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Original Research Article

Breastfeeding practices and experience of mothers during the first seven days of delivery

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ABSTRACT

Background: Breastfeeding significantly reduces neonatal morbidity and mortality. The early postnatal period, particularly first seven days after delivery, plays a decisive role in establishing effective breastfeeding practices. Understanding breastfeeding practices, maternal experiences, and associated factors during this critical window is essential for designing targeted interventions. Aim was to assess breastfeeding practices and experiences of mothers during the first seven days after delivery and to identify maternal and delivery-related factors influencing these practices.
Methods: A hospital-based observational study was conducted among 235 postnatal mothers over 6 months using a pre-validated structured questionnaire, including socio-demographic characteristics, mode of delivery, antenatal breastfeeding education, delivery to initiation of breastfeeding interval, exclusive breastfeeding status till day 7 postpartum, pre-lacteal feeding, and breastfeeding-related difficulties.
Results: The 59.6% mothers were aged 20-30 years, and 56.1% were primipara. Breastfeeding was initiated within two hours of birth by 40% of mothers. Exclusive breastfeeding till day 7 postpartum was practised by 75.74%. Pre-lacteal feeds given by 15.7% colostrum feeding practised by 95.7% of participants. Vaginal delivery was significantly associated with early initiation of breastfeeding and exclusive breastfeeding compared to caesarean section ($p<0.05$). Antenatal Breastfeeding education showed a strong positive association with colostrum feeding ($p<0.001$). Lack of family support, nipple pain, and perceived insufficient milk were the most common breastfeeding difficulties. Primipara mothers experienced higher breastfeeding difficulties than multipara mothers ($p<0.01$).
Conclusions: Breastfeeding practices during the first seven days postpartum need to be strengthened. Antenatal breastfeeding counselling, early postnatal lactation support, and family support are essential to improve early initiation, exclusivity, and overall breastfeeding experiences.

Keywords: Breastfeeding practices, Early initiation, Exclusive breastfeeding, Postnatal mothers, Breastfeeding difficulties

INTRODUCTION

Breastfeeding is universally recognised as a cornerstone of early-life nutrition and a key intervention for improving child survival. Human milk provides optimal nutrients and bioactive components that protect infants against infections, support healthy growth and neurodevelopment, and reduce the risk of later-life non-communicable diseases. For mothers, breastfeeding is associated with improved postpartum recovery and long-term protection against conditions such as breast and ovarian cancers.[1] Because of these wide-ranging benefits, breastfeeding is not only an individual health behavior but also a population-level strategy that strengthens maternal and child health outcomes. Breastfeeding is associated with improvement of the infant's survival and significant health benefits both for the infant and the mother. Promotion and support of breastfeeding initiation, duration, and

exclusivity during the first 6 months is a public health issue.[2] Global and national programs increasingly emphasise early initiation, exclusive breastfeeding, and continued breastfeeding with appropriate complementary feeding.[3] However, despite clear recommendations, breastfeeding practices remain variable across regions and health systems, and many women discontinue early or introduce supplements due to clinical, social, and environmental barriers.[4] Worldwide rate (48%) of breastfeeding is lower than international recommendations (70%). Globally, percentage of infants under 6 months of age exclusively breastfed has reached 48%.[5] The rate of exclusive breastfeeding is ten percentage points higher than a decade earlier, showing that significant progress is possible and has occurred across regions and countries.[5] The Global Breastfeeding Collective has set a target to reach 70% by 2030.[6] UNICEF has also highlighted that breastfeeding outcomes are strongly shaped by policy and health-system environments, including the quality of counselling and facility practices around birth.[3] Early cessation or partial breastfeeding is frequently driven by mothers' experiences during the initial postpartum period. Commonly reported reasons include difficult latching, pain, concern about infant weight gain, perception of insufficient milk, and challenges related to expressing milk. Therefore, there is a need for increasing the health care professionals' awareness of the intrinsic factors associated with early breastfeeding cessation and to gain further insight into the related modifiable hindrances.

