Towards Successful Breastfeeding

Manee Piya-Anant, M.D., Siripong Swasdimongkol, M.D.

Department of Obstetrics & Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand.

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Breastfeeding is one of the most precious gifts a mother can offer to her infant. Breast milk is the most nutritious food for infants; it is also promoting good health.

Obstetricians are the most important persons to introduce breastfeeding because they are trusted by pregnant women. Counseling for breastfeeding should begin at first antenatal care by nurses. It may be done in groups or suggested during one-on-one counseling session. At present, critical impact of breastfeeding promotion stands on the issue of the mother's role and her perception of breastfeeding as a biological act. The maternal influences include psychophysiological effects, maternal behavior, sexual behavior and attitudes toward men.

A benefit of breast milk in preterm infants and neonatal birth asphyxia is to prevent gastrointestinal infection in the newborn because of the antibody components in breast milk.[1] For example, in New Zealand: 280 survivors from a national birth cohort of 413 very low birth-weight infants born in 1986 were assessed at 7-8 years. The findings suggested that fully breastfeeding for at least 4 months has long-term benefits on the cognitive development of the child.[2] Lucas and his team[3] studied a group of preterm infants, the result showed that preterm infants fed with breast milk had higher developmental score of intelligence quotient (IQ) and neurodevelopment. In newborns of small for gestational age (SGA), the previous study showed that their mothers should breastfeed them exclusively for 24 weeks to enhance their cognitive development.[4]

Factors that affect successful breastfeeding are hospital administration and services. The former is the most important factor for successful breastfeeding which is already a policy of the hospital. Because a promotion program for breastfeeding needs skilled medical and paramedical personals, and sufficient space in the hosptial. Even though the promotion of breastfeeding has been initiated in Thailand since 1972 and certificates were issued to all hospitals involved as baby friendly under the criteria of WHO (World Health Organization) and UNICEF (United Nation International of Children Education and Food). Since then, there have been many problems of breastfeeding detected. So far, the rate of successful breastfeeding is quite low because many hospitals do not have a job description for this policy,i.e, promotion of breastfeeding was only a part-time job, no one has been allocated to take its full responsibility.

We will set a special clinic for breastfeeding. This clinic will be a separate room, a part of postpartum ward, or a breastfeeding corner and having special breastfeeding staff who are trained to inspire mothers and willing to help them and solve their problems in breastfeeding.

Ten steps to successful breastfeeding are keys to success, as a result, UNICEF and WHO initiated Baby Friendly Hospital Program which has already been implemented in developing countries with considerable success. A jointed WHO/UNICEF statement, "Protecting, Promoting and Supporting Breastfeeding" describes actions for maternity services.

Step one: Have a written breastfeeding policy that is routinely communicated to all healthcare staff.

If breastfeeding is a hospital policy, every staff member of the hospital has to follow it. Teamwork is so far the most important factor for successful breastfeeding, because successful breastfeeding in a hospital starts from antenatal care, labor room and postpartum ward. If the staff have good attitude to breastfeeding they can communicate with pregnant women in the same way, then the patients will be enthusiastic to breastfeed their baby and will not be confused.

Step two: Train all healthcare staff in skills necessary to implement this policy.

Our staff needs training both in knowledge and skills in breastfeeding promotion. A training course should include benefit of breastfeeding early feeding, frequency of feeding and appropriate gestures to initiate milk production, prevent creaked nipple and breast engorgement. A previous study shows that the problems which leading mother to stop breastfeeding in 1-12 weeks are sore nipple, insufficient milk production and waving in breastfeeding. All problems can be prevented if all healthcare personnel have sufficient knowledge and skill in breastfeeding.

Step three: Inform all pregnant women about the benefits and management of breastfeeding.

Benefit of breastfeeding will be a long-term outcome. When a mother desires to breastfeed, she puts more effort and time into it. Breastfeeding counseling is needed to show pregnant women about the benefit of breastfeeding, breastfeeding practices, nipple preparation and breastfeeding problems which can be presented. Every antenatal visit of healthcare staff, can reassure pregnant women about breastfeeding to make sure that they can practice breastfeeding. A previous study in Brazil shows that a

significant coefficient of an association with early termination of breastfeeding was maternal education and breastfeeding orientation during prenatal care.[5]

Step four: Help mothers initiate their breastfeeding within half-an-hour of birth.

