JOGNN

REVIEW

Meta-ethnography on the Experiences of Women From Around the World Who Exclusively Breastfed Their Full-Term Infants

Tumilara Aderibigbe, Pornpan Srisopa, Wendy A. Henderson, and Ruth Lucas

Correspondence
Tumilara Aderibigbe, PhD, RN, University of Utah College of Nursing, 10 South 2000 East, Salt Lake City, UT 84112.
tumilara.aderibigbe@nurs.utah.edu

Keywords
exclusive breastfeeding
meta-ethnography
qualitative
women's experiences

ABSTRACT

Objective: To synthesize evidence from qualitative studies on the experiences of women from around the world who exclusively breastfed their full-term infants.

Data sources: CINAHL Plus, PubMed, APA PsycInfo, Scopus, and ProQuest Dissertation & Theses Global.

Study selection: We selected reports of qualitative studies that were conducted in high-, middle-, and low-income countries; published between January 2001 and February 2022 in English; and focused on the experiences of women who exclusively breastfed their full-term infants.

Data extraction: We extracted the following data from included studies: methodological characteristics (i.e., country of origin, authors' disciplines, research design, sample size, sampling, data collection, and data analysis method), participants' demographics (i.e., age, parity, marital status, education, and exclusive breastfeeding duration) and direct participant quotes, and key concepts and themes about women's experiences of exclusive breastfeeding. We managed and stored extracted data using a Microsoft Excel spreadsheet.

Data synthesis: We synthesized reciprocal translations using Noblit and Hare's approach to meta-ethnography. Five overarching themes emerged from the meta-synthesis: *Favorable Conditions, Not a Smooth Journey, Support, Determination and Perseverance,* and *Reflections on Benefits.*

Conclusion: In the included studies, participants experienced challenges with exclusive breastfeeding; however, they also recounted benefits. We recommend 6-month maternity leave and support from family and health care professionals to improve rates of exclusive breastfeeding.

JOGNN, 53, 120–131; 2024. https://doi.org/10.1016/j.jogn.2023.11.008

Accepted November 15, 2023; Published online December 14, 2023

Tumilara Aderibigbe, PhD, RN, is a postdoctoral fellow, College of Nursing, University of Utah, Salt Lake City, UT.
https://orcid.org/0000-0001-6633-7499

Pornpan Srisopa, PhD, RN, is an assistant professor, Faculty of Nursing, Burapha University, Chon Buri, Thailand.
https://orcid.org/0000-0001-6244-9231

(Continued)

Adequate nutrition plays a significant role in the development of a child's immune system, cognitive abilities, and health status later in life (World Health Organization [WHO], 2021). Nutritional deficiencies, including severe acute malnutrition, chronic undernutrition, iron deficiency, and iodine deficiency, impair brain development (Prado & Dewey, 2014). Thus, the WHO and United Nations Children's Fund (UNICEF) recommended the following: "early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months of life; and introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond" (WHO, 2021, para. 4). Globally, approximately 44% of infants aged 0 to 6 months are exclusively breastfed (WHO, 2021), and ongoing interventions to promote exclusive breastfeeding are required to meet the WHO/UNICEF target of 70% by 2030 (WHO & UNICEF, 2019). The low rate of exclusive breastfeeding globally may be attributed to maternal, infant, and social factors. Maternal factors include sore/painful nipples (Thomas, 2016), heavy workload or return to work (Matare et al., 2019), perceived milk insufficiency (Bookhart et al., 2021), poor understanding of exclusive breastfeeding (Shi et al., 2021), and fear of gaining excess weight (Agyekum et al., 2023). Infant factors that inhibit exclusive breastfeeding include problems with

latching (Thomas, 2016), persistent crying (Kavle et al., 2017), and illness (Agampodi et al., 2021). Finally, inadequate social support and sociocultural beliefs are social factors that negatively influence exclusive breastfeeding (Aderibigbe & Lucas, 2022; Ogbo et al., 2019).

In previous reviews, authors examined the experiences of women who ever breastfed and reported their expectations and the realities of breastfeeding (Afoakwah et al., 2013), challenges encountered while breastfeeding (Burns et al., 2010; Lyons et al., 2019; Smithbattle et al., 2020), beliefs about breast milk (Schmied et al., 2012), breastfeeding and complementary feeding (Joseph et al., 2019), enablers of breastfeeding initiation, and duration and exclusivity (Schmied et al., 2012). In all but one of these reviews (Smithbattle et al., 2020), the authors used a meta-ethnographic approach; however, these reviews included articles primarily from high-income developed countries and/or focused on any type of breastfeeding. Therefore, findings might not be applicable in other settings.

In addition, because the gold standard for infant nutrition is exclusive breastfeeding for 6 months (WHO, 2021), it is important to examine exclusive breastfeeding experiences to identify interventions that can promote this practice. We found only one review of qualitative studies on exclusive breastfeeding in which the authors identified barriers and facilitators to exclusive breastfeeding (Ejie et al., 2021). However, this review included only studies conducted in Sub-Saharan Africa; the authors synthesized data using thematic analysis and did not provide a comprehensive report of the women's overall experiences of exclusive breastfeeding given that the article was heavily focused on the barriers and facilitators of exclusive breastfeeding. We identified a gap in the literature about exclusive breastfeeding experiences of women globally in which authors used a meta-ethnographic approach. Thus, the purpose of our current review was to synthesize evidence from qualitative studies on the experiences of women from around the world who exclusively breastfed their full-term infants. We included articles from high-, middle-, and low-income countries to provide a holistic perspective of women's experiences of exclusive breastfeeding. Findings may be useful to influence global policies to support women to breastfeed exclusively until their infants are 6 months of age.

The experiences of women who exclusively breastfed their full-term infants have not been examined on a global level.

Methods

Design

We conducted a meta-ethnographic synthesis of women's experiences of exclusive breastfeeding using the method of Noblit and Hare (1988). Meta-ethnography has its underpinning in the theory of social explanations, where it is posited that all social explanations are implicitly or explicitly comparable (Turner, 1980). Therefore, meta-ethnography involves translating qualitative studies into one another to form a synthesis (Noblit & Hare, 1988). The goal of meta-ethnography is to conduct an interpretive literature review that allows a critical examination of multiple accounts of a phenomenon using an inductive approach while preserving the sense of accounts through selection of key metaphors and organizers (Noblit & Hare, 1988). Key metaphors in a meta-ethnography refer to concepts, ideas, and/or phrases in primary qualitative studies in which researchers evaluate the phenomenon of interest and make up the translations (Noblit & Hare, 1988). The seven phases of meta-ethnography are identifying the area of interest, deciding what is relevant, reading and rereading the studies, deciding how the chosen studies are related, translating the studies in relation to one another, synthesizing translations, and presenting the synthesis (Noblit & Hare, 1988).

We used the Meta-ethnography Reporting Guidance (eMERGe) to present the results of our synthesis (France et al., 2015). The eMERGe was developed to facilitate transparent and comprehensive reporting of meta-ethnographic reviews (France et al., 2019). This was a qualitative systematic review; therefore, ethical approval was not required.

