

# Lactation Problems, Causes and Breastfeeding Promotion Practices at A Tertiary Care Hospital

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## ABSTRACT

**Objective:** To identify lactation problems in mothers during early infancy.

**Study Design:** Descriptive cross sectional study.

**Place & Duration:** Study was conducted at Department of Social & Preventive Paediatrics, Sir Ganga Ram Hospital, Lahore, for 1 year i.e. from 13.06.2009 to 12.06.2010

**Material & Methods:** All mothers (n=417) with babies in early infancy who visited the centre for minor ailment, lactation/nutrition advice, or vaccination were included in the study. Predesigned proforma/questionnaire was used to ask questions and informed consent from mothers were taken to include the information in the study.

**Results:** Out of 417 mothers, 398 (95%) were feeding in wrong position and 135 (33%) had failure to proper attachment, 113 (27%) had nipple confusion, 51 (12%) had cracked nipples and 7 (1.6%) were suffering from breast engorgement. 95 (23%) were exclusively breast feeding. Only 25 (6%) mothers were imparted counseling during antenatal examination. 91 (21%) came for follow up. Lactation problems and feeding practices of 58 (64%) mothers and infants were found to be improved.

**Conclusion:** The most common problem in breast feeding were wrong position, latch-on and nipple confusion, and most of the mothers were not imparted breastfeeding counseling during antenatal contacts.

**Key Words:** Exclusive breast feeding. Mixed feeding. Artificial feeding.

## INTRODUCTION

Breast feeding is the recommended method for feeding normal infants during atleast first 6 months of life. Colostrum, a high-protein, low-fat fluid, is produced in small amounts during the first few postpartum days. It has some nutritional value but primarily has important immunologic and maturational properties. Infant feeding practices not only affect growth rate, morbidity and mortality during infancy, but may have implications during later childhood and adult life<sup>1</sup>. Promoting optimal nutrition is thus an important aspect of child health. In third world countries like Pakistan exclusive breast feeding promotion is the single most important and cost effective tool to achieve best results in mother and child health. However effective breast feeding depends largely upon proper positioning and latching-on; mouth of the baby wide open with lips flared out, nipple and areola in mouth, tongue visible under breast, baby's chin close to breast and nose free, whole body facing breast in straight line, baby well supported and close to the mother, baby relaxed and satisfied, and mother sitting or lying comfortably.

Primiparous women often experience breast engorgement, the best management and prevention for which is enhancement of milk flow by attention to proper latch-on and assisted hand expression of milk drainage. Breast tenderness, and cracked nipples are the other common problems encountered by breast-feeding mothers. Not enough breast milk, mastitis and or breast abscess are the commonest reasons that result in deviation from exclusive breast feeding initiative<sup>2</sup>.

Various factors affect the acceptance /incidence of breast feeding in a society like social-economic class, mother education & age, first baby, breast fed baby previously etc<sup>3</sup>. In order to achieve optimum breast feeding practices, UNICEF and WHO launched the baby friendly hospital initiative in 1991 to ensure that all maternity facilities support mothers in breast feeding<sup>4</sup>.

## MATERIAL & METHODS

All healthy mothers (n=417) with healthy babies in early infancy who were referred or came to the centre for minor ailment, lactation/nutrition advice, or vaccination were included in the study.

Following WHO definitions of breast feeding were used<sup>5</sup>:

Breast feeding; infant has received any breast milk, expressed or from breast.

Exclusive breast feeding; infant has received only breast milk and no other liquids or solids except vitamins/mineral supplements and medicines.

Predominant breast feeding; breast milk is the predominant source of nourishment but other drinks (e.g water, herbal drinks, teas, etc, but without formula milk) may have been given.

Mixed breast feeding; breast feeding along with formula or fresh cow/buffalo's milk.

Artificial Feeding (Bottle feeding); feeding with breast milk substitutes liquid or semi solid e.g: formula or fresh animal milk; from a bottle with a teat.

