Review Article

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Breast Feeding-A Boon or Bane for New Borns

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Abstract

While breastfeeding is nearly universal and it is first immunization for the baby. Health professionals recommend that breastfeeding begin within the first hour of a baby's life and it be allowed as often and as much as the baby wants. It helps to improve immunity and to address mortality and morbidity related to major problems e.g. malnutrition, neonatal infections, diarrhea, jaundice and pneumonia etc.

Keywords: Newborn Care; Infant Feeding; Breast Feeding.

Review of Literature

Human milk is different from that produced by animals. The main ingredients, water, protein, fat, lactose, minerals and vitamins are available in the right proportion. It is increasingly realized that breast milk contains all the nutrients, a healthy child needs. It is rich in anti-infectivesubstancesand provides the baby with best protection against diarrhea infections; food allergies etc. and thus reduce infant mortality.According to Dr. Felicity Savage from leads university, U.K. - 'The nutrients in breast milk are specific for the human body. Theyneed polyunsaturated fats for building the nervous system and the brain.Comprising with the cow's milk he further, says the cow's milk containssaturated fats, which may cause heart disease later on, it also containscomparatively more proteins intended for a calf s rapid body growth.Whereas breast milk contains just enough protein with the right balance ofamino acids needed for human beings." (IBFAN,FORUM Report, Oct,1989).

According to SushrutSamhita (Sus. Sam. Sar.Ch.10-17 &27), In India breast Feeding have not only great nutritional value for the child but it has also emotional and cultural value for the child,mother and society. Culturally it has been defined as a debt to be repaid to the mothers by sons. Various local practices promote breastfeeding and treat it as an ideal, pure natural feed for the infant.Guerrini P (1994) has made a comparative study using fortified human milk and high-density formula with two different groups of infants. It shows that the infants receiving fortified human milk showed better growth and biochemical profiles comparable to those receiving high energy density formulas. Researchers suggest that, breastfeeding way help to protect against sudden infant death syndrome (SDS). Antibodies passed from mother helps in protecting baby from some common problems such as ear infections diarrhea, allergies, pertussis and cough due topneumonia and other respiratory infusion. Enzymes and other substance in breast milk make digestion somewhat easier and aid in the absorption of nutrients.

Bandekar SB et al. (1994) in their study on 4879 samples find out that 96.0% of infants of <4 months old receiving breast milk among them only 37.0% are exclusively breastfed. Timely complementary feeding rate was only 0.48 % and around 23.0% mothers feed their infants with bottles.

Enrique R et al. (1992) reported in his study that, actual infant feeding practices at two weeks were 3% breastfeeding only; 19% bottle feeding only; 51% combining breastfeeding with bottle feeding using

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formula; 23% combining breastfeeding with bottle feeding using a non-milk product and 4% combining breast feeding with using a non–formula milks. At two weeks 95% of the mothers gave their infants non-milk products most often tea (95%), grapes syrup, water (52%), rice or cereal water (13%) and honey (7%) etc.

According to Ladas (1970), for successful breast-feeding, the mother needs information advice, practice, encouragement and support The facilitating conditions for breast-feeding are most effectively provided on an interpersonal and intimate basis. It is therefore, understandable that until recently as Raphael (1976) has observed, in most cultures young women depended on the experienced females in the extended family or other immediate social groups for information and support for successful breast-feeding.

Studies by Becon and Wylie (1976) indicated a positive correlation between a women's success in breast-feeding and her husband's positive attitude towards breast-feeding. In many other societies, breast-feeding is deeply rooted in the cultural matrix. Very often, cultural values establish people's general attitude towards breastfeeding and number of norms and practices are there that may help or hurt breast-feeding

A negative correlation between education and duration of lactation is reported in several studies (Jain &Bonga Arts, 1981;Butz and Davanzd, 1981; Saxena, 1977). It is observed that, in general, educated mothers breast-feed for shorter duration. However, in recent years a reverse trend is emerging even in the developed countries and also in the economically better-off families in the developing countries. Perhaps, they are convinced of the advantages of breast-feeding.

Generally, for the first few days (1-3days) lactation does not occurs among most of the new mothers. Therefore, as some of the studies shows (T Rao,1957; Anand& Rama Rao,1962) normally, almost all over India in different communities a variety of material used as first feed in different composition, with different reasoning, purpose and explanation. It is well recorded by different scholars that Prebreast feed is given to maintain newborn hydration and nutrition, to improve his immunity and to promote its cognitive development. There are several cultural significance and values also involved with the practice. One of the study (Mira, Sadgopal,1996) has summarized all the prevalent pre breast feeds from different parts of the country. Accordingly, cow milk and then Goat milk are the most common prelacteal feed followed by honey and sugar water.

Hirwarkaret al. (1999) in their cross sectional study on 176 rural mothers found that prelacteal feeding was practiced by 47.7% mothers. Among them 64.1% from joint families and literate group 67.9% were giving prelacteals to their babies. A statistically significant association was observed between prelacteal feeding and type of family and educational status (Illiterate) ($p<0.01$). Honey (85.7%) water (54.8%) Cow's milk (19%) and jaggary (14%) was used as prelacteal feed. Reasons for giving prelacteal were tradition and culture (28.6%), grandmother's advice (58.3%) and first feed of infant (13.1%).

Haider R (1999) conducted a study on 1100 lower middle class mothers in Dhaka, with infants aged 0-6 months. Although 99% of mothers fed colostrums within 3 days of delivery, 92% also gave one or more traditional prelacteal, and 68% gave post lacteal. Olcolo SN et al. (1999) in their study on 310 mothers in five rural communities in Nigeria, find out that the practice of discarding colostrums and replacing it with a wide range of prelacteal feeds and late initiation of breastfeeding has implications for health education programs and neonatal feeding strategies.

As some of the studies (Raoet al.,1972; Ojha,1979) show colostrums rejection as well as its use both are prevalent as tradition in different communities. The study conducted by lokSwastya Parampara SamvardhanSamiti and CHETNA, Ahmedabad (HerHealing Heritage,1996) shows that in the states of Bihar, Maharashtra, Karnataka, Kerala, Orissa, Tamilnadu and West Bengal most of the women do not remove colostrums whereas in UP, MP, Rajasthan Gujrat and in some parts of the Karnataka, Bihar, Tamilnadu and West Bengal women did remove colostrums but not in a fixed amount. Sometimes it is one, two, or five teaspoonful because the first milk is stored in the body for a long and is stale. It is also squeezed to ensure a clean and clear passage and to avoid the first secretion causing colic or diarrhea to the infant.

Bhosale N A et al. (1997).in their clinic based cross sectional study reported that 62.67% of children, breastfeeding initiated within 24 hours, after birth. About 22% mothers used prelactealfeedband 70% mothers preferred demand feeding.

Ray (1997) in their study in a slum area of Varanasi found that only 3.5% of the mothers started breastfeeding on the first day majority (80.4%) of the mothers started it on the third day onwards andb16.1% on the second day. Reasons for delayed breastfeeding were elicited and it was found that in 58.7% mother's milk secretion was absent. 33.8% mothers said that it was traditional while in 7.5% subjects mother's illness was responsible for delayed

breastfeeding.

In India, mothers are not always clear or aware that complementation and replacement of breast milk are two separate components of the weaning process. Thus mothers rarely advised how to achieve complementation that is to avoid unintentionally replacing breast milk by proceeding so much additional food and fluid that breast milk production is reduced. It is assumed that the breast milk quantity gradually declines from high levels a few months after delivery to low levels a few months later, and that both these levels are somehow biologically predetermined rather than the result of largely behavioral factors.

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