

## **Lactation Support Counseling for Promoting Exclusive Breastfeeding During infant Critical Illness**

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### **Abstract**

Breastfeeding is key to neonatal and child survival. Exclusive breastfeeding till six month of age and after that combined with complementary feeding till two years of age life is essential to prevent childhood morbidity and mortality. Many mothers were not counseled regarding breastfeeding in antenatal period, and also by appropriate person during post natal period. Present cross sectional study was carried out in-hospital mothers of 210 infants who were hospitalized for some critical illness. Only 9% mothers were counseled by physicians regarding breastfeeding during normal delivery. 89.5% mothers preferred to feed their infant during illness but most of mothers were not told about feeding practices at the time of illness which may result in lactation failure and problem(s) in mother. Similar thing were noticed when mother was sick. If counseled properly can result in better outcome

**Key words:** Breastfeeding, infant, complementary feeding

### **Introduction**

Breast milk is the ideal and natural source in human for feeding infants for up to six months and later combined with complementary feeding beyond six months and till 2years.<sup>1</sup> But due lack knowledge and basic skills in breastfeeding it results in various problems to infant and mother e.g. failure to gain weight, mixed feeding, increase rate of infections in infant and sore nipple and lactation failure in mother. Suckling is one of the strongest stimulants for lacto-genesis. Almost all infants are born beyond 32 weeks of gestation are able to suckle the breast.<sup>2,3</sup> Effective suckling, effective attachment and maternal confidence are the key determinants for breastfeeding success. Sick infants fail

to suckle effectively and also mother have less confidence, which might result in breastfeeding failure.<sup>4-7</sup> Lactation support and counseling should be provided to the mothers of such sick infants until child has effective breastfeeding. We have conducted this study among the mother's of sick infants (< 6 months of age) to assess the knowledge and practices regarding breast feeding.

## Material and Methods

It was an interview based cross-sectional study. Mothers who were at risk of developing lactation failure i.e. coming to the pediatric department of Pt. B.D. Sharma PGIMS, Rohtak, for seeking health care advice for sick infants (aged < 6months) and hospitalized were selected for interview. Consent was taken before inclusion to study. A total of 210 respondents were enrolled in present study. A pre-designed, semi-structured, pre-tested schedule was used for the study.

## Results

Out of total 210 mothers enrolled in present study, only 8.5% had home delivery and rest of mother had institutional delivery. In mothers who delivered at home only 55.6% got some form of breastfeeding counseling services while the proportion receiving breastfeeding counseling was higher in mothers who delivered in institutions i.e. 79.7%. During antenatal period breastfeeding counseling was given to less than 1/8<sup>th</sup> of the mothers i.e. 26 and nearly 3/4<sup>th</sup> i.e. 162 of the mothers were given counseling in the post-natal period. 22.2% of the mothers were not given breastfeeding counseling at all. In nearly 2/3<sup>rd</sup> of the mother breastfeeding counseling was provided by the family members. Only in 9% of the mothers counseling was provided by one of the attending physicians. 30% mothers were aware of good attachment and 73% knew the correct position of baby during breastfeeding, a major factor of lactation failure. Only half of the mothers were giving breastfeed to the children during episodes of her illness and more than half of the mothers faced difficulty in initiation of breastfeed after episode of illness of the child. 89.5% mothers were of the opinion that during infant illness breastfeeding should be continued.

**Table 1: Relation between place of delivery and breastfeeding counseling**

Place of Delivery	Any Breastfeeding Counseling received	Time of Breastfeeding Counseling*		Total
		Ante-natal period	Post-natal period	
At home	10 (55.6%)	1(5.6%)	9 (50.0%)	18 (100.0%)
Private hospital	104 (81.3%)	18 (14.1%)	104 (81.3%)	128 (100.0%)
PGIMS, Rohtak	49 (76.6%)	7 (10.9%)	49 (76.6%)	64 (100.0%)
Total	163 (77.8%)	26 (12.4%)	162 (77.1%)	210 (100.0%)

\*Subjects with multiple responses

**Table 2: Predominant resource person for providing breastfeeding counseling (N=210)**

Predominant resource person providing breastfeeding counseling	Frequency	%ages
Doctor	19	9.0
Family members	127	60.5
Health worker	17	8.1
None	47	22.4
Total	210	100.0

**Table 3: Breastfeeding practices during important situations (N=210)**

Situations faced	Breastfeeding		Breastfeeding Counseling provided by Doctor/ Health worker
	Yes	No	
During infant illness	188 (89.5%)	22 (10.5%)	36 (17.1%)
Faced difficulty after episode of illness	116 (55.2%)	94 (44.8%)	
If mother happens to be sick	101(48.1%)	109 (51.9%)	22 (10.5%)

**Table 4: Breastfeeding practices observed among study subjects (N=210)**

Breastfeeding Practices	Frequency	%ages
Good attachment	63	30.0
Correct Position of baby	154	73.3

## Discussion

In the present study nearly 90% of the enrolled mothers had institution deliveries and even then 22.4% had not received any counseling regarding breastfeeding. The hospital has been a particular focus of efforts to promote initiation of breastfeeding in the past decade. The finding indicates that even at the level of institutions the counseling services are not as per guidelines. This suggests that hospital should have breastfeeding counselor in the area where number of deliveries is great. The study findings also showed that the mothers are not counseled for breastfeeding before delivery, which they should be i.e. at the time of ante-natal visits. They are generally counseled after delivery. Moreover as the study shows the counseling is pre-dominantly given by the family members, who may not be well aware of good attachment and position. Family members or peer group may not be well aware of about breastfeeding practices. There may be some local practices which may have negative impact on ignition of breastfeeding. Only in nine percent of cases the attending physicians participated in counseling. Thus the mothers receiving breastfeeding counseling might not be proper & may lack many of the key aspects. This was well represented by the fact that the mothers lack knowledge regarding breastfeeding. Only 30% of mothers knew about correct attachment, while correct position was known to only 73.3% of mothers. Only 16.2% and 10.5% of mothers

received counseling during the illness of their infants and themselves, respectively. 89.5% mothers were of the opinion that breastfeeding should be continued during infant illness. This is positive sign and should be explored in positive way. In hospital setting residents and doctors are busy person and may not have time to counsel the mother. Thus it is important to have breastfeeding advisor or counselor in the hospital. During the episodes of the illness of infants there are increased chances of development of breastfeeding failure.<sup>5</sup> This is the key time to provide lactation support and counseling to address the risk factors of poor suckling and maternal confidence and can significantly reduce the chances of breastfeeding failure.<sup>6</sup> Most interventions aiming to support breastfeeding are time-intensive interventions that rely on specifically multipurpose health worker females or staff nurses and had a limited impact on breastfeeding outcomes as shown by national surveys.<sup>10</sup> Studies showed that support provided by clinicians through specific advice and practices is associated with higher exclusive breastfeeding rates and increased breastfeeding duration.<sup>11-14</sup> In order to create a sustainable system, we must maximize the knowledge and skills of gynecologists, obstetricians and pediatricians along with frontline maternity, pediatric and neonatal intensive care nurses.

## Conclusion & Suggestion

Routine maternity care was not addressing the needs of patients at risk for iatrogenic lactation failure. Proactive management should begin with the early identification of these at-risk mother-infant pair and more aggressive measures to support breastfeeding practices and building of maternal confidence will be required. Evidence-based data suggest that exclusive breastfeeding rates are increased by providing lactation support to mother-infant pair.<sup>8,9</sup> Each mother-infant pair will be assessed for risk factors, and a plan of care will be tailored to address their individual issue by a qualified breastfeeding consultant or counselor.

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