Research Article

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Early initiation of breast feeding in baby friendly hospital initiative set up - how feasible is it?

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ABSTRACT

Background: The baby friendly hospital initiative (BFHI) was started in India in 1993. Under this, the hospital with maternity services, have to follow the ten steps to successful breastfeeding. The World Health Organization also recommends early initiation of breastfeeding. IMNCI strategy recommended systematic assessment of breastfeeding and emphasized counseling of mothers. Breast feeding in India is universal, but the initiation of breast feeding is late. Objectives: To assess the pattern of breast feeding in a baby friendly hospital initiative setup.

Methods: A cross sectional study was conducted among 209 post-partum women of aged 18-35 years delivered in Obstetrics and Gynaecology Department, Guwahati Medical College. Analysis of collected data was done using software Epi Info 7, Chi-square test and percentages.

Results: It was observed that only 5.26% women initiated breast feeding within one hour, of which majority 3.38% were illiterate (p<0.05). Late initiation of breast feeding was high amongst mothers (42.1%) kept too long under observation. Most of the Primiparous (55.98%) knew about the advantage of early and exclusive breast feeding than Multiparus (24.88%), which was statistically significant (p<0.05). 80.86% women had received antenatal counseling on breastfeeding but only 58.85% knew that exclusive breastfeeding should be continued for 6 months.

Conclusions: Awareness on early initiation of breastfeeding was low despite most of the women received antenatal counseling on breastfeeding. Single strategies, such as providing breastfeeding support or written materials to women or educating health professionals, are unlikely to increase breast feeding initiation as stand-alone measures.

Keywords: BHFI, IMNCI, Breast feeding, Exclusive breast feeding

INTRODUCTION

Breastfeeding, especially exclusive breastfeeding (EBF), is one of the most effective preventive health measures available to reduce child morbidity and mortality.1 Around the world, early initiation of breastfeeding, breastfeeding within one hour of birth, has been reported to reduce neonatal mortality by 19.1-22%. 2-4 The babyfriendly hospital initiative (BFHI) was launched in India in 1993 by UNICEF. The World Health Organization

also recommends for promoting and protecting maternal and child health by ensuring support for breastfeeding in maternity care facilities.⁵

In India, breast feeding is a universal practice. Integrated management of neonatal and childhood illnesses (IMNCI) strategy recommended systematic assessment of breastfeeding and emphasized counseling of mothers, but the initiation of breast feeding is late and the colostrum is discarded.6

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The hindrance seems to be, most of the mothers facing problems in feeding their infants due to lack of their knowledge regarding correct positioning and attachment of the baby for breast feeding, which again is a ricocheting effect of lack of antenatal counseling about breast feeding techniques, poor socioeconomic status, poor health care provision during the hospital stay and problems faced by mothers like "not enough milk" in first few days.⁷

As per NFHS-III data only one-quarter of last-born children who were ever breastfed started breastfeeding within half an hour of birth, and almost half (45 percent) did not start breastfeeding within one day of birth. Most of the mothers (57 percent) gave their newborn child something to drink other than breast milk in the three days after delivery.⁸

In Assam, there has been a commendable increment of institutional deliveries of around 12 points from 23.2 (DLHS-II, 2002-04) to 35.3 (DLHS-III, 2007-08) and figures further rose to 64.4% in CES 2009, likewise there has been 15 points shoot up amongst newborn breast fed within first hour 65.7% in DLHS-III data compared to 50.6% in DLHS-III.^{9,10}

Rationale of the study

After the advent of NRHM, the pregnant women are entitled to receive antenatal checkups right from the grass root level. It is the responsibility of the health care providers, on a larger part for proper counseling and training of the mothers regarding breast feeding during these antenatal visits. With the increase in institutional deliveries in the last 5-6 years, an increase in the trend of early breast feeding has also been observed as per data generated by DLHS and NFHS. BFHI and IMNCI strategy recommended systematic assessment of breastfeeding and emphasized counseling of mothers, but the initiation of breast feeding is late and the colostrum is discarded. Therefore, the study has been conducted with the following objective.

METHODS

A cross sectional was conducted amongst 209 postpartum women of age group 18-35 years delivered in Obstetrics and Gynaecology Department, Gauhati Medical College. According to District Level Household Survey-III breast feeding within one hour in Assam was 65.7%, taking 10% error, sample size calculated was 209.

The mothers were interviewed bedside using a predesigned and pretested schedule. Information regarding their socio-demographic profile, antenatal checkups, Knowledge and counseling on breast feeding were collected. Practices regarding breast feeding like positioning and attachment were directly observed. The study was conducted from October 2012 to December 2012 and all the mothers found in the ward were

interviewed. However, non-respondents, IUDs and LBW babies were excluded. All respondents, were interviewed till the desired sample size was reached.

