



## Factors Affecting Self-Efficiency in Breast Milk: A Rapid Review



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breast milk;  
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mental health;  
nursing mothers;  
postpartum;  
previous breastfeeding;  
self-efficacy;

### Abstract

The purpose of this rapid review is to investigate the factors that influence self-efficacy in breastfeeding based on articles published from 2013 to 2020. This rapid review method uses a framework consisting of setting review questions, seeking research evidence, critically appraising the information sources, synthesizing evidence, and identifying the application and transfer issues. After screening the articles, 12 articles were selected in this study, with 318 articles. The findings are the reasons that influence and inhibit breastfeeding and the impact and efforts to overcome self-efficiency. The findings from this rapid review are the factors that influence and inhibit breastfeeding and the impact and efforts to overcome self-efficacy. This finding implies that a deeper understanding of the support given to mothers is needed to increase mother's confidence in breastfeeding.

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## 1 Introduction

The World Health Organization (WHO, 2003), stipulates that the coverage of exclusive breastfeeding for infants aged 0-6 months is 40%, while the target achievement for the coverage of exclusive breastfeeding in the world is 50% (WHO, 2003). One of the causes of infant mortality globally is improper feeding during the first year of life and not exclusive breastfeeding. Malnutrition is one of the contributors to the under-five mortality rate, which is 60% of 10.9 million (Lenja et al., 2016).

The way to improve nutrition for babies is to provide quality and optimal first foods. Quality food for babies is exclusive breastfeeding (Juliani & Arma, 2018). Breastfeeding is a safe method of feeding infants and contributes to improved short- and long-term health outcomes (Victora et al., 2016). Breast milk is the best natural food for babies because it contains the energy and substances needed for the first six months of a baby's life (Abidjulu et al., 2015). The benefits of breastfeeding include providing adequate nutrition for the baby's needs, emotional level for the baby and its mother, and protecting the baby from infectious diseases such as preventing diarrheal disease (Fitri & Shofiya, 2020; Perrin et al., 2013; Victora et al., 2016). Infants who are exclusively breastfed have a lower incidence of infection than infants given formula milk (Victora et al., 2016).

The factors that influence breastfeeding are the demographic and socioeconomic characteristics of the mother, such as lower maternal age, education level, occupation, and social status (Kronborg et al., 2018). According to research, there are obstacles in exclusive breastfeeding, namely low maternal knowledge, lack of support from health workers and working mothers (Solikhathi et al., 2018). Previous research also stated that exclusive breastfeeding affected a mother's education or knowledge, mother's occupation, age, and support of health workers (Lestari, 2018; Layuk et al., 2021).

Breastfeeding self-efficacy (BSE) is one of the critical factors related to breastfeeding initiation, duration of breastfeeding, and exclusive breastfeeding (Mcqueen et al., 2011). Self-efficacy is a belief that encourages individuals to do and achieve something (Bandura, 1977). Self-efficacy is only a tiny part of the whole complex picture of human life, but it can better understand life in human capabilities. Self-efficacy in breastfeeding is the mother's belief in self-assessment of her ability to breastfeed her baby. Self-efficacy factors include breastfeeding experience, observation of others, verbal persuasion, namely encouragement from significant others such as friends, family, and physiological responses, namely somatic reactions to events that have the potential to cause stress, anxiety, and fatigue (Dennis & Faux, 1999; Carchi et al., 2021).

The study found a close relationship between social support, knowledge, attitudes, and self-efficacy with breastfeeding behavior (Handayani et al., 2013). Another study found that mothers who had high BSE tended to continue breastfeeding for four months (Blyth et al., 2002). Mothers with low BSE have been shown to use alternative techniques to breastfeed their babies when facing problems during breastfeeding (Keemer, 2011). The results of previous research stated a relationship between exclusive breastfeeding experience, the experience of seeing other people giving exclusive breastfeeding, and the husband's support for exclusive breastfeeding with breastfeeding self-efficacy (Mefita, 2016). The results of other studies state that there is a relationship between family support and self-efficacy of breastfeeding mothers in exclusive breastfeeding (Vitasari et al., 2018). The study results stated that mothers in a state of emotional distress could experience failure in breastfeeding their babies because emotional states can affect the let-down reflex while breastfeeding (Siregar, 2004). Primiparous mothers do not have direct self-experience in breastfeeding so that when problems arise in the breastfeeding process, it will significantly disrupt their confidence (Fahriani, 2016).

