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Knowledge, Attitude and Practices of Saudi Women Regarding Breast Feeding at Makkah Al Mukkaramah

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Abstract
Background: Breastfeeding (BF) is the normal way of feeding infants and young children. Breast milk has disease-fighting antibodies that can help protect infants from several types of illnesses. Mothers who breastfeed have a lower risk of some health problems, including breast cancer and type 2 diabetes. Large percentage of saudi women do not breastfeed their infants despite of the fact that, Islam is very clear in encouraging breastfeeding until a child is two years of age. This study aims to assess knowledge, attitude and practices of Saudi women regarding breast feeding. **Subjects and Methods:** A descriptive design was used in this study. It was conducted at the post-partum department, Heraa General Hospital, Makkah Al-Mukaramh. A convenient sample of 120 mothers were involved in this study. Three tools were used in the present study. The first tool was an interviewing assessment sheet, used to collect socio-demographic data, obstetric history and knowledge regarding BF. The second tool was an attitude scale, that ranged from positive, neutral and negative attitude toward breast feeding.. The third tool was an observational checklist to observe mothers during BF and newborn latching on. **Results:** The results of this study revealed that, less than one fifth of the mothers (17.5%) had poor knowledge regarding breast feeding, less than one half of them (43.3%) had negative attitude and slightly more than one third of them (35.0%) had average to poor latching on practices. **Conclusion and recommendations:** older (40-50 years old), highly educated and working mothers had excellent knowledge, positive attitude and good latching on practice. It was recommended to, encourage baby–friendly hospital initiative as one of the strategies to support and promote breastfeeding. Intensify breastfeeding education among mothers, with emphasis on the advantages of the early initiation of breastfeeding.
Key words: Knowledge, Attitude, Practices and Breast feeding.

1.Introduction:

Breastfeeding (BF) is an important strategy for improving infant/child morbidity and mortality, improving maternal morbidity and helping to control health care costs (James D & Lessen R 2009). Breast feeding is the feeding of an infant from mothers' breasts directly rather than using infant formula from a baby bottle. Infants have a normal sucking reflex that enables them to suck and swallow breast milk. Experts recommend that, breastfeeding must be started within one hour of birth. Mothers must exclusively breastfed their newborn infants. Exclusive breast feeding means no other food or drink, not even water, except breast milk was administered for the newborn in the first 6 months of life (WHO 2001). The World Health Organization (WHO) and United Nations Children's Emergency Fund (UNICEF) recommended that mothers should breast-feed their infants exclusively for four to six months and add supplementary food with breast feeding until the end of the second year of life (Labbok M et al 2007 & WHO 1990). Working mothers must express milk to be used for their children when they cared for by others (Awatef M et al 2009).In the holy Quran Verse 233/Sura Al-Baqara "Allah" said: "The mothers shall give suck to their offspring for two whole years for him who desires to complete the term. But he shall bear the cost of their food and clothing on equitable terms (The Holy Quran, Verse 233/ Surat Al-Baqara).

Breast-feeding promotes health for both mother and infant and helps to prevent disease (Bartick M, & Reinhold 2010). Longer breastfeeding has also been associated with better mental health through childhood and adolescence (Odd y et al 2010 & Horta B et al 2007). Experts agree that, breastfeeding is beneficial and have concerns about the effects of artificial formulas. Breastfeeding is a natural impulse of all mothers as it allows them to express their love, tenderness and protection of their children. It is vital for a child's survival, maternal health, and child spacing. Islam recognizes and highlights this fact as the above verse of the holy Quran instructed more than fourteen centuries ago that mothers breast-feed their children for two years (Labbok M et al 2007).

Early initiation and exclusivity are two important and related parts of establishing the protective effect of breastfeeding against neonatal morbidity and mortality (Drudy D et al 2006). Early breastfeeding is also related to long-term breastfeeding behaviors. Beginning breastfeeding immediately ensures that the newborn receives colostrum, known as liquid gold. Colostrum is the thick yellow first breast milk that constitute during

