Original Article

Infant Feeding Attitudes Mediate The Association Between Prenatal Breastfeeding Self-Efficacy And Feeding Intention

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Abstract
Background: Prenatal breastfeeding self-efficacy is a key determinant of breastfeeding outcomes; however, the mechanisms underlying its association with feeding intention remain unclear.
Objective: This study aimed to examine the mediating role of infant feeding attitudes in the relationship between prenatal breastfeeding self-efficacy and newborn feeding intention.
Methods: This cross-sectional study was conducted with 353 pregnant women in their third trimester attending obstetric outpatient clinics. Data were collected using the Prenatal Breastfeeding Self-Efficacy Scale, the Iowa Infant Feeding Attitude Scale, and the Infant Feeding Intentions Scale. Pearson correlation and regression analyses were performed, and mediation analysis was conducted to test indirect effects.
Results: Prenatal breastfeeding self-efficacy was positively associated with infant feeding attitudes ($\beta=0.435$, $p<0.001$) and feeding intention ($\beta=0.175$, $p<0.001$). Infant feeding attitudes were also positively associated with feeding intention ($\beta=0.143$, $p<0.001$). Mediation analysis indicated that infant feeding attitudes partially mediated the relationship between self-efficacy and feeding intention.
Conclusion: Infant feeding attitudes play a significant mediating role in the relationship between prenatal breastfeeding self-efficacy and feeding intention. Interventions targeting both self-efficacy and attitudes during pregnancy may improve breastfeeding outcomes.

Keywords: Feeding Intention ;Breastfeeding self-efficacy; Feeding Attitude

Introduction

Breast milk is widely recognized as the most appropriate, economical, and accessible source of nutrition for infants, providing numerous physiological and psychosocial benefits, including protection against infections, strengthening of the immune system, and enhancement of the mother–infant bond. (World Health Organization [WHO], 2023). In recognition of these benefits, the World Health Organization and UNICEF recommend early initiation of breastfeeding, exclusive breastfeeding for the first six months of life, and continued breastfeeding up to two years of age or beyond. (WHO, 2023; United Nations Children's Fund [UNICEF], 2025). Despite these global recommendations, substantial disparities persist in breastfeeding practices across countries. According to UNICEF data, only 46% of infants worldwide are breastfed within the first hour after birth. (UNICEF, 2025) In Turkiye, this rate is reported to be higher than the global average, reaching 71% according to the Turkey Demographic and Health Survey; however, exclusive breastfeeding remains suboptimal, and the early introduction of complementary foods and formula feeding continues to be common. (Turkiye Cumhuriyeti Saglık Bakanlıgı, Halk

Saglıgı Genel Müdürlügü [T.C. SB HSGM], 2018)
Republic of Turkey Ministry of Health, General Directorate of Public Health. (2018). Basic newborn care. Republic of Turkey Ministry of Health).

Inadequate breastfeeding practices contribute to approximately 11.6% of under-five mortality worldwide. (WHO, 2023) In particular, infants who are not exclusively breastfed during the first six months of life have a 5- to 14-fold higher risk of mortality compared with those who are exclusively breastfed. It is estimated that approximately 600,000 children die each year from preventable causes such as diarrhea or pneumonia due to the lack of breastfeeding. (UNICEF, 2025) These findings indicate that promoting breastfeeding is not merely a matter of individual behavior change but also a strategic public health intervention.

Although breastfeeding is a natural process, its successful initiation and continuation depend on a range of individual, psychosocial, and environmental factors. Among these, breastfeeding self-efficacy and infant feeding attitudes are considered key psychological determinants. Breastfeeding self-efficacy, as defined by Dennis (2004), refers to a mother's perceived competence in breastfeeding and her belief in her ability to manage potential challenges. The literature indicates that mothers with higher breastfeeding self-efficacy are more likely to initiate breastfeeding earlier, sustain breastfeeding for longer durations, and demonstrate greater persistence in overcoming breastfeeding-related difficulties. (Ergezen et al., 2021; Li et al., 2019; Liu et al., 2025; Moraes et al., 2021).Furthermore, factors such as parity, previous breastfeeding experience, prenatal education, social support, and mode of delivery have been reported to influence levels of breastfeeding self-efficacy. (Buran et al., 2022)