METHODS

The present study was a cross-sectional study conducted among lactating mothers during the first seven days postpartum. Mothers who satisfied the predetermined inclusion and exclusion criteria were enrolled to assess breastfeeding practices and early post-delivery breastfeeding experiences. Data were collected from breastfeeding mothers who delivered and were receiving postpartum care in the department of obstetrics and gynaecology, people's medical college and research centre, Bhopal. Eligible mothers were approached during the first seven days after delivery, and the required information was obtained. The study was carried out over a period from 1st April 2025 to 30th September 2025. A total of 235 participants were included in the study.

IEC letter number code no IEC-2025/16 Dated 28/3/2025.

Inclusion criteria

All lactating mothers of term and preterm infants who were in the first seven days after delivery were included. Only mothers whose neonates had a birth weight of more than 1.8 kg were considered eligible to participate in the study.

Exclusion criteria

Mothers whose newborns were admitted to the neonatal intensive care unit (NICU) within the first seven days of life were excluded. In addition, mothers of neonates with conditions that could interfere with breastfeeding, such as congenital diseases, cleft lip, and cleft palate, were not included. Any neonate diagnosed with a disease or abnormality before the 7th day of birth was also excluded.

Data collected was entered in the patient proforma and was entered in the master chart. Statistical analysis was carried out using statistical package for sciences (SPSS, version 20). Continuous variables were expressed as mean±standard deviation, and categorical variables were presented as frequencies and percentages. Appropriate statistical tests were applied to identify the association between variable, $p<0.05$ was considered as statistically significant.

RESULTS

A total of 235 lactating mothers who had delivered at the Institution during the study period participated in the study. Primipara accounted for 132 cases (56.17%), and Multipara accounted for 103 cases (43.8%) in the study.

Demographic characteristics of mothers

The participants between 18 and 20 years of age were 50 (21.3%). The majority of participants belonging to the age group of 20-30 years were 140(59.6%), followed by those aged above 30 years, who were 45 (19.1%) (Figure 1). More than half of the participants were primipara, accounting for 132(56%), while 103(44%) were multipara. (Figure 2).

Caesarean section was done in 85 cases (36% cases), and vaginal deliveries in 150 cases (63.5%) (Figure 3), 60% of the study participants reported they had received breastfeeding education during the antenatal period (Figure 4).

Breastfeeding practices of mothers till postpartum day 7

Table 1 shows the breastfeeding practices of mothers until postpartum day 7. Breastfeeding was initiated within two hours of delivery in 100 (42.6%) mothers, while the majority initiated delayed breastfeeding more than 2 hours after delivery, 141 (60%). Exclusive breastfeeding till day 7 postpartum was practised by 178 (75.74%) lactating, mothers, whereas 57 (24.26%) did not practice exclusive breastfeeding. Mixed feed, such as mother's breast milk along with formula feed, was being given together in most of the cases that did not practice exclusive breastfeeding. Pre-lacteal feeds such as honey, cow milk, buffalo milk were given by 37 (15.7%) of mothers, while the majority, 198 (84.25%) did not give pre-lacteal feeding. Colostrum feeding, which is bright yellowish thick milk secreted in the first three to six days after birth. It is rich in proteins and immunoglobulins and has anti-infective properties was practised by a high proportion of mothers, 225 (95.7%), with only 10 (4.3%) did not give colostrum to their newborns.

Association of breastfeeding initiation with maternal factors

Table 2 shows association between breastfeeding initiation and maternal factors-age, parity, and mode of delivery. No statistically significant association was observed between maternal age and early initiation of breastfeeding (p>0.05). Maternal parity did not show a significant association with initiation of breastfeeding within two hours (p>0.05). Mode of delivery demonstrated a significant association with breastfeeding initiation. Early initiation was significantly higher among mothers who delivered vaginally, 90 out of 150 (60%), compared to those who underwent cesarean section, 10/85 (11.2%) (p<0.01).

