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Title: Is It Feasible to Increase the Number of Breastfed Infants? A Literature Review on
Midwives' Support in Breastfeeding

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Abstract

Background: Exclusive breastfeeding has advantages for both babies and mothers; nevertheless, its global rates fall short of guidelines due to obstacles such as discomfort, insufficient milk production, and societal pressures. Midwives are crucial in providing knowledge and support to enhance breastfeeding success. This review provides a review of writings on the role of midwives in providing breastfeeding support and its effect on success rates.

Methods: A literature review was performed utilizing pertinent keywords on research published from 2020 to 2025 in PubMed, Science Direct, and Cochrane library databases. The inclusion requirements mandated free full-text and peer-reviewed articles in English. Thematic analysis revealed key insights regarding midwifery support.

Results: A total of 1,250 articles were found, of which six studies met the required criteria, demonstrating that midwife-led counselling enhanced maternal self-efficacy, commitment, and breastfeeding length. Positive support of midwives improved breastfeeding behaviors. The Midwifery Continuity of Care (MCoC) paradigm enhanced exclusive breastfeeding rates and duration. Educational interventions positively impacted breastfeeding outcomes.

Conclusions: Midwifery guidance on breastfeeding boosts mothers' confidence, strengthens their commitment to breastfeeding, and increases their breastfeeding skills. The support received from midwives can improve breastfeeding practices. Moreover, Midwifery Continuity of Care (MCoC) enhances the probability of exclusive breastfeeding and prolongs the length of breastfeeding. Midwives' education on breastfeeding and employing diverse strategies, improves long-term commitment to breastfeeding. This indicates that an increased number of infants can be nursed with the assistance, knowledge, and ongoing care offered by midwives.

Keywords: Midwifery, Midwife support, Breastfeeding, Exclusive breastfeeding, Breastfeeding support

Highlights

- Midwives' counseling on breastfeeding boosts mothers' confidence, reinforces their dedication to breastfeeding, and enhances their breastfeeding skills.
- Support from midwives can encourage better breastfeeding practices.
- Midwifery Continuity of Care (MCoC) increases the chances of exclusive breastfeeding and prolongs the breastfeeding period.
- Breastfeeding education from midwives, using diverse tools and strategies, strengthens long-term commitment to breastfeeding

Plain Language Summary

Midwives are in a position to help mothers in many ways. This study reviewed and presented the literature on the role of midwives in providing breastfeeding support and its impact on breastfeeding success rates. Findings from this review show that Midwifery Continuity of Care (MCoC) increases exclusive breastfeeding rates and duration. Also diverse educational strategies, including prenatal counselling and support groups, foster long-term breastfeeding commitment. There is a general correlation between positive midwifery support and improved breastfeeding practices that address challenges like insufficient milk production and early weaning. Continued professional support by midwives aligns with WHO targets, helping mothers overcome barriers to achieve the desired breastfeeding duration.

1. Introduction

Research acknowledges the benefits of exclusive breastfeeding (EBF) for infants and mothers. Human milk is considered the ideal standard for infant nutrition, protecting newborns against gastrointestinal and ear, nose, and throat infections, as well as food allergies, asthma, and eczema (Le Doare et al., 2018; Turck et al., 2013). The omega-3 and omega-6 fatty acids included in breast milk enhance brain growth (Bzikowska-Jura et al., 2018; Casavale et al., 2019) and the maturation of the neonate's brain (Gibbs et al., 2018). Prolonged EBF has been identified as a protective factor against sudden infant death syndrome (SIDS) in newborns (Geddes et al., 2021). The advantages of breastfeeding for the mother are evident immediately following childbirth. It induces uterine contractions via oxytocin, which aids in reducing postpartum hemorrhage (Saxton et al., 2015). Furthermore, oxytocin facilitates the enhancement of the maternal-infant relationship and provides a safeguard against postpartum depression (Donadon et al., 2021). Breastfeeding also contributes to reducing women's risks of developing hypertension, metabolic diseases, and myocardial infarctions (Chowdhury et al., 2015). Research indicates that breastfeeding serves as a protective factor for mothers against cancer, specifically ovarian and breast cancer, as well as heart attacks and type 2 diabetes (Rameez et al., 2019). Advocating for breastfeeding has emerged as a global public health objective.

