

Can Counseling Promote Early Initiation of Breastfeeding in the First Hour of Life?

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Background

Since 1992, the World Health Organization (WHO) has recommended initiation of breastfeeding in the first hour of life. Early initiation reduces neonatal mortality and long term morbidity in children. According to WHO, an estimated 4 million newborn deaths occur every year of which most are caused by infections which can be prevented by early initiation of breastfeeding. Also, early successful establishment of breastfeeding sustains breastfeeding throughout infancy. Even after 21 years of the recommendation, early breastfeeding is followed by only a mere 23% of Indian women. Lack of knowledge is a major barrier, and hence this study was conducted to determine if counseling improved the statistics of early breastfeeding.

Aims & Objectives

To determine if counseling can promote Early Initiation Of Breastfeeding In the First Hour Of Life.

Material & Methods

Prospective questionnaire based study conducted on 100 pregnant women admitted at term.

Inclusion Criteria: Pregnant females who were admitted at term.

Exclusion Criteria: women with lacerations & tears requiring repair in OT, extended episiotomy, prolonged surgery, ICU or NICU admissions, stillbirths, HIV positive.

Keeping inclusion and exclusion criteria in mind, 100 women were chosen with written consent and randomly divided into 2 groups of 50 each (group A ; group B). Group A was counseled regarding importance of early initiation and how to breastfeed and group B was not.

Post-delivery, subjects were asked to fill a questionnaire, which included time of initiation of breastfeeding and reasons for delay. The results in the 2 groups were compared using Chi square test.

Results

Group A: 29 women initiated early breastfeeding.

Group B: 16 women initiated early breastfeeding.

Chi square test was applied, $p=0.0090$, making it statistically significant. 90% women in group A were unaware regarding initiation of breastfeeding in the first hour.

Hence, it was established that counseling women regarding initiation of breastfeeding did have a positive effect on its actual practice.

Conclusions

With the establishment of significant relation between verbal counseling regarding early breastfeeding and the actual practice of the same, other forms of counseling like audio-visual, antenatal classes, etc, should be adopted not only in hospitals but also at the peripheries.

This will not only decrease neonate mortality rate, but will also prevent other morbidities and help in establishment of maternal-fetal bond.

Also, while conducting the study it was realized that lack of knowledge regarding early initiation is only one of the many factors causing a delay in early initiation of breastfeeding. Hence, doctors, breastfeeding counselors and other hospital staff have to work together to promote early initiation.