

A Closer Look on the Ground: Breastfeeding Practices, Benefits, and Challenges in Jordan

September 29, 2022

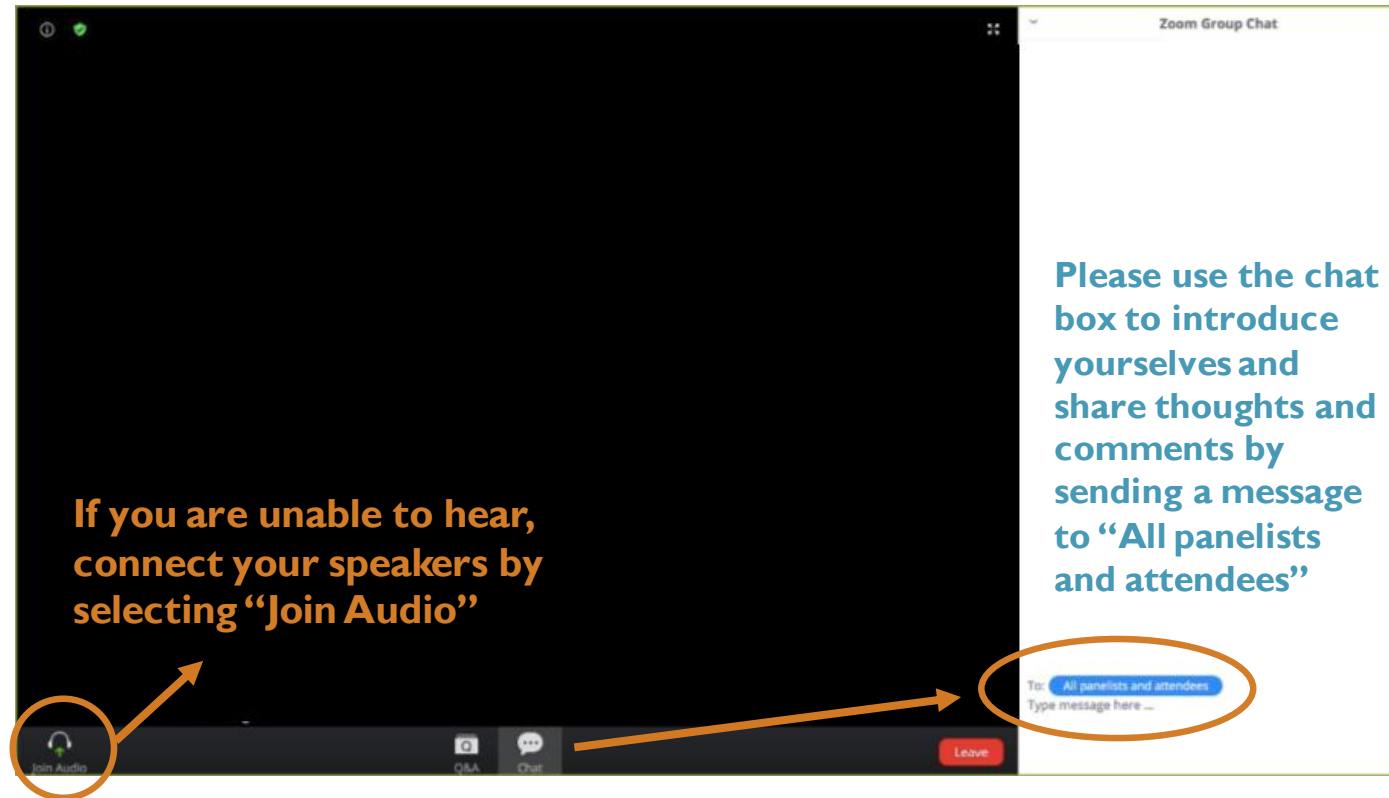
Reem Al Ajlouni | Zeinab Al Bukhari | Ayah Talal Zaidalkilani