Search Strategy

From September 3, 2021 to October 14, 2021, we searched CINAHL Plus, PubMed, APA PsycInfo, Scopus, and ProQuest Dissertations & Theses Global for reports of relevant qualitative studies on women's exclusive breastfeeding experiences. We selected these databases because they are the most relevant sources for content on exclusive breastfeeding. We (T.A. and P.S.) conducted the search after consultation with a librarian at T.A.'s institution. Search terms

Wendy A. Henderson, PhD, CRNP, FAAN, is a professor, School of Nursing, University of Connecticut, Storrs, CT. https://orcid.org/0000-0003-3924-7118

Ruth Lucas, PhD, RNC, FAAN, is an associate professor, School of Nursing, University of Connecticut, Storrs, CT. https://orcid.org/0000-0001-9757-5668

included "exclusive breastfeeding," "experience," and "women." Search strategies are provided in Supplementary Table S1. In February 2022, T.A. performed another search in the same databases using the same terms to search for relevant articles that were published after the review was completed. One relevant article published in 2022 was identified and added to the sample.

Inclusion and Exclusion Criteria

We included records that met the following criteria: studies focused on women's experiences of exclusive breastfeeding of full-term infants for at least 1 month, used qualitative methodology, and were published in English between January 1, 2001 and February 28, 2022 from high-, middle-, and/or low-income countries. We excluded records related to general perceptions about exclusive breastfeeding and those that were specific to women with certain medical conditions and/or preterm infants to prevent bias because the medical conditions could influence women's experiences.

Quality Appraisal

We (T.A. and P.S.) independently assessed the quality of the reports considered for inclusion using the modified Critical Appraisal Skills Programme (CASP, 2018) checklist for qualitative studies. The CASP checklist contains three sections and 11 questions (Supplementary Table S2; Long et al., 2020). For this review, we adapted Question 11 in the modified CASP checklist, "How valuable is the research?", to "Is the research valuable?" The CASP scoring of 1 for *yes* and 0 for *no* has been criticized for the limited ability to accurately evaluate intrinsic methodological quality of original articles (Hannes et al., 2010). Therefore, we chose a cutoff score of 8 for inclusion. In the case of disagreements, we reviewed and discussed the inclusion criteria and CASP, after which consensus was reached on why the article should be included.

The database search yielded 1,325 records in total. After we removed duplicates ($n = 516$), 809 records remained. We independently screened titles and/or abstracts and removed 770 records because they were not related to exclusive breastfeeding. We then retrieved the remaining 39 reports and assessed them for eligibility. We excluded 19 articles because they did not meet the inclusion criteria and 3 articles because they had CASP scores less than 8. Therefore, after the selection process, we included 17 studies (15 published reports of qualitative studies, one report of a mixed-methods study, and one online dissertation) with CASP scores of 8 or greater in the review (Supplementary Table S2). Figure 1 presents a flowchart of the search and selection process in accordance with the current PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Page et al., 2021).

Data Extraction

In accordance with Noblit and Hare's (1988) method, we (T.A. and P.S.) extracted the following data from included studies: methodological characteristics (i.e., country of origin, authors' disciplines, research design, sample size, sampling, data collection, and data analysis method), participants' demographics (i.e., age, parity, marital status, education, and exclusive breastfeeding duration) and direct participant quotes (i.e., first-order constructs), and key concepts and themes (i.e., second-order constructs) about women's experiences of exclusive breastfeeding. We extracted only qualitative data from the mixed-methods study. We continued data extraction until we identified all key metaphors about exclusive breastfeeding of full-term infants. We stored and managed extracted data using a Microsoft Excel spreadsheet.

Determining How the Studies Were Related

According to Noblit and Hare (1988), data extracted from qualitative studies can be related in three ways: reciprocal, refutational, or to represent a line of argument. When participants' accounts in studies are directly comparable, the relationship is reciprocal. When participants' accounts in studies contradict each other, the relationship is refutational. When neither a reciprocal relationship nor a refutational relationship between data exists, the data represent a line of argument for a new interpretation. We extracted and compared key concepts and themes from each study and found that the key concepts about women's experiences of exclusive breastfeeding across studies were similar, which indicated a reciprocal relationship. We reexamined the direct participant quotes to ensure that findings from the studies could be added together.

Translating Studies Into One Another

We grouped related concepts into initial categories and developed reciprocal translations without altering second-order data from the records. We continued to compare key concepts

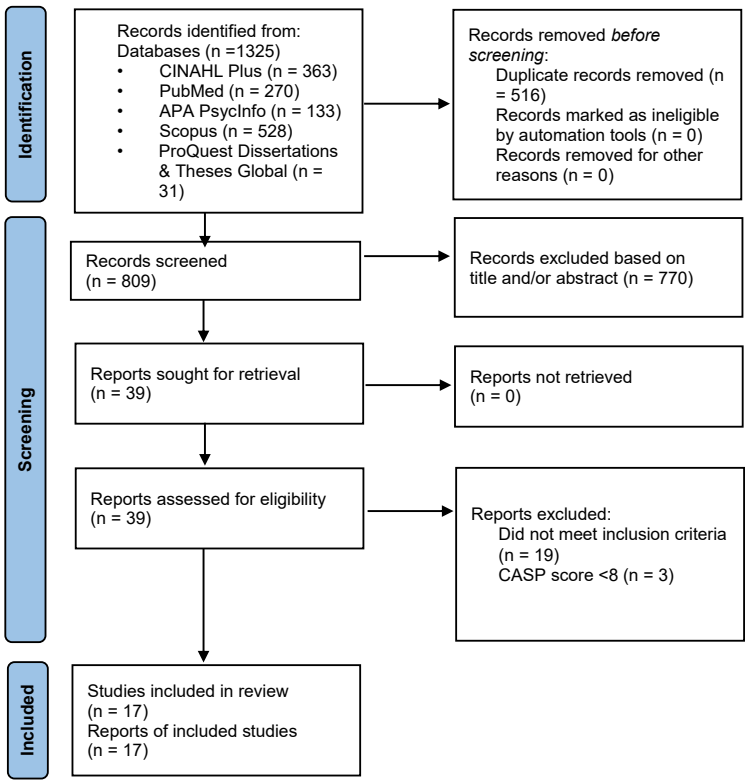

Figure 1. Flowchart of study selection process. CASP = Critical Appraisal Skills Programme.

across the 17 included studies systematically and noted the relationships among the categories.

Synthesizing the Translations

We grouped studies based on reciprocal translations about women's experiences of exclusively breastfeeding their full-term infants. We then used an inductive approach for the final synthesis. We organized the translations into themes to develop our third-order constructs. The final expression of this synthesis is presented below.

Results

Characteristics of Included Studies

The review included 15 published reports of qualitative studies, one report of a mixed-methods study, and one online dissertation. The 17 studies included in our meta-ethnographic synthesis represent the exclusive breastfeeding experiences of 373 women in 13 countries. In the included studies, researchers used phenomenological, descriptive, and exploratory designs and collected data using semi-structured interviews or focus group discussions. Methodological characteristics of the included studies and demographics of participants are shown in Supplementary Tables S3 and S4, respectively.

