# FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING DURATION AMONG MOTHERS OF INFANTS WITH STRIDOR

by

**JAMILAH BINTI SHAHDAN**

**Dissertation Submitted to Universiti Putra Malaysia, in Fulfilment of the Requirements for the Degree of Master in Nutritional Sciences**

**September 2022**

**FPSK (m) 2022 57**

**ABSTRACT**

**FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING DURATION AMONG MOTHERS OF INFANTS WITH STRIDOR**

By

**JAMILAH BINTI SHAHDAN**

**September 2022**

**Chair : Dr. Nurul Husna binti Mohd Shukri**

Breastfeeding is well known for providing the most optimal nutrition for newborn infants. Even in healthy infants with an uncomplicated perinatal course, sustaining exclusive breastfeeding until six months of life can be influenced by many factors. Infants with stridor often have difficulties with feeding practices due to their inability to control breathing and swallowing, disruption of the suck-swallow-breathe sequence and airway protection during feeding. At present, there were extensive studies on the etiologies of stridor. However, there is no published research on the association of exclusive breastfeeding among infants with stridor conducted globally or in Malaysia. Information on exclusive breastfeeding duration among infants with stridor is essential to prevent adverse effects on both mother and infant. Therefore, this study aims to identify the associations of maternal characteristics, obstetric and birth outcomes, infant's health characteristics, and lactation characteristics with the duration of exclusive breastfeeding among mothers of infants with stridor referred to the Otorhinolaryngology Department of Hospital Serdang and Hospital Ampang. This data study was obtained from a primary research study focused on weight gain. A total of 153 mother-child dyads with a child mean age of 3.14 ± 1.2 years participated in this study. An interviewer-administered questionnaire was given to mothers over the phone to gather information about breastfeeding practices, while consented secondary data was accessed through the hospital system (e-His) to gather information on infants' health characteristics. At six months, the exclusive breastfeeding duration rate was 43.8%, with an average of 4.50 ± 2.07 months. The majority were presented with a mild severity of stridor (n = 75, 49%). Mothers often experienced difficulties during breastfeeding due to the baby's having trouble sucking (10.0%), which indicated the symptoms of stridor. Duration of exclusive breastfeeding was negatively associated with the severity of stridor (ß=-0.478, p =0.001), while positively associated with the age starts with formula feeding (ß=0.532, p=0.001), the age for complementary feeding (ß=0.398, p=0.001), the age start for bottle feeding, including expressed breastmilk (ß=0.150, p=0.004), and the gestational week at birth (ß=0.153, p=0.048). Overall, the condition of stridor was associated with breastfeeding duration. The need to tackle this problem with proper management and guidelines is essential so that mothers of infants with stridor or other related health conditions may get the benefits from breastfeeding.

*ABSTRAK*

**FAKTOR-FAKTOR YANG BERKAITAN DENGAN TEMPOH PENYUSUAN SECARA ESKLUSIF DALAM KALANGAN IBU DAN BAYI YANG MENGALAMI PENYAKIT STRIDOR**

Oleh

**JAMILAH BINTI SHAHDAN**

**September 2022**

**Chair : Dr. Nurul Husna binti Mohd Shukri**

Penyusuan susu ibu sangat terkenal kerana dapat memberikan nutrisi yang paling optimum untuk bayi yang baru lahir. Malah pada bayi yang sihat dalam tempoh peranakan yang mudah, untuk mengekalkan penyusuan susu ibu secara eksklusif sehingga enam bulan boleh dipengaruhi oleh banyak faktor. Bayi yang mengalami penyakit stridor sering menghadapi kesukaran semasa penyusuan kerana ketidakupayaan mereka untuk mengawal pernafasan dan menelan, akibat gangguan pada urutan hisap-telan-nafas dan gangguan saluran pernafasan semasa penyusuan. Sehingga kini, kajian meluas hanya mengenai gejala dan etiologi stridor. Namun, tiada maklumat atau penyelidikan yang diterbitkan mengenai perkaitan amalan penyusuan khususnya penyusuan susu ibu secara eksklusif dalam kalangan bayi yang mengalami stridor yang dijalankan secara global atau di Malaysia. Maklumat mengenai tempoh penyusuan susu ibu secara eksklusif dalam kalangan bayi dengan stridor adalah penting untuk mengelakkan kesan buruk kepada ibu dan bayi. Maka, tujuan kajian ini adalah untuk mengenal pasti perkaitan ciri-ciri ibu, hasil obstetrik dan kelahiran, ciri-ciri kesihatan bayi, dan ciri-ciri laktasi dengan tempoh penyusuan susu ibu secara eksklusif dalam kalangan ibu dan bayi yang mengalami penyakit stridor di Jabatan Otorinolaringologi Hospital Serdang dan Hospital Ampang. Kajian data ini diperoleh daripada kajian penyelidikan primer yang memfokuskan kepada penambahan berat badan bayi. Sebanyak 153 dyad ibu-anak dengan purata umur anak 3.14 ± 1.2 tahun telah mengambil bahagian dalam kajian ini. Soal selidik yang dilakukan oleh penemuduga diberikan kepada ibu melalui telefon untuk mengumpul maklumat tentang amalan penyusuan susu ibu, manakala data sekunder yang dibenarkan telah diakses melalui sistem hospital (e-His) untuk mengumpul maklumat tentang ciri kesihatan bayi. Pada enam bulan, kadar tempoh penyusuan susu ibu secara eksklusif ialah 43.8%, dengan purata 4.50 ± 2.07 bulan. Majoriti bayi mengalami stridor yang ringan (n = 75, 49%). Ibu sering mengalami kesukaran semasa penyusuan kerana bayi mengalami masalah menghisap (10.0%), yang menunjukkan gejala penyakit stridor. Tempoh penyusuan susu ibu secara eksklusif mempunyai hubungan signifikan secara negatif dengan keterukan penyakit stridor (ß=-0.478, p=0.001), manakala hubungan signifikan secara positif dengan umur permulaan susu formula (ß=0.532, p=0.001), umur pemberian makanan tambahan (ß=0.398, p= 0.001), umur permulaan untuk penyusuan botol, termasuk susu perahan ibu (ß=0.150, p = 0.004), dan minggu kehamilan semasa kelahiran (ß=0.153, p=0.048). Secara keseluruhannya, keadaan penyakit stridor yang dialami dikaitkan dengan tempoh penyusuan susu ibu. Keperluan untuk menangani masalah ini dengan pengurusan dan garis panduan yang betul adalah penting supaya ibu dan bayi yang mengalami penyakit

stridor atau keadaan kesihatan lain yang berkaitan boleh mendapat manfaat daripada penyusuan susu ibu.

## ACKNOWLEDGEMENT

This dissertation is finally complete, and I am compelled to tip my hat to express my true gratitude, to the many people who aided and supported me tremendously in achieving this dream. The first person I would like to thank is my beloved supervisor, Dr. Nurul Husna binti Mohd Shukri. I feel extremely fortunate to have the opportunity to be under her supervision. She has constantly provided valuable wisdom in guiding me throughout these three semesters. I want to take this opportunity to thank her for her extensive and insightful remarks and helpful recommendations, as well as her understanding, all of which have significantly improved this dissertation. Despite her commitments, she made time to assist me whenever I needed it. Besides, I would like to thank my coordinator, Assoc. Prof. Dr. Loh Su Peng, who provided valuable knowledge and encouragement in completing this dissertation.

