



KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST FEEDING TERTIARY CARE HOSPITAL OF LUCKNOW CITY: CROSS SECTIONAL STUDY

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ABSTRACT

Background: breast milk has the complete nutritional requirements that a baby needs for health development. It is one the most cost effective ways to reduce infant morbidity and mortality from diarrheal disease, respiratory disease and other infections. Although it is now widely accepted that breast milk is the best for the baby, it is also a well-known fact that exclusive breastfeeding rates in early infancy are

still too low. **Aims & Objectives:** To study the knowledge, attitude and practice regarding exclusive breast feeding in the obstetric wards of a tertiary care hospital of Lucknow city.

Methods: A cross sectional study carried out from March 2015 to June 2010. It included 200 Post natal mothers from the maternity wards of a tertiary care hospital in Lucknow city.

Mothers were interviewed within 7 days after the birth of the child. Data was collected using a structured questionnaire. **Results:** 80.1% mothers agreed to the fact that mother's milk

alone is the best food for the newborn. 35 % were in favour of initiating breast feeding within one hour of delivery. 67.5 % mothers were in favour of continuing breast feeding till at least

6 months. The practice of prelacteal feed was observed in 33% mothers. **Conclusion:** The study indicated that although the mothers have knowledge about the importance of early

initiation of breast feeding but still the practice is poor because of many reasons. Health care professionals and policy makers should work in this field.

KEYWORDS: Breast feeding, knowledge, motivation.

INTRODUCTION

According to world health organization (WHO), breast milk has the complete nutritional requirements that a baby needs for health development.^[1,2] It is one the most cost effective ways to reduce infant morbidity and mortality from diarrheal disease, respiratory disease and other infections. Breast-feeding is the standard way of feeding all infants.^[3] It also enhances sensory and cognitive development. It is safe and contains antibodies that help protect infants and boost immunity. WHO recommends that for the first six months of life, infants should be exclusively breast feed to achieve optimal growth, development and health.^[4,10] Later in life, breast-feeding brings continuing benefits in terms of lower rates of obesity and reduced risk of chronic diseases. Breast-feeding also offers health advantages for the breastfeeding mother, including an earlier return to pre-pregnancy weight, reduced risk of breast cancer and ovarian cancer and helps to space pregnancies.^[5,6] The risk of mortality due to diarrhoea and other infections can increase in infants who are either partially breastfed or not breastfed at all.^[7,8] Studies from developing countries show that infants who are not breastfed are 6 to 10 times more likely to die in the first months of life than breastfed infants. UNICEF and WHO estimated appropriate BF can prevent 1.3 million deaths among children under five each year in the world.^[10,14] Early initiation of breast feeding can reduce neonatal mortality by 22% and thereby decrease the Infant Mortality Rate and contribute to the attainment of national goals.^[11] Although it is now widely accepted that breast milk is the best for the baby, it is also a well-known fact that exclusive breastfeeding rates in early infancy are still too low.^[12,13] With this knowledge the present study was carried out to evaluate the knowledge, attitude and practice regarding breast feeding in a tertiary level health institute.

MATERIAL AND METHODS

The design of the study was interview-based cross sectional survey. It was carried out between March 2015 to June 2015. Out of those who were fulfilling the inclusion criteria, 200 Subjects were selected randomly using simple random sampling technique.

Study place

Study was conducted in the Maternity ward of a tertiary care hospital in lucknow. Ethical Clearance was taken before the commencement of study.

Inclusion Criteria

Women who gave birth to a healthy baby in the labour room of the obstetric department of the selected tertiary care hospital during March 2015 to June 2015 were included.

RESULTS

Demographic profile of the mothers who delivered at the obstetric department of the tertiary care of hospital

Demographic Profile	Study group (n=200)
Mean Age	22.7 ± 3.8 years
Mean Weight	54.3 ± 7.5 kg
Mean Height	155.2 ± 5.6 cm
Age	
≤20 years	37 (18.5)
21-25 years	108 (54)
26-30 years	49 (24.5)
31-35 years	4 (2)
≥36 years	2 (1)
Religion	
Hindu	142 (71)
Muslim	39 (19.5)
Christian	12 (6)
Sikh	7 (3.5)
Education	
Illiterate	45 (22.5)
Primary (up to 7th Std)	83(41.5)
Secondary (upto 10 th)	50 (25)
Higher Secondary (upto 12 th)	11 (5.5)
Graduate	8 (4)
Post graduate	3 (1.5)
Occupation	
Housewife	125 (62.5)
Daily Wager	51 (25.5)
Paid worker	21 (10.5)
Student	3 (1)

Knowledge of Mothers about food for their newborn (N=200)

Knowledge of Mothers	No. (%)
Best food for a newborn	
Mother's milk alone	161 (80.5)
Top milk alone	7 (3.5)
Mother's milk supplemented with top milk	32 (16)
Is mother's milk superior to top milk?	
Yes always	151 (75.5)
Yes after 3 days	9 (4.5)
Yes, but only for healthy good weight babies	24 (12)
Don't know	19 (10.9)

Most important reasons for avoiding top feeding a newborn	
Cost	16
Risk of contamination	46
Poor availability	2
Risk of indigestibility	51
Does not support proper growth and nutrition	29
Due to tradition	15
Does not protect against local infections	4
Don't Know	37

It was found that **80.1%** mothers agreed to the fact that mother's milk alone is the best food for the newborn. While 16 % mothers were in favour of supplementing top milk along with the mother's milk.