Overall, we extracted 349 key metaphors about the experiences of women who exclusively breastfed their full-term infants. We clustered and synthesized reciprocal translations into five overarching themes: *Favorable Conditions, Not a Smooth Journey* (with subthemes *Managing Separation From Baby After Returning to Work, Breastfeeding Difficulties, Contending With Societal Expectations,* and *Constraining Lifestyle and Limited Resources*), *Support, Determination and Perseverance,* and *Reflections on Benefits.* We organized the five themes, which represent our third-order constructs, into a structure that captured the essence of exclusive breastfeeding as experienced by women from around the world (Supplementary Table S5). The themes *Not a Smooth Journey, Favorable Conditions,* and *Determination and Perseverance* included more

Availability of time, breastfeeding resources, and support were primary facilitators of exclusive breastfeeding, and return to work was a risk factor for early breastfeeding cessation.

key metaphors related to exclusive breastfeeding than the other themes. We found the most key metaphors in the theme *Not a Smooth Journey.*

Favorable Conditions. Under the first theme, *Favorable Conditions,* participants in six studies reported on favorable conditions that facilitated exclusive breastfeeding. For example, large nipples were suitable for sucking: "My nipples are big, so they are suitable for my baby to suck. In comparison, my friend's nipple size is not that suitable for suckling, and she gave up breastfeeding" (Zhou et al., 2020, "Maternal and infant factors," para. 2). Institutional policies that allowed participants to leave work early to breastfeed (Abekah-Nkrumah et al., 2020) and proximity to work facilitated exclusive breastfeeding in Ghana (Abekah-Nkrumah et al., 2020), Ethiopia (Gebrekidan et al., 2021), Indonesia (Sari et al., 2015), and Ireland (Zhou et al., 2020). Access to maternity leave and accumulated annual leave provided time to relax and exclusively breastfeed for participants in Ghana (Abekah-Nkrumah et al., 2020), Ethiopia (Gebrekidan et al., 2021), and South Africa (Maponya et al., 2021). A participant in Tanzania reported that specific foods promoted breastfeeding: "It's time for me to eat. I get different special foods like soups, porridge so that I can breastfeed" (Mgongo et al., 2019, "Breastfeeding Practices," para. 4).

Not a Smooth Journey. Under the second overarching theme, *Not a Smooth Journey,* participants in 15 studies reported that exclusive breastfeeding was quite challenging. We grouped these challenges into four subthemes: *Managing Separation From Baby After Returning to Work, Breastfeeding Difficulties, Contending With Societal Expectations,* and *Constraining Lifestyle and Limited Resources.*

Managing Separation From Baby After Returning to Work. The challenge of breastfeeding exclusively after returning to work and expressing breast milk was mentioned by participants in 10 studies conducted in Africa (Abekah-Nkrumah et al., 2020; Gebrekidan et al., 2021; Maponya et al., 2021; Mlay et al., 2004; Van Ryneveld et al., 2020; Wainaina et al., 2018), Australia (Charlick et al., 2019), and Europe (Blanco & Otero García, 2022; Brown & Lee, 2011; Zhou et al., 2020) included under the first subtheme. Participants reiterated that managing work and exclusive breastfeeding "wasn't easy" (Abekah-Nkrumah et al., 2020, "Inadequate institutional support," para. 4), was "quite difficult" (Abekah-Nkrumah et al., 2020, "Absence of maternity policy in organizations," para. 4), and was "a torture" (Mlay et al., 2004, p. 248). While they were at work, the attention of participants in Ghana (Abekah-Nkrumah et al., 2020) and Ethiopia (Gebrekidan et al., 2021) was at home with their infants. Participants who continued breastfeeding exclusively after resuming work in Spain (Blanco & Otero García, 2022), South Africa (Maponya et al., 2021), Kenya (Wainaina et al., 2018), and Thailand (Topothai et al., 2022) were not able to exclusively breastfeed for the recommended duration of 6 months. Some participants who returned to work needed to pump breast milk.

Participants in studies conducted in Australia (Charlick et al., 2019), Ethiopia (Gebrekidan et al., 2021), Ireland (Zhou et al., 2020), and Kenya (Van Ryneveld et al., 2020) reported their experiences with and beliefs about expressing breast milk. In Australia, a participant reported:

> It's hard because there is so much judgement because, even though I know that I am giving him breast milk from the bottle, I found myself continuously saying to people, "Oh, it's breast milk, I expressed it," and Jake's [her husband] like, "No one cares," and it's like, "But they think I'm giving him formula" (Charlick et al., 2019, p. e40).

A participant from Ireland expressed that "when he was three months old, I sent him to the creche and pumped breast milk into a bottle, but he refused to drink a bottle" (Zhou et al., 2020, "Maternal and infant barrier to breastfeeding," para. 11). In Kenya, two participants described breast milk as dirty:

> Another mother described human milk as having a "fishy smell" that might attract flies and lead to illness. A third mother said that many people talked about breast milk as "dirtiness" but that because she had been educated (by the BFPS [breastfeeding

peer supporters]), she no longer saw it that way (Van Ryneveld et al., 2020, Section 3.2, para. 8).

On the other hand, one Ethiopian participant stated, "I was expressing my breast milk before I came to work … even after the baby started additional food; I continued to express breast milk for my baby. … It is very effective; my baby did not have any problem even after he started additional food" (Gebrekidan et al., 2021, Section 3.2.1, para. 9). Workplace barriers to exclusive breastfeeding included "a lot of contamination" (Gebrekidan et al., 2021, Section 3.2.2, para. 17), "lack of nursery room" (Gebrekidan et al., 2021, Section 3.2.2, para 15), and having "no breaks" (Maponya et al., 2021, p. 343) to breastfeed. These barriers made some participants "angry and hate the work" (Mlay et al., 2004, p. 246).

Breastfeeding Difficulties. Under the second subtheme, *Breastfeeding Difficulties,* participants in 11 studies described exclusive breastfeeding as physically demanding. Specifically, participants reported trouble with latching in Spain (Blanco & Otero García, 2022) and Thailand (Topothai et al., 2022); breast pain and trauma in Spain (Blanco & Otero García, 2022), Tanzania (Mgongo et al., 2019), Indonesia (Sari et al., 2015), Kenya (Wainaina et al., 2018), and Ireland (Zhou et al., 2020); fatigue in Ghana (Abekah-Nkrumah et al., 2020); and emotional trauma described as agony in Australia (Charlick et al., 2019) or disgust in Spain (Blanco & Otero García, 2022) while exclusively breastfeeding. Participants in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), and Tanzania (Mlay et al., 2004) felt burdened by frequent breastfeeding sessions. Breast trauma was described by participants as "mastitis four times, thrush in my breast tissue, and internal bleeding in the milk ducts" (Brown & Lee, 2011, p. 199), "my breasts were cracked" (Wainaina et al., 2018, p. 612), and "my whole breasts were hard and full of lumps as big as cocoons" (Zhou et al., 2020, "Maternal and infant barrier to breastfeeding," para. 5).

