



## How should father support be in breastfeeding? A systematic review\*

### Emzirmede baba desteği nasıl olmalı? Sistemik derleme

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#### ABSTRACT

**Aim:** Breastfeeding is the newborn's best chance for a good start in life. Breastfeeding is seen primarily as the mother's duty. However, the participation and support of the father as well as the mother in breastfeeding will help breastfeeding to be more effective and long-lasting. The purpose of this systematic review is to seek answers to the question "How should father support be in breastfeeding?" **Materials and Methods:** The study was carried out based on a literature review on Web of Science, Pubmed, Scholar Google, EBSCO Host, and Science Direct databases. The keywords used in the search were "father support," "paternal support," "father's role," and "breastfeeding". The search strategy was prepared by using MESH (Medical Subject Headings) terms. All qualitative studies on the subject were discussed. **Results:** A total of 177 studies were examined. 11 studies were included in the review. The main themes obtained; emotional support, giving support in practical matters, having knowledge about breastfeeding and breast milk, developing a positive attitude towards breastfeeding, and active involvement in the decision-making process. **Conclusion:** Fathers' knowledge about and attitudes towards breastfeeding, involvement in the decision-making process, and their practical and emotional support about breastfeeding were highly important in terms of the initiation and continuation of breastfeeding and the mother's coping with the problems in the breastfeeding process. When fathers receive counseling services together with mothers and take part in education programs, this will enable them to have a positive attitude towards breastfeeding and to be effective on mothers' decisions.

#### ÖZ

**Amaç:** Emzirme, yenidoğanın hayata iyi bir başlangıç yapması için en iyi şansdır. Emzirme öncelikli olarak annenin görevi olarak görülmektedir. Ancak emzirmeye anne kadar babanın da katılımı ve desteği emzirmenin daha etkili ve uzun süreli olmasına yardımcı olacaktır. Bu sistemik derlemenin amacı "Emzirmede baba desteği nasıl olmalıdır?" sorusuna cevap aramaktır. **Gereç-Yöntem:** Çalışma, Web of Science, Pubmed, Scholar Google, EBSCO Host ve Science Direct veritabanlarındaki literatür taramasına dayalı olarak gerçekleştirilmiştir. Aramada kullanılan anahtar kelimeler "baba desteği", "babanın rolü" ve "emzirme" idi. Arama stratejisi MESH (Medical Subject Headings) terimleri kullanılarak hazırlanmıştır. Konuyla ilgili tüm nitel araştırmalar ele alınmıştır. **Bulgular:** Toplam 177 çalışma incelenmiştir. İncelemeye 11 çalışma dahil edilmiştir. Elde edilen ana temalar; duygusal destek, pratik konularda destek verme, emzirme ve anne sütü hakkında bilgi sahibi olma, emzirmeye karşı olumlu tutum geliştirme ve karar verme sürecine aktif katılım sağlamaktır. **Sonuç:** Babaların emzirme konusundaki bilgi ve tutumları, karar verme sürecine katılmaları, emzirme konusunda pratik ve duygusal destekleri, emzirmenin başlatılması ve sürdürülmesi ve annenin emzirme sürecindeki sorunlarla baş etmesi açısından oldukça önemlidir. Babaların annelerle birlikte danışmanlık hizmeti almaları ve eğitim programlarına katılmaları onların emzirmeye karşı olumlu tutum geliştirmelerini ve annelerin kararlarında etkili olmalarını sağlayacaktır.

#### ARTICLE INFO/MAKALE BİLGİSİ

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#### INTRODUCTION

Breastfeeding is a newborn's best chance for a good start in life. It protects the newborn against respiratory system diseases, gastroenteritis, malnutrition and allergies (1-3). It also reduces the risk of developing hypertension, diabetes and obesity in adulthood. Not being breastfed and being deprived of breast milk can negatively affect mother-infant attachment, lead to a decrease in self-esteem in the child and depression in adulthood and cause premature death and disability(1).

Breastfeeding also has some effects on mothers, for example, it reduces the risk of breast cancer, ovarian cancer, obesity, and diabetes and increases adaptation to the motherhood role (1,4). Many evidence-based approaches show that breastfeeding has significant contributions to maternal and child health in particular and to the national and global economy and welfare in general (5-8).