A small part of the community considers that mothers who have just given birth to their children have not been able to take care of their children properly and give breast milk which results in the responsibility in taking care of their children by the mother-in-law so that mothers do not get support from people around the mother and make the mother increasingly insecure. In fact, according to research (Leahy-Warren et al., 2012) there is a significant relationship between social support, especially from family and friends, that positively affects maternal mental health and well-being with self-efficacy in women who have just played mothers. The support provided by the midwife can increase the mother's motivation to give exclusive breastfeeding to her baby; this is because the mother feels happy with the support (Cemara, 2018). The community will more trust midwives who have good counseling skills. This trust will lead to the midwife's confidence to support the

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success of exclusive breastfeeding so that the midwife can communicate well and be readily accepted by clients (Assegaf & Utami, 2015). Therefore, this review aims to explain the factors that can affect self-efficacy in breastfeeding.

## 2 Materials and Methods

The method used to review the literature in this study is a rapid review. A rapid review is a form of knowledge synthesis that can provide information, where each component of the systematic review process is simplified to be able to produce information or evidence accurately and in a fast time, usually carried out in less than five weeks (Tricco et al., 2015). This rapid review method uses a framework consisting of: (1) setting review questions, (2) seeking research evidence, (3) critically appraising the information sources, (4) synthesizing evidence, (5) identifying implementation and transfer issues for further consideration during the decision making process (Dobbins, 2017). The purpose of this review is to explain the factors that influence self-efficacy in breastfeeding. Article searches are limited to using English and are original articles. The databases used are Wiley Online Library, Science Direct, gray literature, and Pubmed, published in 2013-2020. To narrow the search for articles, the author searches for articles using the keywords, namely "Factor Or element AND Influence Or affect AND Self-efficacy\* AND Breastfeeding." After the filtering process using keywords, 318 articles were obtained, then there were 56 articles. From 259 articles, screening was conducted based on titles and abstracts related to the factors influencing self-efficacy in breastfeeding, 51 articles were obtained, and 208 articles were irrelevant (Noel-Weiss et al., 2006; Aghdas et al., 2014; McQueen et al., 2011). A full-text search that was identified was carried out for filtering the content of articles based on inclusion and exclusion criteria, population suitability, methods, and results, obtained 12 articles that would be used for the Rapid Review and 39 articles were omitted because they did not match what the researcher would use.

