

Update - 3

Problems in Initiating Breastfeeding

The joyous moment of birth comes not only after many hours of difficult time during labour but also at the end of nine months' waiting and preparation for the baby's arrival. Not surprisingly, the majority of mothers experience a tremendous sense of physical relief and emotional excitement when the baby is finally born. Feelings of pride mingle with fatigue, curiosity and sense of elation, at having actually produced a baby that a few hours ago was nothing more than a wriggling bump. A few mothers are so exhausted by their labor that all they can think of is having a well-earned rest and unfortunately some are so knocked out by the effects of pain-killing drugs that they can't think of anything at all.

In this issue we will deal with the problems faced by mothers in initiating breastfeeding and how they can be tackled we also discuss how breastfeeding milk is produced and transferred to mothers.

Excessive dose of painkillers during labour, cultural beliefs and taboos, lack of awareness and inadequate support of healthcare providers and family members are all responsible for late initiation of breastfeeding.

The first few days

Immediately after delivery the first few hours are very important for the mother and the baby. Early initiation of breastfeeding helps to develop a bond between the mother and the baby. It ensures secretion of colostrum which, is highly nutritious, prevents neonatal infection and therefore reduces risk of hospitalizations in newborn period, reduces maternal postpartum bleeding, stimulate contractions & expulsion of placenta and helps to establish breastfeeding successfully. Mothers are more likely to succeed and to continue with breastfeeding if the baby stays with them 24 hours a day from the time of birth, and they get skilled help and support from the beginning.

Research has shown that when mothers do not start breastfeeding early, their babies do not develop normal feeding patterns until the fourth or fifth day. The reason is that the suckling reflex is strongest in

the first half-hour after birth and thereafter it fades. If feeding at the breast is delayed for 24 hours, the infant may need to be taught how to suckle, particularly if bottles or pacifiers have been given during that time. The use of bottles or pacifiers to a baby produce "nipple confusion".

Therefore, it is very important for the healthcare provider to give proper information and provide help at the time of delivery to the expectant mother and the family regarding early initiation.

Recommendation: *breastfeeding should be initiated within first half an hour of birth (Step 3 of Ten Steps to Successful Breastfeeding)*

In our society mothers face lot of problems initiating breastfeeding within half hour of birth. The first feed should be given in the delivery room, before handing over to the parents and should become part and parcel of revival practices.

Why such problems: There are certain beliefs and

Dear Reader,

*Malnutrition in children is a major problem facing us and to reduce it, a multi-faceted approach is essential. We at BPNI set up an expert group to review the areas which require special focus in the health sector. Its outcome, the **Infant and Young Child Feeding Update** will provide you information on caring practices to reduce malnutrition in the young child. We welcome your valuable contribution based on your experience.*

practices that do not encourage early initiation, thus creating opportunities to give artificial/bottle feed to the newborn baby.

- ❑ Lack of awareness regarding importance of early initiation.
- ❑ Lack of counselling and practice help by the health workers to initiating breastfeeding.
- ❑ Family members and sometimes health professionals believe that the mother needs rest and consider breastfeeding a difficult experience.
- ❑ Belief by certain people/communities that thick yellow milk (colostrum) that comes during the first few days is not good for the baby.
- ❑ Practice that does not allow the mother to initiate breastfeeding till an aunt arrives and washes mother's breast.

How breastfeeding works

Anatomy of the Breast

Once you understand how breastmilk is produced it will be easier for you to explain it to the mother. The human breast consists of the nipple, the areola and the soft tissue (Fig 1).

The breast tissue is composed of *alveoli* the *glands*, which are small sacs, made up of millions of milk secreting cells. Their ducts open outside at the nipple area. While these ducts are beneath the *areola*, they become wider to form the *lactiferous* si-

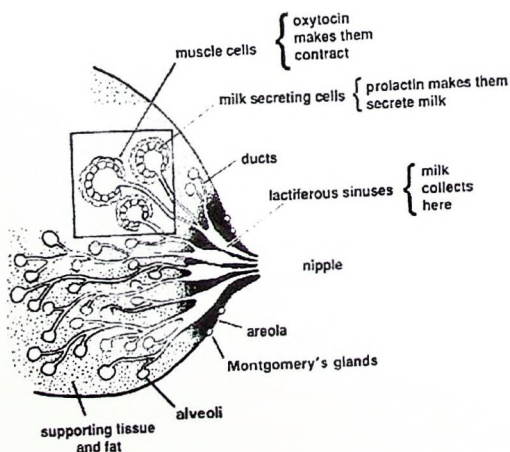


Fig. 1: Anatomy of the breast

nuses. This system of sinuses and ducts are interspersed in fat and connective tissue, which determines the size of the breast. (See Fig. 1)

Milk is produced inside the glands under the influence of 'prolactin' (a hormone released from anterior pituitary gland). The milk flows into the ducts under the influence of 'oxytocin', a hormone released from posterior pituitary. Finally breastmilk it is stored temporarily in the lactiferous sinuses.

