

Research Article

Initiation of Early and Exclusive Breastfeeding: Child's Right

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ABSTRACT

This study focuses on the initiation of early and exclusive breastfeeding pattern observed in the community in Aligarh. Breastfeeding is crucial for child survival right from the moment a baby is born. Colostrum (first milk) is considered as a life potion that provides the child with both nutrition and protection. The first hour in the life of a child is defining for survival because the infant is prone to infections and needs focused care. Initiation of breastfeeding during this hour is vital for survival. In this regard, trends in adoption of breastfeeding, initiation of breastfeeding within the first hour, within the first day and after, exclusive breastfeeding up to the age of 6 months, feeding the child other than the mother's milk and their types that are common in the community are studied. This study is based on primary data, which reveals that in 20 per cent cases breastfeeding was not initiated within 1 h. Subsequently, children were deprived of colostrum, which they needed most at that time. Around 30 per cent children were not exclusively breastfed according to Integrated Management of Neo-Natal Childhood Illnesses (IMNCI) guidelines. It is important to note that exclusive breastfeeding alone could be pivotal in reducing child mortality and increasing the rate of survival.

Keywords: Exclusive Breastfeeding, Colostrum, Pre-Lacteal Feed, Artificial Feeding, Bottle Feeding, Complementary Feeding

'It is clear that human milk is precisely engineered for the human infant' (Oddy 2001)

INTRODUCTION

The World Health Organization (WHO) recommends that infants start breastfeeding within 1 h of life, are exclusively breastfed for 6 months, with timely introduction of adequate, safe and properly fed complementary foods while continuing breastfeeding for up to 2 years of age.

Malnutrition is responsible, directly or indirectly, for about one-third of deaths among children under 5 years of age. Well above two-thirds of these deaths, often associated with inappropriate feeding practices, occur

during the first year of life (<http://www.who.int/nutrition/topics/infantfeeding/en/index.html>).

Every year nearly 40 per cent of all under-five child deaths are among newborn infants, babies in their first 28 days of life or in the neonatal period. Newborn, or neonatal, deaths account for 40 per cent of all deaths among children under 5 years of age. The majority of all neonatal deaths (75 per cent) occur during the first week of life, and between 25 per cent and 45 per cent occur within the first 24 h. The main causes of newborn deaths are prematurity and low birthweight, infections, asphyxia (lack of oxygen at birth) and birth trauma. These causes account for nearly 80 per cent of deaths in this age group. In developing countries, nearly half of all mothers and

newborns do not receive skilled care during and immediately after birth. Up to two-thirds of newborn deaths can be prevented if known, effective health measures are provided at birth and during the first week of life (<http://www.who.int/mediacentre/factsheets/fs333/en/>).

RESEARCH DESIGN

This study examines the breastfeeding pattern among the women in Aligarh district. Significance of the initiation of breastfeeding and exclusive breastfeeding on the child health has been examined in the study.

The factors focused in the study are importance of breast milk, colostrum, exclusive breastfeeding, exclusive breastfeeding on whose advice, pre-lacteal feed and types of pre-lacteal along with breastfeeding. This study illustrates the relation of the aforementioned factors with child health in reduction of morbidity and mortality. The data have been collected using schedule from households having mother and her child less than 1 year of age. Sample was taken from the twelve blocks of Aligarh district. The total size of the sample was 600, with fifty samples each collected from every block. Two households were selected from each village, one near and the other distant from the house of Accredited Social Health Activists (ASHAs), of randomly selected sub-centres. The blocks were Akrabad, Atrauli, Bijoli, Chandaus, Dhanipur, Gangiri, Gonda, Iglas, Jawan, Khair, Lodha and Tappal.

IMPORTANCE OF BREAST MILK

Breast milk is uniquely suited to the needs of infants throughout the duration of lactation and provides all the

nutrients required for at least the first 6 months (NHMRC 2003). No infant formula can substitute breast milk, which is constantly changing throughout lactation and throughout the feed. Constituents of breast milk are still being discovered and many of the constituents in breast milk cannot be replicated (Newburg 1997). The composition of breast milk is only compromised in mothers with severe malnutrition. Human milk contains a number of ‘bioactive factors’ that are transferred directly from the mothers’ milk to the infant and serves to prevent and reduce the severity of infection in the neonatal period, and subsequently work to develop the baby’s own immune system.

