middle-income countries.

The independent variables were grouped into three main categories: i) Socioeconomic characteristics of the mother ii) Pregnancy-related factors, and iii) Utilization of maternal health services.

Socioeconomic characteristics included maternal age, ethnicity, religion, wealth quintile, education level, occupation, ecological region, province, and place of residence. Pregnancy-related factors encompassed maternal age at first birth and birth order. Variables related to the use of maternal health services included the number of antenatal care (ANC) visits, place of delivery, attendance by skilled health personnel during delivery, and mode of delivery.

Although the National Demographic and Health Survey (NDHS) collects data on delivery assistance from various trained health personnel, for the purpose of analysis, only doctors, nurses, and auxiliary nurse-midwives were considered as skilled birth attendants.[14]

However, certain cultural practices continue to delay the early initiation of breastfeeding. These include misconceptions about colostrum being "impure" or merely a precursor to true breast milk, leading to its rejection. Other practices include giving newborns water or pre-lacteal feeds based on the belief that these help make the baby stronger.[8,9]

Additional barriers to EIBF include limited access to antenatal care, a preference for home deliveries, lack of postnatal follow-up, inadequate support systems, and maternal nutritional deficiencies that may contribute to perceptions of insufficient milk supply.[10]

While institutional deliveries are generally expected to increase the likelihood of early initiation of breastfeeding (EIBF), this has not always been the case. Despite 79% of deliveries in India taking place in health facilities, only 42.6% of newborns are breastfed within the first hour of birth. Various maternal and facility-related factors have been identified as influencing the timely initiation of breastfeeding.[2]

Bangladesh study found that mothers residing in rural areas were more likely to initiate breastfeeding early. They also reported that early initiation of breastfeeding was more common among less educated women, particularly those living in rural areas, compared to their urban counterparts. Also exposure to mass media has positively influenced the early initiation of breastfeeding. The authors emphasized the role of mobile phone and mass media campaigns in effectively disseminating feeding-related information to promote EIBF practices. Additionally, significant geographical variations in EIBF rates have been reported across different regions of Bangladesh.[16]

To address these issues, the WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI) in 1991. This program introduced a set of ten evidence-based steps aimed at improving maternal and neonatal care in healthcare facilities. Among these, Step 4 emphasizes the early initiation of breastfeeding and discourages the use of pre-lacteal feeds.[11,12]

In this context, the present study was conducted in the maternity wards of a tertiary care centre in Karnataka. It aimed to assess the prevalence of early initiation of breastfeeding among postnatal mothers and to identify the factors contributing to delayed initiation, whether the mothers delivered at the hospital or arrived postpartum for neonatal care.

2. Materials and Methods

This observational prospective study was conducted in Tertiary Health care centre in the Department of Obstetrics & Gynaecology, BLDE (Deemed to be University), Shri B. M. Patil Medical College, Hospital & Research Centre, Vijayapura, Karnataka, India in maternity ward. This study was carried for two months from January 2025 - March 2025. A total of 134 postnatal women who delivered either vaginally or by caesarean delivery were considered in the study irrespective of place of delivery considering the inclusion criteria and were asked a set of questions regarding their knowledge on early initiation of breastfeeding and to determine the reasons for delayed initiation of breast feeding which were prepared via google forms. Postnatal mothers who were admitted to Intensive care units were excluded from the study.

Ethical clearance was obtained from the Institutional Ethics Committee (Reference No. BLDE(DU)/IEC/1138/ 2024-25) to conduct the study. The study was registered with the Clinical Trials of India (CTRI/2025/01/079578).

2.1. Study design

Prospective observational study.

2.2. Inclusion criteria

1. All postnatal mothers either normal delivery or Caesarean section.
2. All outside delivered mothers who came for baby-sake.
3. All postnatal cases who came to OPD for follow-up.

2.3. Exclusion criteria

Postnatal mothers admitted in ICU.

3. Results

In this study, data were collected from 134 postnatal mothers who visited our hospital for delivery, infant care, or postnatal follow-up. The sociodemographic profile of the participants is summarized in Table 1. A large portion of the mothers (70.1%) lived in rural areas, and most (91%) were mainly involved in household duties. Only a small percentage were illiterate (3.2%), while 26.9% had completed primary schooling and 44% had received secondary education. The majority of women (82.1%) resided in joint family settings.