Contending With Societal Expectations. In six studies, participants reported that friends and relatives opposed their decisions to breastfeed exclusively in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), Australia (Charlick et al., 2019), Tanzania (Mlay et al., 2004), Indonesia (Sari et al., 2015), and Kenya (Van Ryneveld et al., 2020) and constantly urged them to give their infants water in Spain (Blanco & Otero García, 2022) and Tanzania (Mlay et al., 2004) or juice in Spain (Blanco & Otero García, 2022) or to stop exclusive breastfeeding in the United Kingdom (Brown & Lee, 2011) and Australia (Charlick et al., 2019). In six studies, participants reported that social norms inhibited their exclusive breastfeeding. These norms included domestic roles of women that compete with breastfeeding in Ethiopia (Gebrekidan et al., 2021), Tanzania (Mlay et al., 2004), and Kenya (Van Ryneveld et al., 2020) and restrictions on breastfeeding in public in Spain (Blanco & Otero García, 2022) and Tanzania (Mgongo et al., 2019; Mlay et al., 2004). Some participants had beliefs about breastfeeding that seemed judgmental and may have resulted from internalizing social norms: "It is a mother's obligation to breastfeed if the child shows that it wants breast milk" in Tanzania (Mgongo et al., 2019, Section 3.2, para. 8) and "others who stop breastfeeding seem selfish" in Spain (Blanco & Otero García, 2022, p. e1002).

Constraining Lifestyle and Limited Resources. Under the final subtheme, *Constraining Lifestyle and Limited Resources,* participants reported that exclusive breastfeeding restricted women's social lives in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), Australia (Charlick et al., 2019), and Tanzania (Mgongo et al., 2019); diet in Ireland (Zhou et al., 2020); and sleep in Ghana (Abekah-Nkrumah et al., 2020). Financial instability negatively affected exclusive breastfeeding for participants in seven studies conducted in Ethiopia (Gebrekidan et al., 2021), South Africa (Maponya et al., 2021; Witten et al., 2020), Tanzania (Mgongo et al., 2019; Mlay et al., 2004), and Kenya (Van Ryneveld et al., 2020; Wainaina et al., 2018), as summarized by the statement, "You can't breastfeed while you are hungry" (Witten et al., 2020, "Results," para. 9).

Support. Under the third overarching theme, *Support,* participants in the included studies reported that they received support from friends, family, and health care professionals. They received support primarily from their husbands in the form of encouragement in Spain (Blanco & Otero García, 2022), the United States (Pounds, 2014), and Thailand (Topothai et al., 2022); help with cleaning the infant in the United Kingdom (Brown & Lee, 2011); assisting with chores in Ethiopia (Gebrekidan et al., 2021) and Indonesia

(Sari et al., 2015); and provision of food in Kenya (Van Ryneveld et al., 2020) and Ireland (Zhou et al., 2020). They received help with feeding the infant in Ghana (Abekah-Nkrumah et al., 2020), Ethiopia (Gebrekidan et al., 2021), and Kenya (Van Ryneveld et al., 2020) and encouragement from their mothers, mothers-in-law, and siblings. Furthermore, participants reported social support from outside of the immediate family in five studies. For example, friends provided advice in the United Kingdom (Brown & Lee, 2011) and Kenya (Wainaina et al., 2018), and colleagues at work assisted to reduce workload in Ethiopia (Gebrekidan et al., 2021), Indonesia (Sari et al., 2015), and Ireland (Zhou et al., 2020). In 10 studies, participants reported that they received support from health care professionals in Ghana (Abekah-Nkrumah et al., 2020), Spain (Blanco & Otero García, 2022), Ethiopia (Gebrekidan et al., 2021), Tanzania (Mgongo et al., 2019; Mlay et al., 2004), Indonesia (Sari et al., 2015), Thailand (Topothai et al., 2022), Kenya (Van Ryneveld et al., 2020; Wainaina et al., 2018), and Ireland (Zhou et al., 2020). In studies conducted in Spain (Blanco & Otero García, 2022) and Thailand (Topothai et al., 2022), participants received information about exclusive breastfeeding from physicians, and in the remaining eight studies conducted in Ghana (Abekah-Nkrumah et al., 2020), Ethiopia (Gebrekidan et al., 2021), Tanzania (Mgongo et al., 2019; Mlay et al., 2004), Indonesia (Sari et al., 2015), Kenya (Van Ryneveld et al., 2020; Wainaina et al., 2018), and Ireland (Zhou et al., 2020) nurses/midwives provided information about exclusive breastfeeding. Participants in Kenya reported inadequate support from health care professionals (Van Ryneveld et al., 2020; Wainaina et al., 2018), and a participant in Ireland reported, "The nurse said that the shape of my nipples was not suitable for feeding. I didn't understand why she gave me such a negative comment" (Zhou et al., 2020, "Cultural barriers and social adjustment," para. 6).

Determination and Perseverance. Under the fourth overarching theme, *Determination and Perseverance,* participants in 9 of the included studies emphasized the positive role of strong personal motivation in their decisions to exclusively breastfeed. Adequate knowledge about exclusive breastfeeding importance in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), Tanzania (Mgongo et al., 2019), and Ireland (Zhou et al., 2020) and previous breastfeeding practice in the family in Australia (Charlick et al., 2019) promoted participants' resilience. Overall, reports of participants in this theme are succinctly captured in the statement "I was determined to breastfeed, and I always found a solution (any time I came across breastfeeding problems)" (Zhou et al., 2020, "Maternal and infant factors," para. 3).

Reflections on Benefits. Under the final overarching theme, *Reflections on Benefits,* participants in nine studies reported the benefits of exclusive breastfeeding for women and their infants. Exclusively breastfed infants had healthy weight gain in Ghana (Abekah-Nkrumah et al., 2020) and the United Kingdom (Brown & Lee, 2011); beautiful skin in Ghana (Abekah-Nkrumah et al., 2020; Adda et al., 2020); comfort and satisfaction in Australia (Charlick et al., 2019); and reduced episodes of infections in Spain (Blanco & Otero García, 2022), Tanzania (Mgongo et al., 2019), and Ireland (Zhou et al., 2020). Furthermore, participants recounted that exclusive breastfeeding provided them with a sense of satisfaction in the United Kingdom (Brown & Lee, 2011) and Australia (Charlick et al., 2019); promoted bonding with infants in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), Ethiopia (Gebrekidan et al., 2021), Tanzania (Mgongo et al., 2019), and Ireland (Zhou et al., 2020); served as contraception in Ghana (Abekah-Nkrumah et al., 2020) and Ethiopia (Gebrekidan et al., 2021); improved their health in Spain (Blanco & Otero García, 2022), Ethiopia (Gebrekidan et al., 2021), and Australia (Charlick et al., 2019); and promoted the family economy in Australia (Charlick et al., 2019), Ethiopia (Gebrekidan et al., 2021), and Tanzania (Mgongo et al., 2019; Mlay et al., 2004).

Discussion

Through our meta-ethnographic synthesis, we found that women from around the world shared similar experiences about exclusively breastfeeding their full-term infants. Similarities spanned low-, middle-, and high-income countries. We categorized countries using the World Bank country classification by income group (Hamadeh et al., 2022). Low-, middle-, and high-income countries are those with gross national income per capita of ≤$1,085, $1,086 to $13,205, and >$13,205 in 2022, respectively (Hamadeh et al., 2022). Previous reviews included reports about barriers and facilitators of exclusive breastfeeding in Sub-Saharan Africa (Ejie et al.,

2021) and exclusive breastfeeding estimates from low- and middle-income countries (Bhattacharjee et al., 2021). Examining the experiences of women who breastfed exclusively globally is important to identify and address challenges experienced by women to achieve the WHO Global Nutrition Target of 70% exclusive breastfeeding rate by 2030 (WHO & UNICEF, 2019). The current review adds this information to the existing literature.

