

First Feed in Newborn : are We Following Who Recommendations?

Iqbal S.M.J.,¹ Afzal M.F.,² Azhar I.H.,³ Sultan M.S.⁴

Address for Correspondence: Syed Muhammad Javed Iqbal, Assistant Professor, Paediatric Medicine Unit – I, King Edward Medical University / Mayo Hospital, Lahore

Background: World Health Organization (WHO) recommends initiation of breastfeeding within half an hour after birth and exclusive breastfeeding for the first six months of life. Pakistan is facing a high infant mortality rate. This high mortality rate is mostly due to preventable causes. Lack of optimum breastfeeding practices is a major contributory factor to the high mortality rate.

Objective: To study the maternal attitude and practices in initiation of newborn feeding **Study design:** Descriptive study **Setting:** Department of Paediatrics, King Edward Medical University/ Mayo Hospital, Lahore. **Duration:** Six months (July to Dec 2009).

Subjects and Methods: After consent from mothers, 1000 lactating mothers (having children less than two years of age) were enrolled and interviewed. Those mothers were excluded from the study whose babies got neonatal admission immediately after birth due to any reason. Information was recorded on a structured pretested proforma.

Results: Out of 1000 newborn, 572 (57.2%) were male and 428 (42.8%) females. Out of total, 418 (41.8%) babies were given colostrum as first feed. Among the prelacteals given, 15.6% were given honey, followed by formula milk (13.5%), ghutti (12.3%), araq (11.2%) water and sugar (2.7%), animal milk (2.1%) and other feed like desi ghee, fruit juices (0.8%) etc. Among 572 male and 428 female newborns, 223 (22.3%) and 195 (19.5%) were fed colostrum as first feed respectively. Gender bias was found to be statistically insignificant (p value 0.34). Out of 1000 who fed colostrums, 24.6% had health education by health personal, 9.3 had personal religious belief, 5.4% got motivation from relatives/friends, while 2.5% got health education from media. Out of total who were started with prelacteals, 31.8% got influenced by their elders, 17.2% did not breastfed their babies due to medical reasons, 7.3% could not feed their baby with colostrums due to ignorance, while 1.9% were unable to feed their babies due to other reasons (working women etc). Gender bias was found to be statistically insignificant for reasons of giving colostrum or prelacteals.

Conclusion: Although there is increase in percentage of mothers who are giving colostrums as first feed to their newborn but still prelacteal feed is common practice. It can be successfully improved by motivating the mothers and families for optimum breast feeding practices by using electronic media, holding seminars and by involving the public representatives at gross root level.

Key words: Colostrum, breastfeed, prelacteal feed.

Introduction

UNICEF in 1991 introduced concept of baby friendly hospital. The initiative is a global effort to implement practices that protect, promote and support breast feeding.¹ World Health Organization (WHO) strongly recommends optimum breast feeding practices which include initiation of breastfeeding within half an hour after birth and exclusive breastfeeding on demand for the first six months of life. "Exclusive breastfeeding" is defined as giving no food, drink, or even water except breast milk. It does, however, allow the infant to receive drops and syrups (vitamins, minerals and medicines). A lack of exclusive breastfeeding contributes to over a million avoidable child deaths each year. Globally less than 40% of infants under six months of age are exclusively breastfed.²

Breast milk is the foundation of good nutrition and a recognized information to improve child survival.² The practice of giving prelacteals may interfere with the establishment of optimum breast feeding practices and is contrary to

the principles of baby friendly hospital accreditation.³ Pakistan is facing a high infant mortality rate due to the preventable diseases like diarrhea and respiratory tract illnesses. Avoiding colostrum and giving some prelacteal feed and bottle feeding are contributory factors for these preventable diseases which ultimately lead to high infant mortality.^{4,5}

The objective was to study the first feed practices adopted by lactating mothers.

