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Study of Breast Feeding Pattern in a Tertiary Care Hospital.

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ABSTRACT

We conducted a cross sectional observational study in a tertiary care hospital. We studied the breast feeding pattern and knowledge of mother about breastfeeding.160 mothers were included in the study. This study was designed to determine breastfeeding practices, knowledge and associated socio-demographic factors of mothers attending immunization OPD , in those mothers who delivered in that tertiary care hospital. It was found that early initiation of breastfeeding, avoidance of prelacteal feeds, exclusive breastfeeding were more prevalent in educated mothers. To determine breastfeeding practices and knowledge of mothers, attending immunization OPD in paediatrics , in those mothers who delivered in that tertiary care hospital. To determine impact of education, parity, type of family on breastfeeding practices.

Keywords: Breast feeding,Prelacteal feeds,education .

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INTRODUCTION

It has been recognized worldwide that breastfeeding is beneficial for both the mother and child. This is a well known fact all over the world. Mother milk has been proven to be the best nutrition for the baby. In country like ours breast feeding is the rule rather than the exception, it would be logical to think that majority of mothers will successfully start breast feeding [1]. However, many factors have changed in the society over the years. Majority of mothers do not have problems, yet a significant number are present who trouble with engorged breasts, fatigue, backache, socio-cultural bindings etc [2]. Various factors affect breast feeding namely, cultural taboo, maternal education and parity or previous experience. These factors affect infants health favorably or adversely depending on what they are [3]. One study from India quotes that there is six times less likelihood of death in babies fed colostrum than those who are not [4]. NFHS3 shows the Infant mortality rate as 57/1000 live births . In India Exclusive Breast feeding which was 41.2 % according to NFHS 2 (1998-99) increased to 46.3 % in NFHS 3 (2005-2006) [5]. The stagnation is evident from the figures. Hence a cross-sectional observational study of practices and patterns of breast feeding was conducted in semi-urban Pune area to observe the socio-demographic characteristics of the target population in relation to the patterns of breast feeding practices.

MATERIAL AND METHODS

A total of 160 mothers, who had delivered in a Tertiary care hospital, and were visiting the Immunization OPD were interviewed using a pretested questionnaire after obtaining Informed consent .Subjects were free to withdraw at any time from study if they wished to. Face to face interview was used to collect information. Personal information is kept confidential. Information regarding time of initiation of breast feeding, pre lacteal feeds if any, bottle /top feeds if given was assessed. Also information on awareness of need of extra diet for mother was sought and effect of education status, parity and type of family on these factors were also studied.

RESULTS

Distribution of study subjects according to their socio-demographic and cultural characteristics (n=160):

Variables	Character	Frequency	Percentage%
Education	Illiterate	51	32
Education	Up to class 8	90	56
Education	HSC and higher	19	12
Family type	Joint	78	49
Family type	Nuclear	82	51
Parity	Primipara	77	48
Parity	Multipara	83	52

Education Feeds started in 1st hour

Illiterate Started	78%
Illiterate Not started	22%
Up to 8th std -Started	80%
Up to 8-Not Started	20%
HSC and higher-started	95%
HSC and higher-Not started	5%

Inference- According to studies as the level of education increased higher educated people initiate breast feeding early as compared to illiterate & less educated people.

Bottle feeds

	Bottle feeds Not given
Illiterate	73%
Up to 8th std	70%
HSC and higher	90%

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Inference: No. Of patients receiving bottle feeds also decreased as the level of education increased.

Prelacteal feeds

	Prelacteal feeds
Illiterate -Not given	73%
Given	27%
Up to8th std -Not given	85%
Given	15%
HSC and higher-Not given	95%
Given	5%

Inference: As the level of Education increased the no. of Prelacteal feeds given to the children also decreased.

Extra Diet

	Extra Diet
Illiterate -Taken	29%
Illiterate -Not taken	71%
Up to 8th std --Taken	30%
Up to 8 th --not taken	70%
HSC and higher--taken	92%
HSC and higher --Not taken	8%

Inference: As education level increased patients Diet taken during pregnancy & lactation also increased.

How Mothers feed the baby

	On demand
Illiterate	52%
Up to 8th std	26%
HSC and higher	20%

Inference: As the level of Education increased the mothers feed their child more appropriately.

PARITY

Feeds started in 1st hour

	Feeds started in Ist hour
Primi	75%
Multi	90%

Inference: Multipara starts feeds earlier than the primi .

