

## Original Research Article

# Exclusive breastfeeding: awareness, perceptions and practices among antenatal multigravida women

Annal Abhay Vaidya<sup>1</sup>, Priyanka Gupta<sup>2\*</sup>

<sup>1</sup>Department of Obstetrics and Gynaecology, <sup>2</sup>Department of Community Medicine, Seth GSMC and KEM Hospital, Parel, Mumbai, Maharashtra, India

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**\*Correspondence:**

Dr. Priyanka Gupta,

E-mail: [priyanka.gupta369@gmail.com](mailto:priyanka.gupta369@gmail.com)

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### ABSTRACT

**Background:** Breastmilk is considered the most complete source of nutrition for the new-born as it contains all necessary components such as proteins, carbohydrates and fats, water, vitamins and minerals and immunological factors required for the new-born in appropriate amounts. Breastfeeding is advantageous to the infant as well as the nursing mother in many ways. There are various benefits to the new-born both immediate as well as in the long run.

**Methods:** A multiple-choice questionnaire was used to interview the participants during data collection.

**Results:** Using the IBM SPSS version 20 software, descriptive analysis of the categorical variables has been presented using frequency and percentage tables.

**Conclusions:** Though the knowledge about exclusive breast feeding was not extraordinary among the participants, they had a very favourable attitude towards the same. Almost all patients were also extremely receptive and inquisitive during the session for discussion about the same.

**Keywords:** Antenatal, Breastmilk, Multigravida, Exclusive breastfeeding, New-born

### INTRODUCTION

Breastmilk is considered as one of the healthiest, nutrition-rich yet least expensive method of infant feeding. It is a universally accepted fact that breastmilk meets all the nutritional demands of the new-born. Hence the World Health Organization (WHO) has always stressed upon exclusive breastfeeding for the first six months of life, and later also up to the age of two years breastmilk continues to be the essential most nutrition source along with complementary foods.<sup>1</sup> There are extensive benefits of breastfeeding for the new-born as well as for the nursing mother which have been documented from time to time.<sup>2-4</sup>

Breastmilk is considered the most complete source of nutrition for the new-born as it contains all necessary components such as proteins, carbohydrates and fats, water, vitamins and minerals and immunological factors required for the new-born in appropriate amounts. The WHO has defined exclusive breastfeeding as “the infant receives only breastmilk without any additional food or drink, not even water”.<sup>5</sup>

The “Innocenti declaration” also emphasizes the need for breastfeeding to be continued till the age of two years.<sup>6</sup>

Breastfeeding is advantageous to the infant as well as the nursing mother in many ways. It confers many short term and long term benefits to the new-born. It provides the basic immunity against a variety of infections which the

baby is prone to. It improves the motor as well as mental development of the new-born and even helps it to have a higher intelligence quotient (exclusively breastfed infants have an IQ of 8 points greater than those who are not).<sup>7</sup>

Obesity as well as certain metabolic disorders are lesser in later life among exclusively breastfed infants.<sup>8</sup>

Breastfeeding induces a phase of amenorrhea termed as 'lactational amenorrhea' in the feeding mother. With the release of the hormone oxytocin also called as the 'bonding hormone' the bond between the mother and the child is strengthened.<sup>9</sup>

In spite of all the above mentioned benefits, author find that breastfeeding is not practised to the extent that it should be. There are various factors which still hamper exclusive breastfeeding in this society. These can be socio-economic and cultural as well some physical factors in the mother which prevent her from practising breastfeeding.

## METHODS

A study was carried out among antenatal multigravida women attending antenatal outpatient department or admitted in the antenatal ward of this tertiary care centre over a period of 1 year from October 2016 to September 2017.

### Inclusion criteria

Any multigravida patient who had a previous normal vaginal or caesarean delivery with a living issue (up to 2 years of age) was included in the study.

### Exclusion criteria

Multigravida patients with previous still births or neonatal deaths were excluded from the study group.

Data was collected through face-to-face interview using a structured questionnaire. The questionnaire was validated from the experts in the field of obstetrics and Gynaecology, paediatric and community medicine. Also, patients from the antenatal ward and out-patient department who volunteered to answer the questionnaire helped the validation by opining that it was easy to understand and comprehend for the patients.

Aims and objectives of the study are as follows

- To assess the knowledge about exclusive breastfeeding among pregnant women based on their education, socio-economic status and obstetric history.
- To clear the social taboos, myths and misconceptions related to breastfeeding.

- To know the attitudes of pregnant women towards exclusive breastfeeding based on their religion, socio-economic status and education.
- To study the practices about exclusive breastfeeding among pregnant women including the time of starting breastfeeding, positioning during breastfeeding, colostrum feeding, rooming in and to rectify them if required.
- To identify other confounding factors affecting exclusive breastfeeding such as lack of privacy in joint families, employment, medical illnesses restricting breastfeeding (seropositive status), nipple or breast problems, chemotherapy or drug treatment which may restrict breastfeeding and prevalent social taboos.
- To identify the antenatal women who have inadequate/ lack of knowledge, biased attitudes and incorrect practices about breastfeeding and to counsel them about the correct breastfeeding practices.
- If the knowledge about EBF is correctly promoted, it creates a favourable attitude and subsequently leads to better breastfeeding practices.

