



Breast feeding practices and lactational counselling at a tertiary care centre of central India.

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Abstract

Breast milk is the most ideal and valuable food for the growing infant since it suffices most of the nutritional requirements if given adequately and in appropriate manner.

The aim of the study was to assess the knowledge, attitude and practices of mother regarding lactation and impact of counselling to mothers. A questionnaire based cross sectional study was planned and the patients were divided in groups. Statistical analysis was done using IBM SPSS version 22 software. Chi square/Fisher's Exact/Student t test and ANOVA test had been used. Most of the ladies had initiated early breastfeeding in both the groups. Hospital staff and family support were the key components influencing the knowledge of breastfeeding. Successful breastfeeding is an important child rearing skill to be learnt and practiced. More IEC activities targeted to promote institutional deliveries will give more opportunity for lactation counselling besides various other advantages like reducing MMR, NMR thus marching towards achieving millennium development goals. We recommend that in every hospital where deliveries are happening, employment of trained lactation counsellors should be made mandatory to improve breastfeeding rates.

Keywords: breastfeeding practices, counselling, growth & development.

Introduction

Breast-feeding is considered the most complete nutritional source for infants because breast milk contains the essential fats, carbohydrates, proteins, and immunological factors needed for infants to thrive and resist infection. Exclusive breastfeeding for the first six months of life offers several short-term and long-term advantages such as decreased mortality, reduced risk of infections and healthier growth to name a few. Hence, the World Health Organisation (WHO) recommends that infants be exclusively breastfed during the first six months. However, mothers face several constraints and challenges in continuing with this practice. These include lack of information regarding initiation, continuation of exclusive breast feeding, lack of confidence; need to carry out household work, resumption of employment & inadequate support from family members.[1]

In fact percentage of mothers who are exclusively breastfeeding is still not satisfactory, only 58.3% and 46.4% infants are exclusively breastfed till age of four and six months respectively. [1,2] Lack of optimal breastfeeding and other nutritional practices means significant number of infants will continue to be at risk for development of malnutrition. This in turn will affect the morbidity and mortality of infants and children in general.

Our primary aim was to assess the knowledge, attitude & practices of mothers regarding breast feeding as well as to determine the impact of lactation counselling to mothers around the time of delivery on breast feeding practice.

Materials and methods

The present study was a single centre cross sectional questionnaire based study conducted in an academic institution of central India. Duration of study was from August 2019 to February 2020. It was conducted upon 300 (n=300) women i.e. expectant mothers admitted in antenatal wards and mothers in labour room and postnatal wards of our hospital, who were otherwise healthy and had given informed consent for participating in the study. Those who had not given informed consent for participating in the study and those who had sickness in baby or mother were excluded from the study.

Study Procedure: 300 women admitted in this hospital for delivery were taken into the study. These women were randomly divided in to two groups Group A and Group B.

Group A (n=150), women interviewed after delivery with a preset questionnaire which included 20 questions pertaining to knowledge, attitude and practices of breastfeeding. Among group A (150) women 63% were normal vaginal deliveries and 37% were cesarean deliveries.

For Group B (n=150), women brief counselling was given just before delivery in the antenatal wards or in the labour room. These women were given basic training on ideal breastfeeding practices as per IYCF guidelines. Mothers in Group B were also interviewed with the same questionnaire by the same interviewer after delivery. From group B, 8 members were excluded from the study due to various reasons like sickness in the mother or baby. Among group B (n=142) women 62% were normal vaginal deliveries and 38 % were cesarean deliveries.

Data Analysis

Data entry and analysis were done using IBM SPSS version 22 software. Chi square/Fisher's Exact/Student t test and ANOVA test has been used. The 95% C.I was corrected for the design effect of cluster sampling by multiplying the variance by a factor of 2. Adjusted odds ratios were calculated by using logistic regression.

Results

Table 1: Comparison of variables in the two groups

Early initiation of breast feeding		
	Group A	Group B
Yes	65%	81%
No	35%	19%
Influence of media and family support on knowledge of breastfeeding		
	Group A	Group B
Media	34(23%)	9(6%)
Hospital & family support	116(77%)	133(94%)
Perception of mothers on duration of breast feeding "2 yrs and beyond"		
	Group A	Group B
Yes	134(89%)	128(90.2%)
No	16(10%)	14(9.8%)

Table 2 : Breastfeed practices among lactating mothers in the current pregnancy.

S.No.	Breastfeeding practices	N(%)
1	Initiation of breast feeding	
	<1hour	106(75%)
	1-4 hour	27(19%)
	>4hour	9(6%)
2	Discarded colostrum	
	Yes	12(8%)
	No	130(92%)
3	Pre lacteal feeds	
	Yes	23(16.2%)
	No	119(83.8%)
4	Type of pre lacteal feed	
	Water	33(23.2%)
	Formula feed	76(53.5%)
	Herbal tea	2(1.4%)
	Others(honey)	31(21.9%)
5	How long do you intend to exclusively breast the child	
	0-4m	87(61.2%)
	0-6 m	55(38.8%)

