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Early Initiation of Breastfeeding Among Mothers Delivering at Kangundo Level 4 Hospital, Machakos County, Kenya

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Abstract

This study assessed the timing of breastfeeding initiation among mothers delivering at Kangundo Level 4 Hospital in Machakos County, Kenya. Early initiation of breastfeeding (EIBF), defined as breastfeeding a newborn baby within one hour of birth, is a recommended infant-feeding practice with important implications for neonatal health and subsequent breastfeeding. Despite this recommendation, delayed initiation remains common in many low- and middle-income settings. A hospital-based descriptive cross-sectional study was conducted among 220 mothers who had recently delivered at Kangundo Level 4 Hospital. The original study used purposive sampling, and participants were selected according to the eligibility criteria of the original study. Data were collected using a structured questionnaire administered during the early postpartum period. Mothers were asked how long after delivery they first put their newborns to the breast. Data were analysed using descriptive statistics and presented as frequencies and percentages. Of the 220 mothers, 88 (40.0%) initiated breastfeeding within 30 minutes of delivery, 60 (27.3%) initiated breastfeeding after 30 minutes but within one hour, and 67 (30.5%) initiated breastfeeding more than one hour after delivery. Five mothers (2.3%) did not provide a response. Overall, 148 mothers (67.3%) initiated breastfeeding within one hour of birth. Although approximately two-thirds of mothers initiated breastfeeding within the recommended first hour, delayed initiation remained substantial. Strengthening immediate postpartum breastfeeding support, early skin-to-skin contact, and practical assistance during the early postpartum period may improve timely initiation of breastfeeding.

Key terms: Breastfeeding initiation, early initiation of breastfeeding, Machakos County, maternal health, newborn.

1.0 INTRODUCTION

Breastfeeding is one of the most important interventions for improving maternal and child health. The World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) recommend that breastfeeding be initiated within the first hour after birth, followed by exclusive breastfeeding for the first six months of life and continued breastfeeding alongside appropriate complementary foods thereafter (World Health Organisation [WHO], 2023a).

Early initiation of breastfeeding (EIBF) refers to putting a newborn to the breast within one hour of birth. The indicator is based on the timing of putting the newborn to the breast and does not require evidence that milk transfer has already occurred. Early initiation provides an opportunity for early skin-to-skin contact and access to colostrum, which contains protective and nutritional factors important for newborn health. Evidence summarised by WHO indicates that early initiation is associated with improved breastfeeding outcomes and lower neonatal mortality compared with delayed initiation (World Health Organisation [WHO], 2017; World Health Organisation [WHO], 2023a).

Despite these benefits, early initiation of breastfeeding is not universally practised. Current UNICEF data indicate that only 48 per cent of newborns globally are put to the breast within the first hour of life, meaning that more than half of newborns still experience delayed initiation. This highlights delays in breastfeeding initiation as an important missed opportunity for newborn survival and the establishment of breastfeeding (United Nations Children's Fund [UNICEF], 2026).

The determinants of breastfeeding initiation are complex. Maternal, newborn, obstetric, health-system, social, and cultural factors can influence whether breastfeeding is initiated promptly. A Kenyan analysis using Kenya Demographic and Health Survey data found that mode of birth and geographical region were important predictors of initiation within one hour (Matanda et al., 2014). Similarly, evidence from sub-Saharan Africa indicates that mode of delivery, place of birth, maternal education, household socioeconomic characteristics, and immediate skin-to-skin contact may influence timely initiation.

Kenyan evidence also demonstrates that awareness of breastfeeding recommendations does not necessarily translate into optimal practice. Women may recognise the importance of early breastfeeding while experiencing social, economic, cultural, and health-system barriers that interfere with recommended breastfeeding practices.

A prospective study conducted across six low- and middle-income countries, including Kenya, similarly demonstrated variation in early breastfeeding initiation across settings and identified the importance of examining local determinants and facility-level practices (Patel et al., 2015).