### Statistical analysis

Number of patients attending antenatal out-patient department and those admitted in antenatal ward of this tertiary care centre/ month was approximately 600 (considering new patients registering in the out-patient department and already registered patients for follow up avoiding repetition).

Total antenatal patients in one year = 3600

$$\text{Sample size 'N'} = \frac{Z^2 (P*Q*N)}{E^2 (N-1) + Z^2 (PQ)}$$

Z= 1.96 for 95% confidence level

P= Assuming 50% of knowledge

Q= 100- P

E= Expected allowable error (5%)

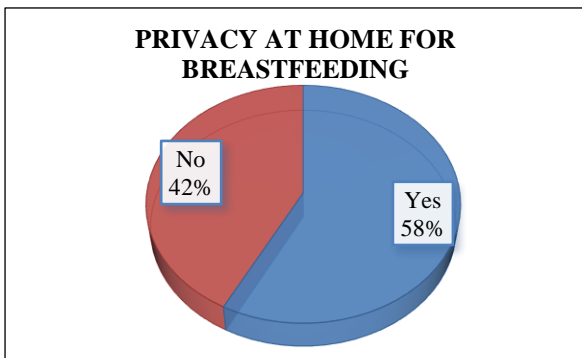
Substituting these values, the sample size for this study was 182. The data has been summarized by descriptive statistics using frequency and percentage tables for categorical variables using the IBM SPSS version 20.

## RESULTS

The participants were given the questionnaire in vernacular languages (Marathi and Hindi) along with English. The responses of the participants have been tabulated with the respective percentages.

The socio-demographic evaluation of the participants showed that the average age group of the participants was

25-30 years. 2% participants out of total 182 were illiterate. On the other hand, 8 females i.e. around 7% were graduates. Majority of the participants, around 80% had attended secondary school. While 23(7%) females had basic primary schooling. Majority of the women i.e. 82% were housewives, 2.25% were semi-skilled workers such as construction site workers, janitors and cleaners. Also, there were a few teachers, paramedical staff and police personnel making 24 (6.6%) of the total sample size. The family income of the participants indicated that maximum of these women (83.5%) came from middle and lower-middle class families. Considering the class of patients approaching this tertiary care centre for treatment, this was very much anticipated. Considering the antenatal registration, majority of the patients (42%) registered in the 2nd trimester, 57% of patients were from joint families while 43% of them were from nuclear families. This factor was important from the point of view of privacy during breastfeeding and family support that the woman would receive. To note specifically, majority of the women from joint families had issues with having the desired privacy for feeding (Figure 1).



**Figure 1: Privacy at home for breastfeeding.**

The most important source of information for all antenatal patients in this sample size happened to be their mothers/mothers-in-law and other female relatives at home, 77.5% of the participants received breast feeding talks/information from their close female relatives. Paramedical staff contributed to only 2.2% of the information providers regarding breastfeeding to antenatal mothers, 3.8% of the antenatal females claimed to have received information about breast milk and feeding from advertisements on television/radio, newspapers etc. (Table 1).

**Table 1: Information provider about breastfeeding.**

Information provider about breastfeeding	Number of participants	Percentage
Mother/Mother-in-law/Relatives	141	77.5
Doctors	29	15.9
Paramedical Staff	5	2.7
Media	7	3.8

**Table 2: Problems anticipated while breastfeeding.**

Problems anticipated while breastfeeding	Number of participants	Percentage
Breast related	86	47.3
Family related	33	18.1
Social taboos/ Cultural problems	47	25.8
Employment related	13	7.1
Known contraindications in self	3	1.6

It is a very essential component of any pregnancy that the to-be mother prepares herself about breastfeeding. However, all over India it has been found that the mothers are hardly aware about the methods and details of EBF. 91% women had no formal preparation done about breast feeding. A large portion of the study group, i.e. two thirds (64.3%) had a positive thinking and considered milk output would be adequate for the baby. Almost 65% women on comparing the milk output in the previous pregnancies anticipated a good milk output even in the current pregnancy. One of the most important determinants of this study was to identify the basic hindrances to breastfeeding (Table 2). Almost 50% of the participants identified some or the other physical (breast related) problem such as nipple soreness, breast pain, cracked nipple or distorted nipple with feeding, 28.1% mothers identified social or cultural problems with exclusive breastfeeding while 19.8% of them had some family problems which they anticipated as being a barrier to exclusive breastfeeding, 6% of these women had work related issues which they considered as the main factor which would prevent exclusive breastfeeding in them.