pregnancy and just after birth. This milk is very rich in nutrients and antibodies to protect the baby. Although, the baby only gets a small amount of colostrum at each feeding, it matches the amount his or her tiny stomach can hold. Colostrum changes into what is called mature milk. By the third to fifth day after birth, this mature breast milk has just the right amount of fat, sugar, water, and protein to help the newborn to grow. It is a thinner type of milk than colostrum, but it provides all of the nutrients and antibodies needed for growth (Sah K 2011).
Breast milk prevents the introduction of disease-causing pathogens through contaminated liquids including the water used to make formula as well as the powdered formula itself or foods. A history of being breastfed has been associated with decreased risk of acute otitis media, non-specific gastroenteritis, hospitalization for severe lower respiratory tract infections, atopic dermatitis, asthma in young children, obesity, type 1 and 2 diabetes, childhood leukemia, sudden infant death syndrome, and necrotizing enter colitis (Chung M et al 2007). Breastfeeding provides health benefits for mothers beyond emotional satisfaction. Breastfeeding mothers recover from childbirth more quickly and easily. The oxytocin hormone, released during breastfeeding acts to return the uterus to its regular size more quickly and can reduce postpartum bleeding. Studies show that breastfeeding women have reduced rates of breast and ovarian cancer later in life, breastfeeding may reduce the risk of developing type 2 diabetes, rheumatoid arthritis, and cardiovascular disease, including high blood pressure and high cholesterol. Continuous breast feeding and frequent on-demand nursing of the infant helps to delay next pregnancy through lactational amenorrhea. Exclusive breastfeeding also accelerates pregnancy weight loss (Black R et al 2008).
large percentage of mothers in Saudi Arabia do not breastfeed their infants despite of the fact that, Islam is very clear in encouraging breastfeeding until a child is two years of age (Al-Hreashy F et al 2008). Several decades ago when the big oil boom exploded in KSA in the 1970s, foreign baby formula manufacturers discovered a huge previously untapped marketplace in this desert kingdom. Convincing the powers-that-be of the "redeeming qualities" of breast milk substitution, these purveyors of infant formula launched a relentless brainwashing campaign in Saudi Arabia to convince mothers that their own bodies' milk wasn't adequate for their babies and that processed canned or powdered artificial baby formula was superior, and the women believed them. The result was an unprecedented decline in the percentage of nursing mothers and a frightening increase in the number of infant deaths and children's health problems in the ensuing decades (Batterjee 2010). The duration of breastfeeding in Saudi Arabia dropped from 24 months in 1967 to 12.5 months in 1996. Exclusive breastfeeding was also affected, it dropped from almost 100% in 1967 to 33% in 1998,for children less than 4 months (Maysoon M 2003)

Significance of the study:

More recent studies have reported a downward trend in breast-feeding practice and duration especially for young mothers in Saudi Arabia. A declining trend of exclusive breast feeding from 90% to 30% at the age of 3 months has been reported (Batterjee 2010). The rate of the continuation of breast-feeding for up to 2 years has dropped from 32% in 1987 to 3.2% in 2000. Only 0.2% of mothers in Saudi Arabia breast feed their infants at 2 years of age (Batterjee 2010). The main reasons given by mothers for this practice have been the perception of insufficient milk, pregnancy, going back to work, and the use of contraceptive pills (Maysoon M 2003, American Academy of Pediatrics 2005). Early introduction of bottle feeding was recently reported to replace lactation. Under nutrition is responsible for at least 35% of under-5 years deaths. An estimated 32% of children less than 5 years of age in developing countries are stunted and 10% are wasted. Lack of appropriate breastfeeding and complementary feeding practices are main causes of under nutrition and may initiate the problem of overweight and obesity that may only become most apparent in children beyond the age of 2 years. High rates of exclusive breastfeeding during the first 6 months of life and continued breastfeeding with complementary feeding can potentially prevent 13% and 6% respectively of under-5 deaths each year (Sah K 2011).

2. Aim of the study:

The aim of this study was to assess knowledge, attitude and practices of Saudi women regarding breast feeding at Makkah Al Mukkaramah.

3. Research question:

What are the level of knowledge, attitude and practices of Saudi women regarding breastfeeding?

4. Subjects and methods:

4.1 Study design: A descriptive design was used for this study.
4.2 Setting: The study was conducted at the post-partum department, Hera'a General Hospital, Makkah Al-Mukkaramh,
4.3 Subjects: A convenient sample of 120 post- partum mothers was selected for the study.

