

Impact of paternal support interventions on exclusive breastfeeding and breastfeeding self-efficacy: a systematic review and meta-analysis

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Abstract

Background

Father support is an important determinant of breastfeeding success; however, evidence regarding its effects on exclusive breastfeeding (EBF) duration and maternal breastfeeding self-efficacy remains limited. This systematic review and meta-analysis evaluated the effectiveness of paternal support interventions on these outcomes.

Methods

This review followed PRISMA 2020 guidelines. Searches were conducted in Scopus, Web of Science, PubMed, and Cochrane Library for studies published between January 2010 and October 2025. Eligible studies included randomized controlled trials or quasi-experimental designs involving postpartum mothers and fathers, father-focused support interventions, standard care comparators, and outcomes related to EBF duration or breastfeeding self-efficacy. Risk of bias was assessed using the Cochrane Handbook. Random-effects models were applied using risk ratios and standardized mean differences.

Results

Six studies involving 716 participants were included. Paternal support interventions increased early breastfeeding initiation by 17% (RR = 1.17; 95% CI: 1.02–1.34), which was not statistically significant at 1 month (RR = 1.30; 95% CI: 0.94–1.81), at four months it was 2.67 times (RR = 2.67; 95% CI: 1.29–5.52), and the effect at six months postpartum did not reach statistical significance (RR = 1.53; 95% CI: 0.99–2.38). Overall breastfeeding success increased by 41% (RR = 1.41; 95% CI: 1.17–

1.69). Breastfeeding self-efficacy showed a positive trend compared with usual care (SMD = 1.06; 95% CI: -0.12 to 2.24; P = 0.08).

Conclusion

Paternal support interventions are associated with improved early initiation and exclusive breastfeeding duration at four months and showed a positive trend toward increased maternal self-efficacy.

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