International Journal of Contemporary Pediatrics
Shukla S et al. Int J Contemp Pediatr. 2026 Feb;13(2):180-186
http://www.ijpediatrics.com
pISSN 2349-3283 | eISSN 2349-3291

DOI: https://dx.doi.org/10.18203/2349-3291.ijcp20260086

Original Research Article

Effectiveness of knowledge, confidence and breastfeeding practices among postnatal mothers: a structured educational interventional study

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Received: 31 July 2025
Revised: 31 December 2025
Accepted: 19 January 2026

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ABSTRACT

Background: Breastfeeding is essential for infant and maternal health, but exclusive breastfeeding rates remain low due to lack of knowledge, cultural barriers, and insufficient counselling. Structured educational interventions can bridge this gap.
Methods: A hospital-based interventional study was conducted on 165 postnatal mothers at LN Medical College and JK Hospital, Bhopal. Mothers received structured counselling sessions with demonstrations, interactive discussions, and educational materials. Knowledge, confidence, and breastfeeding practices were assessed before and after the intervention using questionnaires and confidence scales.
Results: The study showed significant improvement in knowledge, confidence, and breastfeeding practices after counselling. Prior to the intervention, only 20% of mothers understood the benefits of colostrum, which increased to 100% post- intervention. Confidence in exclusive breastfeeding improved markedly, with 94% strongly agreeing they could successfully breastfeed their second child even if they had failed with the first. Improvements were statistically significant ($p<0.05$).
Conclusions: Structured postnatal education effectively improves maternal knowledge, confidence, and breastfeeding practices. Incorporating counselling into routine postnatal care is a low-cost, high-impact strategy to enhance maternal and child health outcomes in India.

Keywords: Breastfeeding, Educational intervention, Postnatal mothers, Maternal confidence, Exclusive breastfeeding

INTRODUCTION

Breastfeeding is a cornerstone of infant and maternal health, offering unparalleled nutritional, immunological, and psychological benefits.[1] Exclusive breastfeeding (EBF), defined as feeding infants only breast milk without any additional food or drink, not even water, is a cornerstone of optimal infant nutrition.[2] For infants, breast milk serves as a complete source of nutrition during the first six months of life, containing all essential nutrients in optimal proportions.[1] It also provides antibodies and immune-modulating factors that protect against infections, reduce the risk of chronic diseases such as obesity and diabetes, and promote healthy growth and development.[1] The practice is critical for reducing neonatal and infant mortality, particularly in low- and middle-income countries where the burden of infectious diseases is high.[3] The benefits of EBF extend beyond the immediate neonatal period. It is associated with improved cognitive development, higher intelligence quotient (IQ) scores, and reduced risk of non-communicable diseases later in life.[4,5] Moreover, exclusive breastfeeding supports the establishment of a healthy gut microbiome, which plays a crucial role in long-term health outcomes.[3] Despite its well-documented advantages, global EBF rates remain suboptimal due to a range of barriers, including lack of knowledge, cultural misconceptions,

inadequate maternity leave policies, and insufficient healthcare support.[6]

Educational interventions play a pivotal role in improving breastfeeding practices by addressing knowledge gaps and empowering mothers with confidence and skills.[7-10] Studies globally have demonstrated that antenatal and postnatal counseling significantly enhance breastfeeding initiation and continuation rates. Structured interventions, such as the Baby-Friendly Hospital Initiative (BFHI) and community-based peer education programs, have yielded measurable improvements in breastfeeding outcomes.[11]

While several studies have highlighted the benefits of breastfeeding education globally, limited research has been conducted to assess the impact of tailored educational interventions in the Indian context.[11-15] Existing studies often lack a comprehensive evaluation of how such interventions influence maternal knowledge, confidence, and behavior regarding breastfeeding. Furthermore, the interplay of socio-cultural factors, healthcare access, and economic constraints in shaping breastfeeding practices in India is underexplored.[16-20] This research seeks to bridge this gap by evaluating the effectiveness of a structured educational intervention for postnatal mothers. The findings are expected to provide valuable insights for designing culturally appropriate, evidence-based programs to promote exclusive breastfeeding and improve maternal and child health outcomes in India.