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WELCOME TO THE ZOOM WEBINAR

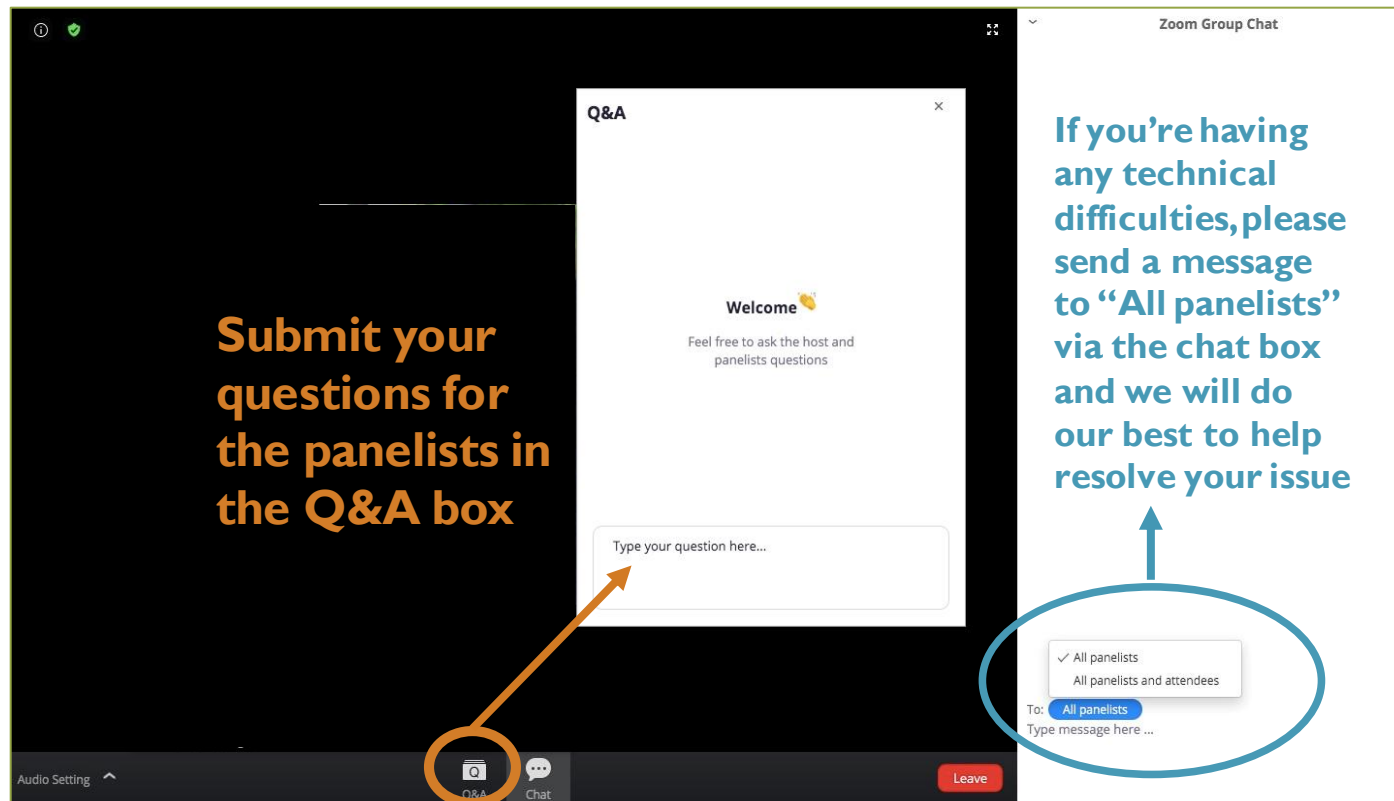


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Q&A AND CHAT



The screenshot shows a Zoom meeting interface. On the left, a large orange text overlay reads: **Submit your questions for the panelists in the Q&A box**. An orange arrow points from the 'Q&A' icon in the bottom toolbar to the Q&A box. The Q&A box is a white window with a 'Welcome' message and a text input field labeled 'Type your question here...'. On the right, a 'Zoom Group Chat' window is open. It contains a blue text overlay: **If you're having any technical difficulties, please send a message to "All panelists" via the chat box and we will do our best to help resolve your issue**. A blue arrow points from this text to the 'To:' dropdown menu in the chat box, which is circled in blue. The dropdown menu shows 'All panelists' selected. The chat box also has a 'Type message here ...' input field and a 'Leave' button at the bottom.



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Jordan Nutrition Innovation Lab Webinar

*A Closer Look on the Ground:
Breastfeeding Practices, Benefits, and Challenges in Jordan*

Thursday, September 29, 2022
2:00-3:30 pm Jordan Time | 7:00-8:30 am US Eastern



REEM AL AJLOUNI

Jordan Breast Cancer Program



ZEINAB AL BUKHARI

Institute for Family Health - CHN



AYAH TALAL ZAIDALKILANI

University of Petra



MOAD AL RAHAMNEH

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STRUGGLES AND BARRIERS TO BREASTFEEDING IN JORDAN

29.09.2022

Dr Ayah Talal Zaidalkilani

University of Petra – Faculty of Pharmacy and Medical Sciences – Department of Nutrition



OUTLINE

Background

Objectives

Research Studies:

- **Study 1:** Perceived Barriers of Breastfeeding among Jordanian Mothers.
- **Study 2:** Predictors and Barriers to Breastfeeding in North Of Jordan: Could We Do Better?

Research Outcomes

Conclusions and Recommendations

List of References



STRUGGLES AND BARRIERS TO BREASTFEEDING IN JORDAN

BACKGROUND

An old and new topic that we all care about due to its endless importance to the mother and the infant's overall health and benefits.

“Good nutrition in early life is essential to lifelong health; therefore, receiving exclusive breastfeeding (EBF) is very important to protect against diseases and prevent morbidity and mortality in infants and young children, including malnutrition and obesity¹”.

STRUGGLES AND BARRIERS TO BREASTFEEDING IN JORDAN

BACKGROUND

“In Jordan, the Jordanian Ministry of Health and UNICEF are supporting Save the Children of Jordan and other community-based organizations in a national breastfeeding awareness campaign in all 12 governorates. Several studies and surveys have been carried out in Jordan, but these are few, and their results over the last 20 years have shown varying rates of breastfeeding. Demographic and Health Surveys conducted in 1997 and 2002 showed that the EBF rates among Jordanian infants less than 6 months old were 12% and 26.7%, respectively¹”.

STRUGGLES AND BARRIERS TO BREASTFEEDING IN JORDAN

BACKGROUND

“In 2014, a study was conducted in Jordan at six main governmental and private hospitals in Amman, Irbid, and Zarqa to investigate the prevalence and barriers of EBF among Jordanian mothers. The results of this study displayed that adherence to EBF as recommended by the WHO was 1% ². “

“On the other hand, a recent study conducted in Northern Jordan to determine the prevalence, predictors, and barriers to EBF found that 33% of the infants received the recommended duration of EBF ³.”

STRUGGLES AND BARRIERS TO BREASTFEEDING IN JORDAN

BACKGROUND

“In southern Jordan, Tamimi and colleagues noted that the rate of breastfeeding was 20.9% in a cross-sectional study of 400 working mothers. However, these studies do not represent all regions of Jordan and thus cannot be generalized ⁴.”



OBJECTIVES



“Maternal and infant benefits of breastfeeding are well documented. However, many parents experience obstacles to achieving their breastfeeding goals, leading to reduced rates of breastfeeding initiation and continuation ⁵.”