The theme *Favorable Conditions* was unique to our review, whereas the overarching themes *Not a Smooth Journey, Support, Determination and Perseverance,* and *Reflections on Benefits* mirrored findings from other reviews (Afoakwah et al., 2013; Burns et al., 2010; Da Silva Tanganhito et al., 2020; Joseph et al., 2019; Schmied et al., 2012; Smithbattle et al., 2020).

Favorable conditions included factors such as physical attributes (e.g., large nipples), being allowed to eat special foods, proximity to work, and having time off from work to breastfeed. These conditions facilitated exclusive breastfeeding practice among the participants of studies included in this review. Participants identified an extension of maternity leave to 6 months (Abekah-Nkrumah et al., 2020; Gebrekidan et al., 2021) and work flexibility (Wainaina et al., 2018) among the resources they needed to breastfeed exclusively. Other authors have also reported on the positive influence of maternity leave (Chai et al., 2018; Perez-Escamilla et al., 2023; Rimes et al., 2019), eating healthy foods (Ejie et al., 2021; Mundagowa et al., 2021), and having wide nipples (Puapornpong et al., 2013; Ventura et al., 2021) on exclusive breastfeeding. On the other hand, Mandal et al. (2010) found no association between maternity leave and breastfeeding initiation.

Participants in most of the included studies experienced difficulties while breastfeeding exclusively. Supporting this finding, the theme *Not a Smooth Journey* had the highest number of extracted key metaphors. The challenges include managing work with exclusive breastfeeding, breast trauma, social norms (pressure to introduce complementary feeding—feeding infants with other foods or liquids in addition to breast milk—before 6 months, and disapproval of breastfeeding in public) that inhibited the practice of exclusive breastfeeding, lifestyle restrictions, and lack of breastfeeding resources (Pan American Health Organization & World Health Organization, 2003). The *Not a Smooth Journey* findings are consistently reported across articles that women experienced a wide gap between their breastfeeding expectations and realities. For example, the social norm of feeding infants with herbs and spices and difficulty with latching were reported as barriers to exclusive breastfeeding in Sub-Saharan African countries (Ejie et al., 2021). Similarly, full-time employment, eating an unhealthy diet, breast engorgement, and the sociocultural practice of discarding colostrum were barriers to exclusive breastfeeding in low- and middle-income countries (Kavle et al., 2017). Women in high-income countries were also reported to dread breastfeeding due to nipple pain that led them to summarize their breastfeeding experiences as "awful" (Afoakwah et al., 2013, p. 75; Burns et al., 2010, p. 208).

Health care professionals should continue to include significant others in breastfeeding education and advocate for paid maternity leave of up to 6 months.

Finally, beliefs about the method of providing breast milk suggest that participants seemed to prefer direct breastfeeding over expressed breast milk feeding. Direct breastfeeding involves feeding an infant directly at the breast, whereas expressed breast milk feeding involves feeding an infant with breast milk using a bottle, spoon, or cup (Pang et al., 2017). In our review and Joseph et al. (2019), some participants believed expressed breast milk to be dirty and not fit for infant consumption. These beliefs are mostly culturally oriented and can discourage women from breastfeeding (Osman et al., 2009). In addition, the belief that breast milk expression empties the breast and causes low milk supply (Osman et al., 2009) may result in a high perception of insufficient milk among women. The perception of low milk supply is negatively associated with exclusive breastfeeding (Sandhi et al., 2020); therefore, health professionals need to provide women with education about breast milk expression to correct myths and misconceptions that women may have and subsequently promote exclusive breastfeeding (Rosenbaum, 2022).

To overcome these difficulties, participants noted that support, determination, and perseverance,

as well as knowledge of the benefits of exclusive breastfeeding, were needed. Similar findings were reported in previous articles in which participants reported the positive effects of support received from family (Burns et al., 2010) and health care professionals (Burns et al., 2010), their determination to breastfeed (Smithbattle et al., 2020; Thepha et al., 2017), and increased bonding with their infants during breastfeeding sessions (Afoakwah et al., 2013; Burns et al., 2010). In most studies, the primary family support was from husbands, the primary social support was from friends, and the primary support from health care professionals was received from nurses and midwives. Nonetheless, some participants reported receiving inadequate support from health care professionals in Kenya (Van Ryneveld et al., 2020; Wainaina et al., 2018) and Ireland (Zhou et al., 2020), which may be due to the variation in availability of lactation specialists. For example, breastfeeding initiation and exclusivity rates were higher in urban counties because of women's increased access to lactation consultants compared with those who lived in rural counties (Ray et al., 2019).

In half the included studies, participants demonstrated resilience despite facing challenges during the period of exclusive breastfeeding in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), Australia (Charlick et al., 2019), Tanzania (Mgongo et al., 2019; Mlay et al., 2004), the United States (Pounds, 2014), Indonesia (Sari et al., 2015), and Ireland (Zhou et al., 2020). Knowledge of the benefits of exclusive breastfeeding, reflected in exclusive breastfeeding self-efficacy (Aderibigbe et al., 2023; Boateng et al., 2019), is a strong motivator for participants to exclusively breastfeed for the recommended duration of 6 months. Similar to previous articles (Binns et al., 2016; Dieterich et al., 2013), participants in the included studies mentioned that exclusive breastfeeding provided health benefits in Ghana (Abekah-Nkrumah et al., 2020), Spain (Blanco & Otero García, 2022), Ethiopia (Gebrekidan et al., 2021), and Ireland (Zhou et al., 2020); emotional benefits in Spain (Blanco & Otero García, 2022), the United Kingdom (Brown & Lee, 2011), Australia (Charlick et al., 2019), Ethiopia (Gebrekidan et al., 2021), Tanzania (Mgongo et al., 2019), and Ireland (Zhou et al., 2020); and financial benefits in Australia (Charlick et al., 2019) and Tanzania (Mgongo et al., 2019; Mlay et al., 2004).

Limitations

Limitations of the review include minimal variation and inadequate descriptions of the methodological approaches used to explore women's exclusive breastfeeding experiences. In only five studies, researchers holistically explored women's exclusive breastfeeding experiences using phenomenology. In the others, researchers used other descriptive designs that might not have generated in-depth data about the phenomenon. In 1 article the authors did not provide excerpts from interviews (Sari et al., 2015), five studies focused primarily on facilitators and barriers of exclusive breastfeeding (Blanco & Otero García, 2022; Mgongo et al., 2019; Nduna et al., 2015; Witten et al., 2020; Zhou et al., 2020), and six studies included only employed women and discussed their experiences of managing exclusive breastfeeding with work, which may have introduced a bias in the findings (Abekah-Nkrumah et al., 2020; Gebrekidan et al., 2021; Maponya et al., 2021; Mlay et al., 2004; Pounds, 2014; Sari et al., 2015). In nine studies (Adda et al., 2020; Gebrekidan et al., 2021; Mgongo et al., 2019; Nduna et al., 2015; Topothai et al., 2022; Van Ryneveld et al., 2020; Wainaina et al., 2018; Witten et al., 2020; Zhou et al., 2020), authors based their analyses on Braun and Clarke's (2006) method, which has since been updated (Braun & Clarke, 2022); this may have reduced the quality of data analysis in the articles and our review. In addition, because cultural values may differ across countries, findings may have limited transferability. Lastly, only 1 qualitative study was conducted in the United States (Pounds, 2014), and this was an unpublished dissertation.

