



## THE INFLUENCE OF THE BABY-FRIENDLY HOSPITAL INITIATIVE ON BREASTFEEDING OUTCOMES

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## ABSTRACT

*The World Health Organization has recommended babies be breastfed exclusively during the first six months of life and continue with complementary foods until the age of 2 years. However, the average data on the number of exclusive breastfeeding coverage in the world has only reached 38%, still far below the target of at least 50%. One of the WHO programs to increase exclusive breastfeeding since 1991 is the Baby-Friendly Hospital Initiative (BFHI). The literature review aims to find out the Effect of the Infant-Friendly Hospital Initiative on breastfeeding outcomes. The literature review follows the PRISMA reporting method. The database uses PubMed, Science Direct, EBSCO, Google Scholar, Scopus and Pro-quest. The key word is Baby OR baby newborn AND baby-friendly OR baby-friendly hospital initiative OR BFHI AND breastfeeding outcomes OR breastfeeding OR breastfeeding production. The inclusion criteria are the articles of the last five years (2017-2022), English-language, Full-text, and research in breastfeeding outcomes. The exclusion criterion is a review of only abstracts and books. JBI is used as a tool for evaluating the quality of research journals. Systematic analysis is used for synthesis results. The results showed that babies who were breastfed in the first 48 hours of delivery and did not give pacifiers or bottles had a low risk of not giving exclusive breastfeeding. The Baby-Friendly Hospital Initiative (BFHI) can improve breastfeeding in children before the age of six months.*

*Keywords: Baby-Friendly Hospital Initiative (BFHI), Breastfeeding Outcomes, Exclusive Breastfeeding.*

## BACKGROUND

The coverage of exclusive breastfeeding in Indonesia in infants 0-6 months based on SDKI data in 2017 was 32% and showed an increase to 42% in 2022. As many as 27% of babies aged 4-5 months get exclusive breastfeeding (without other foods or drinks), and 8% of babies have been given other milk and water. Exclusive breastfeeding to infants aged 4-5 months in 2022 was higher compared to 2017 by 27% and 17%, respectively. Nationally, exclusive-breastfeeding coverage in 2022 is 80% with a percentage in DI Yogyakarta of 77.16%. The level of awareness of exclusive breastfeeding in DI Yogyakarta Province in 2018 is in a low category, which is around 55.70% (Central Statistics Agency, 2018).

The practice of exclusive breastfeeding was influenced by many factors that come from mothers and from outside. These factors were education, knowledge, maternal experience, husband support, the role of information media and support for health workers (Fikawati, 2019). The research found that better education or mothers who have higher education contribute positively and play a critical role in the breastfeeding process and the success rate of exclusive breastfeeding (Wulandari Dwi R, 2021). Maternal knowledge also influences exclusive breastfeeding, because well-informed mothers tend to give exclusive breastfeeding (Eugenie Theresia, 2020). The experience of mothers can influence exclusive breastfeeding due to the large number of women who have children for the first time and have just become a mother (Primipara Mother) mostly stop breastfeeding their babies, due to painful initial experiences when they are not ready to do breast milk expenditure (Smith, et al, 2021).

Husband support can also influence exclusive breastfeeding so that mothers feel calm and happy living their role as mothers while preventing the appearance of symptoms of "baby blues syndrome" postpartum, support can be given in various ways, such as accompanying the mother when giving exclusive breastfeeding, giving pecks, conveying love sentences and saying thank you to the mother who has given exclusive breastfeeding and taking care of the

baby at home (Abuhammad S, 2021). The role of information media also influences exclusive breastfeeding by informing and educating pregnant women who are preparing for their pregnancy and breastfeeding mothers to be able to read or watch education about the importance of exclusive breastfeeding (Wulujani Atika, 2020). The support of health workers can influence exclusive breastfeeding, namely by providing more attention and support, such as behaving and behaving well towards patients so that the success rate in exclusive breastfeeding also increases in success in exclusive breastfeeding is getting better (Argaheni, N. B, 2021). Exclusive breastfeeding can also be hampered by several things such as low knowledge of mothers and families about the benefits of breast milk, the right way to breastfeed, lack of lactation counselling services, socio-cultural factors, the intensive promotion of formula milk, the lack of maternal confidence that breast milk is sufficient for their babies and inadequate conditions for working mothers.