4.4 Tools of data collection:
Three tools were developed and used to collect the necessary data.
4.4.1 An Interviewing Assessment Sheet: It was developed by the researchers and consisted of three parts.
Part 1: was concerned with socio-demographic data about mothers including: age, residence, education and occupation.
Part II: was concerned with obstetrical history such as No. of gravida, parity, type of delivery, number of children and gender.
Part III: was concerned with mother's knowledge and practices regarding breast feeding. It included questions related to benefits of breast feeding, concept of exclusive breast feeding, initiation of breast feeding after delivery, causes of delaying or avoiding breastfeeding, their intention to continue breastfeeding, time and duration of feeding and newborn's eructation.
4.4.2 An attitudinal scale : this scale was developed by the researcher to assess mothers' attitude toward breast feeding. It was a Likert –scale using three continuum, Positive score (3), Neutral score (2) & Negative with a score of (1). It consisted of 14 statements in which the women were asked to select one of the choices.
Scoring system
- Positive : 75 – 100 % = 32 - 42
- Neutral : 50 – 74 % = 21 - 31
- Negative: 0 – 49 % = 0 - 20

4.4.3 An observational checklist: It was developed by the researchers, it consisted of 13 statements that was used to observe mothers during breast feeding and newborn latching on. Three practices were observed by this checklist which were, poor (0), average (1) & good (2).
Scoring system
- Good : 75 – 100 % = 20 - 26
- Average : 50 – 74 % = 13 - 19
- Poor: 0 – 49 % = 0 - 12

4.5 Preparatory phase:
Researchers reviewed the current local and international related literature using textbooks, articles, and scientific magazines. This helped the researchers to be acquainted with the problem and guided them in the process of tools designing.
4.6 Validity & Reliability:
To measure validity of the tools, the researchers assure that items of an instrument adequately represent what are supposed to measure and presented it to a jury of experts in the related field for revision and validation. Tools reliability was tested using Alpha Cronbach test. Its result was 0.72 which indicates an accepted reliability of the tool.
4.7 Administrative design:
An official letter clarifying the purpose of the study and accepting the process of data collection was directed from the Vice dean of research and post graduate studies at Nursing Faculty/Umm Al Qura University to the manager of the selected hospital requesting his approval for data collection.
4.8 Pilot Study:
The study tool were pre-tested on pilot sample of 12 postpartum women who were excluded from the study. According the results of the pilot study, some questions were omitted and others were restated.
4.9 Field work:
The researchers attended the selected hospital two days per week, from 8.00 am. to 2.00 pm. The researchers introduced themselves to the women and briefly explained the nature of the study. Then women's consent was obtained. The data collection phase of the study was carried out from the beginning of September 2013 to the beginning of December 2013 (about 3 months). All women were individually interviewed to collect data. It takes about 45 minutes with each woman to complete the questionnaire and the observational checklist.
4.10 Ethical considerations:
The aim of the study was explained to all participants. Obtaining the acceptance of women to participate in the study. All women were informed that their participation is voluntary and confidential. They informed that, collected data would be only used for the purpose of the study as well as for their benefit.
Statistical analysis:
Data was collected, coded, tabulated and analyzed, using the SPSS computer application for statistical analysis. Descriptive statistics was used to calculate percentages and frequencies. Significance test was used to estimate the statistical significant differences. A significant P-value was considered when P- value less than 0.05 and it was considered highly significant when P- value less than or equal 0.01.

5. Results

As shown in table (1), nearly half of the mothers (47.5%) aged between 20- < 30 years. The mean age of the mothers was 29.10 + 7.27. Eighty percent of mothers lived in urban area. Nearly equal percent of the mothers (30.8% and 29.1%) had intermediate, university and/or postgraduate education respectively. About two thirds of the mothers (64.2%) were housewives.

As illustrated in table (2), normal delivery was reported by 76.7 % of the mothers. More than three quarters of the mothers (79.2%) were multipara. In addition, 60.0% of the mothers had < 3 children. The gender of last newborn was male among 60% of mothers.

Table (3) represents knowledge, attitude and practices of mothers toward breast feeding. It can be observed that 20.0%, 27.5% of mothers had excellent and good knowledge respectively. In addition, more than two fifth of mothers (43.3%) had negative attitude toward breast feeding while equal percent of them 35.0% had average and poor practices during latching on practices.

