

BREAST FEEDING PRACTICES UP TO 6 MONTHS IN INFANTS OF URBAN AREA : A HOSPITAL BASED SURVEY

DR BIJAL SHAH¹, DR DEEPA BANKER², DR SHAKIL VADALIWALA³, DR AAMIR SAIYED⁴, DR NIRMAL ZALA⁵, DR ARPIT VIROJA⁶

- 1. Associate Professor, paediatrics, N.H.L.M.M .C Ahmedabad**
- 2. Professor, paediatrics, N.H.L.M.M.C Ahmedabad**
- 3,4,5. Resident ,Pediatrics,N.H.L.M.M.C Ahmedabad**

ABSTRACT**Introduction**

Adopting optimal breast feeding practices is fundamental right to a child's survival, growth and development. Despite all the potential benefits, only about two fifths of infants 0-6 months of age worldwide are exclusively breastfed. Analysis of data on feeding practices among infants highlights the need for accelerated programming in this area. Present study was aimed to survey feeding practices in infants up to 6 months and observing variables for faulty feeding practices

Method

Mother of infants up to 6 months coming from urban area in a tertiary care hospital were interviewed for feeding practices as per preformed questionnaires. If feeding practices were faulty all details regarding various factors leading to same were asked and analysed.

Results

Total 518 mothers were interviewed. Only 37% infants were exclusively breast feed, in 29% feeding was started in 1st hour of life and in 25% some form of prelacteal feeds were given. On analysing different factors for faulty feeding practices we found that primigravida, CS delivery, ($p < 0.001$) different myths regarding mother health, baby health, and breast feeding, lack of awareness ,faulty feeding techniques, low socioeconomic status(65%) and poor education(80%) were contributing factors leading to same. There were multiples factors in single mother for faulty feeding practices.

Conclusion

Promotion, support and adherence to recommendations of breast feeding is still a gold standard to gain optimal growth and development of children. still health personnel has to do lot more to particularly in field of proper education, explanation and demonstration in

field of same. Using newer media technology like mobile and TV will be helpful to spread it fast.

Key word

Exclusively breast feed

Breast feeding practices up to 6 months in infants of urban area : A hospital based survey

Introduction

Good nutrition forms basis of good health of child. This concept endorses the scope of primordial prevention i.e. 'a healthy baby in to a healthy environment.' WHO and UNICEF launched the baby friendly hospital initiative in 1992.⁽¹⁻⁶⁾ IYCF for feeding guidelines were introduced in 2002⁽⁸⁾. WHO every yearly reinforcing breast feeding guidelines and steps for promoting same .WHO recommends exclusive breast feeding up to 6 months, breast feeding on demands, no bottles, no prelacteal feeds. Various feeding promoting and supporting programmes including breast feeding weeks, antenatal and postnatal counselling, advertisements, and posters are going on for reinforcing same. There is global strategy for IYCF and intensive training of health personnel to implement same. We know that virtually every mother can breast feed, provided they have accurate information, and support from family, society and health care system.

According to datas of 2017 globally after this many years only 38% of infants are exclusively breastfed. No country in the world fully meets recommended breast feeding standards. Faulty breast feeding practices leads to 11.6% mortality in children less than 5 years of age group. India is second most contributing country for same. In 2012 WHO has endorsed global nutrition targets to be achieved by 2025.in India according to NFHS 5 54.9% infants are exclusively breast fed, with wide variability across states.⁽³⁻⁹⁾ There are limitation of datas as from many states very less datas are available. And most of the datas were from south India. This datas shows positive trend in EBF in India but more intense inputs and concentrated action on an area of this with intense survey is needed.

Present study is aimed to observe breast feeding practices in infants up to 6 months coming from urban area in a tertiary care hospital.

Methods

This was a prospective observational study done in a tertiary care centre over period of 6 months. Mother of the infants up to 6 months, coming from urban area, was interviewed. Detailed demographic data and delivery history was taken. According to recent IYCF guidelines preformed questionnaires regarding breast feeding practices were filled. According to FBNC guidelines proper feeding position and attachment while feeding was observed. All details of feeding practices up to 6 months including various variables of faulty feeding practices, myths regarding breast feeding, breast problems, awareness, media exposure were asked as per questionnaires, noted and analysed.

Results and discussion

Total 518 mothers were interviewed.

Sex	boys	301 (58.10%)
	girls	217(41.90%)
SE status	class 5	166(32.04%)
	Class4	176(33.97%)
	Class3	108(20.84%)
	Class2	47(9.07%)
	Class1	21(4.05%)
Education	illiterate	4(0.77%)
	Middle school	210(40.54%)
	High school	216(41.69%)
	Graduate	83(16.02%)
	Professional	5(0.98%)
Delivery place	hospital	518(100%)
	home	0
Mode of delivery	VD	321(62%)
	LSCS	197(38%)
Gravidity	primigravida	217(41.89%)
	multigravida	301(58.10%)

we had significant no of mothers coming from lower socio economic status and also significant no of mothers had education only up to high school only. Later we found this were also one of the contributing factors for faulty breast feeding practices.