The main reason for neonatal morbidity and mortality is an under-developed immune system at birth, a finding that is true for pre-term as well as term infants, and breast milk enhances the development of the immune system resulting in less illness and disease. The major nutrients in human milk – proteins, lipids and carbohydrates – fulfil multiple functions, including protection of the infant against infection. (Oddy 2001). Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the healthcare system and society at large (<http://www.who.int/topics/breastfeeding/en/>). Figure 1 shows that from the sample size taken, all the mothers are giving breast milk to their babies. It is showing sign of improvement where all newborns were breastfed.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be

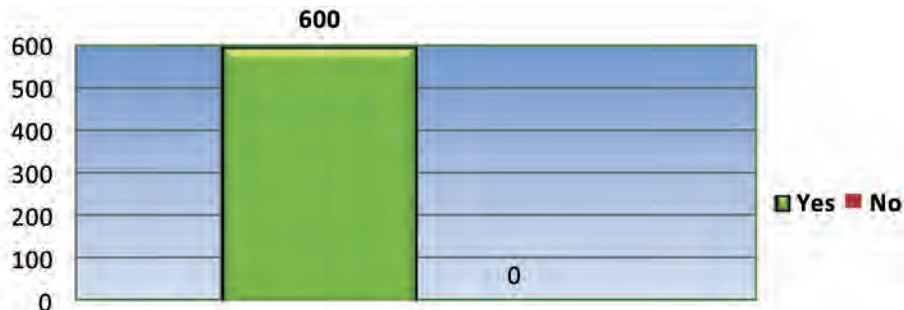


Figure 1: Breast Feeding

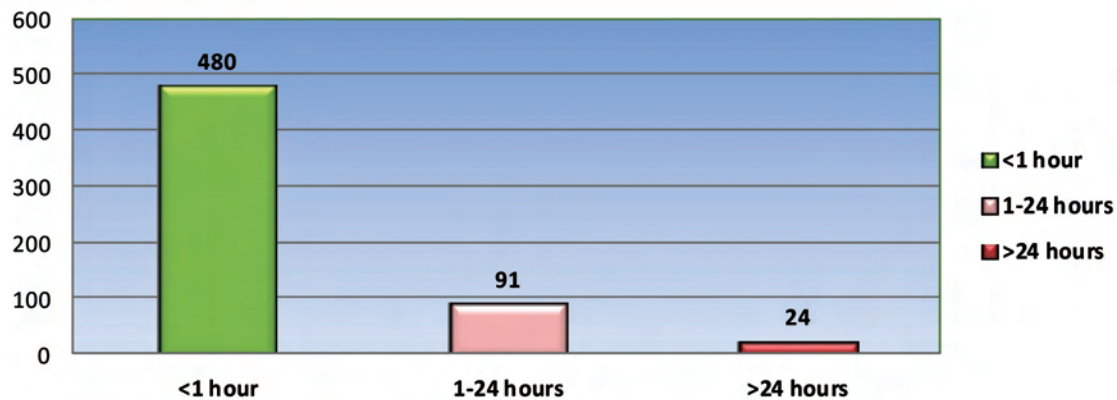


Figure 2: Initiation of Breast Feeding

initiated within the first hour after birth (<http://www.who.int/topics/breastfeeding/en/>). According to the guidelines of IMNCI/CCSP, breastfeeding gets initiated within 1 h after delivery. Figure 2 shows that out of the total sample size, in 480 (80 per cent) cases breastfeeding was initiated in less than 1 h after delivery, in 91 (15 per cent) cases within 1–24 h and in 29 (5 per cent) cases breastfeeding was initiated after 24 h. In case of low birthweight babies, assistance was provided with initiation of breastfeeding within the first hour after birth, such as helping the mother express breast milk for feeding the baby from a cup if necessary. (If a baby is even unable to accept feeding from a bowl/spoon, the newborn should be referred to a hospital). (<http://www.who.int/mediacentre/factsheets/fs333/en/>).