The right strategy to increase exclusive breastfeeding is to provide support from all parties, both families, communities and the government. In addition, the availability of a lactation room for milking and can be used as a daycare can increase the coverage of exclusive breastfeeding. The space will also be useful for mothers to breastfeed and can share experiences as a form of breastfeeding support. The availability of breastfeeding facilities will make the opportunity for mothers to provide exclusive breastfeeding even greater (Abdullah, 2017).

A form of support for exclusive breastfeeding in several countries is the form of implementation of the Baby-Friendly Hospital Initiative (BFHI) initiative (Abrahams, 2019). The Baby-Friendly Hospital Initiative (BFHI) was introduced by WHO and the United Nations Children's Fund (UNICEF) in 1991, when global breastfeeding rates were very low (WHO, 1991). Health facilities assessed according to BFHI's ten steps are designated as "Baby Friendly". Hospitals must also comply with the International Code of Marketing of Breast Milk Substitutes (WHO, 1981), which prohibits the promotion of infants for infant formula or other products within hospitals. BFHI's ten steps are intended to create a supportive and educational environment to encourage breastfeeding initiation and assist women in overcoming breastfeeding barriers and maintaining breastfeeding after discharge.

This study aims to determine the influence of infant-friendly hospital initiatives and breastfeeding outcomes. Several studies have implemented The Baby-Friendly Hospital Initiative (BFHI) program. Based on the above background, the authors decided to conduct a literature review to evaluate the effect of the infant-friendly hospital initiative on breastfeeding outcomes.

## **METHODS**

The steps in the literature review are developing a framework of questions, identifying relevant work, assessing the quality of studies, summarizing the evidence and interpreting findings. The research question in this review is how the Infant Friendly Hospital Initiative and Breastfeeding Outcomes.

### **Data Sources and Search Strategy**

Researchers collected information from PubMed, Science Direct, EBSCO, Google Scholar, Scopus and Pro-quest databases during December 2022. The study used the keywords: "Baby OR baby newborn AND baby-friendly OR baby-friendly hospital initiative OR BFHI AND breastfeeding outcomes OR breastfeed OR breastfeeding production". The inclusion criteria are the last five years of articles (2017-2022), English-language, Full-text, and research in breastfeeding outcomes. The exclusion criterion is that review articles are only abstracts and books.

### **Study Selection and Data Extraction**

*The first step in choosing a study is to create a logical network with PICO to determine keywords based on inclusion criteria. P (Population): Mother and Baby, I (Intervention): Baby-Friendly Hospital Initiative, C (Comparison): Baby Friendly Hospital, O (outcome): On Breastfeeding Outcomes. The reference manager "Mendeley" selects data by entering the respective database folder; duplicates detected will merge next, and eligible journals placed in a folder labelled "Potential" after being selected for title and abstract. Journals are put in a "potential" folder and read by the researcher independently for the selection of the full text to be put in the folder ("include for review").*

*Data extraction is performed independently by researchers from each qualified journal. The data taken include study characteristics (author, publication year, country, research method), characteristics of participants, intervention program (duration) and study results.*

### **Data Synthesis**

Data synthesized in the literature review are results (BFHI) taken from individual research studies relevant to review questions. The researcher explained the primary results of the study by summarizing the reviews. That suggests that heterogeneity is explained in almost all reviews by reporting different criteria in BFHI.