Aim

The aim of the study was to evaluate the effect of an educational intervention about breastfeeding on the knowledge, confidence, and behavior of postnatal mothers

METHODS

Study design

A single centre, hospital-based, pre-post, interventional study. This methodology was chosen as it allowed for systematic observation of changes in breastfeeding knowledge, confidence, and behavior among postnatal mothers before and after the intervention.

Study settings

The study was conducted in the Department of Paediatrics in collaboration with department of Obstetrics, LN Medical College and JK Hospital Bhopal, India.

Ethical clearance

Ethical clearance for the study was granted by the Institute's Ethical Committee via protocol no. Reg No. ECR/1190/INST/MP/2019/RR-22 and approval date was 7 November 2023.

Study duration

The total duration of the present study was 18 months: from November 2023 to May 2025 divided into the following three phases:

Follow-up participants were followed up for a duration of 3 days after the delivery of intervention. Data were collected two time points: baseline (pre-intervention), at the time of discharge from hospital. This follow-up schedule allowed for comprehensive tracking of sustained improvements in breastfeeding practices.

Primary outcomes

Improvement in mothers' knowledge, confidence, and behavior regarding breastfeeding. Measured using structured questionnaires and confidence scales at multiple time points.

Definition of the intervention

The educational intervention consisted of structured counseling sessions delivered to postnatal mothers, which included visual demonstrations on proper breastfeeding techniques, problem-solving strategies for common challenges, and the distribution of educational materials. These sessions were conducted individually during the immediate postnatal period at the hospital.

Study participants

The participants for the present study were postnatal mothers who delivered live infants at the hospital and were available for follow-up during the study period.

Inclusion criteria

Postnatal mothers aged 18 to 45 years; mothers who delivered live infants at the hospital; postpartum mothers who delivered within last 48 hours; mothers with willingness to participate in the study and provide written informed consent; and mothers who had availability for follow-up were included.

Exclusion criteria

Mothers with severe medical or psychiatric conditions; infants with congenital anomalies affecting feeding; participants unwilling or unable to comply with follow-up schedules were excluded.

Sample size

The minimum required sample size for this study was calculated based on an estimated improvement in breastfeeding knowledge, confidence, and behavior due

to the intervention. Using a statistical power of 80% and a significance level of 5%, the required number of participants was 165 participants.

Sampling methodology

The study utilized a non-probability convenience sampling methodology. Postnatal mothers who were admitted to the postnatal ward of the obstetric departments during the recruitment period and met the eligibility criteria were approached.

Participant's recruitment

Participants were recruited by the principal investigators during routine neonatal examination and immunization after the child's birth coming under inclusion criteria to ensure eligibility. Eligible mothers were invited to participate in the study, and their questions and concerns were addressed to ensure informed participation.

Data collection procedure

The process of data collection for this study was conducted in a systematic and stepwise manner, ensuring accuracy and consistency throughout the study period. The steps are described below in temporal sequence.

Obtaining informed consent

Before initiating data collection, eligible postnatal mothers were approached by the principal investigator. Those willing to participate were provided a bilingual consent form, and only after obtaining their written informed consent where they enrolled in the study.

Baseline data collection

A structured questionnaire was administered to assess the participants' baseline knowledge, confidence, and behavior regarding breastfeeding. Demographic and socio-economic information, including age, education, occupation, and family income, was also recorded. Clinical details, such as mode of delivery, birth order, and infant health parameters, were gathered from hospital records with the participant's permission.

Delivery of the intervention

Pre-session preparation

Prior to each session, facilitators reviewed the intervention protocol and session-specific objectives to ensure consistency in delivery.