Of note, T.A. and R.L. conducted a previous pilot study about exclusive breastfeeding experiences of women, and P.S. and W.A.H. wrote an article on the relationship among mothers, other people who feed infants (e.g., fathers, in-laws), and exclusive breastfeeding. We examined and consciously set aside preconceptions about findings from our previous articles to maintain reflexivity. We suggest that more research is needed on the relationship between breast trauma during breastfeeding and the low 6-month exclusive breastfeeding rate (24.9%) in the United States (Centers for Disease Control and Prevention, 2022).

Implications

Nurses, midwives, and other health care professionals should continue to educate women, as well as their significant others, about the benefits of exclusive breastfeeding to help increase feelings of self-efficacy for exclusive breastfeeding. Based on the breastfeeding difficulties expressed by participants, nurses, lactation consultants, and other health care professionals should provide more specialized education to help women manage breast and nipple pain and other potential breastfeeding challenges. Lastly, all health care professionals can advocate for extending maternity leave for 6 months, creation of institutional policies that allow for more flexible work hours, and provision of appropriate breastfeeding facilities.

Conclusion

In this meta-ethnographic synthesis, we aimed to synthesize evidence from qualitative studies on the experiences of women from around the world who exclusively breastfed their full-term infants. We found similarities in exclusive breastfeeding experiences among participants across the world, consistent with earlier reviews. Nonetheless, the theme *Favorable Conditions,* which included the importance of time availability and proximity to work to exclusive breastfeeding practice, was unique to our review. Although participants in the included studies experienced many difficulties during the period of exclusive breastfeeding, they also acknowledged the benefits of exclusive breastfeeding for themselves and their infants. We recommend that primary qualitative studies on women's experiences of exclusive breastfeeding be conducted using more diverse study designs and methods such as phenomenology, grounded theory, ethnography, and narrative analysis to provide a more comprehensive assessment of the phenomenon. Likewise, future meta-ethnographic reviews would benefit from including more diverse study designs. Primary studies and future reviews should holistically examine women's overall exclusive breastfeeding experience instead of focusing on single aspects of the experience.

SUPPLEMENTARY MATERIAL

Note: To access the supplementary materials that accompany this article, visit the online version of the *Journal of Obstetric, Gynecologic, & Neonatal Nursing* at http://jognn.org and at https://doi.org/10.1016/j.jogn.2023.11.008.

CONFLICT OF INTEREST

The authors report no conflicts of interest or relevant financial relationships.

FUNDING

None.

REFERENCES

References marked with an asterisk indicate studies included in the supplementary materials.

Abekah-Nkrumah, G., Antwi, M. Y., Nkrumah, J., & Gbagbo, F. Y. (2020). Examining working mothers' experience of exclusive breastfeeding in Ghana. *International Breastfeeding Journal, 15*(1), Article 56. https://doi.org/10.1186/s13006-020-00300-0

Adda, L., Opoku-Mensah, K., & Dako-Gyeke, P. (2020). "Once the child is delivered, he is no more your baby": Exclusive breastfeeding experiences of first-time mothers in Kassena-Nankana Municipality, Ghana—A qualitative study. *BMC Pregnancy and Childbirth, 20*(1), Article 575. https://doi.org/10.1186/s12884-020-03272-5

Aderibigbe, O., & Lucas, R. (2022). Exclusive breastfeeding in African American women: A concept analysis. *Journal of Advanced Nursing, 79*(5), 1699–1713. https://doi.org/10.1111/jan.15301

Aderibigbe, T., Walsh, S., Henderson, W. A., & Lucas, R. (2023). Psychometric testing of the Breastfeeding Self-Efficacy Scale to measure exclusive breastfeeding in African American women: A cross-sectional study. *Frontiers in Public Health, 11*, Article 1196510. https://doi.org/10.3389/fpubh.2023.1196510

Afoakwah, G., Smyth, R., & Lavender, D. (2013). Women's experiences of breastfeeding: A narrative review of qualitative studies. *African Journal of Midwifery and Women's Health, 7*(2), 71–77. https://doi.org/10.12968/ajmw.2013.7.2.71

Agampodi, T. C., Dharmasoma, N. K., Koralagedara, I. S., Dissanayaka, T., Warnasekara, J., Agampodi, S. B., & Perez-Escamilla, R. (2021). Barriers for early initiation and exclusive breastfeeding up to six months in predominantly rural Sri Lanka: A need to strengthen policy implementation. *International Breastfeeding Journal, 16*, Article 32. https://doi.org/10.1186/s13006-020-00260-5

Agyekum, M. W., Codjoe, S. N. A., Dake, F. A. A., & Abu, M. (2022). Enablers and inhibitors of exclusive breastfeeding: perspectives from mothers and health workers in Accra, Ghana. *International breastfeeding journal, 17*(1), 21. https://doi.org/10.1186/s13006-022-00462-z

* Berelson, B. (1952). *Content analysis in communication research.* Free Press. https://doi.org/10.1177/000271625228300135

Bhattacharjee, N. V., Schaeffer, L. E., Hay, S. I., & Local Burden of Disease Exclusive Breastfeeding Collaborators. (2021). Mapping inequalities in exclusive breastfeeding in low- and middle-income countries, 2000–2018. *Nature Human Behaviour, 5*(8), 1027–1045. https://doi.org/10.1038/s41562-021-01108-6

Binns, C., Lee, M., & Low, W. Y. (2016). The long-term public health benefits of breastfeeding. *Asia–Pacific Journal of Public Health, 28*(1), 7–14. https://doi.org/10.1177/1010539515624964

Blanco, E., & Otero García, L. (2022). Perceived facilitating and hindering factors to exclusive breastfeeding among Latin American immigrant women living in Colmenar Viejo (Community of Madrid, Spain). *Health and Social Care in the Community, 30*(4), e994–e1006. https://doi.org/10.1111/hsc.13503

Boateng, G. O., Martin, S. L., Tuthill, E. L., Collins, S. M., Dennis, C. L., Natamba, B. K., & Young, S. L. (2019). Adaptation and

psychometric evaluation of the Breastfeeding Self-Efficacy Scale to assess exclusive breastfeeding. *BMC Pregnancy and Childbirth, 19*, Article 73. https://doi.org/10.1186/s12884-019-2217-7

Bookhart, L. H., Joyner, A. B., Lee, K., Worrell, N., Jamieson, D. J., & Young, M. F. (2021). Moving beyond breastfeeding initiation: A qualitative study unpacking factors that influence infant feeding at hospital discharge among urban, socioeconomically disadvantaged women. *Journal of the Academy of Nutrition and Dietetics, 121*(9), 1704–1720. https://doi.org/10.1016/j.jand.2021.02.005

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.

