

EXCLUSIVE BREAST FEEDING PRACTICE

Mudhawaroh

Program Studi Magister Keperawatan Minat Keperawatan Maternitas
Stikes Pemkab Jombang
Email: dindhamudha@yahoo.co.id

ABSTRACT

Introduction: Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to households and societies. The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development, and health. Exclusive Breast Feeding (EBF) is defined as infant feeding with human milk without the addition of any other liquids or solids. The benefits of breast-feeding, to both mother and baby, have long been recognized. Despite strong evidences in support of EBF for the first six months of life, its prevalence has remained low worldwide and it is estimated that only about one-third of infants were exclusively breastfed for the first six months of life. **Method:** The method used database journals in PubMed, ProQuest and Cochrane that used the keywords; after the data obtained was reviewed journal research was conducted. Search result found 116 journals but in accordance with the topic was 5 journal with a span of 2015 – 2016. **Result:** breastfeeding promotion interventions in developing countries have been shown to result in a six fold increase in exclusive breastfeeding rates at six months. Educational status, age, antenatal and postnatal follow up, resident and place of delivery were predictors of suboptimal breastfeeding. Integrated and targeted interventions were recommended to achieve a better outcome in minimizing the late initiation, non-exclusive and early cessation of breastfeeding. **Conclusion:** A greater understanding of barriers to initiating and sustaining breastfeeding, some of which are socio-economic-specific, may assist in reducing inequalities in infant breast-feeding. The level of exclusive breast-feeding was low. Thus, it is important to provide prenatal education to mothers and fathers on breast-feeding. And recommend strengthening the public health education campaigns to promote exclusive breast-feeding.

Keywords: Exclusive breastfeeding, breast feeding practice

INTRODUCTION

Breastfeeding is the biological norm for the human species, and milk alternatives have the potential to negatively impact infant and maternal health. Breast-feeding is associated with positive maternal and infant health and development outcomes. Breast milk meets the infant's needs by providing nutrients appropriate to the infant's developmental stage, as well as growth factors, antimicrobial peptides, and proteins to support their developing immune system. This highlights the importance of the initial period after birth and emphasizes the need for strategies to ensure normal infant growth and development. Mother–infant contact, latching and suckling, drive human milk production and support successful

breastfeeding. The benefits of breastfeeding are well documented. In addition to providing all necessary nutrients for the young infant's growth and development; it also confers several health advantages. World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 months of life, with continued breastfeeding until the age of 2 years or more.

Globally, over one million newborn infants could be saved each year by initiating breastfeeding within the first hour of life. In developing countries alone, early initiation of breastfeeding could save as many as 1.45 million lives each year by reducing deaths mainly due to diarrheal diseases and lower respiratory tract infections in children. Under-five deaths are increasingly

concentrated in Sub-Saharan Africa and Southern Asia, while the share in the rest of the world dropped from 31 % in 1990 to 17 % in 2011. This clearly shows that over half of the MDG countries, including the above two are not on track to meet this target. To achieve the fourth MDG, infant breastfeeding has been identified as one of the major intervention areas both globally and nationally. The World Health Organization (WHO) recommend optimal breastfeeding; that newborns should have early initiation of breastfeeding within one hour after birth (timely initiation of breastfeeding), exclusive breastfeeding (defined as no water, other fluids or foods with the exception of drops or syrups consisting of vitamins, minerals supplements, or medicines for six months) and continued breastfeeding for two years or beyond with the addition of timely, adequate, safe and properly fed complementary foods. Also, breastfeeding should be on demand, as often as the child wants day and night; and bottles of pacifiers should be avoided. Currently, the global rate of exclusive breastfeeding under six months of old is 37 %. One third of children under six months of age in developing countries are exclusively breastfed and only 39 % of newborns in the developing world are put to the breast within one hour of birth. In developing countries, the lack of exclusive breastfeeding for six months and absence of breastfeeding for infants 6 to 23 months increased diarrheal disease and associated morbidity and mortality which is the second leading cause of death for under five children.

RESEARCH METHOD

The search strategy study of English language that are relevant to the topic conducted using PubMed, ProQuest and Cochrane restricted from 2015 – 2016. Key word used were exclusive breast feeding practice. Fulltext articles and abstract were reviewed to choose studies fit the criteria. criteria for inclusion in this review was exclusive breast feeding and breast

feeding practice. Based on the results of search using the keywords, it found 116 journals. The article was used as further samples are identified and presented in table 1.

