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Original Research Article

Issues related to breastfeeding in the first six months of life in an urban tertiary care hospital

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ABSTRACT

Background: Breastfeeding is being practiced since the existence of mammals on earth. Breastmilk can make the world healthier, smarter and more equal, it also saves lives of infants and reduces disease burden of both mother and infants. Common reasons for avoiding or stopping breastfeeding are medical, cultural, psychological, physical discomfort and inconvenience. This study was conducted to know the spectrum of problems related to breast feeding faced by mother-infant pairs in the first 6 months of life.
Methods: A hospital based observational study was conducted in an urban tertiary care hospital from November 2010 to February 2012. Maternal and newborn data were obtained during postnatal period and they were later followed up in Pediatric Outpatient Department at regular intervals and information was also collected through telephonic conversation. Descriptive statistics were reported using mean, standard deviation or median, range for the continuous variable. Numbers and percentage were used for the categorical variable. Chi-square test or fisher's exact test was done to test the association between the breast-feeding problems with demographical and clinical variables. $p<0.05$ was considered as significant.
Results: Prelacteal feed was given to 17.7% babies, 30.9% mothers had breastfeeding problems. 41.3% babies were initiated on breastfeeding within one hour of birth. Parity (0.001) and mode of delivery (0.017) had significant association with breastfeeding problems.
Conclusions: Breastfeeding issues like delayed initiation of breastfeeding, practice of prelacteal feeding, formula feeding, latching problems, perception of inadequate milk were noted. Parity and mode of delivery had an association with breastfeeding problems.

Keywords: Breastfeeding, Breastfeeding problems, Mother-infant pair

INTRODUCTION

Breast milk has the perfect blend of nutrients that helps in optimum growth and development of the baby and is the best gift for the newborn.[1] Breastfeeding is the gold standard feeding option during the critical window period of a child when the maximal growth of the brain occurs.[2] Breast milk provides nutrients, promotes sensory and cognitive development, protects against infection, has several maternal benefits and breast feeding contributes to the health and wellbeing of both the mother and the baby.[1] Evidence based interventions which include

initiation of breastfeeding within one hour of birth and exclusive breast feeding prevent undernutrition in children and improve child survival.[3] Breastfeeding duration and exclusivity is determined by several factors like demographic, social variables, biologic factors, attitudinal characteristics and hospital practices.[4]

In India, rate of breastfeeding initiation within one hour of birth has been 41.6% and duration of exclusive breast feeding (6 months) is 54.9%.[5] World Health Organization as well as Indian guidelines recommend exclusive breast feeding for 6 months and to initiate breastfeeding within one hour of life.[1,2] Antenatal counseling either individually or in groups is advised to prepare expectant mothers for successful breastfeeding.[2] Though breastfeeding is a natural act, it has to be learned and extensive research has shown that mothers and caregivers require active support for establishing and sustaining appropriate breastfeeding practices.[1] Common breastfeeding problems are flat or inverted nipples, breast engorgement, sore and cracked nipples, mastitis and abscess.[6] Problems with infant latching, breastpain, perception of inadequate milk, lack of maternal confidence are some of the reasons for early discontinuation of breast feeding.[7]

Studies have suggested that breastfeeding difficulties are common experience faced by mothers in the postpartum period and it varies from one infant to next infant for the same mother and these problems are found to be stressful.[8] Most common reason given by working mothers for discontinuation of breast feeding is resumption of work after maternity leave.[2] Postpartum period demands physiological and psychosocial care so that women can foster self-care and provide skilled care to her child simultaneously. Care by skilled health professionals is of utmost importance towards mothers in the postpartum period.[9] Antenatal counseling and education helps in overcoming many of the breastfeeding problems as demonstrated by several studies.[7-11] Studies have shown that there are several problems faced by breast feeding mothers especially by primigravidas.[12] Antenatal counseling (ANC) as well as support in the postpartum period helps in establishing good lactation.[13] With this background, this study was conducted to identify the spectrum of problems related to breast feeding faced by mother-infant dyad in the immediate postpartum period and until 6 months after discharge.

