



Breast feeding and Immunization practices soon after birth - A hospital based study

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ABSTRACT

Background: World over most newborn death occurs within the first week of delivery. To prevent neonatal death early postnatal care advice and correct practices are key to detect early morbidity and avert death. This study evaluated feeding practice and other preventive practices for new born in district hospital.

Methods: A cross sectional analytical study was done during period of April 2016 to June 2016. Total 195 postnatal women in postnatal ward were the participants. Data was collected by pre formed semi structured questionnaire, entered and analyzed by Microsoft excel 2007.

Result: Only 31.79% had started breast feeding within 1 hour of delivery and 60.51% had started within 1-24 hour of delivery. 33.85% gave pre lacteal feed to their new born child. 27.69% did not give colostrum, 87.69% was not advised for KMC. 66.15% knows about correct frequency of breast feeding by advice of doctor and staff nurse. 40% were not advised for birth hepatitis B vaccine, 35.38% were not counseled regarding exclusive breast feeding. 23.08% had less than 4 ANC visit.

Conclusion: KMC, initiation of breast feeding, colostrum should be emphasized in counselling. Training gap amongst health care functionaries at various level must be dealt with on urgent basis.

Keywords: IYCF, Colostrum, pre-lacteal feed, KMC

INTRODUCTION

It is known fact since long that single most important intervention for child survival is Breastfeeding. If we quantify it in terms of deaths than 20% of newborn deaths can be prevented if breastfeeding is started within an hour of birth. In 2003, Lancet series on child survival and later Lancet series on new-born survival summarized that 13% to 15% of under-five deaths in resource poor countries could be prevented through achievement of 90% coverage with exclusive breastfeeding alone and an additional 6% deaths could be prevented with appropriate complementary feeding.¹

In India, even though about 78.7% of mothers deliver in institutions the prevailing practice of initiation of breastfeeding within one hour is seen

amongst only 44.6% of mothers. Exclusive breast feeding for first six month of life is other important intervention and failure to follow it than infants (a) 15 times more likely to die from pneumonia (b) 11 times more likely to die from diarrhea than children who are exclusively breastfed, which are two leading causes of death in children under-five years of age. Further 64.9% of babies are exclusively breastfed during the first six months and only 50.5% of babies between 6-8 months are given complementary foods.² As far as provision of colostrum feeding is concerned knowledge of its importance amongst primipara and even multipara is very limited and often they consider it as dirty milk and discard it. Social taboo like pre-lacteal feed to new-born is still exist in Indian society. Birth dose of Hepatitis B vaccine is not pro-

vided either due to lack of awareness of due to health staff's ignorance about it.³Due to recent efforts from the government there is rise in institutional deliveries, so there is a shift in responsibility of timely initiation and continuation of breastfeeding from peripheral health workers and families to the nursing care providers of health facilities.⁴Rate of initiation of breast feeding rates remain relatively low in many high-income countries, particularly among women in lower-income groups despite the widely documented risks. WHO has time to time emphasized on initiation of breast feeding within one hour but still in low- and middle-income countries, many women do not follow this recommendation.⁵

Support and care from the health care staff is very crucial as per the current evidence but many healthcare staff lack the necessary knowledge, attitudes and skills. Training of these staffs in Infant and Young Child Feeding (IYCF) is a need of a hour.⁶ During ANC visits counselling regarding these important health practices can also be emphasised from the trained health staffs.

We expect better feeding practices in the community from mother and family members. Starting point that is hospital should provide the foundation in the initial 24 to 72 hours for the same. This study is in search for the actual awareness, attitude and practices in comparison to available national guidelines on IYCF and Immunization so we can suggest the corrections.

MATERIAL AND METHODS

It was a hospital based cross sectional study. Total 195 postnatal women admitted in the postnatal ward during the study period of 3 months participated willingly in the study. Purpose of the study was explained to them and enrolled those participants who gave the written consent. Extensive review of literature was done to prepare the questionnaire and five participants were interviewed to test the feasibility and any corrections if needed. These interviews are excluded from the final analysis. Second year resident of Community Medicine Department carried out all the interviews in local vernacular language using pre formed semi structured questionnaire and information was entered in hard copy forms. Microsoft excel 2007 was used for the final data analysis. Prior approval from the institution ethical committee was taken.

