

Review Article

Exclusive breastfeeding: life's first nectar

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ABSTRACT

The current article sees the indicator of Exclusive Breast Feeding (EBF) through the National Family Health Surveys in India. It delves into the status of EBF indicator through these surveys. It focuses especially in the first 2-3 days as the Early Initiation of Breast Feeding (EIBF) indicator is crucial for the continuous milk flow in the breast of the mother. Further it moves onto the related challenges related to these indicators. At the other end the article also dwells on the benefits of these practices. Following that the article discusses the steps taken by the health systems regarding improvement in breast feeding practices. Finally, the article touches upon the modalities of the past, present & future steps regarding breastfeeding practices keeping the NFHS 6th round data in the background.

Keywords: EIBF, EBF, NFHS, Colostrum, Lactation

INTRODUCTION

Nature has its own way of introducing taste in our life. The first taste that nature gives us is sweet. It is because colostrum, the first milk for all of us is sweet to taste. That's why as a newborn drink colostrum he/she sleeps peacefully for hours after having a sweet meal heartily. A newborn's stomach is about the size of a cherry. The small amount of colostrum produced in the first 2 to 3 days of life is sufficient for the baby's needs.^{1,2,3}

The World Breast Feeding Week (WBFW) falls in the first week of the month of August every year. With the WBFW & the NFHS 6th round data regarding EBF in the background, it is seen that EBF among infants below 6 months of age has fallen sharply from 59.7% in NFHS 5th round to 34.6% in NFHS 6th round for the state of Uttar Pradesh (UP). Similarly, the national level achievement also shows a declining trend as it was 63.7% in the 5th

round & it is 55.8% in the 6th round. There is a significant fall of 25.1% in UP whereas it is a fall of only 7.9% at the national level.^{1,2}

As per experts the causes are attributed to lack of counselling, early use of formula milk, mothers returning to work soon after child birth, household & childcare burden, maternal health problems & delay in EIBF. It is striking to note that in India & UP, the EIBF indicator has shown improvement. In India, the indicator has improved by 8.3% from 5th to 6th round of NFHS where as in UP the improvement is 19.2% from 5th round to 6th round of NFHS. This means the practice of breastfeeding is only better in the neonatal period & not beyond that period. The first four weeks of life is the neonatal period.^{2,3,4,5}

Children of 0-6 months who were being breastfed during the time of survey has also fallen by 1.4% in UP whereas there is only 0.5% improvement in this indicator at

national level. In a nutshell it can be implied that EIBF practices are better & EBF practices are poor at the national level & in the state of UP.²

Breastfeeding comes under the domain of nutrition. Nutrition is just a stage between health & disease. Breastfeeding feeding practices augment nutritional practices which protect health & help the body to ward off diseases.^{6,7}

REVIEWS AT A GLANCE

Milk production usually starts in the 0 day of life but it rises by the 3rd day. Experts advise feeding at least 8 times during day time & 2 times during night. The common challenges faced during EIBF are perceived low milk supply, difficulty in latching, early dependence on formula milk & nipple confusion due to bottle feeding.^{8,9,10,11}

EIBF is critical as breastfeeding within an hour of birth can reduce neonatal deaths by 20%. That's why delayed feeding heightens risk of infection as well as mortality.^{11,12}

Breastfeeding actually enhances the neonatal triad of 'warmth, food & security' that actually helps in the survival of the newborn. Further, it not only helps in the growth of the newborn but also in the cognitive development of the newborn through the development of the brain.^{4,13-15}

EIBF & EBF actually promote nutrition which act as a reducer of mortality & morbidity in the later stages of life i.e. up to the age of 5 years. These two indicators are the drivers of the nutrition in the first 1000 days of life.^{4,13-15}

EIBF & EBF are the most crucial indicators that meet the needs of the not only the normal 0-6 months old infant but also a premature baby. Nature adjusts the milk of the mother in such a way that it becomes friendly, protective & an immune enhancer for the pre-matured delivered infant.^{4,13-15}

A newborn or an infant first drink & then eat through the breastfeeding. At first, they quench their thirst by sucking the foremilk that primarily contains water. After quenching the thirst, they eat through the hindmilk as it has more solids & less liquid in comparison to the foremilk. That's why it is advised to empty one breast before moving to another. While feeding the hindmilk from one breast, foremilk might secret from the other breast but the lactating mother should be advised not to worry as only water is lost from the other breast & the hindmilk is intact in the other breast.^{4,13-15}

Adhering to the age-old myths is also damaging in breastfeeding practices. Some mothers are asked to sit only while breastfeeding as the belief is that some breastmilk might enter the ear of the baby & the ear will

be infected. The fact is that the mother can feed the child in both positions i.e. sitting or lying down. Breastmilk is warm & sterile & that's why no question of any ear infection arises here. All these myths are to be addressed through counselling of the lactating mothers.^{4,13-15}

REFLECTIONS

Breast Feeding Friendly Hospital Initiative (BFHI) are to be encouraged by doctors & policy makers so that stronger support systems are built in hospitals & communities. One key perception among mothers is that they wrongly believe mothers do not produce enough milk in the first few days after childbirth. Usually after a C-section delivery mothers struggle to breastfeed the newborn & are advised to switch to formula milk. The newborn develops Gastro-Intestinal issues because of the formula milk. Further the delayed breastfeeding affects the baby's ability to latch & reduce the milk production in the mother. These mothers need counselling & lactational support so that breastfeeding practices are restored.⁸⁻¹⁵

Frequent feeding stimulates prolactin & oxytocin the hormones responsible for milk production & milk flow respectively. In fact, C-section does not affect breastfeeding practices at all. The real issue after C-section is separation of the mother & child after delivery. Use of feeding bottles leads to nipple confusion in babies.⁸⁻¹⁵

Breastfeeding is a tool that is actually a medicine of the community. The community does not have to depend on any health provider to get the benefit of this medicine for both mother & the child. A family only needs to feed the mother with diet that are local & staple. As the quality & quantity of the breastmilk is addressed through this approach, the benefits will accrue only if the above-mentioned practices are adhered to.¹³⁻¹⁵

CONCLUSIONS

Promotion of breastfeeding practices should be a priority for the public as well as the private health systems. In tertiary level institutions, Lactational Management Units (LMU) are setup like the Dhatri Kalash (Lactational Pot) in King George Medical University (KGMU) in the city of Lucknow of the state of UP. Milk from lactating mothers is collected & kept in the Milk Bank of the pediatric department of KGMU adhering to the 3-3-3 formula. The first 3 means breastmilk can be kept for 3 hours at room temperature, the second 3 means it can be kept 3 hours in the refrigerator & the last 3 means it can be kept for 3 hours in the freezer.

Similarly breastfeeding counselling are to be done in labor rooms & Operation Theatres (OT) so that pre planning & the subsequent follow up & action regarding augmenting breastfeeding practices are done. At the same time doctors, nurses & para medical staff are to be trained on breastfeeding practices periodically.

At the community level, Front Line Workers (FLW) like Accredited Social Health Activists (ASHA) & Angan-Wadi-Workers (AWW) should be trained. The Mothers Absolute Affection (MAA) program guidelines are to be used for the training. Their skills are to be upgraded from time to time while following up their home visits to homes of children of 0-6 months of age. The follow up are to be done by their supervisors periodically to improve the quality of home visits.

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