METHODS

A hospital based observational study was conducted in an urban tertiary care hospital from November 2010 to February 2012. Mother-infant dyads admitted to the general and private maternity wards of the hospital were included by nonprobability consecutive sampling technique. Neonates with birth-weight less than 1.8 kgs, gestational age less than 35 weeks and those admitted to Neonatal intensive care unit were excluded from the study as we were studying the issues related to breastfeeding in mature, stable neonates and infants. Ethical committee clearance and verbal consent were taken before recruitment.

Methods

Data of recruited mother-infant dyad were collected during a period ranging from 48 to 72 hours after the delivery in the postnatal ward, and the mother infant pair were followed till they were discharged. Mothers were interviewed with a prestructured questionnaire regarding maternal data such as age, occupation, education, details regarding pregnancy and child birth, antenatal counseling, maternal problems after delivery, dietary intake, galactogogues. Newborn data which included birth weight, time of initiation of breastfeeding, use of prelacteal feeds, and discharge weight were recorded in the postnatal period. After discharge, the mother-infant dyads were followed up in the Pediatric Outpatient Department of our hospital at regular intervals.

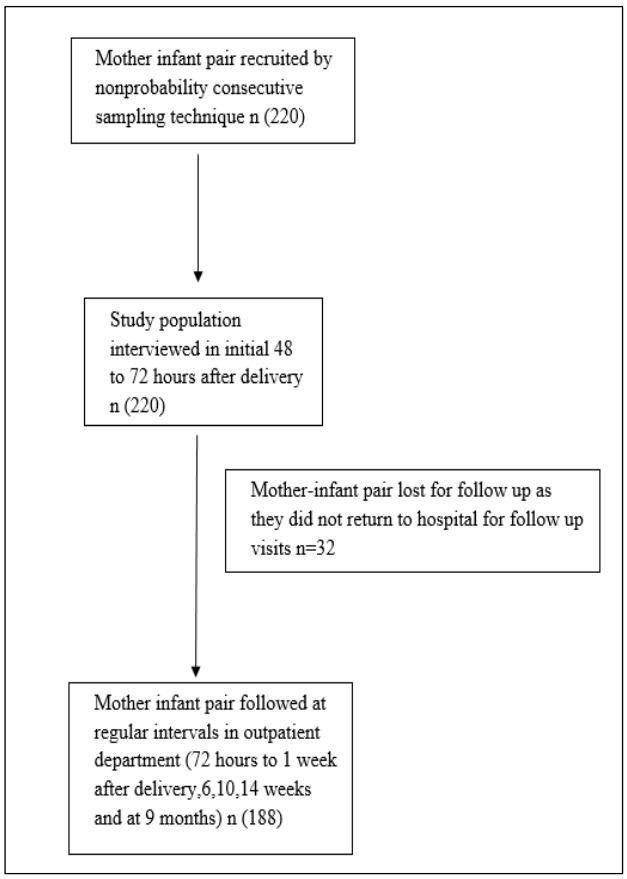

Figure 1: Flow chart of the study design.

The first visit was scheduled at 72 hours to 1 week after discharge. Subsequent visits were at six, ten and fourteen weeks and at 9 months of age corresponding to the immunization schedule recommendations. As there was no immunization scheduled at 6 months of age, collection of information regarding breast feeding was completed at the visit coinciding with the measles vaccination at nine months of age.

Of the 188 mother-infant dyads who were followed up, information of 142 mother infant dyads was collected at follow up visits in the Outpatient Department of our hospital.

The information about the remaining 46 mother-infant dyads was collected through the telephone calls, as these infants were being followed at other hospital out-patient clinics.

Out of total study population, 32 mother-infant dyad (14.5%) were lost to follow up as they did not return to our hospital for follow-up visits, nor did they return telephone calls.

Definition used in the study

Excusive breast feeding

Infant only receives breast milk without any additional food or drink, not even water for first 6 months.[14]

Breast feeding problem

Any mother-infant dyad, not practicing exclusive breast feeding due to maternal, infant or other factors was considered as having breast feeding problem.

Data analysis and Interpretation

Descriptive statistics were reported using mean, standard deviation or median, range for the continuous variable. Numbers and Percentage were used for the categorical variables.

Chi-square test or fisher's exact test was done to test the association between the breast-feeding problems with demographical and clinical variables. These analyses were done using STATA-IC version 12 software and p <0.05 was considered as significant.