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) state that breast milk



has an important role in increasing the life expectancy and quality of life of infants and recommend that “every baby should be exclusively breastfed for six months from birth, without even giving water and that breastfeeding should continue with complementary foods until at least two years of age” (9). According to the WHO report, if optimal breastfeeding is provided within the first two years postpartum, the mortality of children under the age of five can be greatly reduced. Despite all the known benefits of breast milk, according to WHO and UNICEF data, the rate of exclusive breastfeeding for the first 6 months is 44% worldwide. These rates vary by country and are reported as 14.4% in Canada, 31.9% in Kenya, 13.1% in Nigeria, 14% in Switzerland, and 13.6% in the United States (10). According to the 2018 findings of the Turkey Demographic Health Survey (TDHS), the rate of exclusive breastfeeding is 41% in our country (11). These data show that although breastfeeding is strongly encouraged, breastfeeding rates are not sufficient.

There are many reasons for low breastfeeding rates. According to the WHO, adequate social support for women is an important criterion for positive breastfeeding rates (12). Breastfeeding requires a process, and the woman needs some support mechanisms throughout this process (13). In addition to the support and education from healthcare professionals, the support from the social environment is seen as very critical in this period, and much more attention has been drawn recently to the father support. There is strong empirical evidence that fathers have a major influence on breastfeeding decisions and continuance (14–17).

Breastfeeding is primarily seen as the duty of the mother, but the support and involvement of the father in breastfeeding helps to make breastfeeding more effective and long-lasting (16–19). In a meta-analysis study, it was determined that father support had a two-fold positive effect on exclusive breastfeeding for six months (20). The role of fathers in supporting exclusive breastfeeding for the first six months has been added to the “ten steps to effective breastfeeding strategy” published by the WHO (21). In addition to these, some studies have shown that father support is preferred by mothers as the primary support in breastfeeding. However, there are gaps in the literature on exactly how this support should be, its content and what should be understood from paternal support. It is thought that it will be useful to examine qualitative studies in which people’s feelings, thoughts and experiences are examined in detail. The purpose of this systematic review is to seek answers to the question “How should father support be in breastfeeding?”

## MATERIALS AND METHODS

### Design and eligibility criteria

This systematic review was conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines (22). In this study, qualitative studies on evaluating the views of fathers whose partner/wife was actively breastfeeding and mothers who were actively breastfeeding about spousal support in breastfeeding were systematically discussed. According to the inclusion criteria, the study consisted of studies that were conducted with actively breastfeeding mothers or fathers whose wife/partner was actively breastfeeding, whose topic was associated with the breastfeeding support given by the fathers to the mothers, in which qualitative research methods were used, which were published in a national or international peer-reviewed journal, which had scientific quality, which was published in the English language, and whose full text was available.

### Search strategy

The literature review of this systematic review conducted to examine how father support should be in breastfeeding was carried out on Web of Science, Pubmed, Scholar Google, EBSCO Host, and Science Direct databases. No date limitations were set during the literature review. The electronic database search covered all the records on the databases until December 31, 2021. The keywords used in the search were “father support,” “paternal support,” “father’s role,” and “breastfeeding.” The search strategy was established by using Medical Subject Headings (MESH) terms. The following search term and keyword combinations were used in the database search: “breastfeeding” AND “qualitative” AND “father support” OR “father’s role” OR “paternal support”

To determine the articles to be included in this systematic review, the literature was searched independently by two authors and examined in terms of methodological quality and suitability. The quality and relevance of the evidence in the studies were evaluated by using the Mixed Methods Appraisal Tool (MMAT) Version 2018 (23). The authors discussed the situation and reached a consensus regarding the selection of articles to be included in the study. Potentially eligible studies and corresponding full-text articles were obtained, and they were investigated whether they met the inclusion criteria. Details on the study selection process were reported on a flowchart (Figure 1). The risk of bias for all included study was examined independently by the two authors following the criteria of the Cochrane risk of bias tools and taking into account differences in study designs

(24). Ethical approval was not required for this study as primary data were not collected (Figure 1).

### Selection of eligible studies

The studies covered in this systematic review were conducted between 2009 and 2022. The full texts of the studies published in English were included in the study. Duplicate articles, review articles, letters to the editor, and case reports were excluded from the systematic review. Abstracts of the full-text articles were reviewed according to inclusion and exclusion criteria. The first and second authors resolved uncertainties regarding the suitability of the studies, if any, through discussion.

## RESULTS

### Study selection

As a result of the search conducted on the databases, a total of 177 articles, including 50 from Web of Science, 34 from Pubmed, 33 from Scholar Google, 42 from EBSCO Host, and 18 from Science Direct, were reached (Table 1).