Table 3 shows the association between antenatal breastfeeding education and colostrum feeding. Antenatal Breastfeeding education showed a strong and statistically significant association with colostrum feeding, as 135 out of 141 educated mothers gave colostrum compared to only 65 out of 94 non-educated mothers (p<0.001).

Barriers and difficulties in breastfeeding

Table 4 highlights the common barriers and difficulties faced by mothers during breastfeeding. Lack of family support was the most frequently reported challenge, affecting 76% of mothers. Nipple pain or soreness was reported by 48% of participants. Perceived insufficient milk secretion was noted by 32% of mothers, while difficulty in latching was experienced by 28%. Breast engorgement was reported by 24% of mothers, and lack of awareness regarding breastfeeding practices was reported by 22.6% of participants.

Association of breastfeeding experiences with maternal factors

Table 5 presents the association between breastfeeding difficulties and maternal factors. Although a higher proportion of breastfeeding difficulties was observed across all age groups, maternal age did not show a statistically significant association with breastfeeding difficulties (p=0.06). Maternal parity demonstrated a statistically significant association with breastfeeding experiences. Primiparous mothers were significantly more likely to experience breastfeeding difficulties (75%) compared to multiparous mothers (52.2%) (p<0.01).

Association between mode of delivery and breastfeeding practices

Table 6 depicts the relationship between mode of delivery and breastfeeding practices. Breastfeeding initiation within two hours was significantly higher among mothers who had vaginal deliveries (60%) compared to those who underwent cesarean section (11.2%) (p<0.01). Exclusive breastfeeding till day 7 postpartum was significantly more common among mothers who delivered vaginally, 124 (82.6%), than among those who had cesarean deliveries, 54 (63.5%) (p<0.05).

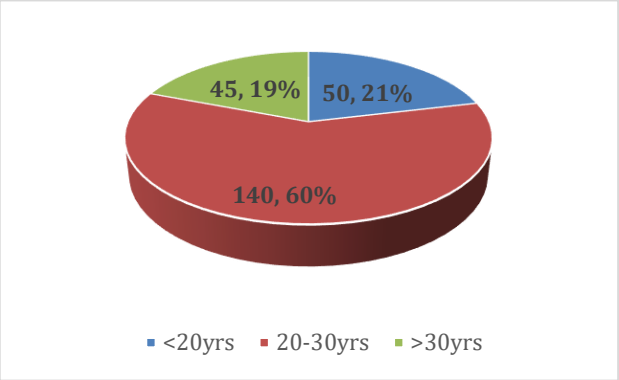


Figure 1: Age distribution of mothers, (n=235).

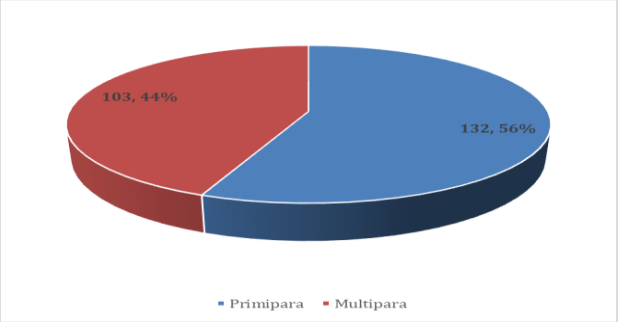


Figure 2: Parity distribution of mothers, (n=235).

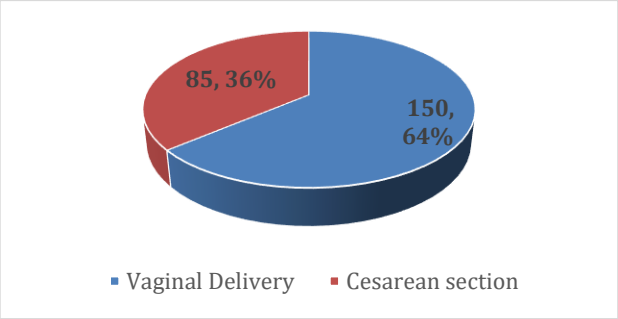


Figure 3: Mode of delivery of mothers, (n=235).