Patients and Methods

This study was conducted in the department of Paediatrics, King Edward Medical University/Mayo Hospital Lahore. It was a descriptive study and was conducted in six months time (July to December 2009). Sample was collected by convenient sampling technique. After consent from mothers, 1000 lactating mothers were enrolled and interviewed. Those mothers were excluded from the study whose babies got neonatal admission immediately after birth due to any reason. Consent was taken from parents and confidentiality

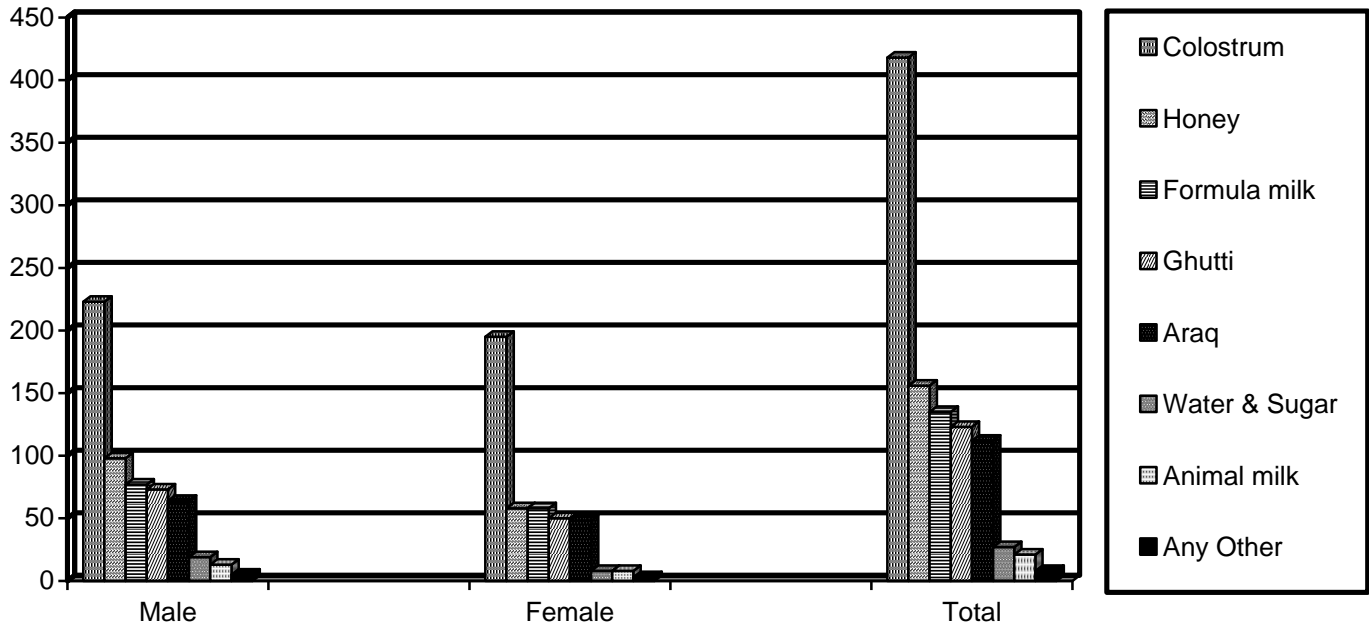


Figure 1: Types of first feed given after birth (n = 1000) Gender bias was statistically insignificant (p value 0.342).

Table 1: Reason for being given Colostrum or Prolacteal feed (n = 1000).

	Sex of the Child		Total n (%)	p value
	Male n (%)	Female n (%)		
Reasons for giving colostrums				
Health education by health personal	130 (13)	116 (11.6)	246 (24.6)	Gender bias was not statistically significant (p value 0.453)
Personal religious belief	45 (4.5)	48 (4.8)	93 (9.3)	
Motivation by relatives/friends	32 (3.2)	22 (2.2)	54 (5.4)	
Health education by media	16 (1.6)	09 (0.9)	25 (2.5)	
Reasons for giving prelacteal feeds				
Influence by family traditions/ taboos		119 (11.9)	318 (31.8)	Gender bias was not statistically significant (p value 0.363)
Medical reasons		76 (7.6)	172 (17.2)	
Ignorance		32 (3.2)	73 (7.3)	
Other reasons(feeling of insufficiency etc)		06 (0.6)	19 (1.9)	
Total		428	1000	

was assured. They were interviewed by one of authors using a pretested structured proforma. The data recorded was baby’s name, sex, address, first feed given (either colostrum or prelacteal), and reasons regarding the given feed. The data was entered into the S.P.S.S. version 13 and analyzed for statistical package and was presented as frequency tables.