Infant feeding attitudes reflect mothers' beliefs, knowledge, and evaluative tendencies regarding infant nutrition. (Naja et al., 2022) Previous research has shown that positive attitudes toward breastfeeding are associated with stronger motivation and intention to breastfeed, whereas negative attitudes are linked to earlier discontinuation of breastfeeding. (Bozkurt et al., 2021)In addition, evidence suggests that breastfeeding education provided during the prenatal period is associated with more positive infant feeding attitudes, which may contribute to the duration and sustainability of breastfeeding practices (Khresheh & Ahmed, 2018)

The pregnancy period represents a critical stage during which the psychological foundations of a mother's breastfeeding behavior are established and her breastfeeding intention begins to take shape (Uyar Hazar & Uzar Akca, 2018). During the prenatal period, mothers commonly make decisions regarding how they will feed their infants, and these decisions are shaped by the interplay between breastfeeding self-efficacy, infant feeding attitudes, and newborn feeding intention. Evidence suggests that mothers with higher levels of breastfeeding self-efficacy tend to report more positive infant feeding attitudes, which are in turn associated with stronger intentions to breastfeed their newborns. (Chaabna et al., 2022; Konukoglu & Pasinlioglu, 2021; Li et al., 2020)

From a clinical perspective, understanding the mechanisms underlying these relationships is essential for designing effective prenatal interventions. Although previous studies have examined the associations between breastfeeding self-efficacy, infant feeding attitudes, and feeding intention, limited research has simultaneously investigated these variables within a unified analytical framework. In particular, the mediating role of infant feeding attitudes in the relationship between prenatal breastfeeding self-efficacy and newborn feeding intention remains insufficiently explored.

Therefore, this study aimed to examine whether infant feeding attitudes mediate the association between prenatal breastfeeding self-efficacy and newborn feeding intention among pregnant women. By clarifying these relationships, the study seeks to provide evidence that can inform targeted prenatal interventions to improve breastfeeding outcomes.

Materials and Methods

Design: This cross-sectional study was conducted between October 2023 and

December 2024 in the obstetrics and gynecology outpatient clinics of a training and research hospital in Türkiye.

Sample and Participants: The study population consisted of primiparous and multiparous pregnant women who presented to the obstetrics outpatient clinic of a training and research hospital. To examine the relationships among the study variables, the minimum required sample size was calculated as 260 participants based on an alpha level of 0.05, a power of 90% (β = 0.10), and a medium effect size of 0.20. Accordingly, a total of 353 pregnant women who attended their routine prenatal check-ups during the study period and met the inclusion criteria were included in the study. Participants were eligible for inclusion if they were aged 18 years or older, were in the third trimester of pregnancy, had a healthy pregnancy without any diagnosed chronic illness, and voluntarily agreed to participate in the study. Exclusion criteria included the presence of psychiatric disorders, endocrine or major organic diseases, multiple pregnancies, high-risk pregnancy indicators, or severe pregnancy-related complications

Measures: Data were collected using a Personal Information Form, the Iowa Infant Feeding Attitude Scale, the Prenatal Breastfeeding Self-Efficacy Scale, and the Newborn Feeding Intention Scale.

Personal Information Form: The Personal Information Form consisted of 14 items designed to collect data on women's sociodemographic characteristics, pregnancy-related factors, and breastfeeding-related practices.

Infant Feeding Attitude Scale (Iowa Infant Feeding Attitude Scale [IIFAS]): The Iowa Infant Feeding Attitude Scale was developed by De La Mora and Russell to assess women's attitudes toward breastfeeding, predict breastfeeding duration, and evaluate infant feeding method preferences. The scale comprises 17 items rated on a five-point Likert scale, with 9 items assessing attitudes toward breastfeeding and 8 items assessing attitudes toward formula feeding. Items related to formula feeding are reverse scored (1 = 5, 2 = 4, 4 = 2, 5 = 1). Total scores range from 17 to 85, with higher scores indicating more positive attitudes toward breastfeeding and lower scores indicating more favorable attitudes toward formula feeding. The scale has no cut-off value. The Turkish validity and reliability study was conducted by Eksioglu et al., who reported a Cronbach's alpha coefficient of 0.71. (Eksioglu et al., 2016) In the present study, the Cronbach's alpha coefficient was 0.72, indicating acceptable internal consistency.

