

Status of Baby Friendly Practices in Baby Friendly Certified Hospitals and Baby Friendly Non Certified Hospitals of Guwahati City of India

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Abstract: The Baby-Friendly Hospital Initiative (BFHI) is a global effort to implement practices that promote and support breastfeeding. This study was carried over a period of one year with the objective to assess the status of baby friendly practices in baby friendly certified hospitals and to compare the knowledge, attitude and practice (KAP) of nursing staff between baby friendly certified hospitals and baby friendly non certified hospitals. 400 and 300 mothers were taken from the postnatal wards of Obstetrics and Gynecology Department of Gauhati Medical College and Hospital (GMCH) and from Marwari Maternity Hospital (MMH) respectively both baby friendly hospitals. 300 mothers were interviewed from the postnatal ward of four baby friendly non certified hospitals (NBFH) in Guwahati. Also, 150 nurses of GMCH and the four NBFH were interviewed regarding their KAP of baby friendly practices. Data collected were statistically analysed. 45% of mothers in BFH were explained benefits of breastfeeding in the antenatal period compared to 34% in NBFH. 97.3% of mothers in BFH and 97.4% in NBFH practiced bedding in. In BFH 27.2% fed their babies on demand, whereas in NBFH, 23.3% fed on demand. In BFH 38.7% of mothers were taught the correct position and attachment whereas in NBFH, 31.6% were taught. 30.8% in BFH and 44.3% in NBFH initiated breastfeeding within 1-2 hours of delivery. 100% of the nursing staff, of both said that exclusive breastfeeding should be maintained for a period of 6 months and no prelacteals be given. Nurse to mother ratio in BFH was 1:6 whereas in NBFH, it was 1:3. The scenario between baby friendly certified and non certified hospitals is similar regarding knowledge amongst nurses, but in terms of practice, it is the non certified hospitals where they are better implemented.

I. Introduction

The Baby-Friendly Hospital Initiative (BFHI) is a global effort to implement practices that promote and support breastfeeding. In Assam, though 20 hospitals have been accredited the Baby Friendly status, no study has been conducted so far to assess the effect of the accreditation.

This study was carried out with the objective of to assess the status of baby friendly practices in Baby Friendly Certified Hospitals and non certified hospitals. Also to compare the Knowledge, attitude and practice of nursing staff between Baby friendly Hospitals and Non Baby Friendly Hospitals. It was a Cross-sectional study carried out between 1st August 2010 to 31st July, 2011 in Postnatal wards of 6 hospitals in Guwahati. 400 and 300 mothers were taken from the postnatal wards of Obstetrics and Gynecology Department, GMCH and from Marwari Maternity Hospital respectively. 300 mothers were interviewed from the postnatal ward of four baby friendly non certified hospitals (NBFH) in Guwahati. Also, 150 nurses of the BFH and the NBFH were interviewed regarding their KAP of baby friendly practices. In all postnatal mothers and nursing staff, written informed consent was obtained. The proposed format was submitted to and passed by the Ethical Committee of Gauhati Medical College and Hospital.

II. Materials and Methods

Inclusion criteria were: Term, small for date/appropriate for date/large for date babies. Born by spontaneous vaginal delivery (SVD)/ Lower Segment Caesarian section (LSCS) under spinal/epidural/general anesthesia. Mothers who had at least one antenatal check up in the hospital in which they had delivered their baby later were included. Nursing staff of Baby friendly Hospital and the Non Baby Friendly hospitals mentioned.

Exclusion criteria were Preterm babies, Babies admitted in neonatal intensive care unit (NICU) for any reason, Babies with any oral abnormalities for which expressed breast milk had to be given, Babies with metabolic disorders e.g. galactosemia and phenylketonuria, Mothers who were HIV positive, Mothers who did not give consent.

The following details were recorded in enrolled subjects in a predesigned Proforma

Maternal data : Educational status of the mother, antenatal checks up done, mode of delivery, breastfeeding advice given during antenatal checkups, time and place of initiation of breastfeeding, causes of delay in

initiation, use of prelacteals, bedding in. breastfeeding on demand, knowledge about benefits of breastfeeding, attitude of nursing staff, advice to exclusively breastfeed for 6 months.

Nursing staff data: Knowledge about presence of BFHI policy in hospital, any training received, duration of training, knowledge about duration of exclusive breastfeeding, time of initiation of breastfeeding, dangers of prelacteals, importance of early initiation, benefits of breastfeeding, problems of breastfeeding and their treatment.

The data thus collected was subsequently scrutinized individually and analyzed manually. Quantitative significance was determined by chi-square test and “p” value obtained by using software Insat . It was considered as significant when “p” value is less than 0.05.

III. Results and observation

45% of mothers in BFH were explained benefits of breastfeeding in the antenatal period compared to 34% of mothers in NBFH. This observation is statistically significant (p value 0.0022).

In BFH, 30.8% of babies were initiated on breastfeeding within 1-2 hrs of delivery, while in NBFH it was 44.3%. This observation is statistically significant.

