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Research Article

THE IMPORTANT OF BREAST FEEDING OF A NEW BORN INFANT

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ABSTRACT

This paper is focus on the important of breastfeeding of a new born Infant , breastfeeding the new baby to have faster growth and get perfect nutrition that will protect the baby from disease , the earliest experience of new born infant is a great importance to the total growth and development. This particularly true on the way children obtain their foods the chemical structure of human milk facilitate digestion, metabolism efficient utilization of nutrients which in turn encourage excellent growth in infant. Anemia is less likely in well breastfeed infant that those who practice artificial feeding.

KEYWORDS

Important, New, Infant, Feeding, Breasts, Born.

INTRODUCTION

Breast feeding is the feeding of an infant with breast milk directly from human breast rather than bottle or other contains (Piccino, 2001). Exclusive breast feeding (EBF) is defined as infants consumption of human milk with no supplementation of any type food (no water no juice and foods) exception for vitamins, minerals and medication (Gartner 2005). Historically breast feeding is only source of nutrition for instants for at least the first six months of life, and human milk is the

most healthfully from of milk for human babies (Riordan 1999). However there are few exception or is infected with HIV or TB breast feeding promote helps to prevent diseases and reduce health care and feeding cost in babies (Batrack, 2010).

Concept of Breast milk

Breast milk is critical for sustaining newborn infant health and wellbeing. Infants who are properly breast-

fed grow better and experience less sickness and fewer deaths than other infants who are not breast-fed (John, 2005). Breastfeeding is a natural process of infant feeding involving two main methods; exclusive and partial with the latter being trendiest. Nevertheless, exclusivity is the absolute and suitable scheme with finest domino effect. However, a good mental, emotional and physical collaboration between the mother and her newborn for desired outcome (Khreshah et al., 2011). Breastfeeding definition is that internationally recommended by the World Health Organization. Full breastfeeding is breastfeeding either exclusively or predominantly. Exclusive breastfeeding means giving a baby no other food or drink, including water; in addition to breast milk (medicines and vitamin and minerals drops are permitted). On the other hand, partial breastfeeding includes other feeding methods in addition to breastfeeding (i.e. bottle, cup, lact-aid) regardless of content. (WHO, 2017). The American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk has established recommendations for exclusive breastfeeding for a baby's first six months of age, followed by the addition of complementary foods to continued breastfeeding through the baby's first year, and continuation of breastfeeding for as long as desired by both mother and infant (American Academy of Pediatrics, 2017; Eidelman et al., 2012).

Reasons for breastfeeding a new born Infants

- * Perfect nutrition is the best food to help new born infants to grow.
- * Protection the new born infants from the disease
- * Brain power the brain and mind of the new baby
- * Good for mothers too to breastfeeding a new baby to protect from disease

- * Builds a special bond between the mother and the new baby
- * Advantages continue as baby grows through natural breast feeding
- * Easy on the budget it help in savings money

Physiologic and Psychosocial Benefits of Breastfeeding:

The myriad of benefits of breastfeeding are documented extensively in the literature, and new benefits continue to be identified. Emerging research also indicates stronger associations between longer duration of exclusive breastfeeding and enhanced maternal and infant benefits (American Academy of Pediatrics, 2017; Ip et al, 2009). The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) reported the following benefits of breastfeeding for infants, breastfeeding has short-term and long-term health benefits. In the short-term, breastfeeding reduces the risk of gastroenteritis, necrotizing enterocolitis, ear infections, pain following minor procedures, hospital readmissions, respiratory infections, Sudden Infant Death Syndrome, and urinary tract infections. In the long-term, breastfeeding reduces the risk of asthma, atopic dermatitis, cardiovascular disease, celiac disease, diabetes, childhood inflammatory bowel disease, obesity, and sleep disordered breathing. Further, breastfeeding is associated with increased cognition and neuro development (AWHONN, in press).

Breastfeeding is also beneficial to the mother's health. Postpartum benefits include decreased blood loss, lower risk of postpartum infection and anemia, and greater weight loss. Breastfeeding also has been associated with reduced risk of maternal disease later in life including breast cancer, diabetes (type II),

hypertension, cardiovascular disease, metabolic syndrome, ovarian cancer, osteoporosis, and rheumatoid arthritis (AWHONN, in press).

Component of Breast milk

According (to Frazer and Copper 2000) the following are the component of breast milk: -

Fat and fatty acids: Helps in the rapid growth of brain and about 98% of

lipid in human milk is inform of Frigly Cendes. There are some fatty acid (arachidonic acid and decoahexanoi acid) that play vital role in the development of the rating and visual cortex, fat provides the basic with more than 50% of their colonic requirement.