As shown in table (4), the knowledge level was excellent among older women 62.5%. More than one third of younger women (36.8%) aged less than 20 years had poor knowledge. However, the difference is statistically significant where (P= 0.022*). In addition, 41.4% and 34.3% of women who have secondary, university and postgraduate education respectively had excellent knowledge compared to 62.5% of illiterate women who had poor knowledge. The difference was statistically highly significant, (P=0.00*). More than one third of working mothers (37.2%) had excellent knowledge compared to 10.4% of housewives. The difference was statistically significant, (P=0.04*). Furthermore, 19.6 %, 21.4% of mothers who had normal and cesarean section delivery respectively had excellent knowledge. About two fifth of mothers (41.7%) with 3 children or more had excellent knowledge while 50.0% of mothers with less than 3 children had fair knowledge about breastfeeding. The difference was statistically highly significant, (P=0.00*).

As illustrated in table (5), three quarters (75.0%) of older mothers between 40-50 years old had positive attitude toward breast feeding compared to nearly equal percent (21.% & 22.2%) of mothers aged 20 <30 and 30 <40 years respectively who had positive attitude. Furthermore, about two thirds of mothers (65.7%) with university and post graduate education had positive attitude toward breast feeding, while 25% & 27.3% of illiterate & primary level of education respectively had positive attitude. The difference was statistically highly significant, (P=0.00*). In addition, more than one half of housewives (58.4%) had negative attitude toward breastfeeding, compared to slightly less than half of working mothers (46.5%) who had positive attitude. The difference was statistically highly significant (P=0.00*). However, there is no statistically significant difference among women according to their type of delivery with their attitude toward breast feeding. Less than two thirds of mothers (61.1%) who had < 3 children had negative attitude toward breastfeeding compared to 16.6% of mothers who had ≥ 3 children. The difference was statistically highly significant (P=0.00*).

As presented in table (6), 38.6% of mothers between 20 - < 30 years old and 33.3% of mothers between 30 - < 40 years old had average latching on practice. The difference was statistically significant (P=0.046*). Three quarters of illiterate mothers (75.0%) performed poor latching on compared to 5.7% of university and post graduate education. The difference was statistically highly significant (P=0.001*). About one half of working mothers (46.5%) had good latching on compared to 20.7% of housewives. Good latching on increased among women with cesarean section (50.0%) while it was 23.9% between normal deliveries. The difference was statistically significant (P=0.030*).However, there is no statistically significant differences between number of children and latching on practice.

Table (1) Distribution of mothers according to socio-demographic characteristics.

Characteristics	n.=120	%
Age		
< 20	19	15.8
20 -< 30	57	47.5
30 - < 40	36	30.0
40-50	8	6.7
Mean ±SD = 29.10 ± 7.27		
Residence		
Urban	96	80.0
Rural	24	20.0
Education		
Illiterate /Read & write	8	6.7
Primary	11	9.2
Intermediate	37	30.8
Secondary	29	24.2
University/postgraduate	35	29.1
Employment		
Working	43	35.8
Housewives	77	64.2

Table (2) Distribution of mothers according to obstetrical history

Characteristics	n.=120	%
Type of delivery		
Normal	92	76.7
Cesarean Section	28	23.3
Parity		
Primipara	25	20.8
Multipara	95	79.2
Number of children		
< 3	72	60.0
≥ 3	48	40.0
Newborn gender		
Male	72	60.0
Female	48	40.0

Table (3): Distribution of the mothers regarding their knowledge, attitude and Practices toward breast feeding.

	n.=120	**%**
Knowledge Level		
Excellent	24	20.0
Good	33	27.5
Fair	42	35.0
Poor	21	17.5
Attitude		
Positive	32	26.7
Neutral	36	30.0
Negative	52	43.3
Practice (Latching on)		
Good	36	30.0
Average	42	35.0
Poor	42	35.0

Table (4): Relation between knowledge level and socio-demographic characteristics and obstetrical history.

	Excellent	Good	Fair	Poor	x^2	p- value
	%	%	%	%		
Age						
< 20	21.1	26.3	15.8	36.8		
20 -< 30	8.8	24.6	43.8	22.8	15.65	0.022*
30 - < 40	27.8	33.3	38.9	0.0		
40-50	62.5	25.0	0.0	12.5		
Education						
Illiterate /Read & write	0.0	0.0	37.5	62.5		
Primary	0.0	45.4	27.3	27.3		
Intermediate	0.0	27.1	48.6	24.3	22.65	0.001*
Secondary	41.4	34.5	20.7	3.4		
University/postgraduate	34.3	22.8	34.3	8.6		
Employment						
Working	37.2	23.3	27.9	11.6	10.65	0.043*
House wife	10.4	29.8	39.0	20.8		
Type of delivery						
Normal	19.6	32.6	30.4	17.4		
Cesarean Section	21.4	10.7	50.0	17.9	6.13	0.105
Number of children						
< 3	5.6	33.3	50.0	11.1		
≥ 3	41.7	18.8	12.5	27.1	12.41	0.001*

Table (5): Relation between level of attitude and socio-demographic and obstetrical history.