According to guidelines recommended for infant and young child feeding in 2006, the Government of India recommends that breastfeeding should begin immediately after birth, preferably within 1 h. Practice of late initiation of breastfeeding may be due to mother's illiteracy, low socioeconomic class and majority of deliveries taking place at home. Additional reasons could be wrong customs and beliefs, less milk secretion, mother being too tired to feed and baby was sleeping. This reflects that the mothers were not motivated satisfactorily for early initiation of breastfeeding (Shaili, 2012).

According to the District Level Household and Facility Survey (DLHFS) 2007–2008, in India, colostrum was initiated immediately after birth by at 80.1 per cent and

breastfeeding was initiated by 40.5 per cent 'within 1 h of birth', 70.9 per cent 'within 24 h of birth' and 29.1 per cent 'after 24 h of birth'. As opposed to the national trend, Uttar Pradesh has shown the following trend: 58 per cent at colostrum, 15.1 per cent at the time of 'within 1 h of birth', 33.6 per cent 'within 24 h of birth' and 66.4 per cent 'after 24 h of birth' (MoHFW 2010: 88). The breastfeeding pattern in Uttar Pradesh as depicted by DLHFS is at the difference of 22.1% at the time of colostrum, which means planners need to concentrate on improving the breastfeeding pattern in Uttar Pradesh, which can ultimately reduce the magnitude of infant mortality rate.

Exclusive breastfeeding is recommended up to 6 months of age (<http://www.who.int/topics/breastfeeding/en/>), on scientific evidence of the benefits for infant survival, growth and development. Breast milk provides all the energy and nutrients that an infant needs during the first 6 months. Exclusive breastfeeding reduces infant deaths caused by common childhood illnesses such as diarrhoea and pneumonia, hastens recovery during illness and helps space births with continued breastfeeding, along with appropriate complementary foods up to 2 years of age or beyond. Figure 3 indicates that only 425 (71 per cent) babies were exclusively breastfed whereas 175 (29 per cent) babies were partially breastfed. 'It is estimated that around 35 per cent of infants aged 0 to 6 months are exclusively breastfed in the world today', says Dr Elizabeth Mason, Director of WHO's Department of

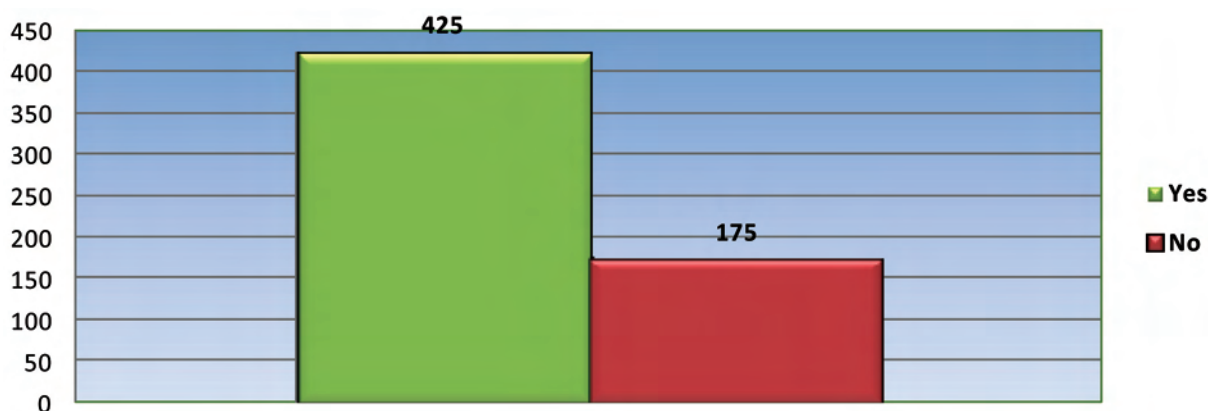


Figure 3: Exclusive Breast Feeding

Maternal, Newborn, Child and Adolescent Health and Development. 'But if all babies and young children were breastfed exclusively for their first six months of life and then given nutritious complementary food with continued breastfeeding up to two years of age, the lives of an additional 1.5 million children under 5 would be saved every year'. (http://www.who.int/mediacentre/news/notes/2010/breastfeeding_20100730/en/).

