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Beyond Delivery: Midwife Support as a Determinant of Exclusive Breastfeeding Practices —A Scoping Review

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ABSTRACT

Background: Despite robust evidence of its benefits, global exclusive breastfeeding (EBF) rates remain below the World Health Assembly target of 50% by 2025. While midwives are the primary healthcare professionals accompanying women throughout the perinatal continuum, their role as a determinant of EBF is rarely examined beyond the moment of birth. This review sought to map how midwifery support influences EBF practices globally. **Methods:** A scoping review was conducted following the PRISMA-ScR framework. Systematic searches were performed across ScienceDirect, Scopus, Springer Nature, EBSCOhost, and Google Scholar, retrieving studies published within the past ten years that examined midwifery support in relation to EBF outcomes. Eight studies from six countries met the inclusion criteria and were subjected to thematic analysis. The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) critical appraisal tools appropriate to each study design. **Results:** Three major themes emerged: (1) structural models of extended postnatal support, in which continuity of care, home-based, and community-based midwifery interventions were associated with higher EBF rates; (2) the nature of support, revealing that holistic, relational care was more effective than task-oriented technical guidance in fostering maternal self-efficacy; and (3) determinants and barriers, including workforce shortages, heavy workloads, shortened hospital stays, and sociocultural family dynamics that constrain effective midwifery support. **Conclusions:** Midwifery support is a multidimensional and modifiable determinant of EBF that extends far beyond delivery. Realising its full potential requires structurally sustained care models, self-efficacy-informed practice, adequate workforce resourcing, and family-inclusive counselling approaches.
Keywords: exclusive breastfeeding; midwifery support; midwife role

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INTRODUCTION

Exclusive breastfeeding (EBF) during the first six months of life remains one of the most cost-effective public health interventions for improving maternal and child health. The Lancet Breastfeeding Series estimated that optimal breastfeeding could prevent more than 820,000 child deaths and approximately 20,000 breast cancer-related maternal deaths annually worldwide, while also contributing to improved cognitive development and reduced risks of infectious and non-communicable diseases later in life (33). Beyond its health benefits, breastfeeding generates substantial economic gains for families, healthcare systems, and societies, making breastfeeding support a strategic investment for achieving the Sustainable Development Goals (SDGs) (19).

Despite the well-established benefits of exclusive breastfeeding (EBF), global progress remains insufficient. The World Health Assembly (WHA) set a target of achieving 50% exclusive breastfeeding among infants under 6 months of age by 2025, while the Global Breastfeeding Collective set a target of 70% by 2030. In 2023, the global prevalence of exclusive breastfeeding among infants under 6 months reached 48%, representing a 10-percentage-point increase over the previous decade, but remaining below the international targets (30). Furthermore, comparisons across countries remain challenging due to variations

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in EBF measurement and operational definitions, as demonstrated by analyses of Demographic and Health Surveys from multiple countries (Chabé-Ferret, 2024). Evidence from national settings, including Saudi Arabia, similarly indicates that a large proportion of infants do not receive EBF for the recommended six months despite widespread awareness of breastfeeding recommendations (Aljawoan et al., 2024).

The suboptimal prevalence of EBF is influenced by complex and interacting determinants operating at individual, family, community, and health-system levels. These include maternal characteristics, family support, workplace conditions, healthcare services, and the growing influence of commercial milk formula marketing (Pérez-Escamilla et al., 2023). A mixed-methods systematic review identified the lack of consistent and continuous professional support from pregnancy through the postpartum period as one of the most commonly reported barriers to EBF across low-, middle-, and high-income countries (Patil et al., 2020). This finding suggests that educational interventions alone may be insufficient without sustained support from healthcare professionals.

Among healthcare providers, midwives occupy a unique position because they maintain continuous contact with women throughout pregnancy, childbirth, and the postnatal period. However, their contribution is often narrowly associated with childbirth care. Evidence indicates that the first two weeks after birth represent a critical period during which mothers require emotional, informational, instrumental, and network support from midwives to successfully establish breastfeeding (Swerts et al., 2016). Moreover, a recent systematic review and meta-analysis demonstrated that breastfeeding training programs for midwives significantly improve their knowledge, attitudes, and clinical skills, contributing to longer EBF duration and reduced non-medically indicated formula supplementation (Wang et al., 2023).

