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Research Article

**DESCRIPTIVE, CROSS SECTIONAL STUDY TO KNOW THE
CAUSES OF PREFERENCE OF FORMULA MILK OVER
BREAST FEEDING IN LACTATING MOTHERS**¹Dr. Iqra Zulfiqar, ²Dr. Shehroz Ali Asghar, ³Dr Muhammad Hassan Rafique¹MBBS, Rawalpindi Medical College, Pakistan.²BHU Dharor Muslim Muridke Sheikhpura³Allama Iqbal Medical College, Lahore**ABSTRACT:***Objective: To determine the cause of reduced breast feeding practice among lactating mothers.**Methods: It is a descriptive, cross sectional study which includes children not over 2 years of age. Necessary information was collected from all participants and recorded on a predesigned questionnaire. Total 543 patients participated from Services Hospital Lahore. Study duration was one year from June 2016 to July 2017.**Results: Among 543 enrolled participants, 43% mothers said inadequate milk production or secretion to be the cause of preferring formula milk, dietary and nutritive factors in 36%, 64% said they are starved after breast feeding.**Conclusion: Maternal, child factors and myths regarding breastfeeding and formula feeding must be addressed properly to all mothers during antenatal visits in order to improve breast feeding practice among females.***Keywords:** Breast feeding, formula feeding, mothers, child, factors.*** Corresponding author:****Dr. Iqra Zulfiqar,**

MBBS,

Rawalpindi Medical College,

Pakistan

QR code



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INTRODUCTION:

Breast feed is the ideal nutritive source for infants and neonates. First 6 months of life are considered exclusively breastfeeding age. Benefits of breastfeeding are maternal and child bonding, safety from child infections like respiratory tract infections, diarrhea, otitis media, it is more economical and is available at temperature suitable for child. Maternal benefits of breast feeding are protection from breast diseases. It acts as natural contraceptive [1,23].

During previous few years, it has been noticed that breastfeeding practice has dramatically reduced as compared to 2 decades ago. The understudy title aims in finding the factors responsible for this reduced breastfeeding practice among females [4,5].

Inadequate counselling during antenatal visits can be one of the cause, literacy rate of mothers play a pivotal role in deciding the breast milk over formula milk. Besides that there are several maternal and child factors like, working women, uneducated, c section, maternal nutrition, inadequate milk production and secretion, twin pregnancy, inadequate spacing, ghutti, separation from child, breast tenderness, breast infections, low birth weight, poor sucking reflex, child infections etc [6,7,8].

METHODS:

Patients who visited obstetrics and gynecology plus pediatrics department of services hospital, Lahore were studied. Total 543 patients participated in study. Study duration was 1 year. Patients were interviewed only after their informed written consent. The no ethical certificate was issued to authors from hospital research department after thoroughly going through the objective and methodology of the study title. Study design was descriptive, cross sectional.

Children under 2 years of age were included in study. Breastfeeding, formula feeding were studied.

Congenitally anomalous children, cleft lip, cleft palate, children living away from their mothers were excluded. The factors which were inquired in the questionnaire were, parity, socioeconomic status, educational status of parents, is mother a working woman or a house wife, any maternal morbidity, cesarian, post-partum hemorrhage, any pregnancy related complication, anomalous baby, twin pregnancy, low birth weight babies.

Misconceptions about giving honey or ghutti at time of birth, not enough knowledge about when to start feeding after birth were also studied. Breast milk is not enough for children, in addition formula milk is needed to be supplemented was a common factor told by mothers. Some myths regarding inability to breast feed after cesarian, to stop breast milk in summers also came into consideration. All collected data was analysed on SPSS version 14. Percentages and frequencies were calculated after applying statistical test.

RESULTS:

On basis of age 48% patients were less than 6 months old., 178 were between seven months to a year, 13% were from 13 months to 24 months. Among 543 mothers, 216 were 25 years old. 57% were between 26 and 35 years, 3% were between 36 to 45 years. 175 were primigravida while remaining were multipara i.e. 32% and 68%, respectively. 48% were male and 52% were females. 13% mothers were working women, 22% were literate. 40% children were receiving proper breast feeding.