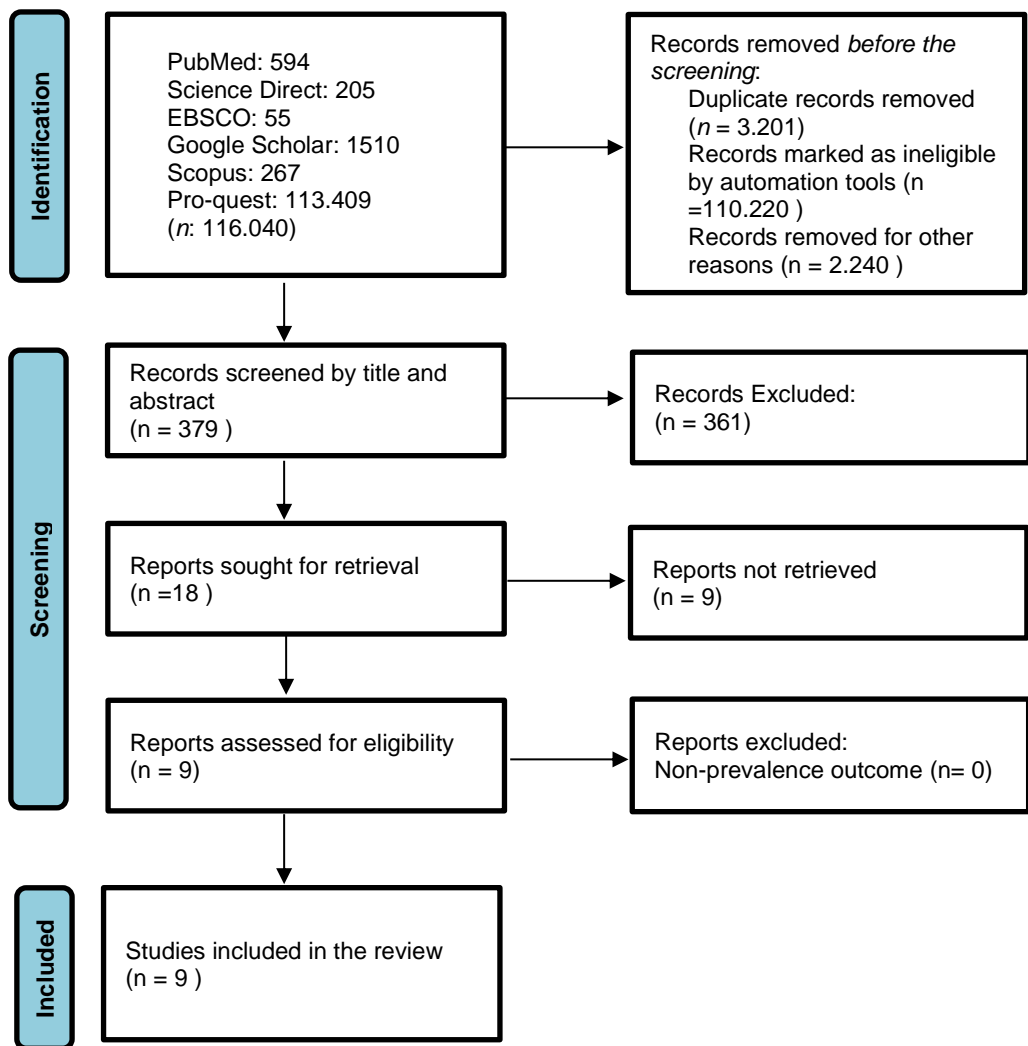
### **Quality Assessment**

The journal is selected for review, and the researcher evaluates the quality of the selected article. Researchers assess the risk of bias in all selected articles using JBI's critical assessment tool.

## **RESULTS**

### **Study Selection**

One hundred sixteen thousand forty journals from six database sources obtained literature search results: PubMed: 594, Science Direct: 205, EBSCO: 55, Google Scholar: 1510, Scopus: 267, Pro-quest: 113,409 or a total of 116,040 articles according to predetermined keywords. There were 3,201 duplicate articles, and 487 articles were selected by title and abstract. 361 are excluded because they are irrelevant to the topic. The 18 full texts were selected based on the inclusion criteria, but nine texts were not taken. So nine journals are selected for data extraction. Figure 1 shows the process of searching and reviewing the literature.



**Figure 1: Flowchart based on PRISMA statement**

**Table 1. Study Characteristics**

No	Study Characteristics		Characteristics of Participants	Intervention Program	Result	
	Author/ Year of Publication	Country	Research Methods	Participants		Time
1.	Jung S et al., 2019	Los Angeles Country (LAC)	Cross-sectional data from the triennial WIC LAC Survey (2008 to 2017) were analyzed (n = 6,449) to test changes in Infant Friendly hospital practices over time, and differences in breastfeeding outcomes with specific Infant Friendly hospital practices. Multivariate logistic regression was used to evaluate the difference between the number of Baby-Friendly hospital practices encountered by mothers and the results of exclusive breastfeeding.	Mothers who give exclusive breastfeeding to babies aged 1 to 3 months.	Three Years (2008, 2014, 2017)	In 2017, mothers surveyed were more likely to engage in Infant-Friendly Hospital practices than in 2008. Each result of exclusive breastfeeding at 1 and 3 months has increased significantly since 2014, and breastfed babies are more likely to have mothers participating in Infant Care. Friendly hospital practices The more Baby-Friendly Hospital practices a mother encounters, the better her breastfeeding outcomes will be. However, there is still room for increased implementation of baby-friendly hospital practices in baby-friendly hospitals.
2.	Shing JS et al., 2022	Hong Kong	Quasi-experimental interrupt time series design. Two cohorts of mother-baby pairs (N = 2369) were recruited immediately after delivery from four public hospitals in Hong Kong and followed up prospectively. Comparisons are made in the five	Mother and baby couples in both pre-BFHI and post-BFHI groups.	3-4 Months	A higher proportion of participants from the post-implementation group were breastfeeding and breastfeeding exclusively in all follow-up periods. Pre-BFHI cohort participants experienced an average of 3.10 (SD = 1.42) BFHI