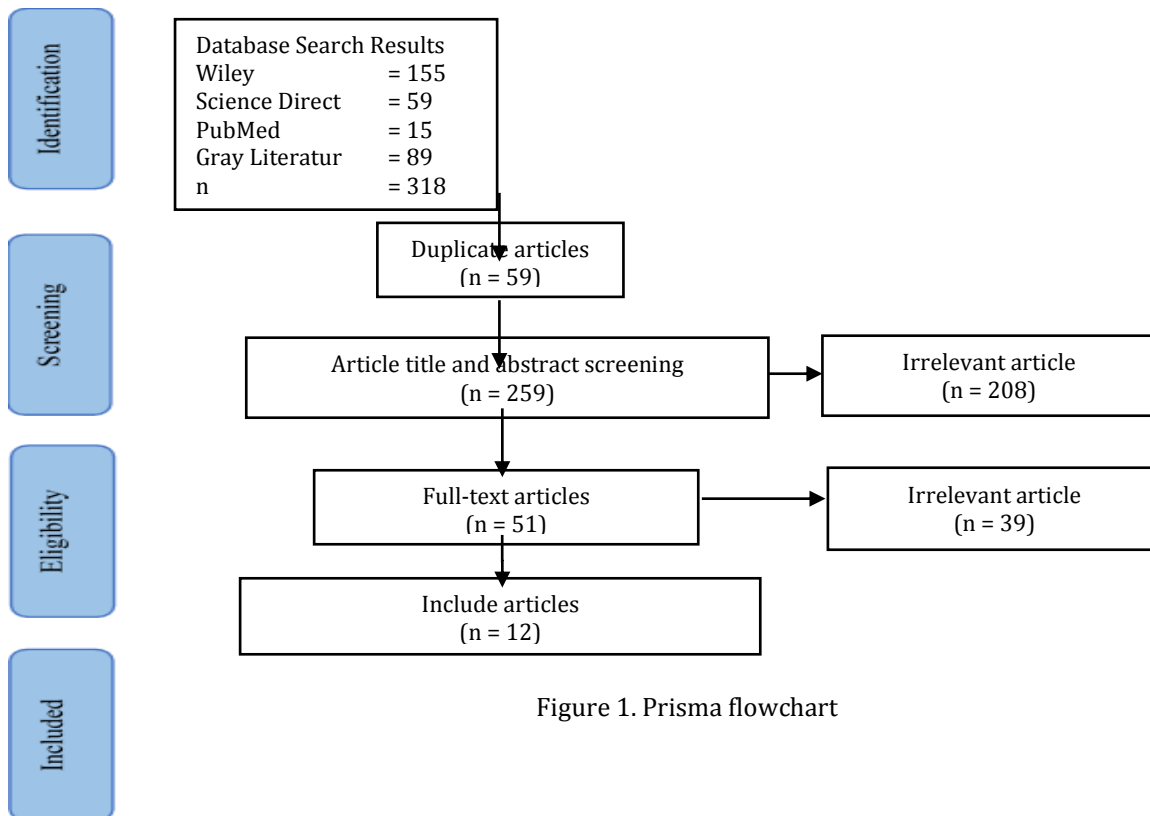


Figure 1. Prisma flowchart

Table 2  
Data charting

No	Nations	Research Objective	Desain and Sample	Results
A1	Turkey	It knows the factors influencing maternal perceptions of breastfeeding self-efficacy and maternal attachment between the fourth and eighth postnatal weeks and their relationship.	Descriptive 351 postpartum mothers	There is a low positive relationship between breastfeeding self-efficacy and maternal attachment. The level of breastfeeding self-efficacy and maternal attachment status should be determined in the postpartum period, and health workers should intervene on factors that can affect breastfeeding self-efficacy and attachment status, especially in at-risk mothers.
A2	England	Prospectively examined the relationship between previous breastfeeding experience, breastfeeding self-efficacy, attitudes towards breastfeeding and formula feeding, subjective norms, breastfeeding intentions, and actual breastfeeding. at six weeks postpartum	A prospective questionnaire study of 149 nursing mothers	Previous experience with formula feeding has been shown to influence first-time mothers' behavior directly and indirectly through subjective attitudes and norms.
A3	Canada	Explores mothers' experiences with feeding premature infants while in the NICU and describes sources of information that reflect BSE theory.	Qualitative descriptive exploration 14 nursing mothers	This study indicates that breastfeeding self-efficacy is a theory that can be applied to mothers with premature babies.
A4	Denmark	We are investigating the mediating effect of intention and self-efficacy on the relationship between the duration of breastfeeding the first and subsequent children.	Cohort study 1162 nursing mother	Strengthening intention and self-efficacy and breastfeeding support should focus on helping first-time mothers succeed and identifying second-time mothers with low self-efficacy and need for additional support.
A5	Denmark	Knowing the prevalence and factors associated with early negative breastfeeding experience, low breastfeeding self-efficacy in the first week postpartum, and decreased self-efficacy from late pregnancy to early postpartum.	Prospective longitudinal study 2,804 nursing mothers	The results showed that one week postpartum, almost 10% of mothers experienced negative breastfeeding experiences, 36% experienced low breastfeeding self-efficacy, and 26% decreased self-efficacy since pregnancy.
A6	Australia	Identify factors that support, fail to support, and undermine breastfeeding self-efficacy through analysis of on-call assistance	Case study 149 nursing mothers	High potential in reactive telephone support, but training and feedback to call takers are necessary to ensure effectiveness. Proactive support

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				is more effective than reactive support, but each has a different function. When women face issues that could trigger breastfeeding discontinuation at a critical juncture, reactive support can make a difference. Breastfeeding education interventions increase breastfeeding self-efficacy, infant feeding attitudes, and rates of exclusive breastfeeding. Breastfeeding education programs can be effective in maintaining breastfeeding in new mothers.
A7	Canada	Develop an integrated breastfeeding education program based on the theory of self-efficacy, and evaluate the effect of the intervention on the attitudes and attitudes of first-time mothers to breastfeed themselves.	Randomized controlled trial 104 nursing mothers	
A8	China	It knows the prevalence of breastfeeding for six months in premature infants and knowing the factors influencing breastfeeding practices in mothers.	A longitudinal observational Breastfeeding mothers (N = 270) and premature infants (N = 280)	Factors associated with exclusive breastfeeding, including younger maternal age, previous breastfeeding experience, shorter mother-infant separation time during intensive care, older infant gestational age, and higher breastfeeding self-efficacy rates, generally significantly predicted the practice of exclusive breastfeeding
A9	Brazil	Investigating the relationship between breastfeeding self-efficacy and symptoms of postpartum depression in a sample of Portuguese-speaking mothers in Southern Brazil	Cross-Sectional Study 89 nursing mothers	Mothers who combined breast milk and bottle feeding showed higher PDSS and EPDS scores. Breastfeeding self-efficacy scores were higher in mothers who gave exclusive breastfeeding and were negatively related ( $p < 0.001$ ) with EPDS and PDSS (postpartum depression) scores.
A10	Iran	Knowing the relationship between breastfeeding self-efficacy and quality of life to find effective strategies to increase breastfeeding that can be used in future national plans	Cross-Sectional Study 547 breastfeeding mothers	There is a significant direct relationship between BSE and quality of life.
A11	Amerika	Prospectively evaluated the relationship between BSE, mood, and breastfeeding outcome in primiparous women. The second objective was to explore self-reported reasons for difficult emotional adjustment during the	Cross-Sectional Study 204 primiparous mother	Breastfeeding perception is related to emotional health and breastfeeding success. Supporting early BSE in women is an important goal for various aspects of postpartum health.

