Letter to the Editor

Complete coverage and covering completely: How to promote breastfeeding?

Dear Editor,

We read with great interest the article 'Complete coverage and covering completely: breast feeding and complementary feeding: knowledge, attitude, and practices of mothers' by Jain et al., published in *Med J Armed Forces India* 2018;74:28–32.¹ The study highlights suboptimal rates of breast feeding practices as seen in a survey of mothers at a tertiary care hospital in central India and the gross discrepancy between knowledge and practices. We congratulate the authors for reporting the reality of breast feeding practices which is comparable with the recently published National Family Health Survey (NFHS-4) data.² Having gone through the article, we would like to add the following:

One that attracts attention at the beginning is about the source of information for mothers regarding feeding of their babies. Health care workers were the source of information for only about one fourth of the mothers. As the neonates usually stay admitted with their mothers for at least 48 h of life, one expected the health care workers attending these neonates to be the major source of information to the mothers. So possibly there is room for improvement in terms of more involvement and more counselling by the health workers, in improving breast feeding exclusivity. This would also have led to better attitude of mothers, as 22.5% of mothers could not answer as to why it was good to breastfeed their babies. Another finding from the study is that about a third of mothers could not breastfeed within the first golden hour. A simple solution would be universal implementation of skin to skin contact for one hour soon after birth, which not only would help in initiation of early breast feeding, but also help in preventing hypothermia in babies. There are many other easily implementable and evidence based methods of improving the situation. Breastfeeding counselling during antenatal visits is one great opportunity, as the mothers are at the most receptive stage. Creating breast feeding support groups locally involving volunteers from community, is another very effective measure. There is a real need to train all health care staff working in labour room, operation theatres, and postnatal wards, in skills necessary to implement exclusive breast feeding, to support each mother in initiating breastfeeding within an hour of birth, to show each mother how to breastfeed, to give infants no food or drink other than breast milk unless medically indicated, and to practice "rooming in" on mother's bed, so that to allow mother infant dyads to remain together for 24 h a day.³ The percentage of mothers continuing breast feeding by two years of age was in single digit in this study, which can be improved substantially, if the health care workers counsel

about the need of continuing breast feeding, at every opportunity of contact with the parents during visits for sickness or immunization of their babies. Recently Government of India launched a nationwide programme 'MAA' – (Mother's Absolute Affection), for promoting breastfeeding. The tagline of the campaign, "Stanpaan Vikalp Nahin, Sankalp Hai" (Breastfeeding is not an option but a commitment), truly should be everyone's goal.⁴

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Lt Col Subhash Chandra Shaw*
Assistant Professor, Department of Pediatrics, Armed Forces Medical College, Pune 411040, India

Maj Gitanjali Jain
Clinical Tutor, Department of Pediatrics, Armed Forces Medical College, Pune 411040, India

*Corresponding author
E-mail address: drscshaw@rediffmail.com (S.C. Shaw)

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Reply

Dear Editor,

We thank the readers for the complement and the interest shown in our article. Our reply to the issues raised is as below:

- 1) Source of information for mothers – health care workers: (a) Important health topic thus impactful, holistic, and tactful actions by all needed. (b) All need to be aware of all advantages, and not just health care workers, as contact with them is limited. We live in a society and not hospitals. (c) The findings are a guide for channelizing resources.

WHO recommendations: 'Programmes and projects that have been successful in achieving behavioral change work through multiple channels and combine various methods, ranging from individual counseling by health facility and community-based workers, community group sessions and information sharing through mass media'.¹

- 2) Early initiation of breast feeding 'simple solution-universal implementation of skin to skin contact for one hour soon after birth': Again need for correct comprehensive actions.

WHO recommendations: (a) Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth. (b) All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery. (c) Mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties.^{2,3}

The action point (c) may be modified to 'Mothers should receive practical and professionals/health care workers support to manage common breastfeeding difficulties', especially for our settings.

- 3) 'Many other easily implementable and evidence based methods': Reader's enthusiasm with evidence based strategies appreciated, however these should be latest and comprehensive.

The Breast Feeding Hospital Initiative comprehensively addresses the issues raised as systematic ten steps, and evidence exists for the effectiveness of individual steps, but even more so for full implementation of all steps together.⁴⁻⁶

Continuing support for infant and young child feeding strategies requires counseling during not only visits for sickness or immunization but also well-baby clinics and/or growth assessment visits.^{4,7} Also, the Lancet meta-analyses indicate that breastfeeding practices are highly responsive to interventions delivered in health systems, communities, and homes.⁸

Lastly and importantly our government's efforts are pertinent for perfect actions and progressive aims, and are praiseworthy.

"Breast feeding is the foundation & future, hence Comprehensive policies & complete practice"

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Col Sunil Jain*

Classified Specialist (Paediatrics), Command Hospital (Northern Command), C/o 56 APO, India

Col R.K. Thapar

Senior Advisor (Paediatrics & Neonatology), Command Hospital (Central Command), Lucknow 226002, India

Brig R.K. Gupta

Professor & Head, Department of Paediatrics, Armed Forces Medical College, Pune 411040, India

*Corresponding author

E-mail address: sunil_jain700@rediff.com (S. Jain)

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