RESULT:

Age profile of the study participant, 112 (57.44%) were of age more than 25years. As far as geo-

graphic representation is concerned 105 (53.85%) of the mothers were belonged to Rural area. Rest of the details is shown in the **table 1**.

Table: 1 practice soon after birth

Practice	Mother (n=195) (%)
Parity	
Primipara	111 (56.92)
Multipara	84 (43.08)
Mode of delivery	
Normal	115 (58.97)
Caesarean	80 (41.03)
KMC advised	24 (12.31)
Hepatitis B vaccine	120 (61.54)

Table: 2: Feeding practices soon after birth (n=195)

Parameter	Frequency (%)
Pre-lacteal given	66 (33.85)
Colostrum feeding	141 (72.31)
Counselling of EBF	123 (63.08)
Practice of EBF	119 (61.02)
Correct knowledge of BF Frequency (>8/24 hours)	129 (66.15)

Table 3: Advise of EBF by the Health Care Workers (multiple answer possible)

Type of HCW	Frequency (%)
ASHA	12 (6.15)
AWW	6 (3.08)
FHW	43 (22.05)
Staff Nurse	44 (22.56)
Doctor	84 (43.08)

One crucial factor -timing of initiation of BF was assessed. Initiation of breast feeding within one hour was seen amongst only 31.79% of the neonates. 60.51% of the neonates were started during one to 24 hours of birth and 7.69% after the 24 hours.

Mother were asked questions regarding the knowledge of breast feeding frequencies, actually given and Exclusive Breast Feeding (EBF) counselling was done or not. Results are shown in the **table 2**.

Exulsive breast feeding advised by all cadre of health care workers. Majority of the women recived this advise from the doctors followed by the rest of the health care worker category. The results are shown in the table 3.

DISCUSSION

In last few years so much efforts has been thrust upon as far as making and implementation of the IYCF guidelines. It is well known fact that by properly implementing the guidelines we can re-

duce the Neonatal and Infant Mortality Rate. In rural side there is robust health care delivery with the help of front line health care functionaries like ASHA (Accredited Social Health Activist), ANM (Auxiliary Nurse Midwife) and indirectly help is provided by AWW (Angan Wadi Worker). This particular study is done with the primary aim of assessing the knowledge and implementation of IYCF guidelines soon after births in which at hospital side staff nurse and doctors' role was also assessed. Immunization and KMC were also assessed. Trainings and sensitization have been done time to time to make health care workers. During ANC (Ante-Natal Care) visits mothers must be counselled regarding all this important aspects to be used during future when baby is delivered. Ours is the tertiary care hospital attached to the government medical college where patients seek care from surrounding rural as well as urban areas.

Prelacteal feeding⁷ (Any fluid or food given before colostrum- is the harmful ritual still in practice. giving something else, i.e. prelacteal feeds expose the infant to infections and also lead to problems in establishing a successful lactation.⁸

In our study the proportion of prelacteal feed was 33.84 %. Study carried out by K madhu et al (2009) found out 19% of the neonate received prelacteal feedings.⁹

KMC was advised amongst 12.31% of the neonates. study carried out in Bihar to roll out KMC by Sutapa B Neogi et al found out the poor preparedness as well as implementation of KMC in 5/22 health facilities only.¹⁰

Early initiation has been documented to improve neonatal survival, and protective against the infection specific mortality among new-born infants. Early initiation of breastfeeding helps to develop a bond between a mother and her baby. Early initiation is extremely important to establish successful and sustained lactation. The practice of delaying breastfeeding after birth and Scientific evidence suggests that early is the initiation of breastfeeding, more are the chances of survival of neonate. In our study initiation of breast feeding soon after birth was assessed. As per the National IYCF guidelines it should be started within one hour after birth. 31.79% of the neonates were initiated for breast feeding within one hour of birth. Study carried out by Mamtarani et al (2011) in similar setting amongst the similar study participants found out such practice in about 1%.¹¹

An another similar study carried out by Bhatt Shwetal et al (2012) 32.6% mothers initiated breastfeeding within one hour of delivery. Their conclusion of such poor practice could be on account of

level of maternal education, socio economic condition as well as attitude and practice from the health care staff even if they are trained and aware.¹²

Qualitative Study was conducted by Majra JP et al (2016) in Haryana India.¹³ Again they also concluded that at policy level there should be addressed of new challenge as due to more and more institutional deliveries health care staff should be prepare in following breast feeding guidelines.

