

To Asses Factors Influencing and Practice of Early Initiation of Breast Feeding

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ABSTRACT

Introduction: Early initiation of breast feeding that is breast feed given within first hour of birth prevents newborn from hypothermia, hypoglycemia and infections. It increases bonding with mother and promotes exclusive breast feeding.

Objectives: To assess the factors influencing the mothers for early initiation of breast feeding and how much mothers practice it.

Material and Methods: It was a retrospective study conducted at Pak Red Crescent Medical and Dental College, Dina Nath. The study was in form of questionnaire interview taken from delivered women including caesarean section and spontaneous vaginal delivery 293 and 57 women from out-patient department. Total number of women were 350. Duration of study was six months from 1 July 2021 to 31 December 2021. The influencing factors of early initiation of breast feeding and practice of giving milk within an hour after birth was assessed.

Results: In our study percentage of early initiation of breast feeding was 13.4%. Maximum age for breast feeding was between 25 to 35 years that is 48.5% and regarding parity maximum in Para2 to 3 had 40%. The women who were willing for breastfeeding within first hour of birth had family support 26.2%, support by doctors or nurses 16.5% and 2% got counselling in antenatal period. Regarding factors that decrease EIBF, 53.4% women failed to initiate breast fed in first hour after birth due to pain, caesarean section under general anesthesia 3.1%, discomfort due to episiotomy 6.2% and 10.5% babies were referred to neonatal unit immediately after birth due to danger signs.

Conclusion: Counselling of mothers in antenatal period, improving counselling skills of health providers and strengthening community based support are likely to improve early initiation of breast feeding.

Keywords: NICU neonatal intensive care unit, WHO World Health Organization EIBF early initiation of breast feeding

INTRODUCTION

Early initiation of breast feeding is the initiation of breast milk within one hour after birth. (1) This practice decreases neonatal and child morbidity and mortality and improves child survival. (2) First milk that is colostrum acts as first vaccine and is rich in antibodies and nutrients that protects neonate from infections. (3) Early initiation of breast feeding also reduces neonatal deaths by reducing the risk of diarrhea and lower respiratory tract infections. (4) After immediate drying of baby, skin to skin contact with mother promotes early initiation of breast feeding. (5) It prevents newborn from hypothermia and hypoglycemia. The counselling of mothers regarding the benefits and importance of breast feeding within an hour after birth should be started in antenatal period, so that mothers can get time to take decision. (6) Early initiation of breast feeding helps in uterine contraction and hence reduces the risk of postpartum hemorrhage. In spite of benefits, globally early initiation of breast feeding is 42%. In Middle East it is 35% and in North Africa it is 65%, varies region to region. (7)

World Health Organization strongly recommends early initiation of breast feeding to newborn, exclusive breast feeding for first six months of life and complementary feeds from six months to two years along breast feeding to every child. (8) Baby Friendly Hospital Initiative was launched by WHO and United Nations International Children Emergency Funds (UNICEF) in 1991. (9) By this WHO and UNICEF have promoted early initiation of breast feeding to reduce infections, infant morbidity and mortality and community integrated management of childhood illness. (10)

In Pakistan early initiation of breast feeding rate is 18%, exclusive breast feeding rate is 38% and bottle feeding rate varies from 32.1% to 42%. (11) Mode of delivery has impact on practice of early initiation of breast feeding, mothers delivering vaginally has more practice than delivering by caesarean section. (12)

Aims and Objectives: To assess the factors influencing the mothers for early initiation of breast feeding and how much mothers practice it.

Exclusion criteria: All the preterm babies less than 32 weeks of gestation

All the babies who are not stable after birth and need admission in neonatal unit

Mothers who are admitted in intensive care unit

Inclusive Criteria: All stable babies and mothers

MATERIAL AND METHOD

The study was carried out in Pak Red Crescent Medical and Dental College Dina Nath from 1 July 2021 to 31 December 21. It was retrospective study. Questionnaire interview was taken from delivered women including caesarean section and spontaneous vaginal deliveries 293 and 57 patients attending outpatient department. Total sample size is 350. They were assessed whether they gave breast feed within an hour after birth to newborn and what were the influencing factors. Most of the women belong to different rural areas including Phoolnagar, Dina Nath, Patoki and Manga Mandi. The patients after delivery were counselled regarding the significance of colostrum and giving breast milk within first hour after birth. Different steps of breast massage were explained for milk expression. But very few women agreed for it. The importance of skin to skin contact after birth was also explained.

Those newborns who were immediately taken to neonatal unit by paediatrician were not included in this study. The babies who had meconium aspiration, delayed cry, cyanosis, breathing problems or reluctant to feed were admitted in neonatal unit. Similarly 5 mothers were admitted in intensive care unit after birth. 2 with eclampsia, 2 had post-partum hemorrhage and one had caesarean hysterectomy due to placenta percreta. In these mothers early initiation of breast feeding was not established. Later on expressed breast milk was sent to baby, to be given by spoon.

