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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

INTERNATIONAL POCENAE OF ADVANCED RESEARCH STARP

Article DOI:10.21474/IJAR01/11467 **DOI URL:** http://dx.doi.org/10.21474/IJAR01/11467

RESEARCH ARTICLE

A STUDY TO ASSESS THE BABY FRIENDLY BREASTFEEDING PRACTICES AMONG POSTNATAL MOTHERS ADMITTED IN SELECTED HOSPITAL, WEST BENGAL

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Manuscript Info

Manuscript History

Received: 05 June 2020 Final Accepted: 10 July 2020 Published: August 2020

Abstract

A descriptive study were done to assess the compliance of breastfeeding activities with parameters of BFHI (Baby friendly hospital initiative) among 248 postnatal breastfeeding mothers admitted in postnatal wards of College of Medicine & JNM Hospital, Kalyani, Nadia. Non probability purposive sampling technique was used . Questionnaire for Non-Breastfeeding Mother (UNICEF) was used. There was 100% awareness of risks for having water, formula or other supplements to baby on the contrary there was nobody who received information about alternatives of dealing with pain during labour. 66.93% mothers had knowledge of importance of rooming in of the baby. After delivery 100% mothers did exclusive breastfeeding. Exclusive breastfeeding among mothers was influenced by mother's age, ethnicity and educational status. Interventions emphasizing practical education should therefore be targeted at addressing factors that influence exclusive breastfeeding.

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Introduction:-

"A newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three." – Grantly Dick-Read

Breastfeeding is the ideal food to promote healthy growth and development of infants providing physiological and psychological advantages for both mother and the child [1, 2] and lowering the risk of mortality from infectious disease in the first 2 years of life [3]. The Indian government has always been promoting the global recommendations for optimal infant and young child feeding (IYCF) suggesting an early initiation of breastfeeding, exclusive breastfeeding (ExcBF) for the first 6 months of life, and introduction of solid thereafter with continued breastfeeding up to 2 years [4]According to the National Family Health Survey (NFHS-4) 2015-16, ever breastfeeding is almost universal in West Bengal, however still only every second child (52%) under 6 months is exclusively breastfed. Similarly, the initiation of breastfeeding within the first day of life is performed in the majority of children (98%), but merely half (48%) of all children are put to the breast within the first hour of life as recommended. 11% of children received pre-lacteal feedings during the first 3 days postpartum. Breastfeeding is continued at 1 year (97%), up to 2 years (92%) by the majority of mothers. [5]Globally, India has the highest underfive mortality (0.9 million deaths in 2016), attributable to an array of factors such as poverty, poor water and sanitation, poor healthcare access and non-EBF [6, 7]. Between 2005 and 2016, past national studies from India reported an improvement in EBF prevalence by 9.0% (from 46.0 to 55.0%) [8].

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Literature review shows that there is limited data available on infant feeding practices among the postnatal mothers in West Bengal. In order to obtain more detailed data on thebaby friendly feeding practices, the present study was conducted. Thereby enhanced educational and supplementary strategies can be designed.

Objectives Of The Study:-

To assess the compliance of breastfeeding activities with parameters of BFHI (Baby friendly hospital initiative) among breastfeeding postnatal mothers admitted in postnatal wards.

Methodology:-

In this quantitative descriptive research study, Descriptive Research Design was used to to assess the baby friendly breastfeeding practices among 248 postnatal mothers admitted in postnatal ward of selected hospital, kalyaniWest Bengal. The sample was selected by non convenient Purposive sampling technique. Only primigravida mothers are included and Postnatal mothers whose newborns are admitted in SNCU and NICU were excluded in the study. The study synopsis was approved by the Institutional Ethics Committee of College of Medicine & JNM Hospital, Kalyani, Nadia. Questionnaire for Non-Breastfeeding Mother (UNICEF) was used. The questions was asked to postnatal mothers at their dischargeand duly filled up by the researchers.

Result:-

In the present research study among 248 postnatal mothers, delivered by normal vaginal delivery, by Caesarean section.240 babies had body weight more than 2500 gm and 8 babies were having low birth weight. Data presented in fig.1 pie diagram shows antenatal visit frequency of postnatal mothers admitted in selected setting. 20% mothers did 7 times antenatal visits but 8% mothers did once in course of pregnancy. As per fig 2, During antenatal visits, there is the variation of receiving information among mothers. Only 8% mothers were aware that presence of companion of choice during labour or birth is allowed; 20 postnatal mothers were aware of importance of skin to skin contact with baby immediately after birth; though all were tested, only 58 mothers had knowledge regarding importance of testing and counselling for HIV. There was 100% awareness of risks for having water, formula or other supplements to baby on the contrary there was nobody who received information about alternatives of dealing with pain during labour. 66.93% mothers had knowledge of importance of rooming in of the baby. After delivery 100% mothers did exclusive breastfeeding. There was variation in ability of expressing breast milk among mothers.74.19% mothers were partly abled but 25.8% were fully abled. All subjects confirmed three issues that no other foods given to their baby either breast milk, baby did not suck any pacifier in maternity unit and no leaflet of formula feeding was distributed to mothers and/or their family members. Table 3 depicts that 98.39% babies were wrapped much with cloth but 1.61% had skin to skin contact. 25.1% mothers did not have their baby with them (was with family members) but its good that 74.19% babies were with their mothers' day and night. In 100% cases staff did not give any advice regarding how long baby should suckle and nobody encouraged mothers to look for signs that the baby was ready to feed and offered help with breastfeeding. But in 100% cases, Staff provided information about expressing breast milk by hand and help was offered before 6 hours of birth and in case of discharge from hospital.



