

ASSESSMENT OF BREASTFEEDING COUNSELLING PRACTICES IN EXPECTANT MOTHERS DURING ANTENATAL VISITS

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ABSTRACT

Introduction: Breastfeeding is a natural way of providing young infants with the nutrients they need for healthy growth and development. Pakistan has highest bottle-feeding rates and lowest exclusive breastfeeding rates in South Asia. Promotion and support of breastfeeding is global priority and important child survival intervention. For breastfeeding to be successfully initiated and established mothers need the active support during pregnancy.

Objective: To assess the existing breastfeeding counseling practices among expectant mothers and to suggest appropriate recommendations to further promote breastfeeding counseling practices during antenatal visits.

Study Design: Descriptive Cross-sectional study.

Place and Duration of Study: Gynecology and Obstetrics department of Military Tertiary care hospital Rawalpindi from March to May 2016.

Material and Methods: Self-administered semi structured questionnaire pretested by pilot study was used for data collection on a sample size of 417 expectant mothers.

Results: Out of 417 expectant mothers 26.3% had received antenatal counseling while 72.3% had not received any counseling. Awareness regarding benefits of breastfeeding of expectant mothers was determined.

Conclusion: Existing Antenatal counseling on breastfeeding is inadequate in the population studied and needs to be strengthened. Informing all pregnant women about the benefits and management of breastfeeding should be priority during antenatal visits.

Keywords: Antenatal visit, Breastfeeding, Counseling, Expectant mother, Healthcare.

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INTRODUCTION

The advantages of breastfeeding for the health of the mother and infants cannot be over emphasized. Despite World Health Organization recommendations for exclusive breastfeeding for the first six months of life, less than 40% of infants below six months of age are exclusively breastfed, globally¹. In Sri Lanka more than 95% of births occur in health facilities. Between 1995 and 2007 the average rate of EBF among infants 0-6 months of age increased from 17% to 76% i.e an annual increase of 6% per year. Pakistan has the highest bottle feeding rates and lowest exclusive breastfeeding rates in South Asia². The Increase in breastfeeding mothers from 37.1% in 2006-2007 to 37.7% in 2012-2013 is dismal whereas our bottle feeding rates which were

32.1% in 2006 rose to 41% in 2012-2013³. Undoubtedly Pakistan ranks at 26 in the list of countries with highest infant mortality rates⁴. We lag behind every South Asian country in term of timely initiation of breastfeeding as well as EBF. It is astonishing that despite high cultural acceptability for breastfeeding in Pakistan where more than 90% of women put their child to breast, practice drops to 7% in next 6 months. The Rates are lowest among educated, urban women belonging to upper socio-economic status. A knowledge-practice gap hence exist⁵.

The decision regarding breastfeeding is made early often prior to conception. Antenatal checkups (ANC) provide an ideal opportunity to healthcare providers (HCP) to show their commitment by discussing the subject of infant feeding, providing breastfeed education, and skill throughout pregnancy, inquiring about feeding plan and previous breastfeeding experience,

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providing educational material, identifying patient with lactation risk factors e.g inverted nipple, breastsurgery, ensuring an environment that demonstrates breastfeeding promotion and support by discouraging formula milk. Promotion and support of breastfeeding has always been a global priority and considered an important child survival intervention. The baby friendly Initiative was a joint program of WHO and UNICEF, established in 1992 to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding. For breastfeeding to be

2016 with prior approval from Institution Ethical Review Board. CMH Rawalpindi is a tertiary care hospital which provides health care services to Entitled patients (Army personnel and their families) also private patients. On average there is OPD of 100 patients daily with 50% antenatal cases on this basis prevalence was taken 50% ($p=0.5$) and sample size thus calculated was 417. Expectant women (417) of second and third trimester were enrolled in study through Non-probability convenient sampling. Participation in the study was voluntary and participants had

Table-I: Representation of demographic characteristics of study population (n=417).

S. No.	Demographic Characteristics	N (%)
	Age (Years) Mean \pm S.D	27.22 \pm 4.34
1	Gravidity Primigravida Multigravida	149 (38.6%) 237(61.4%)
2	Expectant Mothers Education <Matric >Matric	50 (12%) 346 (88%)
3	Husbands education <Matric >Matric	98 (27%) 246 (73%)
4	Type of Family Nuclear Joint	152 (37.3%) 255 (62.7%)
5	Entitlement Entitled Non- Entitled	208 (49.6%) 211 (50.4%)
6	Total number of visits <7 >7	225 (55.3%) 182 (44.7%)

successfully initiated and established, mothers need active support, not only of their families and society but also of whole healthcare delivery system⁶⁻⁸.

Our Study aims to assess expectant mother's perspective about breastfeeding counseling they received during antenatal visits.

MATERIAL AND METHODS

This cross-sectional study was conducted at Gynecology/Obstetrics department of Combined Military Hospital Rawalpindi from March to May

the right to refuse or quit participation at any time during the study. Verbal consent was taken from all participants who were guaranteed confidentiality of information they provided. Women who were 18-42 years old and pregnant in second and third trimester were included while women visiting OPD with other complaints were not included. The independent variables were Age, gravida, qualification and type of family. The dependent variables were awareness of health information regarding breastfeeding counseling during ANV.