The importance of midwifery support is further reinforced by evidence on midwife-led continuity of care. The Cochrane review by Sandall et al. (2016) reported improved maternal and neonatal outcomes associated with continuity models, while Shipton et al. (2023) highlighted the need for further evidence regarding their influence on breastfeeding duration. Additional reviews have shown that professional and community-based breastfeeding support increases breastfeeding initiation and continuation rates (Gavine et al., 2022; Shakya et al., 2017), whereas structured antenatal breastfeeding education may further extend breastfeeding duration (Lumbiganon et al., 2016). These effects may be partly explained by breastfeeding self-efficacy theory, which identifies maternal confidence as a key determinant of breastfeeding success (Dennis, 2003). Recent evidence suggests that theory-informed interventions delivered by healthcare professionals, including midwives, are associated with improved breastfeeding self-efficacy and breastfeeding outcomes (14).

Despite growing evidence, substantial global variation exists in the availability, scope of practice, and capacity of the midwifery workforce. The State of the World's Midwifery report estimated a global shortage of approximately 900,000 midwives, with considerable differences in education, regulation, and service delivery models across countries (UNFPA, ICM, & 30). Existing evidence remains fragmented, often focusing on specific breastfeeding interventions, individual care phases, or particular settings (Strauch et al., 2019). To date, no review has comprehensively mapped how midwife support influences EBF across the continuum of care and diverse global contexts. Therefore, a scoping review is warranted to systematically map the nature, scope, and gaps of existing evidence regarding midwife support as a determinant of exclusive breastfeeding practices worldwide, following the PRISMA-ScR framework (Tricco et al., 2018).

METHODS

Study Design and Research Question

This study employed a scoping review design to systematically map and synthesize the existing evidence regarding the role of midwife support in promoting exclusive breastfeeding practices. The review was structured using the Population–Concept–Context (PCC) framework to formulate the research question. The PCC framework consisted of:

a. Population (P): breastfeeding mothers.
b. Concept (C): midwife support, including breastfeeding education, counselling, lactation support, home visits, continuity of care, emotional support, and professional breastfeeding interventions provided by midwives.
c. Context (C): exclusive breastfeeding practices

Based on this framework, the review addressed the following research question: "How does midwife support contribute to exclusive breastfeeding practices among mothers?"

Search Strategy

A literature search was conducted in five databases: ScienceDirect, Scopus, Springer Nature, EBSCOhost, and Google Scholar. The search covered studies published between January 2020 and June 2026. The search strategy combined text terms ("midwife" OR "midwives" OR "midwifery care" OR "midwife support" OR "breastfeeding support") AND ("exclusive breastfeeding" OR "breastfeeding practice" OR "breastfeeding outcomes" OR "breastfeeding duration").

Eligibility Criteria

Inclusion Criteria

Studies were included if they met the following criteria:

1. Original research articles.

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2. Examined the role, support, intervention, or contribution of midwives in exclusive breastfeeding practices.
3. Published in accredited international journals between 2020 and 2026.
4. Available as full-text articles in English.

Exclusion Criteria

Studies were excluded if they were:

1. Review articles, systematic reviews, scoping reviews, meta-analyses, protocols, conference abstracts, editorials, commentaries, theses, dissertations, surveys without primary analytical findings, or case reports.
2. Articles not focusing on midwife-related breastfeeding support.
3. Articles without accessible downloadable full text.

Study Selection

The study selection process was documented using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Figure 1). Titles and abstracts were screened according to the predefined eligibility criteria.

Data Charting and Synthesis

Data from eligible studies were extracted included country of study, study aim, study design and population, result or key findings. The extracted data were synthesized descriptively and presented in tabular (Table 1).

Critical Appraisal of Included Studies

The methodological quality of the included studies was evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist specific to each study design. All eight studies demonstrated high methodological quality.