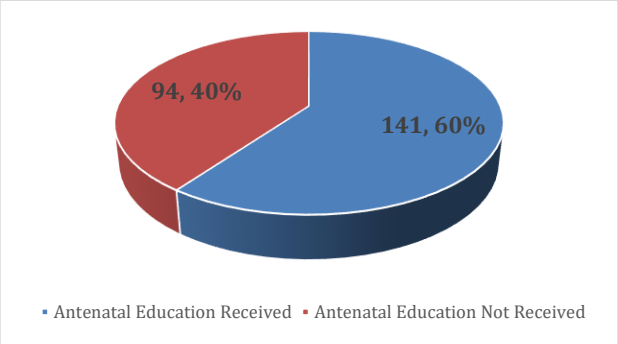


Figure 4: Antenatal breastfeeding education of mothers, (n=235).

Table 1: Breastfeeding practices of mothers till postpartum day 7, (n=235).

Practices	Category	N	Percent
Initiation of breastfeeding	<2 hours	94	40%
	>2 hours	141	60%
Exclusive breastfeeding	Yes	178	75.74%
	No	57	24.26%
Pre-lacteal feed	Given	37	15.7%
	Not given	198	84.25%
Colostrum feeding	Yes	225	95.7%
	No	10	4.3%

Table 2: Association of breastfeeding initiation with maternal factors.

Factors	Category	Initiation <2 hours	Initiation >2 hours	P value
Maternal age (in years)	<20	18	32	>0.05
	20-30	56	84	>0.05
	>30	20	25	>0.05
Maternal parity	Primipara	31 (23.4%)	101 (76.5%)	>0.05
	Multipara	40 (38.8%)	63 (61.2%)	>0.05
Mode of delivery	Vaginal delivery	90 (60%)	60 (40%)	<0.01
	LSCS	10 (11.2%)	75 (88.2%)	<0.01

Table 3: Association of antenatal breastfeeding education with colostrum feeding.

Factors	Category	Colostrum given	Colostrum not given	P value
Antenatal breastfeeding education	Educated (141)	140	1	<0.001
	Not educated (94)	85	9	<0.001
	Total	225	10	<0.001

Table 4: Barriers and difficulties in breastfeeding, (n=235).

Challenge	N	Percent
Lack of support from family	175	76%
Nipple pain/soreness	113	48%
Perceived insufficient milk secretion	75	32%
Difficulty in latching	66	28%
Breast engorgement	56	24%
Lack of awareness of breastfeeding	52	22.6%

Table 5: Association of breastfeeding difficulties with maternal factors.

Factors	Category	Breastfeeding difficulties present	No breastfeeding difficulties	P value
Maternal age (in years)	<20	35 (60.4%)	40 (29.6%)	0.06
	20-30	95 (55%)	45 (45%)	0.06
	>30	32 (68%)	18 (32%)	0.06
Maternal parity	Primipara	90 (75%)	30 (25%)	<0.01
	Multi Para	60 (52.2%)	55 (47.8%)	<0.01

Table 6: Association between mode of delivery and breastfeeding practices.

Parameters	Vaginal delivery (150)	Caesarean section (85)	P value
Breastfeeding initiation within 2 hours	90 (60%)	10 (11.2%)	<0.01
Exclusive breastfeeding till day 7 postpartum	124 (82.6%)	54 (63.5%)	<0.05

DISCUSSION

In the present study, the number of enrolled participants was 235. Early initiation of breastfeeding was low: 100 of 235 mothers (42.6%) initiated breastfeeding within 2 hours, among those, a high proportion delivered vaginally (50.6%) and10 of 85 mothers (11.8%) had caesarean

deliveries. In comparison, NFHS-5 (Phase II) reports that in Madhya Pradesh, 41.3% of newborns were breastfed within 1 hour of birth, and caesarean deliveries were 12.1% (India: 17.1%). This suggests that delayed initiation in our setting may be partly influenced by higher caesarean proportion and immediate post-delivery care practices.[8]