The study tool was a structured self-administered questionnaire which was adapted from Gunasekaran Dhandapany⁹ and was translated into Urdu language. Pilot testing was done on 30 expectant mothers and tool was then modified accordingly. It had questions regarding awareness of expectant mothers about breast-feeding.

visit in OPD. 225 (54%) replied that they were counseled the doctor in one-one session, 133 (32%) said printed material was provided while 58 (14%) got aware through lectures.

The above figure illustrates the results of questionnaire developed to assess the awareness among study participant's i.e. expectant mothers

Table-II: Breast examination and counseling during antenatal visit (n=417).

During Antenatal Visit	Yes	No
Breast Examination	42 (10%)	376 (90%)
Breastfeed Counseling	111(26.60%)	306 (73.40%)
Methods of Breastfeed Counseling		
Doctor	209 (50%)	17 (4%)
Lecture	50 (12%)	8 (2%)
Printed Material	108 (26%)	25 (6%)

Table-III: Association of awareness with counseling session.

Breastfeeding Counseling during Antenatal visit	Level of Awareness		Total	Significance <i>p</i> -value
	Good	Bad		
Yes	288 (69%)	129 (31%)	417	0.014
No	337 (81%)	80 (19%)	417	

Awareness was assessed by scores to the answers furnished by respondents. Taking into consideration the median score, the data was divided into two categories i.e. respondents with good score and respondents with poor awareness.

Data Analysis was done on SPSS version 22. Scores were allocated. The total scores were calculated and median score was obtained. The respondents were then divided into two categories; those with scores less than or equal to median were graded to have poor awareness while score higher than median was ranked as good awareness. Mean and standard deviation was calculated for continuous variables while Categorical variables were presented in frequencies and percentages. Chi square test was applied to calculate *p*-value to determine significance.

RESULTS

The mean age of our study population was 27.22 ± 4.34 and range was 17-46 years.

Our study showed that during ANC visits 108 (26%) expectant mothers received counseling. Participants were also asked about the method of counseling about breastfeeding by HCP during

for each question respondents score was calculated and presented in percentages. 392 (94%) of the respondents were in favor of initiation of breastfeed immediately after birth, 350 (84%) had

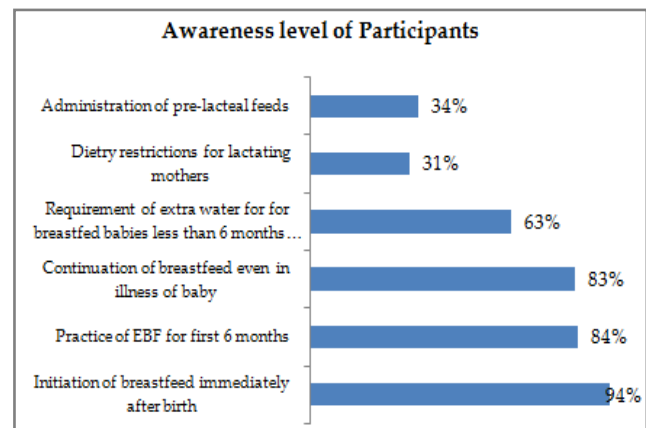


Figure: Representation of awareness level of participants.

favorable opinion regarding EBF practice in first 6 months, while only 129 (31%) of participants showed concern regarding dietary restrictions for lactating mother.

The above table depicts the participants response regarding breast examination, breastfeed

counseling, and methods used for counseling. Only 42 (10%) of study population underwent the breast examination while 376 (90%) did not. 111 (26.60%) participants were counseled while 306 (73.40%) did not receive counseling during antenatal visit. As far as modes of breast feeding counseling were concerned 209 (50%) were counseled by doctors, 50 (12%) through lectures while 108 (26%) got awareness through printed information.

The above table shows association of awareness among expectant mothers with counseling regarding breastfeeding. It was observed that there is significant association between counseling and awareness (p -value 0.014). Hence counseling plays an important role in creating awareness among population.

DISCUSSION

The Key to successful behavior change is information, Education and communication (IEC) strategies. The decision to breastfeed is behavior related. BFHI advocates informing all pregnant women about the benefits and management of breastfeeding¹⁰. Evidence has also shown that information provided in the early prenatal period even during on visit can influence breastfeeding initiation¹¹. Our findings reveal that 26.3% received counseling about breastfeeding during Antenatal visits. It is evident that counseling of breastfeeding is not receiving the importance it deserves. In our study awareness related to breastfeeding among mothers in the counseled group was better than those in the non-counseled group. We hypothesize that the women who received counseling will be more likely to practice breastfeeding; however only follow-up studies can validate our hypothesis. Healthcare providers should make every effort to have face to face encounter to give accurate information on breastfeeding and clarify misconceptions among expectant mothers¹¹. Health care providers also need education and training in breast support and management. However further researches

in relevant topic can help play a pivotal role in awareness and implementation of practice¹².

CONCLUSION

Counseling practices for antenatal breast feeding during antenatal visits are presently inadequate in the population under study i.e. tertiary care hospitals of major cities of Pakistan than in rural healthcare setup it would be negligible and needs to be augmented further on priority i.e. breastfeeding counseling during ANV. Further researches in this regard can play a pivotal role in creating awareness.

RECOMMENDATION

Different strategies can be used to impart education in prenatal visits like, visual aids i.e. brochures, handouts. Individual counseling through gynecologists and lactation consultants, health care providers and group of educational sessions can all be beneficial.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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