Bottle feeds

	Bottle feeds given
Primi	22%
Multi	14%

Inference: No. of patients receiving bottle feeds decreased with multipara mothers

Prelacteal feeds

	Prelacteal feedsGiven
primi	17%
Multi	13%

Inference: Number of Prelacteal feeds given to the children also decreased with the multipara mothers.

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Extra Diet

	Extra diet taken
Primi	60%
Multi	78%

Inference- Number of patients taking Diet during pregnancy & lactation also increased with multipara mothers.

TYPE OF FAMILY

Feeds started in 1st hour

	Feeds started in 1st hour
Nuclear	78%
Joint	88%

Inference: Joint family starts feeds earlier than the nuclear family .

Bottle feeds

	Bottle feeds Given
Nuclear	25%
Joint	11%

Inference: No. of patients receiving bottle feeds also decreased with joint family

Prelacteal feeds

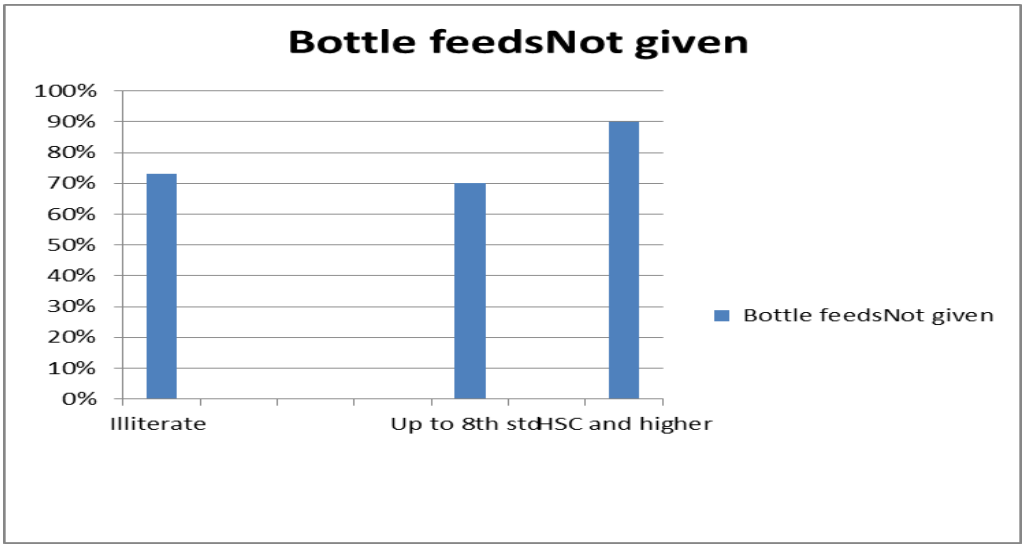
	Prelacteal feeds givenGiven
Nuclear	11%
Joint	25%

Inference: However No. of Prelacteal feeds given to the children also increased with the joint family.

Extra Diet

	Extra diet Taken
Nuclear	10%
Joint	20%

Inference: No of patients taking Diet during pregnancy & lactation also increased with joint family.