I would like to acknowledge the researchers from the primary research for giving me trust in analysing the data. The primary research study was conducted by Dr Husna bt Mohd Shukri as a primary investigator and her research team consisted of Dr Khadijah bt Mohd Nor as a Paediatric Otorhinolaryngology consultant in Serdang Hospital and nutrition researcher, Nurul Humairah bt Mohd Foad.

Not to forget, my gratitude goes to my beloved family and family in laws, especially my husband, Muhammad Sheriff, and my kids, El Zhareef and El Yaseer, who have always been supportive and cooperative. Their support and care helped me overcome setbacks and stay focused on my studies and dissertation. They are the reason why I am doing this. Despite all the challenges and tears, we are stronger than we think. Last but not least, I would like to thank my parents and other family members. They were always supporting me and encouraging me with their best wishes. Once again, we praise Allah for His inexhaustible generosity throughout our lives and for enabling me to complete this entire thesis successfully. He is the Entirely Merciful, the Especially Merciful.

**DECLARATION**

**Declaration by the Graduate Student**

I hereby confirm that:

- This dissertation is my original work;
- quotations, illustrations and citations have been duly referenced;
- this dissertation has not been submitted previously or concurrently for any other degree at any institution;
- intellectual property from the dissertation and the copyright of the dissertation are fully owned by Universiti Putra Malaysia, as stipulated in the Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from the supervisor and the office of the Deputy Vice-Chancellor (Research and innovation) before the dissertation is published in any written, printed or electronic form (including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials) as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the dissertation, and scholarly integrity is upheld in accordance with the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2015-2016) and the Universiti Putra Malaysia (Research) Rules 2012. The dissertation has undergone plagiarism detection software

Signature: _____ Date: _____

Name and Matric No.: JAMILAH BINTI SHAHDAN

**Declaration by Members of the Supervisory Committee**

This is to confirm that:

- the research and the writing of this dissertation were done under our supervision;
- supervisory responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2015-2016) are adhered to.

Signature: _____

Name of Chairman of Supervisory Committee: DR. NURUL HUSNA BINTI MOHD SHUKRI

**TABLE OF CONTENTS**

## LIST OF TABLES

## LIST OF FIGURES

## LIST OF APPENDICES

# CHAPTER 1

# INTRODUCTION

## 1.1 Background

Breast milk contains all the energy and nutrients that an infant need for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the six months of the first year, and up to one-third during the second year of life. Breastfeeding has many health benefits in protecting from adverse health effects for infants and mothers as well as could reduce their disease burden. Breastfeeding protects the infant from pathogenic bacteria and has also been associated with reduced asthma and reduced obesity rates in children (Bigman, 2020; Liu et al., 2022). Breastfeeding also can enhance sensory and cognitive development and protects the infant against diarrhoea and common childhood illnesses such as pneumonia (World Health Organization, (WHO), 2019). In addition, breastfeeding also may provide both immediate and long-term benefits to mothers such as helping to space children and reducing the risk of ovarian or breast cancer (World Health Organization, (WHO), 2019), particularly if recommendations for exclusivity and duration are followed. The WHO and United Nations Children's Education Fund (UNICEF) recommended that infants should be exclusively breastfed for the first six months of life and complementary foods should be introduced at the age of six months (WHO/UNICEF, 1989).

Although the benefits of exclusive breastfeeding are well-established, currently at a global rate, only 44% of infants under six months of age are exclusively breastfed (UNICEF, 2021). Based on National Health and Morbidity Survey (NHMS, 2016), the prevalence of exclusive breastfeeding (47.1%) among infants under six months old had drastically increased compared to the prevalence of exclusive breastfeeding (14.5%) reported in NHMS 2006. Even though there was an increment, this prevalence was still less than the targeted prevalence by 2025 which at least 70% of infants below 6 months of age who are exclusively breastfed by The National Plan of Action for Nutrition of Malaysia III (NPANM III), 2016-2025 under Promoting Maternal, Infant and Young Child Nutrition.

Despite the benefits of exclusive breastfeeding, there are some circumstances in which infants with congenital malformation, specifically congenital stridor tends to experience difficulty to practice exclusive breastfeeding in their first six months of life. Stridor can occur in infants as an abnormal and observable high-pitched breathing sound produced by turbulent airflow through a partially obstructed stenotic upper airway at the level of the larynx and trachea (Clark et al., 2018). Stridor can occur commonly in inspiratory or expiratory, whereas in severe cases it could occur in both respiratory phases called biphasic stridor (Patnaik et al., 2021).

Generally, most stridor conditions appear as early as the first 10 days of life and worsen during the first few months of infancy (Irace et al., 2019). A study by Lum et al., (2016) involving all pediatric patients with stridor in the Otorhinolaryngology Department of Hospital Serdang found that (n= 72, 59.5%) of stridor occurs in the first 3 months of life with 25.6% which 31 of the patients were neonates. This finding is consistent with a recent study in South India that showed that 69% of stridor patients are below 1 year old with a subsequent of 18.3% in the 1–3-year age group and 12.7% in the 3-5 age group (Supriya et al., 2020).

Laryngomalacia, often present in inspiratory stridor during the first few weeks of life, generally increases in severity at around 6 months of age, accompanied by progressive symptom improvement. Most patients are symptom-free by 18-24 months of age (Simons et al., 2016). The severity of laryngomalacia is categorized as mild, moderate, and severe. Mild laryngomalacia can be adequately treated without specialist referral but must be diagnosed with a high degree of certainty (Bluher & Darrow, 2019). Flexible fiberoptic laryngoscopy is currently the gold standard for the diagnosis of laryngomalacia due to the convenience and ability to directly assess the dynamic collapse of the supraglottic airway during awake respiration (Klinginsmith et al., 2021). About 10% to 20% of infants with laryngomalacia will have severe symptoms and often require surgical intervention (Thompson et al., 2010).

Noisy breathing that appeared to worsen with feeding or while in a supine position is indicating laryngomalacia. The trouble in controlling breathing and swallowing, due to disruption of the suck-swallow-breathe sequence and airway protection during feeding, will cause feeding difficulties such as coughing, choking, gagging, regurgitation, emesis and slow/or inefficient feeding (Irace et al., 2019). More often, infants with laryngomalacia have a difficulty in the normal sequence of suck-swallow-breathe, which has a negative impact on feeding practices including breastfeeding eventually leading to poor weight gain or failure to thrive (LactaMap,2020).

**1.2 Problem Statement**

Laryngomalacia compromise may have consequences in feeding practices including breastfeeding which is particularly challenging for both mother and infant. Early breastfeeding difficulties may jeopardize effective milk removal at the breast and impact the establishment of milk supply, which may precipitate an early transition to bottle feeding (Mills et al., 2020). According to NHMS 2016, about 8.6% of mothers stop to continue breastfeeding their baby when they are facing certain difficulties related to trouble suckling or latching on. A cohort study by Rendon et al., (2002) showed that less than half (48%) of infants in the study with congenital malformations had exclusive breastfeeding in the first month of life. During the follow-up at six months of life, only 9% of the infants had completed exclusively breastfeeding with the three months of average duration of them exclusively breastfed.

Infants with laryngomalacia classically have worsening stridor associated with increased effort of breathing during feeding, as well as often being reported to have frequent interruption of feeding caused by coughing and choking episodes (Thomspon et al., 2017). These symptoms raise concern regarding aspiration possibly occurring in some of these infants, with the acknowledgement that silent aspiration could be occurring even in the absence of these clinical signs. This condition takes a long time to resolve at least 18 months (Bhatt et al., 2018). Therefore, the recommendation for an exclusive breastfeeding duration of at least six months is equally important for infants with laryngomalacia.