Carbohydrate: provides the baby with 40% of its caloric requirement lactose enhances the absorption of calcium and also promotes the growth of the bacilli which increases intestinal acodoly this reducing the growth of pathogenic organism and consequently diarrhea, diseases.

Vitamins: Fat soluble and water soluble vitamin among which vitamin D play important roles in the metabolism of calcium and phosphorus and prevents rickets in children while other like vitamin K is essential for the synthesis of blood dotting factors.

Mineral and trace elements: minerals like iron, zinc, calcium and other ensures that the infants needs are met whist also imposing a low solute load on the neonatal kidney than do breast milk substitutes.

Anti-Infective factors: like leucocytes immunoglobulism, lactoferins. Bifidus factor, hormones and growth factors protect the infant babies against pathogenic bacteria and enter viruses.

Breast feeding Difficulties

Despite being a natural uncommon, putting the baby to the breast as soon as possible after birth help to avoid problems. Many breast-feeding difficulties can be resolved with proper hospital procedures (e.g. proper attachment which ensures that the baby obtain the qualitative portion of breast milk and inadequate amount this helps in satisfying the baby and enhancing physical growth and development. Therefore, the need for additional feed or artificial feeding will not exist. The America academic of pediaterics (AAP) recommends that nurse should delay weighing measuring bathing needle sticks and eye prophylaxis until after first feeding has been completed (Gartner et al 2005).

Baby Friendly Hospital Initiative

Baby Friendly Hospital Initiatives (BFHI) was launched in 1991 by WHO and UNICEF to encourage hospital to promote practices that are supportive to breastfeeding and to reduce breast feeding difficulties. It was focused around ten steps with wish and hospitals who wish to achieve baby friendly status most comply (WHO 1991 cited Frazer and Cooper, 2006) then ten step are as follows:-

Have a written breast feeding policy that is routinely communicated to health care staff.

Train all health care staff in skills necessary to implement this policy.

Inform all pregnant women about the benefits and management of breast feeding.

Help mothers initiate breast feeding soon after birth.

Show mothers how to breastfeed from their infants.

Give new born infant no food or drink other than breast milk unless medically indicated.

Practice rooming in allows mothers to remain together 24 hours a day.

Encourage breast feeding on demand.

Give no artificial teats or dummies to breast feeding infants.

Foster the establishment of breast-feeding support groups and refer mothers to the on discharge from hospital or clinic.

AWHONN supports the implementation of The Ten Steps to Successful Breastfeeding developed by the Baby-Friendly Hospital Initiative (BFHI), of which nurses are key leaders (BFHI, 2014). The implementation of these practices increases initiation and duration of breastfeeding, whether a facility has achieved Baby Friendly designation or not. Researchers found that women who experienced at least four of the 10 Baby-Friendly hospital practices, including implementing skin-to-skin at birth and 24-hour rooming in had a greater likelihood of breastfeeding at one and four months than women who experienced fewer than four of these practices (Brodribb et al., 2013).

Factors that influence Exclusive Breastfeeding

Internationally there are many factors associated with poor exclusive breastfeeding and must consider when investigating the reasons for lower than recommended rates and duration of breastfeeding identified many of the most common barriers to successful breastfeeding. The seven barriers addressed in the call to action were found to be: 1 lack of knowledge, 2 lactation problems, 3 poor family and social support, 4 social norms, 5 embarrassment, 6 employment and child care, and 7 health services .

Many barriers to successful exclusive breastfeeding among employed mothers have been identified. Five aspects of the work environment that contribute to a mother's overall perception of workplace breastfeeding support have been described: company policies/work culture, manager support/lack of support, co-worker support/lack of support, and the physical environment of the breastfeeding space (Greene and Olson, 2008).

Educational level

The influence of education on infant feeding practices varies from one setting to another (Centre for Community Child Health, 2006; Ahmed, 2008; Sapna, Ameya 2009; Okeh, 2010; Ajibade et al 2013). Maternal education below secondary level contributed to prelacteal feeding and failure to practice exclusive breastfeeding (Ogunlesi, 2010). Women with low level of education are less likely to practice exclusive breastfeeding (Zhang et al, 2004; Uchendu, Ikefuna, and Imodi, 2009; Qureshi et al, 2011). On the other hand, another study reported that lower maternal education attainment is related to increase in breastfeeding practices (Lawoyin, et al 2001). Highly educated women may be able to breastfeed exclusively as recommended because they are more likely to understand the benefits of breastfeeding when compared with less educated women who may not see any need for that but may breastfeed longer as a tradition.

