

BREAST FEEDING REVISITED

To many health professionals the practice of breast feeding appears to be a natural process and to them it seems ironical that there should be such a need to create awareness about it and to carry out intervention programmes in the matter(1). However, its importance dawns on us when we realize that 30 million babies are born every year in this country and there will be several million mothers rearing them, many of whom will turn to bottle feeding with all its attendant problems.

In a nuclear family, not only has the mother no chance to see another female relative exclusively breast feeding her baby but she also does not get the mother support which is available in a joint family. Hospital practices now-a-days are also frequently not conducive to breast feeding and are in fact detrimental to it. The complacent attitude of health professionals combined with the confused attitude of the mother (whether to breast feed or to bottle feed) results in a prescription for top feeding from the busy doctor when the mother complains in the first few days that "she has no milk" or that "her baby is crying because he is not getting enough milk". The obstetricians and pediatricians attending maternity homes have a vital role in giving authoritative advice about breast feeding(2-5). Since women have confidence in their obstetrician's abilities and decisions regarding child birth they are likely to respect their opinion regarding the method of feeding also(6,7). The first 3

to 5 days in the maternity home is a very crucial period for successful mother-infant bonding and initiation of exclusive breast feeding.

In recent years there have been significant advances in the field of breast feeding management. It has been scientifically documented that breast fed babies are less prone to atherosclerosis, insulin dependent diabetes, demyelinating disorders and lymphoma. Even diluted milk can kill amoebae and giardia. Expressed breast milk can be stored at room temperature for at least 6 hours and given to the baby(2).

A large number of hospitals are following out-moded practices detrimental to the establishment and maintenance of breastfeeding. However, it is heartening to note that with increasing awareness quite a number of health workers in maternity homes have begun to follow practices that are conducive to breast feeding. These are: "bedding in" or "rooming in" which brings about early contact between the baby and its mother, breast feeding within half an hour of life preferably in the delivery room during the critical sensitive period of the mother and establishing mother-infant bonding. Not introducing prelacteal feeds is another practice conducive to breast feeding. A Joint WHO/UNICEF Statement (1989) on ten steps to successful breast feeding also stresses that newborn infants should not be given any food or drink other than breast milk unless medically indicated(8).

In the past, *i.e.*, the early sixties and seventies, extensive research was carried out on the properties of breast milk such as its nutritive value, its immunology and the psy-

breast-milk substitutes and is an important cause of a drain on the family income.

Diseases and Deaths Due to Bottle Feeding

Some workers have shown in the Philippines that 2-month-old infants who were not breast fed were 18.5 times more likely to contract diarrheal diseases than those which were exclusively breast fed. Rohde demonstrated in 1982 that a reduction by 24% in the number of mothers who breast fed would result in additional cost of 40 million dollars in the treatment of diarrheal diseases which again is equivalent to 20% of the national budget(11).

Breast Feeding and Child Survival

Many infant deaths from diarrheal diseases and malnutrition are averted by breast feeding(11). It is estimated that 7,095,200 infant lives are saved by breast feeding alone every year.

Why a Marketing Code?

At the World Health Assembly in 1981, Prof. Dogramaci said that, "It has been recognized that improper marketing of breast milk substitutes can lead to inappropriate feeding practices resulting in malnutrition, illnesses and death. We strongly believe that it is imperative to make sure that the marketing of such products does not encourage mothers capable of breast feeding to bottle feed instead. To achieve this end, an international code for the marketing of breast milk substitutes is an extremely important step. The international code provides 10 important provisions, which seek to encourage, protect breast feeding and control incorrect marketing

practices to sell products for artificial feeds. The code also applies to all artificial milk and breast milk substitutes, feeding bottles and teats".

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1. Narayanan I. Protection, promotion and support of breast feeding. Role of international agencies. Plenary session XXVIII National IAP Conference, Hyderabad, January, 1991.
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7. Recommendations of the International Federation of Gynecology and Obstetrics for actions to encourage breast feeding. *Int J Gynecol Obstet* 1982, 20: 171-172.

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NOTES AND NEWS

EIGHTH ASIAN CONGRESS OF PEDIATRICS

NEW DELHI-1994

- Dates* : February 6th-11th, 1994.
- Venue* : Hotel Ashok Samrat Complex, New Delhi.
- Inauguration* : 6th February, 1994 (Sunday)
- Scientific Programme* : Monday to Friday,
7th to 11th February, 1994.
- IAP President's Day and National Conference* : 10th February, 1994.
- Delegate Fees*
- Upto June 30th, 1992 : Rs. 1000/-
- Upto June 30th, 1993 : Rs. 1500/-
- After June 30th, 1993 : Rs. 2000/-
- Spot Registration : Rs. 2500/-

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