

Breast Feeding Practices – The Obstetricians Role

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Summary

Breast feeding is a complex biological activity, involving the transfer of highly evolved nutrition from mother to child, it also provides vital immunoglobulins to infant. In developing countries specially, exclusive breastfeeding ensures infant survival, saving in infant health costs and reduces fertility rates.

A survey of 200 parous women attending NSCB Medical College Jabalpur, has shown that though the practice of breast feeding is nearly universal (99%), most women are not aware of the advantages of Exclusive Breast Feeding. Cultural restraints, non preparation of breast in antenatal period, and retracted nipples resulted in delayed initiation of lactation. Only 26% women offer breast milk as the first feed, of which only 6% did so by the first hour after birth. 74% offered prelacteals to baby, either honey, water, or non human milk, a practice which resulted in deprivation to baby of vital colostrum, increased infections, specially neonatal diarrhoea. Only 20% practised exclusive breast feeding, 63% regarded water as essential for babies. Weaning was delayed beyond 6 months by 53% women, knowledge of weaning foods was inadequate. The Obstetricians role in promotion of early, exclusive breast feeding on demand is discussed.

Introduction

Breast feeding is a combination of instinct, reflex and learning. (Renfrew' 1990). For babies in developing countries specially, breast milk with its immune boosting properties is vital for their survival.

Breast milk contains all the nutrients vital for nourishment, as well as growth factors believed to be of help in tissue development and antibodies to fend off infections. It is always readily available, at the right temperature, requires no mixing, no sterilization or equipment and is safe regardless of quality and availability of water. Its composition changes from feed to feed, its amount being triggered by mothers hormonal response to baby's need. It encourages bonding between mother and baby and helps in fertility control. According to the WHO studies almost 1.5 million infants could be saved every year, if they were exclusively breast fed for the first six months of neonatal life. (UNICEF Publications, 1997).

Material And methods

With a view to establish the existing breast feeding practices in urban women, 200 parous women attending NSCB Medical College Jabalpur, were questioned as to their breast feeding practice. The women ranged from 20 to 42 years of age and parity 1 to 8, only women with youngest child below 3 years were included in study, such that the practice of breast feeding was still recent memory. Among these women 81% attained menarche between 11 to 15 years of age. Age at marriage was 6 to 10 yrs in 3%, 11 to 15 yrs in 36%, 16 to 20 yrs in 52%, and >21 yrs in 9% women. Child birth occurred at an early age, 6% delivered their first child before 15 yrs, 78% between 16 to 20 yrs, 10% between 21 to 25 yrs, and 6% after 26 yrs.

Results And Discussion

Breast feeding upto 6 months is nearly universal, however

most women do not practice exclusive breast feeding. As seen in Table 1, the vast majority avoid breast feeds for the first 2 days due to cultural taboos and non secretion of milk. In only 26% patients was breast milk offered as the first feed, with 6% lactating by the end of first hour. 74% women offered prelacteals, of which 37% was nonmilk (honey + water) and in 37% it was either cow's milk, goats milk, dairy milk or formula.

to start breast feed was the 2nd or 3rd day or after 'soth uttana', a form of cleansing of mother and child, while in 4% mothers it was delayed to 6th day or "ebhatti". Education does alter the practice of breast feeding, as graduates were more likely to avoid prelacteal and, they also established early lactation within 6 hours of birth. (Table 2 and 3).

Dalal (1992) ensured early onset of successful lactation

Table 1
Time and Type of First Feed

Time of Feed	No. of Patients	Type of feed						
		BM	CM	GM	DM	FM	Honey	Water
< 1 hour	42 (21)	12(6)	0(0)	2(1)	2(1)	2(1)	20(10)	4(2)
2-6 Hour	124(62)	24(12)	44(22)	10(5)	0(0)	0(0)	46(23)	0(0)
7-12 Hour	10(5)	4(2)	2(1)	4(2)	0(0)	0(0)	0(0)	0(0)
13-24 Hours	2(1)	0(0)	0(0)	0(0)	0(0)	0(0)	2(1)	0(0)
> 1 Day	22(11)	12(6)	4(2)	0(0)	4(2)	0(0)	2(1)	0(0)
Total	200	52	50	16	6	2	70	4

* Figures in bracket are percentages.

* 1 BM of attendant

BM - Breast Milk

GM - Goat's Milk

CM - Cow's Milk

DM - Dairy Milk

Form - Formula Milk (Tinned)

Table II
Type of first feed – Variation with educational status of mother

Type of Feed	No. of Patients	Education				
		Nil	Prim	Mid	HS	Graduate
Breast milk	52	16(8)	14(7)	8(4)	4(2)	10(5)
Cows/Goat	66	38(19)	14(7)	6(3)	6(3)	2(1)
Dairy milk	6	2(1)	2(1)	X	2(1)	X
Formula	2	(X)	2(1)	X	X	X
Honey	70	20(10)	20(10)	18(9)	12(6)	X
Water	4	2(1)	2(1)	X	X	X

In a study of 128 mothers, Durge et al (1996), stated that 75.78% mothers have fed prelacteals, out of which in 84.53% it was nonmilk. (Durge et al ,1990).

by ruling out abnormalities of nipple and breast by a single breast examination, and advise in antenatal clinic.