Occupation/Employment

Many scholars posited that maternal employment is in a continuous competition with breastfeeding (Okeh, 2010; Raffle, Ware, et al, 2011; Muluye,) and may even be a barrier to breastfeeding (Velpuri, 2004; Ajibade, Okunlade et al 2013) especially if there is no adequate planning for breastfeeding mothers in the workplace.

Women's work may have a negative impact on breastfeeding because of inadequate time to breastfeed (Ukwuani and Suchindran, 2003). Working outside the home after birth was reported to have significantly reduce the likelihood of exclusive breastfeeding at six months (Xu, Binns, et al, 2007; Qureshi, Oche, et al 2011; Chuang, Chang, et al, 2010; Matias, Nommsen-Rivers, et al 2013). Jager, Hartley, et al (2012) identified return to work as an important factor that influence breastfeeding because of the challenges women face in trying to sustain adequate infant feeding practices while working.

Economic Status

Studies have shown that high socio-economic status was significantly related to low exclusive breastfeeding rate, and short duration of overall breastfeeding (Lawoyin, Olawuyi, et al., 2001; Okeh, 2010; Ekanem, Ekanem, et al., 2012; Ajibade, Okunlade et al., 2013). This is not unconnected to the employment status of women with high economic status which has a negative impact on breast feeding. A contrary opinion was reported by Velpuri, (2004) in which women with high income status were associated with a high breastfeeding rate. Adelekan (2003) identified low economic status as one of the most important determinants of suboptimal breastfeeding (non-exclusive and short duration) and concluded that significant improvement in the socioeconomic status of women could help reduce childhood malnutrition.

Marital Status

Marital status of a woman is an important determinant of infant feeding practices in some setting (Sika-Bright, 2010; Ajibade, Okunlade et al 2013). Suboptimal infant feeding is common with single mothers (Kimani-murage, Madise, et al., 2011; Tampah-Naah and Kumi-Kyereme, 2013). Studies concluded that single mothers

are less likely to breastfeed adequately and longer due to absence of partners' support and confidence compared with married mothers (Lamontagne, Hamelin, et al, 2008; Ajibade, Okunlade et al 2013). This conclusion was reached following a chi-square analysis that indicated a significant relationship ($P=0.01$) between marital status and exclusive breastfeeding and duration of breastfeeding

Parity

The effect of parity on infant feeding and breastfeeding in particular is inconclusive because in some settings multi parity has a positive impact on breastfeeding (Ukegbu, Ukegbu et al., 2010; Qureshi, Oche et al., 2011) while in other settings, the impact is negative (Uchendu, Ikefuna et al. 2009). Some studies have shown that parity did not confer any advantage to breastfeeding practice (Ogunlesi, 2010; Sapna, Ameya, 2009) meaning that breastfeeding behavior of primiparous and multiparous women is the same (Amatayakul, Wongsawasdi et al, 1999).

The Role of the Nurse in Promoting Exclusive Breastfeeding

Nowadays the majority of births occur in hospitals where nurses are the primary health care providers supporting women from labor and birth through discharge. Nurses play a vital role in preparing, educating, encouraging, and supporting women to breastfeed while the mother came at primary health care for ante natal care and follow-up; so the nurse is a cornerstone and instrumental in facilitating, promote and support the initiation and continuation of breastfeeding (AWHONN, 2014).

Nurses and other health care professionals who care for mother-infant dyads should acquire the knowledge and demonstrate the competence needed to provide

consistent and evidence-based breastfeeding information and support throughout the preconception, prenatal, and postpartum periods. If the health care professional does not possess the knowledge and skills needed to provide supports, consultation with or referral to a lactation specialist or other clinical expert should be offered for all mother-infant dyads (AWHONN, 2014). There are many competencies that promote the knowledge, skills, and attitudes that health professionals should possess in order to help women prepare for, initiate, and sustain breastfeeding. Also, developing academic education programs for all health care professionals should include content on lactation (AWHONN, 2014c).

All women have the right to expect culturally sensitive breastfeeding promotion and support. Health care providers especially nurses should strive to understand and be prepared to address cultural issues in all aspects of breastfeeding promotion and support for the population of women they serve. Breastfeeding has different meanings and levels of acceptance in different cultures; therefore, it is essential that providers explore the specific breastfeeding concerns of the individuals with whom they are working. All women have the right to obtain information about the benefits of breastfeeding, so that, they are able to make informed decisions (UNICEF, 2017).

CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

Women attending Gubio Clinic in Gubio Local Government Area, Borno State practicing breastfeeding. Supplementary foods have been added to the breastfeeding Low level of education, social and cultural factors

Whether condition are to the exclusive breastfeeding

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