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BFHI steps experienced in both the cohort and the duration of any and exclusive breastfeeding.

stages, while post-BFHI cohort participants experienced 3.59 (1.09) BFHI stages. Half of the participants stopped breastfeeding for 13 weeks in the pre-BFHI cohort; more than half of the post-BFHI cohort is still breastfeeding at six months postpartum ( $p < 0.001$ ). Only breastfeeding in the first 48 hours of labour and not giving a pacifier or bottle were associated with a lower risk of not exclusively breastfeeding in both cohorts.

3.	Bliss JC et al., 2020	Utah dan Wyoming	Cross-sectional (retrospective secondary data analysis) was performed using 2016 Pregnancy Risk Assessment Monitoring System (PRAMS) data. The participants came from a randomized, stratified sample of 2,013 women living in Utah and Wyoming who had recently given birth and were surveyed about BFHI practices. The relationship between BFHI experience and breastfeeding duration was assessed using a rough and customized Poisson regression model, by controlling other BFHI experiences and maternal age,	2,013 women who recently gave birth and who were surveyed about BFHI practices.	2 Months	Results: 82.4% of women from Utah and 82.3% from Wyoming reported breastfeeding for two months or more. After controlling for other BFHI experiences and potential confounders, one joint BFHI experience associated with breastfeeding for two months or longer vs less than two months of starting breastfeeding in the hospital (adjusted prevalence ratio [aPR]=1.49, 95% CI ( 1.12, 1.98) in Utah and aPR=2.03, 95% CI (1.13, 3.64) in Wyoming Among women in Utah and Wyoming, only 5 out of 7 BFHI steps are significant for the duration of
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			pre-pregnancy BMI, household income, smoking, alcohol, delivery methods, and the number of days spent in the hospital.			breastfeeding in at least one state.
4.	Heli Makela et al., 2022	Turku, Finland	Using the design of two non-equivalent quasi-experimental groups, we recruited two independent samples of postpartum mothers in maternity hospitals to compare situations before (N=162) and after (N=163) implementation. We measure breastfeeding status and possible breastfeeding problems through text message questions at two weeks, 1, 4 and 6 months after birth. We measured mothers' attitudes toward breastfeeding in maternity hospitals and four months after delivery, measure using the Iowa Baby Breastfeeding Attitude Scale.	All Finnish-speaking mothers who (a) gave birth lived in this study hospital regardless of the manner of birth (b) with a gestational age of 32 weeks or more eligible for the study.	6 Months	The Baby-Friendly Hospital Initiative did not affect the proportion of mothers who gave exclusive breastfeeding, and we found no significant difference in exclusive breastfeeding at six months (41.3% vs 52.9%, $p = 0.435$ ). The intervention did not affect the number of reported breastfeeding problems ( $p = 0.260$ ) or the attitudes of nursing mothers ( $p = 0.354$ ). Better breastfeeding attitudes ( $p < .001$ ) and less problematic breastfeeding ( $p < .001$ ) were positively associated with exclusive breastfeeding.
5.	Jaana L et al., 2022	Finlandia	The study has the design of two non-equivalent quasi-experimental groups.	Puerperal mothers gave birth in the hospital before (pre-test group, $n=162$ ) and after (post-test group, $n=163$ )	2 Months	Mothers in the post-test group (median 6.1, IQR 5.4-6.4) perceived breastfeeding support as more compliant with BFHI standards compared to mothers in the pre-test group (median 5.0, IQR 4.2-5.8) ( $p < 0.001$ ). Fifteen of the 20 measured breastfeeding

