



Determinants of Failure of Exclusive Breast Feeding in Mothers Residing in Satna, Madhya Pradesh

Authors

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Abstract

A cross-sectional study conducted on mothers attending OPD at referral hospital Satna to determine factors responsible for failure of exclusive breast feeding. A total of 150 women who were not practicing exclusive breast feeding were questioned regarding their breast feeding practice and experiences and conclusion were drawn after careful analysis.

Result- *the first striking reason for discontinuation of breast feeding or adding top feeds was the perception that mother's milk is not enough. Others were lack of knowledge of benefits of EBF, return to employment, health issues, next pregnancy etc.*

Conclusion- *all the reasons cited by the subjects can be corrected to a great extent by proper health education, improved literacy status, breast feeding counselling in ANC period and better post partum care and family support.*

Introduction

Breastfeeding benefits for newborns and infants are well-documented. Apart from nutritional benefits it improves immunity by directly providing secretory antibodies and also reduces chances of infectious diseases thereby decreasing the health care expenses. As a global goal for optimal child health and nutrition, all women should be enabled to practice exclusive breastfeeding (EBF), and all infants should be fed exclusively on breast milk from birth to 6 months of age¹. American Academy of Paediatrics recommends that EBF is sufficient to support optimal growth and development for approximately the first 6 months of life². National family health survey-3 of India has revealed low exclusive breastfeeding (EBF) rates (46%) in India³. Various factors are responsible for failure of exclusive breast feeding. The present study aims at identifying those factors and their possible

remedies in mothers attending a referral hospital in Satna district of Madhya Pradesh.

Materials and Methods

It is a hospital based cross sectional study done at Sardar Vallabh Bhai Patel Hospital, Satna. Study population included women attending OPD for their or their child's benefit, having a child below 6 months of age and not practicing exclusive breast feeding. Exclusion criteria were All mothers with infants who were exclusively breast fed till six months of age and sick babies not taking feeds. Study period was April 2016 to September 2016. A total of 150 women were selected and after informed consent a preformed standardized questionnaire was used to assess various barriers for exclusive breast feeding. The results were obtained using computer based statistical analysis software.

Results

The mean age of the mothers in this study was 25.87 years. Out of total 150 infants 83 were males and 67 were females.

| Sr. No | Reason for not practicing EB | Number | Percentage |
|--------|------------------------------------------------------------------------------|--------|------------|
| 1. | Baby remains hungry/insufficient milk | 68 | 45.33% |
| 2. | Ignorance about benefits of EBF | 45 | 30% |
| 3. | Resume work/ employment | 44 | 29.3% |
| 4. | Maternal health issues | 26 | 17.3% |
| 5. | Feeding failure due to difficulty in initiation/ establishing breast feeding | 16 | 10.6% |
| 6. | Early subsequent pregnanc | 08 | 5.3% |

*more than 1 reason were cited by some women

The most common reason cited by the mothers in the study group for discontinuation of breastfeeding or addition of top feeds to exclusive breast feeds was that the baby remained hungry or that the milk production by the mother is not sufficient to satisfy the needs (45.3%). Many mothers were unaware about the term exclusive breast feeding and its health and family planning benefits (30%) and also its duration (hence early top feeds were added at about 4 months of age).

Working mothers also faced problems even after having knowledge about exclusive breast feeding practices. (29.3%) due to job commitments. Maternal health issues including breast pain, mastitis, weakness, anaemia constituted about 17.3%.

Difficulties in initiating and establishing breast feeding (10.6%) due to various reasons such as delay following caesarean section or admission to NICU. Some mothers (5.3%) had to compromise on EBF due to early second pregnancy.

About 71.3% of these mothers started top feeds for their babies at an average age of 4 months.

Discussion

In a 2010 WHO estimate, conducted in 33 countries worldwide, showed that only 35% of children between birth and their 5th month are exclusively breastfed⁴. In our study it was observed that the most cited reason for not practicing exclusive breast feeding was the perception that the mother's milk is not sufficient to meet baby's needs inferred from baby's crying (45.33%). Similar results were observed in a

survey in Nigeria, it showed the mothers' perception that their babies remained hungry after breastfeeding (29%) as a factor for failure of EBF⁵. Otoo et al. also reported milk insufficiency as one of the main obstacles for EBF in Ghanaian women⁶.

A very striking finding in our study was 30% of mothers were ignorant about 6 months of EBF as defined by WHO¹².

The main obstacles to exclusive breastfeeding identified were maternal employment, breast and nipple problems, perceived milk insufficiency. This study has indicated a significant percentage of mothers (29.3%) expressed employment as reason with regard to failure of exclusive breastfeeding which is consistent with the findings of several studies⁷⁻¹⁰. This might be explained by the fact of less maternity leave (in private setup or daily wage employees), which makes employed mothers have less opportunity to stay at home, compromising exclusive breastfeeding.

Specific constraints identified include maternal health, breast and nipple problems. (17.3%). Excessive weakness on breast feeding, sore nipples, inverted nipples, mastitis and breast abscess were some of the common reason. These may be due to lack of postpartum care of the mother as the entire focus is shifted to the baby and also nutritional deficiencies already prevailing in our country. In a Nigerian study, around 25% of mothers described pain in breasts as a reason for failure of EBF⁵. Otoo et al. in their study also reported breast and nipple problems as one of the obstacles in pursuing EBF⁶.

The delay in the first feeds due to various reasons like operational deliveries, baby care in NICU, insufficient milk flow etc causes difficulty in establishing breast feeds (10.6%). Lactation failure is a major problem in mothers when baby is sick or LBW and admitted for prolonged period in NICU. Majority of these babies tend to be on formula feeds after discharge from health facility. Special effort to sustain lactation by counselling these mothers to initiate frequent expression of breast milk soon after admitting the baby prevents lactation failure thereby improving the EBF rate among these babies once they recover and able to take direct breast feeding. Similar results were seen in a study conducted in Gujarat¹¹. Early second pregnancy resulted in failure in 5.3% of our sample population.

Conclusion

Several factors were identified to be associated with failure of exclusive breastfeeding practices. Some of the important ones include inadequate knowledge about the benefits of the EBF and its health implications on the baby. Many women were of the opinion that external source of water is required apart from breastfeeding while some believed herbal tonics to babies improves immunity. Another important determinant was perception that the amount of milk produced is insufficient to fulfill baby's needs. Both of these factors can be overcome by antenatal counselling about the need for EBF and its duration. Among many other factors employment was important too as the postpartum maternity leave is limited to only government services and is not fully applied in private sector and does not exist at all for daily wage workers. Special policies on the behalf of government are needed for the same. Adequate postpartum care and health supplements to supplement nutrient stores of lactating mothers with good amount of rest is of utmost importance. Early initiation, maintenance and encouragement for continuing breast feeding from both healthcare professionals and the family is required. Effective and easily available means of birth spacing should

be made available to lactating mothers with education regarding the same. Exclusive breast feeding is way below the desired target but can be improved to great extent if the above mentioned steps are implemented.

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