Prenatal Breastfeeding Self-Efficacy Scale (PBSES): The Prenatal Breastfeeding Self-Efficacy Scale was developed by Wells et al. to assess pregnant women's self-efficacy related to breastfeeding. The Turkish version of the scale was validated by Uyar and Akca. While the original version comprises four subscales, the Turkish adaptation involved the renaming of two subscales and the regrouping of certain items due to differences in factor structure.

The Turkish version of the scale consists of 19 items rated on a five-point Likert scale ranging from 1 (Not at all sure) to 5 (Completely sure). Total scores range from 20 to 100, with higher scores indicating greater levels of prenatal breastfeeding self-efficacy. The Cronbach's alpha coefficient reported for the Turkish version is 0.86 (Uyar Hazar & Uzar Akca, 2018). In the present study, the Cronbach's alpha coefficient was 0.93, indicating excellent internal consistency.

Infant Feeding Intentions Scale (IFI): The Infant Feeding Intentions Scale was developed by Nommsen-Rivers and Dewey and later adapted into Turkish by Guneri et al. The IFI is a five-item instrument designed to assess pregnant women's intentions regarding breastfeeding. The first two items evaluate the intention to initiate breastfeeding, whereas the remaining three items assess intentions related to exclusive breastfeeding at 1, 3, and 6 months postpartum.

Each item is scored on a scale ranging from 0 to 4, resulting in total scores between 0 and 16, with higher scores indicating stronger intentions to exclusively breastfeed. The reported Cronbach's alpha coefficient for the scale is 0.86. (Guneri et al., 2019) In the present study, the Cronbach's alpha coefficient was 0.80, indicating acceptable internal consistency.

Ethical Considerations: This study was approved by the University Faculty of Health Sciences Non-Interventional Research Ethics

Committee. Institutional permission was obtained from the relevant health centers where the study was conducted. All procedures were carried out in accordance with the ethical principles of the Declaration of Helsinki. Participants were informed about the purpose and procedures of the study, and written informed consent was obtained from all participants prior to data collection. Anonymity and confidentiality were ensured throughout the research process, and participants' data were used solely for scientific purposes.

Statistical Analysis: Statistical analyses were performed using SPSS version 27.0 (IBM Corp., Armonk, NY, USA). Skewness and kurtosis values were examined to assess the normality of the distribution of the study variables. Descriptive statistics were presented as means and standard deviations (mean ± SD). Pearson correlation analysis was conducted to examine the associations between the study variables. Mediation analysis was performed using the PROCESS macro for SPSS (Model 4), as described by Hayes. The mediation effect was evaluated using a bootstrapping approach with 5,000 resamples, and bias-corrected 95% confidence intervals were calculated. Statistical significance was determined at a p-value of < 0.05.

Results

The descriptive characteristics of the pregnant women are presented in Table 1. The majority of participants (85.0%) were between 20 and 34 years of age, and 35.4% had a university-level education. Most women reported a moderate economic status (69.1%) and were unemployed (75.4%).

Regarding pregnancy-related characteristics, 82.7% of the pregnancies were planned, and more than half of the participants were multiparous (55.2%). The intended duration of breastfeeding before birth was 6–12 months for the majority of women (77.6%). Slightly more than half of the infants were female (54.4%).

With respect to breastfeeding education, 58.6% of the participants reported that they had not received any breastfeeding education, whereas 21.8% received education from a nurse and 19.5% from a midwife.

As shown in Table 2, the mean score of the Feeding Attitude Scale was 62.96 ± 6.14, with observed scores ranging from 42 to 77. The mean Prenatal Breastfeeding Self-Efficacy score was 77.81 ± 14.02, with a minimum score of 28 and a maximum score of 100. The mean score of the Newborn Feeding Intention Scale was 3.51 ± 0.60, with scores ranging from 1 to 4.

Pearson correlation analysis indicated statistically significant positive associations between infant feeding attitudes and newborn feeding intention ($r = 0.238$, $p < 0.01$), as well as between prenatal breastfeeding self-efficacy and newborn feeding intention ($r = 0.220$, $p < 0.01$) (Table 3). The magnitude of the correlations was weak.

Mediation Analysis

Figure 1 illustrates the mediation model examining the association between prenatal breastfeeding self-efficacy and newborn feeding intention through infant feeding attitudes. Prenatal breastfeeding self-efficacy was positively associated with feeding attitudes Infant feeding attitudes were also positively associated with newborn feeding intention. In addition, prenatal breastfeeding self-efficacy was positively associated with newborn feeding intention

Mediation analysis indicated that infant feeding attitudes statistically mediated the association between prenatal breastfeeding self-efficacy and newborn feeding intention.