			appointment to BFHI participated.		support practices improved after hospital appointments to BFHI. The differences between groups were observed for multipara mothers (median 4,6 vs 6,0, p <0,001), older mothers (> 35 years) (median 4,4 vs 5,8, p <0,001), and mothers with a longer history of breastfeeding (6-12 Months) (median 4,4 vs 6,2, p <0,001). Before the appointment of BFHI, multipara mothers and mothers who gave birth to babies with low Apgar scores (<7) felt breastfeeding support was less in line with BFHI standards than primipara or mothers of babies with high Apgar scores (≥ 7). After the determination of BFHI, mothers who experienced premature labour (GA < 37 weeks) feel that breast milk support is less by BFHI standards compared to mothers who have experienced childbirth for quite a month.	
6.	Kris Y W Lok et al., 2020	Hong Kong	Sociodemographic data and breastfeeding intention data were collected through self-report questionnaires during postnatal hospitalization and exposure to	A total of 1011 mother-newborn couples from the postnatal units of four public	6 Months	Only 55% (n=552) of study participants achieved the desired duration of breastfeeding. Participants with higher socioeconomic status, previous

			<p>infant-friendly hospital practices was assessed through hospital records and maternal self-reports. Breastfeeding status after discharge from the hospital was assessed by follow-up phone up to 12 months after delivery, or until participants were no longer breastfeeding.</p>	<p>hospitals in Hong Kong were recruited.</p>		<p>breastfeeding experience, and those living in Hong Kong for less than five years, were more likely to achieve a planned duration of breastfeeding. Among the practice of baby-friendly hospitals, only breastfeeding during hospitalization and providing information about breastfeeding support at home was associated with the achievement of each participant's breastfeeding intentions. After adjustment, when compared to women who experienced one infant-friendly practice, participants who experienced six baby-friendly hospital practices were significantly more likely to achieve a planned duration of breastfeeding (adjusted odds ratio = 8.45, 95% confidence interval 3.03–23.6).</p>
7.	Lingling Li et al., 2021	Sydney, Australia	<p>A hospital-based prospective study was conducted at eight Baby-Friendly Hospitals with 707 pregnant women in Shanghai, China between October 2016 and September 2021. Breastfeeding Support Services during hospitalization were assessed</p>	<p>Women, regardless of gestational age and mode of delivery, are eligible if they give birth single and voluntarily</p>	6 Months	<p>Of the 707 mothers who completed the survey while returning home, 526 mothers were followed up six months after giving birth. The overall exclusive breastfeeding rate among participants was 34.4% at home and 52.1% at six months</p>

			during delivery using a 12-question questionnaire based on the Chinese "Infant Friendly Hospital Evaluation Standards". Women are followed up at six months postpartum. The impact of breastfeeding support services during hospitalization on exclusive breastfeeding at home and six months postpartum was assessed.	participate in the study.		postpartum. Mothers who received better breastfeeding support services during hospitalization were more likely to practice exclusive breastfeeding when discharged from the hospital compared to mothers who received poor service (aOR: 3.00; 95% CI: 2.08, 4.35; p < 0.001). In addition, they were also more likely to breastfeed exclusively at six months postpartum (aOR: 1.50; 95% CI: 1.03, 2.22; p = 0.033).
8.	Aurora Tafili et al., 2022	USA	Cross-sectional design and using 2018 data from the designation program Baby-Friendly, USA Inc. combined with the American Hospital Association's annual survey data set.	312 Infant Friendly hospitals and 1449 non-Infant Friendly hospitals.	1 Year	Our results suggest that Baby-Friendly hospitals are more likely to be government nonfederal hospitals in the Midwest or South region, serve communities with higher birth counts, and are in a competitive market. Based on the results of this study, hospitals should look further and study the characteristics and structure of their communities to identify opportunities and drive the achievement of better breastfeeding initiatives such as the Infant Friendly designation.