The World Health Organization (WHO) recommends EBF during the initial six months, without the introduction of any other substances other than breast milk. Following the introduction of supplementary foods, breastfeeding should ideally persist for a minimum of two years and beyond (World Health Organization, 2002). From six months to one year of age, breast milk provides approximately fifty per cent of a child's energy and nutrient requirements, and during the second year, it supplies around thirty-three per cent. Given that the nutrients in breast milk are superior to those in complementary foods, breastfeeding should continue even

after the introduction of additional foods. These suggestions are supported by research indicating that EBF markedly decreases infant morbidity and mortality rates in comparison to partial or absent breastmilk consumption (Victora et al., 2016). Notwithstanding these suggestions, breastfeeding rates in several nations remain below the prescribed levels. According to UNICEF data from 2024, only 48% of newborns worldwide are exclusively breastfed throughout the initial five months. South Asia exhibits the greatest percentage at 51%, whereas North America has a rate of merely 26% (UNICEF, 2024). Research indicates various factors contributing to early weaning, such as nipple pain, discomfort, and insufficient milk production (Gianni et al., 2019). There is much societal and educational awareness concerning the acknowledged benefits of breastfeeding. This awareness can create significant societal pressure on women, resulting in feelings of guilt and inadequacy if their breastfeeding practices do not meet expectations (Gila-Díaz et al., 2020).

A 2022 Cochrane comprehensive review indicated that offering breastfeeding support to mothers can probably prolong both the length and exclusivity of breastfeeding. This support may be more effective in reducing the number of women who discontinue breastfeeding at three to four months rather than at later periods. A major factor contributing to early discontinuation is women's perceived challenges with breastfeeding (Gavine et al., 2022). Studies demonstrate that midwives are crucial to successful breastfeeding. They offer information, guidance, and support to women from pregnancy until the postpartum phase. Numerous complications that emerge in the initial month postpartum can be addressed via comprehensive information and assistance from midwives. This review study maps the writings on the role of midwives in providing breastfeeding support and its effect on success rates.

Methods and Materials

Study Design

This study employed a literature review approach, focusing on articles published between 2020 and 2025. The objective was to collect and evaluate relevant studies concerning the support midwives provide for breastfeeding. By synthesizing insights from previous research, the study aimed to identify key trends, findings, and existing research gaps.

Search Strategy

The literature was sourced from reputable scientific databases, such as PubMed, Science Direct, and Cochrane Library. A set of keywords was used, including "midwives", "midwives' support", "breastfeeding " and "exclusive breast feeding". Boolean operators (AND, OR) were used to improve search results across databases. This approach followed the PIO framework: Population (breastfeeding mothers), Intervention (midwives' support, Midwifery Continuity of Care {MCoC}), and the outcomes (enhanced self-efficacy, and extended durations of EBF) to focus the search on relevant studies.

Inclusion and Exclusion Criteria

Peer-reviewed full-text articles, available in English and published between 2020 and 2025 were included. Articles were excluded if they were not available in full text or had been published in languages other than English. Literature and systematic reviews and grey literature were also excluded.

Study Selection Process

To promote objectivity and consistency, the publications were first assessed independently by two reviewers who screened titles and abstracts to determine their initial eligibility based on predefined inclusion and exclusion criteria. In cases where the two reviewers could not reach a

common decision on the articles, a discussion was held with all authors present. Articles that passed this initial evaluation underwent a thorough full-text review to confirm their suitability for inclusion.

Data Synthesis and Analysis

The included articles were gathered and narratively synthesized to achieve a thorough understanding of the topic, with conclusions organized according to the main themes identified in the literature, providing insights into the midwives' support in breastfeeding.

A thematic synthesis approach was used to organize data into four key themes as follows: breastfeeding counselling boosted mothers' self-efficacy, increased commitment to breastfeeding, and their performance in breastfeeding; midwives' support can encourage breastfeeding practices; MCoC increased the chance of EBF and the duration of breastfeeding; and education by midwives on breastfeeding using diverse strategies enhances long term commitment to breastfeeding. This method allowed for an in-depth examination of the data, emphasizing critical findings and identifying gaps in the literature regarding midwives' roles in breastfeeding support.