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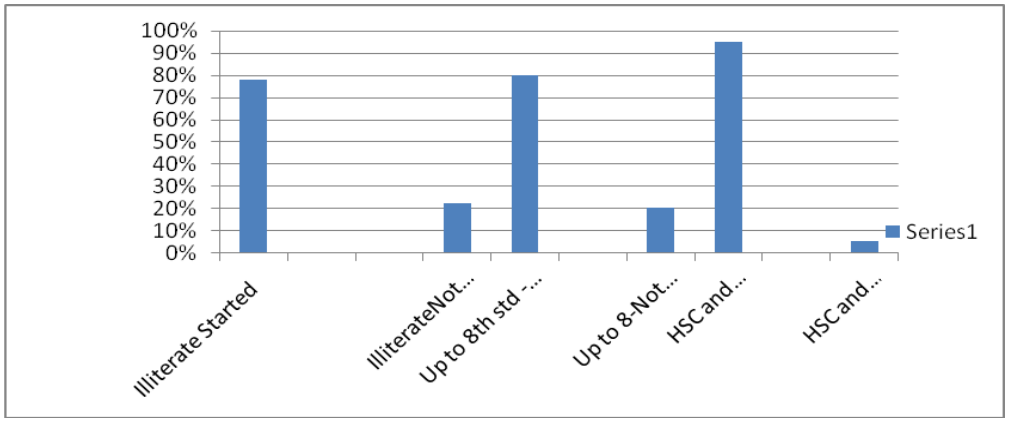
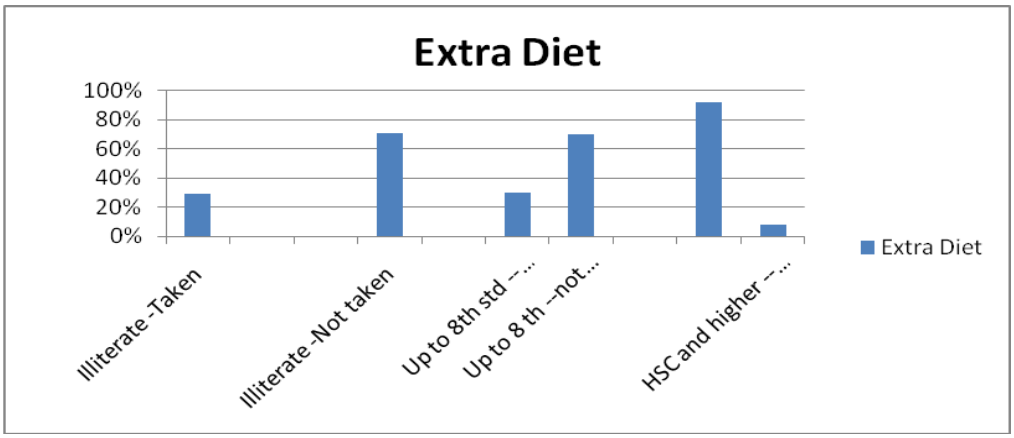
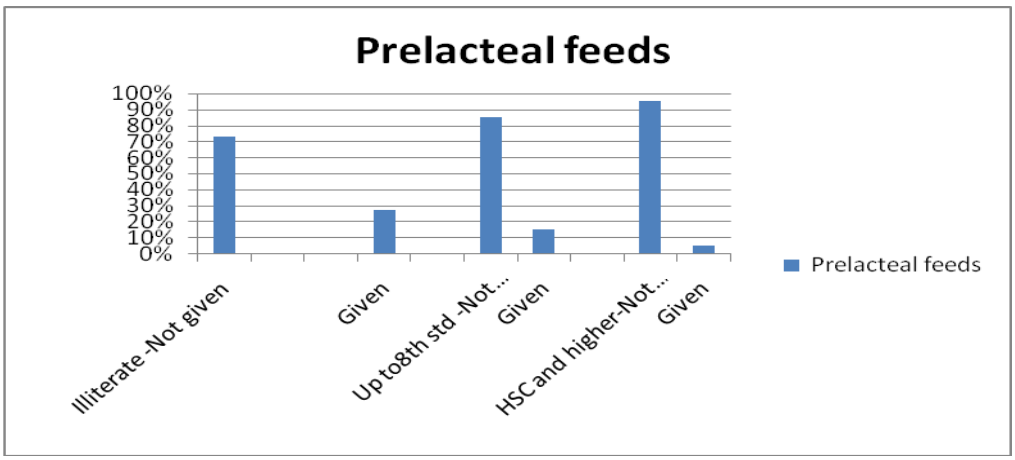
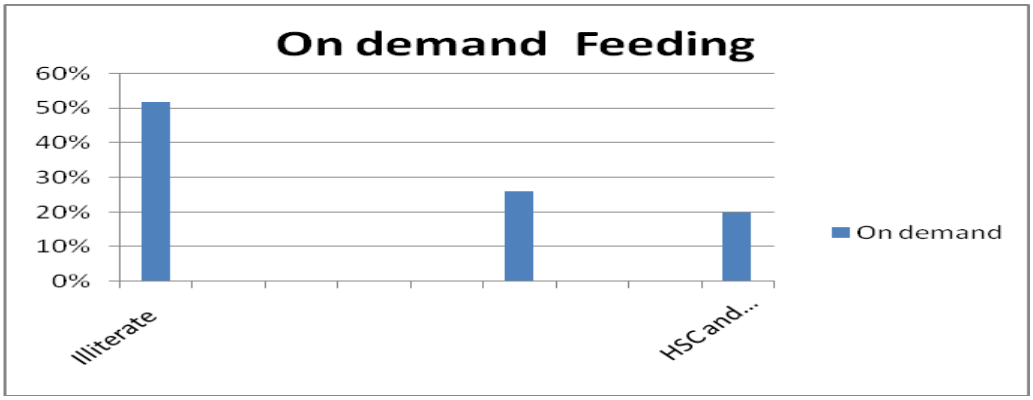
Feeds initiated in first hour of birth:









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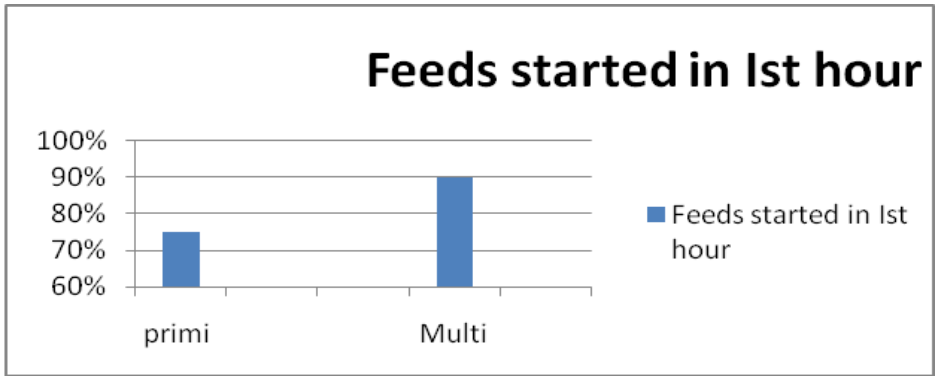

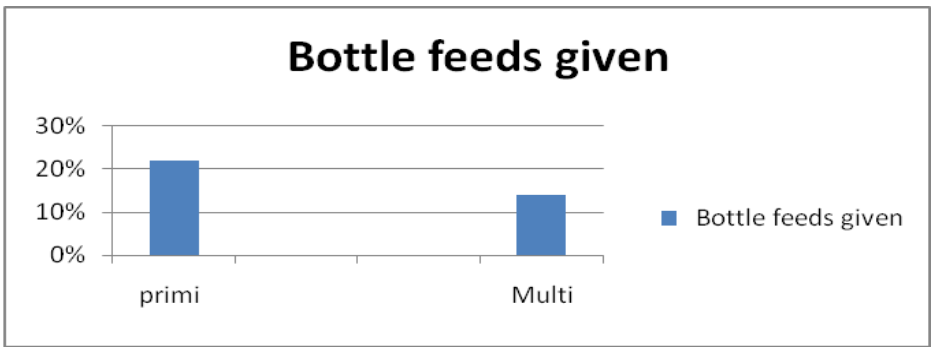

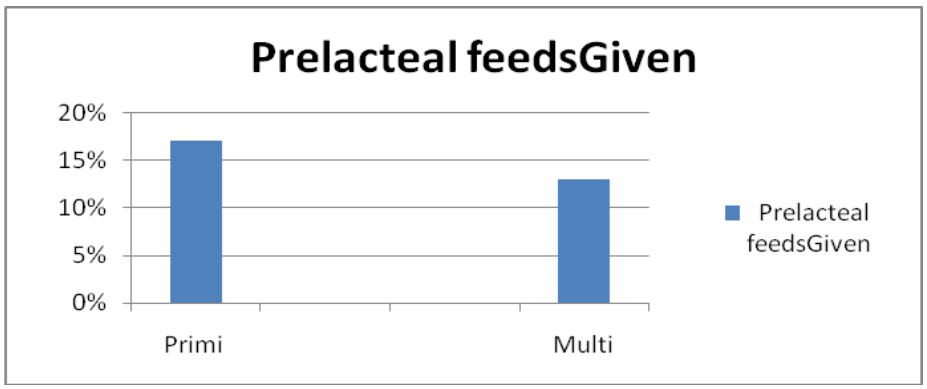

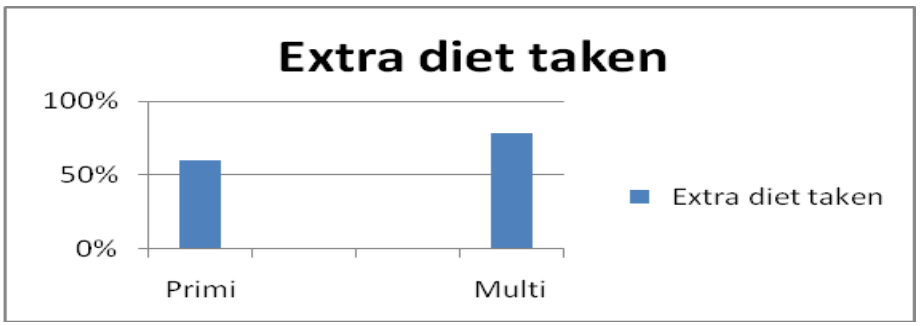

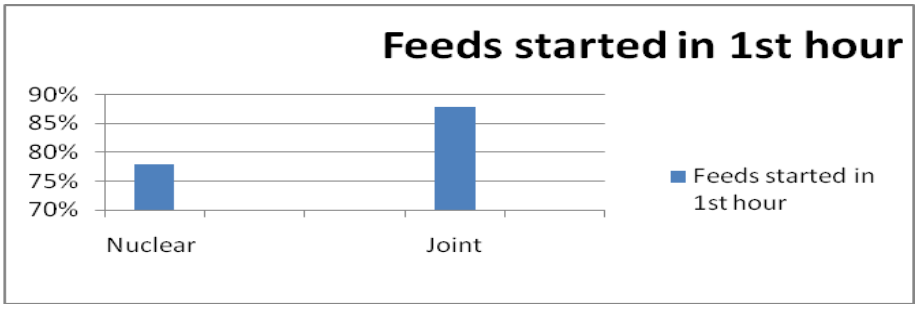