## RESULTS

Out of 417 mothers, 398 (95%) were feeding in wrong position and 135 (33%) had failure to latch-on. 349 (84%) mothers had no breast problems, 51 (12%) had cracked nipples. 95 (23%) were exclusively breast feeding, of which 68 (71%) had more than 12 years of schooling. 291 (70%) mothers were delivered in hospitals. Prelacteal feeds were given to 224 (54%) of infants. 91 (21%) came for follow up. Lactation problems and feeding practices of 58 (64%) mothers and infants were found to be improved.

**Table 1:** Type of feeding practices of the patients in the study.

n=417	Number of Respondents	% age
Exclusive breast feeding	95	23
Predominant breast feeding	35	8
Mixed feeding	189	45
Artificial feeding	98	24

**Table 2:** Education of mothers in the study.

n=417	Number of Respondents	% age
Secondary & higher	280	67
Matric	76	18
No formal education	61	15

**Table 3:** Relationship of exclusive breast feeding with maternal education.

n=95	Nunbe of Respondents	% age
Secondary & higher	68	71
Matric	19	20
No formal education	8	9

**Table 4:** Breast related problems in mothers.

n=68	Number of patientst
Cracked nipples	51
Breast engorgement	7
Inverted nipples	4
Blocked duct	3
Mastitis	2
Breast papilloma	1

**Table 5:** Parity of mothers in the study

n=413	Number of patients	% age
Primigravida	218	53
Secondary & Tertiary gravida	167	40
Multigravida	28	7

**Table 6:** Place of deliveries.

n=413	Number	% age
Other Public hospitals	214	52
Sir Ganga Ram Hospital	82	20
Private clinic/hospitals	79	19
Home	38	9

**Table 7:** Mode of deliveries.

n=413	Number	% age
Spontaneous vaginal delivery	232	57
Cesarean section	181	43

**Table 8:** Problems other than proper position diagnosed in the study leading to non optimal breast feeding practice.

n=417	number	% age
Failure to attachment	135	32
Nipple confusion	127	30
Cracked nipples	51	12
Prematurity	42	10
Not enough milk	20	4.7
Poor suckling	11	2.6
Hyper/hypo sensitive mouth	8	2
Breast engorgement	7	1.6
Adopted babies	4	1
True inverted nipples	4	1
Blocked duct	3	0.7
Mastitis	2	0.5
Breast papilloma	1	0.5

**DISCUSSION**

Exclusive breast feeding contributes to child spacing through induction of lactational amenorrhea. Globally this may be the most important and effective benefit to maternal health promotion. Many studies have shown that breast feeding also significantly reduces risk of premenopausal breast cancer<sup>6</sup>.

In our study we found that 398 (95%) of the mothers were feeding in wrong position and failure to proper latch-on was found in 135 (33%). Lactational problems were most (53%) in primigravida as compared to gravid 2-4 (40%) or multigravida (7%). Also education of mothers has a positive effect on breast feeding practices which shows the role of literacy or formal education on compliance and understanding the healthy practices when advice was given to them regarding lactation and breast problems. The Global Strategy for Infant and Young Child Feeding describes the essential interventions to promote, protect and support exclusive breast feeding. The important message from this strategy includes the Correct Attachment (latch-on) of Baby on the Breast<sup>7,8</sup>.

There were 181 (43 %) C-sections in our study, which is quite a large number and this factor also necessitates that antenatal counseling for breast feeding be done aggressively as quite a large number of women might not be fully receptive because of effects of anesthesia and pre and post operative stress of surgery, and only 25 (6%) mothers in our study were counseled antenatally. We were sad to find that real issues which can hinder breast feeding were minimal; 4 mothers with inverted nipple, 4 adopted babies, 2 babies with cleft palate, and one breast papilloma. It is unfortunate that in Sir Ganga Ram Hospital being a baby friendly hospital; heavy workload on labour room staff perhaps has prevented them to counsel and motivate the mothers about proper technique and early initiation of breast feeding, and hence miss a very opportune moment.

The study highlighted the factors like maternal education, professional counseling and their positive outcomes in relation to exclusive breast feeding, and it is expected that at the time when milk secretion is starting to be established if women are encouraged, educated, and protected from discouraging experiences, practices and comments most women can successfully breast-feed their infants<sup>9,10</sup>.

**CONCLUSION**

The commonest problem in breast feeding is of the wrong position and counseling definitely has a very positive effect in promotion of breast feeding by the mothers.

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