RESULTS

Distribution of mothers according to their bio-social characteristics, parity, type of delivery and postnatal condition of mother is depicted in Table 1.

All (220) mothers had received antenatal care. 98.2% (216) mothers did not receive any antenatal counseling and only 4 mothers (1.8%) had received antenatal breastfeeding counseling.17.7% of mothers had seen their relatives breastfeeding.

Similarly, 188 mothers (85.5%) did not undergo breast examination and 32 (14.5%) mothers underwent antenatal breast examination in the antenatal period. 90.5% (199) mothers had normal diet and diet of 9.5% (21) mothers were restricted in the postnatal period.

Table 1: Distribution of the mothers according to bio-social characteristics, parity, type of delivery, postnatal condition of mother (n=220).

Characteristics	n (%)
Age of mother (years)	
<20	5 (2.3)
21-30	187 (85)
>30	28 (12.7)
Education	
Less than higher secondary	20 (9.1)
Higher secondary	58 (26.4)
Pre-university	55 (25)
Graduation	77 (35)
Post-graduation	10 (4.5)
Occupation	
Working	42 (19.1)
House wife	178 (80.9)
Parity	
Primiparous	140 (63.6)
Multiparous (>1)	80 (36.4)
Mode of delivery	
Vaginal	125 (56.8)
Assisted vaginal	16 (7.3)
Cesarean section	79 (35.9)
Maternal condition after delivery	
Well	140 (63.6)
Post cesarean	78 (35.5)
Sick*	2 (0.9)

*1 mother had delivered by normal vaginal delivery and one by cesarean section.

Only 18 (8.2%) mothers received galactagogues as compared to 202 (91.8%) mothers. Prelacteal feed was given to 39 (17.7%) babies. 181 (82.3%) babies had not received any prelacteal feeding. The most common prelacteal feed given was sugar water (71.8%) followed by honey (28.1%), holy water (2.6%) and formula milk (2.6%).

The most common reason for prelacteal feeding as described by mothers were as follows: as a custom (53.8%), perception of inadequate milk (20.5%), crying baby (15.4%), baby is not sucking (5.1%), belief that baby will inherit the quality of person giving prelacteal feed (5.1%). 202 (91.8%) babies were given only breastmilk,18 babies (8.2%) had received top feeds in the postnatal period. All 220 babies were given colostrum. 33.6% (74) mothers felt that breastmilk is adequate on first day, 35.5% (78) mothers on second day and 30.9% (68) mothers on third day or beyond. 11 mothers (35.5%) resumed working at around 3 months, 4 mothers (12.9%) after 6 months,2 mothers (6.4%) at 4 months of age,7 mothers (22.6%) at 5 and 6 months after delivery. Distribution of mother-infant pairs according to postnatal assistance, breastfeeding problems is depicted in Table-2.

Distribution of mother- infant pairs according to initiation of breastfeeding, reasons for delay in breastfeeding,

exclusive breastfeeding rate and reason for introduction of other feed is shown in Table 3.

Table 2: Distribution of mother-infant pairs according to postnatal assistance, breastfeeding problems (n=220).

Received Postnatal assistance	n (%)
Yes	129 (58.6)
No	91 (41.4)
Provider of postnatal assistance	
Staff/student nurse	67(51.9)
Family members	29(22.5)
Doctor	4(3.1)
Lactation consultant	2(1.5)
Multiple help	27(20.9)
Mothers with breastfeeding problems	
Yes	68 (30.9)
No	152 (69.1)
Breastfeeding issues	
Latching issues	23 (33.8)
Inadequate milk	21 (30.9)
Problem with nipple	7 (10.3)
Engorged breast	6 (8.8)
Post-operative pain/sedation	7 (10.3)
Lethargic baby	1 (1.5)
More than one issue*	3 (4.4)

*latching issues and inadequate milk.

Table 3: Distribution of mother-infant pairs according to initiation of breastfeeding, reasons for delay in breastfeeding, exclusive breastfeeding rate and reason for introduction of other feed.