Breastmilk Production

As the baby suckles on the breast it provides a sensory stimulus through nerve endings in the nipple to the anterior pituitary glands resulting in the prolactin release known as the *prolactin reflex*. This acts on glands in the breast for milk secretion. Thus, milk production is dependent on the suckling stimulus (Fig 2).

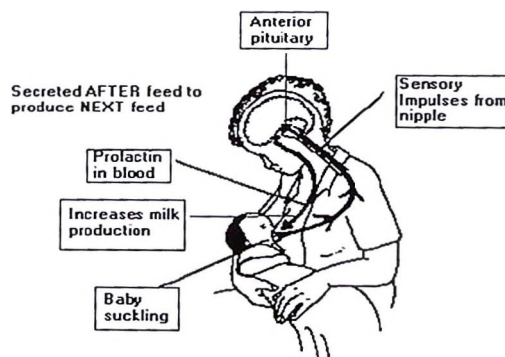


Fig. 2: The prolactin reflex or the milk secretion reflex

Prolactin is present in the blood for about 30 minutes after the baby finishes the feed. It makes the breast produce milk for the **NEXT FEED**. Message you could pass on to the mother is, "If your baby suckles more, the breast will produce more milk". For the same reason if a mother has two babies breastmilk production increases due to increased suckling.

Prolactin is responsible for breastmilk production

Breastmilk Flow

Suckling by the baby also induces the production of 'oxytocin', the hormone responsible for milk flow, this is known as the *oxytocin reflex* (Fig.3). Oxytocin acts on the muscle cells around the alveoli causing the ejection of milk. Oxytocin is produced quickly with the start of the suckling and sometimes even before that. It is produced **NOW FOR THIS FEED** and is responsible for milk transfer from breast to the baby. If not produced adequately, the baby may have difficulty in getting the milk. It may seem that breast is not producing milk in fact it is there, but not flowing. Oxytocin also makes the uterus contract and controls postpartum bleeding.

Oxytocin release is affected by mother's feelings and her mental state. Good feelings, thinking lovingly of her baby, feeling confident that her milk is the best and enough for the baby, can help oxytocin reflex to work better. The sight and sound of her baby help augment the oxytocin reflex. Negative feelings like pain, worries, tension, lack of confidence and doubts in mother's mind about her ability to produce milk inhibit the reflex. (Fig. 3) You should never make a statement that undermines mother's confidence and self esteem.

Oxytocin is responsible for flow of milk from mother's breast to the baby's mouth.

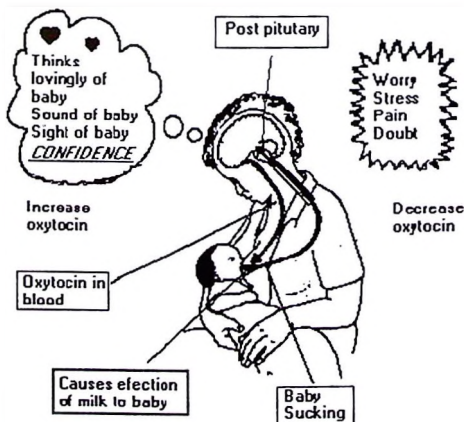


Fig.3: The oxytocin reflex

When and What to do?

When?

- ⇒ Start counselling pregnant women during antenatal period, as this is the most useful time to prepare mothers for optimum infant feeding practices and early initiation.

What?

During the antenatal period you should counsel mothers regarding:

- ⇒ Importance of early initiation of breastfeeding
- ⇒ Nutritional and immunological advantages of breastmilk (colostrum and mature milk), and the known hazards of bottle-feeding, e.g. higher chances of asthma and allergy, spending extra money on bottle feeding and explanation regarding hassles of preparing artificial feed and its economic impact.
- ⇒ Instruction regarding the techniques of hand expression of breastmilk and the ways to collect and store it (Expressed breastmilk in clean receptacle covered with lid can be kept for 6 hours under ordinary conditions and in refrigerator for 24 hours)
- ⇒ Explanation of how breastfeeding works, how to prevent nipple confusion and advantages and importance of room-

Did you know?