A12	Cina	transition to motherhood. Knowing the relative effect of breastfeeding mother's self-efficacy and selected relevant factors on the rate of exclusive breastfeeding at six months postpartum	Prospective cohort study 562 nursing mothers	Higher BSES-SF scores at baseline, undergoing cesarean section, and practicing exclusive breastfeeding within 72 hours of delivery were significantly associated with a lower risk of discontinuing exclusive breastfeeding before six months postpartum.
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### 3 Results and Discussions

- Based on the articles that have been obtained from the characteristics of the country, namely Turkey with 1 article, England with 1 article, Canada with two articles, Denmark with two articles, China as many as two articles, Australia as many as 1 article, Brazil as much as 1 article, Iran as much as 1 article and America as much as 1 article.

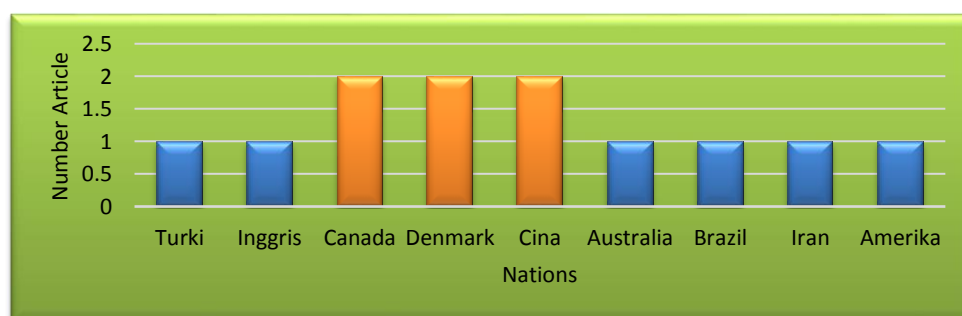


Figure 2. Characteristic of article country based

- Based on the characteristics of the year the articles have been obtained, namely 1 article in 2013, 1 article in 2015, 1 article in 2016, 2 articles in 2017, 1 article in 2018, 1 article in 2019, and articles in 2020 as many as five articles.

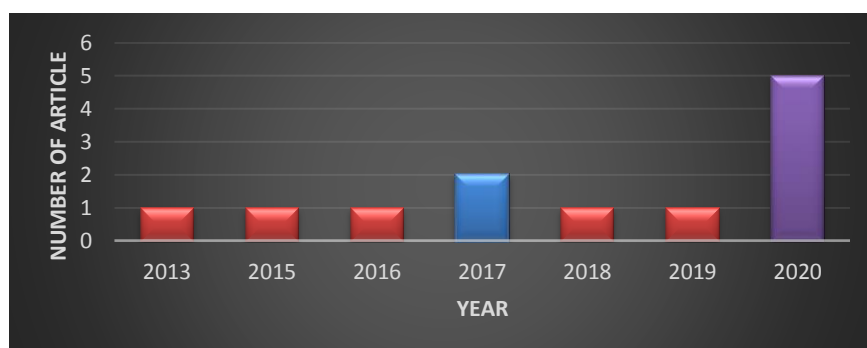


Figure 3. Characteristics of articles by year

#### Discussion

Based on the results of a literature search, the results related to the factors that affect self-efficacy in breastfeeding are as follows:

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### Breastfeeding

Breastfeeding is an optimal method of feeding for babies that provides benefits for babies, namely good nutrition and healthy baby growth (Gumussoy et al., 2020). Suboptimal breastfeeding can lead to negative breastfeeding experiences for mothers (Nilsson et al., 2020). A negative mother's attitude will affect exclusive breastfeeding four times not to give exclusive breastfeeding compared to a positive mother's attitude because the mother's negative attitude will determine behavioral tendencies that do not consider breast milk to be the only food that babies need during the first six months of their life to grow and develop into a healthy baby. The mother's condition influences this negative attitude in breastfeeding mothers during the breastfeeding process. Mothers have the assumption that breast milk alone is not enough to meet the nutritional needs of infants aged 0-6 months. This assumption raises negative attitudes in mothers to provide additional food other than breast milk early (Maulidaniah, 2021). In addition, this negative attitude is influenced by the mother's experience while breastfeeding in the past and present. Experience plays a vital role in exclusive breastfeeding (Fikawati & Syafiq, 2010). This aligns with previous research, which states that breastfeeding experience in previous births influences a person to continue breastfeeding in subsequent births (Marwiyah & Khaerawati, 2020).