Introduction and rapport building

Each session began with a brief introduction of the facilitator and the objectives of the session. Facilitators engaged with participants in a friendly and non-judgmental manner to build rapport and establish a comfortable environment.

Educational counseling

The counseling sessions were conducted using a structured script to cover essential topics systematically Facilitators used language that was simple and easily understandable, catering to the literacy level of participants.

Visual demonstrations

Practical demonstrations were conducted using breastfeeding models to teach participants proper techniques, such as correct latching and optimal breastfeeding positions. Facilitator encouraged participants to practice these techniques using the models and provided real-time feedback to ensure proper understanding.

Interactive discussions

Participants were encouraged to share their experiences, ask questions, and discuss any challenges they faced. Facilitator addressed myths and misconceptions about breastfeeding, tailoring the discussion to the specific needs of participants.

Follow-up data collection

Participants were followed up at the time of 3 days from intervention. Follow-up questionnaires were administered to assess any changes in knowledge, confidence, and behavior regarding breastfeeding.

Data recording and management

All data were recorded immediately after collection on pre-designed data collection forms to minimize recall bias. Unique participant codes were used to ensure anonymity and confidentiality throughout the process.

Statistical analysis

The study hypothesis that the educational intervention significantly improves breastfeeding knowledge, confidence, and behavior was tested statistically. Continuous data, such as knowledge and confidence scores, were analyzed using paired t tests or repeated measures ANOVA to evaluate changes across time points. Categorical data, including rates of early initiation and exclusive breastfeeding, were analyzed using chi-square tests. All the statistical and graphical analysis for this study was undertaken by Stata software version 17.0. Results were reported as mean values with standard deviations, proportions, and p-values, with statistical significance set at $p<0.05$.

RESULTS

Table 1 presents the demographic profile of the 165 postnatal mothers enrolled in the study. The majority of participants were aged between 21-30 years (69.1%), with 58.8% being multigravida. Most mothers were literate (80.6%), and 21.8% had attained college-level education. Only 7.9% of mothers reported receiving antenatal breastfeeding counselling.

Table 1: Demographic characteristics of study participants (n=165).

Variables	Category	N (%)
Age (years)	21-25	66 (40.0)
	26-30	48 (29.1)
	31-35	42 (25.5)
	36-40	9 (5.45)
Gravida	Primigravida	68 (41.2)
	Multigravida	97 (58.8)
Education	Illiterate	32 (19.4)
	Primary	28 (17.0)
	Senior secondary	34 (20.6)
	High school	35 (21.2)
	College	36 (21.8)
Antenatal breastfeeding counselling	Yes	13 (7.9)
	No	152 (92.1)

Table 2: Knowledge regarding colostrum feeding (pre- and post-intervention).

Responses	Pre-test	Post-test
	N (%)	N (%)
Totally agree	10 (6.1)	80 (48.5)
Agree	10 (6.1)	20 (12.1)
Neutral	20 (12.1)	0
Disagree	50 (30.3)	0
Totally disagree	75 (45.4)	0

Table 3: Understanding of breastfeeding adequacy indicators.

Responses	Pre-test	Post-test
	N (%)	N (%)
Totally agree	0	95 (57.6)
Agree	20 (12.1)	5 (3.0)
Neutral	30 (18.2)	0
Disagree	50 (30.3)	0
Totally disagree	65 (39.4)	0

As shown in Table 2, baseline knowledge regarding colostrum feeding was poor, with only 12.2% of mothers agreeing that colostrum should be given. After the educational intervention, all mothers demonstrated correct knowledge, with 48.5% strongly agreeing and 12.1% agreeing.

Table 4: Confidence to exclusively breastfeed next infant.