At present, there were extensive studies on the symptoms and etiologies of stridor. However, there is no published information or research on the association of feeding practices particularly on exclusive breastfeeding among infants with stridor conducted globally or in Malaysia. In addition, there was a lack of guidelines on feeding management or feeding problem screening among infants with stridor, especially in Malaysia, either for patients at the hospital or follow-up patients at home. Despite the fact that guidelines outline the best medical treatment, research continually shows that they are unlikely to change practice behavior unless they are accompanied by an effective implementation plan (W W Klein, 2002). Guideline adaptation is the crucial step in implementing process (Wang et al., 2018). As a result, developing a guideline that targets a specific local need especially on may be easier to adapt and implement.

To date, there were a few guidelines; LactaMap is one of the online lactation care support systems from Australia designed to assist the mother to breastfeed her baby including special needs baby. Expert opinions by the members of the International Paediatric Otorhinolaryngology Group (IPOG) had provided recommendations for comprehensive management of infants with symptoms of laryngomalacia (Carter et al., 2016). The experts provide management guidelines that may best be done in combination with feed or speech therapy programs when it is available to direct feed suggestions and therapy (texture modification, bottle pacing, augmenting feeding schedule, etc.). In Malaysia, Clinical Practice Guidelines (CGP) on Pneumonia and Respiratory Tract Infections provide a guideline for patients with croup, which refers to clinical symptoms characterized by inspiratory stridor (Omar et al., 2013). However, the guideline did not emphasize feeding management instead of medication and clinical intervention for the condition. Hence, the study on breastfeeding practices and breastfeeding management among infants with stridor is critical to improving their feeding difficulties.

Information on exclusive breastfeeding duration among infants with stridor is essential to prevent adverse effects on both mother and infant. Therefore, this study aims to determine the association of a maternal demographic and socio-economic, obstetrical and birth outcome, stridor characteristics, and lactation characteristics factors with the duration of exclusive breastfeeding among mothers of infants with stridor.

### 1.2.1 Research Questions

1. What is the common type of stridor among infants?
2. What is the rate of exclusive breastfeeding at 6 months among mothers of infants with stridor?
3. What is the average exclusive breastfeeding duration among mothers of infants with stridor?
4. What are the factors that are associated with exclusive breastfeeding duration among mothers of infants with stridor?

## 1.3 Significance of Study

The findings of this study will determine the maternal demographic and socioeconomic, obstetrical and birth outcome, stridor characteristics, and lactation characteristics factors with exclusive breastfeeding duration among mothers of infants with stridor. This study will provide benefits in several aspects. The findings could provide baseline information for health professionals or health care providers to plan proper guidelines or intervention programs in order to promote breastfeeding practices among mothers of infants with stridor with the available information.

At present, there is no published information in Malaysia regarding factors associated with exclusive breastfeeding duration among mothers of infants with stridor. Therefore, this information will be useful for future studies and can add to existing knowledge and literature data on maternal and child health and nutrition in Malaysia. Besides that, this study information also will be useful in promoting feeding practices and feeding management in order to reduce feeding difficulties among mothers of infants with stridor.

By conducting this study, this information can provide in determining the need for clear guidelines on the feeding practices and management of the mothers of infants with stridor. In addition, this information also could help in contributing data for future guidelines or can be used by policy maker to develop a policy regarding this issue. In the meantime, nutritionists, or health practitioners such as nurses, and pediatrics also could play an essential role in assisting the proper guideline on feeding practices and management for this group of populations.

## 1.4 Objectives

### 1.4.1 General objective

To determine factors associated with exclusive breastfeeding duration among mothers of infants with stridor in two general hospitals in Hulu Langat, Selangor.

### 1.4.2 Specific objectives

1) To assess maternal demographic-socioeconomic, obstetrical and birth outcomes, stridor characteristics and lactation characteristics factors among mothers of infants with stridor.
2) To assess duration of exclusive breastfeeding among mothers of infants with stridor.
3) To determine the association of maternal demographic-socioeconomic, obstetrical and birth outcomes, stridor characteristics and lactation characteristics factors with exclusive breastfeeding duration among mothers of infants with stridor.
4) To determine the contribution of maternal demographic-socioeconomic, obstetrical and birth outcomes, stridor characteristics and lactation characteristics factors with exclusive breastfeeding duration among mothers of infants with stridor.

## 1.5 Hypotheses

### 1.5.1 Null Hypotheses

1) There is no significant association between maternal demographic-socioeconomic with the duration of exclusive breastfeeding among mothers of infants with stridor.
2) There is no significant association between obstetrical and birth outcomes with the duration of exclusive breastfeeding among mothers of infants with stridor.
3) There is no significant association between stridor characteristics with the duration of exclusive breastfeeding among mothers of infants with stridor.
4) There are no contributions between all the mentioned factors or variables with the duration of exclusive breastfeeding among mothers of infants with stridor.

## 1.6 Research Framework

Figure 1.1 shows the research conceptual framework for this study. Maternal demographic-socioeconomic, obstetrical and birth outcomes, stridor characteristics, and

lactation characteristics factors are independent variables associated with the duration of exclusive breastfeeding among mothers of infants with stridor. The duration of exclusive breastfeeding will be determined by the weeks/months the infant had exclusively breastfed referring to the infant receiving only breastmilk with no water, tea, juice, or food except vitamins, minerals, and medication in the form of drops or syrup (WHO, 1991).