Evidence from East Africa further indicates that breastfeeding knowledge, attitudes, and practices remain variable and that antenatal education and early postpartum breastfeeding support are important components of improving breastfeeding practices (Dukuzumuremyi et al., 2020).

In Kenya, much of the available evidence has been derived from national surveys, urban populations, large referral facilities, or studies addressing several breastfeeding outcomes simultaneously. There is value in

documenting breastfeeding initiation at individual maternity-facility level, particularly in county-level hospitals where women receive routine maternity care.

The present study therefore focused specifically on the timing of breastfeeding initiation among mothers delivering at Kangundo Level 4 Hospital in Machakos County, Kenya. The study used data collected during the 2016–2017 study period and focused on the breastfeeding-initiation objective of the original research project (Musyoka, 2020). The objective of the study was to determine the timing of breastfeeding initiation among mothers delivering at Kangundo Level 4 Hospital in Machakos County, Kenya. For purposes of this manuscript, the outcome is referred to as timing of initiation of breastfeeding or early initiation of breastfeeding, rather than exclusive breastfeeding. The variable measured the interval between delivery and the first placement of the infant at the breast and therefore did not measure exclusive breastfeeding.

3.0 METHODOLOGY

A hospital-based descriptive cross-sectional study was conducted among mothers who had recently delivered at Kangundo Level 4 Hospital, Machakos County, Kenya, a facility providing maternity and other health services to mothers and newborns from Kangundo and surrounding areas. The original research examined psychological and breastfeeding-related factors; however, the present manuscript analysed only data relevant to breastfeeding initiation.

The study population comprised recently delivered mothers recruited during the early postpartum period according to the original study's eligibility criteria. The original study used purposive sampling, and 220 mothers participated. Data were collected individually using a structured questionnaire. Mothers were asked, "How long after delivery did you put [the baby] to the breast?" Responses were categorised as within 30 minutes, after 30 minutes but within one hour, or more than one hour. The questionnaire also collected demographic, socioeconomic, pregnancy, delivery, and infant-feeding information, but variables unrelated to the present objective were excluded. Early initiation was defined as putting the newborn to the breast within one hour of birth (WHO, 2017, 2023a). Thus, 88 mothers initiating within 30 minutes and 60 initiating after 30 minutes but within one hour were combined: 88 + 60 = 148; 148/220 × 100 = 67.3 per cent.

Data were analysed in SPSS using frequencies and percentages; analyses of psychological distress, maternal attitude, and their relationships with breastfeeding outcomes were excluded. Ethical safeguards included respect for rights, dignity, privacy, welfare, freedom of expression and religious beliefs; voluntary participation, informed consent, confidentiality, anonymity, and the right to withdraw without coercion, manipulation, or conversion. A plain-language study statement was provided. Authorisation was obtained from Kenyatta University, and permits from NACOSTI and the Ministry of Health. The researcher presented the permits and introduction letters to the facility, and privacy and confidentiality were maintained during data collection, handling, analysis, and reporting.

4.0 FINDINGS AND DISCUSSION

Timing of Breastfeeding Initiation

A total of 220mothers participated in the study. The timing of breastfeeding initiation is presented in the table below.

Table: Timing of Breastfeeding Initiation Among Mothers Delivering at Kangundo Level 4 Hospital

Timing of initiation	Frequency (n)	Percentage (%)
Within 30 minutes	88	40.0
After 30 minutes but within one hour	60	27.3
More than one hour	67	30.5
No response	5	2.3
Total	**220**	**100.0**

Of the 220 mothers, 88 (40.0%) initiated breastfeeding within 30 minutes of delivery, while 60 (27.3%) initiated breastfeeding after 30 minutes but within one hour. Therefore, a total of 148 mothers (67.3%) initiated breastfeeding within the first hour of birth.