Table 1. Descriptive characteristics of the pregnant women

Age (years)		
20-34	300	85.0
≥35	53	15.0
Education level		
Primary school	96	27.2
High school	132	37.4
University	125	35.4
Employment status		
Employed	87	24.6
Unemployed	266	75.4
Economic level		
Bad	20	5.7
Moderate	244	69.1
Good	89	25.2
Pregnancy intention		
Yes	292	82.7
No	22	6.2
Unintended pregnancy	39	11.0
Parity		
Primiparous	152	44.8
Multiparous	195	55.2
Intended duration of breastfeeding before birth		
0-6 months	79	22.4
6-12 months	274	77.6
Infant's sex		
Male	161	54.4
Female	192	45.6
Status of receiving breastfeeding education		
Did not receive education	207	58.6
Received education from a nurse	77	21.8
Received education from a midwife	69	19.5

Values are presented as number (n) and percentage (%).

Table 2. Mean scores of the infant feeding attitude, prenatal breastfeeding self-efficacy, and feeding intention scales

Variables	Mean±SD	Min–Max
Infant Feeding Attitude	62.96 ± 6.14	42-77
Prenatal Breastfeeding Self-Efficacy	77.81 ± 14.02	28-100
Newborn Feeding Intention	3.51 ± 0.60	1-4

Table 3. Correlation matrix between the infant feeding attitude, prenatal breastfeeding self-efficacy, and newborn feeding intention scales

	Newborn Feeding Intention	
Variables	r	p
Infant Feeding Attitude	.238	<0.01
Prenatal Breastfeeding Self-Efficacy	.220	<0.01

Abbreviations: r: correlation coefficient; * Pearson's correlation analysis.

Discussion

In this study, the mean score of the Newborn Feeding Intention Scale was 3.51 ± 0.60, indicating that the participants generally reported a high level of intention regarding newborn feeding. This finding is consistent with previous studies conducted in Brazil, Indonesia, Slovakia, the United Kingdom, Lebanon, and Qatar, which similarly reported high levels of breastfeeding intention among pregnant women. Chaabna et al., 2022; Dewanti & Novianti, 2022; Ibrahim et al., 2023; Naja et al., 2022; Silva et al., 2023). These findings suggest that, despite cultural and geographical differences, many women report strong motivation regarding infant feeding during the prenatal period.

Previous research has highlighted that positive feeding intention during pregnancy is associated with the initiation and maintenance of breastfeeding in the postpartum period and may be linked to enhanced mother–infant bonding. (WHO, 2023). However, the literature also indicates that newborn feeding intentions are shaped by a range of contextual factors, including socioeconomic status, educational level, and family support. (Karmous et al., 2025) The relatively high intention scores observed in the present study may therefore be related to the demographic characteristics of the sample and participants' access to prenatal health education services.

