

Feeding Fundas – From 1/2 Hour to 1/2 Year and Beyond

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The word 'Birth' starts with alphabet B which also is the first alphabet of the word 'Breastfeeding!' Breastfeeding is a cornerstone of children's survival, nutrition and early development. Breastfeeding not only provides children with the best start in life but also benefits maternal health, protects against non-communicable diseases, and contributes to environmental sustainability. Early initiation and exclusive breastfeeding till six months are the two important aspects of infant feeding. Sadly, however, the general delivery room picture after a baby is born is dismal. The obstetrician hands over the baby, the pediatrician stabilizes the baby and the nursing staff gets engaged in routine work – hardly anyone is bothered about early initiation of breastfeeding. According to the NFHS-4 data of 17 states of India, while rate of institutional deliveries is 84.3%, early initiation of breastfeeding is done in only 50.5%, exclusive breastfeeding in 57% and timely complementary feeding in 49.6% of infants [1]. The apathy amongst practitioners and the 'just average' national figures are quite disturbing.

Improvements in breastfeeding rates are critical to the attainment of the Sustainable Development Goals (SDG). The recent analysis from World Breastfeeding Trends Initiative (WBTi) on policy and programs reveals that India lags behind in most indicators [2]. Let us introspect and find out areas where we need to improve on our knowledge, attitudes and skills.

- The concept 'Protect, Promote, and Support Breastfeeding' is not known to many. We need to be aware of its enormous importance – not only as a public health measure, but also in the day-to-day practice.
- Some 'obsessed' tricians (obsessed with infant milk formula), and also some pediatricians, soon after the newborn examination, prescribe infant milk formula to all the newborns delivered in the nursing homes. Whenever the mother says that she does not have enough milk, the formula is prescribed at the drop of a hat.
- Most pediatricians do not check the percentage of weight loss after birth and thus miss out on timely intervention if lactation is not getting established. Finding excessive weight loss in first few days can alert the pediatrician to failure of establishment of lactation and prompt proper action can be taken.
- The first time mother, mother with breastfeeding problems in previous pregnancy, mother with caesarean delivery, baby with birth weight <2.5 kg, any mother reporting pain in breast, and any baby who was sick and separated from mother need to be assessed in detail. These are the situations where so

called 'lactation failure' can occur. Many of us make no efforts to help mother establish successful and exclusive breastfeeding; the only option resorted to is formula. One should counsel the mother that frequent suckling is the only way of getting early and enough milk, and help her in positioning the baby at the breast.

- Most of us do not know handling of breastfeeding problems. Every pediatrician and obstetrician should know the management of breast engorgement, breast abscess and cracked nipples.
- Many pediatricians have a misconception about the risk of hypoglycemia with exclusive breastfeeding, and prescribe sugar water initially.
- The risk of dehydration and hyperbilirubinemia in summer is mainly due to the environmental heat and not due to the inadequacy of breastmilk. The solution is not giving water or formula to the baby either to prevent or treat these conditions; the solution is to maintain the appropriate temperature in the baby's surroundings along with more frequent breastfeeds.
- Baby Friendly Hospitals Initiative (BFHI) and Ten Steps to Successful Breastfeeding (*dasha-sutri*) are not known to many pediatricians. It is necessary that a pediatrician develops a good rapport with the obstetric colleagues and helps them make their maternity homes BFHI-certified and see that all babies start their life with **BREAST** *sutras* which include **B**reast crawl, **R**efraining from prelacteal feeds, **E**xclusive breastfeeding, proper **A**ttachment, **S**upport to the mother and **T**raining of paramedics.

The initial Golden One Hour is not to be lost. The importance of skin-to-skin contact must be understood and encouraged at every visit to the maternity homes. A new concept of *Amrit Kaksha* has been developed by Govt. of Rajasthan, which means that a room should be available next to the delivery room devoted exclusively to give the baby the first one hour with the mother in skin-to-skin contact. The first Golden Hour is thus guaranteed to the baby.

Women face many barriers to breastfeeding. They may receive inaccurate information from health providers, lack lactation support within the household, have no access to skilled breastfeeding counseling, face aggressive marketing of breastmilk substitutes, or are forced to return to work shortly after giving birth. Women need support to be able to breastfeed optimally. Mother must be cocooned by positive thoughts, positive words, positive actions and proactive behavior. The cocooning needs to

be implemented by husband, parents, obstetrician, pediatrician and people at workplace. Elderly persons and the neighbors should refrain from making negative comments.