Table 3 shows the time of first breast feed. 7% patients had breast fed by first hour, in 12 of which this was the first feed but in 2 patients breast milk followed a prelacteal feed of honey and water. The preferred time

Bindeshwar and Castello (1995) found that 78% mothers breast fed within 12 hours of birth. More women belonging to nuclear families follow the practice of feeding colostrum, (Durge et al, 1996).

Table 3
Time of first breast feed

Time of Breast feed	No. of Patients	Educational Status				
		Nil	Prim	Mid	HS	Graduate
< 1 Hour	14(7)	6(3)	6(3)	x	x	2(1)
2-6 Hours	44(22)	14(7)	4(2)	10(5)	8(4)	8(4)
7-12 Hours	4(2)	x	4(2)	x	x	x
13-24 Hours	0(0)	x	x	x	x	x
2 Day	60(30)	26(13)	20(10)	8(4)	6(3)	x
3 Day	56(28)	22(11)	12(6)	14(7)	8(4)	x
4 Day	6(3)	x	2(1)	x	2(1)	2(1)
5 Day	6(3)	6(3)	x	x	x	x
6 Day	8(4)	4(2)	4(2)	x	x	x

2 infants on Formula

Table 4 shows the breast feeding practices in the first year of infant life. Demand feeding was 100%. Most patients did not know about correct positioning at breast, so as to avoid sore nipples, inadequate milk supply and colic in baby. Only 20% gave exclusive breast feeds, 63% thought water was essential for babies especially in summer months, 16% supplemented breast milk with cows or formula milk, as breast milk was inadequate or they had returned to work. Educated working women tend to stop breast feeds early, both PG Medical students interviewed could only give exclusive breast feeds for one month, before they returned to work.

Durge et al. 1996 in study of women attending immunization clinic found that 85.15% gave near exclusive breast feeding (EBF). 9.37% gave EBF and

Table 4
Breast feeding Practice In First year

Type of feed	No. of patients
Exclusive breast feed	40(20)
Breast Milk + Water	126(63)
Breast Milk + top feed	32(16)

2 infants on Formula since birth

(1996) found that uneducated women were more likely to breast feed for long durations, 35% continued to breast feed beyond 1 year.

Table 5 refers to the weaning time, 47% introduced supplementary feeds by 6 months, usually dal, sago, daliya, banana, or mashed food that mother ate. 31% women delayed weaning to 10 to 18 months or till child started walking and were unaware that breast milk no

Table 5
Weaning Time (Introduction of Supplementary Foods)

Weaning Time	Type of Food		
	Home Cooked Baby Special	Mothers Food	Tin Food
4 to 6 Months	4(2)	74(37)	16(8)
7-9 Months	2(1)	40(20)	2(1)
10-12 Months		16(8)	
13-15 Months		16(8)	
16-18 Months		30(15)	

14.88% partially breast fed because of low milk production or breast, nipple abnormalities. Kanojia et al

longer covers the child's need. Durge et al (1996) concludes that though 95% are aware of time of weaning,

only 50% had correct knowledge of weaning foods. Once established breast feeding was continued beyond 18 months by 44%, 5% breast fed beyond 3 years. Maternal fever is a common reason for stoppage of breast milk, followed by return to work, weakness in mother, inadequate lactation or illness in baby. (Table 6).

Conclusions

1. The practice of breast feeding is universal, however exclusive breast feeding was practised by only 20% women.
2. Prelacteal feeds in form of honey and water are used by 37% women, another 37% use cows, goats or

especially about exclusive breast feeding in the antenatal period itself. Careful examination of breast and nipples in third trimester itself, would help in diagnosis and rectification of abnormalities like retracted nipples. All women should attempt lactation before leaving the labour room, i.e. within first hour of birth "golden hour" they must be advised and demonstrated the correct positioning at breast (Latch on), the areola being enclosed by gums of baby to ensure adequate suckling. Prelacteals should be banned from the hospital. Lactation and the need for weaning at 4 to 6 months of age must be reinforced in the postnatal clinics and immunisation clinics. There

Table 6
Total Duration of Lactation

Time	No. of Patients	Any Circumstances When Breast Feed Stopped
< 6 Months	6(3)	fever - 18 patients
7 Months - 1 Year	16(8)	Work - 6 patients
1 Year - 1 1/2 Year	88(44)	Menstruation - 4 patients
1 1/2 Year - 2 Year	30(15)	New pregnancy - 2 patients
2 Years - 2 1/2 Year	28(14)	Inadequate lactation- 6 patients
2 1/2 Year - 3 Year	20(10)	Baby ill-4 patients
> 3 Years	10(5)	

dairy milk. Only 6% women initiated lactation in the first hour.

3. Only 31% women had breastfed by end of 24 hours. Thus vital colostrum was not fed and this led to delayed and inadequate lactation.
4. EBF was practiced by only 20% women, most considered water essential for baby, 63% gave a mixture of breast milk and water, while 16% had inadequate breast milk and supplemented with top feeds.
5. Though educated women (6% graduates, 12% High school) established early lactation and fed colostrum because of time and work constraints they were forced to stop breast feeds early.
6. Weaning was delayed in 53% beyond 6 months, also knowledge of weaning foods is inadequate. Maternal fever, illness in baby, inadequate lactation, return of menstruation and new pregnancy were cited as reasons for cessation of lactation.

Obstetrician's Role

There remains a need to educate women about lactation,

remains a need of provision of adequate maternity leave for educated and working women to ensure continued lactation.

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