9. Consales et al., 2022	Milan, Italy	A single-centre two-phase intervention study was conducted from December 1, 2018, to June 2, 2019. The Diary is given to mothers enrolled in Phase 2, along with the Nurse-Parent Support Tool (NPST). The Diary-NPST pair analyzed was 269. The filled and returned diary was 62.2%.	All mothers who give birth to babies of enough months are healthy in our hospital and have a good understanding of spoken and written Italian.	48 Hour	Overall, mothers rated the information received through the Diary as "clear and comprehensive". The rate of exclusive breastfeeding at exit yields higher in Phase 1 than in Phase 2 (80.6% vs 72.5%, $p = 0.04$ ), whereas no difference appears in terms of the exclusive breastfeeding rate at 48 hours. In both phases, the median total score of NPST (4.05) was high.
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## Quality Assessment

**Table 2. Quality Assessment Results**

Author	Point 1	Point 2	Point 3	Point 4	Point 5	Point 6	Point 7	Point 8	Point 9	Point 10	Point 11	Point 12	Point 13	Result
Jung S et al., 2019	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Shing JS et al., 2022	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Bliss JC et al., 2020	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Heli Makela et al., 2022	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Jaana L et al., 2022	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Kris Y W Lok et al., 2020	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Lingling Li et al., 2021	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Aurora Tafili et al., 2022	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included
Consales et al., 2022	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Included

*Nine journals of excellent quality are included in this review of literature review. All journals of Jung S et al., 2019; Shing JS et al., 2022; Bliss JC et al., 2020; Heli Makela et al., 2022; Jaana L et al., 2022; Kris Y W Lok et al., 2020; Lingling Li et al., 2021 Aurora Tafili et al., 2022; Consales et al., 2022 have an intervention bias. The nine articles did not blind all aspects such as the aspects of researchers, respondents, research assistants and research analysis results.*

## **Study Characteristics**

### *Participants*

*Participants in the nine journals were new mothers (postpartum mothers). The nine journals use clustering methods in providing interventions because they cover a broad set of objects for research. The nine articles obtained consist of 7 developed countries, namely Los Angeles County (LAC), Hong Kong (there are 2 articles), Utah and Wyoming, Finland (there are 2 articles), Australia, USA and Italy.*

### *Result*

*The results above can be seen from 9 articles in developed countries have the same results, namely where the results show that the mothers surveyed are more likely to be involved in the implementation of the Baby-Friendly Hospital Initiative (BFHI) can be seen from the desire and interest of mothers in participating to significantly improve in providing better breastfeeding results.*

*The research findings revealed no significant differences between the pre-BFHI group and the post-BFHI group on exclusive breastfeeding at six months ( $p < 0.001$ ). The recent findings support the research hypothesis. These findings provide readers with important insights into The Baby-Friendly Hospital Initiative (BFHI) in improving breastfeeding outcomes. Based on the results of the intervention involving the attitude of the nursing mother, breastfeeding support and the duration of breastfeeding in improving the overall exclusive breastfeeding in the first 48 hours of delivery and six months postpartum.*

*The duration of BFHI's application from the nine articles above, namely in the first article (Jung S et al., 2019) took three years (2008, 2014, 2017) to intervene. The second article (Shing JS et al., 2022) takes 3-4 months to intervene. The third and fifth articles (Bliss JC et al., 2020, Jaana L et al., 2022) took two months or more to intervene. The fourth, sixth and seventh articles (Heli Makela et al., 2022, Kris Y W Lok et al., 2020, Lingling Li et al., 2021) took six months to intervene. The eighth article (Aurora Tafili et al., 2022) took one year to intervene. The ninth article (Consoles et al., 2022) took 48 hours to intervene.*

*The Baby Friendly Hospital Initiative (BFHI) program will ensure adequate breastfeeding (Zarshenas, Binns, & Scott, 2018). To be able to breastfeed, three things must be considered and urgently needed, namely good nutrition, proper information and support (Lestari et al., 2018). Some of the WHO recommendations in the BFHI program include facilitating skin contact immediately after delivery, advising mothers not to give food other than breast milk unless there is a medical indication, inpatient facilities joining immediately after delivery and providing information about the risks of using bottles in babies (Bass, Gartley, & Kleinman, 2018). These recommendations are the essence of the BFHI concept that must be done. In many studies, breastfeeding is very beneficial. Breast milk is the best food choice for babies (Lubbe & Hambaloyi, 2017) because it can promote neurocognitive and optimal brain development and help boost the immune system and allow the mother to adapt breast milk to the needs of the baby (Froh, Deatrck, Curley, & Spatz, 2015). From the recommendations, BFHI also can develop in the community (Maingi, Kimiywe, & Iron-Segev, 2018). These activities promoted and supported optimal maternal nutrition among women and their families, gave health education to all pregnant women and lactating women and families about the benefits of breastfeeding for all parties and the risks associated with artificial feeding, helped mothers to start feeding their children within 1 hour after birth and support to maintain for six months, encourage mothers to continue breastfeeding their children up to 2 years in providing holistic care and activities such as the establishment of mother-to-mother support.*

*The results of the application of BFHI gave an initial impression of the relationship between mother and baby, increasing the possibility of the breastfed for the first six months and the*

mothers receiving full support from health workers to decide to give breast milk only for six months. In addition, the BFHI will also allow mothers and babies to get health services in health facilities that allow sustainability in improving breastfeeding outcomes.