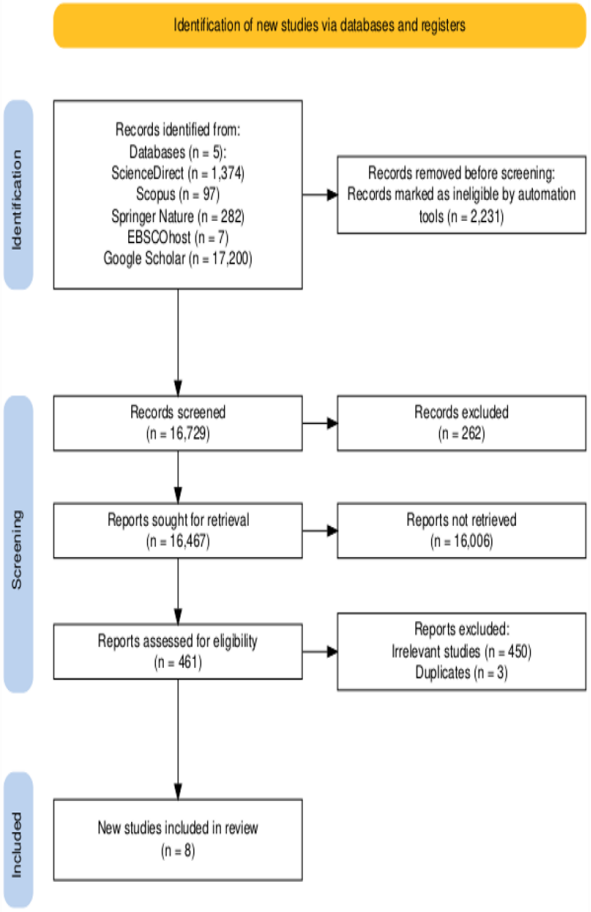


Figure 1 Flowchart of the selection process of the included studies

Code	JBI Critical Appraisal Tool	Methodological Quality
1	JBI Checklist for Analytical Cross-Sectional Studies	High
2	JBI Checklist for Quasi-Experimental Studies	High
3	JBI Checklist for Randomized Controlled Trials	High
4	JBI Checklist for Cohort Studies	High
5	JBI Checklist for Qualitative Research	High
6	JBI Checklist for Qualitative Research	High
7	JBI Checklist for Quasi-Experimental Studies	High
8	JBI Checklist for Quasi-Experimental Studies	High

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Table 1. Data extraction of the selected studies

Code	Country, Author	Study Aim	Study Design & Population	Results / Key Findings
1	Poland (Czerwińska-Osipiak et al., 2025)	To identify factors associated with breastfeeding practices and barriers to EBF, emphasizing the role of medical personnel support and maternal stress.	Cross-sectional observational study; 1,092 Polish women up to 6 months postpartum.	For women experiencing high stress, receiving counseling and assistance from midwives was associated with a lower likelihood of introducing formula. However, 65.4% of mothers overall rated the medical support they received as insufficient.
2	Greece (Dagla et al., 2021)	To investigate if a 12-month perinatal intervention (midwife-led education and support + psychosocial care) is associated with EBF initiation and duration.	Non-randomized controlled perinatal health intervention; 1,080 women in Athens.	Quantitatively greater midwifery-led support correlated with an increased chance of EBF at the end of the 6th month postpartum (p = 0.034). Long-term midwife-led education is a key strategy for promoting breastfeeding.
3	Spain (Rodríguez-Gallego et al., 2024)	To evaluate the effectiveness of a midwife-led group intervention during the postpartum period in promoting EBF and maternal self-efficacy.	Multicentre, cluster-randomized clinical trial; 382 women in Andalusia.	The intervention group had a significantly higher prevalence of EBF at 4 months (p = 0.03) and 6 months (p = 0.01) compared to the control group. The support improved perceived self-efficacy, which indirectly drove higher EBF rates.
4	Sweden (Åsman et al., 2026)	To investigate breastfeeding outcomes at 2 months in families receiving home-based postnatal midwifery care (HBPMC) and identify risk factors for EBF cessation.	Prospective cohort study; 211 women who completed the 2-month follow-up.	The prevalence of EBF was 84% at 2 months, suggesting that in-home midwifery support during the first week after birth plays a vital role in EBF continuation. Early formula supplementation was the strongest risk factor for EBF cessation.
5	Bhutan (Pemo et al., 2020)	To explore midwives' perceptions of the barriers they face in promoting and supporting EBF among women.	Qualitative exploratory descriptive study; individual interviews with 26 midwives.	Barriers to providing effective midwife support include cultural/traditional practices enforced by family elders, staff shortages, and a lack of professional development regarding breastfeeding promotion.
6	Australia (Shipton et al., 2025)	To explore women's experiences of midwifery education and support with infant feeding across different care models.	Qualitative interpretive descriptive study; semi-structured interviews with 14 postnatal women.	Support was often described as superficial and simplistic, focusing strictly on technical latching. Women felt a mismatch between their expectations of holistic midwifery care and the brief, task-oriented reality of the support provided.
7	Australia (Shipton et al., 2026)	To compare EBF outcomes for women in Midwife-Led Continuity of Care (MLCC) versus standard care models up to 4 months postnatal.	Quasi-experimental, prospective longitudinal study; 214 women at the final timepoint.	While MLCC women had higher EBF rates at discharge, there were no statistically significant differences in EBF rates between MLCC and standard care at 1 week, 1 month, or 4 months postnatal. Decisions to continue EBF are complex and multifactorial.
8	Iran (Shahinfar et al., 2024)	To evaluate the effect of continuous team midwifery care on maternal and neonatal outcomes, including EBF.	Quasi-experimental study; 200 primiparous women (100 intervention, 100 control).	Women in the team midwifery group had a significantly higher rate of EBF at six weeks postpartum compared to the control group (80% vs. 61%, p = 0.001). This model fostered trust and increased maternal confidence.