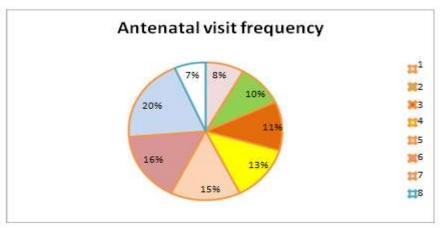


Figure 1:- Pie diagram on antenatal visit frequency.

N = 248

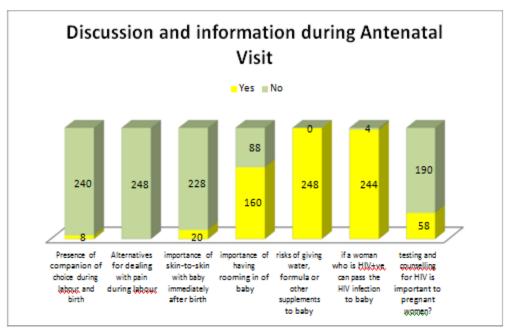


Figure 2:- Column diagram showing discussion and information during antenatal visit.

Discussion:-

The purpose of the study to assess the compliance of breastfeeding activities with parameters of BFHI (Baby friendly hospital initiative) among breastfeeding postnatal mothers admitted in postnatal wards. The results of the study were discussed according to the objectives of the study. There are some literatures available on same topic but the area is different. In the present research study among 248 postnatal mothers, delivered by normal vaginal delivery, by Caesarean section.240 babies had body weight more than 2500 gm and 8 babies were having low birth weight. Data shows antenatal visit frequency of postnatal mothers admitted in selected setting, 20% mothers did 7 times antenatal visits but 8% mothers did once in course of pregnancy. During antenatal visits, there is the variation of receiving information among mothers. Only 8% mothers were aware that presence of companion of choice during labour or birth is allowed; 20 postnatal mothers were aware of importance of skin to skin contact with baby immediately after birth; though all were tested, only 58 mothers had knowledge regarding importance of testing and counselling for HIV. There was 100% awareness of risks for having water, formula or other supplements to baby on the contrary there was nobody who received information about alternatives of dealing with pain during labour. 66.93% mothers had knowledge of importance of rooming in of the baby. After delivery 100% mothers did exclusive breastfeeding. There was variation in ability of expressing breast milk among mothers.74.19% mothers were partly able but 25.8% were fully able. All subjects confirmed three issues that no other foods given to their baby either breast milk, baby did not suck any pacifier in maternity unit and no leaflet of formula feeding was distributed to mothers and/or their family members. Data reveals that 98.39% babies were wrapped much with cloth but 1.61% had skin to skin contact. 25.1% mothers did not have their baby with them (was with family members) but it's good that 74.19% babies were with their mothers' day and night. In 100% cases staff did not give any advice regarding how long baby should suckle and nobody encouraged mothers to look for signs that the baby was ready to feed and offered help with breastfeeding. But in 100% cases, Staff provided information about expressing breast milk by hand and help was offered before 6 hours of birth and in case of discharge from hospital.

Conclusion:-

Mothers were adequately informed about exclusive breastfeeding. There was 100% awareness of risks for having water, formula or other supplements to baby on the contrary there was nobody who received information about alternatives of dealing with pain during labour. 66.93% mothers had knowledge of importance of rooming in of the baby. After delivery 100% mothers did exclusive breastfeeding. Exclusive breastfeeding among mothers was influenced by mother's age, ethnicity and educational status. Interventions emphasizing practical education should therefore be targeted at addressing factors that influence exclusive breastfeeding.

Conflict of interest:

None.

Reference:-

- 1. Horta BL, Bahl R, Martines JC, Victora CG. Evidence on the long-term effects of breastfeeding: systematic reviews and meta-analyses. Geneva: WHO; 2007. p. 52. ISBN 978 92 4 159523 0.
- 2. vanRossum CTM, Büchner FL, Hoekstra J. Quantification of health effects of breastfeeding Review of the literature and model simulation. RIVM Report 350040001. Access date 12 Apr 2019.
- WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. Lancet. 2000;355:451–5.
- 4. National guidelines on infant and young child feeding. Ministry of Human Resource Development, Department of Women and Child Development (Food and Nutrition Board) Government of India. 2004.
- 5. IIPS. National Family Health Survey (NFHS-4), India, 2015–16: West Bengal. Mumbai: IIPS.: International Institute for Population Sciences (IIPS) and ICF; 2017.
- Gakidou E, Afshin A, Abajobir AA, Abate KH, Abbafati C, Abbas MK, et al. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the global burden of disease study 2016. Lancet. 2017;390:1345– 422.
- 7. Forouzanfar MH, Afshin A, Alexander LT, Aasvang GM, Bjertness E, Htet AS, et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. The Lancet. 2016;388:1659–
- 8. Ministry of Health and Family Welfare, International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-4), 2015–16. Mumbai, India: Ministry of Health and Family Welfare, 2018.