Responses	Pre-test	Post-test
	N (%)	N (%)
Totally agree	5 (3.0)	94 (57.0)
Agree	5 (3.0)	6 (3.6)
Neutral	40 (24.2)	0
Disagree	50 (30.3)	0
Totally disagree	65 (39.4)	0

Table 3 illustrates mothers' understanding of breastfeeding adequacy indicators. At baseline, none strongly agreed that adequate breastfeeding leads to proper weight gain and urination. Post-intervention, 57.6% strongly agreed and 3% agreed, with no neutral or negative responses.

As depicted in Table 4, maternal confidence improved substantially. Before counselling, only 6% of mothers agreed or strongly agreed that they could exclusively breastfeed a subsequent child. After counselling, 57% strongly agreed and 3.6% agreed.

DISCUSSION

This study was conducted in the Department of Paediatrics in collaboration with the Department of Obstetrics at LN Medical College and JK Hospital in Bhopal. It was a hospital-based interventional study. The target population included postnatal mothers who delivered live babies in the hospital and were admitted to the postnatal ward. The sample size was 165 mothers. These mothers were selected based on defined inclusion and exclusion criteria. Data were collected before and after the intervention using a structured questionnaire.

In the present study, 80.6% of mothers were literate, with 21.8% educated up to college level and 21.2% up to high school. Only 19.4% of mothers were illiterate. These findings are supported by Nugraheni et al who found that 100% of peer group activists had at least junior high school education, yet baseline knowledge was low.[22] A study by Muda et al observed that in their sample, 85% of mothers had completed at least secondary school, yet exclusive breastfeeding at six months was only 26.3% in the control group.[23] Lastly, a 2024 study published in BMC Pregnancy and Childbirth found that 88.5% of mothers had completed primary or secondary school. Despite this, many lacked essential breastfeeding knowledge.[24]

In the present study, 92.1% of mothers did not receive any antenatal breastfeeding counselling. Only 7.9% received such counselling during their pregnancy. Muda et al found that only 23.5% of mothers had received antenatal counselling.[23] Nugraheni et al reported that among peer group volunteers, 72.5% had not been trained previously in breastfeeding education.[22] In the study by

Medipalle, only 8.2% of mothers had received antenatal breastfeeding counselling.[25] Chaudhary et al reported that only 7% of mothers had received proper breastfeeding counselling during pregnancy.[26] Adhisivam et al found that lack of antenatal education (23%) was one of the key reasons for delayed initiation of breastfeeding.[27] In the study by Namasivayam et al most mothers had not received structured antenatal breastfeeding education.[24]

In the present study, only 10% of mothers strongly agreed before counselling that the thick yellow milk (colostrum) should be given to the newborn. Another 10% agreed, while 20% were neutral. A majority of mothers (60%) either disagreed or strongly disagreed. After the intervention, 80% strongly agreed and 20% agreed. None disagreed or remained neutral. This reflects a major improvement in knowledge about the value of colostrum following structured education. In the study by Muda et al only 52.9% of mothers in the intervention group initially knew the importance of colostrum. After postnatal counselling, this increased to 82.4% ($p<0.05$).[23] Nugraheni et al found that before training, only 61.7% of peer support volunteers believed that colostrum is essential. After the one-day education session, 93.3% recognised its importance ($p<0.001$). After postnatal counselling, this increased to 70.8% ($p<0.001$).[22] In the BMC Pregnancy and Childbirth study, only 42.3% of mothers initially accepted that colostrum should be given. After education, this rose to 78.6% in the intervention group ($p<0.01$).[28]

In the study by Chaudhary et al counselling was given on key breastfeeding practices including the importance of colostrum.[26] At baseline, many mothers were unsure or unwilling to give colostrum, but following the intervention, exclusive breastfeeding improved from 30.3% to 74.3% ($p<0.05$). Medipalle et al also reported poor colostrum feeding practices before intervention. After structured education, early initiation of breastfeeding increased from 49% to 88% ($p<0.001$).[25] Adhisivam et al showed that after peer counselling, the percentage of mothers initiating breastfeeding within one hour of birth rose from 38% to 76% ($p<0.001$).[27] Colostrum feeding was directly promoted during these sessions. In the study by Namasivayam et a the intervention group was significantly less likely to give pre-lacteal feeds (risk ratio 0.38, 95% CI 0.24-0.60).[24] One of the counselling messages included the importance of colostrum and avoiding formula or water feeds in the first few days. These findings strongly align with the present study and confirm that education is effective in promoting correct early feeding practices.