Only 27.2% of mothers in BFH fed their babies on demand. Whereas in NBFH, only 23.3% of mothers fed their babies on demand which was statistically significant (p value 0.0006).

46.1% of mothers in BFH had no knowledge about the benefits of breastfeeding as compared to 56.3% of mothers in Non BFH which was statistically significant (p value 0.0021).

Only 38.7% of mothers were taught the correct position and attachment during breastfeeding whereas in Non BFH, only 31.6% were taught the same. This observation is statistically significant (p value 0.0405).

32% of nurses in BFH had received training on Baby Friendly Practices whereas, 23.3% of nurses in NBFH had received the same which was statistically significant (p value 0.0025). While 89.3% of nurses in BFH stated that feeding should be done on demand, only 73.3% of nurse in Non- BFH mentioned demand feeding should be encouraged. This was statistically significant (p value 0.0017). 43.55% of nurses in BFH and 38.2% of nurses in NBFH were aware of the common breastfeeding problems namely sore nipples, breast engorgement, breast abscess and inverted nipples and their treatment. This was statistically significant 100% of the nurses of both hospitals were of the opinion that the use of pacifiers /dummies , prelacteals should be discouraged. Also all of them were unanimous that colostrum should not be discarded and should be fed to the baby, exclusive breast feeding should be done for 6 months, bedding in should be practiced. Nurse to mother ratio in BFH was about 1:6 per shift whereas in NBFHs, it was 1:3 per shift.

Fig 1: Distribution showing benefits of breastfeeding explained to mother during antenatal period