Characteristics	n (%)
Initiation of breastfeeding	
Within 1 hour	91 (41.3)
>1 hour	129 (58.7)
Reason for delay in breast feeding	
Delayed rooming in	41 (69.5)
Postoperative pain/sedation	11 (18.6)
Mother not aware	5 (8.6)
Other*	2 (3.4)
Exclusive breastfeeding at follow up visits	
First visit	170 (93.4)
1.5 month	171 (91)
2.5 month	169 (89.9)
3.5 month	148 (78.7)
6 months	106 (56.4)
Reason for introduction of other feed	
Inadequate milk	71 (37.8)
Complementary feed	55 (29.3)
Working mother	25 (13.3)
Doctor's advise	25 (13.3)
Others**	12 (6.4)

*ill mother, sleepy baby; **hypoglycaemia, dehydration fever

Table 4: Association of breastfeeding problems with bio-social characteristics of mother, antenatal breast examination.

Characteristics	Breastfeeding problems		P value
	Yes n (%)	No n (%)	
Age of mother (years)			
<20	2 (0.9)	3 (1.36)	
21-30	58 (26.36)	129 (58.63)	0.87
>30	8 (3.63)	20 (9)	
Education			
<Higher secondary	6 (2.7)	14 (6.36)	0.145
Higher secondary	14 (6.36)	44 (20)	
Pre-university	14 (6.36)	41 (18.6)	
Under graduation	28 (12.7)	49 (22.27)	
Post-graduation	6 (2.7)	4 (1.8)	
Occupation			
Homemakers	54 (24.5)	124 (56.36)	0.70
Working	14 (6.36)	28 (12.7)	
Antenatal breast examination			
Yes	9 (4)	23 (10.45)	0.712
No	59 (26.8)	129 (58.63)	
Seen other relatives breastfeed before			
Yes	15 (6.8)	24 (10.9)	0.260
No	53 (24)	128 (58.18)	

Table 5: Association of breastfeeding problems with maternal parity, mode of delivery, maternal condition after delivery and initiation of breastfeeding.

Characteristics	Breastfeeding problems		P value
	Yes n (%)	No n (%)	
Parity			
Primiparous	54 (24.5)	86 (39.1)	0.001
Multiparous	14 (6.36)	66 (30)	
Mode of delivery			
Vaginal	29 (13.18)	96 (43.6)	
Assisted vaginal	6 (2.72)	10 (4.54)	0.017
Cesarean section	33 (15)	46 (20.9)	
Condition of mother after delivery			
Well	35 (15.9)	105 (47.7)	
Post cesarean section	32 (14.5)	46 (20.9)	0.041
Sick	1 (0.45)	1 (0.45)	
Initiation of breastfeeding			
<1 hour	25 (11.4)	66 (30)	0.354
>1hour	43 (19.5)	86 (39.1)	

Association of breastfeeding problems with bio-social characteristics of mother, antenatal breast examination is shown in Table 4.

Association of breastfeeding problems with maternal parity, mode of delivery, maternal condition after delivery and initiation of breastfeeding is depicted in Table 5.

DISCUSSION

The act of enabling mothers to practice initiation of breastfeeding, exclusive breastfeeding and timely introduction of complementary feeding can save lives of babies as well as reduce stunting. All mothers had received adequate antenatal care. The study findings of mothers who received antenatal breastfeeding counseling and who underwent breast examination in antenatal period has been similar to a study from Puducherry which showed that 21% of the mothers had antenatal counseling and 4% underwent breast examination.[7]

Another study showed that 22% mothers had antenatal breast examination and 17% had received antenatal advise on breastfeeding.[15] Percentage of babies delivered by vaginal delivery has been consistent with a study from Pakistan (54%).[16] 41.3% of babies were initiated on breastfeeding within one hour which is similar to a study by Renitha et al (44.4%) and NFHS-4 survey where 41.6% babies were breast fed within one hour of birth.[17,5] Practice of prelacteal feeding was seen in 17.7% of study population which is consistent with studies from Kurnool (20.58%) and Kerala (19.8%). Madhu K et al (19%) and Mallikarjun et al (19.5%) also demonstrated similar practice of prelacteal feeding in their studies.[18-21] The most common prelacteal feed used was sugar water, honey which was found to be similar to a study by Madhu K et al.[20]

