



## Breast Feeding - the Obstetricians Role, Starting out Right

### KEYWORDS

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### ABSTRACT

Introduction Breast Feeding is a complex biological activity, involving the transfer of highly evolved nutrition from mother to child. It is a combination of instinct, reflex and learning. With Immune Boosting properties, it is vital for their survival. Aims and Objectives: 1) The Obstetricians Role to start out right in promotion of early exclusive breast feeding on demand is discussed. Material methods: 200 parous women, attending general OPD (in Obstetrics & Gynecology department Dr D Y Patil hospital, Kadamwadi, Kolhapur) were questioned Results: The vast majority avoid breast feeds for the first two days due to cultural taboos and non-secretion of milk. Education does alter the practice of breast feeding, as graduate are more likely to avoid prelacteal and they also established early lactation within six hours of birth. Conclusion: 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

### INTRODUCTION

Breast Feeding is a complex biological activity, involving the transfer of highly evolved nutrition from mother to child. According to the AAP (The American Academy of Pediatrics), "Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding". The ADA (The American Dietetic Association), also believes that "the bonding that occurs during breastfeeding makes it a special choice".

- It provides vital Immunoglobulin's to infant
- Exclusive breast feeding ensures infant survival
- Breastfeeding contributes to optimal child spacing.
- Breast milk is more digestible than formula. Baby's suckling helps shrink mother's uterus after childbirth.
- Breast milk helps pass meconium.
- Breast milk contains immunities to diseases and aids in the development of baby's immune system.
- Baby's suckling helps prevent post-partum hemorrhage in mother.

Most women are not aware of the advantages of Exclusive Breast Feeding due to:

- Cultural Restraints
- No preparation of Breast in Antenatal period
- Retracted Nipples
- Deprivation to baby of vital colostrum, increased infections, especially Neonatal Diarrhoea.

Breast Feeding is a combination of instinct, reflex and learning. With Immune Boosting properties, it is vital for their survival.

- It contains all the nutrients for nourishment and growth factor
- Helps in tissue development and Antibodies
- Readily available, at right temperature
- No mixing no sterilization no Equipment
- Safe regardless of quality and Availability of water
- Encourages bonding between mother and baby
- Helps in Fertility control.

### AIM

To analyze The Obstetricians Role in promotion of early Exclusive breast feeding on demand is discussed.

### MATERIAL AND METHODS

Minimum 200 married women, of reproductive age groups (20-42 years) attending general OPD (in Obstetrics & Gynecology department Dr D Y Patil hospital, Kadamwadi, Kolhapur) were questioned about their breast feeding practices.

**Study Design** - Observational and Correlational study with a sample size of minimum 200 cases

**Inclusion Criteria** - (1) Married women, belonging to reproductive age (2) Parity between 1 to 8 (3) Women with youngest child 3Yrs were included

**Exclusion criteria** - 1) Unmarried women & 2) Married women, who are < 20 years and > 42 years.

### OBSERVATIONS AND RESULTS

**Table 1: Time and Type of 1<sup>st</sup> 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 Hours	124(62)	24(12)	44(22)	10(5)	0(0)	0(0)	46(23)	0(0)
7-12 Hours	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)
<b>Total</b>	<b>200</b>	<b>52</b>	<b>50</b>	<b>16</b>	<b>6</b>	<b>2</b>	<b>70</b>	<b>4</b>

\* Figures in bracket are percentages

\*\* 1 BM of attendant

BM - Breast Milk, GM - Goat's Milk, CM - Cow's Milk, DM - Dairy Milk, FM - Formula Milk (Tinned)

**Table 2: 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 Milk	66	38(19)	14(7)	6(3)	6(3)	2(1)
Dairy Milk	6	2(1)	2(1)	X	2(1)	X
Formula Milk	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

**Table 3: Time of First Breast Feed**

Time of 1 <sup>st</sup> 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 <sup>nd</sup> Day	60(30)	26(13)	20(10)	8(4)	6(3)	X
3 <sup>rd</sup> Day	56(28)	22(11)	12(6)	14(7)	8(4)	X
4 <sup>th</sup> Day	6(3)	X	2(1)	X	2(1)	2(1)
5 <sup>th</sup> Day	6(3)	6(3)	X	X	X	X
6 <sup>th</sup> Day	8(4)	4(2)	4(2)	X	X	X

\*2 Infants on Formula

**Table 4: Breast Feeding Practice in 1<sup>st</sup> 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

**Table 5: Weaning Time (Introduction of Supplementary Foods)**

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

**CONCLUSION**

Breast feeding up to 6 months is universal however Exclusive breast feeding was practiced only by 20% women.

Pre-lacteal feeds in form of honey and water are used by 37% women, another 37% use cows, goats or dairy milk and only 6% women initiated lactation in the first hour.

Only 31% breastfed by end of 24hours thus vital Colostrum was not fed and this led to delayed and inadequate lactation.

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

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.

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 TO START OUT RIGHT**

A need to educate women about lactation, especially exclusive breast feeding in the antenatal period.

Careful examination of breast and nipples in 3<sup>rd</sup> trimester itself, would help in diagnosis and rectification of abnormalities like retracted nipples.

All women should attempt lactation within 1st 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.

**Pre-lacteals 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 immunization clinics.

Provision of adequate maternity leave for educated and working women to ensure continued lactation.

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