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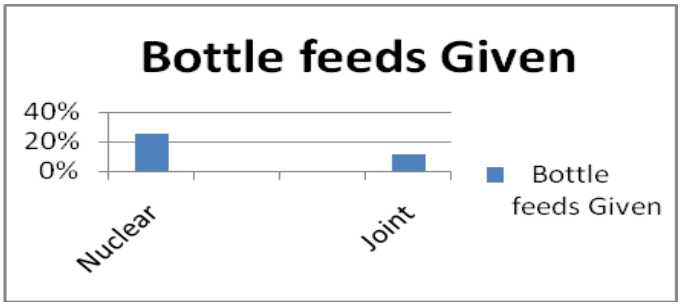

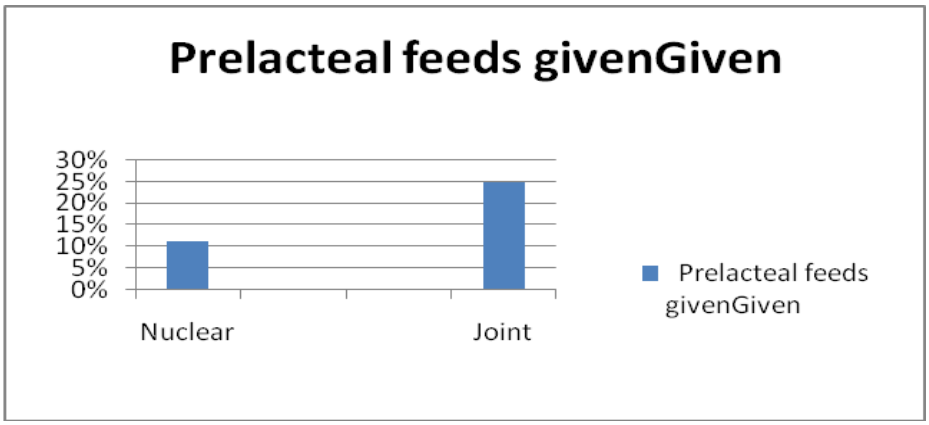

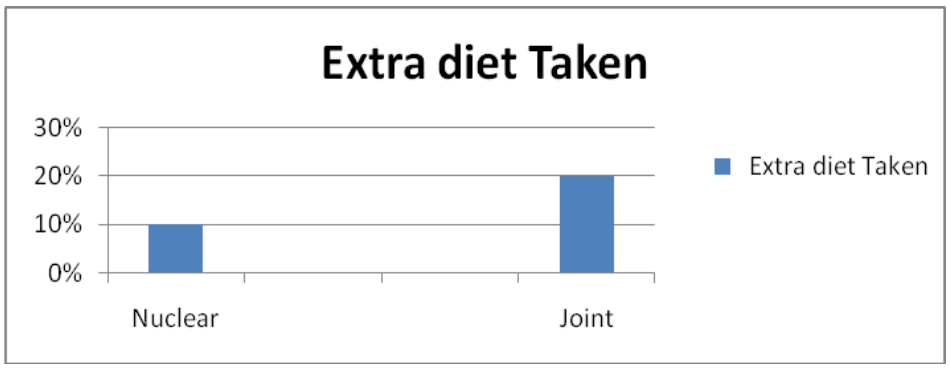

DISCUSSION –INFERENCES

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According to their education