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RESULTS AND DISCUSSIONS

Results

1. Overview of Included Studies

The literature selection process identified eight studies conducted across diverse geographical settings, including Europe (Poland, Greece, Spain, and Sweden), Asia (Bhutan and Iran), and Australia. The studies employed a variety of methodologies: three quasi-experimental designs (7, 8, 9), one randomized clinical trial (3), two prospective cohorts (4, 7), and two qualitative descriptive studies (5, 6). All studies specifically investigated the role of midwifery support as a determinant of exclusive breastfeeding (EBF) beyond the immediate delivery period.

2. Thematic Analysis of Midwifery Support and EBF

Structural Models of Extended Postnatal Support

This theme identifies how the timing, location, and consistency of midwifery care influence EBF duration and exclusivity.

a. Continuity of Care and Team-Led Interventions: Continuous team midwifery care in Iran (8) demonstrated a significantly higher EBF rate at six weeks postpartum (80%) compared to routine care (61%). In Greece (2), a 12-month perinatal intervention showed that every additional midwife-led session increased the chance of EBF at six months by 4%. Conversely, a longitudinal study in Australia (7) found that while Midwife-Led Continuity of Care (MLCC) resulted in higher EBF rates at hospital discharge, there were no statistically significant differences compared to standard care at four months postnatal.
b. Home-Based and Community-Based Support: Research in Sweden (4) and Spain (3) highlighted the efficacy of support provided outside the clinical setting. In Sweden (4), Home-Based Postnatal Midwifery Care (HBPMC) during the first week after birth resulted in a high EBF prevalence of 84% at two months. In Spain (3), a midwife-led group intervention, utilizing both face-to-face sessions and online social media support, significantly improved EBF prevalence at four months ($p=0.03$) and six months ($p=0.01$).

The Nature of Support: Technical Guidance vs. Holistic Care This theme explores the specific types of assistance provided by midwives and how maternal perceptions of this support influence breastfeeding success.

a. Technical Expertise and Education: Midwives frequently prioritize the technical aspects of breastfeeding, such as latching and positioning. In Bhutan (5), midwives identified a lack of professional development in these technical skills as a barrier to providing effective support. Swedish data (4) emphasized that midwifery guidance in the first week is crucial to preventing early formula introduction.
b. Relational Care and Perceived Self-Efficacy: Beyond technical skills, a "holistic" approach was identified as a critical factor. Qualitative findings from Australia (6) indicated that women often found midwifery support to be "superficial" or task-oriented, focusing only on the baby's latch rather than the mother's emotional transition. In contrast, the Spanish study (3) demonstrated that midwife-led groups improved maternal self-efficacy, which served as a mediator for successful EBF. In Poland (1), midwifery counseling and assistance were found to be particularly protective for mothers experiencing high levels of stress, significantly reducing the likelihood of formula introduction.

Determinants and Barriers to Effective Midwifery Support

This theme categorizes the organizational and socio-cultural factors that limit the ability of midwives to effectively promote EBF.

a. Organizational and Environmental Constraints: Staff shortages and heavy workloads were reported as major barriers in Bhutan (5) and Australia (6), forcing midwives to prioritize clinical tasks over dedicated breastfeeding education. In Bhutan (5), short hospital stays further limited the time available for midwives to provide meaningful postnatal support.
b. Socio-Cultural and Individual Factors: Midwives in Bhutan (5) noted that traditional cultural practices (e.g., family elders giving butter or honey to infants) often override professional advice. Additionally, individual maternal factors such as a high Body Mass Index (BMI ≥ 30) or being foreign-born were identified in Sweden (4) as significant risk factors for early EBF cessation. In the Polish study (1), despite the recognized benefits of breastfeeding, 65.4% of mothers rated the medical support they received for breastfeeding difficulties as insufficient.