OBJECTIVES



“The factors that influence an individual’s desire and ability to breastfeed are varied and include individual parent considerations; practitioner influences hospital barriers; societal factors, such as workplace and parental leave policies; access to lactation support; and social support of their breastfeeding goals ⁵.”

Struggles and Barriers to Breastfeeding in Jordan

OBJECTIVES





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RESEARCH STUDY I

PERCEIVED BARRIERS OF BREASTFEEDING AMONG JORDANIAN MOTHERS

Perceived Barriers of Breastfeeding among Jordanian Mothers

Adlah M. Hamlan RN. Ph.D.,^{1} Mohammad H. Bani Khaled RN. Ph.D.,²
Atallah A. Al Hababbeh. RN. Ph.D.³*



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RESEARCH STUDY I

PERCEIVED BARRIERS of BREASTFEEDING AMONG JORDANIAN MOTHERS

Study Design: A cross sectional descriptive design

Study Population: A sample of 500 Jordanian mothers who gave birth to a healthy full-term infant, and who did not initiate breastfeeding post-delivery or discontinued the process before six months of infant's age.



RESEARCH STUDY I

PERCEIVED BARRIERS of BREASTFEEDING AMONG JORDANIAN MOTHERS

Table 3. Item means of breastfeeding perceived barrier scale (The item mean ranges 1 to 5)

Factors	Items	Mean	SD
Maternal	Breastfeeding is a tiring process	3.9	1.1
	Breastfeeding interferes with mother's sleeping pattern	3.9	1.0
	Breastfeeding is an embarrassing process	3.5	1.4
	Experiencing breast physical problem (cracked nipple) obstructs breastfeeding process	4.4	.65
	lack of knowledge about breastfeeding results on unsuccessful practice	4.1	.7
	Breastfeeding practice could disturb body image	3.4	1.2
	I haven't enough skills to practice breastfeeding	3.0	1.1
	I couldn't practice breastfeeding because of insufficient or no milk	3.2	1.2
	Overall, I am not good at breastfeeding	3.0	1.1
	Having previous bad experience of breastfeeding reduce my ability to do that	3.7	1.2

Study Findings:

RESEARCH STUDY I

PERCEIVED BARRIERS of BREASTFEEDING AMONG JORDANIAN MOTHERS

Table 3. Item means of breastfeeding perceived barrier scale (The item mean ranges 1 to 5)

Infant	Breastfeeding doesn't provide infant with enough nutrition.	4.0	1.2
	Inability of infant to latch on properly make breast feeding more difficult	4.2	.07
	Infant's difficult temperament makes the breastfeeding harder	3.9	0.8
	Infant's physical problem makes breastfeeding very hard	4.0	0.7
	Infant's refusing of breast milk interferes with breastfeeding process	4.4	.61
	Feeling anxious of no enough milk obstruct breastfeeding practice	3.3	1.1

Study Findings:

RESEARCH STUDY I

PERCEIVED BARRIERS of BREASTFEEDING AMONG JORDANIAN MOTHERS

Table 3. Item means of breastfeeding perceived barrier scale (The item mean ranges 1 to 5)

Socio- environment	Breastfeeding in public places is uncomfortable.	4.0	1.1
	Breastfeeding limits social activities with others	4.0	1.0
	Lack of husband encouragement makes breastfeeding practice more difficult.	3.8	1.1
	Return to work affects breastfeeding adversely	4.6	.7
	Long working hours results on diminished milk production	4.5	.7
	Lack of Nurse or midwife encouragement to practice breastfeeding obstructs it's practicing.	3.0	1.1

Study Findings

RESEARCH STUDY II

PREDICTORS AND BARRIERS TO BREASTFEEDING IN NORTH OF JORDAN: COULD WE DO BETTER?

Khasawneh and Khasawneh *International Breastfeeding Journal* (2017) 12:49
DOI 10.1186/s13006-017-0140-y


International Breastfeeding
Journal

RESEARCH

Open Access

Predictors and barriers to breastfeeding in north of Jordan: could we do better?



Wasim Khasawneh^{1*}  and Ayat Abdelrahman Khasawneh²

PREDICTORS AND BARRIERS TO BREASTFEEDING IN NORTH OF JORDAN: COULD WE DO BETTER?

Abstract

Methods: We conducted a cross-sectional survey involving mothers with infants six to twelve months old, at two hospitals in Irbid city in north of Jordan, between December 2016 and March 2017. Questions included demographics, feeding pattern, and reasons for non-exclusive breastfeeding.

Results: Five hundred women were included. Twenty four percent of women were employed and 87% initiated breastfeeding within three hours of birth. The proportion of women with any breastfeeding and exclusive breastfeeding at six months was 76 and 33%. After multivariate logistic regression analysis, predictors of exclusive breastfeeding at six months include the mother's previous experience (Adjusted Odds Ratio [AOR] 7.9, 95% CI 4.69, 13.36) and multiparity (AOR 2.26, 95% CI 1.2, 4.28), while barriers include maternal employment (AOR 0.4, 95% CI 0.22, 0.72), Cesarean delivery (AOR 0.55, 95% CI 0.35, 0.86) and infant's hospitalization (AOR 0.44, 95% CI 0.23, 0.82). Inadequate breastmilk supply and short maternity leave were the main reported reasons for non-exclusive breastfeeding.

Conclusions: In north of Jordan, the majority of women initiate breastfeeding, half practice exclusive breastfeeding after birth while one third continue for six months, particularly those with previous experience. Cesarean delivery and infant's hospitalization, together with maternal employment are among the main barriers. Implementing educational programs and lactation consultant counselling together with work environment support, should be helpful to improve the breastfeeding practice among Jordanian women.