In contrast, 67 mothers (30.5%) initiated breastfeeding more than one hour after delivery, while five mothers (2.3%) did not provide a response.

Thus, although the majority of mothers initiated breastfeeding within the recommended first hour, almost one-third experienced delayed initiation.

Discussion

This study examined the timing of breastfeeding initiation among mothers delivering at Kangundo Level 4 Hospital in Machakos County, Kenya. The main finding was that 67.3 per cent of the 220 mothers initiated breastfeeding within one hour of delivery, including 40.0 per cent who initiated within the first 30 minutes. However, 30.5 per cent initiated breastfeeding more than one hour after delivery.

The finding that approximately two-thirds of mothers initiated breastfeeding within one hour is encouraging because it indicates that a substantial proportion of mothers practised the recommended early initiation of breastfeeding. WHO defines early initiation as putting the newborn to the breast within one hour of birth and recommends that mothers receive support to initiate breastfeeding during this period (World Health Organisation [WHO], 2017; World Health Organisation [WHO], 2023a).

The proportion observed in this study is broadly consistent with evidence demonstrating considerable variation in early breastfeeding initiation across countries and settings. A multicountry prospective study involving six low- and middle-income countries, including Kenya, reported substantial differences in early initiation between study sites, demonstrating that breastfeeding initiation is strongly context-dependent (Patel et al., 2015).

The finding is also consistent with evidence from Kenya showing that early breastfeeding initiation varies according to maternal and birth-related characteristics. Mode of birth and geographical region have been identified as important predictors of initiation within one hour (Matanda et al., 2014). These factors may be particularly relevant in maternity facilities because circumstances surrounding delivery can influence the mother's ability to initiate breastfeeding immediately.

The present finding is particularly important because 30.5 per cent of mothers initiated breastfeeding more than one hour after delivery. Delayed initiation represents a missed opportunity for early skin-to-skin contact and access to colostrum. WHO recommends immediate and uninterrupted skin-to-skin contact where clinically appropriate and practical support for mothers to initiate breastfeeding as soon as possible after birth (World Health Organisation [WHO], 2023b).

The relatively high proportion initiating breastfeeding within one hour may partly reflect the hospital-based nature of the study. Mothers delivering in health facilities may have greater access to health professionals who can provide breastfeeding education and practical assistance immediately after delivery. However, facility delivery alone does not guarantee timely initiation.

Kenyan evidence indicates that mothers may understand the importance of breastfeeding while still experiencing practical, social, cultural, and health-system barriers to recommended breastfeeding practices. Such barriers may include inadequate professional support, social circumstances, cultural beliefs, and misconceptions about breastfeeding.

The finding that 40.0 per cent initiated breastfeeding within 30 minutes is also noteworthy. Although WHO defines EIBF using the one-hour threshold, earlier initiation may provide additional opportunities for uninterrupted skin-to-skin contact and establishment of breastfeeding. Evidence indicates that early skin-to-skin contact can support breastfeeding establishment among mothers and healthy newborns (Moore et al., 2016).

The 30.5 per cent delayed initiation rate therefore deserves attention. Delays may arise from maternal or newborn complications and other clinical circumstances. Maternal instability, newborn complications, anaesthesia, and caesarean delivery can interfere with immediate breastfeeding. In such circumstances, breastfeeding should be supported as soon as the mother and newborn are clinically able (World Health Organisation [WHO], 2023b).

The findings should also be interpreted within the context of the study period. The data were collected during 2016–2017, whereas breastfeeding policies, maternity-care practices, and health-service interventions may have changed subsequently. The results should therefore be understood as a historical facility-level assessment rather than as a contemporary estimate of breastfeeding initiation at Kangundo Level 4 Hospital.

Nevertheless, the findings provide useful evidence on breastfeeding initiation at facility level and may provide a historical baseline against which subsequent breastfeeding-support interventions and maternity-care practices can be assessed.