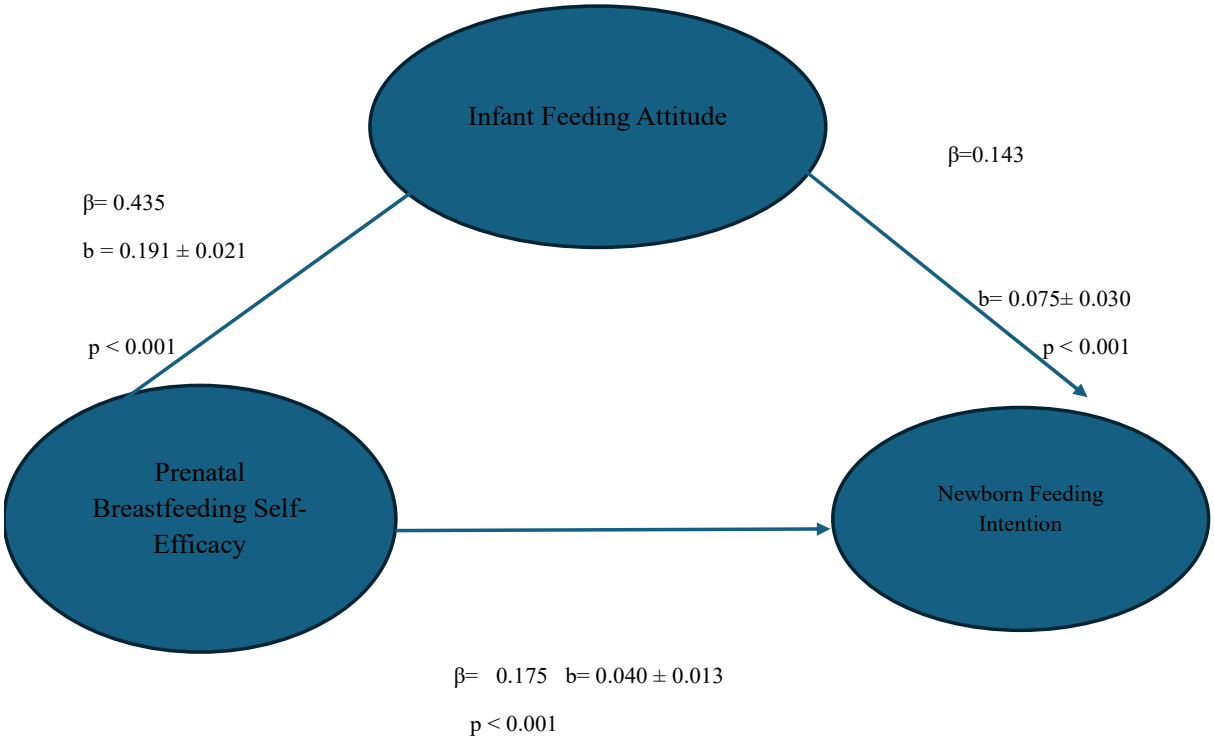

Figure 1. Conceptual model of mediation

Breastfeeding self-efficacy, a key psychological factor associated with the initiation and continuation of breastfeeding, was found to be at a moderate-to-high level among the participants in the present study (77.81 ± 14.02). This finding indicates that pregnant women generally reported a relatively high level of confidence in their ability to breastfeed. The mean score observed in this study is comparable to the original scale mean (78.3) reported by Wells et al. (Wells et al., 2006)

Although prenatal breastfeeding self-efficacy scores reported in studies conducted in Türkiye show some variability, they have generally been found to fall within the moderate-to-high range, with reported values between 68.08 ± 14.48 and 73.52 ± 8.05. Aydin & Pasinlioglu, 2018; Konukoglu & Pasinlioglu, 2021). International studies have similarly reported comparable levels of prenatal breastfeeding self-efficacy. Recent systematic reviews and scoping assessments have highlighted the importance of addressing breastfeeding self-efficacy during the prenatal period, both as a measurable construct and as a focus for supportive interventions (McGovern et al., 2024). These findings suggest that prenatal breastfeeding self-efficacy represents an important area for further research and intervention development.

In the present study, the mean score of the Iowa Infant Feeding Attitude Scale (IIFAS) was 62.96 ± 6.14, indicating an attitude within the moderate-to-positive range. A study conducted in China with 324 mothers reported a lower mean IIFAS score of 56.55 ±

4.77, whereas a study from Iran involving 220 mothers reported a mean score of 61.0 ± 6.6. (Hamze et al., 2019) In Türkiye, Duran et al. (2019) reported a mean IIFAS score of 61.0 ± 6.6, and another study found a mean score of 57.8 ± 8.43. (Duran et al., 2020)

The findings of the present study indicate that infant feeding attitudes statistically mediate the association between prenatal breastfeeding self-efficacy and newborn feeding intention. In other words, higher levels of prenatal breastfeeding self-efficacy were associated with stronger newborn feeding intentions both directly and indirectly through more positive infant feeding attitudes. This finding is consistent with previous literature suggesting that maternal attitudes and intentions represent important psychological pathways linking self-efficacy to feeding-related outcomes.

Previous studies have reported associations between prenatal breastfeeding self-efficacy and breastfeeding-related intentions and behaviors, highlighting the role of maternal attitudes within this relationship. For example, multicenter and cross-cultural studies have shown that positive infant feeding attitudes are associated with stronger links between self-efficacy and breastfeeding intention. (Chaabna et al., 2022). Similarly, research conducted in Türkiye has demonstrated positive associations between infant feeding attitudes and prenatal breastfeeding self-efficacy, emphasizing the relevance of attitudes in shaping feeding intentions among pregnant women. (Konukoglu & Pasinlioglu, 2021)