In the present study as many as 30.9% of the mothers had breastfeeding problems during their stay in the hospital. This is comparable to another study conducted by Suksham J et al who showed that 35.7% of the mothers had breastfeeding problems, where both term and preterm babies were included in the study population.[22] The most common problems faced by the mothers in the present study and the spectrum of problems observed by Suksham J et al has been similar and comparable.[22] Similarly, in a study conducted by Hobbs et al, common breastfeeding problems were swollen and painful breasts, sore nipples, latching issues and insufficient breastmilk.[23] Saeed et al also found that common maternal complaints regarding getting breastfeeding was inadequate breastmilk in 25.3% of mothers.[16]

There was a statistically significant association between type of delivery and breastfeeding problems (0.017), present study showed that 41.8% of the mothers who underwent cesarean section had more breastfeeding problems as compared to mothers who had delivered through normal vaginal and assisted vaginal delivery (60.2%). This has been consistent with a study by Suksham J et al who also found that mothers who underwent cesarean section were more likely to have problems with breastfeeding in the first week of life.[22] A study conducted in Pakistan also found that 58% of breastfeeding problems were noted in mothers who were delivered by cesarean section as compared to 42% of mothers delivered through vaginal delivery.[16] Similarly Hobbs et al also found that more than half of women delivered by emergency cesarean section reported having breastfeeding difficulties with baby.[23] Present study has shown that breastfeeding problems were significantly higher in primiparous mothers as compared to the multiparous mothers ($p = 0.001$).

Similarly, Hackman et al demonstrated that primiparous mothers had more breastfeeding problems in comparison to multiparous mothers.[24] According to a study by Narayan S, parity (primiparous) adversely affects breastfeeding scores.[25] The present study showed the decreasing trend of rate of exclusive breast feeding, similarly Suksham J et al also demonstrated that at the end of 1st, 2nd and 6th week the proportion of infants receiving exclusive breast feeds decreased to 75.8% from 95%.[22] Rate of exclusive breastfeeding at 6 months (56.4%) has been similar to study findings of NFHS-4 survey, where 54.9% of babies were exclusively breastfed for 6 months.[5] Reason for introduction of other feed during follow up as described by mothers in their own words has been similar to a study from Mauritius were mothers had given top feed due to insufficient breastmilk (33.9%) and to resume work (32.5%).[26] This study found no significant association between the age, occupation and education status of the mother in relation to breast feeding problems. This is comparable with a study from Rajkot, which also found that there was no influence of maternal age, parental occupation and education on exclusive breast feeding.[27]

Present study did not show any significant association between antenatal breast examination and breast-feeding problems. Similarly, authors of Cochrane database concluded that there is no evidence to support the notion that antenatal breast examination are effective in promoting breastfeeding.[28] The present study demonstrated that breastfeeding problems were not related to delayed initiation of breastfeeding. This result is similar to a study by Chudasama RK et al where delayed initiation of breastfeeding did not significantly impact the ability of the mother to exclusively breastfeed.[27]

According to the present study there was no significant statistical association between antenatal care and breastfeeding issues which is similar to a study conducted by Chudasama RK et al where the number of antenatal visits did not influence the factors that affect exclusive breastfeeding.[27] Similarly, another study from Canada also demonstrated that there was no association between prenatal care initiation or services with any of the breastfeeding practices[29]. In the present study more than half of the study population received postnatal assistance for breastfeeding and according to mother's perception, the most common source of help were nursing staff followed by family members. Kathleen et al in their study showed how mothers perceive the quality of breastfeeding support received by them and that these

qualities are important to inform and optimize perinatal care.[30]

Strength

Hospital based observational study was conducted.

Limitations of this study were relatively small sample size and information on breast feeding duration was based on interview from the mothers, which had the potential to induce recall bias.

CONCLUSION

Spectrum of breastfeeding problems noticed in the mother-infant pair included delayed initiation of breastfeeding, practice of prelacteal feeding, issues like latching, nipple problems, engorged breast, perception of inadequate milk, use of formula feed. Mode of delivery and maternal parity had a significant association with breast feeding problems. Healthy practices of providing colostrum to all babies, post-natal assistance for breastfeeding by trained personnel and appropriate duration of exclusive breastfeeding in more than half of study population were noted.

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