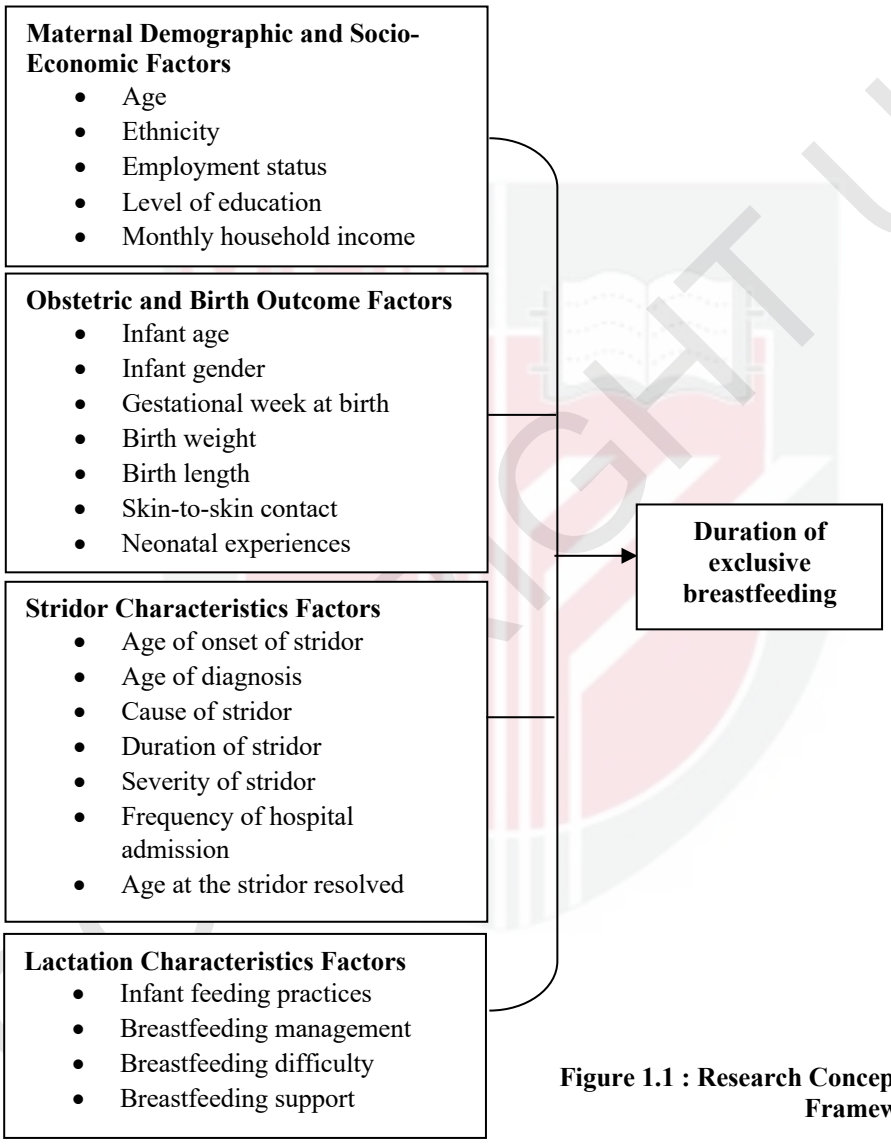


**Figure 1.1 : Research Conceptual Framework**

## REFERENCES


Taye, A. A., Asegidew, W., Taderegew, M. M., Bizuwork, Y. G., & Zegeye, B. (2021). Formula feeding practice and associated factors among mothers with infants 0-6 months of age in Addis Ababa, Ethiopia: a community-based cross-sectional study. *Italian journal of pediatrics*, *47*(1), 55. https://doi.org/10.1186/s13052-021-01010-x

Agho, K. E., Dibley, M. J., Odiase, J. I., & Ogbonmwan, S. M. (2011). Determinants of exclusive breastfeeding in Nigeria. *BMC Pregnancy and Childbirth*, *11*(1), 1–8. https://doi.org/10.1186/1471-2393-11-2/TABLES/2

Agostini, C. O., Poloni, S., Barbiero, S. M., & Vian, I. (2021). Prevalence of breastfeeding in children with congenital heart diseases and down syndrome. *Clinical nutrition ESPEN*, *44*, 458–462. https://doi.org/10.1016/j.clnesp.2021.03.023

Agyekum, M. W., Codjoe, S. N. A., Dake, F. A. A., & Abu, M. (2022). Is Infant birth weight and mothers perceived birth size associated with the practice of exclusive breastfeeding in Ghana? *PLOS ONE*, *17*(5), e0267179. https://doi.org/10.1371/JOURNAL.PONE.0267179

Ahishakiye, J., Bouwman, L., Brouwer, I. D., Vaandrager, L., & Koelen, M. (2020). Prenatal infant feeding intentions and actual feeding practices during the first six months postpartum in rural Rwanda: a qualitative, longitudinal cohort study. *International Breastfeeding Journal*, *15*(1).

Avery, A., Zimmermann, K., Underwood, P. W., & Magnus, J. H. (2009). Confident Commitment Is a Key Factor for Sustained Breastfeeding. *Birth*, *36*(2), 141–148. https://doi.org/10.1111/J.1523-536X.2009.00312.X

Bai, Y., Middlestadt, S. E., Peng, C. Y. J., & Fly, A. D. (2010). Predictors of continuation of exclusive breastfeeding for the first six months of life. *Journal of Human Lactation*, *26*(1), 26–34. https://doi.org/10.1177/0890334409350168

Berde, A. S., & Yalcin, S. S. (2016). Determinants of early initiation of breastfeeding in Nigeria: A population-based study using the 2013 demographic and health survey data. *BMC Pregnancy and Childbirth*, *16*(1). https://doi.org/10.1186/S12884-016-0818-Y

Bertini, G., Breschi, R., & Dani, C. (2015). A physiological weight loss chart helps to identify high-risk infants who need breastfeeding support. *Acta Paediatrica, International Journal of Paediatrics*, *104*(10), 1024–1027. https://doi.org/10.1111/apa.12820

Bhatt, J., & Prager, J. D. (2018). Neonatal Stridor: Diagnosis and Management. *Clinics in perinatology*, *45*(4), 817–831. https://doi.org/10.1016/j.clp.2018.07.015

Bigman, G. (2020). Exclusive breastfeeding for the first 3 months of life may reduce the risk of respiratory allergies and some asthma in children at the age of 6 years. *Acta Paediatrica, International Journal of Paediatrics*, *109*(8), 1627–1633. https://doi.org/10.1111/APA.15162

Blixt, I., Johansson, M., Hildingsson, I., Papoutsi, Z., & Rubertsson, C. (2019). Women's advice to healthcare professionals regarding breastfeeding: "offer sensitive individualized breastfeeding support" - An interview study. *International Breastfeeding Journal*, *14*(1), 1–12. https://doi.org/10.1186/S13006-019-0247-4/TABLES/4

Blixt, I., Mårtensson, L. B., & Ekström, A. C. (2014). Process-oriented training in breastfeeding for health professionals decreases women's experiences of breastfeeding challenges. *International Breastfeeding Journal*, *9*(1), 1–9. https://doi.org/10.1186/1746-4358-9-15/TABLES/3

Bluher, A. E., & Darrow, D. H. (2019). Stridor in the Newborn. *Pediatric Clinics of North America*, *66*(2), 475–488. https://doi.org/10.1016/j.pcl.2018.12.013

Boccolini, C. S., Carvalho, M. L., & Oliveira, M. I. (2015). Factors associated with exclusive breastfeeding in the first six months of life in Brazil: a systematic review. *Revista de saude publica*, *49*, 91. https://doi.org/10.1590/S0034-8910.2015049005971

Boss, M., Turner, J., Boss, P., Hartmann, P., Pritchard, D., & Clifford, R. (2021). Integrating approaches for quality guideline development in LactaMap, an online lactation care support system. *BMC Pregnancy and Childbirth*, *21*(1), 1–8. https://doi.org/10.1186/S12884-021-03775-9/FIGURES/3

Brand, E., Kothari, C., & Stark, M. A. (2011). Factors related to breastfeeding discontinuation between hospital discharge and 2 weeks postpartum. *The Journal of Perinatal Education*, *20*(1), 36–44. https://doi.org/10.1891/1058-1243.20.1.36

Camurdan, A. D., Ilhan, M. N., Beyazova, U., Sahin, F., Vatandas, N., & Eminoglu, S. (2008). How to achieve long-term breast-feeding: factors associated with early discontinuation. *Public Health Nutrition*, *11*(11), 1173–1179. https://doi.org/10.1017/S1368980008001742

Chalmers, B., Levitt, C., Heaman, M., O'Brien, B., Sauve, R., & Kaczorowski, J. (2009). Breastfeeding Rates and Hospital Breastfeeding Practices in Canada: A National Survey of Women. *Birth*, *36*(2), 122–132. https://doi.org/10.1111/J.1523-536X.2009.00309.X

Chantry, C. J., Howard, C. R., & Auinger, P. (2006). Full breastfeeding duration and associated decrease in respiratory tract infection in US children. *Pediatrics*, *117*(2), 425–432. https://doi.org/10.1542/PEDS.2004-2283

Chen S. T. (1978). Infant feeding practices in Malaysia. *The Medical journal of Malaysia*, *33*(2), 120–124.