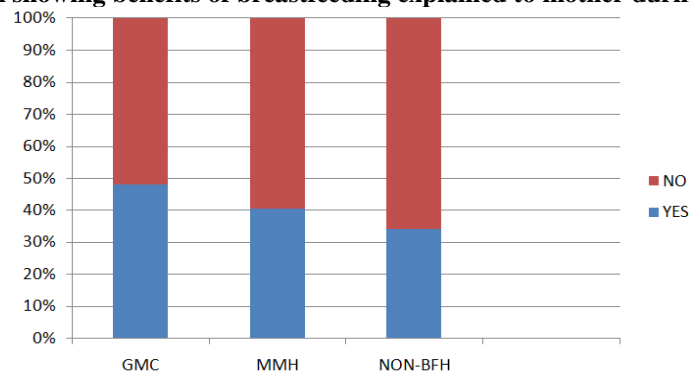


Fig 2: Distribution showing place of initiation of breastfeeding

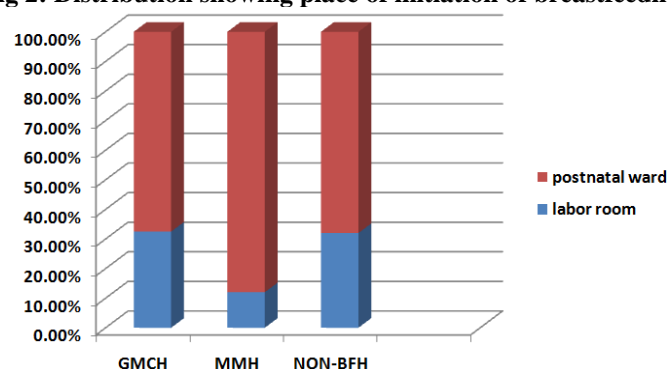


Fig 3: Knowledge about position and attachment during breastfeeding

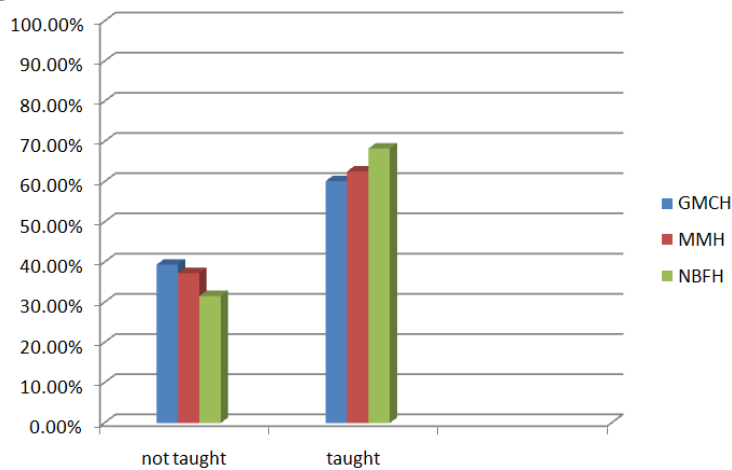


Fig 4: Training of nursing staff

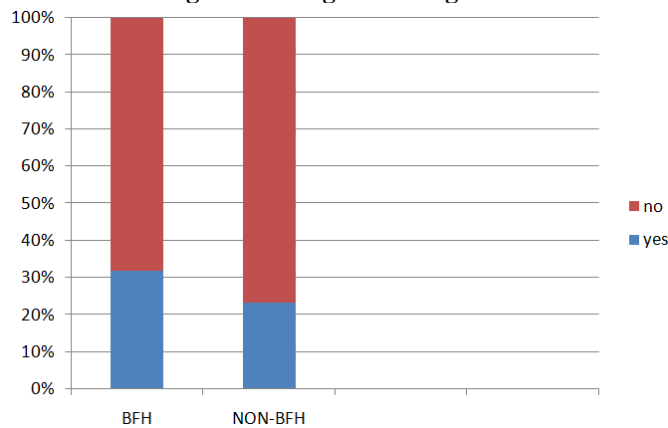
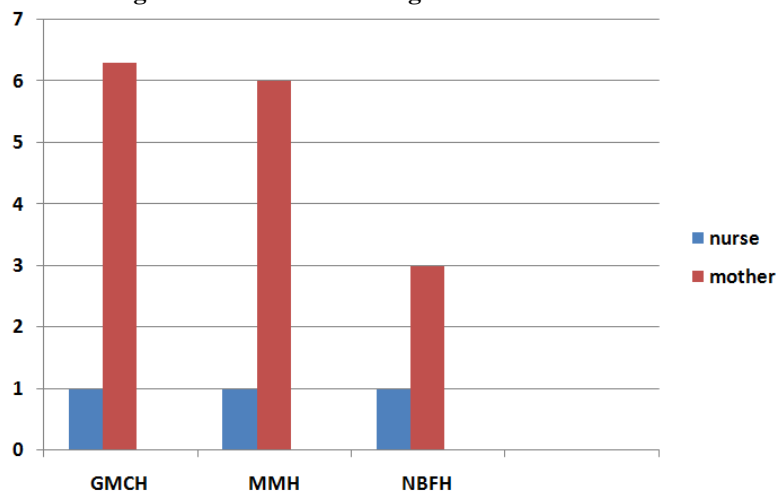


Fig 5: Distribution showing mother to nurse ratio



IV. Discussion

In the present study, 45% of mothers in BFH were explained benefits of breastfeeding in the antenatal period compared to only 34% of mothers in NBFH. This observation is statistically significant ($p < 0.05$).

In the study by Lyubov V Abolyan¹, 2004 in BFH, 44.9% and 35.8% of women attended antenatal breastfeeding education sessions in maternity consultations and maternity hospitals respectively compared to only 31.5% and 10.4% in NBFH.

In the study by Hanif R², 2008, only 36.3% of mothers in BFH were counseled for lactation in the antenatal period.

In the present study, most of the babies (30.8%) in BFH were initiated on breastfeeding within 1-2 hrs of delivery, similar to those in NBFH (44.3%). But in BFH, 30.7% were also breastfed after 2 hrs whereas in NBFH, only 11% were breastfed after 2 hrs. This observation is significant. ($p < 0.05$)

In the study by Lyubov V Abolyan¹, 2004, in BFH, median time was in the first 2 hrs after delivery whereas in NBFH, median time was within the first 12 hrs. 25% did not initiate breastfeeding within the first 24 hrs after delivery.

In the study by Richa Nigam, RK Chandorkar, AK Bhagwat³ et al, 2009, out of total 200 postnatal mothers, 60 (30%) beneficiaries had given first breastfeed to their babies within half an hour i.e. 21 (21%) beneficiaries from BFH and 39 (39%) from NBFH.

In a study by A Dasgupta, S Bhattacharya M Das⁴ et al, 1997, 14.3% Of the babies born by SVD were given their first breastfeed in time. Not a single baby delivered by C/S was given their first breastfeed within 4-6 hrs.

In a study by Sanjay B Rao, 2006, mothers with a normal delivery breast feeding was initiated within half an hour in 8.6% patients and in 78% it was started within half to two hours. While in those with caesarean section breastfeeding was initiated within 6 to 24 hours in 74% patients. The study by Richa Nigam, RK Chandorkar, AK Bhagwat³ et al, 2009 showed a high percentage of babies being breastfed within 30 mins. But the observations in the present study are almost similar to other previous studies

In the present study, in BFH, 7.5% of mothers had fed prelacteals as compared to only 2.3 % of mothers in NBFH. The most common prelacteals used in BFH were honey (4.7% versus 0.6%) and water (2.7% versus 1.6%). This observation is not significant. ($p > 0.05$).

In the study by Lyubov V Abolyan¹, 2004, in BFH, only 7.4% received artificial feeding versus 58% in NBFH.

In the study by Richa Nigam, RK Chandorkar, AK Bhagwat³ et al, 2009, 41 % of the mothers of BFH and 27% of the mothers of NBFH used prelacteals. Prelacteals used were water (27%), honey (5.5%), ghutti (1.5%).

In a study by Hanif R², 2008, 64.7% of mothers interviewed were of the opinion that prelacteals should not be used.

V. Conclusion

The scenario between Baby Friendly Hospitals and Non-Baby Friendly Hospitals is quite similar regarding knowledge amongst nurses but in terms of practice, the situation in Baby Friendly hospitals is far from optimal. In fact, it is the Non Baby Friendly Hospitals where some of the practices are better implemented. This difference could be attributed to the less number of nurses relative to the huge number of patients encountered in Baby Friendly Hospitals.

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