

**A STUDY OF BREASTFEEDING, PROBLEMS AROSE AND MYTH BUSTERS -PRE AND POST COVID-19 PANDEMIC****Disha Bongarde****Dr. Dharmaji Kharat***Tata Dept. of Food Technology, Premlila Vitthaldas Polytechnic,
SNDT Women's University, Santacruz (W), Mumbai.***INTRODUCTION:**

Breastfeeding, also known as nursing, is the feeding of babies and young children with milk from a woman's breast. Exclusive breastfeeding for 6 months has many benefits for the infant and mother. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also industrialized countries. Early initiation of breastfeeding, within 1 hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhea and other infections can increase in infants who are either partially breastfed or not breastfed at all.

Children and adolescents who were breastfed as babies are less likely to be overweight or obese. Additionally, they perform better on intelligence tests and have higher school attendance. Breastfeeding is associated with higher income in adult life. Improving child development and reducing health costs results in economic gains for individual families as well as at the national level.



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Longer durations of breastfeeding also contribute to the health and well-being of mothers: it reduces the risk of ovarian and breast cancer and helps space pregnancies—exclusive breastfeeding of babies under 6 months has a hormonal effect which often induces a lack of menstruation. This is a natural (though not fail-safe) method of birth control known as the Lactation Amenorrhea Method.

Why is Breastfeeding Important for Baby?

- Breast milk helps keep your baby healthy.

It supplies all the necessary nutrients in the proper proportions.



It protects against allergies, sickness, and obesity.

It protects against diseases, like diabetes and cancer.

It protects against infections, like ear infections.

It is easily digested – no constipation, diarrhea or upset stomach.

Babies have healthier weights as they grow.

Breastfed babies score higher on IQ tests.

- Breast milk changes constantly to meet babies' needs.

The milk changes in volume and composition according to the time of day, nursing frequency, and age of baby to promote healthy growth. Breast milk is the perfect food for your baby.

- Breast milk is always ready and good for the environment.

It is available wherever and whenever your baby needs it.

It is always at the right temperature, clean and free.

No bottles to clean.

Breastfeeding has no waste, so it is good for the environment.

- Mothers who breastfeed:

Have a reduced risk of Type 2 Diabetes and certain cancers such as breast cancer

May find it easier to return to what they weighed before they got pregnant

Strengthen the bond with their children

REVIEW:

Early initiation of breastfeeding: a systematic literature review of factors and barriers in South Asia (Indu K. Sharma & Abbey Byrne)

The social and economic circumstances of a woman and the household have much influence on timing of breastfeeding initiation in the South Asian context, pertinently the education of mother, occupation of mother, household wealth and family size and family type. Delayed initiation of breastfeeding is more prevalent among women who have no formal education in Bangladesh, India, Nepal and Pakistan. In Bangladesh, delayed initiation is associated with low schooled husbands. However, working status of mothers is contrasting depending on the setting. Working mothers in Pakistan are more likely to delay initiation compared to non-working mothers whilst in India non-working mothers are more likely to delay initiation.



Breastfeeding initiation based on wealth also contrasts between countries. Delayed initiation is more likely by women from poorest households in Bangladesh yet by those of the richest households in Sri Lanka. In an urban area of India, Kolkata, early initiation practices were higher among women from lower-income groups. In terms of family type and size, women with nuclear families (not residing with the mother-in-law), with fewer children, are more likely to delay initiation in Nepal. Results relating to socioeconomic influence from studies in India and Bangladesh are more strongly founded based of moderate quality grading, whilst those of Nepal, Pakistan and Sri Lanka were of weak quality grading.

Breastfeeding has been reported to impact mood and stress reactivity in mothers. Specifically, breastfeeding mothers report reductions in anxiety, negative mood, and stress when compared to formula-feeding mothers. These findings based on subjective self-report measures are supported by objective physiological measures indicative of a positive effect of breastfeeding on emotional well-being. For example, breastfeeding mothers have stronger cardiac vagal tone modulation, reduced blood pressure, and reduced heart rate reactivity than formula-feeding mothers have, indexing a calm and non-anxious physiological state. Moreover, there is evidence to show that breastfeeding mothers have a reduced cortisol response when faced with social stress. Critically, breastfeeding also impacts mothers' responses to emotions in others and may thereby improve social interactions and relationships. More specifically, recent work shows that prolonged durations of exclusive breastfeeding are linked to facilitated responses to inviting (happy) facial expressions and that more frequent breastfeeding on a given day is linked with reduced responsivity to threatening (angry) facial expressions.