78 % illiterate
80 % up to 8th std.
95 % HSC and higher

→ Women started feeds in 1st hour

73 % illiterate
70 % up to 8th std
90 % HSC and higher

→ Women have not give bottle feeds

73 % illiterate
85% up to 8th std
95 % HSC and higher

→ Women have not given prelacteal feeds

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29 % illiterate
30% up to 8th std
92 % HSC and higher

Women have taken extra diet during lactation period

According to parity

75 % of primi — Para women started BF in 1st hour 90 % of multi

22 % of primi — Para women have given bottle feeds 14 % of multi

17 % of primi — Para women have given prelacteal feeds 13% of multi

66 % of primi — Para women have not taken extra diet during78 % of multi lactation period

According to family status

78 % of nuclear — family started breastfeeding in 1st hour 88 % of joint

25% of nuclear — family given bottle feeds 11 % of joint

11 % of nuclear — family given prelacteal feeds 26% of joint

20 % of nuclear — family have taken extra diet during lactation period 10 % of joint

DISCUSSION

The present study found that 80% of all mothers, started breast feeding within first hour. Thisa good trend considering the previous studies observations. Studies of Khan MH et al found 37% mother initiated breast feeding early [6]. Bhatt et al showed 42% [7] and Raval et al found 67% of such mothers [8].

The encouraging observation may be credited to the initiative of Baby Friendly Hospital adopted in our Hospital. However there is a noticeable difference amongst the mothers with regards to the educational status.

As compared to previous studies we found low percentage 23% mothers gave prelacteal feeds. Though the study of Wagh et al showed 15%(9) ,other studies like that of Yadavannavar MC et al found 92% [10]. Singh J et al found 47% mothers giving pre lacteal feeds. In a community based study conducted in eastern city of india, also found that higher the education, the better percentage of early feeding [5]. Another study conducted by Wadde et al showed similar results with respect to litracy, socio-economic status and family type [11].

Higher educated mothers had higher rate of initiating breast feeding in the first hour of birth. while the illiterate mothers have lower percentage. Chakraborty et al also found that illiteracy of mother and daily wage earner mother has correlation with more percentage of pre lacteal feeds.(5).Khushwaha et al study showed 100% mothers gave pre lacteal feeds [12] while Kumar et al found 74% mothers do so [13].

In our study we found that, higher the education of the mother , more is the awareness about taking extra caloric diet. It is also evident that more educated ladies have knowledge about beneficial effects of breast milk as compared to bottle feeds, hence less percentage of bottle feeding in these mothers.

With respect to parity we found that 90% multipara as compared to 75% cound initiate feeding in first one hour. A hospital based study in Libya indicates that a majority (74.0%) of multiparous mothers had good breast feeding attitudes and practices [14], which could be the result of their previous experience. Studies conducted by Coca *et al*. and Kronborg *et al*. too showed that parity has great deal of influence on effective and early breastfeeding [15, 16]. However, the study conducted by Gupta et al failed to find a statistically significant correlation [17].

We also found that more multipara mothers were aware of harmful effects of pre lacteal feeds and bottle feeding. This again may be attributed to the previous experience. With respect to joint family, the observation was that 88% belonging to joint families commenced breast feeding early as compared to 78% from nuclear families. Bottle feeding was less and extra care was taken for diet of lactating mother. Extra dietary care reflects the care given to the nourishment of newborn and mother. However Prelacteal feeds were given in 25% of Joint families as against 11% of nuclear families. This may be attributed to the age old practices, beliefs of elders at home.

CONCLUSION

In conclusion, though we have progressed, much needs to be done to improve awareness about breast feeding, discourage harmful practices and encourage healthy practices. Health professionals can be motivated to educate the target population during points of contact like immunization camps, Antenatal check up visits. A healthy childhood and stronger Nation will emerge through the new emphasis on promotion of breast feeding .Problems of illiteracy, low socio economic status, family type can be changed through education. Adding some basic materials supporting breast feeding to high school curriculum to increase the awareness about the benefits among the future parents As seen from our study the promising figures can be credited to the Baby friendly hospital policy .Last but not the least, the adoption of Baby Friendly Hospitals policies in Private as well as Government hospitals will help make a sea change towards making of a better India.

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