



Lactation Counselling: A Special Benefit in Developing Countries for Sustained Exclusive Breast Feeding

Asha KV*

Assistant Professor, Govt. College of Nursing, Thiruvananthapuram, India

***Corresponding Author:** Asha KV, Assistant Professor, Govt. College of Nursing, Thiruvananthapuram, India.

Received: December 26, 2023

Published: January 01, 2024

© All rights are reserved by **Asha KV**.

The advantages of breast feeding for the infant and mother are strongly substantiated. Regarding the breast feeding practices, the World Health Organisation (WHO) recommends exclusive breastfeeding up to 6 months and continued breastfeeding up to 2 years [1]. Exclusive breastfeeding is the most effective intervention to reduce infant mortality [2]. In low and middle income countries, only 37% of the children are breastfed exclusively for the first 6 months of life [3].

Rate of exclusive breastfeeding is alarmingly decreasing in developing countries. Mothers who face problems in breastfeeding immediately resort to top feeds. It is the responsibility of the health professionals to identify and manage breastfeeding problems appropriately [4].

Findings of a survey is available which was conducted among mothers who delivered in a rural taluk of India between 2008 and March 2011. A total of 1292 mothers participated in the study. The overall breastfeeding rate at six months postpartum was 74.9% and the EBF rate was 48.5%. Factors associated with EBF included higher maternal age (Adjusted Odds Ratio [aOR] 1.04; 95% Confidence Interval [CI] 1.00, 1.09), lower maternal education (aOR 1.56, 95% CI 1.10, 2.21), and 7–10 antenatal visits (aOR 1.57; 95% CI 1.09, 2.27). The most common reason for non-exclusive breastfeeding was the mother's feeling that she did not have enough milk (23.7%). Infants that were not exclusively breastfed were most commonly fed formula/animal milk (42.6%) or castor oil/ghee (18.4%). Investigators recommended the necessity of interventions based on antenatal education to improve breastfeeding outcomes [5].

Various socio-cultural factors influence infant feeding practices and thus early childhood nutrition and child survival in India. A community based cross-sectional survey involving 297 mothers living in slum settlements in Bihar was conducted to examine the prevalence of exclusive breastfeeding, its promoters and barriers. Results showed that only 23% of mothers initiated breastfeeding within 1 hour of delivery and 27.6% mothers practise exclusive breastfeeding up to six months. Mother's education was found to be associated with duration of exclusive breastfeeding. Term babies were more likely to be breastfed exclusively for six months. Antenatal care visits and completing immunization were significantly associated with duration of exclusive breastfeeding. They have suggested that exclusive breastfeeding and early initiation of breastfeeding rates could be improved by educating and counselling mothers during health facility contacts by primary care providers [6].

Results of a randomized controlled study in northern India substantiates positive role of skilled counselling by a trained dedicated breastfeeding counsellor during the antenatal and post-natal periods on breastfeeding practices during the first six months of life [7]. Breastfeeding promotion is an urgent need for society and all efforts at every nook and corner of society are needed for sustaining the already achieved gains in this regard. Every effort should be undertaken in a partnership model with the involvement of multiple stakeholders and through appropriate and vivid strategies in a coordinated manner. Technology adaptations in resource-limited settings and cost-intensive investments are major challenges identified. BFHI (Baby friendly hospital initiative) is a hospital-centered program and this limitation can be surpassed by considering it as starting point for community-level actions [8].

Bibliography

1. World Health Organization and UNICEF. Global strategy for infant and young child feeding. World Health Organization; Geneva (2003).
2. Sankar MJ., *et al.* "Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis". *Acta Paediatrics* 104.467 (2015): 3-13.
3. Victora CG., *et al.* "Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect". *Lancet* 387.10017 (2016): 475-490.
4. Mathur N B and Dhingra D. "Breastfeeding". *The Indian Journal of Pediatrics* 81 (2014): 143-149.
5. Nishimura H., *et al.* "Determinants of exclusive breastfeeding in rural South India". *International Breastfeeding Journal* 13.1 (2018): 1-7.
6. Kazmi S., *et al.* "Prevalence and predictors of exclusive breastfeeding in urban slums, Bihar". *Journal of Family Medicine and Primary Care* 10.3 (2021): 1301.
7. Gupta A., *et al.* "Skilled counseling in enhancing early and exclusive breastfeeding rates: an experimental study in an urban population in India". *Indian Pediatrics* 56 (2019): 114-118.
8. Rajamohan K., *et al.* "Breastfeeding Promotion by Breastfeeding Promotion Group, Kerala University of Health Sciences, Kerala, India". *International Journal of Nursing and Health Care Research* 5 (2022): 1294.