Knowledge of mothers regarding the sufficiency of breastfeeding

Is only breastfeeding sufficient for initial months?	
Yes always	105 (52.5)
Only if the secretions are good right from the time baby is born	17 (8.5)
Yes but requires additional water in warm climate	51 (25.5)
Don't know	27 (13.5)
For how long should breastfeeding be continued in a child?	
Breast milk is never given alone and is always supplemented	7 (3.5)
Up to 4-6 months	135 (67.5)
Up to 1 year of age or more	33 (16.5)
As long as there are good secretions	31 (15.5)

67.5 % mothers were agreed to the fact that breast milk should be continued till the 6th month. The data showed that sufficiency of breastfeeding is an important reason which commonly refrain mothers. Mothers (especially primiparous women) are easily misguided that they do not secrete adequate milk in order to feed their newborn. Proper knowledge and guidance in this regard can help to overcome this problem.

Knowledge and Practices of mothers regarding feeding a newborn

Initiation of breastfeeding after delivery	
Within 30 min	31 (15.5)
30 min to 1 hr	39 (19.5)

1 hr to 3 hrs	73 (36.5)
3 hrs to 6 hrs	21 (10.5)
6 hrs to 24 hrs	7 (3.5)
>24 hrs	29 (14.5)
Reasons for not feeding in 30 min	
Fatigue	47 (23.5)
Baby was separated	28 (14)
Asked by some family members not to do so	12 (6)
Asked by some health professional not to breastfeed due to medical reasons	5 (2.5)
I thought I would not have sufficient milk secretions	8 (4)
No / poor secretions	33 (16.5)
Caesarian section	67 (33.5)
Pre-lacteal given	
Sugar or glucose water	11 (5.5)
Honey	19 (9.5)
Traditional fluid mixture	3 (1.5)
Nothing	167 (83.5)
Food other than breast milk offered to newborn	
Water	9 (4.5)
Top milk	33 (16.5)
Tea or coffee	3 (1.5)
Nothing	155 (77.5)

The rate of mothers initiating breastfeeding early was higher in literate mother (59 %) as compared to illiterate mothers (41 %).

15.5 % mothers favoured initiation of breast feeding within 30 minutes while 73.5 % mothers were in favour of starting it within 1 to 3 hrs. Important reasons for not feeding within 30 minutes were no or poor secretions (20.5 %), fatigueness (23.5 %), separation of baby (14 %) and caesarean section (33.5 %).

The practice of prelacteal feed was observed in 33% of the mothers. Commonly observed prelacteal feed was Honey and sugar water. Educated mothers were observed to give less prelacteal feed as compared to uneducated mothers. This was due to common cultural belief that the initial breast milk is dirty and not nutritious and therefore has to be supplemented with prelacteal feeds like honey and sugar water. Most of the females were aware that breast feeding does not (68%) produce weakness in mothers while few thought that it does (32%).

Practice of giving other fluids (water, top milk, tea or coffee) was observed in 22.5 % of the mothers while 77.5 % thought that only breast milk is sufficient.

The rate of mothers initiating breastfeeding early was higher in literate mother as compared to illiterate mothers.

DISCUSSION

Present study shows that timely initiation of breast feeding in the postnatal ward of the hospital was very low. Out of many reasons for this, lack of proper motivation is an important one. Therefore it is recommended that all mothers who deliver their babies in hospital and are in labour room must be encouraged for the commencement of breast feeding as early as possible preferably within one hour of delivery for better health of mother as well as child. It calls for support to all mothers in the postnatal ward during the first hour to ensure early initiation of breast feeding. Health care personals have key roles in promoting breast feeding. A significant difference on the aspect of early initiation of breast-feeding (within one hour) was noticed between mothers with normal delivery and those who underwent caesarean section. It was found that early initiation of breastfeeding gets delayed by caesarean delivery. The efforts must be carried to promote early initiation of breast feeding even after caesarean delivery. Some mothers gave pre-lacteal feed to the child. The practice of pre-lacteal feeding was found to be associated with delay in initiation of breast feeding. Type and duration of prelacteal feeding had significant negative influence on milk secretion. Pre-lacteal feeding forms a vicious cycle with 'coming in' of milk; it first delays initiation, which later encourages prelacteal feeding. The health care staff of postnatal ward must persuade mothers for timely initiation of breast feeding to the mothers who deliver their babies in the hospital. The knowledge of mothers regarding different aspects of breastfeeding was found to be deficient. Breastfeeding mother needs to understand the "supply and demand concept" of milk production. A positive feedback loop stimulates the breast to create more milk. If this concept is understood by mothers, they may concentrate more on breastfeeding and stop the supplements. Most of the females in both the groups were aware of the advantages of breast milk and disadvantages of bottle feeding; yet the practice was deficient. Health education programmes should promote breastfeeding practices. They should help to remove misconceptions associated with breastfeeding. Health care professionals can also help to motivate mothers about breastfeeding.

CONCLUSION

The present study indicated that although mothers have better understanding and perception of the importance of exclusive breastfeeding but despite this there is poor practice of

exclusive breastfeeding for the first six months. Health care providers and decision makers should address the related issues to improve exclusively breast feeding practices in the study community.

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