Brown, A., & Lee, M. (2011). An exploration of the attitudes and experiences of mothers in the United Kingdom who chose to breastfeed exclusively for 6 months postpartum. *Breastfeeding Medicine, 6*(4), 197–204. https://doi.org/10.1089/bfm.2010.0097

Burns, E., Schmied, V., Sheehan, A., & Fenwick, J. (2010). A meta-ethnographic synthesis of women's experience of breastfeeding. *Maternal and Child Nutrition, 6*(3), 201–219. https://doi.org/10.1111/j.1740-8709.2009.00209.x

Centers for Disease Control and Prevention. (2022). *Breastfeeding report card, United States, 2022*. https://www.cdc.gov/breastfeeding/pdf/2022-Breastfeeding-Report-Card-H.pdf

Chai, Y., Nandi, A., & Heymann, J. (2018). Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries. *BMJ Global Health, 3*(5), Article e1032. https://doi.org/10.1136/bmjgh-2018-001032

Charlick, S. J., McKellar, L., Gordon, A. L., & Pincombe, J. (2019). The private journey: An interpretative phenomenological analysis of exclusive breastfeeding. *Women and Birth, 32*(1), e34–e42. https://doi.org/10.1016/j.wombi.2018.03.003

* Colaizzi, P. F. (1978). Psychological research as a phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential–phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

Critical Appraisal Skills Programme. (2018). *CASP qualitative checklist (2018)*. https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018.pdf

Da Silva Tanganhito, D., Bick, D., & Chang, Y. S. (2020). Breastfeeding experiences and perspectives among women with postnatal depression: A qualitative evidence synthesis. *Women and Birth, 33*(3), 231–239. https://doi.org/10.1016/j.wombi.2019.05.012

Dieterich, C. M., Felice, J. P., O'Sullivan, E., & Rasmussen, K. M. (2013). Breastfeeding and health outcomes for the mother–infant dyad. *Pediatric Clinics of North America, 60*(1), 31–48. https://doi.org/10.1016/j.pcl.2012.09.010

Ejie, I. L., Eleje, G. U., Chibuzor, M. T., Anetoh, M. U., Nduka, I. J., Umeh, I. B., … Ekwunife, O. I. (2021). A systematic review of qualitative research on barriers and facilitators to exclusive breastfeeding practice in Sub-Saharan African countries. *International Breastfeeding Journal, 16*(1), Article 44. https://doi.org/10.1186/s13006-021-00380-6

France, E. F., Cunningham, M., Ring, N., Uny, I., Duncan, E. A. S., Jepson, R. G., … Noyes, J. (2019). Improving reporting of meta-ethnography: The eMERGe reporting guidance. *Psychooncology, 28*(3), 447–458. https://doi.org/10.1002/pon.4915

France, E. F., Ring, N., Noyes, J., Maxwell, M., Jepson, R., Duncan, E., … Uny, I. (2015). Protocol-developing meta-ethnography reporting guidelines (eMERGe). *BMC Medical Research Methodology, 15*, Article 103. https://doi.org/10.1186/s12874-015-0068-0

Gebrekidan, K., Plummer, V., Fooladi, E., & Hall, H. (2021). Attitudes and experiences of employed women when combining exclusive breastfeeding and work: A qualitative study among office workers in Northern Ethiopia. *Maternal and Child Nutrition, 17*(4), Article e13190. https://doi.org/10.1111/mcn.13190

* Giorgi, A., Giorgi, B., & Morley, J. (2017). The descriptive phenomenological psychological method. In C. Willig & W. Stainton Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (2nd ed., pp. 176–192). Sage. https://doi.org/10.4135/9781526405555.n11

* Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Sociology Press.

Hamadeh, N., Van Rompaey, C., Metreau, E., & Eapen, S. G. (2022, July 1). *New World Bank country classifications by income level: 2022–2023*. World Bank Blogs. https://blogs.worldbank.org/opendata/new-world-bank-country-classifications-income-level-2022-2023

Hannes, K., Lockwood, C., & Pearson, A. (2010). A comparative analysis of three online appraisal instruments' ability to assess validity in qualitative research. *Qualitative Health Research, 20*(12), 1736–1743. https://doi.org/10.1177/1049732310378656

Joseph, J., Brodribb, W., & Liamputtong, P. (2019). "Fitting-in Australia" as nurturers: Meta-synthesis on infant feeding experiences among immigrant women. *Women and Birth, 32*(6), 533–542. https://doi.org/10.1016/j.wombi.2018.12.002

Kavle, J. A., LaCroix, E., Dau, H., & Engmann, C. (2017). Addressing barriers to exclusive breast-feeding in low- and middle-income countries: A systematic review and programmatic implications. *Public Health Nutrition, 20*(17), 3120–3134. https://doi.org/10.1017/S1368980017002531

Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the Critical Appraisal Skills Programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences, 1*(1), 31–42. https://doi.org/10.1177/2632084320947559

Lyons, S., Currie, S., Peters, S., Lavender, T., & Smith, D. M. (2019). The perceptions and experiences of women with a body mass index ≥ 30 kg m^2 who breastfeed: A meta-synthesis. *Maternal and Child Nutrition, 15*(3), Article e12813. https://doi.org/10.1111/mcn.12813

Mandal, B., Roe, B. E., & Fein, S. B. (2010). The differential effects of full-time and part-time work status on breastfeeding. *Health Policy, 97*(1), 79–86. https://doi.org/10.1016/j.healthpol.2010.03.006

Maponya, N., Janse van Rensburg, Z., & Du Plessis-Faurie, A. (2021). Understanding South African mothers' challenges to adhere to exclusive breastfeeding at the workplace: A qualitative study. *International Journal of Nursing Sciences, 8*(3), 339–346. https://doi.org/10.1016/j.ijnss.2021.05.010

Matare, C. R., Craig, H. C., Martin, S. L., Kayanda, R. A., Chapleau, G. M., Kerr, R. B., … Dickin, K. L. (2019). Barriers and opportunities for improved exclusive breast-feeding practices in Tanzania: Household trials with mothers and fathers. *Food and Nutrition Bulletin, 40*(3), 308–325. https://doi.org/10.1177/0379572119841961

Mgongo, M., Hussein, T. H., Stray-Pedersen, B., Vangen, S., Msuya, S. E., & Wandel, M. (2019). Facilitators and barriers to breastfeeding and exclusive breastfeeding in Kilimanjaro Region, Tanzania: A qualitative study. *International Journal of Pediatrics, 2019*, Article 8651010. https://doi.org/10.1155/2019/8651010

Mlay, R. S., Keddy, B., & Stern, P. N. (2004). Demands out of context: Tanzanian women combining exclusive breastfeeding with employment. *Health Care for Women International, 25*(3), 242–254. https://doi.org/10.1080/07399330490272741

Mundagowa, P. T., Chadambuka, E. M., Chimberengwa, P. T., & Mukora-Mutseyekwa, F. N. (2021). Barriers and facilitators to exclusive breastfeeding practices in a disadvantaged community in

Southern Zimbabwe: A maternal perspective. *World Nutrition, 12*(1), 73–91. https://doi.org/10.26596/wn.202112173-91

Nduna, T., Marais, D., & van Wyk, B. (2015). An explorative qualitative study of experiences and challenges to exclusive breastfeeding among mothers in rural Zimbabwe. *Infant, Child, and Adolescent Nutrition, 7*(2), 69–76. https://doi.org/10.1177/1941406414568562

Noblit, G. W., & Hare, R. D. (1988). *Meta-ethnography: Synthesizing qualitative studies.* Sage.