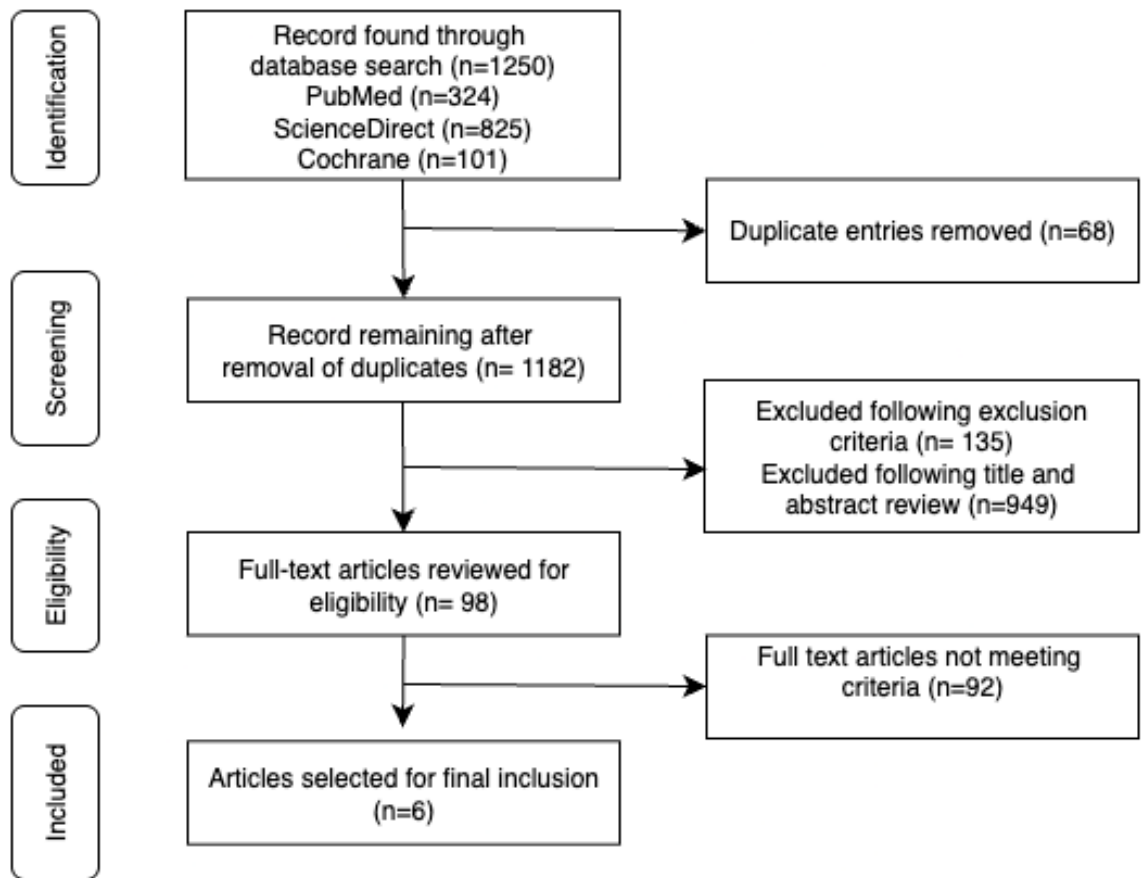


Figure 1. Scheme of the article selection process

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2. Results

We found a total of 1250 articles from three different databases and only six articles were eligible for inclusion in the study. These studies provided valuable insights and were relevant to the objectives of this literature review, significantly deepening our understanding of the topic.

No	Author	Country	Design	Intervention/Procedure	Findings
1	(Fahim et al., 2023)	Iran	A parallel group randomized clinical trial was carried out, with the sample size set at 32 individuals per group.	Nulliparous women under 19 years of age received prenatal care, participated in three personalized, face-to-face counseling sessions (60–90 minutes each) at a health center. Based on the Ready Set Baby curriculum, sessions were tailored to participants' needs and interests, with counselors adapting discussions after assessing participants' thoughts.	The breastfeeding counselling for nulliparous adolescents significantly enhances their self-efficacy and breastfeeding skills.
2	(Dagla et al., 2021)	Greece	Non-Randomized Controlled Perinatal Health Intervention. A 12-	A midwife-led program offering antenatal education, ongoing support throughout pregnancy, postpartum, and lactation, physical	Ongoing long-term education and support led by midwives, along with the maintenance of maternal mental well-

