Breastfeeding -Why are We Still Failing?

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"Breastfeeding is the most precious gift a mother can give her infant. When there is illness or malnutrition, it may be a life saving gift; when there is poverty, it may be the only gift."

Ruth Lawrence

Global public health recommendations on breastfeeding by WHO clearly state that, "infants should exclusively breastfeed for the first six months of life to achieve optimal growth, development and health.Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. Exclusive breastfeeding from birth is possible except for a few medical conditions, and unrestricted exclusive breastfeeding results in ample milk production" (55th World Health Assembly A55/15 16 April 2002).

It is well documented that breastfeeding is savior for infants.It is one of the most important components of the strategy to reduce under-5 mortality apart from its other socio-economical, immunological,biological, pertaining to intelligence and therapeutic benefits.

THE IRONICAL FACTS

Even with all strategies and tactics for four decades or so, we are still struggling to normalize the breastfeeding rates. Twenty six million children are born every year and 20 million of them do not get exclusive breastfeeding for first six months. Thirteen million do not get good, timely and appropriate complementary feeding after 6 months with continued breastfeeding. Only 25% of newborns were put to breast in first hour. Less than 46% under six months get exclusive breastfeeding. Only 1/3rd (33%) get any anganwadi services; and only 25% get food from ICDS. Out of 135 million babies born each year, >90 million are not exclusively breastfed for first 6 months. Twenty percent of under-5 suffer from wasting due to acute undernutrition (1/3 of entire world's children). Forty three percent of under-5 children are underweight and 48% are stunted. Chronic undernutrition affects 30% children globally. State wise situation of early initiation of breastfeeding within 1 h of birth as per NFHS-3 (2005-06) is shown in **Fig 1.** We are way behind the target to increase exclusive breastfeeding for first 6 months – from current 37% (2006-2010;WHO) to 50% by 2025.

WHY ARE WE FAILING?

In spite of all policies and strategies applied to promote, protect and normalize breastfeeding, we are not able to achieve targeted goal. The reasons are multifactorial.

*Cultural and traditional practices***:** Babies are wrapped up and kept away from mother, disallowing skin to skin contact, colostrum is still considered as witch's milk. Some maternity facilities still have the baby cradle and do not practice 'bedding-in' with mother, to prevent SIDS. Dais promote pre-lacteal feeding and the mother is allowed to rest and recover.

Illiteracy in mothers: They are not able to take advantage of the available written literature; and thus are unable to: follow the advice of community health workers; to seek medical advice about feeding difficulty; to break away from wrong tradition; to introduce complementary home-made foods at the correct age; and to avoid gender discrimination in families.

*No antenatal counseling:*Negligible to expectant mothers

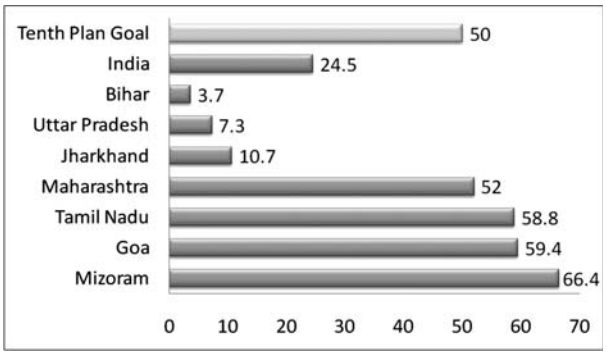

FIG. 1 *State wise situation of early initiation of breastfeeding within 1 hour of birth, NFHS-3 (2005-06). Figures are in per-centage.*

and families. Questions, doubts and concerns are never addressed. There is no assistance or support for decision making with regard to feeding options by working mothers and HIV positive mothers.

*Inadequate outreach of healthcare systems in semi-urban and rural areas:*Early problems of breastfeeding may hinder successful let down, and establishment of breastfeeding. These need to be recognized early and dealt with promptness, patience, empathy with correct medical measures.

Insufficient stress on training of optimal IYCF practices in UG teaching: IYCF is not taught at UG level as an important child survival strategy. Undergraduates are also not trained to help mothers to successfully breastfeed or deal with problems. MBBS doctors and those from other branches of medicine readily prescribe feeding bottle and formula.

Inappropriate stress on Infant and young Child Feeding (IYCF) in PG teaching: IYCF is taught inadequately to postgraduates. Very few pediatricians are willing to be trained in lactation management, as it is not financially rewarding. Many male paediatricians are shy of helping mothers and many conservative mothers are shy of sharing their feeding concerns with male doctors.

The staff is not sensitized and is untrained too: Medical and paramedical staff is untrained for providing needed guidance and help. They are unaware of the benefits of breastfeeding hence do not advocate it with conviction. When a mother has a problem, bottle and formula are prescribed with impunity as the 'easy way out' for everyone.

Lack of family support: Families are often more interfering than supportive of breastfeeding due to their thoughts and views which are most often unscientific and dogmatic.

Working mother: They do not get 6 months maternity leave; there is no support for breastfeeding in nuclear families, no proper training of breastmilk expression, storage and reuse. Workplace is not mother and baby friendly. Many mothers are happier to bottle feed.

Infant milk substitutes: Unethical advertising and aggressive promotion of baby foods by commercial industries as being superior, easily available, widely advertised, convenient to use.

Government policies: While the Government does plenty, maybe it is not enough to create a mother and baby friendly environment to support, protect and promote breastfeeding and complementary feeding. The private sector which employs women should also adopt policies to support mothers.

To summarize, we are failing in breastfeeding endeavors because of the following reasons:

- Lack of proper information to mothers;
- Lack of counseling on feeding of infants;
- Lack of proper feeding skills;
- Inadequate health care support;
- Inability of health care providers to help mothers experiencing breastfeeding difficulty;
- Aggressive promotion of baby foods by commercial industries; and
- Lack of proper support structures at community and work place like maternity entitlements and crèches.

GOALS YET TO ACHIEVE

The target set by WHO – MDG is to increase exclusive breastfeeding for first 6 months – from current 37% (2006-2010;WHO) to 50% by 2025. We as a pediatrician, as a true IAPian are the forerunner in the implementation of any strategy set for the child welfare. The strategies to ensure exclusive breastfeeding can be strongly advocated are as follows:

- Protection of mothers' right to breastfeed.
- Promotion of breastfeeding through channels such as education and social marketing such as print and electronic media.
- Support of breastfeeding through a variety of initiatives, programs and policies.
- Endorsing breastfeeding as integral part of medical science and health.
- Monitoring and evaluation of breastfeeding rates and duration to generate data in favor to strengthen the ongoing strategies.

A policy to improve the health and well-being of mothers and babies in India is firmly recommended through breastfeeding. It is one of the most effective and economic preventive measures a mother can take to protect the health of her infant. Therefore our overall aim is to protect, promote, support and normalize breastfeeding in the next 10 years and beyond. This can be achieved through active support from their families, friends, communities, clinicians, health care providers, employers, policymakers, stakeholders and above all We pediatricians.