- ⇒ Research has shown that the baby's instinctive reflexes are very much active in first 45-55 minutes in which if the child is placed on his stomach on mother's abdomen, s/he would crawl and find mother's breast and nipple. During this period emotional bonding will take place between mother and child.
- ⇒ If a newborn baby is given even one bottle feed it can lead to "nipple confusion" and as a result the child will refuse to take the breastfeed.

Applying this information

While assisting or counselling mothers here are some tips to be kept in mind.

- ❑ **Rooming In:** Ideally, a new baby should be handed to his mother immediately after delivery to hold and suckle, for as long as she wants. If the baby is naked, it is better, as long as the room is warm enough. It allows mothers to respond to their babies.
- ❑ Baby should be suckling in correct position with a wide-open mouth and having much of the areola inside baby's mouth. No pacifier or bottle be offered to the baby as it will create "nipple confusion" or a difficult feeder as these are known to increase chances of weaning early.
- ❑ Information regarding importance of early initiation of breastfeeding be provided to all family members and their fears, if any, should be addressed appropriately.
- ❑ To ensure adequate breastmilk supply, following points should be emphasized and information must be shared with all family members.
 1. Frequent suckling helps to stimulate milk production. It also prevents engorgement of breast.
 2. Alternate breasts should be offered at each feed. One breast must be emptied out fully before the second is offered, so that the baby receives both foremilk (secreted at the start of a feed, rich in proteins, sugar, vitamins and mineral) and hindmilk (comes later towards the end of a feed, which is rich in fat content, and satisfies the baby's hunger).
 3. Avoid prelacteal feeds: Water, glucose- water, tea, honey etc. as these can satisfy the baby's thirst and hunger. Thus, baby will not suckle vigorously at the breast, which in turn will adversely influence the milk production. Prelacteal feeds also increase the risk of infection.
 4. Avoid bottle feeds: to prevent nipple confusion and infection.
 5. Duration of each feed: The baby should be allowed to breastfeed unrestrictedly and on demand schedule to ensure adequate suckling stimulus for prolactin production.
 6. Duration of breastfeeding: A baby should be exclusively breastfed for the first 6 months. Any supplementary foods given to the baby before or during this period increase the risk of reduction in breastmilk production, infection, allergies and malnutrition setting in.
 7. Teach mother about proper positioning and attachment.

Commonly asked questions

Q 1. My baby wants to suckle only one breast and not the other. What should I do?

Response: Breast preference is known. The baby may not want to suckle one of the breasts if it finds easier to suckle the other breast or does not get milk from the first. This can happen if your nipple is sore or the breast is engorged. Expressing some milk before the baby starts feeding will relieve this. You should breastfeed from the breast that the baby likes to suckle and wait for the milk from the other breast to flow. If this breast is offered now, the baby will find suckling easier and satisfying. You may have to express milk from the breast that the baby does not like, for many days before the problem is solved. You should not give up easily.

Q2. When I feed the baby, there is a gush of milk and my baby chokes. This really worries me. What should be done to solve this problem?

Response: Some mothers have a strong oxytocin reflex so when the baby suckles, there is a gush of milk, which is too much for the baby to handle, and thus s/he chokes. If your milk flow is too fast for the baby to handle, you should express your milk few seconds first and then offer the baby your breast. In this way the intensity of the flow will reduce and the child will be able to suck effectively without being choked.

Resources

Following publications are available at BPNI Resource Center, in case you need to order, please send your payments through DD in favour of "BPNI Delhi".

- **The Law to protect and promote breastfeeding.** A book that explains the provisions of the IMS Act in a simple manner. Rs. 40 each
- **Under Attack - An Indian Law to Protect Breastfeeding** - A report on the monitoring of the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 (The IMS Act) Rs. 100 each
- **Commercial Infant Foods - Analysis of Promotion** - A report on the ways and means of promotion use by the manufactures Rs. 100 each
- **Breastfeeding and Infant Feeding** (स्तनपान और शिशु अहार) - A Guide for the parents (in Hindi and English) Rs. 10 each
- **Human Lactation Management Training (HLMT) Course Module.** A course for Doctors, Nurses & Breastfeeding Counsellors (In English). A set with slides and transparencies Rs. 3500 each set
- **Helping Mothers to Breastfeed** an ACASH (Mumbai) publication. Rs. 100 each
- **Maternity Home Practices & Breastfeeding** an ACASH (Mumbai) publication. Rs. 75 each
- **Poster "Closeness and Warmth"** 15" x 20" Rs. 10 each
- **Breastfeeding Posters** 12" x 18" (in English & Hindi) Rs. 5 each
- **Video: Maa Ka Pyar - Sishu Ahaar** (माँ का प्यार शिशु अहार) Language: Hindi. Duration: 13 minutes. this video covers early, exclusive breastfeeding, how to breastfeed and complementary feeding. Rs. 250 per cassette

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Advertisements of Infant Milk Substitutes, Feeding Bottle and Infant Foods are banned since 8th September 2000

(vide C.S.R. 710(E), dated 8th September, 2000)

by

The Cable Television Networks (Regulation) Amendment Act, 2000
(An act further to amend the Cable Television Networks (Regulation) Act, 1995)

Relevant Provisions of the Act:

Section 1(2): It extends to the whole of India.