Exclusive breastfeeding till postpartum day 7 was practised by 75.74% mothers in our study, and early supplementation was given in 24.26% newborns. Hasan et al reported a higher prevalence of exclusive breastfeeding (63.4%) among mothers in Dhaka, Bangladesh, highlighting that exclusivity can be substantially better where feeding counselling, maternal confidence, and supportive practices are stronger; the higher rate in our cohort during the first week may reflect role of early breastfeeding counselling, antenatal breastfeeding education, role of healthcare workers, cultural differences.[9] Awareness of breastfeeding should be continuously raised as a double-duty action to prevent undernutrition and overweight/obesity, and policy action should be taken to increase breastfeeding.[18]

On comparing our exclusive breastfeeding rate (75.74%) to that reported by La Adili et al in the Poasia PHC working area, Kendari City, where exclusive breastfeeding prevalence was 45.03%.It highlights the idea that early postpartum exclusivity is commonly affected by modifiable factors such as knowledge, family/workplace support, and counselling coverage areas that appear important in our cohort as well, especially given that "lack of support from family" was the most common barrier (76%).[10]

Colostrum feeding was high in our study (95.7%), and pre-lacteal feeding was avoided by most mothers (84.25%), though 15.7% still gave pre-lacteals. Patel et al similarly reported colostrum feeding in 78.3% and pre-lacteal feeding in 19.11% of participants, showing that pre-lacteal practices continue to persist in comparable settings and may contribute to reduced exclusivity during the early days of life.[11]

A key finding in our study was the strong association between antenatal breastfeeding education and colostrum feeding: 99.2% (140/141) of educated mothers gave colostrum compared with 92.5% (87/94) among non-educated mothers ($p<0.001$). However, WHO evidence summaries indicate that "antenatal breastfeeding education" alone may show little or no difference in early initiation outcomes in some contexts (e. g., RR around 1.01 in pooled evidence), suggesting that the content, intensity, and follow-up support of counselling likely determine whether education translates into consistent early feeding practices.[12]As Per Breastfeeding Promotion Network of India (BPNI) 2020, breastfeeding counselling should be provided and re-in forced at least 6 times, 1st-antenatal, 2nd-immediately after birth within 2-3 days, 3rd-at 1-2 week after birth, 4th at 3-4 month, 5th-at 6 months for CF and 6th-after 6 months. In addition, every 2-3 months, for 6-24 months. The schedule may be aligned to the home visits in the home-based newborn care programme and home-based young child care programme.[13]

Mode of delivery showed a clear relationship with early initiation and exclusivity in our results: early initiation of breastfeeding within 2 hours was much higher after vaginal delivery (60%) than caesarean delivery (11.2%) (Table 5), with exclusive breastfeeding till day 7 also higher in vaginal delivery (82.6%) than caesarean delivery (63.5%). Evidence from structured counselling interventions supports that targeted antenatal plus postnatal counselling can substantially improve early initiation even for caesarean deliveries-demonstrating that service-level interventions can reduce the delivery-related delay seen in routine care.[14]

Breastfeeding difficulties were common in our cohort and were reflected in the high frequency of reported barriers: lack of family support (76%), nipple pain/soreness (48%), perceived insufficient milk (32%), difficulty in latching (28%), and breast engorgement (24%). Gianni et al emphasised that early breastfeeding difficulties are closely linked with risk of early breastfeeding cessation, reinforcing the clinical importance of early problem-solving support (positioning/latch help, pain management, reassurance about milk adequacy, and family counselling) during the first postpartum week.[15]

Overall, the pattern in our study shows low early initiation, modest Breastfeeding exclusivity by day 7, persistence of pre-lacteal feeds in a few, and frequent maternal difficulties, highlighting the need to strengthen Antenatal breastfeeding counselling, early postnatal breastfeeding support and counselling, alongside family involvement. This aligns with the WHO's global strategy that recommends exclusive breastfeeding for the first 6 months and emphasises the health-system role in protecting, promoting, and supporting breastfeeding from birth.[16]