Exclusive breastfeeding is recommended up to 6 months of age with all its beneficial effects on child survival. Globally, as many as 1.45 million lives are lost due to suboptimal breastfeeding in developing countries. WHO analysis of childhood deaths has listed suboptimal breastfeeding as one of the most powerful shared risk factors and estimated that 1.3 million deaths can be prevented in 42 high-mortality countries by increasing the level of breastfeeding among infants (Balasubramanian, 2008).

Ten Steps to Successful Breastfeeding: Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all healthcare staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practise rooming-in – allow mothers and infants to remain together – 24 h a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF statement published by the World Health Organization (<http://www.unicef.org/newsline/tensteps.htm>).

Exclusive Breastfeeding on Whose Advice: Figure 4 indicates that exclusive breastfeeding was observed in 425 babies and sustained on advice of ASHAs in 389 (91.5 per cent) cases, by doctors/ANMs advice in 17 (4 per cent) cases, by elders of family advice in 13 (3 per cent) cases and by own conscience in 6 (1.4 per cent) cases.

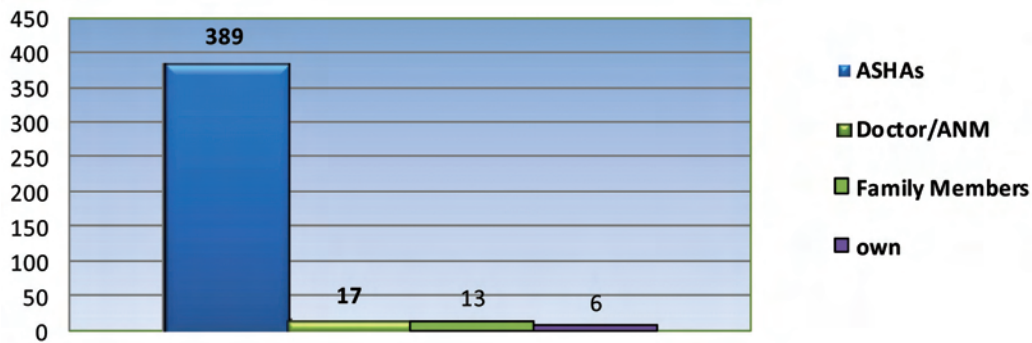


Figure 4: Exclusive Breast Feeding on Whose Advice

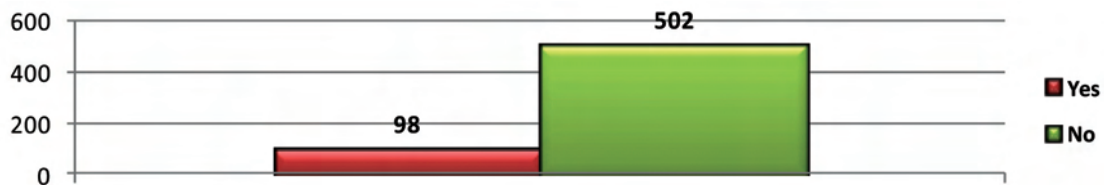


Figure 5: No. of Babies given Pre-Lacteal

Pre-Lacteal Feed: Any fluid other than breast milk given first time to a newborn is defined as pre-lacteal feeding. Pre-lacteal liquids are harmful to a newborn mainly due to two reasons. Firstly, being of poor quality, it increases the risk of introducing early infections to a newborn and, secondly, as a simple consequence, it reduces the practice of exclusive breastfeeding. Many mothers, with the belief that colostrum is harmful to the child, put the baby to their breast only after 1 to 2 days of birth. However, by that time, the colostrum is no longer available. Figure 5 shows that still 98 (16.33 per cent) babies were given pre-lacteal.