Discussion

Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity and helping to control health care costs. Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotising enterocolitis, obesity, and hypertension.[3]The World Health Organisation (WHO) and United Nations Children’s Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer.[2-5]Breastfeeding is influenced by race, socioeconomic factors, and cultural and educational background of parents. Discarding colostrum and delayed initiation of breastfeeding due to various reasons are still practiced in few communities. Early and unnecessary introduction of top feeding in incorrect dilutions and in unhygienic pattern are also quite prevalent in many communities. The key to successful breastfeeding is continuous vigilance over infant feeding practice in the community for timely interventions, to ensure optimal growth and development in the infant.[5,6]The prevalence of breastfeeding varies widely when analysed globally, with high-income countries continually faring worse than middle- and low-income countries on nearly every standard breastfeeding indicator (i.e., from ‘ever breastfed’ to ‘breastfeeding at 12 months’). [7,8] It has been estimated that infant mortality rates are nearly 12% higher when infants are not breastfed due to infections and illnesses such as pneumonia and diarrhoea, therefore breastfeeding has the largest known impact of any preventive intervention.[9,10]Current epidemiological research shows that human milk and breastfeeding of infants provides advantages not only in term of general health, growth and development of baby but also health benefits to mother and also to society. There have been considerable researches done to demonstrate factors affecting exclusive breast feeding.[1]In a study done in Canada by Ban Al-Saheb, Andrea Lanes, Mark Feldman and Hala Tamim in 2006 assessed a wide range of variables as potential predictors of exclusive breastfeeding.[11]Socio-economic status, maternal characteristics including age, number of previous pregnancies, pre pregnancy maternal body mass index (BMI) and mothers perceived health, pregnancy related factor, support during pregnancy, mothers reaction to pregnancy, mothers stress level before and during pregnancy, health problems during pregnancy, attendance of prenatal classes, number of prenatal care visits and type of prenatal care received and finally, delivery related factor (type of delivery, type of birth setting, birth weight, gestational age and baby’s admission to neonatal intensive care unit) and postpartum variables(hospitalisation of baby, support after birth, work status after birth and postpartum depression) were examined. With regard to maternal characteristics, living with a partner, having had previous pregnancies, older age at pregnancy and lower pre-pregnancy BMI was found to be significantly associated with 6 months exclusive breastfeeding. Similar questionnaire based study was conducted by Samir Arora, et al at Pennsylvania.[12] Their study showed breastfeeding initiation rate

was 44.3% in study population. The decision to breastfeeding or to bottle-feed was most often made before pregnancy or during the first trimester. The study concluded that the most common reasons mothers chose breastfeeding included benefits to the infant's health, naturalness and emotional bonding with the infant. The most common reasons bottle-feeding was chosen included mother's perception of father's attitude, uncertainty regarding the quantity of breast milk, and return to work. By self-report, factors that would have encouraged bottle-feeding mothers to breastfeed included more information in prenatal class: more information from TV, magazines, and books; and family support. The duration of breast feeding is a very important factor related to breast feeding practices. Similar results were obtained in the present study. Chaves RG, et al. pointed statistically significant negative factors associated with duration of breastfeeding. [13] Maternal age less than 20 years, gestational age < 37 weeks, less than five or more than nine prenatal consultations, first suckled more than 6 hours after birth, newborn with intercurrent condition, use of alcohol or tobacco and use of a pacifier negative statistically significant association with duration of breastfeeding. However, factors negatively associated with exclusive breast feeding for six months were birth weight of child < 2,500 gm, incorrect answer to question on breastfeeding technique, intention to breastfeed for less than 2 years, use of alcohol or tobacco and use of a pacifier. In the study conducted by Ruowei Li, et al., suggested that sore nipples, insufficient milk production, and their infant's breastfeeding difficulty, as well as their infant's lack of satisfaction with breast milk were some of the few major factors influencing decision of early cessation exclusive breastfeeding. [14] These results suggest that mothers' perception of having a low milk supply might, in many cases, be attributable to their lack of knowledge regarding the normal process of lactation or to technical difficulties in feeding rather than to an actual inability to produce a sufficient quantity of milk. They also suggest that most mothers can overcome temporary breastfeeding problems without resorting to supplementation if they receive appropriate guidance from health professionals, including reassurance that what they perceive to be a low milk supply is actually sufficient and that infant growth is uneven and often occurs in spurts.

Recommendation

Despite the importance of breastfeeding for the child, mother, family and society, breastfeeding rates are low especially exclusive breastfeeding. To modify this situation, actions for encouraging this practice are needed. These must take into consideration factors that interfere in breastfeeding, since it is known that even though breastfeeding is biologically determined, it is influenced by social, psychological and cultural factors. We recommend that in every hospital where deliveries are happening, employment of trained lactation counsellors should be made mandatory to improve breastfeeding rates. Establishment of baby and mother friendly support groups can be a boon to all mothers, especially for those mothers with inadequate family support. Both print & electronic media should play a proactive role in promoting breast feeding. More IEC activities targeted to promote institutional deliveries will give more opportunity for lactation counselling besides various other advantages like reducing MMR, NMR thus marching towards achieving millennium development goals. There are the opinions and encouragement given by people who are around the mother, including the child's maternal and/or paternal grandmothers.

Conclusion

Breast milk is the ideal food for newborn and infants. Successful breastfeeding is an important child rearing skill to be learnt and practiced. Hence, we concluded that early initiation was observed in significantly higher proportion in group B (after lactation counselling) than in group A (without counselling) irrespective of mode of delivery and literacy status. Mother's perception on exclusive and extended breast feeding was significantly higher in Group B. Support from family members and hospital staff had positive influencing on breastfeeding in both the groups whereas media played limited role in encouraging breastfeeding. Societies around the world acknowledge that mothers play an influential role in the socialisation, acculturation, and care of children as they grow and develop and in the education and supervision of their daughters and daughters-in-law. While certain harmful practices are promoted by mothers in various cultures, given the wide-ranging role they play and their influence and intrinsic commitment to promoting the well-being of women and children, they should be viewed as key actors in development programs, family and community survival strategies.

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