Very preterm babies less than 32 weeks were not included in study. Their sucking power was not developed and they were managed by nasogastric tube and given expressed breast milk. Few of these women were counselled for early initiation of breast feeding in antenatal period. They were prepared to breast feed their child. Family support and support by health workers including doctors and nurses played a major role.

RESULTS

Babies in neonatal intensive care unit were shifted due to meconium aspiration, delayed cry, cyanosis and reluctant to feed. Mother shifted to intensive care unit were eclampsia 2, Post-

partum hemorrhage 2 and 1 patient had caesarean hysterectomy due to placenta percreta.

Table 1: Socio demographic characteristics Total number of women 350

Serial No.	Age in years	Number	Percentage
1	15 – 25	120	34.2
	25 – 35	170	48.5
	35 – 45	60	17.1
2	Parity < 2	118	33.7
	2 -3	140	40
	4 and above	92	26.2
3	Educational status Illiterate	283	80.8
	Till primary	67	19.1

Table 2: Percentage of early initiation of breast feeding Total Number 350

Total deliveries	Spontaneous vaginal deliveries	Caesarean section	Out-patient department	Early initiation of breast feeding	Percent age
293	63	230	57	47	13.4

Table 3: Factors in favor of breast feeding Total number: 350

Serial No.	Factors	Number	Percentage
1	Skin to skin contact	6	1.7
2	Male or precious baby	12	3.4
3	Support of family	92	26.2
4	Support by doctor/ nurse	58	16.5
5	Counselling in antenatal period	7	2

Table 4: Factors that decrease breast feeding Total number 350

Serial No.	Factors	Number	Percentage
1	Pain	187	53.4
2	Caesarean section by G/A	11	3.1
3	Episiotomy discomfort	22	6.2
4	Baby in NICU	37	10.5
5	Mother in ICU	5	1.4
6	family support	8	2.2

Table 5: Different timings for initiation of breast feeding Total number 350

Serial No.	Time for start of breast feed after birth	Number	Percentage
1	1 hour	47	13.4
2	6 hours	52	14.8
3	12 hours	83	23.7
4	24 hours	107	30.5
5	3 days	61	17.4

Table 5 shows that maximum number of women started breast feeding after 24 hours of birth of baby.

DISCUSSION

Early initiation of breast feeding reduces neonatal morbidity and mortality. In a study conducted in Tanzania, the prevalence of early initiation of breast feeding was 83%. Women had high knowledge of the benefits of colostrum that is 94%, knowledge of exclusive breast feeding was 81% but only 54% women agreed to breast feed their children. (13) In our study the percentage of early initiation of breast feeding was 13.4%. According to Demographic and Health Survey of Tanzania 2016, neonatal mortality was 25 deaths per 1000 live births. It was not according to target that was 16 deaths per 1000 live births till 2020. (14) According to Demographic and Health Survey 2018 of Pakistan, neonatal mortality is 41 per 1000 live births. Major causes of neonatal mortality are asphyxia, infections and prematurity. By early initiation of breast feeding, infections can be prevented.

In one of the study conducted by UNICEF, the low rate of early initiation of breast feeding is inadequate support from health workers to mothers at the time of birth of child. Globally trained birth attendants like doctor, nurse and midwife conduct deliveries about 75% and 73% deliveries take place at health facilities. Health care providers do not counsel mothers regarding breast feeding in each delivery. (15) In another study, in 2 out of 6 regions, the data shows that early initiation of breast feeding is low where skilled birth attendants conduct deliveries than where unskilled birth attendants work, 34% versus 39% in South Asia and 45% versus

48% in Middle East and North Africa. (16) In our study in 16.5% cases there is support by health care providers and only in 2% cases counselling for breast feeding was done by doctors and nurses in antenatal period.

In a study conducted by Brady K, with skin to skin contact of mother and baby after birth, increases the rate of early initiation of breast feeding. It also reduces hypothermia of baby which is one of the danger sign of baby. (17) In our study in 1.7% cases, skin to skin contact was done. Although the percentage was low, but it helped the mother in breast feeding. In another study carried out in Saudi Arabia, early initiation of breast feeding is low in mothers delivered by caesarean section 24%. Main cause is pain that mothers suffer after surgery. (18) In our study 53.4% mothers complained of pain after delivery, due to which they did not started breast feeding within first hour of birth. To facilitate the mothers for breast feeding, support by family and health care providers is the main pillar. They should be kept pain free by giving analgesics. They should be provided healthy food, good care and love by family.

CONCLUSION

Mothers have knowledge of early initiation of breast feeding but the practice is low. Mode of delivery especially caesarean section, pain, anesthesia effect and myths all reduce the practice of early initiation of breast feeding. Counselling of mothers in antenatal period, improving counselling skills of health providers and strengthening community based support are likely to improve early initiation of breast feeding.

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