Types of Pre-lacteal Along With Breastfeeding: The common practice is to continue to give water sweetened with honey or crystalline sugar (misry), pehua or plain water to the newborn, which are of poor quality and do not contain the required nutrients. The liquids often result in gastrointestinal infections such as diarrhoea. Furthermore, the pre-lacteal liquid is given with a finger or a spoon often while the child is asleep or crying, which increases the danger of aspirating the fluid into the air passages and lungs of the infant. Thus, this feeding process can be dangerous to the child and may even result in death. Figure 6 shows that out of the total respondents,

78 per cent (n=94) were given pre-lacteal feed, which included water and *Janam Ghutti* in 80 per cent cases, buffalo milk in 23 per cent cases, cow's milk in 67 per cent cases and pehua & other such substances in 28 per cent cases.

Advantages of Breastfeeding: It has long been acknowledged that breastfeeding increases the levels of oxytocin, resulting in less postpartum bleeding and more rapid uterine involution. Lactation causes less menstrual blood loss over the months after delivery. Recent research demonstrates that lactating women have an earlier return to pre-pregnant weight, delayed resumption of ovulation with increased child spacing and improved bone remineralisation with associated reduction in hip fractures in the postmenopausal period. There are also reduced risks of pre-menopausal breast cancer and ovarian cancer (AAP 1997; and NHMRC 2003).

Benefits for the Infant

- Reduces incidence and duration of diarrhoeal illnesses
- Protects against respiratory infection and reduces prevalence of asthma

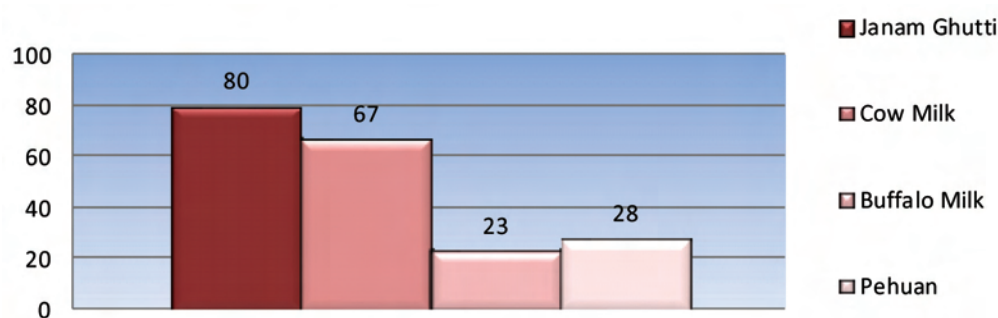


Figure 6: Types of Prelacteal Along With Breastfeeding

- Reduces occurrence of otitis media and recurrent otitis media
 - Provides possible protection against neonatal necrotising enterocolitis, bacteraemia, meningitis, botulism and urinary tract infection
 - Provides possible reduced risk of auto-immune disease, such as type 1 diabetes and inflammatory bowel disease
 - Reduces risk of developing cow's milk allergy
 - Provides possible reduced risk of adiposity later in childhood
 - Improves visual acuity and psychomotor development, which may be caused by polyunsaturated fatty acids in the milk, particularly decosahexaenoic acid
 - Results in higher IQ scores, which may be the result of factors present in the milk or of greater stimulation
 - Reduces malocclusion as a result of better jaw shape and development
- Reduces risk of pre-menopausal breast cancer
 - Provides possible reduced risk of ovarian cancer
 - Provides possible improved bone mineralisation and thereby decreased risk of post-menopausal hip fracture (NHMRC 2003: 6)