RESEARCH STUDY II

PREDICTORS AND BARRIERS TO BREASTFEEDING IN NORTH OF JORDAN: COULD WE DO BETTER?

Study Design:

Face-to-face cross-sectional structured questionnaire survey was conducted at the outpatient pediatric clinic at King Abdullah University Hospital (KAUH), a tertiary academic hospital of Jordan University of Science and Technology, and at Prince Rashid Military Hospital (PRMH) in the city of Irbid in the north of Jordan, during the period December 2016 to March 2017.

RESEARCH STUDY II

PREDICTORS AND BARRIERS TO BREASTFEEDING IN NORTH OF JORDAN: COULD WE DO BETTER?

Table 2 Pattern of breastfeeding in the first year of life^a

Pattern of BF	At birth [®] <i>n</i> = 500 (%)	At one month <i>n</i> = 500 (%)	At 6 months <i>n</i> = 500 (%)	> 6 months <i>n</i> = 500 (%)
Exclusive	253 (51)	234 (47)	167 (33)	47 (9)
Partial	181 (36)	192 (38)	213 (43)	202 (41)
None	66 (13)	74 (15)	120 (24)	251 (50)

BF Breastfeeding, *At birth*[®] Refers to 48 h after birth

^aData from King Abdullah University Hospital and Prince Rashid Hospital Irbid, Jordan 2017

Study Findings

RESEARCH STUDY II

PREDICTORS AND BARRIERS TO BREASTFEEDING IN NORTH OF JORDAN: COULD WE DO BETTER?

Table 4 Reasons for non-exclusive breastfeeding^a

Causes	n = 333 (%)
Inadequate supply	175 (53)
End of maternity leave	77 (23)
Baby's illness/ hospitalization	45 (14)
Maternal illness	35 (11)
Latching difficulties	17 (5)
Other maternal causes:	
Breast issues	18 (5.4)
Getting pregnant	11 (3.3)
Use of contraceptives	2 (0.6)
Other infant causes:	
Multiple gestation	11 (3.3)
Jaundice	8 (2.4)
Poor weight gain	5 (1.5)

^aData from King Abdullah University Hospital and Prince Rashid Hospital Irbid, Jordan 2017

Study Findings:

RESEARCH OUTCOMES

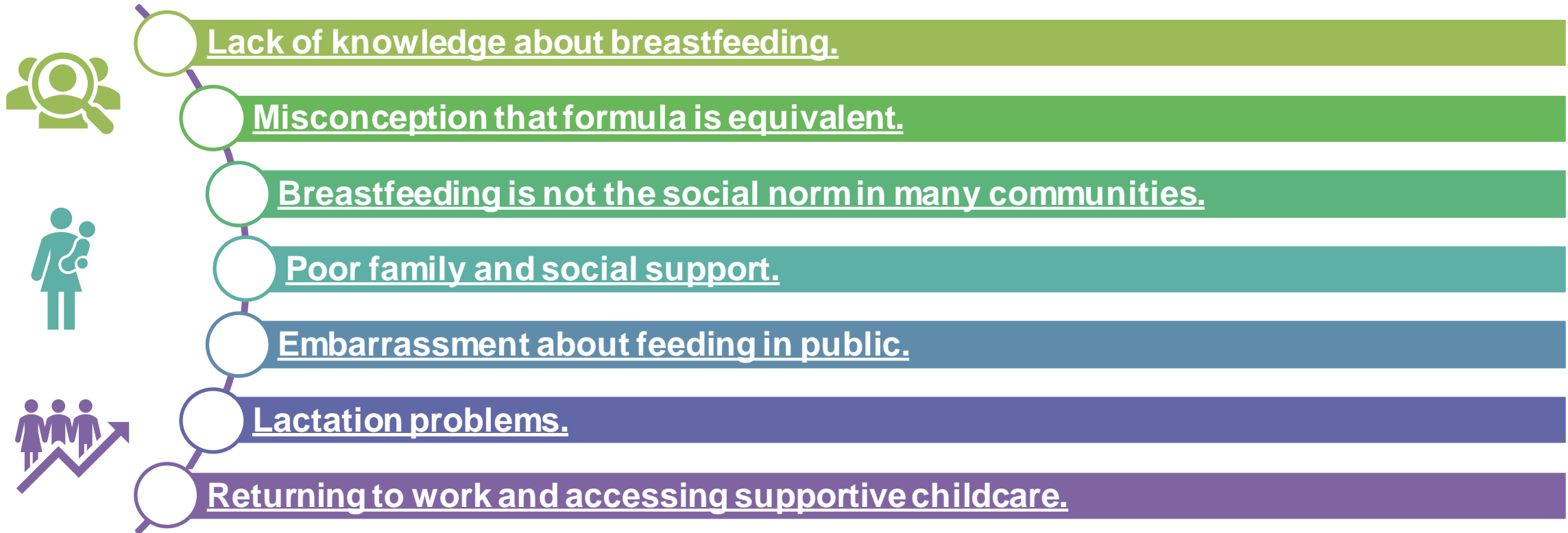
WHAT'S NEXT ???





RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING





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RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

Ejie *et al.* *International Breastfeeding Journal*
<https://doi.org/10.1186/s13006-021-00380-6>

(2021) 16:44


International Breastfeeding
Journal

REVIEW

Open Access

A systematic review of qualitative research on barriers and facilitators to exclusive breastfeeding practice in sub-Saharan African countries



Izuchukwu Loveth Ejie^{1,2*} , George Uchenna Eleje^{3,4}, Moriam Taiwo Chibuzor^{4,5}, Maureen Ugonwa Anetoh^{1,2}, Ifeoma Jovita Nduka^{1,2}, Ifeoma Blessing Umeh^{1,2}, Brian Onyebuchi Ogbonna¹ and Obinna Ikechukwu Ekwunife^{1,2}



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RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

“In a recent systematic review, several studies have shown that different factors including social status, level of education, maternal age, lack of parental support, living with a partner, employment status, parity, place of delivery, smoking during pregnancy and the presence of Baby-friendly Hospital Initiative policies are associated with EBF in high-income countries (6, 7).”