			month intervention was conducted both before and after childbirth.	activity guidance, mental health screenings, postpartum education for new parents, professional mental health counseling, and telephone support involving family members.	being, are linked to extended durations of exclusive breastfeeding.
3	(Shahshani et al., 2024)	Sweden	A retrospective cohort design with data from the Swedish Pregnancy Register.	Women and newborns receiving care under the Midwifery Continuity of Care (MCoC) model were compared to a propensity-score matched group under standard care. A mediation analysis evaluated the direct and indirect impacts of MCoC on exclusive breastfeeding at hospital discharge and neonatal hyperbilirubinemia.	MCoC was linked to an increase of EBF and a decreased risk of hyperbilirubinemia in newborns, compared to standard care.
4	(Oberfichtner et al., 2023)	Austria	Prospective study based on questionnaires, included a total of 140 women.	Participants completed three written surveys: the first at or after 34 weeks gestation during routine antepartum visits, the second during postpartum hospitalization, and the third when the newborn	Various factors influence breastfeeding behavior and duration. While some sociodemographic factors cannot be changed, the transfer of knowledge before

				was 6 months old. Inclusion required completion of all three questionnaires.	birth and postpartum midwifery care positively affects breastfeeding behavior.
5	(Rodríguez-Gallego et al., 2024)	Spain	A multicenter cluster randomized controlled trial was conducted. The sample size consisted of 371 women divided between the two study groups.	The control group (CG) received standard maternal education and postpartum care of the Andalusian Health and Social Welfare Council's guidelines, including a one-on-one midwife visit within 10 days postpartum to address concerns and optional additional consultations. The intervention group (IG) received the same standard care but also participated in monthly 2-hour breastfeeding support group sessions (in-person or virtual), led by a midwife. These sessions, aligned with the Baby-Friendly Hospital Initiative, included educational content, practical breastfeeding guidance, and	Midwife-led breastfeeding support groups increase the woman's self-efficacy, extend the duration of breastfeeding, and decrease depression during postpartum four months following childbirth.

				<p>motivational peer support. IG participants could also connect via dedicated Facebook™ and WhatsApp™ groups for peer interaction and midwife communication, while retaining access to on-demand individual consultations.</p>	
6	(Yazdanbakhsh et al., 2024)	France	<p>A comparative mixed study of hospital midwives and breastfeeding women.</p>	<p>The data collection was done through questionnaire for both breastfeeding (BF) woman and midwives. The questionnaire for BF was structured into five sections to assess various aspects of breastfeeding education and support: teaching strategies and learning environment; usefulness; self-efficacy; self-esteem; and breastfeeding commitment. For midwives, the questionnaire used to assess teaching strategies and learning environments.</p>	<p>Midwives demonstrated strong motivation to implement effective teaching strategies and to foster an encouraging learning atmosphere for women, thus improving their educational interventions.</p>

A literature review of six studies from 2020 to 2025 across Iran, Greece, Sweden, Austria, Spain, and France highlights the impact of midwifery-led interventions on breastfeeding outcomes. In Iran, the Ready Set Baby program significantly boosted self-efficacy and skills in nulliparous adolescents. Greece's 12-month intervention linked midwife-led education and maternal mental well-being to longer exclusive breastfeeding. Sweden's cohort study showed that Midwifery Continuity of Care increased exclusive breastfeeding and reduced new-born hyperbilirubinemia. In Austria, prenatal knowledge transfer and postpartum care positively influenced breastfeeding behaviour. Spain's randomized trial found midwife-led support groups enhanced self-efficacy, extended breastfeeding duration, and reduced postpartum depression. In France, midwives' effective teaching strategies improved educational interventions, fostering a supportive learning environment for breastfeeding women.

The data were categorized into four themes based on thematic analysis, including the following:

- 1) breastfeeding counselling boosted mothers' self-efficacy, increased commitment to breastfeeding, and their performance in breastfeeding.
- 2) midwives' support can encourage breastfeeding practices.
- 3) MCoC increased the chance of exclusive breastfeeding and the duration of breastfeeding.
- 4) midwives' education on breastfeeding using diverse strategies enhances long term commitment to breastfeeding.

3. Discussion

Breastfeeding counselling enhanced mothers' confidence, commitment, and overall efficacy

Breastfeeding self-efficacy (BSE) denotes a mother's confidence in her ability to effectively nourish her infant through breastfeeding (Gonzales, 2020). This confidence is a crucial factor in both the exclusivity and longevity of breastfeeding (Khorshidifard et al., 2022). Unfortunately, numerous nulliparous women lack the fundamental knowledge and self-efficacy necessary for effective breastfeeding (Ghasemi et al., 2019). Adolescent mothers are particularly disadvantaged, with markedly lower BSE than their older counterparts (Eslami et al., 2020). This gap is frequently associated with their insufficient breastfeeding experience and comparatively lower educational levels, both of which lead to reduced self-efficacy (Aghababaei et al., 2020). As a result, these women require extensive counselling and support to bolster their breastfeeding confidence (Eslami et al., 2020).