Strengths of the Study

This study has several strengths. First, the study included 220 mothers, providing a substantial number of observations for a single-facility descriptive study.

Second, breastfeeding initiation was assessed during the early postpartum period, reducing the time between the delivery event and maternal reporting.

Third, the outcome was recorded using specific time categories, allowing the researchers to distinguish very early initiation from initiation later in the first hour and initiation after one hour.

Fourth, the study was conducted in a routine maternity-care setting, making the findings potentially useful for facility-level quality-improvement planning.

Limitations

When interpreting the findings, consider several limitations. First, the study was conducted at a single Level 4 hospital; therefore, the findings may not be generalizable to all mothers in Machakos County or Kenya.

Second, the study used purposive sampling, which may introduce selection bias and limits population-level generalizability.

Third, the timing of breastfeeding initiation was based on maternal reporting. Although mothers were interviewed during the early postpartum period, some degree of recall or reporting error cannot be excluded.

Fourth, the present analysis is descriptive and was designed specifically around the timing of breastfeeding initiation. It does not establish the determinants or causes of delayed breastfeeding initiation.

Fifth, five participants did not provide a response to the breastfeeding-initiation question. Consequently, the primary descriptive result is reported using the full sample of 220 participants. Among the 215 mothers who provided a valid response, 148 (68.8%) initiated breastfeeding within one hour. The full-sample figure of 67.3 per cent is retained as the principal descriptive result.

Finally, the data were collected during 2016–2017. Breastfeeding policies, maternity-care practices, and health-service interventions may have changed since that period. The findings should therefore not be interpreted as a contemporary prevalence estimate.

5.0 CONCLUSION AND RECOMMENDATIONS

Conclusion: The study found that 67.3 per cent of mothers at Kangundo Level 4 Hospital initiated breastfeeding within one hour of delivery, with 40.0 per cent initiating within the first 30 minutes. However, 30.5 per cent initiated breastfeeding more than one hour after delivery, indicating that delayed initiation remained a substantial issue during the study period.

The findings suggest that although many mothers initiated breastfeeding promptly, strengthening immediate postpartum breastfeeding support remains important. Particular attention should be given to early skin-to-skin contact and practical breastfeeding assistance immediately after birth.

Mothers undergoing caesarean delivery or experiencing maternal or newborn complications may require individualised support to initiate breastfeeding as soon as clinically feasible.

Because the study was conducted during 2016–2017, further research is recommended to establish whether the proportion of mothers initiating breastfeeding within one hour has changed following subsequent developments in maternity and breastfeeding-support practices.

Recommendations: Maternity staff should promote breastfeeding initiation within the first hour after birth as part of routine maternity care. Immediate and uninterrupted skin-to-skin contact should be encouraged for mothers and newborns who are clinically stable. Mothers should receive practical breastfeeding assistance immediately after delivery rather than relying solely on antenatal counselling. Antenatal and postnatal education should emphasise the importance of initiating breastfeeding within one hour and giving colostrum. Mothers undergoing caesarean delivery or experiencing maternal or newborn complications should receive individualised support to initiate breastfeeding as soon as clinically feasible. Kangundo Level 4 Hospital and similar facilities should consider incorporating early initiation of breastfeeding into routine maternity-care monitoring and quality-improvement activities. Further studies should investigate the maternal, newborn, obstetric, and health-system factors associated with delayed breastfeeding initiation.

Implications for Practice

The finding that nearly one-third of mothers initiated breastfeeding after the first hour suggests that breastfeeding support should begin immediately after delivery. Breastfeeding support should therefore not be treated solely as a health-education issue; it is also a maternity-care practice requiring coordination among midwives, nurses, clinicians, mothers, and birth companions where appropriate. Facility-level maternity services should facilitate early skin-to-skin contact and provide practical assistance to mothers to initiate breastfeeding within the first hour whenever the mother and newborn are clinically stable.

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