Taken together, these findings support the interpretation that infant feeding attitudes function as an important psychological mechanism through which prenatal breastfeeding self-efficacy is associated with newborn feeding intention. From a clinical and public health perspective, this underscores the potential value of prenatal education and counseling interventions aimed at supporting both breastfeeding self-efficacy and infant feeding attitudes, which may contribute to more favorable feeding intentions during pregnancy

Conclusion: The findings of this study indicate that infant feeding attitudes statistically mediate the association between prenatal breastfeeding self-efficacy and newborn feeding intention among pregnant women. Participants reported high levels of newborn feeding intention, moderate-to-high levels of breastfeeding self-efficacy, and moderate-to-positive infant feeding attitudes. Regression analyses showed that prenatal breastfeeding self-efficacy was positively associated with newborn feeding intention both directly and indirectly through infant feeding attitudes.

These findings suggest that breastfeeding self-efficacy and infant feeding attitudes represent important psychological factors associated with feeding intention during pregnancy. From a nursing and public health perspective, the prenatal period may represent a valuable window for interventions aimed at supporting maternal self-efficacy and fostering positive feeding attitudes.

Limitations: Several limitations of this study should be acknowledged. First, the cross-sectional design precludes the establishment of causal relationships and temporal ordering among prenatal breastfeeding self-efficacy, infant feeding attitudes, and newborn feeding intention. Therefore, the findings should be interpreted as statistical associations rather than causal effects.

Second, the data were collected from pregnant women attending a single training and research hospital, which may limit the generalizability of the findings to broader populations or different healthcare settings. Third, the study relied on self-reported measures, which may be subject to recall bias and social desirability bias, particularly regarding attitudes and intentions related to breastfeeding.

Finally, although several key psychological variables were examined, other potential influencing factors—such as partner support, cultural norms, and postpartum experiences—were not included and may warrant further investigation.

Strengths: Despite these limitations, this study has several notable strengths. The relatively large sample size (N = 353) provides adequate statistical power to examine the relationships among the study

variables and strengthens the reliability of the findings. The use of validated and reliable measurement instruments, including culturally adapted versions of the scales, enhances the methodological rigor of the study.

In addition, the application of mediation analysis allowed for a more comprehensive examination of the interrelationships among prenatal breastfeeding self-efficacy, infant feeding attitudes, and newborn feeding intention within a single analytical framework. By focusing on the prenatal period, the study contributes novel insights into the psychological mechanisms underlying feeding intention before childbirth and adds valuable evidence to both national and international literature. These findings may inform the development of targeted nursing and prenatal education interventions aimed at supporting breastfeeding intention during pregnancy.

Reference

Aydin, A., & Pasinlioglu, T. (2018). Turkish version of the Prenatal Breastfeeding Self-Efficacy Scale. *Midwifery, 64*, 11–16.

Bozkurt, G., Tanriverdi, F. S., & Tanriverdi, D. (2021). Factors affecting mothers' baby feeding attitudes in the postpartum period. Journal of Contemporary Medicine, 11(4), 543–549. (in Turkish).

Buran, G., Ozyazicioglu, N., Aydin, A. I., & Atak, M. (2022). Evaluation of breastfeeding success and self-efficacy in mothers giving birth via vaginal delivery or cesarean section. *Women & Health, 62*(9–10), 788–798.

Chaabna, N., Mahfoud, Z., Letourneau, N., Forgrave, D., & White, D. (2022). Muslim women's attitudes toward breastfeeding: A qualitative and quantitative synthesis. *Midwifery, 114*, 103470. https://doi.org/10.1016/j.midw.2022.103470

Dewanti, L. P., & Novianti, A. (2022). Exclusive breastfeeding intention among pregnant women: A cross-sectional study. *International Journal of Nursing and Health Services, 5*(1), 1–7.

Duran, S., Kaynak, S., & Karadas, A. (2020). The relationship between breastfeeding attitudes and perceived stress. *Scandinavian Journal of Caring Sciences, 34*, 456–463

Eksioglu, A., Yeşil, Y., & Turfan, E. Ç. (2016). Adaptation of the Infant Feeding Attitude Scale (Iowa) into Turkish: A validity and reliability study. Journal of Education & Research in Nursing 13(3). (in Turkish).

Ergezen, Y., Efe, E., Caliskan, F., & Dikmen, S. (2021). The relationship between mothers' breastfeeding self-efficacy perceptions and breastfeeding success in the postpartum period. Dokuz Eylül University Faculty of Nursing Electronic Journal, 14(3), 217–223. (in Turkish).