In many settings, gaps persist between what mothers intend to do and what becomes feasible after delivery due to pain, fatigue, delayed milk production, separation of mother and baby, social pressure, and lack of skilled support. These difficulties can be compounded by maternal fatigue, anxiety, or conflicting advice from family members. In a large study examining why mothers stop breastfeeding earlier than intended, process-related challenges (such as lactation and pumping problems) and concerns about infant nutrition were prominent reasons for early cessation, reinforcing the importance of anticipatory guidance and responsive problem-solving support.[6] Women who receive strong family support, particularly from their Husband, are significantly more likely to breastfeed well. In contrast, misinformation from family members or a lack of guidance by health professionals can discourage mothers from initiating breastfeeding or cause them to discontinue breastfeeding prematurely. Mode of delivery is another major factor shaping breastfeeding initiation and continuation. Vaginal delivery often allows

earlier mother-infant contact and easier initiation, whereas caesarean delivery may involve postoperative pain, delayed mobility, separation, and delayed initiation-each of which can affect exclusivity in the first week.[17] Evidence from a systematic review and meta-analysis has shown that caesarean delivery is associated with reduced likelihood of early breastfeeding initiation and lower breastfeeding outcomes compared with vaginal birth, highlighting the need for targeted support for mothers delivering by caesarean section.[17]

Several determinants of breastfeeding have been described within a complex framework, including structural settings and individual factors that are involved at multiple levels. Breastfeeding difficulties include a wide range of biological, psychological, and social factors. These influences include maternal confidence, family expectations, cultural feeding norms, access to accurate information, the availability of professional lactation support, and institutional routines such as early skin-to-skin care and rooming-in.[5] The first days after birth are particularly sensitive because mothers are adapting physically and emotionally while infants are learning to latch and feed effectively.[18] The first seven postpartum days are critical for establishing breastfeeding. The composition of Breast Milk is dynamic, constantly changing and adjusting to the infant's needs over time. This period includes the initiation of breastfeeding, the transition from colostrum to mature milk (lactogenesis), and the development of effective positioning and attachment. Problems arising in this phase-such as nipple pain, poor latch, perceived low milk supply, engorgement, or delayed initiation-can quickly lead to supplementation and reduced exclusive breastfeeding. Facility-based maternity and newborn practices play a decisive role in this window because early contact, skilled support, and avoidance of unnecessary prelacteal feeds help mothers establish breastfeeding successfully. WHO guidance emphasises that health facilities should protect, promote, and support breastfeeding through evidence-informed maternity practices starting immediately after birth.[4] Support interventions are especially important because many early challenges are modifiable with timely counselling and hands-on help.[19] Support includes demonstrating positioning and attachment, reassuring mothers about normal feeding patterns, supporting frequent feeding, addressing pain, and managing common issues like engorgement. A strong body of evidence indicates that organised breastfeeding support-delivered by trained professionals or peer supporters-improves breastfeeding continuation and reduces early discontinuation.[26] In real-world settings, the quality and consistency of support often vary, leaving some mothers without adequate assistance during the most vulnerable early days.[27]

Limitations

This was a single-centre study with a relatively limited sample size, which may restrict the generalizability of the findings. Breastfeeding practices and experiences were assessed only during the first 7 days postpartum, limiting assessment of longer-term breastfeeding outcomes. Some information may be subject to recall or reporting bias.As an observational study, causal relationships cannot be established.

CONCLUSION

This study among 235 postnatal mothers shows that the first seven days after delivery are a critical period for establishing successful breastfeeding. Early initiation within 2 hours was low (40%), and exclusive breastfeeding by day 7 was practised by 75.74%, indicating early supplementation in some mothers. Mode of delivery significantly influenced breastfeeding outcomes, with vaginal delivery showing higher rates of early initiation and exclusivity than caesarean delivery section. Antenatal education strongly improved colostrum feeding, while common barriers such as lack of family support and nipple pain highlight the need for timely treatment, focused counselling, antenatal breastfeeding education and early postnatal support, especially for primiparous and post-caesarean mothers.

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