Discussion

This scoping review highlights that midwife support plays a substantial role in promoting exclusive breastfeeding (EBF), although its effectiveness varies according to the structure of care, the nature of support provided, and the broader organisational and sociocultural context in which care is delivered. Across the included studies, continuity of care models, home-based services, and community-oriented interventions were generally associated with improved breastfeeding outcomes, whereas fragmented or short-term support appeared less effective in sustaining EBF beyond the early postpartum period.

The positive association between continuity of midwifery care and breastfeeding

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outcomes is consistent with the broader evidence on midwife-led continuity of care (MLCC). Sandall et al. (2016) identified continuity models as one of the few health-system interventions consistently associated with improved maternal and neonatal outcomes. Although breastfeeding was not the primary outcome of that review, the emphasis on relationship-based and woman-centred care provides a plausible explanation for improved feeding outcomes. Similarly, Shipton et al. (2023) reported that antenatal continuity of care may contribute to longer breastfeeding duration, although the available evidence remained heterogeneous. The findings of the present review support this interpretation. While some studies demonstrated strong positive effects of continuity models on EBF, others reported limited benefits beyond the early postpartum period. This suggests that continuity itself may not be the active mechanism; rather, its value lies in creating opportunities for timely, repeated, and meaningful interactions between mothers and midwives during critical stages of breastfeeding establishment.

This interpretation is further supported by the World Health Organization's postnatal care recommendations, which emphasise frequent postnatal contacts and early home visits during the first days after birth (World Health Organization, 2022). Evidence from Sweden and Spain included in this review indicates that support delivered close to mothers' homes and during the early postpartum period is particularly effective. The effectiveness of Spanish midwife-led group interventions is further reinforced by the multicentre trial conducted by Rodríguez-Gallego et al. (2024), which demonstrated significantly higher EBF rates among women receiving structured midwife support. However, the sustainability of these models may be threatened by declining availability of community-based breastfeeding services, as reported in the United Kingdom by Whyte et al. (2024).

Beyond the structure of care, the quality and nature of support emerged as a key determinant of breastfeeding success. Several studies suggested that technical breastfeeding assistance alone may be insufficient to sustain EBF. Women frequently valued support that addressed not only positioning and latch techniques but also emotional needs, confidence building, and adjustment to motherhood. The Australian findings included in this review closely mirror those reported by Shipton et al. (2025), where mothers perceived breastfeeding support as largely task-oriented and lacking emotional engagement. Similar observations were reported in the qualitative evidence synthesis by Bengough et al. (2022), which found that women were more likely to engage with breastfeeding support when interactions were personalised, reciprocal, and responsive to individual circumstances rather than routine or purely instructional.

The importance of relational care may be explained through breastfeeding self-efficacy theory. According to Dennis (2003), maternal confidence in breastfeeding is a modifiable determinant strongly associated with breastfeeding initiation, exclusivity, and duration. This mechanism was evident in the Spanish intervention studies included in this review, where improvements in EBF appeared to be mediated by enhanced maternal self-efficacy rather than by education alone. Supporting this interpretation, Saavedra Sánchez et al. (2024) found a consistent positive relationship between breastfeeding self-efficacy and EBF outcomes across diverse settings. Likewise, McGovern et al. (2024) reported that theory-informed interventions grounded in self-efficacy principles were more likely to improve both breastfeeding confidence and breastfeeding outcomes than interventions lacking a clear theoretical foundation. The findings from Poland further support this mechanism, demonstrating that midwifery counselling may be particularly beneficial for mothers experiencing high levels of stress. This aligns with the systematic review and meta-analysis by Ahmadinezhad et al. (2024), which identified a significant association between postpartum depression and lower breastfeeding self-efficacy. Collectively, these findings suggest that relational midwifery care should not be viewed merely as an interpersonal attribute of practice but rather as a clinically meaningful intervention capable of influencing measurable breastfeeding outcomes.

Despite the potential benefits of midwife support, several barriers were consistently identified across studies. Organisational challenges, including staff shortages, high workloads, and shortened postpartum hospital stays, were frequently reported as obstacles to providing comprehensive breastfeeding support. These findings are supported by the systematic review by Mattock et al. (2025), which found that excessive workload was associated with lower EBF rates and other indicators of missed care. Such challenges are particularly concerning when considered alongside the global shortage of approximately 900,000 midwives reported by UNFPA, ICM, and WHO (2021). Under these conditions, even well-trained midwives may struggle to provide the continuity and relational care required to support successful breastfeeding. This may also explain why breastfeeding education and training programmes, although effective in improving midwives' knowledge and clinical skills, have demonstrated only modest effects on breastfeeding outcomes when implemented within resource-constrained health systems (Wang et al., 2023).