A study in Iran indicated that mothers with low BSE are at an elevated risk of prematurely ceasing breastfeeding, especially EBF (Poorshaban et al., 2017). This study denotes that it is essential for mothers to develop the skills required to commence breastfeeding promptly after childbirth, during the crucial postpartum phase. Moreover, conveying information to husbands, family members, and friends through intervention groups regarding prevalent breastfeeding challenges (including concerns about milk supply, re-entering the workforce, breast engorgement, mastitis, and breastfeeding refusal), alongside practical strategies to mitigate these issues, can enhance comprehension of breastfeeding (Poorshaban et al., 2017).

A recent study indicates that BSE is the most significant factor affecting exclusive breastfeeding among adolescent mothers (Thaithae et al., 2023). Educational interventions and support have demonstrated efficacy in promoting EBF and breast self-examination (BSE) (Gonzales, 2020; Wong et al., 2021). The counselling provided by healthcare providers is essential for enhancing breastfeeding success (Dukuzumuremyi et al., 2020). Numerous studies

have demonstrated the beneficial impact of lactational counselling and supplementary interventions on maintaining exclusive breastfeeding, augmenting self-efficacy, and enhancing overall breastfeeding efficacy (Aghababaei et al., 2020; Ghasemi et al., 2019; Parsa et al., 2020; Shafaei et al., 2020).

An essential component of midwifery care during the perinatal phase is prenatal counselling, which effectively prepares mothers to initiate breastfeeding immediately post-delivery, a strategy that significantly influences future breastfeeding results (Fahim et al., 2023). Inadequate breastfeeding teaching and counselling during antenatal care may result in premature weaning. Prior studies affirm that midwives are integral to perinatal health interventions, especially via antenatal education and counselling for prospective parents (Iliadou et al., 2018; McFadden et al., 2017), as well as providing ongoing support to breastfeeding mothers well beyond childbirth (McFadden et al., 2017; Meedya et al., 2017). These circumstances are crucial for promoting sustained breastfeeding success. It has been shown that prenatal group counselling can significantly improve BSE and mitigate various breastfeeding problems in the postpartum phase (Shafaei et al., 2020). Prenatal counselling markedly improves outcomes in the early days post-childbirth, which is essential for the initiation and continuation of breastfeeding (Fahim et al., 2023).

The support of midwives can promote breastfeeding practices

Many women feel a strong sense of responsibility for ensuring their child's healthy nutrition and development, particularly through breastfeeding. This awareness of breastfeeding's benefits can lead to significant self-imposed pressure, making it harder for mothers to cope with challenges that arise (Gila-Díaz et al., 2020). Research highlights that one of the most common concerns is the perception of insufficient breast milk production, with mothers often

worrying that their baby is not receiving enough milk, and this lack of confidence in milk supply frequently contributes to early breastfeeding cessation (Huang et al., 2022; Li et al., 2008; Oberfichtner et al., 2023; Olalere and Harley, 2024). However, studies suggest that this perception is often subjective rather than based on clinical evidence, with concerns sometimes emerging even before breastfeeding begins, triggered by infant behaviors such as frequent crying or difficulties with suckling (Huang et al., 2022; Peacock-Chambers et al., 2017). Notably, over 95% of mothers are physiologically capable of producing sufficient milk to meet their baby's nutritional needs during the first four months (Brown et al., 2014).

Younger maternal age is often associated with shorter breastfeeding duration, largely due to emotional challenges such as anxiety and fear of failure (Liu et al., 2013; Santana et al., 2018). Many young mothers view themselves as solely responsible for their child's health, which can amplify the pressure they place on themselves to succeed at breastfeeding (Gila-Díaz et al., 2020). This heightened stress can make it difficult to address breastfeeding difficulties effectively. As a result, younger mothers particularly benefit from comprehensive counseling and positive reinforcement to build confidence and resilience, supporting them in sustaining breastfeeding for longer periods.