Results

Out of 1000 newborn, 572 (57.2%) were male and 428

(42.8%) females. Out of total, 418 (41.8%) babies were given colostrum as first feed. Among the prelacteals given, majority 156 (15.6%) were given honey, followed by formula milk (13.5%), ghutti (12.3%), araq (11.2%) water and sugar (2.7%), animal milk (2.1%) and other feed like desi ghee, fruit juices (0.8%) etc. Among 572 male and 428 female newborns, 223 (22.3%) and 195 (19.5%) were fed colostrum as first feed respectively. Gender bias was found to be statistically insignificant (p value 0.342) (Figure 1).

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education by health personal, 9.3 had personal religious belief, 5.4% got motivation from relatives/friends, while 2.5% got health education from media. Out of total who were started with prelacteals, 31.8% got influenced by their family traditions, 17.2% did not breastfed their babies due to medical reasons, 7.3% could not feed their baby with colostrums due to ignorance, while 1.9% were unable to feed their babies due to other reasons (working women etc). Gender bias was found to be statistically insignificant for reasons of giving colostrum or prelacteals (Table 1).

Discussion

World Health Organization strongly recommends exclusive breastfeeding for the first six months of life.² This study showed that 41.8% of newborns started with colostrum feeding which is comparable to other studies revealing colostrum feeding as 32% and 59% respectively.^{5,6} These results are in accordance with the conclusion made by Kulsoom et al⁷ showing that 35% newborns were fed with colostrum. A study conducted by Fikree et al⁸ in Karachi also concluded that colostrums was preferred in 44.8% of the babies. International data also supports our results showing that almost 99% of the children were offered breastfeeding within an hour of birth.⁹

Prelacteal feed of various kinds is used for newborn babies. Honey, ghutti` (a herbal decoction) and water are most commonly used as the first feed. Present study showed that 58.2% newborns were given prelacteal feed. Kulsoom et al⁷ has shown that prelacteal feed was given to 65.4% newborns, while Fatima et al⁵ showed that 68% newborn received prelacteal feed. It is in accordance with our study. Our study has also found honey as most commonly used prelacteal feed. Fatima et al⁵ also showed honey as most common prelacteal feed. Imtiaz et al¹⁴ also found honey as most common prelacteal.¹⁰ Indian authors also found similar results.¹¹

Although breast feeding is undoubtedly the best for both mother and baby, many factors influence a women's decision about breastfeeding. Most of the mothers have knowledge about infant feeding and its various aspects, but they do not practice it willingly because of illiteracy, social and cultural traditions, effects of media, advertisements and blind faith on western and modern feeding practices.^{12,13} Kumari et al¹¹ in India showed that health workers were responsible for imparting knowledge about breast feeding. Okolo et al¹³ concluded that 33% received information on breast feeding.¹⁴ Local data supports that the mothers who started with colostrum, majority of them were motivated by health professionals, followed by personal belief, relatives and media. Similarly, studies have shown that those mothers who fed prelacteal feed to their babies, majority of them were influenced by family traditions.^{5,7,15,16} These results are comparable with present study.

Present study found 41.8% of newborns started with colostrum feeding. It is in contrast with results from Abbas et al¹⁵ who showed 13% colostrum fed babies. Kumari

et al¹¹ showed it as 16.9% preferred colostrum while McAlister et al¹⁷ showed it as 13%.

Present study showed that 58.2% newborns were given prelacteal feed. It is in contrast with results from Afzal et al⁶ showing only 14% infants received pre-lacteal feed. This study found that honey was the commonest prelacteal given while Kulsoom et al⁷ found that water was the commonest prelacteals in 55.4% cases.

Conclusion

It is concluded that although there is increase in percentage of mothers who are giving colostrum as first feed to their newborn but still prelacteal feed is common practice. We can successfully implement exclusive breast feeding practices as recommended by WHO by motivating the mothers and their families and health workers for optimum breast feeding practices by using electronic media, holding seminars and by involving the public representatives at grass root level.

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