Here, the authors have shown their study on the impact of breastfeeding on affect, mood, and stress in mothers which shows that exclusively breastfeeding has a positive effect on mood, sleep and also helps reducing stress whereas those who use formula instead has shown negative or not-so-good results.

COMMON PROBLEMS ENCOUNTERED BY BREASTFEEDING WOMEN:

Breastfeeding is the way women have fed their babies from the beginning of time, so you should expect the process to proceed uneventfully, right? After all, it seems only fair that a woman who makes the positive choice to breastfeed her baby would be able to nurse as long as she desires. The surprising and disappointing truth is that lactation problems do occur, even



among women with the best of intentions and the highest motivation to succeed at breastfeeding. Sometimes problems involve the mother's breasts and nipples or relate to her overall health. At other times, breastfeeding problems involve the baby or impact the baby's well-being. Some problems are due to circumstances beyond our control, while others are the direct result of lack of knowledge or lack of confidence, improper technique, or bad advice. Most problems that cause women to discontinue breastfeeding before they had wanted arise within the first few weeks, but a breastfeeding complaint can present at any point in the course of lactation. Whether breastfeeding problems begin in the hospital or surface months later, they can be the source of great stress and threaten long-term breastfeeding.

The complementary feeding period from 6 to 24 months is a major part of the first 1,000 days of life. The complementary feeding period provides a window of opportunity for preventing malnutrition, including stunting, wasting, overweight, and obesity. Furthermore, it has been estimated that about 100,000 deaths in children younger than 5 years due to under-nutrition could be saved each year if complementary feeding was appropriate. The 6–24 months of age window is also very important for long-term health. Inappropriate feeding can affect growth, organ development, and metabolism, which can have long-term programming effects on development and health.

There are specific and innate immune factors present in human milk that provide specific protection against pathogens in the mother's environment. In addition, immune factors in milk provide protection against infections such as *H influenzae*, *S pneumoniae*, *V cholerae*, *E coli*, and rotavirus.

THE RISKS OF NOT BREASTFEEDING FOR MOTHERS AND INFANTS:

Health outcomes in developed countries differ substantially for mothers and infants who formula feed compared with those who breastfeed. For mothers, failure to breastfeed is associated with an increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, myocardial infarction, and the metabolic syndrome. Obstetricians are uniquely positioned to counsel mothers about the health impact of breastfeeding and to ensure that mothers and infants receive appropriate, evidence-based care, starting at birth.

Health outcomes differ substantially for mothers and infants who formula feed compared with



those who breastfeed, even in developed countries such as the United States. A recent meta-analysis by the Agency for Healthcare Research and Quality reviewed this evidence in detail¹: For infants, not being breastfed is associated with an increased incidence of infectious morbidity, including otitis media, gastroenteritis, and pneumonia, as well as elevated risks of childhood obesity, type 1 and type 2 diabetes, leukemia, and sudden infant death syndrome (SIDS). Among premature infants, not receiving breast milk is associated with an increased risk of necrotizing enterocolitis (NEC).

For mothers, failure to breastfeed is associated with an increased incidence of premenopausal breast cancer, ovarian cancer, retained gestational weight gain, type 2 diabetes, and the metabolic syndrome.

These findings suggest that infant feeding is an important modifiable risk factor for disease for both mothers and infants. The American College of Obstetricians and Gynecologists (ACOG) therefore recommends 6 months of exclusive breastfeeding for all infants. The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) similarly recommend exclusive breastfeeding for the first 6 months of life, continuing at least through the infant's first birthday, and as long thereafter as is mutually desired. The World Health Organization (WHO) recommends at least 2 years of breastfeeding for all infants.

MYTHBUSTERS:

When reading about breastfeeding, the number one advice is always in its favor - the world believes that breastfeeding is good for the mother and child. But today's women are increasingly picking alternatives to breastfeeding, especially if they are working women. Several also believe that breast milk is low in iron, and that breastfeeding should be avoided if the mother is ill or on medication. We help you draw the line between breastfeeding myths and facts.

- **Myth: You should only eat plain food while breastfeeding.**

Like everybody else, breastfeeding mothers need to eat a balanced diet. In general, there is no need to change food habits. Babies are exposed to their mothers' food preferences from the time they are in the womb. If a mother perceives that her baby reacts to a specific food she eats, it is best to consult a specialist.