Inadequate breastfeeding techniques also significantly contribute to challenges, often leading to perceived insufficient milk production and early discontinuation of breastfeeding (Colombo et al., 2018; Oberfichtner et al., 2023; Odom et al., 2013; Rollins et al., 2016). Poor techniques are linked to additional complications, such as nipple injuries, breastfeeding pain, engorgement, and mastitis (Gianni et al., 2019). These findings underscore the importance of targeted education on proper latch, positioning, and breastfeeding techniques. Such support not only helps prevent early cessation but also reduces the incidence of related complications. Ongoing professional guidance has been shown to be critical in helping mothers achieve their

breastfeeding goals, aligning with World Health Organization recommendations for duration and exclusivity (Odom et al., 2013).

A 2017 Cochrane review, analyzing 73 randomized controlled trials with 74,656 mother-infant pairs, confirmed that various forms of breastfeeding support significantly increase breastfeeding rates, particularly in regions with high initiation rates (McFadden et al., 2017). This evidence highlights the value of structured support systems in promoting breastfeeding success. Additionally, research highlights the significant benefits of midwife-led breastfeeding support groups, which not only extend breastfeeding duration but also reduce postpartum depression. These groups create a supportive environment that boosts mothers' confidence and self-efficacy, longer breastfeeding periods, and lower rates of postpartum depression four months after delivery compared to those without such support (Rodríguez-Gallego et al., 2024). These findings underscore the importance of midwives developing targeted strategies to promote breastfeeding initiation and continuation while addressing maternal mental health challenges.

A recent review arrived at the same conclusion that the quality and quantity of breastfeeding support services led by midwives are linked to improved breastfeeding duration and exclusivity (Gavine et al., 2022). Furthermore, ongoing midwife-led education and support, combined with efforts to nurture maternal mental well-being, are strongly associated with longer periods of exclusive breastfeeding (Dagla et al., 2021). The critical role of midwives in providing education and encouragement is consistently emphasized in global literature, widely recognized by both healthcare professionals and mothers (Ekström and Nissen, 2006).

Midwifery Continuity of Care (MCoC) improves the likelihood of exclusive breastfeeding

MCoC refers to a care model in which the same midwife or a small team of midwives give continuous care throughout pregnancy, childbirth, and the postpartum phase. This approach

ensures a consistent, relationship-based maternity care experience from early pregnancy through to the postnatal phase. MCoC includes post-discharge home visits, offering support for breastfeeding or formula feeding, as well as neonatal care guidance. Research shows that MCoC positively influences both maternal and newborn outcomes by reducing the need for clinical interventions, such as instrumental deliveries and cesarean sections, while also enhancing satisfaction with care, information, support, and advice (Hatem et al., 2024).

WHO advises exclusive breastfeeding for the initial six months, then continuing breastfeeding alongside suitable complementary foods for up to two years or more. WHO also advocates for early, uninterrupted skin-to-skin contact, rooming-in, and kangaroo mother care to promote breastfeeding success (World Health Organization & United Nations Children's Fund, 2018). MCoC plays a crucial role in facilitating these recommendations by providing consistent guidance and support to mothers. Several factors influence breastfeeding decisions, including personal experiences, number of children, partner support, availability of maternal education and midwifery services, along with informal information sources like the internet (Ballesta-Castillejos et al., 2020).

To improve breastfeeding outcomes further, MCoC incorporates interdisciplinary partnerships between midwives and mental health specialists. This intervention is based on three key research assumptions that are internationally linked to the increased rates of breastfeeding initiation and continuation: (a) midwifery-led antenatal education and counselling for pregnant women and their partners (Iliadou et al., 2018; McFadden et al., 2017), (b) ongoing long-term support, counselling, and oversight of breastfeeding during the postpartum and lactation phases (McFadden et al., 2017; Meedyia et al., 2017), and (c) early detection of mental health issues and prompt psychosocial intervention (Kronborg et al., 2007; Wouk et al., 2017).

The essential role of midwives in promoting lactation and the significance of their education and support are well-documented in the literature, both by healthcare professionals and mothers

(Ekström and Nissen, 2006). Perinatal midwifery-led education and counselling, along with continuous postpartum support extending up to one year postpartum, appear to be essential components of intervention strategies that promote breastfeeding (Dagla et al., 2021). Research reviews indicate that interventions starting during pregnancy and continuing through the postpartum phases are more effective for sustaining the length and exclusivity of breastfeeding than programs that are solely antenatal or postnatal (Hannula et al., 2008).