Studies that did not meet the inclusion criteria or that were repeated in the searched databases were not included in the study. As a result, 26 articles were evaluated for review within the scope of the study (Figure 1).

As a result of the full-text evaluation of the articles, 15 articles were excluded because they were outside the main subject of the study. Accordingly, 11 articles formed the universe of the research. Table 2 shows these articles and the databases that they were obtained from.

### Study characteristics

The studies included in this review had been planned in a qualitative research design and in this context, focus group interview, in-depth interview, phenomenology, and semi-structured interview techniques were used in these studies. While the sample in two of the studies included in the systematic review consisted of mothers and fathers, only fathers were included in the sample of the remaining seven studies. It was determined that the sample size of the studies ranged between 6 (phenomenology) and 121 (focus group interviews). In this study, 11 research articles were examined. The findings were grouped as “study type, study design, sample characteristics, purpose, inclusion criteria, and results”. Table 3 presents the findings.

### Evidence from the reviewed studies

Eleven research articles were examined in this study. The findings were grouped as “study type, study design, sample characteristics, purpose, inclusion criteria, and results obtained.” Table 3 presents the related findings.

**Table 1.** Electronic database scanning process

<p><b>The total number of articles reached as a result of the search n=177</b>                  Scholar Google (n=12) "breastfeeding" and "father support"                  Scholar Google (n=10) "breastfeeding" and "father's role"                  Scholar Google (n=11) "breastfeeding" and "paternal support"  <b>Scholar Google Total (n=33) / [Title/Abstract]</b>                  Pubmed (n=7) "breastfeeding" and "father support"                  Pubmed (n=8) "breastfeeding" and "father's role"                  Pubmed (n=19) "breastfeeding" and "paternal support"  <b>Pubmed Total (n=34) / [Title/Abstract]</b>                  Science Direct (n=11) "breastfeeding" and "father support"                  Science Direct (n=2) "breastfeeding" and "father's role"                  Science Direct (n=5) "breastfeeding" and "paternal support"  <b>Science Direct Total (n=18) / [Title/Abstract]</b>                  EBSCO Host (n=9) "breastfeeding" and "father support"                  EBSCO Host (n=18) "breastfeeding" and "father's role"                  EBSCO Host (n=15) "breastfeeding" and "paternal support"  <b>EBSCO Host Total (n=42)/Refined by: Academic, Peer-reviewed Journals and Language: English</b>                  Web of Science (n=22) "breastfeeding" and "father support"                  Web of Science (n=13) "breastfeeding" and "father's role"                  Web of Science (n=15) "breastfeeding" and "paternal support"  <b>Web of Science Total (n=50) / [Title/Abstract]</b></p>
<p><b>Number of articles reviewed as full text n=26</b></p>
<p><b>Number of articles included in the research n=11</b></p>