When asked about the ideal attachment of the infant to the breast and correct latching only 53% of the study group were aware of it. They actually had to be explained about the ideal latching position (Maximum surface of the areola being inside the baby’s mouth, only the upper area to be out, the chin of the baby should be touching the breast and the baby should suckle at the nipple with intermittent breaks for breathing). As much as 45% of the mothers had no idea that while breastfeeding, latching and attachment had to be looked for and what exactly it meant. Only 13% of the study group were aware about the fact that breastfeeding could be done in any position comfortable for the mother and child (Table 3). A newer concept of bedding in was well known to these mothers and almost three quarters of the sample size were in favour of this practise.

At the same time, on-demand breastfeeding was known to most of the women (Table 4). Almost 60% of the women were of the opinion that EBF made babies healthier, while the remaining women felt that there was no such thing. One of the major determinants of EBF

were the time of initiation of breastfeeding post-delivery (Table 5). Just 28% of the women started it as per the recommended time of first hour of life.

**Table 3: Ideal position for breastfeeding.**

Ideal position for breastfeeding	Number of participants	Percentage
Sitting	78	42.9
Supine	80	44.0
Any position comfortable for mother-child	24	13.2

**Table 4: Pattern of breastfeeding.**

Pattern of breastfeeding	Number of participants	Percentage
Only at fixed times	23	12.6
Only for fixed number of times	37	20.3
On demand	122	67.0

**Table 5: Time of initiation of exclusive breastfeeding.**

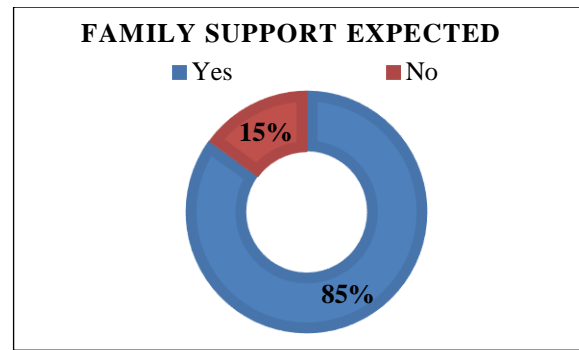
Time of initiation of exclusive breastfeeding	Number of participants	Percentage
Within 1 hour	46	25.3
4-6 hours	103	56.6
6-48 hours	17	9.3
After Day 2	16	8.8

Almost 53% of the women initiated breastfeeding after 4-6 hours post-delivery. There are various reasons for not initiating breastfeeding in the stipulated time (Table 6).

There was an important factor which most of the women cited during the study, that they expected support from the family members, most importantly from their husbands (Figure 2). Considering the age of cessation of breastfeeding, almost 80% women thought it was appropriate to do so between the age group of 6 months to 2 years of age when the baby could be given full feeds.

**Table 6: Reason for not breastfeeding within 1st hour after delivery.**

Reason for not breastfeeding within 1 <sup>st</sup> hour after delivery	Number of participants	Percentage
Maternal exhaustion	77	42.3
Baby not with mother	17	9.3
Caesarean (Post anaesthesia effect)	28	15.4
Social/Cultural factors	14	7.7
Did breastfeed	46	25.3



**Figure 2: Family Support**

**DISCUSSION**

There has been a global movement for encouraging and optimizing breastfeeding practices for a long time, however there has not been much congruence among what is actually recommended and what is actually practised. EBF is estimated to prevent approximately one-tenth of child deaths and could play an important role in meeting India’s Millennium Development Goal 4 of reducing child mortality.<sup>10</sup>

Preparation of mothers before they give birth is fundamental to the success of exclusive breastfeeding. In the Indian context, this means that 250,000 neonates can be saved from death annually by just one act - initiation of breastfeeding within 1 hour of birth. One of the major reasons for not breast feeding immediate post-delivery is that the child did not feed or there was inadequate milk. Another reason was the delay in shifting mothers from the labour rooms.

The health and welfare of the new-born depends largely on EBF and hence it is essential to make efforts with a goal of preserving and protecting it. Also, promotion of EBF is of importance for safeguarding the same. However, success of EBF promotion depends to a great extent on the knowledge quality that is prevalent in the society and the support it receives from the healthcare practitioners.

Breastfeeding has been observed to be a universal practice in this tertiary care centre. Literacy is a major determinant for this practice as participants with better education have better concepts and a positive attitude towards EBF. Also, the socio-economic strata of the women affected the knowledge, attitudes and practices about EBF in these women with those from the lower strata having poor score in all. On the other hand, those from the better socio-economic strata were more aware about EBF and its advantages.

Counselling of both the patients as well as the doctors/paramedical staff is of utmost importance to ensure that exclusive breastfeeding is practised and more importantly in the right way. Healthcare professionals will need to be more active in this regard and have more interactive

sessions with antenatal patients in the out-patient department as well as post-delivery mothers in wards.

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