Chooniedass, R., Tarrant, M., Turner, S., Lok Fan, H. S., del Buono, K., Masina, S., Becker, A. B., Mandhane, P. J., Turvey, S. E., Moraes, T. J., Sears, M. R., Subbarao, P., & Azad, M. B. (2021). Factors associated with breast-feeding initiation and continuation in Canadian-born and non-Canadian-born women: a multi-centre study. *Public Health Nutrition*, 1–12. https://doi.org/10.1017/S1368980021004699

Chrzan-Dętkoś, M., Walczak-Kozłowska, T., Pietkiewicz, A., & Żołnowska, J. (2021). Improvement of the breastfeeding self-efficacy and postpartum mental health after lactation consultations – Observational study. *Midwifery*, *94*, 102905. https://doi.org/10.1016/J.MIDW.2020.102905

Clark, C. M., Kugler, K., & Carr, M. M. (2018). Common causes of congenital stridor in infants. *JAAPA: official journal of the American Academy of Physician Assistants*, *31*(11), 36–40. https://doi.org/10.1097/01.JAA.0000546480.64441.af

Clinical Practice Guideline Laryngomalacia. (2020, June 2). LactaMap. https://www.lactamap.com/secure/index/l/laryngomalacia/endpoint

de Almeida, J. M., de Araújo Barros Luz, S., & da Veiga Ued, F. (2015). Support of breastfeeding by health professionals: integrative review of the literature. *Revista Paulista de Pediatria (English Edition)*, *33*(3), 355–362. https://doi.org/10.1016/J.RPPEDE.2015.06.016

de Montigny, F., & Lacharité, C. (2004). Fathers' perceptions of the immediate postpartal period. *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing*, *33*(3), 328–339. https://doi.org/10.1177/0884217504266012

de Roza, M. J. G., Fong, M. M. K., Ang, M. B. L., Sadon, M. R. B., Koh, M. E. Y. L., & Teo, M. S. S. H. (2019). Exclusive breastfeeding, breastfeeding self-efficacy and

perception of milk supply among mothers in Singapore: A longitudinal study. *Midwifery*, *79*, 102532. https://doi.org/10.1016/J.MIDW.2019.102532

Deborah L. Torowicz, Amanda Seelhorst, Elizabeth B. Froh, & Diane L. Spatz. (2015). Human Milk and Breastfeeding Outcomes in Infants with Congenital Heart Disease. *Breastfeeding Medicine*.31-37. http://doi.org/10.1089/bfm.2014.0059

Deepak, P., Nigam, R., & Gangwani, V. (2020). A Study of Etiology and Management of Stridor. *Journal of Medical Science and Clinical Research, 8(*7), 595-600. https://doi.org/10.18535/jmscr/v8i7.98

Degefa, N., Tariku, B., Bancha, T., Amana, G., Hajo, A., Kusse, Y., Zerihun, E., & Aschalew, Z. (2019). Breast Feeding Practice: Positioning and Attachment during Breast Feeding among Lactating Mothers Visiting Health Facility in Areka Town, Southern Ethiopia. *International Journal of Pediatrics (United Kingdom)*, *2019*. https://doi.org/10.1155/2019/8969432

deMontigny, F., Gervais, C., Larivière-Bastien, D., & St-Arneault, K. (2018). The role of fathers during breastfeeding. *Midwifery*, *58*, 6–12. https://doi.org/10.1016/J.MIDW.2017.12.001

Dib, S., Fewtrell, M., Wells, J. C., & Husna Shukri, N. M. (2020). The Influence of Hospital Practices and Family Support on Breastfeeding Duration, Adverse Events, and Postnatal Depression Among First-Time Mothers. *Malaysian Journal of Medicine and Health Sciences*, *16*(SUPP6), 2636–9346.

Diji, A. K. A., Bam, V., Asante, E., Lomotey, A. Y., Yeboah, S., & Owusu, H. A. (2017). Challenges and predictors of exclusive breastfeeding among mothers attending the child welfare clinic at a regional hospital in Ghana: A descriptive cross-sectional study. *International Breastfeeding Journal*, *12*(1), 1–7. https://doi.org/10.1186/S13006-017-0104-2/TABLES/3

Eustaquio, M., Lee, E. N., & Digoy, G. P. (2011). Feeding outcomes in infants after supraglottoplasty. *Otolaryngology--Head and Neck Surgery: Official Journal of American Academy of Otolaryngology-Head and Neck Surgery*, *145*(5), 818–822. https://doi.org/10.1177/0194599811414513

Feenstra, M. M., Jørgine Kirkeby, M., Thygesen, M., Danbjørg, D. B., & Kronborg, H. (2018). Early breastfeeding problems: A mixed method study of mothers' experiences. *Sexual & Reproductive Healthcare*, *16*, 167–174. https://doi.org/10.1016/J.SRHC.2018.04.003

Ferreira, H., Oliveira, M. F., Bernardo, E., Almeida, P. C., Aquino, P. S., & Pinheiro, A. (2018). Factors Associated with Adherence to the Exclusive Breastfeeding. Fatores Associados à Adesão ao Aleitamento Materno Exclusivo. *Ciencia & saude coletiva*, *23*(3), 683–690. https://doi.org/10.1590/1413-81232018233.06262016

Fox, R., McMullen, S., & Newburn, M. (2015). UK women's experiences of breastfeeding and additional breastfeeding support: A qualitative study of Baby Café services. *BMC Pregnancy and Childbirth*, *15*(1), 1–12. https://doi.org/10.1186/S12884-015-0581-5/TABLES/2

Frank, N. M., Lynch, K. F., Uusitalo, U., Yang, J., Lönnrot, M., Virtanen, S. M., Hyöty, H., Norris, J. M., & TEDDY Study Group (2019). The relationship between breastfeeding and reported respiratory and gastrointestinal infection rates in young children. *BMC pediatrics*, *19*(1), 339. https://doi.org/10.1186/s12887-019-1693-2

Gallegos-Martínez, J., Reyes-Hernández, J., San, F. de, Torres-Carreón, C., Cuéllar-Miranda, B. E., Leite, A., & Scochi, C. G. (2020). Factors and survival of exclusive breastfeeding in preterm infants upon discharge at six months of age. *Journal of Nursing Education and Practice*, *10*(8). https://doi.org/10.5430/jnep.v10n8p30

Gangwani, D. V. (2020). A Study of Etiology and Management of Stridor. *Journal of Medical Science and Clinical Research*, *08*(07), 595–600. https://doi.org/10.18535/jmscr/v8i7.98

Gerd, A. T., Bergman, S., Dahlgren, J., Roswall, J., & Alm, B. (2012). Factors associated with discontinuation of breastfeeding before 1 month of age. *Acta Paediatrica (Oslo, Norway: 1992)*, *101*(1), 55–60. https://doi.org/10.1111/J.1651-2227.2011.02405.X

Gianni, M. L., Bettinelli, M. E., Manfra, P., Sorrentino, G., Bezze, E., Plevani, L., Cavallaro, G., Raffaeli, G., Crippa, B. L., Colombo, L., Morniroli, D., Liotto, N., Roggero, P., Villamor, E., Marchisio, P., & Mosca, F. (2019). Breastfeeding Difficulties and Risk for Early Breastfeeding Cessation. *Nutrients*, *11*(10). https://doi.org/10.3390/NU11102266

Gianni, M. L., Bettinelli, M. E., Manfra, P., Sorrentino, G., Bezze, E., Plevani, L., Cavallaro, G., Raffaeli, G., Crippa, B. L., Colombo, L., Morniroli, D., Liotto, N., Roggero, P., Villamor, E., Marchisio, P., & Mosca, F. (2019). Breastfeeding Difficulties and Risk for Early Breastfeeding Cessation. *Nutrients*, *11*(10). https://doi.org/10.3390/NU11102266

Glass, R. P., & Wolf, L. S. (1994). Incoordination of sucking, swallowing, and breathing as an etiology for breastfeeding difficulty. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, *10*(3), 185–189. https://doi.org/10.1177/089033449401000316