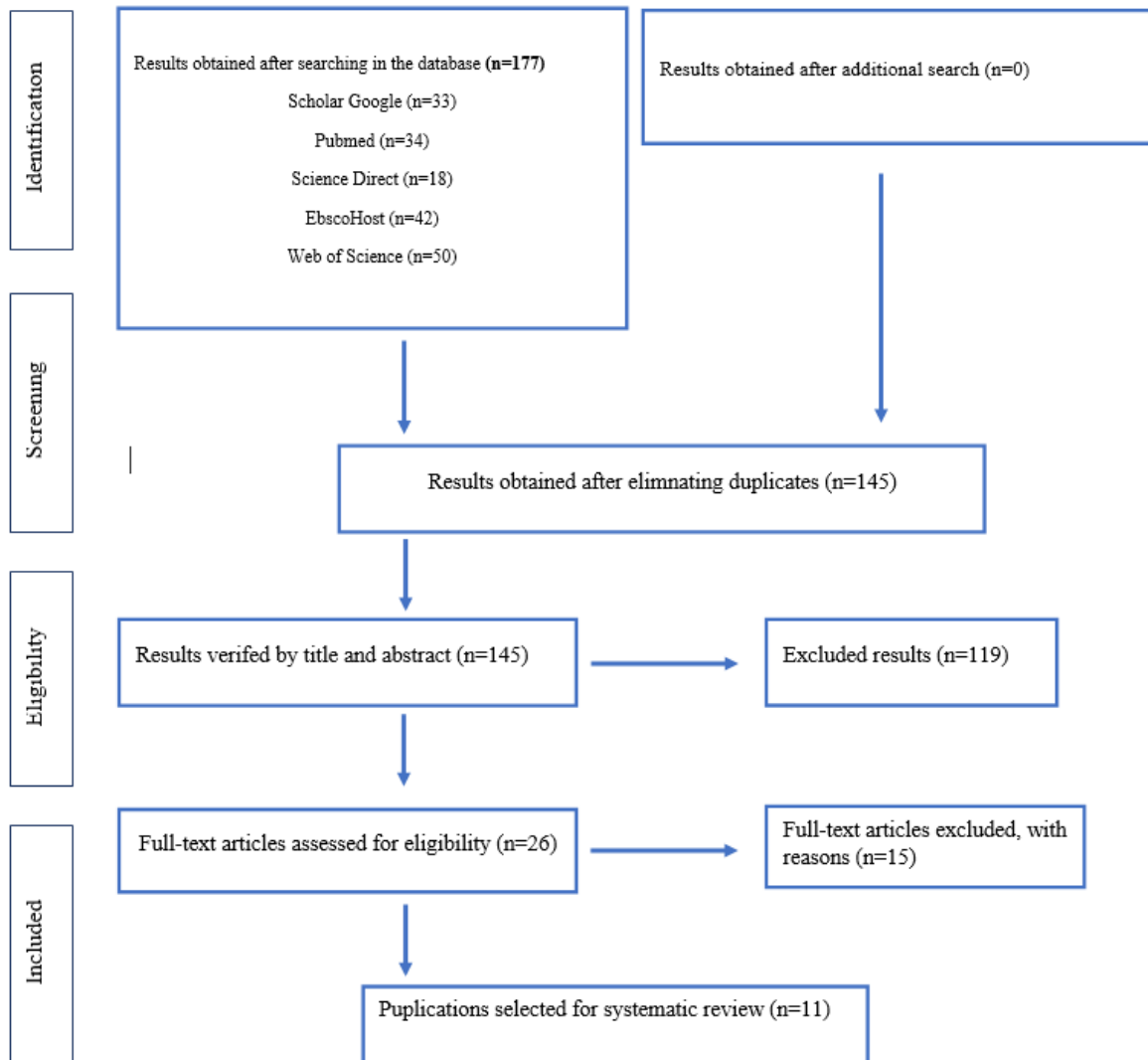


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart for selection of eligible studies

Table 2. Classification of articles included in the study according to databases

Database	Writers
Scholar Google	Tohotoa et al., 2009; Henderson et al., 2011; Avery & Magnus, 2011; Muda et al., (2017)
Pubmed	Tohotoa et al., 2009; Mithani et al., 2015; Hounsome & Dowling,2018; Merritt et al., 2019; Srisopa & Lucas, 2021
Science Direct	Tohotoa et al., 2009; Demontigny et al., 2018; Srisopa & Lucas, 2021; Lundquist et al., 2022
Web of Science	Tohotoa et al., 2009; Sherriff & Hall, 2011; Mithani et al., 2015; Demontigny et al., 2018; Srisopa & Lucas, 2021; Lundquist et al., 2022
EbscoHost	Tohotoa et al., 2009; Srisopa & Lucas, 2021; Lundquist et al., 2022

**Table 3.** General characteristics of the articles included in the study

Author (Year)	Study design, data collection method	Population and sample	Inclusion criteria	Purpose of the study	Results/themes obtained
Tohotoa et al. (2009)	Qualitative study Focus group interview	48 mothers 28 fathers	-Speaking English, - Mothers or fathers of a breastfed baby	To determine the nature of paternal support.	-Mothers expect practical support and emotional support. -Fathers want to be informed adequately and see that their opinions are valued.
Sherriff & Hall (2011)	Qualitative study Individual in-depth interview technique	8 fathers	-Age range: 28-47 -Living in England, -Having a baby of 6 -11 months -Selected among the husbands of women who were participants in a previous study	To determine fathers' views on breastfeeding	- Giving help by imitating the health professionals who come home to visit (holding and sitting position during breastfeeding, etc.) - Finding formula feeding more practical due to the lack of effective and practical knowledge
Henderson et al. (2011)	Qualitative study Focus group interview	28 fathers (5 focus groups)	Young, white, and low-income men	To evaluate fathers' perceptions on infant feeding	Themes related to breastfeeding: -Social behavior -Sexuality -Shame
Avery & Magnus (2011)	Qualitative study Focus group interview	121 participants 81 females, 40 males (18 focus group interviews)	Having a baby of younger than 12 months	To determine breastfeeding perceptions of women and their partners	Sharing the baby and sharing the care and household jobs, - Disapproval of breastfeeding in public and social environments, -Not conceptualizing the father as an assistant in the breastfeeding process, instead putting him in the center
1. Mithani et al. (2015)	Qualitative study	12 fathers	-Being healthy, -Fathers whose partners' parity ranged between 2 and 4 - Having at least one child who was breastfed before, -Having a baby who weighed more than 2.5 kg, -No communication problems -Couples who did not use hormonal contraceptive methods	To examine fathers' knowledge, beliefs and practices about breastfeeding in Pakistan	- Supporting breastfeeding due to both mother-baby health and cost-effectiveness, -Giving support to the wife, such as helping with household work; taking care of other children, if any; providing opportunities for the spouse to eat, rest, and sleep; involvement in baby care; accompanying the wife when she gets up to breastfeed the baby at night so that she will not feel lonely -The lack of employer support, lack of paternity leave, lack of family support, and exclusion by healthcare workers are factors that make breastfeeding difficult.

