Early Promotion of Breast Feeding among Diverse Populations

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Abstract

Scientific research in the last decades has revealed new breast milk and breastfeeding properties. Breastfeeding has a positive effect on the child's physical, mental, psycho-emotional, and speech development and lays the foundation for the baby's health for many years to come. However, in the US, as in many other countries, there are low rates of breastfeeding prevalence. According to official statistics of the Ministry of Health of the US, only 41.7% of women feed infants up to 3-6 months and 33.9% – up to 6-12 months. The main reason for stopping breastfeeding is a lack of breast milk, less often a child or a mother. In the country, much attention is paid to the issues of natural feeding of children, a concept for the protection and support of breastfeeding has been developed and is being implemented at all stages of medical care for mothers and children, the WHO and UNICEF "Child-Friendly Hospital" is widely distributed. As of June 1, 2004, in the American Federation, 165 obstetric hospitals in 35 subjects of the federation were awarded this title.

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Level 1

The expanded coverage of health facilities by this Initiative, as well as the development of mechanisms for periodic reassessment of these institutions to ensure the maintenance of standards, long-term stability, and credibility, are among the most important areas of the new global strategy for infant and young child nutrition (Pitonyak et al., 2016). The central place in the implementation of the goals of the Initiative is the training of personnel and the development of professional skills. With the help of the training programs developed by WHO and UNICEF, the administration and the medical personnel of the obstetrics and childhood institutions learn how to organize breastfeeding support activities in the establishment, management, and support of lactation among nursing mothers.

Level 2

In order to obtain the status of a Child-Friendly Hospital, each agency that provides services for obstetric care and neonatal care is committed to implementing the "Ten Steps to Successful

Breastfeeding," which are set out in the joint WHO / UNICEF Declaration "Protection, Support and the promotion of breastfeeding: a special role for obstetric services. " These include the obligation to provide conditions for the early attachment of the baby to the breast in the delivery room, for the joint stay of the mother and child from the moment the baby is born, and continue exclusively breastfeeding, which is carried out at the request of the child, during the entire stay in the hospital (Danawi et al., 2016).

Level 3

Evidence from research indicates the importance of introducing the principles of the Child-Friendly Hospital Initiative into the practice of obstetric institutions to ensure continued breastfeeding and the increase in the share of exclusive breastfeeding in the first six months of a child's life. Therefore, to maintain sustainable results in the long term, WHO and UNICEF have developed a set of tools for monitoring and reassessing maternity hospitals for compliance with international status (Anderson, Kynoch & Kildea, 2016). Breast massage helps to avoid a lot of problems. No less useful is a message for lactation when the child grows up a little. Over time, the child's nutritional needs will change, and more milk will be needed.

Level 4

To prevent milk stagnation in individual parts, it is always advisable to perform breast massages during feeding. Enough light massaging movements. It is also necessary to change the posture so that the baby sucks milk from all segments of the mammary glands (Alghamdi, Horodynski & Stommel, 2017). If you cannot cope with the stagnation yourself, you can ask for help from a GW consultant. A good specialist will be able to help and show how to make an effective message to solve the problem. Breast massage during breastfeeding plays a significant role in improving lactation. For a nursing mother, the health of the child is in the first place. An important condition for the growth and full development of the baby is adequate nutrition.

Level 5

Initiated initially to support breastfeeding in obstetric hospitals, the Initiative is currently being extended to other providers of health services, such as private hospitals, perinatal centers, health centers, children's health facilities, etc., which implement the principles of successful breastfeeding. Breast milk is the best and most healthy food for infants. It contains all the necessary nutrients, vitamins, and microelements and fully meets the needs of the child's body in food components in the first six months of life (Alghamdi, Horodynski & Stommel, 2017).

Level 6

The composition of breast milk is not constant; it varies during feeding, depending on the time of day, and also during lactation. The total volume of milk production and consumption by a child is exceptionally variable: on average, the intake of milk by infants is in the range of 680-850 ml per day, but sometimes these values range from very small amounts to more than 1 liter per day, depending on the frequency and effectiveness of sucking (Fabiyi et al., 2016). Breast milk is characterized by a balance of protein and fat components. It, in contrast to cow's milk and homemade mixtures, contains less protein. Proteins of female milk are rich in essential amino acids and are well absorbed by a child's body.

Level 7

The infant receiving breast milk is less prone to infectious diseases of the gastrointestinal tract and urinary tract, respiratory infections, meningitis, otitis and pneumonia, and the development of food allergies. The nature of feeding in the first year of life largely determines the state of health of the child not only at an early age but also in subsequent periods of his life. The metabolic disturbances that occur when the infants are not adequately fed are a risk factor for the future development of obesity and cardiovascular diseases, in particular, hypertension, diabetes, bronchial asthma, oncological, and other diseases.

References

Fabiyi, C., Peacock, N., Hebert-Beirne, J., & Handler, A. (2016). A Qualitative Study to Understand Nativity Differences in Breastfeeding Behaviors Among Middle-Class African American and African-Born Women. Maternal and Child Health *Journal*, *20*(10), 2100–2111. https://doi.org/10.1007/s10995-016-2029-6

Alghamdi, S., Horodynski, M., & Stommel, M. (2017). Racial and ethnic differences in breastfeeding, maternal knowledge, and self-efficacy among low-income mothers. *Applied Nursing Research*, *37*, 24–27. https://doi.org/10.1016/j.apnr.2017.07.009

Danawi, H., Estrada, L., Hasbini, T., & Wilson, D. (2016). Health Inequalities and Breastfeeding in the United States of America. *International Journal of Childbirth Education*, *31*(1), 35–39.

Pitonyak, J. S., Jessop, A. B., Pontiggia, L., & Crivelli-Kovach, A. (2016). Life Course Factors Associated with Initiation and Continuation of Exclusive Breastfeeding. *Maternal and Child Health Journal*, *20*(2), 240–249. https://doi.org/10.1007/s10995-015-1823-x

Anderson, L., Kynoch, K., & Kildea, S. (2016). Effectiveness of breast massage in the treatment of women with breastfeeding problems. *JBI Database of Systematic Reviews and Implementation*

Reports, *14*(8), 19–25. https://doi.org/10.11124/JBISRIR-2016-003058