



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**Available online at: <http://www.iajps.com>

Research Article

**STUDY TO KNOW THE CAUSES OF BREAST FEEDING
CESSATION IN BREAST FEEDING MOTHERS**¹Dr. Awais ur Rehman, ²Dr. Umair Khizar, ²Dr. Muhammad Naeem Awan¹Medical Officer, DHQ Hospital, Mianwali²MO, Ghazi Khan Medical College, Dera Ghazi Khan**Abstract:****Objective:** To determine the factors associated with quitting suckling Breast feeding in children.**Methodology:** A cross-sectional study. Children up to the age of two were included. Information entered into a pre-designed proforma.**Place and Duration:** The study was carried out in the Gynecology and Pediatric Department Of services Hospital, Lahore for the period of one year from July 2016 to July 2017.**Findings:** A total of 543 children were included. Maternal factors were 43% insufficient milk secretion and 43% insufficient rest for the first six weeks after birth. In children, diet and nutrition with a 41% formula is 36%. There is not enough milk in the first days after birth and 62% are starved after breastfeeding and 62% are widespread legends.**Conclusions:** Maternal and child factors and myths responsible for cessation of male nutrition, inadequate secretion of cigarettes, problems with mothers, maternal stress, infant feeding with bottle feeding and first mothers. These misconceptions should be addressed during prenatal visits.**Key words:** Maternal factor, Breastfeeding, myths, infant factor.**Corresponding author:****Dr. Awais ur Rehman,**
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Please cite this article in press Awais ur Rehman et al., *Study to Know the Causes of Breast Feeding Cessation in Breast Feeding Mothers*, Indo Am. J. P. Sci, 2018; 05(05).

INTRODUCTION:

Human breast milk is the best nutritional source for human babies and helps to prevent diseases, reduce the costs of health promotion and nutrition. It also provides necessary immunological protection and prevents allergic and infectious diseases. In both developing and developed countries, artificial nutrition is associated with more deaths from childhood diarrhea. WHO recommends suckling in the first six months of life and then two or more more suckles. During the first six months of life, special breastfeeding protects against diarrhea and respiratory infections that are common in infants fed with supplemental milk. Although mothers start to breast-feed at birth, a large percentage is cut in the first few months. In developing countries such as Pakistan and India, special breastfeeding is 37% and 46% respectively, while in developed countries like China, it is 51%. There are several factors associated with the abstinence of breastfeeding; for example twins, low birth weight infants, prematurity, interruption of nutrition, prolonged separation from mother, difficulty in holding on to mothers, weak resistance of mother, psychological stress Severe maternal and inadequate backwardness of mother for first six weeks after birth. There are many practices in our society that intervene early in breastfeeding and interfere with many pre-dairy foods. Breastfeeding is not enough in the first days after birth, when the mother is pregnant, it is necessary to stop breastfeeding and this is not possible. cesarean section breast feeding. The reason for this study is to reveal the factors that resulted in the abortion of the lactation in our society.

METHODOLOGY:

Most of the patients who applied to this OPD belonged to the city in February 2016 to February 2017 in Pediatric and Gynecology Department of Services Hospital, Lahore was a cross-cutting study. After verbal admission, all children below the age of two who were implanted due to immunization and mild discomfort were included. Breastfeeding, formula feeding, or both, were included in the study of children receiving breast and formula. They were not included in the study with children, in congenital anomalies, neuromuscular disorders, children of unaffiliated mothers, mothers, and other children outside the child. The form is inadequate for the first six weeks after the premeditated birth including the mother's age, parity, type of delivery, maternal and maternal factors and the child's educational status, child's age, such as insufficient milk secretion, blood loss, low resistance, early return, cesarean, feeding with formula, twins, hard working women with any chest, premature and low birth weight infants,

interruption during feeding, hospital nausea and blockage. ghutti, water complaints, honey and butter should be applied at birth as the myths common to the breastfeeding intervention in society, the first few days after the birth of the milk is not enough, the baby even hungry enough after giving the mother's milk. you need extra water in hot weather, your mother should stop breastfeeding and it is not possible to breastfeed after caesarean section. The proforma was filled by a medical staff with more than one year of pediatric experience. The collected data were analyzed using SPSS version 14 and frequency and percentages were calculated.

RESULTS:

262 (48%) of 543 children were between six months, 178 (33%) between 7 and 12 months and 103 (19%) between 13 and 24 months. Of the 543 mothers, 216 (40%) were under the age of 25, 308 (57%) were between 26 and 35, and 19 (3%) were between 36 and 45 years of age. The mandibles were Primigravida 175 (32%) and multigravida 368 (68%). There were 263 men (48%) and 280 women (52%). All of the working mothers were only 72 (13%), while the others were consecutive. Only 22% of mothers received education. Only 219 (40%) of the children were fed breastfeeding, and the rest were fed with breast feeding with breastfeeding as indicated in Table 1.