Intervention at the country level

1. *National IYCF policy and a national plan of action:* It is necessary to recognise IYCF as a scientifically proven intervention to improve child nutrition status and child survival. It needs a comprehensive national policy developed in consultation with all the stakeholders. It also requires a national plan of action and adequate budgetary allocations to bridge the various gaps identified in the policy and programmes.
2. *Child health and development programmes:* There is an urgent need to include breastfeeding counselling by appropriately trained counsellors as a preventive intervention in programmes like Integrated Child Development Services (ICDS) scheme, National Rural Health Mission (NRHM), Reproductive and Child Health – 2 programme and Integrated Management of Neonatal and Childhood Illness (IMNCI).
3. *Community initiatives for supporting women:* Aggressive marketing of baby food by companies can easily mislead women who do not have access to accurate information. It also causes lack of confidence among women to be able to meet the nutritional demands of their babies. The feeling of 'not enough milk' forces many mothers to resort to

other milks or foods during the period of exclusive breastfeeding. The remedy lies in building their confidence, which is a skilful act. They need support during pregnancy and childbirth, irrespective of whether they are homemakers or professionals. An empathetic and skilled health worker must support women at the time of birth to succeed in beginning breastfeeding within 1 h of birth and providing prolonged skin-to-skin contact. They should also have access to counselling (one to one or group) and support to continue breastfeeding for the first 6 months. They need answers to their questions and solution to their problems like sore nipples, mastitis, and engorgement. Women also need counselling for adequate complementary feeding and continued breastfeeding at completion of 6 months. Finally, if women are HIV positive, they need counselling for infant feeding options. The support to the women may be provided at different levels:

- (a) At the village level, the community-based health workers should impart counselling services after obtaining appropriate (at least 3 days) training in breastfeeding counselling. Basic curriculum of health workers must also include breastfeeding counselling.
 - (b) At a cluster of five—ten villages (or maximum of thirty villages), there should be an IYCF/ breastfeeding/lactation support centre managed by woman nurse adequately skilled and trained using a 7-day course such as the one developed by Breastfeeding Promotion Network of India (BPNI). The counselling specialist should be able to provide counselling in all situations including HIV positive mothers.
 - (c) BFHI should be implemented in all hospitals. The BFHI programme was initiated in our country with great hopes and expectations, but the implementation of the programme lacked a strong training component. There was no monitoring and reassessment system in place. The programme, at the moment, is standstill and requires a revival in line with new international guidelines.
4. *Pre-service curriculum strengthening for doctors and nurses:* This will help reduce the need of in-service training and improve the knowledge and skill of doctors and nurses, which is seriously lacking. BPNI and a technical group of medical college teachers have developed a teaching module that can be easily integrated in undergraduate medical education without increasing the duration of teaching.
 5. *Protecting breastfeeding:* The legislation, the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act has been in place for the past several years; however, it needs an effective implementation. There is a need to ensure that the provisions of the Act are widely disseminated among all stakeholders at all levels in a user-friendly manner. Monitoring is also needed for effective implementation of the IMS Act. The IMS Act also requires further strengthening in many aspects including synchronising it with relevant World Health Assembly resolutions about sponsorship for health workers and conflict of interest.
 6. *Behaviour change communication:* The objectives should be to build an enabling environment to support mothers and families and develop a communication strategy based on an assessment of local and existing feeding and caring practices with the aim of promoting positive behaviour as per the IYCF guidelines.
 7. *Maternity benefits:* Working mothers should be supported to achieve successful exclusive breastfeeding by ensuring effective enforcement of maternity benefit act and provisions of supportive childcare services. There is a dire need to strengthen the Maternity Benefit Act to include maternity leave benefits for 6 months for all the working mothers. It includes providing leave or cash support to ensure babies and mothers stay close and providing crèches at work places (Dadhich, 2009).

CONCLUSION

It is evident from the study that breastfeeding the child within the very first hour of birth is one of the significant measures to reduce infant morbidity and mortality. The under-developed immune system in children gets enhanced by providing them with colostrum. In 80 per cent of cases the breastfeeding is initiated within the first hour. Exclusive breastfeeding up to 6 months may bring wonders to improve the child health indicators. Still, pre-lacteal feeding is an area of concern that needs intensive awareness campaigns to save the children from the adverse effects. The study also brings to notice that breastfeeding is advantageous for both the mother and child, thus contributing to the achievement of Millennium Development Goal of reduction in child mortality.

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