

IMPACT OF ANTENATAL COUNSELLING ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING BREASTFEEDING

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ABSTRACT

In the wake of several studies from India and other countries with high under 5 mortality rates, there is a need for strategies to save children from preventable causes of death. Ensuring safe infant feeding by promoting breastfeeding is the most practical and viable of such strategies. However, lack of knowledge of the benefits of breastfeeding on the part of the mothers as well as health care providers has led to faulty infant feeding practices taking a toll in the developing countries. There is a definite need for interventions that improve the knowledge of the mothers regarding ideal breastfeeding practices. The present study attempts to evaluate the usefulness of trained, semi-skilled lactation counsellors in positively influencing the knowledge, attitude and practices of breastfeeding mothers.

AIMS

To assess the impact of antenatal counselling on the knowledge, attitude and practice of breastfeeding mothers.

MATERIAL AND METHODS

It is a single centre cross sectional questionnaire based study. Pregnant Mothers admitted in OBG Department of Gandhi Hospital are included in the Study; 600 pregnant women recruited were divided into groups A and B with 300 subjects in each group. Women in group B were given a brief structured lactation counselling on a one-to-one basis by trained, semi-skilled lactation counsellors just before delivery. Both groups were interviewed after delivery using an identical questionnaire to assess their knowledge, attitude and practice regarding breastfeeding. The responses were statistically analysed using an open Epi Info method.

RESULTS

In the Counselling group there is a significant positive impact on mothers in all parameters of breastfeeding.

CONCLUSIONS

1. Antenatal counselling by trained lactation counsellors plays a significant positive impact on the knowledge, attitude and practices of breastfeeding mothers.
2. Lactation Counsellors may be from the community with comprehensive training from paediatricians.

KEYWORDS

Breastfeeding, Antenatal Counselling, Optimal Infant Feeding, India.

HOW TO CITE THIS ARTICLE: Manjula MR, Suresh NS, Kannaiah B, et al. Impact of antenatal counselling on knowledge, attitude and practice regarding breastfeeding. J. Evolution Med. Dent. Sci. 2016; 5(43):2702-2705, DOI: 10.14260/jemds/2016/631

INTRODUCTION/BACKGROUND

Early initiation of breastfeeding and sustaining exclusive breastfeeding for the first six months of life are important steps in ensuring a healthy baby and happy mother pair. Breastfeeding, though a reflexive and instinctive process, many times requires preparedness on the part of the mother and also the family. Lack of knowledge regarding the benefits of the breast milk coupled with untimely and inappropriate weaning practices results in malnutrition and its attendant risks. Several studies from India and other countries with high under five mortality rates revealed the rates of initiation of breastfeeding and continuation of breastfeeding to be far less than satisfactory. The present study attempts to explore the

knowledge, attitude and practice of the expecting mothers and to assess the impact of antenatal counselling on the perception and practice of expectant mothers regarding breastfeeding.

MATERIAL AND METHODS

Expectant mothers admitted in antenatal wards and mothers in the labour rooms and postnatal wards willing to breastfeed their babies are included in the study.

It is a single centre cross sectional questionnaire based study carried out from October 2012 to September 2014; 600 women admitted in Gandhi Hospital for delivery are recruited in the study. These women were divided into two groups – Group A and Group B. Group A consisted of 300 women who were interviewed after delivery with a pre-set questionnaire containing questions pertaining to knowledge, attitude and practice of breastfeeding. Group B contained 300 women who were given brief structured lactation counselling before delivery in the antenatal wards and labour room. Counselling was done by women who were appointed as support staff in our Sick New-born Care Unit (SNCU). The support staff was given basic training on ideal breastfeeding practices as per IYCF guidelines by the paediatricians working in SNCU. Group B mothers were interviewed after delivery using the same set

Financial or Other, Competing Interest: None.

Submission 28-04-2016, Peer Review 10-05-2016,

Acceptance 13-05-2016, Published 30-05-2016.

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DOI: 10.14260/jemds/2016/631

of questionnaire. The investigators carried out the interview for both groups. Fourteen mothers from Group B were excluded from the study due to sickness either in the baby or the mother. The data from the interview of the two groups were analysed and compared using open Epi Info statistical method.

RESULTS

Group A consisted of 300 women who did not receive any structured lactation counselling. Group B consisted of 286 women who were counselled by a trained counsellor before delivery. Both the groups were interviewed after delivery by the investigator using the questionnaire.

Among Group A 47% of deliveries were normal vaginal deliveries and 53% were delivered by LSCS. In Group B, 54% were Normal Vaginal Deliveries (NVD) and 46% were LSCS. Group A contained 41% primi and 59% multigravida mothers. Group B contained 44% primi and 56% multigravida mothers. In Group A, 44% and in Group B 51% were literate.