Sr no.	Characters	Number of cases	Percentage.
1	Age		
	6 months	262	48
	7 to 12 months	178	33
	13 to 24 months	103	19
2	Gender		
	Male	263	48
	Female	280	52
3	Parity		
	Primigravida	175	32
	Multipara	308	68
4	Maternal age		
	Less than 25 years	216	40
	26 to 35 years	308	57
	36 to 45 years	19	3
5	Feeding practice		
	Exclusive breast feed	219	40
	Exclusive bottle feed	95	18

	Both	229	42
6	Job status		
	Housewife	471	87
	Working woman	72	13
7	Educational status		
	Literate	426	78
	Illiterate	117	22

Table 1: Epidemiology

Insufficient milk secretion was the major reason for preferring formula milk over breast milk. Various factors responsible for stopping breast feeding are mentioned in table 2.

Sr No.	Factors for cessation of breastfeeding	Number	Percentage
1	Reduced production	310	57
2	Insufficient rest during early postpartum	133	43
3	Breast engorgment	138	25
4	Less stamina	135	25
5	Breast tenderness	126	23
6	Mental stress	107	20
7	C section	101	19
8	Maternal medication	95	18
9	Hypoplastic breast	75	14
10	Nipple pain	73	13
11	Working women	72	13
12	Overactive lait down reflexes	43	8
13	Hyperlactation syndrome	35	6.4
14	Candidiasis	9	1.6
15	Maternal diabetes	29	5.3
16	Mastitis	25	4.6
17	Others	13	2.4

Table 2: maternal factors for cessation of breastfeeding.

Sr No.	Child factors	Number	Percentage
1	Formula feed	225	41
2	Disruption during feeding	194	36
3	Difficulty in latching to breast	145	27
4	Incoordinated sucking	144	26.5
5	Hospitalized	139	26
6	Preterm	133	24.5
7	Poor sucking	122	22.4
8	Oral thrush	119	22
9	Separated from mother	57	10.5
10	Pacifier	56	10
11	Rhinorrhea	56	10
12	Nose block	55	10
13	RDS	48	9
14	Twin pregnancy	32	6

Table 2: child factors.

Sr. no	Myths	Number	Percentages
1	Ghutti, gripe water, honey, butter etc.	355	65
2	Milk is insufficient during first few days of life	346	64
3	Stop feeding if mother gets pregnant	340	63
4	Mother milk is insufficient	338	62

5	Breast infection stops feeding	310	57
6	Inadequate milk production	294	54
7	Breastfed child needs extra water during summer	294	54
8	Maternal nutrition affected	283	52
9	Not possible after cesarian	220	41
10	New formula milk are as good as mother milk	201	37
11	After 1 year mother milk is not enough nutritive	188	35
12	If child infected stops feeding	188	35
13	Needs vitamins and iron supplementation for 1 st 6 months	163	30
14	Mother can't take any medicine	156	29
15	Painful	153	28
16	Wash nipples before and after every feed	143	27

Table 3: myths related to breast feeding.

DISCUSSION:

In a study conducted in China it was studied that only 3% children were exclusively breastfed during first 6 months of life [2]. In US, only 5 states have met the breastfeeding objectives. 38% mothers did not started breastfeeding to their children, in a study conducted in Southern States [3].

Composition of human breast milk is carbohydrates, fats, immunoglobulins, digestive enzymes, hormones, vitamins, minerals and water. Human milk has protective properties against salmonella, listeria and campylobacter. The oligosaccharides in breast milk play role in developing immune response and gut microbiota. Variations in composition are present depending on age of nutrition, environmental factors [4].

From above mentioned discussion it is felt to increase the awareness programs regarding breastfeeding benefits in order to promote child health [7]. Every mother should be counselled about breastfeeding during each antenatal visit, as mothers are more receptive about their child health during antenatal period. Similarly formula feed should not be promoted in hospitals and social media [8].

CONCLUSION:

Maternal, child factors and myths regarding breastfeeding and formula feeding must be addressed properly to all mothers during antenatal visits in order to improve breast feeding practice among females.

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