Ejie et al. *International Breastfeeding Journal*
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RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

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“Similarly, in low-income countries sociodemographic factors like maternal age, education, employment, residency, cultural and religious practices, in addition to living arrangements, antenatal care practices, home delivery and professional assistance at birth have been shown to be associated with suboptimal breastfeeding practices (8-13).”

RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

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Twenty studies involving 800 and 36 participants from 11 countries were included.

RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

“Fifteen studies employed a qualitative study design; three employed a mixed-method study design, one involved a case- study and another adopted phenomenological approach. All studies used either in-depth interviews (n = 8) or focus group discussions (n = 8), or both (n = 4).”

“Of the 20 studies, 15 evaluated both the barriers and facilitators of EBF practice, four evaluated barriers to EBF practice only and 1 assessed the facilitators of exclusive breastfeeding practice only.”

RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

Table 1 Major themes and sub-themes of barriers to EBF practice

Themes	Sub-themes	Codes	Studies
1. Maternal-infant factors	1.1 Maternal factors	1.1.1. Mother's formal (employment) and informal work schedules	[26–33]
		1.1.2 Perceived breast milk insufficiency	[26–28, 31–38]
		1.1.3 Concerns of effects on mother's appearance	[28, 31, 38, 39]
		1.1.4 Poor understanding/lack of awareness of EBF benefits	[32, 34, 35, 40]
		1.1.5 Being HIV positive or fear of transmitting HIV infection to the child	[31, 32, 34, 36]
		1.1.6 Schooling or resuming school or work	[29, 33, 36, 37, 41]
		1.1.7 Poor maternal nutrition	[29, 32–34, 41]
		1.1.8 Maternal perceived discomfort and embarrassment	[26, 28, 29, 31, 33, 39]
		1.1.9 Reluctance to breastfeed in public/disapproval of public breastfeeding	[29, 31, 33, 37]
		1.1.10 Refusal of mothers to breastfeed for several other reasons	[31–34, 41, 42]



RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

1.2 Infant factors

1.2.1 Crying baby

[31, 32, 37, 41, 42]

1.2.2 Infant's difficulty in latching or positioning or refusal to breastfeed

[31, 33, 37]

1.2.3 Infant other issues

[30–32]

1.3 Breast-related factors

1.3.1 Some breast conditions (cracked, painful or sore nipples)

[27, 28, 30, 32, 33, 42]

1.3.2 Breast milk lightness and lousy odour

[39]

RESEARCH OUTCOMES

1. IDENTIFYING THE MAIN BARRIERS TO BREASTFEEDING

2. Support structures related factors	2.1 Family influence	2.1.1 Influence of husband	[26, 28, 29, 31, 33, 35, 37, 39]
		2.1.2 Influence of mother/mother-in-law/grandmother	[27, 29, 31, 33, 37–39, 41]
		2.1.3 Influence of other family members and important others	[27, 28, 31–37, 41, 43]
	2.2 Influence of health systems	2.2.1 Influence of advice or messages shared by HCWs	[28, 30, 33, 36, 37, 41]
		2.2.2 Inadequate breastfeeding education, counselling, and support by HCW	[28, 33, 38]
	2.3 Influence of workplace	2.3.1 Lack of workplace support	[28, 29, 40]
		2.3.2 Short and/or unpaid maternity leave	[28, 40, 41]
3. Influence of traditional and sociocultural beliefs	3.1 Use of herbal concoctions for medicinal purposes	3.1.1 Use of traditional herbal concoctions as medicine	[26, 32, 34, 39]
	3.2 Norms and beliefs	3.2.1 Traditional / cultural practices, myths, and misconceptions about EBF	[29–35, 39, 42–44]

CONCLUSIONS AND RECOMMENDATIONS

(CONCLUSIONS)



CONCLUSIONS AND RECOMMENDATIONS

(RECOMMENDATIONS)

The American College of Obstetricians and Gynecologists (ACOG) makes the following recommendations to support initiation and continuation of breastfeeding:

1. The American College of Obstetricians and Gynecologists supports individuals' informed decision making about breastfeeding, free from commercial influence, coercion, and bias. Parents have the right to make their own informed choice about whether or not to breastfeed.
2. For those parents who desire to breastfeed, the obstetrician–gynecologist should use a multidisciplinary approach that involves practitioners, community lactation support, family members, employers, and childcare providers to help parents overcome obstacles and obtain the benefits of breastfeeding for themselves and their infants.

CONCLUSIONS AND RECOMMENDATIONS

(RECOMMENDATIONS)

3. The American College of Obstetricians and Gynecologists recommends that practitioners educate parents about the benefits and mechanics of breastfeeding and encourages clinicians, nursing staff, and government assistance agencies to advocate for policy changes that facilitate breastfeeding, including lactation programs, both within hospitals and in the community.
4. To benefit the parent–child dyad, including promoting the opportunity to breastfeed, ACOG recommends paid parental leave, with maintenance of full benefits and 100% pay, for a minimum of 6 weeks.
5. Obstetrician–gynecologists and other health care professionals should strongly advocate for policies that enable breastfeeding, including paid parental leave and break time for persons to express milk in the workplace.