For the desired results from the implementation of the Baby-Friendly Hospital Initiative (BFHI) is inseparable from obstacles such as the age of older mothers (> 35 years), mothers who give birth to babies with low Apgar scores (<7), mothers who experience premature labour (GA < 37 weeks), mothers who feel breastfeeding support is not by BFHI standards, mothers with low socioeconomic status, poor service while in the hospital and poor mother's attitude in breastfeeding during the first 48 hours of delivery (Jung S et al., 2019; Shing JS et al., 2022; Bliss JC et al., 2020; Heli Makela et al., 2022; Jaana L et al., 2022; Kris Y W Lok et al., 2020; Lingling Li et al., 2021 Aurora Tafili et al., 2022; Consales et al., 2022).

### *Discussion*

The results showed that the nine articles had the same goal, namely by increasing the application of the Baby-Friendly Hospital Initiative (BFHI) and breastfeeding results. Based on the results of research from the journal (Jung S et al., 2019) providing interventions regarding the application of BFHI and obtained the results of exclusive breastfeeding at 1 and 3 months increased significantly and breastfed babies were more likely to have mothers participating in baby care and the better the breastfeeding results. The journal (Shing JS et al., 2022) also states that only giving breast milk in the first 48 hours of labour and not giving pacifiers or bottles is associated with a lower risk of not giving exclusive breastfeeding.

The journal (Bliss JC et al., 2020) mentioned that the results of each breastfeeding for two months or longer vs less than two months of starting breastfeeding in the hospital and obtained only 5 out of 7 BFHI steps were significant for the duration of breastfeeding. Heli Makela et al. (2022) stated that the Baby-Friendly Hospital Initiative does not affect the proportion of mothers who gave exclusive breastfeeding and has no significant difference in exclusive breastfeeding for six months. The intervention did not affect the number of reported breastfeeding problems or the attitude of good breastfeeding and breastfeeding mothers who were less positively associated with exclusive breastfeeding.

The journal (Jaana L et al., 2022) stated that the results in the post-test group perceived breastfeeding support as more compliant with BFHI standards compared to mothers in the pre-test group. The journal (Kris Y W Lok et al., 2020) states that the results in achieving the planned duration of breastfeeding. The journal (Lingling Li et al., 2021) stated that the results of the overall exclusive breastfeeding rate tend to breastfeed exclusively at six months postpartum. The journal (Aurora Tafili et al., 2022) also states that the results of this study should look further and study the characteristics and structure of their communities to identify opportunities and encourage the achievement of better breastfeeding initiatives such as the Infant Friendly designation. The journal (Consales et al., 2022) states that as a result, mothers increase exclusive breastfeeding at 48 hours.

### **Implications for Future Research**

The BFHI program may be more effective by implementing various interventions contained in the BFHI program. Some aspects of the success of the BFHI program include exclusive breastfeeding and breastfeeding outcomes. Future research should carry out the implementation of various BFHI programs and should increase the level of compliance of participants during the BFHI program. The study has several methodological deficiencies, including a lack of allocation of concealments, the blindness of appraisers and an analysis of treatment intentions.

## Limitations of Review

This Literature Review review noted that there are limitations in the literature search. The lack of literature was found in various databases.

## CONCLUSION

The Literature Review shows that the nine journals prove that the BFHI program can be declared successful by having a higher and exclusive level and duration of breastfeeding since they have on average increased exposure to BFHI. With the program that has been carried out, there has been an increase in exclusive breastfeeding and breastfeeding outcomes for mothers and babies to achieve achievement in supporting the maintenance of breastfeeding to achieve a longer duration in areas where the initiation rate of breastfeeding is high. In addition, increasing the implementation of BFHI and providing more breastfeeding support in the early postpartum period is also needed to help to breastfeed mothers longer.

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