### Factors influencing breastfeeding

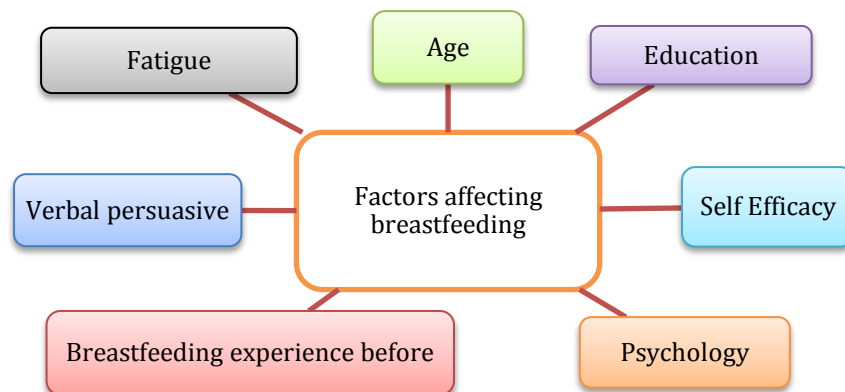


Figure 4. Factors influencing breastfeeding

### Age

The study results (Gumussoy et al., 2020) showed a correlation between BSES-SF scores and maternal age; specifically, maternal age decreased with breastfeeding. In addition, another study showed premature babies in China had meager breastfeeding rates at six months of age. Factors associated with breastfeeding at six months include younger maternal age (Wang et al., 2019). The age of the mother belonging to the unhealthy reproductive category, which is less than 20 years or more than 35 years, increases the risk of breastfeeding failure by 1.83 times. Age indirectly determines a person's mindset, reasoning power, and level of understanding. Of course, it will affect the capture power of exposure to information related to exclusive breastfeeding given (Dewi, 2020). Therefore, the mother's age will affect her in giving breast milk to her child.

### Education

Education is an essential factor for mothers to understand infant behavioral cues better, promoting more positive interactions with their children (Gumussoy et al., 2020). Education is needed for premature babies and their families to facilitate breastfeeding (Wang et al., 2019). Several variables can influence breastfeeding initiation and duration, including socio demographic correlations, such as age, education level of citizenship, marital status, living conditions, and family income (Zubaran & Foresti, 2013). A mother's education level influences breastfeeding patterns (Subratha, 2020). The better a person's education level, the easier it will be

to receive and understand messages conveyed about the importance of exclusive breastfeeding given by health workers or through the mass media so that it is estimated that mothers will give exclusive breastfeeding for six months to their children without being given additional food (Ampu, 2021). Mothers with high Education Education will positively impact babies because they know what babies need and what is best for babies, such as exclusive breastfeeding.

### *Self-efficacy*

Self-efficacy reflects the mother's perception rather than her actual ability to succeed in breastfeeding (Brockway et al., 2020). Mothers with strong mother-baby attachment and breastfeeding self-efficacy tend to show positive health behaviors (Gumussoy et al., 2020). Self-efficacy towards future breastfeeding reported after the first breastfeeding period plays a vital role in explaining the relationship between the length of breastfeeding of the first and second child (Kronborg et al., 2018). Low BSE may affect shorter breastfeeding duration (Nilsson et al., 2020). Mothers with higher self-efficacy are more likely to adapt and react more positively to breastfeeding difficulties and are more likely to maintain breastfeeding (Tseng et al., 2020). Mothers who give exclusive breastfeeding tend to have a higher level of breastfeeding self-efficacy than mothers who breastfeed their babies with breast milk and complementary foods or fluids (Zubaran & Foresti, 2013). This is in line with research that states that mothers who have high breastfeeding self-efficacy tend to continue breastfeeding for six months (Pramanik et al., 2020). Therefore, mothers with high self-efficacy will influence mothers in breastfeeding.