Antenatal and intrapartum factors influencing early initiation of breastfeeding (EIBF) are detailed in Table 2. Of the participants, 124 (92.5%) out of 134 mothers received adequate antenatal care, and among them, 54.4% underwent a breast examination by their physician. Nearly half of the mothers (48.5%) were aware of EIBF, and 62.5% reported receiving breastfeeding counselling during the antenatal period.

Most births (97%) took place in health facilities, with 29.8% delivered vaginally and 70.1% by caesarean section.

All postnatal mothers were assessed on the timing of early initiation of breastfeeding (EIBF), their understanding of the importance of colostrum, and their use of pre-lacteal feeds, as presented in Table 3. Regarding EIBF, 60.6% of mothers began breastfeeding within the first 30 minutes after birth. Among those who had caesarean deliveries, 47% initiated breastfeeding within the first hour.

Table 1. *Socio demographic parameters*

Parameter	Frequency(n)	Percentage (%)
Residence		
Rural	94	70.1
Urban	40	29.9
Mother's education		
Illiterate	11	3.2
Primary	36	26.9
Secondary	59	44
Graduate	28	20.9
Mother's Occupation		
Housewife	122	91
Working women	12	9
Type of family		
Joint	110	82.1
Nuclear	24	17.9

Table 2. *Antepartum and intrapartum factors contributing in the study*

Parameters	Frequency(n)	Percentage (%)
Antenatal visits		
Taken	124	92.5
Not Taken	10	7.5
Breast examination during antenatal visit		
Done	73	54.4
Not done	61	45.6
Knowledge among antenatal mothers regarding early initiation of breast feeding		
Yes	65	48.5
No	69	51.5
Counselling during antenatal visits regarding breast feeding		
Done	84	62.5
Not done	50	37.5
Mode of delivery		
Vaginal	40	29.8
Caesarean	94	70.2
Place of delivery		
Home	4	3
Institutional	130	97

Table 3. *Breast feeding practices*

Initiation of breast feeding in normal delivery		
Parameters	Frequency (n)	Percentage (%)
Within 30 minutes	63	60.6
30-60 minutes	19	18.3
1-2 hours	13	12.5
More than Two hours	9	8.7
Initiation of breast feeding in caesarean delivery		
Within 30 minutes	10	8.7
30-60 minutes	54	47
1-2 hours	19	16.5
More than Two hours	32	27.8
Knowledge regarding importance of colostrum		
Yes	60	44.8
No	74	55.2
Knowledge regarding pre-lacteal feeds		
Should be given	29	21.6
Should not be given	105	78.4

Additionally, 44.8% of mothers had knowledge regarding importance of colostrum for the newborn and 55.2% were unaware, also only 29 (21.6%) believed that pre-lacteal feeds should be given after delivery out of 134.

4. Discussion

Through this scoping review, our focus was on evaluating the knowledge of postnatal mothers regarding early initiation of breastfeeding (EIBF), as well as identifying the factors that support or hinder the widespread adoption of this practice.

Our study revealed that a significant proportion of postnatal mothers 94 (70.1%) out of 134 were rural residents, engaged in household duties with reduced number (26.9%) having primary schooling and rest with secondary education. Additionally, 82.1% of the women belonged to joint families. These findings suggest that limited education and traditional family structures may contribute to reduced awareness about the importance of early breastfeeding.

These trends were consistent with findings from a study by Mary JJF et al., which reported that 49.1% of participants resided in rural areas, 35.2% had completed secondary education, 93.5% were involved in household chores, and 51.9% lived in joint families.[13] Similarly, Ghimire et al. observed that most pregnant women had attained secondary education (36.3%), were not employed (46.9%), and lived in urban areas (46.3%).[14]

Despite limited educational attainment, many participants demonstrated positive engagement with maternal health services. Approximately 92.5% of women received antenatal care (ANC), and only 48.5% were aware of the importance of EIBF whereas 51.5% were unaware of importance. Furthermore, 54.4% had undergone breast examinations during ANC, and 62.5% received counselling on exclusive breastfeeding.

Regarding mode of delivery, 97% of participants delivered in healthcare facilities, out of which 40 (29.8%) delivered vaginally and 94 (70.2%) delivered by caesarean section. Counselling the mothers antenatally gave a positive impact to the fact that women delivered either vaginally (60.6% within 30 minutes and 18.3% in one hour) or by caesarean section (8.7% within 30 minutes and 47% in one hour) initiated breastfeeding early in our study.