Breast feeding practices

Breast feeding	OBSERVATION
Initiation within 1 hour of delivery	107(20.65%)
YES	411(79.34%)
NO	
Colostrum given for 3 days	352(68%)
YES	166(32%)
NO	
Prelacteal feeds given	131(25.2%)
YES	387(74.7%)
NO	
Exclusively breast fed up to	172(37.31%)
YES	346(66.79%)
6 months	
NO	

We have observed that even if all deliveries were hospital deliveries only 20.6% mothers had started breast feeding within one hour of birth. CS mode of deliveries, post partal pain, primi mothers, lack of awareness and local myths regarding starting of feeding and colostrums were major contributing factor for failure of initiation of breast feeding as early as possible. And this was the reason for giving prelacteal feeds in 25.2% babies. Prelacteal

feeds were mostly water, milk and honey. Proper feeding of infants can increase their chances of survival. It can also promote optimal growth and development, globally, only 42 per cent of newborns are put to the breast within the first hour of birth, and only 2 in 5 infants less than 6 months of age are exclusively breastfed. We also observe similar trend in our study.

We have observed that only 37.31% mother had given exclusively breast feeding up to 6 months. and further asking questions regarding faulty feeding practices we have observed followingly.

variables of faulty feeding practices		Observations(346=n)
Proper position and attachment While feeding	YES	92(26.5%)
	NO	254(73.5%)
Type of top feed	water	181
	Milk	122
	others	70
Bottle feeding given	YES	107
	NO	239
Causes for top feeding hungry	inadequacy	113
	Health issue	207
	Breast problems	126
	Myths	334
	Baby remain	200
	hungry	103
Baby not gaining weight	Myths about	
	colostrums	105
	Top milk	89
	water	156
	Baby weight	99
Breast problems	Mother health	69
	inverted nipples true	10
	Partial	70
	Breast engorgement	120
	Cracked nipples	138
	Breast pain	187
others	22	

Relationship between mode of delivery and faulty feeding practices

Mode of delivery	Faulty feeding practice	P value<0.001
Normal delivery(321)	178	
Caesarean section(197)	168	

Relationship between gravidity and faulty feeding practices. We have 197 babies delivered by CS and amongst them 168 (p<0.001)had faulty feeding practice Looking at the global

causes of delayed breast feeding initiation, caesarean section as a mode of delivery was found to be one of the major factors reported [17].

Gravidity	Faulty feeding practices	P value<0.001
Primi gravid (217)	190	
Multi gravid (301)	156	

Awareness in mothers regarding breast feeding practices

Information from	family member	298(57.5%)
	Health personnel	132(25.48%)
	No idea	88(16.98%)
Media exposures	yes	137(26.44%)
	no	381(73.55%)
Mobile availability	yes	448(86%)
	no	70 (14%)

Based on questionnaires while evaluating faulty feeding practices we came across so many interesting facts. We had 346 mothers who had not exclusively breast feed their child up to 6 months. Amongst them on observing we observed that 73.5% had no proper position and attachment while feeding, which was significant ($p < 0.001$). This factor was contributing to almost all problems regarding breast issues and baby issues and started vicious cycle of starting up top feed.

Most of mother was giving water thinking child is thirsty. Many were giving milk and water or milk alone. And some were giving other forms of top feed including honey, jaggary water, and rice water. 107 mothers were giving bottle feeding. On evaluating reason for giving top feed we observed that 113 mothers felt they had inadequate secretions as they had either myth regarding secretions, they were not knowing about adequacy, they thought that babies were not gaining weight and crying a lot. Thus this all factors were overlapping. There were multiple factors which all together led to faulty feeding. Many mothers had so many myths regarding colostrums, honey, adequacy of milk, child health and that led to giving top feed to babies. Similar findings were observed in many India studies since last years and there is no change even after this many years⁽¹²⁻¹⁵⁾ We also observed that almost 50% mothers had one or more type of breast related problems and they all were not knowing proper position and attachment while feeding. This was also a major contribution factor leading to introduction of top feed.

We also observed that lack of awareness in primigravida mothers and pain related issues with different myth regarding operations in CS delivered babies were also major contributing factors for faulty feeding practices⁽¹⁷⁾

While questioned about awareness for breast feeding we observed that still only 25% female were informed by health personnel ($P < 0.001$) and most of the time they get information from family members that were inappropriate. Though these mothers were from urban area most of them came here from rural area after marriage and had no idea about ideal breast feeding practices. Even 73% had no media exposures including boards, advertisement, pamphlets of breast feeding practices. They were hospital delivered and had mamta card but had not read it or explained by health personnel. Thus we observed that antenatal and postnatal counselling by health personnel is very crucial for ideal feeding practices. Other studies have reported that strengthening ANC proves crucial in improving the rates of breast feeding. Mattar et al. ^[14, 18, 19] investigated the effect of counselling during antenatal services on breast feeding habits and found that counselling and education significantly improved breast feeding practices post-delivery with Odds of 2.6 at 3 months and 2.4 at 6 month. On asking we came to know 86% had mobile access but not seen any information regarding feeding practices in mobile.

Conclusion

Optimal feeding practices are necessary to get proper growth and development of child. WHO and UNICEF recommendations have to be followed both in developing and developed countries to get the same. Problems regarding breast feeding in both developing and developed countries are different.

In developing countries still social myths, breast problems, lack of education and awareness and information regarding techniques and advantages about breast feeding in mothers are leading causes for faulty feeding practices. Rigorous integrated approach by interventions from policy makers and healthcare providers. Counselling for initiating and maintenance of breast feeding during prenatal and post-partum periods is needed. This can be achieved through the existing services and introducing newer ways involving media including mobile.

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