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The Public Health Approach to Breastfeeding

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Abstract

Breastfeeding is a means of achieving wellness and survival for children globally. In the Middle east region, 66.6% of the population is suffering from the failure of fulfilling breastfeeding although of all sustained efforts by national and international organizations. Marginalization of breastfeeding is like depriving the baby of security and mother's warmth by exposing mothers and babies to infectious and non-infectious diseases.

Keywords: Breastfeeding • Non-infectious diseases

Introduction

Breastfeeding is a means of achieving wellness and survival for children globally. In the Middle east region, 66.6% of the population are suffering from failure of fulfilling breastfeeding although of all sustained efforts by national and international organizations. Marginalization of breastfeeding is like depriving the baby security and the mother's warmth by exposing mothers and babies to infectious and non-infectious diseases. In this study we will evaluate the current situation and progress in the Global approach of located in the Middle East region specifically in Egypt utilizing epidemiological surveys as an adjuvant tool and data of WHO and UNICEF, as a failure of breastfeeding is a major cause of malnutrition so there is a need to apply an effective approach through the best way of communication for promoting breastfeeding and opposing any misinformation about it, carried by the targeted marketing of the companies concerned with profit through products which are sold for babies which sometimes are enriching the idea of that breastfeeding is like something that can be subtracted from women's and babies lives.

Although of the proven impact recently of the public approach of the Baby-friendly Hospital Initiative compared to the past, its effectiveness on the Egypt community's practices has yet to be evaluated. Recent studies have revealed weak rates of exclusive breastfeeding in mothers in urban areas. One study revealed that exclusive breastfeeding was around 12.5% between 400 mothers lactating infants with ages between 2 months-6 months in a Family Medicine center. The information about exclusive breastfeeding was poor and nearly about 4-22 of 27 survey's questions. It was greater in highly educated mothers, working ones, and those who received information from different sources of media [1]. A study done in a clinic located in Alexandria revealed that exclusive breastfeeding was around 4.4% of the cases and 72.4% of them have practiced mixed feeding while the others 23.3% have introduced artificial formula feeding.

Of the main causes of failure of breastfeeding, around 45.7% were maternal causes including deliveries complications, nipple diseases, and insufficient milk of the breast, while 39.7% of them were infant causes due to prematurity, intended refusal of infant, infant diseases, and continuous crying. The growth of exclusive breastfeeding babies was the best then mixed feeding was better than artificial feeding babies. Gastroenteritis, dermatitis, respiratory tract infections, and otitis media were less common among EBF babies in comparison to MF and AF babies [2]. Fahmi studied regimens of the feeding of infants in Menia including 379 infants, breastfeeding estimated rate was 93.6% and 6.4% of infants were never breastfed. Other types of feeds were given in the first 3 days to 69% of infants and only 31% were exclusive breastfeeding babies [3]. Other types of given feeds were glucose by around (39.2%), herbal fluids by around (35.5%), sweetened water by around (14.3%), milk by around (7.8%), gripe juice by around (1.6%) and water by around (0.8%). Formula milk feeding was estimated by 10.6%. Mothers' information about the benefits of breastfeeding was gained mostly from their own mothers. It was noticed that 40% of mothers did not have any idea about the benefits of breastfeeding for them or their baby and only 0.5% had listed around 4 benefits of breastfeeding and about 12.3% were able to define what is meant by exclusive breastfeeding.

A study was established in hospitals of Cairo university to identify barriers toward breastfeeding in 3500 as a sample of selected women randomly between 2007 and 2011 [4]. At the postpartum period, only 78% of women who had started breastfeeding were still going for babies' breastfeeding and only 45% of who were still going to breastfeed were exclusively breastfeeding. According to the study there were given reasons for early termination of breastfeeding like: fears about weight of the baby, baby is preferring bottle, painful breastfeeding, preparing to go back to work for working mothers, concern from obesity and concern from breast disfigurement [5]. The regression analysis has identified 3 risk factors causing failed breastfeeding which were young maternal age, high rate of employment and the baby with low birth weight. Other factors included mode of delivery, socioeconomic status, parity, educational level, sex of the baby, and separation from the baby at the time of delivery. Religion influence also is a factor as Muslim mothers stated that Islam encouraged them to breastfeed and 36.8% explained that Islam clarified the duration of breastfeeding [6]. Social support also is a factor as some mothers stated that their husbands and mothers supported them to breastfeed while others reported a lack of support. Participants answered questions on their comfort toward breastfeeding in public and over 50% of women agreed that they were comfortable with breastfeeding in the presence of female friends or family members or their children but there was consistency in responses among mothers by around 37 % with discomfort issues to breastfeed in front of others in public [7,8].

Egypt is one of those countries which were nominated to start the BFHI in the World. By the mid-1990 there were 126 certified hospitals as Baby-friendly by the National Breastfeeding promoting committee. Recently, the ministry of health has designated 75 primary health care centers and 14 hospitals to share in the BFHI. The current laws in Egypt allow mothers to have full paid maternity leave for 3 months. Mothers are entitled to a one-hour break for breastfeeding and to have unpaid leave for 2 years up to 6 years for a maximum of 3 children without losing their position. Another facility is workplaces that have women employees over no. 99 ones should have a nursery that is established within or near to the workplace (ILO, 2012) [9-12].

In sum, improving exclusive breastfeeding requires a collaborative approach through different healthcare system plans, family involvement, and public health awareness campaigns to achieve optimal breastfeeding

practice, especially for those who are in need like in distant rural areas and less educated women. However, identifying the current breastfeeding practices related to national and international guidelines plus identifying associated facilitators, barriers and factors should be considered at all to achieve the goals.

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