

To the Editor:

Losing baby friendliness?

In many societies traditionally mothers give prelacteal feeds (water, sugar-water, honey, tea, or animal milk) as the first feed instead of breastfeeds [1]. Prelacteal feeds are potentially harmful because they may introduce infection, sensitise the gut to foreign proteins, and delay the onset of lactation. Breastfeeding immediately after delivery enhances the mother and infant bonding, enforces uterine contractions and helps to prevent postpartum haemorrhage. The first breastfeed within one hour of delivery is one of the factors significantly associated with exclusive breastfeeding at discharge [2]. A delay in the onset of breastfeeding may lead to hypoglycaemia, hypothermia and acidosis, especially among high risk low birth weight infants [3].

In 1992 the WHO and Unicef launched the Baby Friendly Hospital Initiative (BFHI) in an effort to transform practices in maternity hospitals worldwide. The joint WHO/Unicef statement on 10 steps to successful breastfeeding has stressed that newborn infants should not be given any food or drink other than breast milk (unless medically indicated) and that mothers should be helped to start breastfeeding within 30 min of birth [4]. There is some evidence that the implementation of the “ten steps to successful breast feeding” of the BFHI will lead to an increase in breastfeeding [5] and its designation to hospitals has shown to be an effective strategy to increase breastfeeding rates of initiation [6]. In Sri Lanka, only a quarter of babies under 4 months are exclusively breastfed [7] although promotion of breastfeeding is not confined to the hospitals of the BFHI.

The duration of delay in initiation of breastfeeding has not been assessed in many Sri Lankan hospitals and a recent survey has shown that only 38% of neonates were breastfed within 30 min of delivery [8]. An audit conducted at Sri Jayewardenepura General Hospital (SJGH) revealed that only 23.5% (n=170) were breastfed within 30 min of delivery. The range in initiating breastfeeding was 7 min to 107 min (mean 45 min, SD 20.1). None of the newborns received prelacteal feeds. A pilot study carried out in the operating theatre to assess the delay in initiation of breastfeeding after caesarian sections revealed that none of the newborns were breastfed within 30 min of delivery. The general reasons given for the delay in initiating breastfeeding were delayed suturing of episiotomies and lack of staff members.

The breastfeeding rate at SJGH is 100% in normal vaginal deliveries and none of the newborns received prelacteal feeds. This reflects success in conveying the importance of breastfeeding to the community and to health workers. However, 76.5% had delayed initiation of breastfeeding, and there is room for further improvement here. In India, more than 70% of rural mothers use prelacteal feeds [9], and more than half of educated mothers from the upper socioeconomic classes in Bombay discard colostrum and use prelacteal feeds.

Data on initiation of breastfeeding varies in different countries. At Boston Medical Center this was 86.5% [6]. In Bombay 68% were delayed for more than 24 hours [9] and in rural Egypt 31% for more than 72 hours [10]. In a district hospital in Bihar, India, only 14% were breastfed within one hour of delivery [9], and in Sri Lanka's Ragama Teaching Hospital University Unit this was 38% [8].

Action needs to be taken to improve the situation at SJGH. It is necessary to supervise the initiation of breastfeeding within 30 min of delivery, and causes for delay in initiation need to be addressed. Breastfeeding can be recommended while suturing episiotomies and before performing caesarian sections. This was successfully demonstrated at SJGH after the presentation of this breastfeeding audit. Studies and audits regarding initiation of breastfeeding within 30 min of delivery and assessment of other baby friendly steps should be carried out in all hospitals on a regular basis.

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