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TAKE HOME MESSAGE



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Contact Details

Dr Ayah Talal Zaidalkilani

Email: ayah.zaidalkilani@uop.edu.jo

Department of Nutrition – Faculty of Pharmacy and Medical Sciences
University of Petra – Office 8402



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Jordan Nutrition Innovation Lab Webinar

*A Closer Look on the Ground:
Breastfeeding Practices, Benefits, and Challenges in Jordan*

Thursday, September 29, 2022
2:00-3:30 pm Jordan Time | 7:00-8:30 am US Eastern



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Jordan Breast Cancer Program



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Institute for Family Health - CHN



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Challenges of breastfeeding practices in Jordan: Real-life experiences

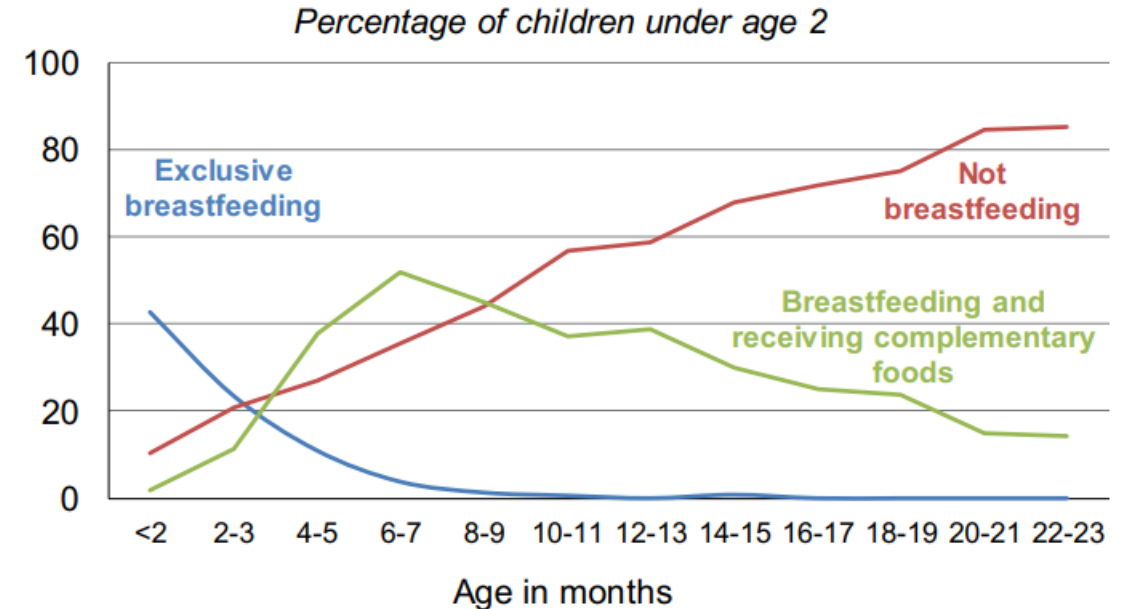
29/9/2022

Zeinab Albukhari, IBCLC, MS, BA,
Institute for Family Health, Community Health and Nutrition project

BREASTFEEDING SITUATION IN JORDAN – DHS 2018

- **Breastfeeding:** 92% of children are breastfed at some point in their life. Two in three children (67%) were breastfed within 1 hour of birth, and 83% were breastfed within 1 day of birth. Contrary to recommendations, 43% receive a prelacteal feed.
- **Exclusive breastfeeding:** Only 1 in 4 (26%) infants under age 6 months are exclusively breastfed, and the median duration of exclusive breastfeeding is less than 1 month.

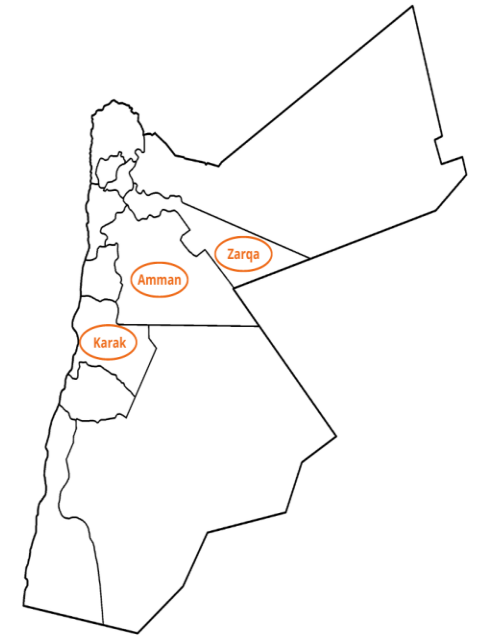
Figure 11.1 Breastfeeding practices by age



COMMUNITY HEALTH AND NUTRITION - KEY BEHAVIORS

CHN aims at achieving measurable improvements in six maternal, infant, and young child nutrition (MIYCN) and postpartum family planning (PPFP) behaviors:

1. Mothers initiate breastfeeding within one hour of delivery
2. Mothers breastfeed exclusively for six months after birth
3. Caregivers feed adequate amounts of diverse, nutritious, age-appropriate complementary foods to children from 6-23 months while continuing to breastfeed
4. After a live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months
5. Pregnant women consume adequate amounts of diverse, nutritious foods
6. Families eat adequate amounts of diverse, nutritious foods and avoid unhealthy and sugary food and beverages



CHN - FORMATIVE RESEARCH OBJECTIVE

CHN conducted 3 complementary formative research activities exploring the project's key behaviors with the aim of informing the project's Social Behavior Change (SBC) strategy: objective, target audience and SBC approaches and channels.