Ogbo, F. A., Ezeh, O. K., Khanlari, S., Naz, S., Senanayake, P., Ahmed, K. Y., … Eastwood, J. (2019). Determinants of exclusive breastfeeding cessation in the early postnatal period among culturally and linguistically diverse (CALD) Australian mothers. *Nutrients, 11*(7), Article 1611. https://doi.org/10.3390/nu11071611

Osman, H., El Zein, L., & Wick, L. (2009). Cultural beliefs that may discourage breastfeeding among Lebanese women: A qualitative analysis. *International Breastfeeding Journal, 4*, Article 12. https://doi.org/10.1186/1746-4358-4-12

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ, 372*, Article 71. https://doi.org/10.1136/bmj.n71

Pan American Health Organization & World Health Organization. (2003). *Guiding principles for complementary feeding of the breastfed child.* https://www.ncbi.nlm.nih.gov/books/NBK143680

Pang, W. W., Bernard, J. Y., Thavamani, G., Chan, Y. H., Fok, D., Soh, S. E., … Chong, Y. S. (2017). Direct vs. expressed breast milk feeding: Relation to duration of breastfeeding. *Nutrients, 9*(6), Article 547. https://doi.org/10.3390/nu9060547

Pérez-Escamilla, R., Tomori, C., Hernández-Cordero, S., Baker, P., Barros, A. J. D., Bégin, F., … 2023 Lancet Breastfeeding Series Group. (2023). Breastfeeding: Crucially important, but increasingly challenged in a market-driven world. *Lancet, 401*(Suppl 3), 472–485. https://doi.org/10.1016/S0140-6736(22)01932-8

Pounds, L. (2014). *A phenomenological study of low-income women who balance working full-time outside the home and exclusive breastfeeding. Doctoral dissertation, University of Nebraska. Digital Commons.* https://digitalcommons.unmc.edu/etd_retro/2054

Prado, E. L., & Dewey, K. G. (2014). Nutrition and brain development in early life. *Nutrition Reviews, 72*(4), 267–284. https://doi.org/10.1111/nure.12102

Puapornpong, P., Raungrongmorakot, K., Paritakul, P., Ketsuwan, S., & Wongin, S. (2013). Nipple length and its relation to success in breastfeeding. *Journal of the Medical Association of Thailand, 96*(Suppl 1), S1–S4.

Ray, K. N., Demirci, J. R., Uscher-Pines, L., & Bogen, D. L. (2019). Geographic access to international board-certified lactation consultants in Pennsylvania. *Journal of Human Lactation, 35*(1), 90–99. https://doi.org/10.1177/0890334418768458

Rimes, K. A., Oliveira, M. I. C., & Boccolini, C. S. (2019). Maternity leave and exclusive breastfeeding. *Revista de Saude Publica, 53*, Article 10. https://doi.org/10.11606/S1518-8787.2019053000244

Rosenbaum, K. A. (2022). Exclusive breastmilk pumping: A concept analysis. *Nursing Forum, 57*(5), 946–953. https://doi.org/10.1111/nuf.12766

Sandhi, A., Lee, G. T., Chipojola, R., Huda, M. H., & Kuo, S. Y. (2020). The relationship between perceived milk supply and exclusive breastfeeding during the first six months postpartum: A cross-sectional study. *International Breastfeeding Journal, 15*(1), Article 65. https://doi.org/10.1186/s13006-020-00310-y

Sari, Y., Yosi, S., & Nella, V. (2015). The exclusive breastfeeding experiences of working mothers in West Sumatera (Sumbar) Peduli ASI community. *International Journal of Research in Medical Sciences, 3*(10), 2599–2604. https://doi.org/10.18203/2320-6012.ijrms20150798

Schmied, V., Olley, H., Burns, E., Duff, M., Dennis, C.-L., & Dahlen, H. G. (2012). Contradictions and conflict: A meta-ethnographic study of migrant women's experiences of breastfeeding in a new country. *BMC Pregnancy and Childbirth, 12*, Article 163. https://doi.org/10.1186/1471-2393-12-163

Shi, H., Yang, Y., Yin, X., Li, J., Fang, J., & Wang, X. (2021). Determinants of exclusive breastfeeding for the first six months in China: A cross-sectional study. *International Breastfeeding Journal, 16*(1), Article 40. https://doi.org/10.1186/s13006-021-00388-y

* Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health, 11*(2), 261–271. https://doi.org/10.1080/08870449608400256

Smithbattle, L., Phengnum, W., & Punsuwun, S. (2020). Meta-synthesis of teen mothers' breastfeeding experience. *MCN American Journal of Maternal and Child Health Nursing, 45*(3), 145–154. https://doi.org/10.1097/NMC.0000000000000609

Thepha, T., Marais, D., Bell, J., & Muangpin, S. (2017). Facilitators and barriers to exclusive breastfeeding in Thailand: A narrative review. *Journal of Community & Public Health Nursing, 3*, Article 160. https://doi.org/10.4172/2471-9846.1000160

Thomas, J. V. (2016). *Barriers to exclusive breastfeeding among mothers during the first four weeks postpartum. Doctoral dissertation, Walden University. ScholarWorks.* https://scholarworks.waldenu.edu/dissertations/2197

Topothai, C., Topothai, T., Suphanchaimat, R., Waleewong, O., Putthasri, W., Patcharanarumol, W., & Tangcharoensathien, V. (2022). Exclusive breastfeeding experiences of Thai mothers in Metropolitan Bangkok. *International Journal of Women's Health, 14*, 155–166. https://doi.org/10.2147/IJWH.S344389

Turner, S. (1980). *Sociological explanation as translation.* Cambridge University Press.

Van Ryneveld, M., Mwangome, M., Kahindi, J., & Jones, C. (2020). Mothers' experiences of exclusive breastfeeding in a post-discharge home setting. *Maternal and Child Nutrition, 16*(4), Article e13016. https://doi.org/10.1111/mcn.13016

Ventura, A. K., Lore, B., & Mireles, O. (2021). Associations between variations in breast anatomy and early breastfeeding challenges. *Journal of Human Lactation, 37*(2), 403–413. https://doi.org/10.1177/0890334420931397

Wainaina, C. W., Wanjohi, M., Wekesah, F., Woolhead, G., & Kimani-Murage, E. (2018). Exploring the experiences of middle income mothers in practicing exclusive breastfeeding in Nairobi, Kenya. *Maternal and Child Health Journal, 22*(4), 608–616. https://doi.org/10.1007/s10995-018-2430-4

Witten, C., Claasen, N., Kruger, H. S., Coutsoudis, A., & Grobler, H. (2020). Psychosocial barriers and enablers of exclusive breastfeeding: Lived experiences of mothers in low-income townships, North West Province, South Africa. *International Breastfeeding Journal, 15*(1), Article 76. https://doi.org/10.1186/s13006-020-00320-w

World Health Organization. (2021, June 9). *Infant and young child feeding.* https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding

World Health Organization & United Nations Children's Fund. (2019). *The extension of the 2025 maternal, infant and young child nutrition targets to 2030.* https://cdn.who.int/media/docs/default-source/nutritionlibrary/global-targets-2025/discussion-paper-extension-targets-2030.pdf?sfvrsn=4c75b190_5

Zhou, Q., Chen, H., Younger, K. M., Cassidy, T. M., & Kearney, J. M. (2020). "I was determined to breastfeed, and I always found a solution": Successful experiences of exclusive breastfeeding among Chinese mothers in Ireland. *International Breastfeeding Journal, 15*(1), Article 47. https://doi.org/10.1186/s13006-020-00292-x