Contrastingly, a study by Dhandapany et al. found no significant link between the number of ANC visits and early initiation of breastfeeding, often due to inconsistent or inadequate education provided during the visits.[15] Boakye-Yiadom et al. also noted that Early initiation of breastfeeding (EIBF) was achieved in 39.4% of newborns. Breastfeeding was initiated between 1 to 6 hours (19.7%). A greater number of antenatal care visits, delivery via caesarean section, and infant rooming-in with the mother were found to be significantly and independently associated with timely initiation of breastfeeding.[9]

Supporting our findings, Ekholuenetale et al. reported higher rates of EIBF and exclusive breastfeeding among women who had vaginal deliveries and lived in rural areas, with similar ANC attendance rates.[16] Benedict RK et al. highlighted caesarean sections as a barrier to EIBF

and exclusive breastfeeding across South Asian countries including India, Nepal, and Pakistan.[17] Woldeamanuel et al. found that neonates born by caesarean delivery into large households (seven or more members) had reduced rates of EIBF, despite minimal ANC.[18]

In our study, only 44.8% of mothers were aware of the benefits of colostrum while majority were unaware. On a positive note, just 21.6% of mothers reported giving pre-lacteal feeds to their newborns—an encouraging sign for improving breastfeeding practices.

Similar patterns were observed in studies from Puducherry,[13] Nepal,[14] Bangladesh,[16] Ethiopia,[18] Saudi Arabia,[19] and regions in India such as Madhya Pradesh,[21] Vadodara,[22] and Telangana.[23] In these studies, while around half of the mothers were knowledgeable about EIBF, delayed initiation was still common.

Jain et al. found that 85% of mothers understood the importance of colostrum, and 91.7% avoided pre-lacteal feeds.[22] In Bangladesh, Raihana et al. reported nearly universal awareness (99.2%) of colostrum's benefits, with most mothers avoiding pre-lacteal feeds.[24]

In contrast, a study in Kerala by Adem et al. documented suboptimal breastfeeding practices, with 46.4% of mothers providing pre-lacteal feeds, thereby delaying colostrum initiation.[25] Similarly, a study in Karnataka by Jayarama et al. found that 32.03% of mothers practiced pre-lacteal feeding. However, this practice declined with rising literacy levels, improved socio-economic status, and joint family support.[26]

5. Conclusions

Early initiation of breastfeeding provides numerous benefits for both mothers and newborns. Starting breastfeeding within the first hour after birth not only supports the development of a strong maternal-infant bond but also ensures that the infant receives vital nutrients and stimulates ongoing breast milk production. According to WHO guidelines, at least 80% of mothers should initiate breastfeeding within the first hour; however, this target remains unmet in many settings. Mothers who undergo caesarean deliveries often encounter added difficulties in starting breastfeeding, and the admission of newborns to the NICU can further delay the process, adding to challenges for both mother and child. Such key factors like knowledge of early initiation of breastfeeding, antenatal breastfeeding education, delivery method (caesarean versus vaginal), assistance with infant positioning, encouragement to initiate breastfeeding early, skin-to-skin contact between mother and baby, and 24-hour rooming-in—highlight the importance of the Baby-Friendly Hospital Initiative (BFHI). These elements are core components of the BFHI, and their consistent implementation can be strengthened within healthcare settings. The low rates of early initiation of breastfeeding may reflect inadequate adherence to BFHI standards.

6. Recommendations

1. A patient can be counselled by four forms of love – proper listening and validating to patients concern, asking open ended questions, educating and targeting patient specific concerns.
2. Patient should receive practical support to enable them initiate breastfeeding.
3. Provision of additional help to women who delivered by caesarean delivery or are obese.
4. Implement techniques to reduce stress and enhance continuous milk flow.
5. Provision of wholesome environment for mother and baby.

Author Contributions

1. Preeti Shankar Malapure: Formal analysis, Writing – original draft.
2. Namita Gupta: Data curation, Visualization.
3. Rajasri G Yaliwal: Investigation, Supervision, Visualization.
4. Santhoshi Dantapuram: Methodology, Resources.
5. Ravindra Naganoor: Supervision.

Source of Funding

None.

Conflict of Interest

None.

Ethical Approval

This study was approved by the Institutional Ethics Committee (Ref. No. BLDE(DU)/IEC/1138/2024-25) and registered with CTRI (CTRI/2025/01/079578).

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