Section 6: "No person shall have a right to transmit or re-transmit through a cable service any advertisement which is not in conformity with the Advertising Code prescribed under rule 7 of the Cable Television Networks Rules, 1994".

Rule 7: Advertising Code – Rule 7(2)(viii)(b) states that "No advertisement shall be permitted which promotes directly or indirectly production, sale or consumption of Infant Milk Substitutes, Feeding Bottle or Infant Foods."

Section 16: Offences and penalties - Punishment for contravention of provision of this Act – Whoever contravenes any of the provisions of this Act shall be punishable,-

- (a) for the first offence, with imprisonment for a term which may extend to two years or with fine which may extend to one thousand rupees or with both;
- (b) for every subsequent offence, with imprisonment for a term which may extend to five years and with fine which may extend to five thousand rupees.

What you can do!

- Contact your cable operator to stop these advertisements;
- As a *subscriber*¹ if you come across any violations through the *cable service*² you should also report to the *authorised officer*³ and pursue for active and effective implementation, the *authorised officers* can take action.

Reporting information should include:

Name and Place of the Cable Operator:

Name of the Programme:

Duration/Time:

Date, Month, Year:

Issued in public interest by:

Breastfeeding Promotion Network of India (BPNI)

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¹ "subscriber" means a person who receives the signals of cable television network at a place indicated by him to the cable operator, without further transmitting it to any other person.(Section 2[i])

² "cable service" means the transmission by cables of programmes including re-transmission by cables of any broadcast television signals.(Section 2[b])

³ "authorised officer" means within his local limits of jurisdiction – (i) a District Magistrate, or (ii) a Sub-divisional Magistrate, or (iii) a Commissioner of Police.

BPNI Resource Center for Infant and Young Child Nutrition

Breastfeeding Promotion Network of India (BPNI) was founded on 3rd December, 1991 at Wardha, Maharashtra. BPNI is a national network of organizations and individuals dedicated to promote mother and child health through protection, promotion and support of breastfeeding. It is the Regional Focal Point for the World Alliance for Breastfeeding Action (WABA) and International Baby Food Action Network (IBFAN). BPNI has a **Resource Center for Infant and Young Child Nutrition** at its HQ Delhi.

Documents available at the resource center include:

- **Books**

1. The Law to protect and promote breastfeeding.
2. Human Lactation Management Training Course (Modules, OHP's & Slides).
3. Breastfeeding and Infant Feeding – A guide for parents (Hindi & English).
4. Helping Mothers to Breastfeed (an ACASH publication).
5. Maternity Home Practices & Breastfeeding (an ACASH publication).

- **Reports**

1. Commercial Infant Foods- Analysis of Promotion
2. Under Attack 1998
3. Under Attack 2000
4. Effect of BPNI Campaign

- **BPNI Bulletin** (Number 1 – 17)

- **Updates – Infant and Young Child Feeding Update** (Number 1 & 2)

- **Videos** – BPNI Video Cassette “Maa Ka Pyar- Shisu Ahar” (Hindi, 12 minutes), and several video cassettes from other related organizations in the world.

- **BPNI Posters**

1. The Magic only a mother can do. (Hindi & English)
2. Closeness and Warmth

- **Reference papers under following heads:**

1. Advertising,
2. Baby Friendly Hospital Initiative (BFHI).
3. Breastfeeding/Infant Feeding practices in various cultures,
4. Campaigns on infant feeding,
5. Comparisons between breastfeeding and bottlefeeding,
6. Diarrhoea and breastfeeding,
7. Drugs, chemicals and virus transmission in human milk,
8. Economics of breastfeeding,
9. Human milk banking,
10. Lactation Amenorrhea Method (LAM) and breastfeeding,
11. Nutrition issues
12. Preterm/Low birth weight infants,
13. Complementary feeding,
14. Training of health professionals in breastfeeding & lactation management,
15. Working women and breastfeeding.

In case you need any document/ information, we will be too happy to share with you, on a no profit basis.

As we are constantly updating our resource center, we request you to kindly send us your published/unpublished articles and books and any other information which you would like to share with us and others. Please also inform other interested persons about the resource center. Your cooperation and support be highly appreciated.

Prof. G P Mathur
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