### *Psychology*

Strengthening the psychological bond between mother and baby will increase milk production and contribute to the mother's confidence and self-efficacy in breastfeeding (Gumussoy et al., 2020). Psychological conditions cause the amount and quality of breast milk to decrease and cause mothers to give MPASI and PASI prematurely (Lestari et al., 2020). Therefore, the psychological condition of a mother can affect breastfeeding.

### *Previous breastfeeding experience*

Most new mothers struggle with self-confidence during the early postpartum formation phase (Nilsson et al., 2020). Mothers with positive previous breastfeeding experiences resulted in higher breastfeeding self-efficacy (Bartle & Harvey, 2017). A mother who has previously breastfed her baby and experienced a safe mother-infant attachment gathers real-life experiences, enabling increased self-efficacy regarding breastfeeding and facilitating the attachment process to her baby (Gumussoy et al., 2020). Multiparous women have positive or negative breastfeeding experiences that can affect their intention and self-efficacy to breastfeed their next child (Kronborg et al., 2018). Other studies have shown that the relationship between negative breastfeeding experiences and low breastfeeding self-efficacy is stronger in primiparous women than multiparous women. (Nilsson et al., 2020). Previous positive personal experiences with breastfeeding increase self-efficacy, which is associated with more positive intentions to breastfeed (Bartle & Harvey, 2017). Therefore, the mother's previous breastfeeding experience is influential in determining the mother to give breast milk in the future.

### *Verbal persuasive*

Verbal persuasion is critical in the early stages of breastfeeding when mothers master their skills in breastfeeding (Huang et al., 2019; Mulyani, 2018; Mulyani et al., 2017). Most mothers feel that the support from nurses and the pro-breastfeeding environment affect the success of breastfeeding. However, verbal persuasion is also considered a negative source for mothers who find it difficult to effectively produce or breastfeed their babies (Brockway et al., 2020). Given that negative breastfeeding experience is the most vital associated factor of decreasing BSE from pregnancy to 1 week postpartum, this underscores the importance of early breastfeeding support to increase perceptions of successful early breastfeeding, especially for primiparous women (Nilsson et al., 2020). Verbal persuasion supports influential people such as friends, family, lactation consultants, and health practitioners. The reinforcement or advice given by influential people



becomes a source of strength for mothers to breastfeed their babies (Rahmayanti et al., 2021). Therefore, the support around the mother will determine the success of breastfeeding mothers.

### Worry

Concerns about whether mothers can breastfeed effectively and whether their milk is adequate can also hurt self-efficacy (Gumussoy et al., 2020). Anxiety is one factor that can affect breastfeeding mothers' milk production (Wulansari et al., 2020) so that a mother's anxiety is very influential on her to give breast milk.

### Fatigue

High levels of fatigue in mothers cause feelings of stress, inadequacy, dissatisfaction, irritability, and hopelessness and interfere with communication between parents and children. Postpartum fatigue is also one of the most common causes of early weaning from breastfeeding (Gumussoy et al., 2020). Postpartum fatigue can trigger breast milk to become difficult or not come out at all (Elison et al., 2020). So the mother will think that the milk she produces cannot meet the nutritional intake of her baby, and it dramatically affects the mother's breastfeeding.

### Observations from others

Identifying role models is essential for perceptions of self-efficacy and infant care (Sulymbona et al., 2020; Nishimura et al., 2014). The role models that mothers choose to breastfeed can be other people closest to them, people they watch on television, and other media or health care professionals. If a mother is exposed to other mothers who successfully breastfeed and care for her baby, they are more likely to succeed on their own because they are encouraged by this role model (Gumussoy et al., 2020). In proactive breastfeeding, peer support is more effective than professional support, demonstrating the centrality of relationships and trust (Thorpe et al., 2020). For new mothers who have never breastfed before, breastfeeding can be facilitated by providing stimulation training using dolls, lactation videos, and discussions with partners who have successfully breastfed (Tseng et al., 2020). Therefore, observations from others can influence mothers in breastfeeding.

### Intention

The intention is the most influential factor in future behavior, and self-efficacy shapes the belief to perform in new situations. Second-time mothers who had limited success in breastfeeding their first child were affected by low intention and self-efficacy in breastfeeding (Kronborg et al., 2018). Intention to perform a behavior is a person's tendency to choose to do or not to do. The intention is determined by the extent to which the individual has a positive attitude towards a particular behavior (Saputri et al., 2020). Therefore, the intention significantly affects the attitude of the mother is breastfeeding her baby.