Goanța, C. M., Sorica, A., Tușaliu, M., & Budu, V. A. (2018). Causes of stridor in newborns. *Archives of the Balkan Medical Union*, *53*(2), 272–274. https://doi.org/10.31688/ABMU.2018.53.2.15

Han, S. Y., & Chae, S. M. (2018). Factors Associated with the Method of Feeding Preterm Infants after Hospital Discharge. *Child Health Nursing Research*, *24*(2), 128–137. https://doi.org/10.4094/CHNR.2018.24.2.128

Handa, D., & Schanler, R. J. (2013). Role of the pediatrician in breastfeeding management. *Pediatric Clinics of North America*, *60*(1), 1–10. https://doi.org/10.1016/J.PCL.2012.10.004

Handayani, K. D., Irwanto, Masturina, M., Etika, R., Harianto, A., & Sauer, P. J. J. (2021). Duration of Breastfeeding in Late Preterm Infants: Maternal and Infant Factors. *Journal of Human Lactation*, *37*(4), 795–802. https://doi.org/10.1177/0890334420978380

Hauck, Y. L., Blixt, I., Hildingsson, I., Gallagher, L., Rubertsson, C., Thomson, B., & Lewis, L. (2016). Australian, Irish and Swedish women's perceptions of what assisted them to breastfeed for six months: exploratory design using critical incident technique. *BMC Public Health*, *16*(1), 1–12. https://doi.org/10.1186/S12889-016-3740-3/TABLES/6

Hawley, N. L., Rosen, R. K., Strait, E. A., Raffucci, G., Holmdahl, I., Freeman, J. R., Muasau-Howard, B. T., & McGarvey, S. T. (2015). Mothers' attitudes and beliefs about infant feeding highlight barriers to exclusive breastfeeding in American Samoa. *Women and birth : journal of the Australian College of Midwives*, *28*(3), e80–e86. https://doi.org/10.1016/j.wombi.2015.04.002

He, J., Yimyam, S., & Namprom, N. (2022). Breastfeeding self-efficacy, social support, and breastfeeding among Chinese mothers with late preterm infants. *Journal of Neonatal Nursing*, *28*, 21–25. https://doi.org/10.1016/j.jnn.2021.07.005

Hoddinott, P., Craig, L. C. A., Britten, J., & McInnes, R. M. (2012). A serial qualitative interview study of infant feeding experiences: idealism meets realism. *BMJ Open*, *2*(2). https://doi.org/10.1136/BMJOPEN-2011-000504

Holinger, L. D. (1980). Etiology of stridor in the neonate, infant and child. *The Annals of Otology, Rhinology, and Laryngology*, *89*(5 Pt 1), 397–400. https://doi.org/10.1177/000348948008900502

Hörnell, A., Hofvander, Y., & Kylberg, E. (2001). Solids and formula: association with pattern and duration of breastfeeding. *Pediatrics*, *107*(3). https://doi.org/10.1542/PEDS.107.3.E38

Institute for Public Health (IPH), National Institutes of Health, Ministry of Health Malaysia. (2016). *National Health and Morbidity Survey (NHMS) 2 0 1 6:* Maternal and Child Health. Vol. II; 2016;272.

Irace, A. L., Dombrowski, N. D., Kawai, K., Watters, K., Choi, S., Perez, J., Dodrill, P., Hernandez, K., Davidson, K., & Rahbar, R. (2019). Evaluation of Aspiration in Infants with Laryngomalacia and Recurrent Respiratory and Feeding Difficulties. *JAMA Otolaryngology-- Head & Neck Surgery*, *145*(2), 146. https://doi.org/10.1001/JAMAOTO.2018.3642

Issaka, A. I., Agho, K. E., Page, A. N., Burns, P. L., Stevens, G. J., & Dibley, M. J. (2012). Factors Associated with Early Introduction of Formula and/or Solid, Semi-Solid or Soft Foods in Seven Francophone West African Countries. *Nutrients*, *7*, 2012–2013. https://doi.org/10.3390/nu7020948

Jaffal, H., Isaac, A., Johannsen, W., Campbell, S., & El-Hakim, H. G. (2020). The prevalence of swallowing dysfunction in children with laryngomalacia: a systematic review. *International Journal of Pediatric Otorhinolaryngology*, *139*, 110464. https://doi.org/10.1016/j.ijporl.2020.110464

Jain, A., Tyagi, P., Kaur, P., Puliyel, J., & Sreenivas, V. (2014). Association of birth of girls with postnatal depression and exclusive breastfeeding: an observational study. *BMJ Open*, *4*(6). https://doi.org/10.1136/BMJOPEN-2013-003545

Jama, A., Gebreyesus, H., Wubayehu, T., Gebregyorgis, T., Teweldemedhin, M., Berhe, T., & Berhe, N. (2020). Exclusive breastfeeding for the first six months of life and its associated factors among children aged 6-24 months in Burao district, Somaliland. *International Breastfeeding Journal*, *15*(1). https://doi.org/10.1186/S13006-020-0252-7

Jamshed, S., Khan, F., Chohan, S. K., Bano, Z., Shahnawaz, S., Anwar, A., & Hashmi, A. A. (2020). Frequency of Normal Birth Length and Its Determinants: A Cross-Sectional Study in Newborns. *Cureus*, *12*(9). https://doi.org/10.7759/CUREUS.10556

Jebena, D. D., & Tenagashaw, M. W. (2022). Breastfeeding practice and factors associated with exclusive breastfeeding among mothers in Horro District, Ethiopia: A community-based cross-sectional study. *PLOS ONE*, *17*(4), e0267269. https://doi.org/10.1371/JOURNAL.PONE.0267269

Jónsdóttir, R. B., Jónsdóttir, H., Skúladóttir, A., Thorkelsson, T., & Flacking, R. (2020). Breastfeeding progression in late preterm infants from birth to one month. *Maternal & child nutrition*, *16*(1), e12893. https://doi.org/10.1111/mcn.12893

Kebebe, T., & Assaye, H. (2017). Intention, magnitude and factors associated with bottle feeding among mothers of 0-23 months old children in Holeta town, Central Ethiopia: A cross sectional study. *BMC Nutrition*, *3*(1), 1–7. https://doi.org/10.1186/S40795-017-0174-Y/TABLES/5

Kitano, N., Nomura, K., Kido, M., Murakami, K., Ohkubo, T., Ueno, M., & Sugimoto, M. (2016). Combined effects of maternal age and parity on successful initiation of exclusive breastfeeding. *Preventive Medicine Reports*, *3*, 121. https://doi.org/10.1016/J.PMEDR.2015.12.010

Klinginsmith, M., & Goldman, J. (2021). Laryngomalacia. *StatPearls*. https://www.ncbi.nlm.nih.gov/books/NBK544266/

Kronborg, H., & Foverskov, E. (2020). Multifactorial influence on duration of exclusive breastfeeding; a Danish cohort study. *PloS one*, *15*(9), e0238363. https://doi.org/10.1371/journal.pone.0238363

Kusak, B., Cichocka-Jarosz, E., Jedynak-Wasowicz, U., & Lis, G. (2017). Types of laryngomalacia in children: interrelationship between clinical course and comorbid conditions. *European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery*, *274*(3), 1577–1583. https://doi.org/10.1007/s00405-016-4334-5

Diji, A. K. A., Bam, V., Asante, E., Lomotey, A. Y., Yeboah, S., & Owusu, H. A. (2017). Challenges and predictors of exclusive breastfeeding among mothers attending the child welfare clinic at a regional hospital in Ghana: a descriptive cross-sectional study. *International Breastfeeding Journal, 12,* [13]. https://doi.org/10.1186/s13006-017-0104-2