Guneri, S. E., Muslu, G. K., & Guner, O. (2019). The Turkish version of the Infant Feeding Intention Instrument. *Erciyes Medical Journal, 41*(3), 269–274.

Hamze, L., Mao, J., & Reifsnider, E. (2019). Knowledge and attitudes towards breastfeeding in the prenatal period: A systematic review. *Midwifery, 74*, 68–75.

Ibrahim, H. A., Alshahrani, M. A., Al-Thubaity, D. D., Said, S. H., Almedhesh, S. A., & Elgzar, W. T. (2023). Exclusive breastfeeding intention among pregnant women: A cross-sectional study. *Nutrients, 15*(13), 3051.

Karmous, N., Oualha, O., Drira, A., Masmoudi, A., Bouguerra, B., & Karmous, A. (2025). Beyond intentions: Factors associated with exclusive breastfeeding practices. *Research, 14*, 881.

Khresheh, R. M., & Ahmed, N. M. (2018). Breastfeeding self-efficacy among pregnant women in Saudi Arabia. *Saudi Medical Journal, 39*(11), 1116–1122.

Konukoglu, T., & Pasinlioglu, T. (2021). Breastfeeding self-efficacy in pregnant women. Midwifery and Health Sciences, 4(1), 12–22. (in Turkish).

Li, R., Fein, S. B., Grummer-Strawn, L. M., & Chen, J. (2020). Maternal infant-feeding attitudes and practices. Breastfeeding Medicine, 15(3), 189–198.

Li, T., Guo, N., Jiang, H., & Eldadah, M. (2019). Breastfeeding self-efficacy among parturient women in Shanghai: A cross-sectional study. *Journal of Human Lactation, 35*(3), 583–591.

Liu, L., Feng, S., Zhang, Y., Xiao, G., Zhou, M., Li, X., *et al.* (2025). The role of breastfeeding self-efficacy in the relationship between perinatal depressive symptoms and exclusive breastfeeding. *BMC Pregnancy and Childbirth, 25*(1), 356.

McGovern, L. M., O'Toole, L., Laws, R. A., Skinner, T. C., McAuliffe, F. M., & O'Reilly, S. L. (2024). Prenatal breastfeeding self-efficacy: A scoping review. *International Journal of Behavioral Nutrition and Physical Activity, 21*(1), 95.

Moraes, G. G. W., Christoffel, M. M., Toso, B. R. G. O., & Vieira, C. C. (2021). Association between duration of exclusive breastfeeding

and nursing mothers' self-efficacy. *Revista da Escola de Enfermagem da USP, 55*, e03702.

Naja, F., Chatila, A., Ayoub, J. J., Abbas, N., Mahmoud, A., Nasreddine, L., et al. (2022). Prenatal breastfeeding knowledge, attitudes, and intentions: A cross-sectional study. *International Breastfeeding Journal, 17*(1), 15.

Silva, L. F., Cortellazzi, K. L., Melo, L. S. A. D., Silva, S. R. C. D., Rosell, F. L., Valsecki, A., et al. (2023). Exclusive breastfeeding intention among pregnant women: A population-based study. *Revista Paulista de Pediatria, 42*, e2022103.

Republic of Turkey Ministry of Health, General Directorate of Public Health. (2018). Basic newborn care. Republic of Turkey Ministry of Health. (Turkiye Cumhuriyeti Saglık Bakanlıgı, Halk Saglıgı Genel Müdürlügü. (2018). *Temel yenidogan bakımı*. Turkiye Cumhuriyeti Saglık Bakanlıgı).

United Nations Children's Fund. (2025). *Breastfeeding.* https://data.unicef.org/topic/nutrition/breastfeeding/

Uyar Hazar, H., & Uzar Akca, E. (2018). Prenatal breastfeeding self-efficacy scale: Validity and reliability study. *Turkish Archives of Pediatrics, 53*(4), 222–230. https://doi.org/10.5152/TurkPediatriArs.2018.6341

Wells, K. J., Thompson, N. J., & Kloeblen-Tarver, A. S. (2006). Development of the prenatal breastfeeding self-efficacy scale. *American Journal of Health Behavior, 30*(2), 177–187.

World Health Organization. (2023). *Breastfeeding and maternal health: Global guidance*. World Health Organization.