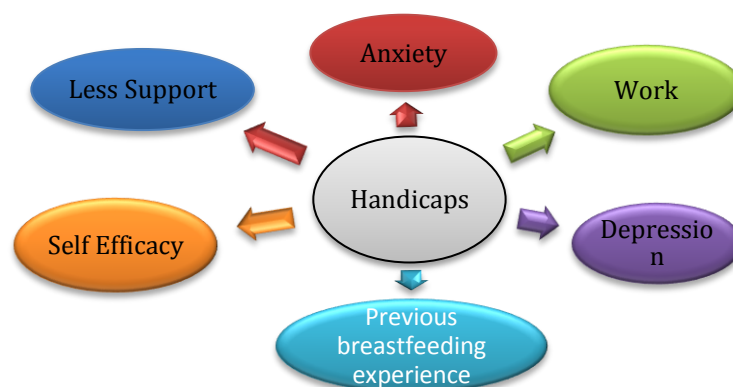


Figure 5. Handicaps

### *Anxiety*

Anxiety is a typical emotional response for nursing mothers and their partners. Mothers with high levels of anxiety are less likely to breastfeed their babies than mothers without anxiety exclusively. Anxiety can also influence husbands to provide breastfeeding support to their wives; breastfeeding rates are lower for women if their husbands experience anxiety (Tseng et al., 2020). The worry, anxiety, and stress felt during the postpartum period can affect the mother's milk production (Wulansari et al., 2020). So that mothers with high levels of anxiety will inhibit exclusive breastfeeding.

### *Profession*

The main reasons mothers who report stopping breastfeeding are returning to work and the lack of adequate breastfeeding support in the workplace (Wang et al., 2019). A mother's employment status has a significant relationship with exclusive breastfeeding (Fahrudin et al., 2020). So, if the mother's workload is high, the mother will experience stress, which will affect the production of breast milk and be the mother's cause to stop breastfeeding because the mother thinks that the milk produced by the mother is not sufficient for the mother's needs of her baby.

### *Depression*

This is consistent with research that mothers who experience depression show an increased risk of early weaning during the first two months of life. A mother's self-confidence tends to be influenced by symptoms of depression (Zubaran & Foresti, 2013). Mothers with depressive symptoms from pregnancy are more prone to premature cessation of breastfeeding (Arami & Mulasari, 2021). So that mothers who experience depression can inhibit exclusive breastfeeding for the first six months of birth.

### *Previous breastfeeding experience*

BSE is determined by the mother's perception of how well she breastfed in the past (Zubaran & Foresti, 2013). Previous breastfeeding experience has a significant role in subsequent breastfeeding behavior (Fianasari et al., 2021). Therefore, if the mother's previous experience is not good, it will inhibit breastfeeding for the subsequent pregnancy.

### *Self-efficacy*

Mothers with high breastfeeding self-efficacy can overcome obstacles or survive through challenges than mothers with low breastfeeding self-efficacy (Brockway et al., 2020). The low level of self-efficacy of breastfeeding mothers has contributed to the failure to achieve exclusive breastfeeding for their babies (Pramanik et al., 2020). The mother's low self-confidence in giving breast milk to her baby will cause the mother to think that her breast milk will not meet the baby's needs, which impacts the mother giving formula milk or other food so that the mother is not achieved in exclusive breastfeeding (Wack et al., 1997; De Gezelle et al., 1983; Manullang et al., 2021).

### *Lack of support*

Lack of partner support to the mother indicates an increased risk of early weaning during the first two months of life (Zubaran & Foresti, 2013). The support provided by the family will increase the success of exclusive breastfeeding; this can be seen from the results of the research were mothers who get support from their families tend to give exclusive breastfeeding because husband's support will affect the mother's psychology so that mothers are more ready to give exclusive breastfeeding (Dewi et al., 2020). So that mothers who do not get support will prevent mothers from exclusively breastfeeding?

### *Impact of self-efficacy*

#### *Determine the mother's quality of life*

Previous research explains a relationship between breastfeeding self-efficacy and quality of life (Mirghafourvand et al., 2017). Increasing a mother's confidence in exclusive breastfeeding will indirectly help mothers determine the necessary actions if there are obstacles or difficulties during the breastfeeding process (Permata et al., 2020). So that mothers with a high level of self-efficacy will lead to a good quality of life for mothers.

### *Depression*

According to previous research, it was explained that at six weeks, three months, and six months postpartum mothers with high BSE reported lower depression (Henshaw et al., 2015). Depressed mothers experience breastfeeding and dissatisfaction during initiating and maintaining behavior (Zubaran & Foresti, 2013). A high level of breastfeeding self-efficacy positively impacts the individual dimensions of self-concept, behavior, moral values, values as family members, and physical appearance (Wulandari et al., 2019). So that mothers with high self-efficacy will be easier to make decisions about the problems that occur and reduce the level of depression.