A confident mother alone can breastfeed the baby confidently, and get **DNB (Diploma in Nurturing and Breastfeeding!)**. This confidence has to be instilled into the mother by a confident pediatrician and an obstetrician. Confidence comes through knowledge and to make our members knowledgeable, Indian Academy of Pediatrics (IAP) is shortly launching an online course on human lactation management. As the pediatricians and obstetricians are usually too busy to spend a lot of time with the mother, trained lactation counselors or lactation consultants are very useful in tackling breastfeeding problems. More and more persons should take up this course. Counseling has great role to play in successful breastfeeding. Remember that in Mahabharata, *Pandavas* were only five in number while *Kauravas* were hundred. But finally *Pandavas* won. The victory was possible because of Krishna – a great counselor!

Complementary feeding is another area where a lot needs to be done. Very commonly, solids are advised from 4 months (even 3 months at times!). The age old fluids – *dal* water, rice water, fruit juices – are still advocated and even prescribed on files. There are definite recommendations by WHO, UNICEF and IAP on these issues. No place for individual whims now! One should not give a positive nod to the mother keen to put the baby on complementary feeds at the end of 4 months because of no growth advantage of early introduction, increased risk of diarrhea and weight loss, and displacement of breastmilk that can affect total duration of breastfeeding. Breast milk should be continued along with complementary foods at least till second birthday.

Many pediatricians' files still show how to use a feeding bottle with pictures and description with hardly any message on breastfeeding! I suggest that every pediatrician should print recommendations of the Infant and Young Child Feeding (IYCF) chapter of IAP [3] on the file.

In the society, there are many misconceptions related to breastfeeding. In 1987, we, a group of 15-20 pediatricians from Pune started an activity called '*Parivartan*' for eradication of such blind faiths. Kangaroo Mother Care (KMC) is a simple method where the infant is placed in an upright position on the upper part of mother's bare chest, in between the breasts. Mother's own body temperature keeps her infant warm. KMC includes Kangaroo Father Care (KFC) too! KMC is particularly useful for nursing low birth weight infants. In addition to providing **ATM (Any Time Milk)** for the baby, it satisfies all the five senses of the baby and helps in overall better development. Immediate benefits of KMC include prevention of hypothermia, early physiological stability in terms of stable heart rate and respiration, better breastfeeding and growth, secure feeling, better mother infant bonding, and prevention of infections. Long term benefits include successful exclusive breastfeeding rate, good weight gain, and better IQ and brain growth.

The strategy used by us to educate parents is very simple. On every Monday, before pediatric outpatient services start, the nurse

in-charge writes a few sentences about a faith on a blackboard. Parents read it and discuss it among themselves. This informal discussion and sharing of thoughts followed by small speech by the nurse/lady pediatrician has a great influence. They address the scientific view regarding a particular faith in simple and local language. Pediatricians' words and opinions are often respected by parents, and one can implement *Parivartan* to help parents change their mindset. The *Hirkani Kaksha* is conceptualized by Maharashtra branch of Breastfeeding Promotion Network of India, and adopted by the government of Maharashtra. It provides a separate place for the mother to breastfeed (or express breastmilk) at public places like bus stations, railway stations and offices. It should have a comfortable seating environment for the mother with full privacy and security.

Over the years, the month of August has become synonymous with breastfeeding promotion for pediatricians. This year's Breastfeeding week focuses on 17 SDGs that governments around the world have agreed to achieve by 2030 [4]. No one else but we pediatricians are going to be an important part of the team to sustain the development. The Lancet series [5] shows how essential the protection, promotion, and support of breastfeeding is for the achievement of many of the sustainable goals like 'no poverty', 'zero hunger', 'good health and well-being', 'quality education', 'decent work and economic growth', 'reduced inequalities' and 'Climate Action'.

My 'position' as President of IAP and 'attachment' with promotion of breastfeeding will be of some worth only if IAPians remember **PRAMOD** and become **Proactive**, are **Ready** to give time, get **Academically** perfect in the science of breastfeeding, **Motivate** the mothers and paramedics, convince the **Obstetricians**, and **Discard** bottles and tins. Breastfeeding is an eternally natural phenomenon. Let each one of us pledge that 'as an IAP member, I will 'exclusively' try to Initiate, Advocate and Protect breastfeeding, and act fast before babies go on *stanyagraha!*'

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