DISCUSSION

According to the American Academy of Pediatrics, the World Health Organization, United Nations International Children's Emergency Fund, and the Center for Disease Control (CDC), exclusive breastfeeding is recommended for the first six months of life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age, and continuation of breastfeeding for up to two years and beyond or as long as mutually desired by mother and baby. In a systematic review of over 400 individual studies, breastfeeding was associated with a range of short- and long-term health outcomes including a reduction in the risk of acute ear infections, asthma (in young children), atopic dermatitis, gastrointestinal infections, respiratory tract diseases, obesity, type 1 and 2 diabetes, childhood leukemia, sudden infant death syndrome in term infants, and necrotizing enterocolitis in preterm infants. Unfortunately, breastfeeding initiation and continuance rates in the United States are alarmingly low. According to the 2014 report card of the CDC, 79% of US babies were ever breastfed and only 41% of babies were exclusively breastfed at three months of age. While some European countries, including Portugal, Latvia, Slovenia, Switzerland, and the Czech Republic, report breastfeeding initiation rates above 95%, others perform very poorly on this indicator. The most recent European Perinatal Health Report lists Ireland as the country with the lowest breastfeeding initiation rates (54%). In addition, there is a steep drop in exclusive breastfeeding in the first few months with 19% of mothers reporting exclusive breastfeeding at three months and a further 15% practicing mixed-feeding. By six

months, only 13% of Irish mothers are still exclusively breastfeeding.

Breastfeeding is fundamental to lifelong human health. Health care organizations have a public obligation to promote health. Yet, it is well established that many traditional hospital maternity care practices undermine exclusive breastfeeding. More than 85% of US mothers entering the hospital intend to exclusively breastfeed, but only 32% of these mothers meet this goal after hospital discharge. Seventy-eight percent of US hospitals inappropriately supplement infant formula to breastfed infants. Hospital supplementation of breastfed infants is associated with delayed onset of copious milk production and shorter duration of exclusive breastfeeding. Separation of mothers and infants by using a centralized nursery not only inhibits establishment of breastfeeding but also promotes inappropriate use of formula and artificial nipples as hospital staff deal with fussy, hungry babies in the absence of their mothers. Lack of prenatal breastfeeding education leaves mothers with the impression that formula-feeding and breastfeeding are equivalent options for their infant. Without guidance and support from hospital staff during breastfeeding, mothers often give up or come to the misguided conclusion that they or their infants cannot breastfeed. Recognizing the impact these and other hospital practices have on breastfeeding, UNICEF and the WHO developed the 10 steps to successful breastfeeding. By reforming maternity care practices through the implementation of these 10 steps, breastfeeding rates have more than doubled in participating facilities. Having a written breastfeeding policy, training the staff to assist patients with breastfeeding, keeping mothers and babies together continuously from birth, eliminating inappropriate use of formula and artificial nipples, encouraging cue-

based unrestricted breastfeeding, and ensuring continued support for the breastfeeding mother after discharge transform maternity care to allow the establishment of successful breastfeeding.

Breastfeeding has declined worldwide in recent years, as a result of urbanization and maternal employment outside the home. Studies in India have also shown a decline in breastfeeding trends, especially in urban areas. Early initiation of breastfeeding is not seen in over 75% of the nation's children and over 50% of children are not exclusively breastfed. Hence, the low figures for early initiation of breastfeeding in India are a matter of urgent concern. Although, the practice of breast feeding is influenced by various social, cultural and religious beliefs, maternal infant feeding attitude has been shown to be a stronger independent predictor of breastfeeding initiation. In addition, maternal positive attitudes toward breastfeeding are associated with continuing to be breastfeeding longer and have a greater chance of success. On contrary, negative attitudes of women toward breastfeeding is considered to be a major barrier to initiate and continue to breastfeeding.

CONCLUSION

A greater understanding of barriers to initiating and sustaining breastfeeding, some of which are socio-economic-specific, may assist in reducing inequalities in infant breast-feeding. The level of exclusive breast-feeding was low. Thus, it is important to provide prenatal education to mothers and fathers on breast-feeding. And recommend strengthening the public health education campaigns to promote exclusive breast-feeding.

