

## Breastfeeding: The Birth Right of Baby

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**Received:** July 23, 2018; **Published:** August 07, 2018

Breastfeeding is the traditional practice in India as well as globally. It is often presented as a natural practice, sadly corrupted and curtailed by cultures. Breastfeeding is presented as the best practice for mothers and babies. Exclusive breastfeeding practice for 6 months of age and continue feeding for 2 years and beyond as recommended practice said by WHO and UNICEF need to be practiced by all the mothers for betterment of the health of baby.

Breastfeeding is nearly universal in India and other South East Asian countries. But on the contrary to the recommendations of WHO only 2/3<sup>rd</sup> of children less than 6 months of age are exclusively breast fed. Numerous barriers to breastfeeding like lack of accurate information and lack of appropriate knowledge among the population in general have been identified. According to a study, a major barrier to successful in hospital breast-feeding is inconsistency in information and nursery practices related to breastfeeding management. There is adequate growth and development of the baby with optimal breastfeeding practices also there is evidence that breastfeeding is the only and one of the best food for the newborn and infant which helps to prevent malnutrition. It is important to follow the guideline and follow the optimal infant feeding practices. IYCF guidelines in India recommend that a baby should be exclusively breastfed till 6 months and should receive breast milk minimum till 2 years of age.

Though it's a natural process, breastfeeding success has many hurdles like breast engorgement, mastitis, inadequate milk supply, working mothers, NICU admissions of neonates etc. For example, problems of latching are seen in 54.8% of cases and problems for initiation of breast feeding are present in 5.65% in a study conducted by Ram C., *et al.* 2011. Hence it is considered that education programme is required for all the mothers to have successful initiation and continuation of breastfeeding.

### **WHO and UNICEF recommend:**

- Early initiation of breastfeeding within 1 hour of birth;
- Exclusive breastfeeding for the first 6 months of life; and
- Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond.

However, many infants and children do not receive optimal feeding. For example, only about 36% of infants aged 0 - 6 months worldwide were exclusively breastfed over the period of 2007 - 2014.

There are many advantages both for the mother and baby when the mother fed the baby exclusively. Very important is breastfeeding prevents the deadly infection like enterocolitis among the newborns which reduces infant mortality rate. Many studies proved that the early initiation of breastfeeding gives better protection to the newborn babies than the delayed initiation. Breastfeeding not only protects to the new born babies but also it protects to under five children by the way preventing diarrhea, respiratory tract infections and malnutrition etc. Breastmilk provides almost half of the calorie need for a child upto 6 months to 1 year and also it provides one third of the calories need for a child of 1 year to 2 years of age. Breast milk is a very good source of energy and very good nutrients during the time of sickness of the child and during the time of emergency.

Breastfed babies are less likely to develop obesity during their adolescent period. It also prevents the non-communicable diseases like type II diabetes mellitus, hypertension and cardiac diseases. It is also proved that there is three times increase in the IQ level of child among those who were breastfed than non-breastfed babies. Breastfeeding is very economical which saves the family economy also contributes towards National economy. It is eco-friendly too.

Breast feeding has equally advantage for the mother's health too. Exclusive breast feeding helps the mother to prevent obesity, anemia and helps to reduce risk for breast cancer, ovarian cancer etc. it also act as a natural method of contraception.

Partner's support and family support plays vital role for exclusive breast feeding and continue feeding further. There are other practices also one must aware to protect, promote and support breastfeeding practices. These are as follows:

- Adoption of policies such as the International Labour Organization's "Maternity Protection Convention 183" and "Recommendation No. 191", which complements "Convention No. 183" by suggesting a longer duration of leave and higher benefits;
- Adoption of the "International Code of Marketing of Breast-milk Substitutes" and subsequent relevant World Health Assembly resolutions;
- Implementation of the "Ten Steps to Successful Breastfeeding" specified in the Baby-Friendly Hospital Initiative, including:
  - Skin-to-skin contact between mother and baby immediately after birth and initiation of breastfeeding within the first hour of life;
  - Breastfeeding on demand (that is, as often as the child wants, day and night);
  - Rooming-in (allowing mothers and infants to remain together 24 hours a day);
  - Not giving babies additional food or drink, even water, unless medically necessary;
- Provision of supportive health services with infant and young child feeding counselling during all contacts with caregivers and young children, such as during antenatal and postnatal care, well-child and sick child visits, and immunization; and
- community support, including mother support groups and community-based health promotion and education activities.

### Feeding in exceptionally difficult circumstances

Special attention and support is almost essential to a child and to the family during the time of illness and emergency. Both the baby and mother should be together i.e. bedding-in practice to be followed for 24 hours, so that mother can be with the baby always and there will be better cure for the baby. Any condition breastfeeding become very special food for a baby... nothing can replace breast milk.

And other special conditions like Breast milk is very essential for babies with low birth weight, premature or preterm babies, babies of HIV positive mothers, teen age mother and some special conditions like malnutrition of the child and in case of illness and emergency.

**HIV and infant feeding**

Breast milk and breastfeeding remains the best even for HIV positive mothers. There are various options for infant feeding practice among the HIV positive mothers but exclusive feeding has more advantages than other feeding practices. Further the transmission rate is only 15% which can be reduced by the appropriate treatment to both the mother and baby. Death due to infections is common among these babies which can be prevented by exclusive breastfeeding practices. Hence it is recommended by WHO and UNICEF to counsel each mother with HIV positive to practice exclusive breast feeding for 6 month and there after start home prepared, easily available complementary feeding to maintain health devolvement of the child.

*“Breast feeding is the best and safe practice for the child”.*

**Volume 7 Issue 9 September 2018**

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