Labbok, M., & Krasovec, K. (1990). Toward Consistency in Breastfeeding Definitions. *Studies in Family Planning*, *21*(4), 226. https://doi.org/10.2307/1966617

Landry, A. M., & Thompson, D. M. (2012). Laryngomalacia: disease presentation, spectrum, and management. *International journal of pediatrics*, *2012*, 753526. https://doi.org/10.1155/2012/753526

Liu, F., Lv, D., Wang, L. *et al.* Breastfeeding and overweight/obesity among children and adolescents: a cross-sectional study. *BMC Pediatr* **22**, 347 (2022). https://doi.org/10.1186/s12887-022-03394-z

Tan K. L. (2011). Factors associated with exclusive breastfeeding among infants under six months of age in peninsular malaysia. *International breastfeeding journal*, *6*(1), 2. https://doi.org/10.1186/1746-4358-6-2

Leung, T. F., Tam, W. H., Hung, E. C., Fok, T. F., & Wong, G. W. (2003). Sociodemographic and atopic factors affecting breastfeeding intention in Chinese mothers. *Journal of paediatrics and child health*, *39*(6), 460–464. https://doi.org/10.1046/j.1440-1754.2003.00189.x

Lum, S. G., Noor Liza, I., Priatharisiny, V., Saraiza, A. B., & Goh, B. S. (2016). Aetiological profile of paediatric stridor in a Malaysian tertiary hospital. *Malaysian Family Physician*, 11(1), 2–6.

Ma, E., Gopagondanahalli, K. R., Yong, J. S. ern, Chien, C. M., & Chandran, S. (2020). Congenital vallecular cyst causing severe inspiratory stridor in a newborn. *Journal of Pediatric Surgery Case Reports*, *59*. https://doi.org/10.1016/J.EPSC.2020.101460

Maas-Mendoza, E., Vega-Sánchez, R., Vázquez-Osorio, I. M., Heller-Rouassant, S., & Flores-Quijano, M. E. (2022). Infant Feeding Practices That Substitute Exclusive Breastfeeding in a Semi-Rural Mexican Community: Types, Moments, and Associated Factors. *Nutrients*, *14*(10), 2017. https://doi.org/10.3390/nu14102017

Maastrup, R., Rom, A. L., Walloee, S., Sandfeld, H. B., & Kronborg, H. (2021). Improved exclusive breastfeeding rates in preterm infants after a neonatal nurse training program focusing on six breastfeeding-supportive clinical practices. *PLOS ONE*, *16*(2), e0245273. https://doi.org/10.1371/JOURNAL.PONE.0245273

Maleki-Saghooni, N., Amel Barez, M., & Karimi, F. Z. (2020). Investigation of the relationship between social support and breastfeeding self-efficacy in primiparous breastfeeding mothers. *The Journal of Maternal-Fetal & Neonatal Medicine : The Official Journal of the European Association of Perinatal Medicine, the Federation of Asia and Oceania Perinatal Societies, the International Society of*

*Perinatal Obstetricians*, *33*(18), 3097–3102. https://doi.org/10.1080/14767058.2019.1568986

Mannion, C. A., Hobbs, A. J., McDonald, S. W., & Tough, S. C. (2013). Maternal perceptions of partner support during breastfeeding. *International Breastfeeding Journal*, *8*(1), 4. https://doi.org/10.1186/1746-4358-8-4

Meedya, S., Fahy, K., & Kable, A. (2010). Factors that positively influence breastfeeding duration to 6 months: A literature review. *Women and Birth*, *23*(4), 135–145. https://doi.org/10.1016/J.WOMBI.2010.02.002

Mills, N., Keesing, M., Geddes, D., & Mirjalili, S. A. (2021). Flexible Endoscopic Evaluation of Swallowing in Breastfeeding Infants with Laryngomalacia: Observed Clinical and Endoscopic Changes with Alteration of Infant Positioning at the Breast. *The Annals of Otology, Rhinology, and Laryngology*, *130*(7), 653–665. https://doi.org/10.1177/0003489420965636

Naanyu, V. (2008). Young Mothers, First Time Parenthood and Exclusive Breastfeeding in Kenya. *African Journal of Reproductive Health*, *12*.

Nagulesapillai, T., McDonald, S. W., Fenton, T. R., Mercader, H. F. G., & Tough, S. C. (2013). Breastfeeding difficulties and exclusivity among late preterm and term infants: results from all our baby's study. *Canadian Journal of Public Health = Revue Canadienne de Sante Publique*, *104*(4). https://doi.org/10.17269/CJPH.104.3803

Nelson, E. A. S., Chan, C. W., & Yu, C. M. (2004). Breast milk substitutes in Hong Kong. *Journal of Paediatrics and Child Health*, *40*(7), 350–352. https://doi.org/10.1111/J.1440-1754.2004.00400.X

Odar Stough, C., Khalsa, A. S., Nabors, L. A., Merianos, A. L., & Peugh, J. (2019). Predictors of Exclusive Breastfeeding for 6 Months in a National Sample of US Children. *American Journal of Health Promotion*, *33*(1), 48–56. https://doi.org/10.1177/0890117118774208

Patnaik, S., Zacharias, G., Jain, M. K., Samantaray, K. K., & Surapaneni, S. P. (2021). Etiology, Clinical Profile, Evaluation, and Management of Stridor in Children. *Indian journal of pediatrics*, *88*(11), 1115–1120. https://doi.org/10.1007/s12098-021-03722-8

Pattison, K. L., Kraschnewski, J. L., Lehman, E., Savage, J. S., Downs, D. S., Leonard, K. S., Adams, E. L., Paul, I. M., & Kjerulff, K. H. (2019). Breastfeeding Initiation and Duration and Child Health Outcomes in the First Baby Study. *Preventive Medicine*, *118*, 1. https://doi.org/10.1016/J.YPMED.2018.09.020

Phua, H. W., Afrina, A., Razak, A., Husna, N., & Shukri, M. (2020). Associations of Father's Breastfeeding Attitude and Support with the Duration of Exclusive Breastfeeding Among First-time Mothers. *Malaysian Journal of Medicine and Health Sciences*, *16*(SUPP6), 2636–9346.

Rendón-Macías, M. E., Castañeda-Muciño, G., Cruz, J. J., Mejía-Aranguré, J. M., & Villasís-Keever, M. A. (2002). Breastfeeding Among Patients with Congenital Malformations. *Archives of Medical Research*, *33*, 269–275.