Sociocultural influences represent another important determinant of breastfeeding success. Evidence from Bhutan highlighted the influential role of family members and

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traditional beliefs in infant feeding decisions. Similar patterns have been reported elsewhere, including among rural mothers in Nigeria, where husbands, grandmothers, and traditional birth attendants frequently shaped breastfeeding practices (Joseph & Earland, 2019). These findings suggest that breastfeeding decisions often extend beyond the mother herself and are embedded within wider family and community structures. Consequently, counselling approaches that target mothers alone may have limited effectiveness if key household decision-makers are not actively engaged.

Individual maternal characteristics also influenced breastfeeding outcomes. Findings from Sweden identified elevated maternal body mass index and foreign-born status as factors associated with lower EBF rates. Recent evidence indicates that migrant mothers often face additional challenges related to language barriers, unfamiliar healthcare systems, and reduced social support networks. However, successful breastfeeding among migrant women has also been associated with culturally responsive healthcare support that acknowledges and accommodates diverse cultural identities and practices (Izumi, Trigg, & Stephens, 2024). These findings suggest that foreign-born status should not be interpreted merely as a risk factor but rather as an indicator of complex social and cultural processes that may be positively influenced by culturally competent midwifery care.

Taken together, the findings support a layered conceptual model of midwifery support for EBF. First, structural factors such as continuity of care, timing of contact, and community-based service delivery create opportunities for support. Second, the quality of support, particularly its ability to foster maternal confidence and self-efficacy, determines whether those opportunities translate into successful breastfeeding outcomes. Finally, organisational, cultural, and individual factors shape the extent to which effective support can be delivered and sustained. This framework helps explain why similar models of care may produce different outcomes across settings and underscores the multifaceted nature of breastfeeding support.

Implications for Practice and Policy

The findings of this review suggest that strengthening midwife support for exclusive breastfeeding requires more than increasing the frequency of contact or expanding breastfeeding education alone. Effective support appears to depend on the integration of three complementary elements: continuity of care, relationally focused support, and enabling organisational conditions.

At the practice level, breastfeeding support should extend beyond technical instruction and incorporate approaches that actively promote maternal confidence and breastfeeding self-efficacy. Integrating self-efficacy-informed communication strategies into pre-registration education and continuing professional development may enhance the effectiveness of midwifery support (14). In addition, breastfeeding counselling should be tailored to the psychological, cultural, and social circumstances of mothers, particularly those experiencing stress, mental health challenges, or migration-related barriers.

At the policy level, investment in the midwifery workforce is essential. Addressing workforce shortages, excessive workloads, and limited postnatal service availability may be necessary to ensure that midwives have sufficient time and capacity to provide meaningful breastfeeding support. Policies that strengthen continuity of care models, expand home-visiting services, and promote community-based breastfeeding support may further improve EBF outcomes. Finally, breastfeeding programmes should adopt family-inclusive and culturally responsive approaches that engage partners, grandparents, and other influential family members, recognising that breastfeeding decisions are often shaped within broader social networks rather than by mothers alone.

CONCLUSIONS

This scoping review demonstrates that midwife support is a significant determinant of exclusive breastfeeding (EBF) practices across various healthcare settings. The evidence shows that midwives contribute not only to childbirth care but also provide continuous support throughout the antenatal, intrapartum, and postnatal periods. Three key themes were identified: the importance of care structures that enable continuity and timely postnatal contact, the value of relationship-centred support in enhancing maternal breastfeeding self-efficacy, and the impact of organisational, sociocultural, and individual factors on the delivery and effectiveness of midwifery support.

When considered together, the results indicate that effective breastfeeding assistance is dependent not only on the availability of midwifery services but also on the quality of interactions between mothers and midwives, as well as on the larger environment in which care is given. Continuity of care models, home- and community-based interventions, and emotionally responsive breastfeeding support were generally associated with more favourable EBF outcomes, particularly during the early postpartum period. However, workforce shortages, workload pressures, cultural influences, and maternal vulnerabilities may limit the effectiveness of such interventions across settings.