Table 3. (Continue) General characteristics of the articles included in the study

Author (Year)	Study design, data collection method	Population and sample	Inclusion criteria	Purpose of the study	Results/themes obtained
Muda et al. (2017)	Qualitative study Semi-structured interview technique	15 fathers	Not specified	To determine the subjective experiences of fathers in breastfeeding practice	-Ensuring the comfort of the wife -Having faith-based attitudes towards breastfeeding and motivating the wife
Demontigny et al. (2018)	Qualitative study Semi-structured interview technique	43 fathers	-Fathers whose children were exclusively breastfed at least for the last six months	To determine fathers' perceptions of their role in the context of breastfeeding	1) Acting as a partner in decision making, 2) Being responsible for the functioning of the family, 3) Providing emotional support to the mother
Hounsoume & Dowling (2018)	Qualitative study-Phenomenology Semi-structured interview technique	6 fathers	-Selected randomly among fathers coming to a children's center (No details were specified)	To determine fathers' perceptions of their effects on breastfeeding or formula feeding decisions	-Men, who are perceived by their partners as not having the authority to express an opinion on or intervene in breastfeeding, cannot participate very actively in the breastfeeding process.
Merritt et al. (2019)	Qualitative study Semi-structured interview technique	18 fathers	-Having a baby of younger than 12 months	To determine fathers' beliefs, attitudes and behaviors towards breastfeeding	- To provide moral support; to take an active role in baby care; to take care of housework or other children other than baby care; to give support
Srisopa & Lucas (2021)	Qualitative study Semi-structured interview technique	62 mothers	-Being primiparous, -Reading and speaking English - Women who planned to breastfeed for at least 1 month postpartum	To describe how women perceive paternal support for breastfeeding and to identify behaviors that women value during early postpartum breastfeeding	Themes related to father's support in breastfeeding according to women: 1) involvement in breastfeeding decision, 2) being a breastfeeding partner, 3) care of breastfeeding mothers (physical, psychological)
Lundquist et al. (2022)	Qualitative study Semi-structured interview technique	24 mothers	-Being primiparous, - Mothers who stated that they intended to breastfeed before giving birth	To describe the perceptions of mothers who breastfeed for the first time about father support.	1) Factors contributing to fathers' involvement in breastfeeding (establishing communication, affirming self-efficacy, supporting and being involved in breastfeeding, and being interested in learning about breastfeeding). 2) Points to be improved in fathers' involvement in breastfeeding (stepping aside thinking that the mother has the main role; not helping during breastfeeding; lack of understanding)

Tohotoa et al. (25) conducted a qualitative study with mothers and fathers to determine the nature of fathers' support in facilitating breastfeeding and sought answers to the following question as the main theme: "What is the content of breastfeeding support and what can fathers do to positively support their wives' breastfeeding?" According to the results obtained from the answers given by the mothers, the following efforts of fathers were found as positive supportive behaviors for women regarding breastfeeding: helping with household chores, such as preparing food, washing dishes, and picking up clothes; shopping; helping the baby's bath; bringing the baby to the mother for night breastfeeding; comforting the mother by giving her a neck massage; praising and complimenting the breastfeeding effort. The data obtained from men revealed that they wanted to support breastfeeding, but they did not have enough knowledge about the importance of breastfeeding, how to support their wives, or how to cope with some barriers (lack of milk, inability to breastfeed effectively, cracked or bleeding nipples, etc.). As a result of the study, it was determined that supporting breastfeeding meant sharing parenthood for mothers and fathers, mothers expected support from fathers both in practice and emotionally, and that men wanted to receive enough education before birth to actively participate in breastfeeding process.

