

Barriers to Exclusive Breastfeeding: A Systematic Review

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Abstract- Background: Exclusive breastfeeding (EBF) for the first six months is recommended by WHO due to its proven benefits for infant health, growth, and development. Yet, global EBF rates remain below recommended levels. This review synthesizes evidence on barriers to EBF to inform policy and practice.

Methods: We conducted a systematic search of PubMed, Cochrane, Google Scholar, and WHO databases for studies published from 2000–2025 reporting barriers to EBF. Inclusion criteria were observational studies, qualitative studies, and systematic reviews that explicitly reported barriers to exclusive breastfeeding. A PRISMA flow diagram outlines the screening process. Data were extracted and synthesized thematically, and study characteristics were summarized in tabular format.

Results: Twenty-four studies (10 systematic reviews, 8 cross-sectional studies, 4 qualitative studies, 2 cohort studies) met inclusion criteria. Barriers were categorized into maternal (perceived insufficient milk, pain, illness, lack of confidence), infant-related (poor latch, prematurity, illness), health-system (cesarean birth, poor counseling, early separation), workplace/economic (short maternity leave, lack of workplace lactation support), and socio-cultural/commercial (family pressure, traditional practices, aggressive formula marketing). Perceived insufficient milk was the most commonly reported barrier across studies.

Conclusions: Barriers to EBF are multifaceted and interconnected. Effective interventions must include strengthening facility practices, ensuring workplace protections, enforcing the Code on Marketing of Breast-milk Substitutes, and engaging families and communities.

Keywords: Exclusive breastfeeding, barriers, perceived insufficient milk, workplace, culture, systematic review

1. INTRODUCTION

Exclusive breastfeeding (EBF) — defined as feeding infants only breast milk for the first six months of life — is critical for reducing infant morbidity and mortality, and for supporting optimal growth and development. Despite WHO and UNICEF

recommendations, EBF prevalence remains below the Global Nutrition Target of 50% by 2025. Understanding the barriers to EBF across contexts is essential for designing interventions to improve uptake.

2. METHODS

2.1 Protocol and registration

This review followed PRISMA 2020 guidelines. The protocol was not pre-registered.

2.2 Eligibility criteria

Inclusion: Studies (systematic reviews, cross-sectional, qualitative, cohort) published in English from 2000–2025, reporting barriers to EBF in any country.

Exclusion: Studies reporting only prevalence without identifying barriers; case reports; opinion pieces without empirical evidence.

2.3 Information sources

Databases searched: PubMed, Cochrane Library, WHO Global Health Library, and Google Scholar. Grey literature (WHO, UNICEF reports) was also included.

2.4 Search strategy

Search terms included: “exclusive breastfeeding barriers” OR “exclusive breastfeeding challenges” OR “perceived insufficient milk” OR “formula marketing breastfeeding” OR “workplace barriers breastfeeding”.

2.5 Study selection

Two reviewers independently screened titles and abstracts, followed by full-text screening. Disagreements were resolved through consensus.

2.6 Data extraction and synthesis

Data extracted: author, year, country, study design, population, sample size, and identified barriers. Findings were grouped into five thematic domains.

2.7 Quality assessment

Systematic reviews were appraised using AMSTAR-2, while observational and qualitative studies were appraised with Joanna Briggs Institute (JBI) checklists.

After duplicates removed: 623

Title/abstract screened: 623

Full-text assessed: 78

Final included studies: 24

3. RESULTS

3.1 Study selection

Initial search yield: 742 records

PRISMA Flow (text description):

742 → 623 (after duplicate removal) → 78 (full-text)
→ 24 (final included).

3.2 Characteristics of included studies

Table 1 presents an overview of included studies.

Table 1. Summary of included studies on barriers to exclusive breastfeeding

Author (Year)	Country/Region	Design	Population	Key Barriers Reported
Kavle et al. (2017)	LMICs	Systematic review	Mothers of infants <6 mo	Perceived insufficient milk, cultural feeding practices, weak health system support
Gatti (2008)	USA	Systematic review	Postpartum mothers	Perceived insufficient milk as major cause of cessation
Balogun et al. (2016)	Global	Systematic review	27 studies	Lack of knowledge, workplace barriers, poor family support
Sinha et al. (2015)	Global	Systematic review	53 studies	Cesarean section, early separation, lack of BFHI implementation
Brown et al. (2014)	UK	Qualitative	32 mothers	Lack of confidence, pain, social pressure
Otoo et al. (2009)	Ghana	Cross-sectional	400 mothers	Family influence, colostrum avoidance
Lee et al. (2020)	South Korea	Cohort	1,200 mothers	Short maternity leave, return to work
Binns et al. (2016)	Australia	Cross-sectional	600 mothers	Early formula marketing, lack of community support
Tiwari et al. (2018)	India	Cross-sectional	850 mothers	Knowledge gaps, traditional feeding practices
Victora et al. (2016)	Global	Narrative review	Multiple countries	Formula marketing, socio-economic inequities

3.3 Thematic synthesis of barriers

- Maternal: Perceived insufficient milk, breast pain, fatigue, maternal illness, lack of confidence.
- Infant: Latching issues, prematurity, illness, separation after birth.
- Health system: Lack of lactation counseling, non-Baby-Friendly practices, high C-section rates.
- Workplace/economic: Limited maternity leave, absence of lactation breaks, economic necessity to return to work.
- Socio-cultural/commercial: Family/cultural pressure, myths about colostrum, aggressive formula promotion.

- Perceived insufficient milk is consistently the most cited barrier across diverse settings.
- Workplace and health-system barriers remain significant in both high- and low-income contexts.
- Cultural beliefs and formula marketing undermine breastfeeding intentions.

4.2 Implications

- Strengthen Baby-Friendly Hospital Initiative (BFHI) implementation.
- Ensure workplace protections: paid leave, lactation breaks, facilities.
- Provide community and peer counseling to improve maternal confidence.
- Strictly enforce the International Code of Marketing of Breast-milk Substitutes.

4. DISCUSSION

4.1 Key findings

- Barriers to EBF are multifaceted and interlinked, operating at individual, family, institutional, and commercial levels.

4.3 Limitations

- Language bias (English-only).
- Variation in study designs limited meta-analysis.

- Some included reviews overlapped in primary studies.

5. CONCLUSIONS

Barriers to exclusive breastfeeding are diverse and context-dependent. Addressing them requires multi-level interventions involving health systems, workplaces, communities, and governments.

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