1. Insight Gathering activity (IGA)

2. Social Norms Exploration (SNE)

3. Trials of Improved Practices (TIPs)

EARLY INITIATION OF BREASTFEEDING (EIBF) – KEY FINDINGS

- **Knowledge of EIBF and its importance varied across target segment**
- **Awareness about importance of “Colostrum” was significant**
- **Participants who successfully initiated BF post delivery were a minority**
- **Prelacteal feeds are common, reinforced by social norms**
- **Perception of the ideal time for EIBF varied from first hour till after recovery:**

Within the first
hour of birth (8)

Between 1 to 3
hours (9)

After 3 hours
(8)

After the
recovery of the
mother (7)

EARLY INITIATION OF BREASTFEEDING - BARRIERS

Barriers:

- Health of mother and child:
 - Mother's health and childbirth delivery method (fatigue from childbirth/ vaginal versus Cesarean section)
 - Health of baby – NICU admission, jaundice
- Delivery context and setting (public verses private hospital)
- Woman's decision not to breastfeed at all
- COVID-19 pandemic

EXCLUSIVE BREASTFEEDING (EBF) – KEY FINDINGS

- General **knowledge** of EBF is **low**.
- Most **challenging period** for EBF: first few days - week after delivery.
- EBF is difficult and uncommon; participants estimated that only around a **third of mothers** in their communities breastfeed exclusively.

EXCLUSIVE BREASTFEEDING (EBF) - BARRIERS

- The most mentioned barrier to EBF was **mother's employment**
- **Health concerns for the mother** (anemia, low calcium levels, fatigue, on medications, new pregnancy) and child (not gaining enough weight)
- **Supply and latch concerns**; an important barrier also expressed by fathers
- **HCP recommendation** on use of formula when baby *does not gain enough weight*
- **Social norms encouraging** women to **introduce solid foods before six months** (old females in family)

CONTINUED BREASTFEEDING (FOR UP TO 2 YEARS) – KEY FINDINGS

- **Average duration of intended BF:** 18.6 months (Karak:20.2; Amman 17.7); (experienced mothers 20; first time mothers 16.9)
- Continued BF for up to 2 years was perceived as **uncommon** and **an impossible goal**
- Participants expressed **positive impacts of continued BF** on child, mother, family (financial burden) and society
- Women **most likely** to BF for 2 years: loyal, are in good health, committed to religion (as per the Quran preaching), or unemployed
- Women **less likely** to BF for 2 years: spending lots of time outside the house, employed, anxious about appearance, wanting to get pregnant again soon, and women who have health challenges

CONTINUED BREASTFEEDING - BARRIERS

- HCPs: most common influencer on women's choice to breastfeed for up to two years
- **Barriers:**
 - Lack of supportive environment (e.g. women's employment)
 - Social beliefs *"BF for two years is considered too old"; "breastmilk loses its nutritional value over time"; "insufficient milk for the next child she bears"*
 - Challenge on mother, her health and ability to take care of herself and fulfill her responsibilities

CHALLENGES OF BREASTFEEDING PRACTICES IN JORDAN: REAL-LIFE EXPERIENCES AS IBCLC

Cases who approaches IBCLC:

- After discharge and during the first week postpartum (after the milk come in)
- Mothers who start giving formula to their infant at hospital or during the first week postpartum
- Mothers facing difficulties in positioning and attachment, suffering from pain during breastfeeding
- Mothers having breast and nipple conditions
- Mothers of infant in NICU
- Mothers think her milk supply is not enough/ milk supply is not enough

CHALLENGES OF BREASTFEEDING PRACTICES IN JORDAN: REAL-LIFE EXPERIENCES AS IBCLC

Cases/mothers profile:

- First time mothers
- Educated (Bachelor degree or more)
- Believe in breastfeeding and have good knowledge & information about breastfeeding
- Mothers from other nationality

CHALLENGES OF BREASTFEEDING PRACTICES IN JORDAN: REAL-LIFE EXPERIENCES AS IBCLC

Women employment:

- Workplaces not supporting EBF in terms of nursery availability, decent place for milk pumping (expression), providing mothers with 1 hour leave for breastfeeding, maternity leave duration.

Health care providers:

- HCPs not supporting breastfeeding practices
- HCPs may promote the use of formula
- May provide misconceptions



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CHALLENGES OF BREASTFEEDING PRACTICES IN JORDAN: REAL-LIFE EXPERIENCES AS IBCLC

Health conditions for mother and infant and separation:

- Lack of support from HCPs in case of health condition for mother or infant, in case of separation.
- Lack of knowledge by HCPs to support mother (suffering from health conditions) to continue breastfeeding.



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CHALLENGES OF BREASTFEEDING PRACTICES IN JORDAN: REAL-LIFE EXPERIENCES AS IBCLC

- Poor implementing of BMS code – the intensive marketing for formula even some health care providers.
- Unsuccessful previous breastfeeding experiences.
- Lack of knowledge with the benefits of breastfeeding (for both mother and child) by mothers and families.
- No equity in knowledge/information received by mothers and families (different areas/different channels/ different information and knowledge).
- No decent places/area supporting breastfeeding in public.

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Jordan Nutrition Innovation Lab Webinar

*A Closer Look on the Ground:
Breastfeeding Practices, Benefits, and Challenges in Jordan*

Thursday, September 29, 2022
2:00-3:30 pm Jordan Time | 7:00-8:30 am US Eastern



REEM AL AJLOUNI

Jordan Breast Cancer Program



ZEINAB AL BUKHARI

Institute for Family Health - CHN



AYAH TALAL ZAIDALKILANI

University of Petra



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Friedman School of
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Breastfeeding for Cancer Prevention

Reem Al-Ajlouni
JNIL Webinar
9/29/2022

WE ALL KNOW THAT THERE ARE MANY BENEFITS TO BREASTFEEDING

It provides many health
benefits for infants and babies.



