

## **Abstract**

### **Purpose**

To describe and explore how mothers with low-birth-weight babies continue or cease exclusive breastfeeding with its potential barriers. Also, to describe breastfeeding care and education mothers received from health care workers during hospitalization.

### **Methods**

Qualitative data were collected by semi-structured interviews with eight mothers of low-birth-weight babies at the time of discharge, one month, and three months after discharge from Muhimbili National Hospital, in urban Tanzania. Interviews were conducted using local Swahili language and were transcribed and translated to English. Content analysis was conducted to analyze the data.

### **Results**

Of the eight mothers, three mothers ceased exclusive breastfeeding within one month after discharge, while others continued throughout the study. Four reasons mothers mentioned for continuing exclusive breastfeeding were poverty, difficulty using formula milk, strong mother-baby bond, and high reliance toward health care workers, while three key related reasons revealed were positive perception of expressing breast milk, trying to make efforts when their breast milk is insufficient, and recognition of their baby needing special care. Twelve reasons for ceasing exclusive breastfeeding were categorized into breast problems, characteristic, physical health problems, baby crying, baby's inability to suck, baby's general problems, and advice received from others. Nine barriers to exclusive breastfeeding were described, of which receiving insufficient education were leading the other eight barriers: low knowledge on breastfeeding, perception of insufficient breast milk production, negative perception of expressing breast milk, failure of early initiation of breastfeeding after birth, baby's inability to suck, insufficient education, traditional belief, mothers going back to work, and forgetting the advice from healthcare workers once they got back home.

### **Conclusion**

Key reasons and related reasons for both continuing and ceasing exclusive breastfeeding for low-birth-weight babies were found by exploring mothers' breastfeeding behavior. Most of the reasons that led to cease breastfeeding exclusively in this study could be avoided by appropriate care and education during hospitalization. In order to increase the exclusive breastfeeding rate, quality improvement of both breastfeeding care and education towards mothers with low-birth-rate infants is needed taking the advantage of high reliance of mothers on healthcare workers.