



Review on Optimal duration of Exclusive Breastfeeding: Indian Perspectives

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ABSTRACT

The prevalence of exclusive six months duration breastfeeding is 46.4% and in India the early initiation of breast feeding is less than 41% which is far away from the desired level and interestingly is breastfeeding practice vary among different communities and regions. As a result of urbanization and maternal employment outside the home, in recent years there is decline in breastfeeding worldwide. Studies in India have also revealed that there is decline in breastfeeding trends, particularly in urban areas.⁽¹⁷⁾ In over 75% of the nation's children, early initiation of breastfeeding is not done, and over 50% of children are not exclusively breastfed.⁽¹⁸⁾ For this reason, there is a need of urgent concern over the lower figures of early initiation of breastfeeding in India. Breastfeeding is very important in terms of physical, psychological, mental, emotional growth of an infant, apart from preventing occurrence of common diseases in him like diarrhoea, the infection of middle ear, acute respiratory infections, pneumonia etc. Additionally, its endless advantages to the lactating mothers are remarkable. Therefore, the success of breastfeeding is in favour of mothers and kids or can be said as large section of society.

Keywords – Breastfeeding, optimal feeding, IYCF, Exclusive feeding.

INTRODUCTION

The most sensitive indicators of health status of a community ie Infant mortality figures in India are still high and the two main reasons which pays maximum to the IMR is poor breastfeeding practices and immunization.^[1] Breastfeeding promotion alone contributes to an 11.6% fall in IMR and it decreases the risk of dying from pneumonia and diarrhea.^[2] Breast milk has immunological, nutritional, behavioral and economical benefits.^[3] Breastfed children have lower rates of childhood cancers, asthma, allergies, infections, gastrointestinal illness childhood diabetes and infections that can damage their

hearing.^[4] The chief cause of death among children under five in India is neonatal diarrhoea, sepsis and pneumonia and breast milk is protective against these three diseases.^[1] Benefits of breast feeding is not just restricted to children, but it also protects the mothers who has breast fed, from developing premenopausal breast cancer, ovarian cancers and it reduces the risk of postpartum bleeding and osteoporosis as well.^[5,6] Greater than 15% of death in 24 lakhs children can be avoided in India by counselling services on infant and young child feeding.^[7] Regardless the knowledge of benefits of breastfeeding, its duration and prevalence among the general population in several countries are still

lower than the international recommendations of six months of exclusive breastfeeding.^[8] The prevalence of exclusive six months duration breastfeeding is 46.4% and in India the early initiation of breast feeding is less than 41% which is far away from the desired level and interestingly is breastfeeding practice vary among different communities and regions.^[9,10]

Amongst mothers in India it is a common practice to expel the initial breast milk which they think is watery and is harmful to the baby.^[11] The WHO recommends for the first six months of life of infants should be exclusively breastfed to attain optimal growth, health and development in children. Subsequently, infants should receive nutritionally adequate and safe complementary food, while continuing to breastfeed the age of two years or more.^[12] Exclusive Breast Feeding (EBF) is defined as infant feeding with human milk without the addition of any other liquids or solids.^[13] In India, breastfeeding appears to be influenced by cultural, economical and social factors. In the year 1991, Breastfeeding Promotion Network of India (BPNI) was born to protect, support and promote breastfeeding.^[14] Further, the Indian Government has undertaken National Rural Health Mission (NRHM), which also implemented Integrated Management of Neonatal and Childhood Illnesses (IMNCI) through the existing healthcare delivery system.^[15] The key reasons for poor health outcome among children; principally in developing countries are reported to be poor practices and approach towards exclusive breastfeeding. However, the promotion and acceptance of practices, like exclusive breastfeeding, are particularly important in developing countries with high poverty level, and that are characterized by a high burden of disease and lower access to clean water and adequate sanitation.^[16]