In labor room we practice bonding immediate after birth; let the baby lie over the mother chest-wall by skin-to-skin contact to mothering the mother. Bonding can initiate mother and baby relation; some mothers have unplanned pregnancy and do not accept their babies, after bonding they accept their babies. Ferris and team[6] found that the data reinforce the importance of labor and delivery practices that support early maternal-infant contact is one of the factors promoting successful breastfeeding. During 30-60 minutes post delivery the newborn are in a quiet alert period they have suckling ability, so first suckling will be started.[7] Feinstein and team[8] found that initiation of breastfeeding in the first 16 hours is one of factors significantly correlated with improved breastfeeding. In la Paz, Bolivia,[9] the rate of exclusive breastfeeding fell from 89% at one week to 45% as early as one month of age because the people practice prelacteal feeding the infants. Avoidance of prelacteal feeding and use of colostrum were associated with improved breastfeeding patterns.

A benefit of early suckling is stimulated prolactin production to increase milk production. At the same time early suckling can prevent breast engorgement.

Step five: Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

Breastfeeding technique is very important, pregnant women will learn how to breastfeed, how to latch on, how to remove their nipple from the infant's mouth. Having latched on in the right position, the mother put the nipple into the infant's mouth when the baby widely opens the mouth, grasps the breast including the nipple and areola to prevent cracked nipple and increase milk production. Prolonging the duration of breastfeeding will need to shift the focus from increasing the mother's confidence regarding breastfeeding, while also addressing beliefs regarding an infant's preferences.[10]

All mothers will be trained to manually produce breast milk, they can practice when mother and infant are separated

Step six: Give newborn infants no food or drink other than breast milk, unless it is medically indicated.

Breast milk is the excellent food for infants because it is composed of protein, lipid and carbohydrate and micronutrient.[11] Infant growth and development are excellent when they have exclusive breastfeeding for the first 6 months. Given food or drink during this period may interfere successful breastfeeding because food or drink may reduce absorption and suckling ability of the infant.

Step seven: Practice rooming-in by allowing mothers and infants to remain together 24 hours a day.

If mothers and infants stay together 24 hours, mothers can frequency feed their infants resulting increased milk production. During 24-hour postpartum, if mothers breastfeed their infants 8-10 times, the amount of breast milk will increase dramatically.

Step eight: Encourage breastfeeding on demand.

When the infants cry, the causes may be getting wet, feeling unhappy with cool environment or feeling hungry. When they are hungry they can suck more effectively, then milk production will increase.

Step nine: Give no artificial teats or pacifiers to breastfeeding infants.

Artificial teats or pacifiers affected breastfeeding duration. Randomized clinical trial of pacifier and bottle-feeding or cup-feeding and their effect on breastfeeding show that among infants delivered by cesarean section, cup-feeding significantly prolonged exclusive, full, and overall breastfeeding duration. Exclusive breastfeeding at 4 weeks was less likely among infants exposed to pacifiers.[12]

Step ten: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics.

Breastfeeding support groups are very important for successful breastfeeding. All mothers need encouragement from their family members especially their husbands, because breastfeeding is a time-consuming activity. A previous study shows that a group of mothers who extended breastfeeding beyond three months did so with help of their maids and relatives who helped them with house works and encouragement from their husbands[5].

Hospital services are another promoting factor of hospital for successful breastfeeding. All hospital staff, especially doctors and nurses, have responsibility to promote breastfeeding. There are six factors affecting hospital services, namely:

1. The staff have to convince and gain confidence from the new parents on breastfeeding. Breastfeeding counseling should be started at the first antenatal care; it will be either in one-on-one or group counseling. The knowledge will benefit breastfeeding, breastfeeding technique, and how to prevent problems in breastfeeding.

2. Nipple preparation during antenatal period is the second important factor in successful breastfeeding. Unsuccessful suckling will compose of short nipple and hard areola. We have a Siriraj test which can predict successful suckling of an infant. If we place an index finger and a thumb on the areola of a breast of a pregnant woman then move both fingers with a little force to the nipple and the length of nipple is one centimeter or more this means there is no suckling problem from the nipple and areola. In case of short nipple, we can correct by using nipple puller. In case of hard areola, with or without short nipple, we can use breast cup for nipple preparation. To prepare a nipple and areola for breastfeeding, it needs 1-2 months before delivery.

3. Initiate parents to fall in love and have attachment for their fetus in utero whenever we can such as during ultrasonographic check-up, and show them fetal heart sound auscultation. This is the third successful breastfeeding factor.

4. In labor room, breastfeeding promotion begins with bonding and first suckling within 30 minutes immediately after birth. At this period, the newborns are in the state of quiet alert they can practice suckling if we let them lying on maternal chest near the nipple for half an hour.

5. In postpartum ward, let the mother and her infant stay together for 24 hours, so-called rooming-in. This period is important for successful breastfeeding, if mothers practice early suckling, right positioning and frequented feeding: 8-10 feedings during the first 24-hour postpartum will initiate and increase milk production.

6. Before discharge from hospital all mothers will have counseling on problems during breastfeeding period. Mother support groups are very important; they are husbands, and healthcare personnel.

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