Data so obtained were statistically analyzed by using software Epi Info 7, chi-square (x^2) and percentages (%).

RESULTS

A total of 209 mothers were interviewed, most of the mothers were from rural areas (57.5%), whereas 58.8% hailing from nuclear families. 70.8% women formal school education from fourth to tenth grade was 70.8% women. 81% women were from high socio-economic groups as classified on the accord of AICPI, October 2012 (Table 1).

Table 1: Distribution of participants according to socio-demographic profile.

Total no. of respondents (n=209)				
Types			%	
Family	Nuclear	123	58.8	
	Joint	86	41.2	
Residence	Urban	91	43.5	
	Rural	118	57.5	
Education	Literate	148	70.8	
	Illiterate	61	29.2	
	Upper high (Rs. 4850 and above)	67	32	
	High (Rs. 2450 - 4849)	102	49	
Socioeconomic Status (In Rs.)	Upper middle (Rs.1455 - 2449)	29	14	
	Lower middle (Rs. 730 - 1454)	11	5	
	Poor (< Rs. 730)	0	0	

Out of 209, only 5.26% women started feeding their young ones within one hour, of which 3.38% were illiterate. 62.68% mothers started breast feeding within 6 hours, of which 45.93% mothers were literates. Rest of the mothers (32.06%) started feeding after 6 hours, believing that older customs and practices being one of the responsible factors and other likes. Early breast feeding practice is observed significantly more amongst the illiterate mothers (3.38%) as compared to the literate (1.91%) group (p<0.05) (Table 2).

There are many overlapping factors that are responsible for late initiation of breast feeding. 42.1% of mothers had late initiation of feeding as "Mothers kept too long under observation", followed by 34% of mother had perception of "Not enough milk" in first few days. 11% women had late initiation of breast feeding as "Baby kept under observation" in baby room. Serious setbacks like no intra-partum or postpartum counseling of mothers regarding early breast feeding and improper techniques accounts for 9.1%. Nonetheless babies either sick or not strong enough to suck found bedside, a shear act of negligence accounted for 3.8% (Table 3).

Table 2: Initiation of breast feeding by mothers delivering in BFHI hospital.

Total no. of respondents (n=209)				
Education	<1	1 – 6	> 6	Total (%)
al status	hour	hours	hours	(,-)
Literate	4	96	59	159
	(1.91%)	(45.93%)	(28.23%)	(76.08%)
Illiterate	7	35	8	50
	(3.35%)	(16.75%)	(3.83%)	(23.92%)
Total	11	131	67	209
	(5.26%)	(62.68%)	(32.06%)	(100%)

Table 3: Reasons for late initiation of breast feeding in a BFHI setup.

Reasons for late initiation of	Total no. of respondents (n=209)		
breast feeding	No.	%	
Mothers kept under observation in labour room	88	42.1	
Perception of "not enough milk"	71	34.0	
Baby kept in "Baby room" for observation	23	11.0	
No intrapartum Counseling	19	9.1	
Baby not taking feeds	8	3.8	
Total	209	100	

Most of the mothers preferred the side lying position (82.77%), of which 71.29% mothers delivered vaginally and 11.48% women underwent cesarean section. A fewer mothers (17.23%) practiced breast feeding in cradle hold position who delivered virginally. The practice of breast feeding in side lying position is exercised more as compared to standard cradle hold technique amongst the mothers delivering recently (p<0.05) (Table 4).

Table 4: Positions practiced by the mothers during breast feeding.

Total no. of respondents (n=209)			
Position	Vaginal delivery	Cesarean delivery	Total (%)
Side lying	149 (71.29%)	24 (11.48%)	173 (82.77%)
Cradle hold	36 (17.23%)	0	36 (17.23%)
Total	185 (88.52%)	24 (11.48%)	209 (100%)

Out of the total primiparous women (64.59%), most of the women (55.98%) knew about the advantage of early and exclusive breast feeding, however 8.61% of them were unaware of such. Out of total Multiparous women (35.41%), only 24.88% of women knew about the same and rest 10.53% women were unaware. Knowledge about the early and exclusive breast feeding is significantly more prevalent amongst primiparous women as compared to that of multiparous (p<0.05) (Table 5).

Table 5: Knowledge of early and exclusive breast feeding amongst the mothers according to parity.