	Positive	Neutral	Negative	x^2	p- value
	%	%	%		
Age					
< 20	31.6	52.6	15.8		
20 -< 30	21.1	31.5	47.4	2.36	0.521
30 - < 40	22.2	16.7	61.1		
40-50	75.0	25.0	0.0		
Education					
Illiterate /Read & write	25.0	50.0	25.0		
Primary	27.3	27.3	45.4	15.65	0.001*
Intermediate	5.4	29.7	64.9		
Secondary	6.9	34.5	58.6		
University/postgraduate	65.7	11.4	22.9		
Employment					
Working	46.5	37.2	16.3	22.38	0.0001*
House wife	15.6	26.0	58.4		
Type of delivery					
Normal	27.2	34.8	38.0	5.59	0.061
Cesarean Section	25.0	14.3	60.7		
Number of children					
< 3	16.7	22.2	61.1	23.51	0.000*
≥ 3	41.7	41.7	16.6		

Table (6): Relation between level of practice (latching on) and socio-demographic and obstetrical history.

	Good	Average	Poor	x_2	p- value
	%	%	%		
Age					
< 20	10.5	42.1	47.4		
20 -< 30	10.5	38.6	50.9	8.256,	0.0465*
30 - < 40	55.6	33.3	11.1		
40-50	100.0	0.0	0.0		
Education					
Illiterate /Read & write	0.0	25.0	75.0		
Primary	9.0	45.5	45.5	26.58	0.0013*
Intermediate	32.4	16.2	51.4		
Secondary	24.1	41.4	34.5		
University/postgraduate	45.7	48.6	5.7		
Employment					
Working	46.5	44.2	9.3	12.35	0.0038*
House wife	20.7	29.9	49.4		
Type of delivery					
Normal	23.9	38.0	38.0	6.96	0.030*
Cesarean Section	50.0	25.0	25.0		
Number of children					
< 3	29.2	34.7	36.1	0.94	0.843
≥ 3	31.3	35.4	33.3		

6. Discussion

Breastfeeding is more than a way to feed a baby, it becomes a lifestyle. It helps to protect infants from asthma, obesity, diabetes, childhood leukemia, sudden infant death syndrome, and diarrhea, and may lead to better health later in life. Breastfeeding also improves mothers' ability to recover from childbirth, and may decrease mothers' risk of breast and ovarian cancer, type II diabetes, and cardiovascular disease. The World Health Organization recommendation for breastfeeding is that all infants should be exclusively breastfed for the first six months of life, and receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age.(Al-Hreashy et al 2008). The aim of this study was to assess knowledge, attitude and practices of Saudi women regarding breast feeding at Makkah Al Mukkaramah.

The present study revealed that, The mean age of the mothers was 29.10 + 7.27. Slightly less than one third of the mothers had intermediate, university and postgraduste educated. Less than tenth of the mothers were illiterate, read/ write and had primary education. About two thirds of the mothers were housewives. The findings of the current study is consistent with the study of Al-Hreashy F et al., (2008) who found that the mean age of mothers was 29.4 + 6.2, More than three quarters of the mothers were housewife and one quarter were illiterate.

The current study reported that less than one fifth of mothers had poor knowledge about breast feeding; similar findings were also reported by Ukegbu et al. (2011) who found that the majority of mothers (91.2%) had good or very good knowledge about breastfeeding.

Positive women's attitude toward breast feeding are an important component in child nutritional health. In the present study, less than half of the mothers had negative attitude toward breastfeeding. These results are in line with the results of Wojcicki J et al (2010) who found that, women had negative attitude toward breast feeding because they believed that they have problem in milk production and breast feeding increases breast size and body weight. These results are also in line with the results of Agunbiade, et al (2012) who found that the main obstacles to breastfeeding identified were perceived milk insufficiency .

