

# Nurturing the Future: Strengthening Lactation Support Services in Pakistan-A Call to Action

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According to WHO, only 48.4% of Pakistani infants under 6 months are exclusively breastfed, well below the global target of 60% by 2030 [1]. Early feeding practices remain suboptimal; only about 20% of infants are breastfed within the first hour of birth, and nearly half are never fed colostrum [2]. This deficit contributes annually to an estimated 33,700 preventable child deaths, 6.6 million cases of diarrhea, and 2.7 million lost school years, as reported in the Global Health Cost of Not Breastfeeding analysis [3]. Pakistan also spends over US \$888 million per year on breastmilk substitutes, a figure further underscored by updated WHO commentary on the economic burden of low breastfeeding rates [4].

Facility-based maternity and child health care is essential but has often fallen short of providing the individualized support that mothers need to breastfeed successfully [5, 6]. Most women do not receive adequate support because of weak postnatal counseling, a shortage of trained lactation counselors, an inflexible work environment, and deep-rooted cultural myths. Recent qualitative studies have documented strong family influence, particularly from mothers-in-law, prevalent beliefs in prelacteal feeding, stigma associated with public breastfeeding, and milk insufficiency myths [2, 6].

The challenges of breastfeeding are accentuated in work environments. In a national survey, while three months of paid maternity leave were widely available, only 15% of employers offered nursing breaks, and fewer than 7% provided lactation rooms, refrigeration, or daycare [7]. Similarly, a qualitative study in Karachi reported that professional women found it very difficult to balance work and breastfeeding because of inadequate workplace support [7]. Updated policy analysis from 2025 finds that the weak enforcement of Pakistan's adoption of the International Code of Marketing of Breastmilk Substitutes continues to allow formula promotion to undermine workplace and community norms for breastfeeding [8].

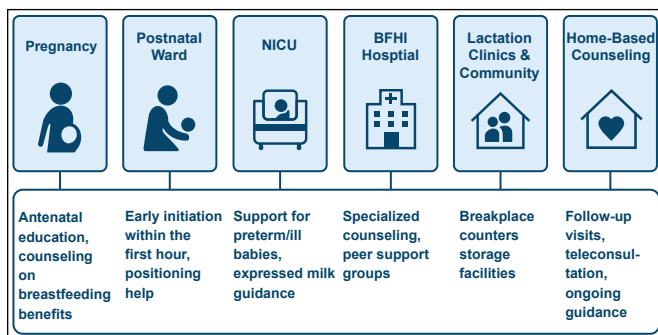
Evidence from high-income countries shows that structured lactation support programs, such as trained lactation consultants, peer counseling, and workplace accommodations, significantly increase exclusive breastfeeding rates and maternal satisfaction. However,

in Pakistan, such structured models of lactation support remain few and far between. In postnatal wards, timely counseling by skilled providers promotes initiation within an hour, which reduces neonatal morbidity and mortality [9]. WHO's 2022 revised guideline reiterated that both early initiation and continued breastfeeding are strongly protective against infection and mortality [4]. Lactation support in the NICU enables mothers to maintain milk supply, thereby improving survival and long-term outcomes for vulnerable infants. New local evidence from 2023 points to the fact that lactation support is inadequately developed in most NICUs of Pakistan, especially for low-income families [5].

Systematic site-specific lactation support, such as lactation clinics or Baby-Friendly Hospital Initiative (BFHI) implementation, provides nondiscriminatory, consistent advice to mothers free from commercial interests. Regional analyses from 2023-2024 identify system-level BFHI implementation as critical in preventing unnecessary exposure to formula [5]. Workplace support, in the form of breaks, private lactation rooms, and milk storage, coupled with home-based counseling, helps overcome obstacles to continued breastfeeding, including poor latch, maternal exhaustion, perceived milk inadequacy, and sociocultural pressure to use top-up feeds. These multi-level interventions reduce the need for expensive substitutes, improve breastfeeding rates, and enhance long-term maternal-infant health outcomes.

Lactation support services are most effective when delivered through multidisciplinary teams that include lactation consultants, pediatricians, obstetricians, nurses, nutritionists, and mental health providers. Engagement with community elders, LHWs, and family decision-makers is paramount, as decisions on infant feeding are heavily influenced by extended family norms [2, 6]. Efficient referral pathways between maternity wards, NICUs, and community services are essential to ensure continuity of care. Recent evidence indicates that integrated referral mechanisms between these levels of care do not exist, leading to significant service gaps [5]. Another potential limitation is that system-wide implementation of lactation support requires substantial interprovincial coordination and continuous workforce training, which may pose feasibility challenges. Despite these barriers, targeted policy interventions and

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**Fig. (1):** Continuum of care for strengthening lactation support services in Pakistan.

capacity-building initiatives can help strengthen lactation support services at both facility and community levels.”

Despite the well-documented benefits of breastfeeding, Pakistan’s lactation support infrastructure remains underdeveloped. An explicit national approach is needed to promote links between maternity services, NICUs, workplace support programs, and community-based support. Comprehensive provider training, supportive legislation, and financial incentives could enhance service quality and encourage providers to adopt breastfeeding assistance as a core component of maternal and child health. This also typically requires enforcement of the Code, marketing regulation, periodic auditing of BFHI standards, and public education campaigns to regain public trust [8].

Pakistan should strengthen lactation support through the following: lactation clinics within tertiary and secondary hospitals, provision of workplace lactation rooms, breaks, and milk storage facilities, establishment of a national pre- and in-service lactation training curriculum for all care providers, including nurses, midwives, and physicians, and standard lactation referral protocols for maternity wards, NICUs, and community health workers [9]. Fig. (1) shows the continuum of lactation care in Pakistan, spanning pregnancy, health facilities, and home-based support.

Adequate lactation support services can substantially improve breastfeeding prevalence in Pakistan, reduce infant morbidity, and enhance overall maternal and child health. Policymakers must prioritize integrating lactation support services into federal and provincial

maternal health programs, enacting legislation that protects breastfeeding, and funding the development of a nationally coordinated breastfeeding support system.

## GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

Generative artificial intelligence (Gen AI) and ChatGPT (GPT-4) were limitedly used for the preparation of this manuscript. They were used to get language suggestions, paraphrase, and format some parts of the manuscript. After using these tools, the author reviewed and edited the content carefully as per the need to ensure the accuracy of the content.

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