Early initiation of breastfeeding was done by 67% of mothers in Group A and in Group B by 88% of mothers. In Group A 69% of mothers delivered by NVD and 58% of mothers delivered by LSCS initiated early feeding, whereas in Group B 87% of mothers delivered by NVD and 89% of mothers delivered by LSCS initiated early breastfeeding. Among the literate mothers, 75% from Group A and 94% from Group B initiated early breastfeeding, whereas in illiterate women 31% from Group A and 41% from Group B initiated early breastfeeding; 22% from Group A and 3.5% from Group B discarded colostrum; 38% from Group A and only 14% from Group B gave prelacteal feeds (Table 1).

From Group A 55% of mothers and from Group B 90% of mothers felt exclusive breastfeeding up to six months is a good practice; 71% from Group A and 89% from Group B wished to continue breastfeeding for two years and beyond; 42% from Group A and 14% from Group B felt that formula feeding makes their babies healthier and heavier; 5% from Group B and 35% from Group A felt they should not feed their babies when they are sick.

Parameter	Group A (N=300) No. (%)	Group B (N=286) No. (%)	p value	chi ² value
Early initiation of breastfeeding	201 (67)	252 (88)	0.0001	36.22
Feeding colostrum	234 (78)	276 (96.5)	0.0001	44.41
Prelacteal feeds	114 (38)	41 (14)	0.001	8.64
Awareness of exclusive breastfeeding	164 (55)	258 (90)	0.0001	91.78
Awareness regarding maximum duration of breastfeeding	213 (71)	254 (89)	0.0001	28.7
Assumption of formula fed being healthier and heavier	126 (46)	40 (14)	0.0001	125.6
Perception that breastfeeding to be avoided during maternal illness	106 (35)	15 (5)	0.0001	80.8

Table 1: Showing Results of Interview of Groups A and B

DISCUSSION

Breastfeeding plays a crucial role by providing safe and complete nutrition to an infant. Immediate breastfeeding within the first hour followed by early exclusive breastfeeding improves the health and survival status of new-borns. Early initiation of breastfeeding was shown to reduce neonatal mortality by 22% irrespective of the duration of exclusive breastfeeding.⁽¹⁾ In the developing countries, non-breastfed infants are six times more likely to die of infections during first two months of life than breastfed infants.⁽²⁾ According to WHO, 53% of diarrhoea and 55% of pneumonia deaths are due to faulty feeding practices during the first six months of life.⁽³⁾ The Bellagio Child Survival Study Group estimated that breastfeeding could prevent 13% of all deaths of children aged less than five years (About 1.3 million lives per year).⁽⁴⁾

Though India has been a breastfeeding nation and almost every mother is willing to breastfeed her baby, there appears to be a wide discrepancy in what is ideal and what is in practice. There are several factors responsible for this scenario. Poor knowledge of optimal breastfeeding practices and insufficient support from healthcare providers are important reasons for suboptimal breastfeeding.⁽⁵⁾ Lack of support from family and the need to resume work with no maternal entitlements and facilities like crèche at the work place often lead to early discontinuation of breastfeeding.

According to NFS3, only 25% of the twenty six million children born every year are put to breast in the first hour. A little over 25% get exclusive breastfeeding for the first six months.⁽⁶⁾ The recent Rapid Survey on Childhood 2013-2014

shows some improvement in these indicators. About 44 percent of babies are put to breast in the first hour after birth and 65% of babies are exclusively breastfed till five months.⁽⁷⁾ World Breastfeeding Trends Initiative (WBTi) is a global initiative tool which tracks, assesses and monitors national policies and programmes promoting IYCF practices in order to support women for breastfeeding. As per WBTi, India status report 2015, India is faring poorly with a score of 78 out of 150.⁽⁸⁾ There has been a very modest improvement over the last decade. In comparison, its neighbour Bangladesh is doing much better with a score of 123/150.⁽⁹⁾ This suggests that India has still a long way to go to reach its goals.

The present study shows that a remarkable difference in the perceptions and practices of mothers can be brought by specific antenatal interventions. It is a well-known fact that delivery by LSCS is associated with a greater delay in initiation of breastfeeding and the longer the delay the more chances for prelacteal feeds further hampering the chances of establishing successful lactation. In our study, a 31% increase in initiation of breastfeeding was noted in the counselled group. Though discarding colostrum is not as common as before, it is still prevalent.⁽¹⁰⁾ in the misbelief that the colostrum is impure or it cannot be digested by the baby. Such practices keep the child at the risk of receiving prelacteal feeds for a considerable duration again compromising with successful lactation. In our study, only 3.5% of the intervention group discarded colostrum compared to 22% in the other group. Prelacteal feeds were given in 14% of the intervention group, whereas 38% mothers from the other group resorted to prelacteal

feeds. The prelacteal feeds varied from diluted cow milk, formula milk, honey, sugar water to fruit juice. Manas Pratim Roy et al in their study on determinants of prelacteal feeding suggested that age of the mother, social status and place of delivery influenced the practice of prelacteal feeds.⁽¹⁰⁾