In the present study, only 20% of mothers agreed before the intervention that proper breastfeeding helps the baby gain weight and pass urine 6-7 times a day. Half of the mothers (50%) disagreed and 30% were neutral. None strongly agreed. After counselling, 95% strongly agreed and 5% agreed. No mother remained neutral or disagreed. In the study by Muda et al only 38.2% of mothers in the intervention group initially knew that passing urine 6-8 times daily is a sign of sufficient breastfeeding. After education, this rose to 76.5% ($p<0.001$).[23] The control group showed no significant change, remaining at 41.2% post-test. The BMC Pregnancy and Childbirth study found that only 35.6% of mothers knew that frequent urination indicates good breastfeeding. After education, this rose to 83.1% in the intervention group ($p<0.01$).[28]

In the present study, only 10% of mothers strongly agreed before counselling that a baby should be breastfed for 15-20 minutes and the next feed should be based on when the baby wakes up. Another 10% agreed, while 20% were neutral and 60% disagreed. After the intervention, 90% strongly agreed, 5% agreed, and 5% were neutral. No mothers disagreed. This shows that structured counselling improved mothers' understanding of appropriate feeding duration and baby-led feeding practices. In Muda et al only 44.1% of mothers in the intervention group knew that breastfeeding should last 15-20 minutes per session during the pre-test.[23] This improved to 79.4% after flipchart-based counselling ($p<0.001$). The BMC Pregnancy and Childbirth study found that only 30.2% of mothers practiced baby-led feeding before the intervention. After structured counselling, 79.5% of mothers in the intervention group adopted responsive feeding ($p<0.01$).[28]

In the present study, only 5% of mothers strongly agreed before counselling that they could successfully exclusively breastfeed a second baby even if they had failed with the first. Half of the mothers disagreed and 40% were neutral. After the intervention, 94% strongly agreed and 6% agreed. None remained neutral or disagreed. This shows a strong improvement in self-belief and confidence due to postnatal education.

Muda et al reported that counselling improved maternal attitude and motivation. Many mothers in their study had failed to exclusively breastfeed earlier children, but after flipchart-based counselling, their confidence improved and more mothers were able to continue exclusive breastfeeding at six months ($p<0.05$).[23] The study from BMC Pregnancy and Childbirth highlighted the role of counselling in changing mindset.[28] The difference in confidence and intention was statistically significant ($p<0.01$). These findings are consistent with the present study.

Limitations

This study was limited to a single centre, which may reduce the generalizability of findings. The follow-up period was short (3 days), so long-term breastfeeding outcomes could not be assessed. Additionally, convenience sampling may have introduced selection bias.

CONCLUSION

This study demonstrated that a structured educational intervention delivered during the immediate postnatal period significantly improved mothers' knowledge, confidence, and behaviour related to breastfeeding. Prior to the intervention, most participants held limited or incorrect beliefs about key aspects of breastfeeding, such as the importance of colostrum and the ability to successfully breastfeed in subsequent pregnancies. After the counselling sessions, there was a marked increase in accurate knowledge, positive attitudes, and behavioural intentions towards exclusive breastfeeding. The findings highlight the effectiveness of hospital-based, individualised education in addressing misconceptions and promoting optimal breastfeeding practices. Integrating structured breastfeeding counselling into routine postnatal care can be a low-cost, high-impact strategy to enhance maternal and child health outcomes in India.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Shukla S, Anand S. Effectiveness of knowledge, confidence and breastfeeding practices among postnatal mothers: a structured educational interventional study. Int J Contemp Pediatr 2026;13:180-6.