Rito, A. I., Buoncristiano, M., Spinelli, A., Salanave, B., Kunešová, M., Hejgaard, T., Solano, M. G., Fijałkowska, A., Sturua, L., Hyska, J., Kelleher, C., Duleva, V., Milanović, S. M., Sant'Angelo, V. F., Abdrakhmanova, S., Kujundzic, E., Peterkova, V., Gualtieri, A., Pudule, I., … Breda, J. (2019). Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative - COSI 2015/2017. *Obesity Facts*, *12*(2), 226–243. https://doi.org/10.1159/000500425

Rosuzeita, F., Che Rabiaah, M., Rohani, I., & Mohd Shukri, O. (2018). The Effectiveness of Breastfeeding Intervention on Breastfeeding Exclusivity and Duration among

Primiparous Mothers in Hospital Universiti Sains Malaysia. *The Malaysian Journal of Medical Sciences: MJMS*, *25*(1), 53. https://doi.org/10.21315/MJMS2018.25.1.7

Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's perceptions and experiences of breastfeeding support: a metasynthesis. *Birth (Berkeley, Calif.)*, *38*(1), 49–60. https://doi.org/10.1111/J.1523-536X.2010.00446.X

Scott, J. A., Shaker, I., & Reid, M. (2004). Parental Attitudes Toward Breastfeeding: Their Association with Feeding Outcome at Hospital Discharge. *Birth*, *31*(2), 125–131. https://doi.org/10.1111/J.0730-7659.2004.00290.X

Selvam, D. K., Vikram, V. J., Saktheeswaran, M., & P, M. I. M. (2017). A study on paediatric stridor causes and management: case series. *International Journal of Otorhinolaryngology and Head and Neck Surgery*, *3*(4), 1031–1035. https://doi.org/10.18203/issn.2454-5929.ijohns20174327

Semenic, S., Loiselle, C., & Gottlieb, L. (2008). Predictors of the duration of exclusive breastfeeding among first-time mothers. *Research in Nursing & Health*, *31*(5), 428–441. https://doi.org/10.1002/NUR.20275

Shukri, N. H. M., Wells, J., Mukhtar, F., Lee, M. H. S., & Fewtrell, M. (2017). Study protocol: An investigation of mother-infant signalling during breastfeeding using a randomised trial to test the effectiveness of breastfeeding relaxation therapy on maternal psychological state, breast milk production and infant behaviour and growt. *International Breastfeeding Journal*, 12(1), 1–14. https://doi.org/10.1186/s13006-017-0124-y

Simons, J. P., Greenberg, L. L., Mehta, D. K., Fabio, A., Maguire, R. C., & Mandell, D. L. (2016). Laryngomalacia and swallowing function in children. *Laryngoscope*, *126*(2), 478–484. https://doi.org/10.1002/LARY.25440

Singh, D., Devi, N., & Raman, T. S. R. (2009). Exclusive Breast Feeding in Low-Birth-Weight Babies. *Medical Journal, Armed Forces India*, *65*(3), 208. https://doi.org/10.1016/S0377-1237(09)80004-X

Supriya, N., Rajashekara Murthy, G. R., Prem Kumar, P., &. S. (2020). Etiological Evaluation of Stridor in Children. *Indian Journal of Child Health*, 7(7), 309–312. https://doi.org/10.32677/ijch.2020.v07.i07.007

Susiloretni, K. A., Hadi, H., Blakstad, M. M., Smith, E. R., & Shankar, A. H. (2019). Does exclusive breastfeeding relate to the longer duration of breastfeeding? A prospective cohort studies. *Midwifery*, *69*, 163–171. https://doi.org/10.1016/J.MIDW.2018.11.008

Tahir, N. M., & Al-Sadat, N. (2013). Does telephone lactation counselling improve breastfeeding practices? A randomised controlled trial. *International Journal of Nursing Studies*, *50*(1), 16–25. https://doi.org/10.1016/J.IJNURSTU.2012.09.006

Thomas, J., Marinelli, K. A., Hennessy, M., Chantry, C., Howard, C. R., Lawrence, R. A., & Powers, N. G. (2007). ABM clinical protocol #16: breastfeeding the hypotonic infant. *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine*, *2*(2), 112–118. https://doi.org/10.1089/BFM.2007.9995

Thompson, D. M. (2010). Laryngomalacia: factors that influence disease severity and outcomes of management. *Current Opinion in Otolaryngology & Head and Neck Surgery*, *18*(6), 564–570. https://doi.org/10.1097/MOO.0B013E3283405E48

Thulier, D. (2016). Weighing the Facts: A Systematic Review of Expected Patterns of Weight Loss in Full-Term, Breastfed Infants. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, *32*(1), 28–34. https://doi.org/10.1177/0890334415597681

Tracz, J., & Gajewska, D. (2020). Factors Influencing the Duration of Breastfeeding among Polish Women. *Journal of mother and child*, *24*(1), 39–46. https://doi.org/10.34763/jmotherandchild.2020241.2006.000007

Turner, S., Zhang, G., Young, S., Cox, M., Goldblatt, J., Landau, L., & Le Souëf, P. (2008). Associations between postnatal weight gain, change in postnatal pulmonary function, formula feeding and early asthma. *Thorax*, *63*(3), 234–239. https://doi.org/10.1136/thx.2006.064642

van Dellen, S. A., Wisse, B., Mobach, M. P., & Dijkstra, A. (2019). The effect of a breastfeeding support programme on breastfeeding duration and exclusivity: a quasi-experiment. *BMC public health*, *19*(1), 993. https://doi.org/10.1186/s12889-019-7331-y

van Osch, K., Hunter, K., & Graham, M. E. (2021). Supporting Direct Breastfeeding in a Tracheostomy-Dependent Neonate: A Case Report. *The Annals of Otology, Rhinology, and Laryngology*, 34894211024060. https://doi.org/10.1177/00034894211024060

Wang, L., van Grieken, A., van der Velde, L. A., Vlasblom, E., Beltman, M., L'Hoir, M. P., Boere-Boonekamp, M. M., & Raat, H. (2019). Factors associated with early introduction of complementary feeding and consumption of non-recommended foods among Dutch infants: the BeeBOFT study. *BMC public health*, *19*(1), 388. https://doi.org/10.1186/s12889-019-6722-4

Wang, S., Liu, J., Guo, N., & Jiang, H. (2021). The relationship between birthing related factors and maternal breastfeeding confidence in China. *Women and Birth*, *34*(2), 196–202. https://doi.org/10.1016/j.wombi.2020.02.014

Welcome, M. O. (2011). The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. *Journal of Pharmacy & Bioallied Sciences*, *3*(4), 470. https://doi.org/10.4103/0975-7406.90100

Werdani, K. E., Wijayanti, A. C., Sari, L. E., & Puspasari, A. Y. (2021). The role of husband in supporting exclusive breastfeeding among teenage mothers in Boyolali, Indonesia. *Enfermeria Clinica*, *31*, S239–S242. https://doi.org/10.1016/J.ENFCLI.2020.12.030

World Health Organization & United Nations Children's Fund (UNICEF). (1989). Protecting, promoting and supporting breastfeeding: the special role of maternity services / a joint WHO/UNICEF statement. *World Health Organization.*

World Health Organization (1991). Indicator for Assessing Breastfeeding Practices. *World Health Organization*, Geneva.

World Health Organization and UNICEF. (2021). Global breastfeeding scorecard 2021: tracking progress for breastfeeding policies and programs. *Global Breastfeeding Collective, World Health Organization.*

World Health Organization. (2007). Indicators for assessing infant and young child feeding practices. *World Health Organization, 2007*(November), 1–19. https://doi.org/ISBN 978 92 4 159975 7

World Health Organization. (2019). Early initiation of breastfeeding to promote exclusive breastfeeding. *World Health Organization*, 2019(February). https://www.who.int/elena/titles/early_breastfeeding/en/

Yan, J., Liu, L., Zhu, Y., Huang, G., & Wang, P. P. (2014). The association between breastfeeding and childhood obesity: A meta-analysis. *BMC Public Health*, *14*(1), 1–11. https://doi.org/10.1186/1471-2458-14-1267/TABLES/3

Yimer, D. S., Adem, O. S., Arefayene, M., Chanie, T., & Endalifer, M. L. (2021). Exclusive breastfeeding practice and its associated factors among children aged 6–23 months in Woldia Town, Northwest Ethiopia. *African Health Sciences*, *21*(4), 1877. https://doi.org/10.4314/AHS.V21I4.