

Antenatal counseling for breast feeding – Are we doing it the right way?

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Abstract

In India exclusive breast feeding at 6 months is practiced only by 46% of mothers and breast feeding initiated within half an hour of birth only by 26%. There are several problems faced by breast feeding mothers in the immediate postpartum period which affects successful initiation and sustenance of breast feeding. A study was conducted to identify these problems and suggest remedial measures.

A cross sectional observational study was conducted on 150 mothers attending the hospital. Detailed information regarding antenatal counseling, initiation of breast feeding, prelacteal feeds and use of milk substitutes was obtained and recorded on a semistructured questionnaire. Mothers were also clinically examined for any breast abnormalities. Antenatal counseling was received by 71.3% of mothers. Pre-lacteal feeds and/or milk substitutes were given by 29% of mothers there being a significantly higher proportion among those who had not received antenatal counseling. The common problems faced by mothers in the immediate postpartum period were insufficient or no breast milk (38%), and engorged breast and/or breast tenderness (17%). There was no statistically significant difference in these problems between mothers who received and did not receive antenatal counseling. Antenatal counseling in the study area has not significantly impacted early initiation of lactation or helped in reducing problems faced by lactating mothers.

However, the use of prelacteal feeds and the use of milk substitutes has reduced with counseling. The nature of counseling perhaps needs to be improved for better impact on lactation.

Keywords: Lactation, Antenatal, Counseling, Breast engorgement, Prelacteal feeds

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Introduction

It is two decades since exclusive breast feeding (EBF) for the first six months of life was advocated by WHO as an important measure to reduce infant mortality and morbidity. In India EBF at six months is practiced only by 46% of mothers and breast feeding initiated within half an hour of birth by only 26% (1). Studies have shown that there are several problems faced by breast feeding mothers especially by primigravidas (2). Antenatal counseling (ANC) as well as support in the postpartum period helps in establishing good lactation (3). With this background, a small study was conducted to identify the problems faced by mothers in the immediate postpartum period so that a suitable strategy may be devised to improve the rate of early initiation of breast feeding and its exclusive continuation till 6 months of age.

Methods

A cross sectional observational study was conducted in Mahatma Gandhi Medical College and Research Institute, Puducherry, India between May 2010 and July 2010. All mothers who delivered healthy babies during the study period were included in the study. Detailed information including antenatal counseling, breast feeding initiation, pre-lacteal feeds, use of breast milk substitutes and problems faced by feeding mothers was obtained by using a pretested and validated semi-structured questionnaire. The mothers were also clinically examined for any breast abnormalities and findings recorded.

Statistical tests used

Chi square test for proportions using Epi Info version 6.

Results

A total of 150 mothers were included in the study out of which 87 (58%) were primigravidas (G1) and 63(42%) were gravida 2 (\geq gravida 2) or more. Antenatal counse-

ling was received by 107 mothers (71.3%). There was a statistically significant higher percentage of \geq gravida 2 for counseling when compared to primigravidas (88.8% versus 58.6% $p = 0.00011$).

Table: Comparison between mothers regarding infant feeding in relation to birth order and antenatal counseling.

Variable	PG* (n=87) N (%)	\geq G2# (n=63) n (%)	P value	Counseled (n=107) n (%)	NC** (n=43) n (%)	P value
Initiated breast feeding within half an hour of birth	28 (26)	23 (36)	0.70	39(36)	12(28)	0.40
Pre-lacteal feeds / use of milk substitutes	30 (35)	13(21)	0.09	25 (23)	18(42)	0.03
Had inadequate /no milk	18 (21)	8 (13)	0.29	16(15)	10(23)	0.30
Breast engorgement and tenderness	30 (34)	27 (43)	0.38	39(36)	18(42)	0.60

* PG = Primigravidas; # G2 = gravida2 ; ** NC = not counseled;

Breast feeding was initiated within half an hour by 51 (34%) mothers. There was no statistically significant difference either between primigravidas and \geq gravida2 or those who did and did not receive antenatal counseling as regards initiation of breast feeding (Table).

It was observed that 43 (29%) mothers gave pre-lacteal feeds and or milk substitutes in addition to breast milk . A statistically significant higher proportion of mothers who had not received counseling gave milk substitutes / prelacteal feeds (Table).

The common problems faced by mothers in the immediate postpartum period were insufficient or no breast milk (n=57, 38%), engorged breast and or breast tenderness (n=26, 17%).There was no statistically significant difference between those who did and did not receive antenatal counseling with regard to these problems or between primigravidas and \geq gravida 2 as shown in the table. With respect to primigravidas there was no statistically significant difference as regards initiation of breast feeding within half an hour, giving pre-lacteal feeds, / using milk substitutes, not having adequate milk and breast engorgement/tenderness between those who received and did not receive antenatal counseling. The same was true of \geq gravida 2 when those who received and did not receive counseling were compared.

Discussion

Although antenatal counseling is not satisfactory in several parts of the country (4,5), annual celebration of

breast feeding week in the first week of August and a wide campaign carried out on the importance of breast feeding by all health professionals has resulted in improved antenatal counseling in the study area as shown by the fact that a higher proportion of mothers (71%) in this study had received antenatal counseling when compared to an earlier study from the same hospital where only 21% had received antenatal counseling (6).

It was seen that a significantly higher proportion of mothers who did not receive counseling used prelacteal feeds /milk substitutes especially among primigravidas. This could be because of the lower rate of counseling of primigravidas observed in this study resulting in poor knowledge about colostrum which is secreted in small amounts in the first few days and which is sufficient for the baby. The mothers might have resorted to milk substitutes thinking that their milk was insufficient. Good antenatal counseling would have educated them and prevented the use of milk substitutes.

Despite a higher proportion of mothers receiving antenatal counseling, the current study has shown early initiation of lactation only by about 36% of mothers. Twenty two percent of mothers had given pre-lacteal with no statistically significant difference between those who did and did not receive antenatal counseling. Perhaps antenatal counseling did not emphasize the importance of early initiation which is essential for a sustained and satisfactory lactation. It was also observed that the proportion of mothers who had insufficient milk, breast engorgement and breast tenderness was not significantly different statistically between those who did and did not

receive antenatal counseling. This again perhaps reflects the lacunae in counseling practiced by health workers. Proper feeding techniques would have avoided these problems and this aspect might not have been stressed during counseling.

Antenatal counseling is generally directed towards elaborating the advantages of breast feeding and the disadvantages of not breast feeding. Less emphasis is given to feeding techniques, the training for which requires patience, empathy and communication. A correct feeding technique will go a long way in preventing many of the problems such as breast engorgement and tenderness and in establishing an effective and successful lactation. It has been shown that post partum visits and advice on correct breast feeding position and attachment greatly reduced feeding problems (7). In a hospital setting, perhaps enough time is not spent by the health professionals on educating the mothers on lactation techniques. Suitable strategies have to be devised to improve antenatal counseling with equal stress on the theoretical and practical aspects of breast feeding. Workshops organized with hands on experience for health care workers might help in improving the quality of antenatal counseling. Breast feeding theme for the year 2011 "Talk to me" which advocates communication across multiple dimensions will go a long way in inculcating confidence in lactating mothers and enable them to breast feed their babies satisfactorily and successfully.

Conclusion

Antenatal counseling carried out in the study area has not significantly impacted early initiation of lactation or reduced the problems faced by lactating mothers although it has reduced the use of prelacteal feeds /milk substitutes significantly. Health care givers perhaps need to be trained to give better antenatal counseling with focus on problems faced by lactating mothers in general and primigravidas in particular for having a better impact on lactation.

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