Continuous advocating of exclusive breastfeeding and early initiation of breastfeeding by the health care providers

Table 1

Title	Author/ year	Design	Population and sample	Intervention	Control	Random	Outcome	Result
Knowledge, attitude, and breast feeding practices of postnatal mothers: A cross sectional survey	Poreddi Vijayalakshmi, Susheela T, Mythili D/ 2015	Review information	postnatal mothers at Pediatric outpatient department at a tertiary care center	No	No	Yes	postnatal mothers	most of the mothers (88.5%) were breastfeeding their infants, merely 27% of the mothers were exclusive breast feeders and 36.9% initiated breastfeeding within an hour of delivery
The Influence of Early Infant-Feeding Practices on the Intestinal Microbiome and Body Composition	Aifric o'sullivan, Marie Farver and Jennifer t. smilowitz / 2015	Review information	postnatal mothers	No	No	No	postnatal mothers	obesity risk and duration of exclusive breastfeeding consistently report a protective effect when formula

in Infants								is delayed
High educati on and increase d parity are associat ed with breast- feeding initiatio n and duration among Australi an women	Natalie Holowko, Mark Jones, Ilona Koupil, Leigh Tooth and Gita Mishra/ 2016	Prospec tive cohort study	Parous women from the Australia n Longitudi nal Study on Women's Health	No	No	No	wome n breast -fed their first, secon d and third child for at least 6 month s	Women with a low educati on or a very low- educate d parent had increas ed odds of not initiatin g breast- feeding with their first or subsequ ent childre n. While fewer women initiate d breast- feeding with their younge st child, this was most pronou nced among high- educate d women.
Determi nants of subopti mal	Teklemar iam Gultie and	cross section al study	women breast-fed	No	No	No	wome n breast -fed	The prevale nce of late

breastfeeding practice in Debre Berhan town, Ethiopia:	Girum Sebsibie/ 2016								initiation of breastfeeding, not exclusively breastfeeding and early cessation of breastfeeding were respectively
Determinants of Breastfeeding Practice and Success in a Multi-Ethnic Asian Population	Wei Wei Pang, PhD, Izzuddin M. Aris, PhD, Doris Fok/ 2016	Review information	women recruited during early pregnancy	No	No	No	women breast-fed	Duration of any and full breastfeeding were positively associated with breastfeeding a few hours after birth, higher maternal age and education, and negatively associated with irregular breastfeeding frequency	

and
being
shown
how to
breastfe
ed.
Adjusti
ng for
materna
l
educati
on,
breastfe
eding
duratio
n
was
similar
in the
three
ethnic
groups,
but
ethnicit
y
remaine
d a
signific
ant
predict
or of
mode
of
breastfe
eding.

and through different media is important. Health education should be provided to enable the mother to accept behavioral changes towards timely initiation, exclusive breastfeeding and timely weaning of breastfeeding. Preferably as health workers should be able to provide health education on exclusive breastfeeding, so as to improve the achievement of exclusive breastfeeding.

REFERENCES

- Poreddi Vijayalakshmi, Susheela T, Mythili D, Knowledge, attitudes, and breast feeding practices of postnatal mothers: A cross sectional survey, International Journal of Health Sciences, Qassim University, Published Online Oktober – November 2015
- Aifric o'sullivan, Marie Farver and Jennifer t. smilowit, The Influence of Early Infant-Feeding Practices on the Intestinal Microbiome and Body Composition in Infants, Libertas Academica, Publised online November 13, 2015.
- Natalie Holowko, Mark Jones, Ilona Koupil, Leigh Tooth and Gita Mishra, High education and increased parity are associated with breast-feeding initiation and duration among Australian women, Public Health Nutrition, Published Online 9 February 2016
- Teklemariam Gultie and Girum Sebsibie, Determinants of suboptimal breastfeeding practice in Debre Berhan town, Ethiopia: a cross sectional study, International Breastfeeding Journal, Published Online 2016
- Wei Wei Pang, PhD, Izzuddin M. Aris, PhD, et all. Determinants of Breastfeeding Practices and Success in a Multi-Ethnic Asian Population, Birth Issues In Perinatal Care, Published Online 1 March 2016