In their study on fathers' thoughts about breastfeeding conducted with 8 fathers by using the in-depth interview technique, Sherriff & Hall (26) reported that almost all of the fathers thought breastfeeding was much more natural than formula, they found breastfeeding an appropriate practice, but that the literature on this subject mostly included mothers. When asked about their experiences with breastfeeding support, some of the fathers stated that they followed the healthcare personnel coming to home visits and tried to help their wives by doing just as they did (holding the baby and sitting position during breastfeeding, etc.), while others said that they could not give effective support. They stated that formula feeding rather than breastfeeding in this process was a more practical method, which allowed relaxing at night, and that they supported it because it was easier for them, as well. As a result of the study, it was found that fathers were an indispensable part of the puzzle during the breastfeeding process and that they needed to be included in the process in every education program and practice.

In their focus group interviews with low-income men, Henderson et al. (27) aimed to examine how breastfeeding was perceived by fathers in low-income families and their perspectives on breastfeeding. As a

result of the study, fathers considered breastfeeding as a natural process but evaluated it as a difficult and problematic process. It was determined that those who considered female breast as a sexual object and therefore breastfeeding as a sexual activity thought breastfeeding with a bottle was a more appropriate method. At the same time, there were irrational thoughts that breastfeeding damaged body image by causing breast sagging or that all kinds of malignant diseases such as cancer could be transferred to the baby by breastfeeding. This study did not address how fathers supported breastfeeding, but it was found important and included in the study as it revealed why they did not support it and what prevented this.

In their focus group interview with 121 participants, Avery & Magnus (28) determined the main theme regarding father support as sharing the responsibilities for the baby and its care. At the same time, it was stated that in this process, the father should not be conceptualized as an "assistant, helper" but should be put in the center, next to the mother and the baby. In the study, which included male and female participants, it was revealed that neither of the genders had a clear idea about how father support should be, they did not know how support should be in real terms, and they did not think much about it, either. Another result revealed in the study was the belief that breastfeeding in social environments was not considered appropriate by the majority, and that breastfeeding should be continued in more suitable places (at home, in closed, non-crowded environments, etc.).

In their qualitative study with Pakistani fathers, Mithani et al. (29) did some evaluations on fathers' perceptions of breastfeeding and what they saw as facilitating breastfeeding or making it difficult. In the first stage, the fathers were asked questions about the advantages of breastfeeding and feeding with formula, and it was revealed that they found breastfeeding more beneficial for the health of the mother and baby and that they preferred it because it was a much more economical method than formula. When asked about the factors that facilitated or made breastfeeding difficult, the fathers' answers included titles, such as father support, family support, paternity leave, support of health workers, religious beliefs, socio-cultural factors, and economic situation. Most of the fathers stated that they were aware of the fact that they were the biggest support factor in breastfeeding. When asked what they did to give support, responses included helping with housework, taking care of other children, if any, providing opportunities for the spouse to eat, rest, and sleep, getting involved in baby care, and accompanying the wife when she got up to breastfeed the baby at

night so that she would not feel lonely. On the other hand, three of the participants stated that they felt themselves under pressure due to the sexist point of view of society, breastfeeding and baby care were the duties of the mother and that they could be excluded by the society if they helped the mother. In addition, they stated that they worked hard and could not spare time for support, so they could not give enough breastfeeding support to their spouses. As a result of the study, it was determined that fathers were aware of the fact that they played an important role in supporting their wives, but they considered the following as complicating factors: not receiving enough support from their employers, not benefiting from paternity leave adequately, being excluded by healthcare workers, not having enough support from their parents, and having insufficient economic status. In the study, both the individual and social aspects of breastfeeding were emphasized. At this point, it was stated that both education and awareness about breastfeeding were important and that breastfeeding was a serious issue with taboos that needed to be overcome within the framework of gender roles.

In a semi-structured interview with married men conducted by Muda et al. (30) the participants stated they were aware of the importance of breastfeeding for baby health, they talked to their wives about the positives of breastfeeding to support them, and that their beliefs were highly strong. The participants, who stated that the higher their beliefs were, the more their wives were affected by them, stated that they helped their wives' healthy nutrition to ensure their comfort, to share the baby care, to allow their wives to spare time for themselves, and to achieve milk increase.

As a result of the qualitative study conducted by Demontigny et al. (18) with 43 fathers, certain themes were created about how fathers supported their wives in breastfeeding. According to these themes, fathers reached a consensus under the titles of making a joint decision, helping with the housework, and providing emotional support to the mother.