This review supports a conceptual understanding of midwife support as a multidimensional process in which structural opportunities for care, relational quality, and contextual conditions interact to influence breastfeeding outcomes. Future research

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should focus on the long-term impact of midwife-led interventions on six-month EBF rates, the mechanisms through which midwifery support enhances breastfeeding self-efficacy, and the implementation of effective support models across diverse cultural and healthcare contexts. Overall, the evidence suggests that strengthening midwife support across the continuum of care may meaningfully improve exclusive breastfeeding practices worldwide.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

NS conceived and designed the study, conducted the literature review, performed data analysis and data curation, drafted the manuscript, and supervised the overall project. SI, DDLH, DH, and YP contributed to study screening, data extraction, validation of findings, and critical revision of the manuscript. All authors contributed to the development of the study, reviewed and approved the final manuscript, and agreed to be accountable for all aspects of the work.

DECLARATION ON THE USE OF ARTIFICIAL INTELLIGENCE (AI)

The authors declare that no Artificial Intelligence (AI) technology or AI-assisted tools were used in the preparation, writing, editing, or data analysis of this manuscript. All content of the manuscript, including data, analysis, interpretation, references, conclusions, tables, and figures, was produced entirely by the authors. The authors are fully responsible for the accuracy, integrity, and originality of the entire manuscript.

REFERENCES

1. Ahmadinezhad, G. S., Karimi, F. Z., Abdollahi, M., & NaviPour E. Association between postpartum depression and breastfeeding self-efficacy in mothers: A systematic review and meta-analysis. BMC Pregnancy Childbirth. 2024;(24):273.
2. Aljawoan, F. Y., Alabdulkarim, A. I., Alhumaidan, A. A., Alsaeed, R., & Aldosari LM. The prevalence of exclusive breastfeeding practice and its predictors in the first six months of life among working mothers in Riyadh, Saudi Arabia. Cureus. 2024;16(4):e58729.
3. Åsman, E., Rubertsson, C., Mangrio, E., & Häggsgård C. High breastfeeding continuation at two months after birth in women receiving home-based postnatal midwifery care and factors associated with breastfeeding cessation: A prospective cohort study. Eur J Midwifery. 2026;10(April):14.
4. Bengough, T., Dawson, S., Cheng, H. L., McFadden, A., Gavine, A., Rees, R., ... Hannes K. Factors that influence women's engagement with breastfeeding support: A qualitative evidence synthesis. Matern Child Nutr. 2022;18(4):e13405.
5. Chabé-Ferret B. Measuring breastfeeding prevalence using demographic and health surveys. BMC Public Health. 2024;(24):2366.
6. Czerwińska-Osipiak, A., Szablewska, A. W., Karasek, W., Krawczyk, A., & Jurek K. Relationship between perceived stress, midwife support and exclusive breastfeeding among Polish mothers. Nutrients. 2025;17(9):1573.
7. Dagla, M., Mrvoljak-Theodoropoulou, I., Vogiatzoglou, M., Giamalidou, A., Tsolaridou, E., Mavrou, M., ... Antoniou E. Association between breastfeeding duration and long-term midwifery-led support and psychosocial support: Outcomes from a Greek non-randomized controlled perinatal health intervention. Int J Environ Res Public Health. 2021;18(4):1988.
8. Dennis CL. The breastfeeding self-efficacy scale: Psychometric assessment of the short form. J Obstet Gynecol Neonatal Nurs. 2003;32(6):734–744.
9. Gavine, A., Shinwell, S. C., Buchanan, P., Farre, A., Wade, A., Lynn, F. et al. Support for healthy breastfeeding mothers with healthy term babies. Cochrane Database Syst Rev. 2022;10(10):CD001141.
10. Izumi, C., Trigg, J., & Stephens JH. A systematic review of migrant women's experiences of successful exclusive breastfeeding in high-income countries. Matern Child Nutr. 2024;20(1):e13556.
11. Joseph, F. I., & Earland J. A qualitative exploration of the sociocultural determinants of exclusive breastfeeding practices among rural mothers, North West Nigeria. Int Breastfeed J. 2019;14:38.
12. Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M. R., Ho, J. J., & Hakimi M. Antenatal breastfeeding education for increasing breastfeeding duration. Cochrane Database Syst Rev. 2016;12:CD006425.
13. Mattock, R., Bojke, C., Wright, J., & Stacey T. The impact of midwife workload on delivery of care, and mother and baby outcomes in maternity settings in OECD countries: A systematic review. PLoS One. 20(8):e0329117.