It also has many health
benefits for mothers.

**It's important to know that breastfeeding helps not only the baby's health but also the
mother's health too!**

DID YOU KNOW THAT BREASTFEEDING CAN LOWER A MOTHER'S RISK FOR SOME CANCERS?

Breastfeeding lowers a mother's risk of (CDC 2019).



High Blood
Pressure



Type 2
Diabetes



Breast
Cancer



Ovarian
Cancers

BREASTFEEDING LOWERS THE RISK OF BREAST CANCER

A pooled analysis of data from **47 studies** by the Lancet found that compared to mothers who never breastfed:

- Mothers who breastfed for a lifetime total (combined duration of breastfeeding for all children) of one year were slightly less likely to get breast cancer.
- Mothers who breastfed for a lifetime total of 2 years got about twice the benefit of those who breastfed for a total of one year.
- Mothers who breastfed for a lifetime total of more than 2 years got the most benefit.
- Although data are limited, breastfeeding for less than one year may also be linked to a lower risk of breast cancer.

HOW DOES BREASTFEEDING LOWER THE RISK OF BREAST AND OVARIAN CANCERS?

One reason may be that when a woman is breastfeeding, she experiences hormonal changes that may delay the return of her menstrual periods. This reduces her lifetime exposure to hormones such as estrogen, which are linked to an increased risk of breast and ovarian cancers. (CDC 2019).

It is suggested that:

- Making milk 24/7 limits breast cells' ability to misbehave
- Most women have fewer menstrual cycles when they're breastfeeding (added to the 9 missed periods during pregnancy) resulting in lower estrogen levels
- Many women tend to eat more nutritious foods and follow healthier lifestyles (limit smoking and alcohol use) while breastfeeding

BREASTFEEDING FOR WOMEN WITH BREAST CANCER

- Women with breast cancer who breastfed have 30% lower risk of recurrence, and are 28% less likely to die from the disease compared to women with breast cancer who did not breastfeed (Kwan et al 2015). (Reasons are not known why women who breastfed have less aggressive cancers.)

- **Breastfeeding is Possible After Breast Cancer Diagnosis**

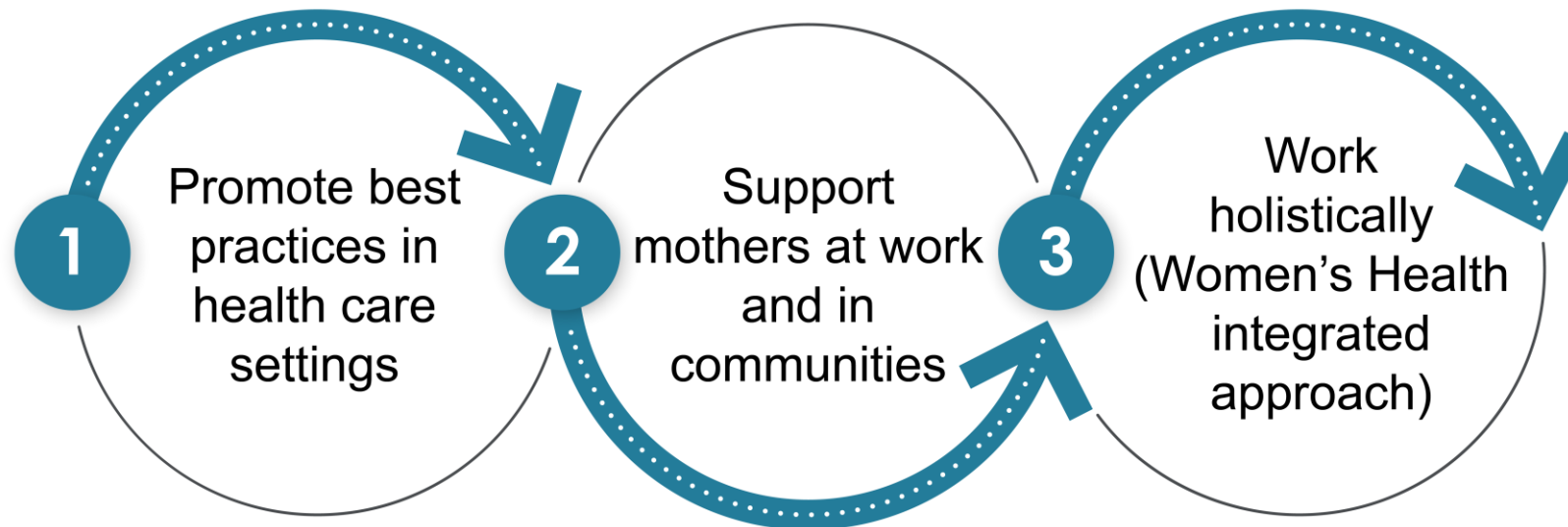
Breastfeeding can be feasible for some breast cancer survivors. Successful breastfeeding requires multilevel support and expert advice. (Bhurosy, et al 2021)

BREASTFEEDING LOWERS THE RISK OF CANCER BUT IT DOES NOT ELIMINATE IT

- A systematic review yielded 30 case-control studies and 1 cohort study published between 1999 and 2007. Of the 27 studies that assessed the effect of ever breastfeeding compared with never breastfeeding, only 11 found significant protection against breast cancer. Of the 24 studies of the effect of breastfeeding duration, only 13 found a reduced risk of breast cancer with extended lactation.



WHAT CAN WE DO TO INCREASE BREASTFEEDING RATES?



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- **Anstey, E. and Kincaid, G. (2019)** “Breastfeeding for Cancer Prevention”, *CDC blogs*, [Breastfeeding for Cancer Prevention | Blogs | CDC](#)
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Q&A



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