From Group A, only 55% of mothers knew that exclusive breastfeeding should be done up to 6 months. Almost 90% mothers from counselled group are aware of the recommendations on exclusive breastfeeding. Regarding the question of how long breastfeeding to be continued, 71% mothers from Group A and 89% from Group B responded that breastfeeding is to be given for a minimum of 2 years and can be continued beyond. Five percent of mothers from Group B and 35% from Group A felt that breastfeeding should be stopped in case of maternal fever or other illnesses. There is a general impression among the mothers that formula fed babies are heavier and so look healthy. In our study, antenatal counselling seems to have modified this perception in the mothers to a significant extent. Only 14% from the counselled group felt that formula feeds are superior to mother's feeds, whereas 42% of mothers from the other group felt the same.

The present study reflects the general attitude of the mothers towards breastfeeding. It also establishes that a favourable change can be brought about in the knowledge and therefore the attitudes and practice of breastfeeding in the mothers. According to Mattar et al, where breastfeeding practices are suboptimal, simple one-encounter antenatal education and individual counselling may improve breastfeeding practice up to 3 months after delivery.⁽¹¹⁾ Educating the mothers on breastfeeding and clarifying any misconceptions among expectant mothers will improve breastfeeding. Many times simple problems like soreness of breast, improper latching, mother's apprehension about the adequacy of milk production if unaddressed result in premature weaning. Such problems can be addressed during postnatal visits by the health workers. Studies show that prenatal counselling had greater impacts on breastfeeding rates at 4-6 weeks, while combined prenatal and postnatal promotion were important for breastfeeding rates at 6 months.⁽¹²⁾ Aamer Imdad et al, in their systematic review stated 'that there is a greater increase in breastfeeding rate with promotion interventions in developing countries compared to developed countries. The reason could be that the baseline level of awareness and education among women of developing countries is less compared to those of developed nations. Besides, fewer mothers in developed countries would be receptive to breastfeeding promotion because of other factors like early employment, more ready availability of formula milk and a different social milieu.'⁽¹²⁾

Though our study shows a highly favourable outcome from the antenatal intervention, it is likely that the choice of many of the mothers may be modified by the elderly persons in the family⁽¹³⁾ when faced with any lactation difficulty. In order to sustain the positive influences derived from antenatal counselling, family members should be involved in the counselling both before and after the delivery. Periodic visits by the health worker during postnatal period and assurance of the mother that help is at hand whenever it is required builds up the confidence of the mother and paves way for successful lactation.⁽¹⁰⁾

The positive changes brought about by antenatal and postnatal counselling of the mothers can be reinforced by

creating awareness of optimal infant feeding practices on a large scale in the society. Experience from the Linkages project in Madagascar and Bolivia showed that concerted efforts from all the stake holders can bring a positive change in the society's attitude towards breastfeeding.⁽¹⁴⁾

India is one of the fifteen countries with highest under five mortality rates. The Global Action Plan for prevention of Pneumonia and Diarrhoea (GAPPD) recommends exclusive breastfeeding for first six months as an important intervention that protects from deaths due to diarrhoea and pneumonia.⁽¹⁵⁾ With all the strategies and plans in place, India is still struggling to attain the goals related to breastfeeding. Apart from lack of knowledge regarding the benefits of breastfeeding, several other reasons are implicated. Inadequate baby friendly hospitals, inadequate outreach services, untrained and unmotivated medical and paramedical staff and aggressive promotion by baby food industries influencing the feeding choice are among the most important reasons.⁽⁵⁾ A study done on 144 pregnant women revealed that only 21% received information about the benefits of breastfeeding during antenatal visits.⁽¹⁶⁾ As per RSOC, only 63% of mothers received at least three antenatal check-ups and only 51% of the mothers get visited by the primary care workers within one week of discharge from institutions.⁽⁷⁾ It is imperative that to improve breastfeeding rates the outreach services must be strengthened, especially in semi-urban and rural areas with special focus on educating the mothers on importance of breastfeeding.

The present study establishes that there is a need for antenatal counselling of every pregnant women in order to make them well prepared for breastfeeding of their babies. It also establishes that this can be accomplished by training persons even with minimal educational qualification.

RECOMMENDATIONS

Based on the results of our study, we recommend that designated lactation counsellors should be employed in every health care facility providing obstetric services in the country.

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