In a qualitative study conducted by Hounsone & Dowling (31) the effects of men on the nutrition decision (breastfeeding, formula) and their sharing of ideas with their wives were examined. As a result of the study, it was revealed that due to the way they were raised, men believed that women had a more dominant right to have a say in breastfeeding decision. In addition, it was stated that men, who are perceived by their partners as not having the authority to express an opinion on or intervene in breastfeeding, could not participate very actively in the breastfeeding process. It was stated that this might occur as a result of women's understanding of

breastfeeding as their own right as well as the fact that men think it is an easier way to leave the responsibility to their partner.

In their study with 18 fathers, Merritt et al. (32) stated that fathers saw breastfeeding as a positive situation, but that they considered it as the mother's decision and felt themselves outside of this cycle. In addition, the fathers in the study stated that they were generally ignored by health professionals and left out of the process during the mother's stay in the hospital. In the interview about how breastfeeding support was given, fathers stated that their support included giving moral support to their spouses and ensuring that they do not give up, burping the baby and changing the diaper, helping the mother to position the baby properly while breastfeeding, helping with housework, and taking care of other children, if any. One of the fathers said, "I think just being there at that moment is enough; being able to even give the message 'you have woken up at this time of the night or early morning, but I have woken up, too, I am here, I am with you' is great support." With this statement, the father states that the greatest support is to make his presence felt near his wife.

In the semi-structured interviews conducted with 64 mothers, Srisopa & Lucas (33) examined how breastfeeding women perceived father support and their value judgments regarding their husbands' actions. It was found that women attached great importance to the involvement of their husbands in the breastfeeding decision as the most important support element. Being encouraged by their partner, setting goals for breastfeeding together, and agreeing with their spouse on the benefits of breast milk for the health of the baby and the woman were the most important support elements for mothers. In addition, primiparous women stated that breastfeeding was a learning process and it was important to learn about this process (breastfeeding positions, effective sucking of the baby, milking, feeding, etc.) with their spouses/partners. Finally, it was revealed in this study that the physical and psychological support for maternal care was very important in paternal support. It was stated that fathers' participation in baby care, sharing housework, giving the mother the opportunity to rest, and being there as a supporter when she felt inadequate were effective in women's psychosocially healthy motherhood experience.

In a qualitative study conducted by Lundquist et al. (34) to describe the perceptions of mothers who were breastfeeding for the first time about father support especially in the phase of returning to work and adapting to child care, the two main themes elicited were the factors affecting fathers' breastfeeding support and the areas that needed improvement for breastfeeding support. According to the study conducted with



primiparous women, it was vital for women to obtain information about breastfeeding and milking with their spouses/partners, to be able to communicate actively, to see the positive approaches of their spouse about their self-efficacy against the problems they experienced while breastfeeding, and to get the support of the spouse both practically and emotionally. While some of the participants felt the father support to a high extent, others stated that this support needed developing more, breastfeeding and related responsibilities were still seen as the duty of the mother and that they could not find enough understanding and support that they sought.

According to the studies examined, the main themes that constitute the theoretical framework of father support can be summarized as providing emotional support, giving support in practical matters, having knowledge about breastfeeding, developing a positive attitude towards breastfeeding, and active involvement in the decision-making process. Findings from this scoping review support previous studies that claim there is a strong need for quality education and information resources targeting fathers during and after pregnancy, and that fathers should be seen as a part of the breastfeeding process and should be involved in this process accordingly (25,26,35–38). At the same time, some study results have drawn attention to the link between gender roles and breastfeeding and infant care, which is related to it. It is seen that different approaches are adopted in different cultures on the topic and that the support mechanisms of spouses are affected accordingly.

## DISCUSSION

This systematic review shows that effective spousal support can significantly affect a mother's breastfeeding decision and process. In the studies discussed in this review, there were differences as well as similarities between the perception and thoughts of fathers about breastfeeding support and the nature of the support women expected from their partners. However, it was seen that all kinds of support had a positive effect on the adjustment of women to breastfeeding and their postpartum mood. According to women, spousal support is not just sharing responsibility during the baby care or breastfeeding phase, it should also meet the expectations of women about the appreciation of their needs, provision of their emotional and physical well-being, seeing understanding and appreciation, and being loved.