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14. McGovern, L. M., O'Toole, L., Laws, R. A., Skinner, T. C., McAuliffe, F. M., & O'Reilly SL. An exploration of prenatal breastfeeding self-efficacy: A scoping review. Int J Behav Nutr Phys Act. 2024;21:95.
15. Patil, D. S., Pundir, P., Dhyani, V. S., Krishnan, J. B., Parsekar, S. S., D'Souza, S. M., ... Renjith V. A mixed-methods systematic review on barriers to exclusive breastfeeding. Nutr Health. 2020;26(4):323–346.
16. Pemo, K., Phillips, D., & Hutchinson AM. Midwives' perceptions of barriers to exclusive breastfeeding in Bhutan: A qualitative study. Women and Birth. 2020;33(4):e377–e384.
17. Pérez-Escamilla, R., Tomori, C., Hernández-Cordero, S., Baker, P., Barros, A. J. D., Bégin, F. et al. Breastfeeding: Crucially important, but increasingly challenged in a market-driven world. Lancet. 2023;401(10375):472–485.
18. Rodríguez-Gallego, I., Corrales-Gutierrez, I., Gomez-Baya, D., & Leon-Larios F. Effectiveness of a postpartum breastfeeding support group intervention in promoting exclusive breastfeeding and perceived self-efficacy: A multicentre randomized clinical trial. Nutrients. 2024;16(7):988.
19. Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C. et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. 2016;387(10017):491–504.
20. Saavedra Sánchez, S., Rodríguez-Gallego, I., Leon-Larios, F., Andina-Diaz, E., Perez-Contreras, R., & Gonzalez-Sanz JD. Influence of perceived maternal self-efficacy on exclusive breastfeeding initiation and consolidation: A systematic review. Healthcare. 2024;12(23):2347.
21. Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database Syst Rev. 2016;4:CD004667.
22. Shahinfar, S., Abedi, P., Najafian, M., Abbaspoor, Z., Mohammadi, E., Alianmoghaddam, N., ... Maraghi E. Effect of continuity of team midwifery care on maternal and neonatal outcomes: A quasi-experimental study in Iran. Sci Rep. 2024;14:22819.
23. Shakya, P., Kunieda, M. K., Koyama, M., Rai, S. S., Miyaguchi, M., Dhakal, S. et al. Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: A systematic review and meta-analysis. PLoS One. 2017;12(5):e0177434.
24. Shipton, E. V., Callaway, L., Foxcroft, K., Lee, N., & de Jersey SJ. Midwife-led continuity of antenatal care and breastfeeding duration beyond postpartum hospital discharge: A systematic review. J Hum Lact. 2023;39(3):427–440.
25. Shipton, E. V., Foxcroft, K., de Jersey, S. J., Callaway, L., & Lee N. "Butterflies in the air, you're now a breastfeeding mother": A qualitative study of women's experiences receiving postnatal midwifery breastfeeding support. Women and Birth. 2025;38(1):101859.
26. Shipton, E. V., Lee, N., Foxcroft, K., de Jersey, S., & Callaway L. Evaluating midwife-led continuity of care and breastfeeding outcomes: A quasi-experimental study. Women and Birth. 2026;39(1):102167.
27. Strauch, L., Sweet, L., Scott, H., & Müller A. Mechanisms of support for exclusive breastmilk expressers in the community: A scoping review. BMC Pregnancy Childbirth. 2019;19:491.
28. No TitleSwerts, M., Westhof, E., Bogaerts, A., & Lemiengre J. Supporting breast-feeding women from the perspective of the midwife: A systematic review of the literature. Midwifery. 2016;37:32–40.
29. Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D. et al. PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. Ann Intern Med. 2018;169(7):467–473.
30. UNICEF & WHO. Global Breastfeeding Scorecard 2023: Rates of breastfeeding increase around the world through improved protection and support. WHO. 2023. WHO;
31. UNICEF & WHO. Global Breastfeeding Scorecard 2024: Meeting the Global Target for Breastfeeding Requires Bold Commitments and Accelerated Action by Governments and Donors. WHO; 2025.
32. United Nations Population Fund, International Confederation of Midwives & WHO. The state of the world's midwifery 2021. UNFPA; 2021.
33. Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J. et al. Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. Lancet. 2016;387(10017):475–490.
34. Wang, T., Shang, M., & Chow KM. Effects of breastfeeding training programmes for midwives on breastfeeding outcomes: A systematic review and meta-analysis. BMC Pregnancy Childbirth. 2023;23:262.
35. Whyte, I., Morelli, A., Burns, E., & Rowe R. Postnatal care provided by UK midwifery units and the impact of the COVID-19 pandemic: A survey using the UK Midwifery Study System (UKMidSS). Heliyon. 2024;10(9):e29878.
36. World Health Organization. WHO recommendations on maternal and newborn care for a positive postnatal experience. WHO; 2022.

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