Teaching strategies enhance long-term commitment to breastfeeding

The World Health Organization underscores breastfeeding education as a cornerstone of health promotion during prenatal care, highlighting its role in fostering positive maternal attitudes toward breastfeeding initiation (Coffman, 2019). Breastfeeding education and support delivered by qualified and skilled healthcare professionals positively influences women's attitudes toward breastfeeding initiation (Tanaka and Horiuchi, 2021; White, 2020). Comprehensive knowledge provided before childbirth significantly enhances mothers' confidence in their breastfeeding abilities, setting a strong foundation for successful breastfeeding outcomes (Oberfichtner et al., 2023).

Building on this, midwives often employ a variety of educational tools to support breastfeeding, including written materials like booklets and leaflets, as well as visual and interactive aids such as photos, educational videos, and testimonial films. However, only a subset of women benefit from written supports, while interactive digital platforms like websites, mobile applications, and text messages are increasingly employed, positively influencing breastfeeding duration in the short and medium term (Yazdanbakhsh et al., 2024). These educational interventions, particularly written materials and proactive telephone support, prove especially effective for first-time mothers. Such interventions not only increase

breastfeeding rates but also reduce difficulties, enhance self-efficacy, and improve attitudes toward infant feeding during the first six months postpartum (Puharić et al., 2020).

Supporting these findings, a 2016 Cochrane review demonstrated that women receiving healthcare professional-led breastfeeding education and support were significantly more likely to initiate breastfeeding compared to those receiving standard care (Balogun et al., 2016; Doğan and Yazıcı, 2023). Continued interventions post-childbirth, such as telephone calls or home visits, further extend breastfeeding duration, particularly when women are equipped with knowledge about lactation physiology and common challenges like breast discomfort, cracking, and engorgement (Yazdanbakhsh et al., 2024).

Both women and midwives highlight the importance of comprehensive breastfeeding education, focusing on topics like breastfeeding benefits, lactation physiology, and managing complications. Practical pre-birth training, including workshops and educational videos, enhances understanding, while continuous access to reliable resources, such as breastfeeding websites, supports skill development. Community-hospital-peer networks and ongoing support for addressing postnatal challenges further promote sustained breastfeeding, reinforcing its benefits in the short and medium term (Yazdanbakhsh et al., 2024).

This literature review is constrained by several limitations, such as the absence of a quality assessment for these studies, which risks incorporating low-quality findings, as methodological rigor was not evaluated. The narrative synthesis approach, without adherence to systematic guidelines, may introduce selection bias. Geographic bias is evident, with studies from Iran, Greece, Sweden, Austria, Spain, and France lacking representation from low- and middle-income countries. Consequently, the findings may not be generalizable to diverse settings due to their focus on high-resource contexts, and it may not fully capture the global diversity of breastfeeding experiences. To enhance future literature reviews on midwives' support in

breastfeeding, a systematic approach adhering to PRISMA guidelines should be adopted, incorporating quality appraisals and potentially a meta-analysis to quantify effect sizes.

Conclusion

Midwives play a crucial role in promoting effective breastfeeding. Their counselling raises mothers' confidence, strengthens their commitment to breastfeeding, and improves their breastfeeding skills. Positive support from midwives enhances breastfeeding behaviors. Moreover, MCoC interventions initiated throughout pregnancy and sustained into the postpartum period are considered more efficacious in extending both the duration and exclusivity of breastfeeding compared to programs that are exclusively prenatal or postnatal. The teaching offered by midwives, utilizing diverse techniques and strategies, enhances long-term dedication to breastfeeding. This indicates that, with positive support, education, and ongoing care from midwives, an increased number of infants can be breastfed.

Ethical Considerations

Compliance with ethical guidelines

Accuracy, fairness, and respect for original authors are confirmed.

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Authors' contributions: Conceptualization: NZ and JN designed the review, established the research scope, and created the review protocol. Literature Search and Screening: NZ and JN performed the systematic literature search, screened articles for inclusion, and extracted relevant data, with assistance from QESA. Analysis and Synthesis: NZ, LG, and HS analyzed the literature and integrated findings to highlight key themes. Manuscript Drafting: NZ, JN,

QESA, and AVA wrote the initial manuscript, covering the introduction, methodology, and discussion sections. Critical Revision and Editing: NZ, HS, and AVA thoroughly revised the manuscript for intellectual content, clarity, and coherence. Final Approval: All the authors reviewed and approved the final manuscript for submission.

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