Early initiation and continuation of breastfeeding are emphasized sensitively by both national and international organizations since breastfeeding affects mother-child health in the short term and public health in the long term. Global efforts on promoting breastfeeding

have been going on since the 1980s. The “Baby-Friendly Hospital” project developed in cooperation with WHO and UNICEF and the promotion of breastfeeding within the Global Development Goals and Sustainable Development Goals have been subjects of significant care (39,40). Mothers cannot be left alone in such an important matter. This systematic review indicated us that fathers needed to be included in future action plans and practices. The studies examined showed that fathers were excluded from breastfeeding education and information programs, they could not help their spouses in breastfeeding because they did not have the necessary knowledge, and that they wanted to support their spouses by getting the necessary education (25,35,36). While breastfeeding incentive programs are being created in the future, it is important to address the issue from the perspective of fathers and to educate the relevant health personnel who will provide the education. This is because some studies show that the attitude of healthcare professionals also poses a serious barrier to father support and that fathers are not included in breastfeeding counseling programs (25,36).

In addition, we only discussed paternal support in this study; however, some studies state that other people in the household, especially grandmother and grandfather factors, should also be examined regarding the breastfeeding process. In a systematic review by Negin et al. (2016), it was concluded that grandmothers were an important factor in breastfeeding. It was stated in the study that breastfeeding was affected by many socio-cultural factors and that family elders were an important component in this regard (41).

## The Role of Nurse/Midwife in Providing Paternal Support in Breastfeeding

Nurses and midwives are at the forefront of the healthcare team with their roles as caregivers, advocates of patient rights, and educators. They have an important role in the process of protecting, encouraging, and supporting breastfeeding as the people with whom individuals come into contact the most. When the studies were examined, it was seen that the education and practices during and after pregnancy for breastfeeding were carried out on the mother's axis and that fathers were left outside this axis. Based on the increasing importance of especially father support in recent years, it is extremely important for health professionals to make educational plans that include fathers, to value fathers' concerns and opinions and question them, and to share their concerns.

## Conclusion and Recommendations

Although breastfeeding is seen as a phenomenon that interests the mother and the baby in practice, it also

includes the father factor, which has a great indirect role. As a result of the studies conducted, it can be said that breastfeeding is one of the most important actions with numerous benefits for mother-baby health in the postpartum period. Studies have shown many times that the support provided by the father in this regard will lead to positive developments in breastfeeding rates. As a result of this scoping review, it has been determined that fathers' knowledge, attitudes, involvement in the decision-making process, and their support for breastfeeding practices constitute the scope of breastfeeding support. Provision of this support and the initiation and continuation of breastfeeding can play an important role in helping mothers to cope with the problems in the breastfeeding process. When both mothers and fathers receive counseling and take part in the education programs, it makes them exhibit a positive attitude towards breastfeeding and enables fathers to be effective on the mother's decisions. The father's sharing of the mother's chores and responsibilities is of great importance so that the mother can spend more time and energy on breastfeeding. The father's positive words to the mother, his compliments, and his involvement in baby care so that the mother can spare time for herself will contribute to the woman's well-being and increase the motivation for breastfeeding. Suggestions for increasing paternal support in breastfeeding can be listed as follows.

-Healthcare professionals should prepare breastfeeding programs not exclusively for the mother-infant couple, but for the mother-father-baby triangle and see the father not as a helper but as a part of the process as well as the mother. In addition, healthcare professionals should change their perspectives regarding the issue.

-It is important to establish father-friendly incentive programs that involve fathers as well as mother-friendly hospitals.

-Fathers can be encouraged to provide more support to mothers during the breastfeeding process by offering opportunities such as flexible working hours or remote working opportunities for fathers in the workplace.

-Media tools can be used to increase knowledge and awareness about breastfeeding in society. Correct information about breastfeeding can be disseminated by organizing campaigns, advertisements and programs containing informative content for fathers.

-It has been seen that conventional understanding and gender perceptions affect fathers' perspectives on breastfeeding, which in turn negatively impacts breastfeeding support. In this context, it should be conveyed to fathers in the education programs that breastfeeding is not a sexual activity and that

breastfeeding and baby care are not concepts that only concern women.

- Mothers need more spousal support in the early postpartum period for successful initiation and continuation of breastfeeding. In this process, it is necessary to make improvements regarding legal paternity leave so that fathers can accompany mothers.

- There is a need for comprehensive studies to be carried out in societies with different cultures to support the literature on the topic.

#### Abbreviations

WHO: The World Health Organization (WHO)

UNICEF: United Nations International Children's Emergency Fund

TDHS: Turkey Demographic Health Survey

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-analyses

MESH: Medical Subject Headings

MMAT: Mixed Methods Appraisal Tool

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