NFHS 4 (National Family Health Survey) was carried out during 2015-16. It provide national as well as state specific data on IYCF practices. In Gujarat the rate for Exclusive Breast Feeding was found to be 55.8% as compare to our study it was 61.02%.

As far as discarding of colostrum is concerned many study have reported that about 30-40% of Indian mothers are discarding it.^{14,15} Present study found out that 27.31% of the cases colostrum was discarded

CONCLUSION:

Reasonably good awareness about correct frequency of breast feeding, ANC visit, pre lacteal feeding, exclusive breast feeding found amongst the mothers. But as far as practices are concerned areas like KMC, initiation of breast feeding, importance of colostrum are found to be challenging tasks. Counselling regarding above factors should be emphasized from health care workers starting from doctors to ASHA workers.

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REFERENCES

1. J P Dadhich and RK Agarwal. Mainstreaming Early and Exclusive Breastfeeding for Improving Child Survival .Indian Pediatr 2009;46:11-7.
2. Government of India, Ministry of Health and Family Welfare. Operational Guidelines, 'MAA' (MOTHERS' ABSOLUTE AFFECTION) Programme for promoting breastfeeding 2016. New Delhi, India: GOI;2016. P3.
3. National health mission: Available at: <https://nrhm.gujarat.gov.in/nutrition.htm>. Accessed April 4th, 2018.
4. Majra JP, Silan VK. Barriers to Early Initiation and Continuation of Breastfeeding in a Tertiary care Institute of Haryana: A Qualitative Study in Nursing Care Providers. J Clin Diagn Res. 2016;10 (9):16-20.
5. Balogun OO, O'Sullivan EJ, McFadden A, Ota E, Gavine A, Garner CD, Renfrew MJ, MacGillivray S. Interventions for

- promoting the initiation of breastfeeding. *Cochrane Database Syst Rev.* 2016; 11:CD001688
6. Gavine A, MacGillivray S, Renfrew MJ, Siebelt L, Haggi H, McFadden A, Education and training of healthcare staff in the knowledge, attitudes and skills needed to work effectively with breastfeeding women: a systematic review. *Int Breastfeed J.* 2017;12 (6):1-10.
 7. J Kishore. *National Health Programs of India, 12th edn.* Century Publication, New Delhi: 2012 p189.
 8. JP Dadhich. Breast Feeding, In: IAP textbook of paediatrics, 5th edn.,pp. 118. Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, 2013.
 9. K Madhu, Sriram Chowdary, Ramesh Masthi. Breast feeding practices and newborn care in rural areas: A descriptive cross-sectional study. *Indian Journal of Community Medicine* 2009;34 (3):243-6.
 10. Neogi SB, Chauhan M, Sharma J, Negandhi P, Sethy G. Rolling out of kangaroo mother care in secondary level facilities in Bihar-Some experiences. *Indian J Public Health* 2016;60:302-8.
 11. Mamtarani, Ratan K Srivastava, B.Divakar. Persuade Mothers in Post Natal Ward for Timely Initiation of Breastfeeding 2011;2 (3):366-70.
 12. Bhatt Shwetal, Parikh Pooja, Kantharia Neha, Dahat Amit, Parmar Rahul. Knowledge, Attitude and Practice of Postnatal Mothers for Early Initiation of Breast Feeding in The Obstetric Wards of a Tertiary Care Hospital of Vadodara City 2012;3 (2):305-9.
 13. Jai Pal Majra and Vijay Kumar Silan. Barriers to Early Initiation and Continuation of Breastfeeding in a Tertiary care Institute of Haryana: A Qualitative Study in Nursing Care Providers. *Journal of Clinical and Diagnostic Research* 2016;10 (9):16-20.
 14. Jethi SC, Shriwastava DK. Knowledge, attitudes and practices regarding infant feeding among mothers. *Indian Pediatr* 1987;24:921-4.
 15. Agrawal DK, Agrawal KN, Khare BB. Study on Current Status of infant and childhood feeding practices. *Indian Pediatr* 1985;22:716.