As a result of urbanization and maternal employment outside the home, in recent years there is decline in breastfeeding worldwide. Studies in India have also revealed that there is decline in breastfeeding trends, particularly in urban areas.^[17] In over 75% of the nation's children, early initiation

of breastfeeding is not done, and over 50% of children are not exclusively breastfed.^[18] For this reason, there is a need of urgent concern over the lower figures of early initiation of breastfeeding in India. Even though, the practice of breastfeeding is influenced by various cultural, social, and religious beliefs, maternal infant feeding attitude has been shown to be a strong independent predictor of initiation of breastfeeding.^[19] Additionally, maternal positive attitudes towards breastfeeding are associated with continuing to breastfeed longer and have a greater possibility of success.^[20] On the contrary, women with negative attitudes towards breastfeeding are considered to be a main barrier to initiate and to continue breastfeeding.^[21] Additionally, maternal positive attitudes towards breastfeeding are associated with continuing to breastfeed longer and have a greater possibility of success^[20]. On the contrary, women with negative attitudes towards breastfeeding are considered to be a main barrier to initiate and to continue breastfeeding.^[21]

Annually 800,000 deaths of under five children can be potentially prevented by optimal breastfeeding up to 2 years of age. Of these, if the children had been breastfed in first hour of life, up to 22.3% of neonatal death can be prevented. So the interventions that promote early initiation of breastfeeding can significantly reduce the neonatal mortality rate.^[22] As said, attitude towards breastfeeding is critical determinant of breastfeeding, chiefly exclusive breastfeeding, the promotion of breastfeeding is an important factor for public health intervention for the reason that there are lower rates of exclusive breastfeeding during past a few weeks post-partum.^[23, 25] Nonetheless, when mothers intend to breastfeed, few are able to achieve their intended duration of breastfeeding.^[26] Barriers that are reported includes age,^[26, 30] race,^[24, 32, 33] planned pregnancy and delivery,^[28] emotional support, especially support of the baby's father,^[31] maternal education,^[30, 33, 34] and maternal work.^[27-29] Also there are studies which reported individual constrains, such as the inconvenience of exclusive breastfeeding especially for the mothers

who return to work, ^[26, 35, 36] and particularly those mothers having insufficient milk production for the baby. ^[26, 35] Some mothers also reported as feeling embarrassed by breastfeeding in public places and also for being concerned about having their baby getting much attached to them. ^[37]

Establishing and sustaining a breastfeeding relationship is a vulnerable process, which has to be learned by both mother-baby dyads. ^[38] This relationship is supported by involvement of a group of health workers and services through the antenatal, peri-natal, and postnatal period. Subsequently WHO and UNICEF developed the Baby-Friendly initiatives, ^[39] which aimed to support integrate breastfeeding into key healthcare setting to maternity including hospitals^[40] and the community. ^[41] Hospital accreditation also requires following the evidence-based “ten steps for successful breastfeeding” which represents the integrated care, path of breastfeeding support before, during and after admission to hospital. This includes among other quality criteria, given that information to parents during pregnancy, supporting latching and bonding skilfully, avoiding separation of mother and baby, providing supporting groups and/or hotlines after hospital discharge to mother. Breastfeeding is very important in terms of physical, psychological, mental, emotional growth of an infant, apart from preventing occurrence of common diseases in him like diarrhoea, the infection of middle ear, acute respiratory infections, pneumonia etc. Additionally, its endless advantages to the lactating mothers are remarkable. Therefore, the success of breastfeeding is in favour of mothers and kids or can be said as large section of society. ^[42]

Antenatal care, a basic component of maternal health care, is an ideal entry point to offer multiple health and nutritional interventions to endorse maternal and fetal health, birth awareness,^[45] and breastfeeding behaviours.^[44] In addition to this, deliveries in institution creates better chance for neonates to receive skin-to-skin care from their mother, a newborn care practice established to increase the likelihood of early initiation, prolonged duration and exclusive breastfeeding.^[43,46]

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