Furthermore, according to the results of the present study, older mother and those who were highly educated had excellent knowledge than younger and low educated mothers. These results are similar to Maheswari E (2010), Wen L et al (2009), Narayan S et al (2005), Scott J et al (1998) & Michaelsen et al (1994) who reported the same results. In addition, there is a statistical significant difference between the mother's employment and their knowledge about breast feeding, working women had excellent knowledge than housewives. This can be explained as, working women have better chances of contact with a more experienced persons and to acquire health and social information. This result is in accordance with the results of Maheswari E (2010)). In addition, about two thirds of highly educated mothers had positive attitude toward breastfeeding while less than one half of working mothers had positive attitude and good breastfeeding practices. These results are in line with Christopher K (2012) who found that, the higher the educational level, the more likely it is that breastfeeding attitude would be positive. However, These results are contradicted with the results of four studies which

concluded that working mother's breastfed less frequently than non-workers, and that these differences were statistically significant. They reported that, despite the fact that Saudi women do not work in hazardous occupations, a mother's work per se does adversely affect breastfeeding practice. Breastfeeding and working outside home are commonly believed to be incompatible activities, and maternal employment has long been considered a barrier to successful breastfeeding (Amin T et al 2011, El-Gilany et al 2011, Al-Hreashy et al 2008, Al-Ayed I & Qureshi M 1998).

In the present study, women who had more children had excellent knowledge and positive attitude toward breastfeeding, however, the difference was statistically significant. This may be due to mothers' personal experiences which improve their knowledge. Their personal experiences enabled them to feel confident and informed when discussing and practicing breastfeeding. The finding of the current study was congruent with the study of Brodribb et al (2007) who reported a positive correlation between the number of children and mothers knowledge regarding breast feeding .

In the present study, large percent of women who had cesarean section had negative attitude toward breastfeeding. These may be related to their physical condition after delivery Whereby some mothers claimed that they were not feeling well enough to be able to breastfeed due to painful conditions associated with caesarian section and newborn admission to nursery (Hanif M 2011). These results are congruent with the results of a study conducted by Ku C & Chow Y (2010), Chien & Tai (2006), Shawky S & Abalkhail B (2003) who found that mothers who delivered by caesarean section were at more risk of stopping breast feeding and had negative attitude than those who delivered vaginally. This could be for several reasons related to the mother's and infant's health after delivery which influences the decision to breastfeed and maintain lactation. In addition, the mother's feeling that she has failed to deliver normally by the vaginal route and her fear of harming her infant through insufficient milk intake make her support the use of artificial feeding. Previous studies have reported that caesarean section delivery was a risk factor for not initiating breast feeding . Reasons related to hospital policy also may explain the results of the current study. After either cesarean section or spontaneous vaginal delivery, bottle feeding was initiated directly to feed the baby and this may lead to newborn's refusal of breast feeding.

Effective breastfeeding is a function of the proper positioning of mother and baby and attachment of child to the mother's breast. Positioning of the baby's body is important for good attachment and successful breastfeeding. Most difficulties can be avoided altogether if good attachment and positioning are achieved at the first and early feeds. An effective sucking technique is considered important to establish breastfeeding, to ensure milk transfer, and to prevent breastfeeding problems (Dongre R et al 2010 & Matthews M 1993). In the present study, small percent of women had good latching on. In addition, younger mothers had poorer attachment as compared to older mothers, similar findings were also reported by Kronborg H& Væth M (2009), Gupta M & Aggarwal A (2008).

7. Conclusion

It can be concluded that large percent of mothers had negative attitude toward breast feeding while equal percent of them performed average and poor practices during latching on. In addition, older (40-50 years old), highly educated and working mothers had excellent knowledge, positive attitude and good latching on practice than younger, low educated and housewives women.

8. Recommendations

1. Early introduction of bottle feeding to infants in the hospital should be discouraged to ensure high-quality of breast feeding.
2. Encourage baby–friendly hospital initiative as one of the strategies in the plan to support and promote breastfeeding.
3. Provide focused counseling and support needs to be given especially to younger and less educated mothers with emphasis on the advantages of the early initiation of breastfeeding.
4. Developing an educational program for both midwifes and pediatric nurses about the importance and early initiation of breast feeding during post-partum period
5. Changes the hospital polices of mother-newborn separation after delivery and encourages rooming-in.
6. Promotion of breastfeeding support groups is essential for advocating the great benefits and advantages of breastfeeding for mothers and their babies.
7. All Maternal and Child Health (MCH) care agencies should highlight and formulate a policy for successful and effective initiation of breastfeeding as a part of an integrated neonatal care.
8. Further research about breastfeeding self-efficacy among Saudi women during the antenatal period.

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