### *Breastfeeding Success*

According to research (Ip et al., 2016), women's perceived self-efficacy of breastfeeding is very important for successful breastfeeding. The positive impact of breastfeeding support, including face-to-face support and scheduled ongoing contact with health care professionals, influences breastfeeding success (Kronborg et al., 2018). Mothers with high self-efficacy breastfeed longer than those with low self-efficacy (Rahmayanti et al., 2021). Therefore, to increase the success of breastfeeding mothers, support is needed to increase mother's self-efficacy.

### *Efforts to overcome*

#### *Emotional preparation*

Mother's perception of breastfeeding self-efficacy includes efforts to breastfeed the baby, her thoughts about breastfeeding, her emotional readiness to breastfeed, her ability to cover up difficulties during breastfeeding (Gumussoy et al., 2020). It is essential to prepare the mother emotionally to overcome failure in breastfeeding and increase the mother's confidence.

### *Home care*

Providing anticipatory guidance around infant feeding after discharge, including strategies for weaning from pumping, referral to community-based breastfeeding support, and Education around maternal self-care and infant feeding can help reduce premature cessation of pumping and cessation of breastfeeding (Brockway et al., 2020). This strategy is carried out to anticipate mothers and families giving formula milk or additional food other than breast milk, resulting in not achieving exclusive breastfeeding (McCarter-Spaulding & Gore, 2009; Loke & Chan, 2013).

### *Service policy*

Health care institutions and policymakers need to provide health care providers with resources such as compulsory breastfeeding education and information on the Breastfeeding Self Efficacy theory. This increase in training and Education will help health care providers better support mothers to breastfeed directly and position providers to help improve, rather than reduce, mothers' self-efficacy while their babies are in the NICU (Brockway et al., 2020). Psychological measures such as mindfulness-based interventions have been offered to pregnant couples in childbirth education classes to reduce anxiety and depression (Tseng et al.,

2020). Therefore, there is a need for awareness from the community and health workers to carry out existing programs to increase breastfeeding coverage jointly.

### *Skrining*

It was an initial screening of mothers to identify low self-efficacy and the need for additional breastfeeding support. Breastfeeding support provided to mothers with low self-efficacy may include components suggested by Bandura such as skills training with guided practice and feedback, modeling, identification of high-risk situations with coping response planning, and mobilizing social support (Kronborg et al., 2018). Insufficient breastfeeding self-efficacy levels should prompt clinicians to carefully screen for postnatal depression. These associations may need to be considered when providing health care to mothers, including breastfeeding support and advice (Zubaran & Foresti, 2013). Knowing early screening is essential to find out mothers who need more assistance and support in breastfeeding, especially about mothers' self-efficacy in breastfeeding their children.

### *Support*

- Telephone support can serve as valuable additional support given that hospital stays after delivery have been significantly reduced attractive to some mothers, allowing them to express their concerns without stigma. Understanding the mechanisms by which telephone support can best support breastfeeding under these constraints is integral to achieving optimal effectiveness (Thorpe et al., 2020).
- Information support can be obtained from outside the family environment in the form of health cadres, health workers, the influence of public service advertisements in print media, such as posters and leaflets, and electronic media, such as radio and television. This was done to overcome the limited information support obtained by families independently related to exclusive breastfeeding for infants (Nurlinawati & Permatasari, 2016).
- Provide more support for the benefits of focusing breastfeeding interventions on increasing new mothers' confidence in their ability to breastfeed and feeding successfully and further evidence that knowledge and skills can have a positive impact on breastfeeding duration (Tseng et al., 2020). The role of health workers, especially midwives, by involving cadres is vital to change the behavior of mothers so that mothers can provide exclusive breastfeeding to their babies by providing information about the differences in the content of breast milk and complementary foods, the benefits of breastfeeding for babies and how to store breast milk safely if the mother has to work or leave—baby at home. If the mother knows some of these things, the mother's mindset will change so that breastfeeding is exclusive (Nasihah, 2015).

## **4 Conclusion**

Factors that influence breastfeeding are age, education, self-efficacy, psychological, previous breastfeeding experience, verbal persuasion, anxiety, fatigue, observation from others, intention, and Education. The impact of self-efficacy is to determine the quality of life of a mother, reduce depression, and determine breastfeeding success. Efforts that can be made to improve maternal self-efficacy, namely providing optimal support from mothers before pregnancy to mothers giving birth and continuing to pay attention to mothers, can increase mother's confidence in breastfeeding. This finding implies that a deeper understanding of the support given to mothers is needed to increase mother's confidence in breastfeeding.

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