Total no. of respondents (n=209)			
Status	Yes	No	Total (%)
Primipara	117 (55.98%)	18 (8.61%)	135 (64.59%)
Multipara	52 (24.88%)	22 (10.53%)	74 (35.41%)
Total	169 (80.86%)	40 (19.14%)	209 (100%)

Antenatal checkup coverage amongst the women was commendable as most of the women (80.86%) women had received antenatal counseling on breastfeeding and only 58.85% knew that exclusive breastfeeding should be continued for 6 months (Table 6).

Table 6: Mothers receiving antenatal counseling about early and exclusive breast feeding.

Counseling	Yes	No
Antenatal counseling received (at least three)	199 (95.22%)	10 (4.78%)
Counseling on breast feeding (early and exclusive)	169 (80.86%)	40 (19.14%)
Knowledge of exclusive breast feeding for 6 months	123 (58.85%)	86 (41.15%)

DISCUSSION

In this study, out of 209 mothers, most of the mothers were from rural areas (57.5%), whereas 58.8% hailing from nuclear families. Our study showed that the higher level of education and socioeconomic status. The other study Bhsnderi D et al, in the community based study in semi-urban area of Gujarat also showed the similar results.¹¹

There is evidence that the implementation of the Baby Friendly Hospital Initiative (BFHI) in maternity wards improved breastfeeding practices. 12,13

Early breastfeeding practices determine the successful establishment and duration of breastfeeding. It is recommended that children be put to the breast immediately or within one hour after birth. When a mother initiates breastfeeding immediately after birth, breast milk production is stimulated. 14

Breastfeeding behaviour is influenced by numerous factors depending on individual circumstances. There is, however, consistent evidence of late initiation of breastfeeding, regardless of cultural, educational and socioeconomic status, amongst the women delivering in a hospital having BFHI set up. It is important that intrapartum care providers are aware of these women, and where possible, offer increased support. Reasons why women may stop breastfeeding very early, even before discharge from the hospital include: pain/discomfort,

baby refusing the breast/not interested, concern about supply, attachment difficulties, and mother tired/stressed. 15

The practice of delayed breastfeeding initiation deprives infants of the benefits of colostrum and delaying initiation beyond two hours postpartum has been associated with shorter breastfeeding duration. 16,17 In our study, Initiation of breast feeding within one hour is less (5.26%) and majority of the women were illiterate (3.38%). Almost three quarters of mothers (62.68%) started breast feeding within 6 hours. One third of the mothers (32.06%) started feeding after 6 hours. Similarly in the report of All India Study showed Initiation of breastfeeding is usually delayed, with less than 10% of infant's breastfeeding within an hour of birth, and only 26% starting to breastfeed within one day. 18 The practice has been reported in other Middle Eastern countries, for instance, only 6% of mothers in an Iranian study breastfed within five hours of delivery, while in an Egyptian study most women (71.6%) gave the first breastfeed more than 36 hours after delivery. 19,20 Similarly, only 10% of Turkish mothers breastfed their infants within the first hour of birth, with most women (90%) initiating breastfeeding two days after birth.²¹ Khan et al showed that 37.2% of the mothers initiated breastfeeding within one hour, which was higher compared to our study.²² In another study Parashar M et al also found 29% of the mothers initiated breastfeeding within one hour which was higher than our study. It was found that initiation was delayed because of the presence of some beliefs and practices enforced by elder persons, such as mother-inlaw.²³

In our study, 82.77% mothers preferred the side lying position compared to 17.23% who practiced breast feeding in standard cradle hold position. Similar findings were observed in Dasgupta et al where 74% mothers were practicing correct technique.²⁴ This higher percentage could be due to different study setting as the study was conducted in a hospital. Parashar M et al study showed that only 7.5% of the mothers were practicing correct breastfeeding attachment and positioning technique.²³

In our study, we found that 55.98% Primiparus knew about the advantage of early and exclusive breast feeding. 80.86% women had received antenatal counselling on breastfeeding and only 58.85% knew that exclusive breastfeeding should be continued for 6 months. Awareness related to breastfeeding among mothers in the "counselled" group was better than those in the "not counselled" group. In the "counselled" group, awareness among mothers with regard to correct breastfeeding technique and concept of early, exclusive and continuing breastfeeding was found to be effective than those in the "not counselled" group this was however is in contrast to the study by Dhandapan G and Bethou A.²⁵

CONCLUSION

To optimize breastfeeding initiation, key considerations for maternity services that provide intra-partum care should include implementation of the BFHI Ten Steps and BFHI accreditation. The overall awareness about infant feeding practices such as early initiation of breastfeeding was low despite most of the women received antenatal counseling on breastfeeding. Single strategies, such as providing breastfeeding support or written materials to women or educating health professionals, are unlikely to increase breast feeding initiation as stand-alone measures.

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Institutional Ethics Committee

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