

## EDITORIAL

### MALPRACTICES RELATED TO INFANT FEEDING

Childhood malnutrition is one of the most serious public health issues in many developing countries. In South East Asia, Pakistan is among one of the countries with the highest rate of malnutrition which is a leading cause of mortality under five. The factors contributing towards malnutrition include low birth weight, inadequate breast feeding and lack of exclusive breast feeding, inappropriate complementary feeding, and lack of maternal education and proper knowledge of nutrition, parity, birth spacing, household socioeconomic status, food insecurity, poor sanitation, vaccination, and infectious diseases.<sup>[1]</sup>

Lack of breast feeding and inadequate feeding practices are one of the most significant factors leading to malnutrition. Breast milk is the ideal food for baby, beneficial for babies and mothers as well. It is highly cost effective and reduces the incidence of diarrhea, malnutrition, infant death and boost immune system of baby.<sup>[2]</sup> The nutritive value of breast milk cannot be denied but unfortunately, the rate of breast feeding is on the decline in the modern world.

Traditionally in Asian countries including Pakistan prelacteals are given to the baby immediately after birth in the form of honey, arq, ghutti, ghee and fruit juices due to the myth that breast milk is not ready after birth. Moreover, diluted cow's milk and goats milk is initiated after birth, colostrum is discarded and the concept of initiating mother feed after 3rd day prevails in most of the areas. The decision whether baby is to be fed on breast milk or not and other information about breastfeeding is influenced by elders in most of the Pakistani families.<sup>[3]</sup> Furthermore, some quacks also make the situation worse by superimposing the misconception of hazardous nature of breast milk of some women for their babies. They also prescribe routine laboratory examination of breast milk for the presence of pus or bacteria. Wrong perception of inadequate supply of breast milk and wrong attribution of loose motions to breast feeding also exists. Multiparity and increased workload of household activities on women and lack of support at job for working women are some other significant factors limiting the rate of exclusive breast feeding. In families with high socioeconomic status, fancy formula milks are in use which they consider richer in nutrition and they think baby will become healthier by taking these formula milks.

It is indeed a challenging task to overcome these factors and establish the standard feeding practices in these circumstances. This can be achieved only by increasing the awareness of mothers and families regarding the significance of breast feeding and helping them coping with the problems initiating the early breast feeding. First suck initiated within a half hour of delivery is considered as early initiation. After initial period of 3 to 4 hours of

active crying new born baby goes into a period of somnolence lasting for next 2 to 3 days, so if that active period is missed, it becomes difficult to establish mother and child bonding and initiation of breast feeding.

WHO has designed certain guidelines to assess feeding practices of infants i.e., (Guidelines for assessing infant and young child feeding, IYCF). Their core points regarding breast feeding include initiation of breast feeding, exclusive breast feeding under 6 months of age, introduction of soft foods, semi-solid and solid foods to children with minimum dietary diversity, acceptable diet and use of iron rich foods. It becomes obligatory for the health care system to implement a strong policy based on these guidelines in the society.

The Punjab government healthcare department has recently banned the prescription, promotion and sale of infant formula, reinforcing the implementation of protection of breast feeding and child nutrition ordinance, 2002 and Punjab protection of breast feeding and child nutrition rules 2015. It is a good step towards achieving the target of promoting breast feeding, but without educating the public it may lead to worsening of the situation. Those who are not convinced of breast feeding will switch over to diluted animals milk or some other homemade prelacteals in case of non availability of formula milks. So, it is the need of the time to educate our masses regarding standard feeding practices, exclusive breast feeding, and complementary feeding at appropriate time.

We being related to healthcare system can play a major role regarding this issue. Mother's education and awareness must start from the very first day she attends the antenatal clinic and continued in postnatal period. Mothers should be encouraged and prepared mentally during antenatal visits to breast feed their infants. Awareness sessions may be arranged in groups for all lactating mothers in the hospital setting. Family education must be done at individual level as well; elders in the house must be targeted as they are the main decision makers in the family. Print, Electronic and social media must also play a vital role regarding the awareness of exclusive breast feeding. Strict litigations must be carried out against those quacks that prescribe the unnecessary biochemical examination of breast milk and reinforce the concept of poisonous nature of breast milk. Religious scholars should also contribute towards promoting the messages regarding breast feeding. Support staff must be provided in labor room, obstetrics settings and neonatal units to facilitate mothers initiating the early breast feeding.

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