- **Myth: Exercise will affect the taste of your milk.**

Exercise is healthy, also for breastfeeding mothers. There is no evidence that it affects the taste of your milk.

- **Myth: You shouldn't breastfeed if you're sick.**

Depending on the kind of illness, mothers can usually continue breastfeeding when they're sick. You need to make sure you get the right treatment, and to rest, eat and drink well. In many cases, the antibodies your body makes to treat your disease or illness will pass on to your baby, building his or her own defenses.

- **Myth: You can't take any medication if you're breastfeeding.**

It's important to inform your doctor that you are breastfeeding and to read the instructions with any medications you buy over the counter. It might be necessary to take medications at a specific time or in a specific dosage, or to take an alternative formulation. You should also tell the baby's doctor about any medications that you're taking.

- **Myth: Babies who have been breastfed are clingy.**

All babies are different. Some are clingy and some are not, no matter how they are fed. Breastfeeding provides not only the best nutrition for infants, but is also important for their developing brain. Breastfed babies are held a lot and because of this, breastfeeding has been shown to enhance bonding with their mother.

If you're a mother or expecting, it is only natural to have questions about what is safest for your baby during the outbreak of the coronavirus disease (COVID-19) pandemic.

Evidence is overwhelmingly in support of breastfeeding. Skin-to-skin contact and early, exclusive breastfeeding helps your baby to thrive, and there is no reason to discontinue in the wake of this virus. To date, the transmission of active COVID-19 (virus that can cause infection) through breastmilk and breastfeeding has not been detected.

If you are about to have a baby, you should be supported to breastfeed safely, hold your newborn skin-to-skin, and share a room with your baby.

Here are some answers to common questions from new and expecting mothers to help provide the safest experience for you and your baby, whether you're feeling healthy or experiencing signs and symptoms of COVID.

- **Should I breastfeed during the pandemic?**



Absolutely. Breast milk provides antibodies that give babies everywhere a healthy boost and protect them against many infections. Antibodies and bio-active factors in breast milk may fight against COVID-19 infection, if a baby is exposed.

If your baby is 6 months old or younger, he should be breastfed exclusively. Once your child is over 6 months, continue breastfeeding with safe and healthy complementary foods.

- **Can you pass COVID-19 to your baby by breastfeeding?**

To date, the transmission of active COVID-19 (virus that can cause infection) through breast milk and breastfeeding has not been detected, though researchers are continuing to test breast milk.

Engage in skin-to-skin contact with your newborn. Placing your newborn close to you enables the early initiation of breastfeeding which also reduces neonatal mortality. Timing is everything and it is recommended to initiate breastfeeding within the first hour after delivery.

- **Should I breastfeed if I have or suspect I have COVID-19?**

Yes, continue breastfeeding with appropriate precautions. These include wearing a mask if available, washing your hands with soap and water or with an alcohol-based hand rub before and after touching your baby, and routinely cleaning and disinfecting surfaces you have touched. Your chest only needs to be washed if you have just coughed on it. Otherwise, your breast does not need to be washed before every feeding.

- **Should I breastfeed if my child is sick?**

Continue to breastfeed your child if she becomes ill. Whether your little one contracts COVID-19 or another illness, it is important to continue nourishing her with breast milk. Breastfeeding boosts your baby's immune system, and your antibodies are passed to her through breast milk, helping her to fight infections.

CONCLUSION & RECOMMENDATION:

WHO and UNICEF recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, including water.

Infants should be breastfed on demand – that is as often as the child wants, day and night. No bottles, teats or pacifiers should be used.



From the age of 6 months, children should begin eating safe and adequate complementary foods while continuing to breastfeed for up to 2 years and beyond.

Research suggests that breastfeeding is a key modifiable risk factor for disease for both mothers and infants.

There are specific and innate immune factors present in human milk that provide specific protection against pathogens in the mother's environment. In addition, immune factors in milk provide protection against infections such as *H influenzae*, *S pneumoniae*, *V cholerae*, *E coli*, and rotavirus.

Not breastfeeding is associated with health risks for both mothers and infants. Epidemiologic data suggest that women who do not breastfeed face higher risk of breast and ovarian cancer, obesity, type 2 diabetes, metabolic syndrome, and cardiovascular disease.

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