Table 1: Epidemiological data of mothers and children

S/No	Variables	No of Cases (N=543)	% of cases
1	Age of children		
	Upto 6 months	262	48
	7 to 12 months	178	33
	13 to 24 months	103	19
2	Sex		
	Male	263	48
	Female	280	52
3	Parity		
	Primigravida	175	32
	Multigravida	368	68
4	Age of mother		
	Upto 25 years	216	40
	26 to 35 years	308	57
	36 to 45 years	19	3
5	Feeding pattern		
	Exclusive breast feeding	219	40
	Exclusive bottle feeding	95	18
	Breast + bottle feeding	229	42
6	Occupational pattern		
	House wife	471	87
	Working women	72	13
7	Educational status of mother		
	Illiterate	426	78
	Literate	117	22

According to the analysis of the data, the main maternal factors for discontinuation of lactation were

insufficient milk secretion 310 (57%), inadequate rest (233) (43%) and poor resistance 135 (25%) in the first six weeks postpartum.), breast enlargement 138 (25%), 72 (13%) and caesarean 101 (19%) working mothers (Table 2).

Table 2: Maternal perceptions affecting breast feeding. (N=543)

S/No	Maternal factors	No	%
1	Insufficient milk secretion	310	57
2	Insufficient rest during 1 st six weeks of postpartum	233	43
3	Breast engorgement	138	25
4	Poor stamina	135	25
5	Breast pain	126	23
6	Severe maternal stress	107	20
7	Cesarean section	101	19
8	Mother on medicine	95	18
9	Hypoplastic breast	75	14
10	Nipple pain	73	13
11	Working women with early return to work	72	13
12	Overactive lait-down reflex	43	8
13	Hyperlactation syndrome	35	6.4
14	Maternal diabetes	29	5.3
15	Mastitis	25	4.6
16	Candidiasis	9	1.65
17	Others	13	2.4

During lactation 194 (36%), lactation fed formula 225 (41%), secondary factors that lead to impairment or interruption disturbance, difficulty breast 145 (27%), early weight and lower peg weight 133 (24.5%) and twin pregnancy 32 (6%) (Table 3).

Table 3: Mothers perception about child factors:(N=543)

S/No	Infant factors	No	%
1	Formula feed	225	41
2	Disruption during feeding	194	36
3	Difficulty in latching on to breast	145	27
4	Incoordination of sucking/ swallowing reflex	144	26.5
5	Hospitalization	139	26
6	Premature & low birth weight	133	24.5
7	Poor sucking reflex	122	22.4
8	Oral thrush	119	22
9	Long separation from mother	57	10.5
10	Pacifier	56	10
11	Rhinorrhoea	56	10
12	Nose block	55	10
13	Respiratory distress syndrome and other illness	48	9
14	Twin pregnancy	32	6

375 (65%) were not satisfied after the birth, 355 (65%), the baby to be delivered at birth was still 346 (64%) after giving breast milk for a long enough period of time, 338 (62%), 295 (54%) in hot climates in mother's milk. If 340 pregnant women need additional water (63%) mother should stop breastfeeding, 220 (41%) breastfeeding after cesarean is not possible and modern milk formula (37%) (Table 4).

Table 4: Myths about breast feeding in mothers (N=543)

S/No	Myths about breast feeding	No	%
1	Ghutti, gripe water, honey or butter should be given at birth	355	65
2	Milk is not enough during 1 st few days of life	346	64
3	Mother should stop breast feeding if get pregnant	340	63
4	Baby remains hungry even after given breast milk for enough time	338	62
5	If mother has infection she should stop breast feeding	310	57
6	Many women do not produce enough milk	294	54
7	Breast fed child need extra water during hot weather	294	54
8	Diet of mother affects nursing infant	283	52
9	Breast feeding is not possible after cesarean section	220	41
10	Modern formula milk are as good as breast milk	201	37
11	After 12 months breast milk loses its nutritional value	188	35
12	If baby has diarrhea/vomiting, mother should stop breast feeding	188	35
13	Breast feeding infants need vitamins & iron in 1 st six months	163	30
14	Mother can't take any medication during breast feeding	156	29
15	Breast feeding is pain full	153	28
16	Mother should wash her nipple each time before breast feeding	148	27

DISCUSSION

Special breastfeeding is ideal for children's health. It is known that milk-fed children are optimally grown, have better results in evaluating their development, and are less likely to have allergies and infections than those fed a formula. Despite their known advantages, breastfeeding rates are lower. . -optimal world is over. The focus of many workers has been on the factors that lead to lower breastfeeding rates. There is sufficient evidence for the lack of information on the objects; poor knowledge among health professionals; Qualified health workers who provide counseling and training courses affect breastfeeding negatively. Unfortunately, in Pakistan, breastfeeding rates are much lower than ideally determined. This study showed Shiva et al23 showed 68% specific breastfeeding, 17% fed bottle feeding

and 14% fed mixed feeding, with 40% specific breastfeeding, 18% feeding with bottle and 42% mixed feeding. In our study, 25% of the mothers were exposed to breast pain, breast density and poor resistance during the breastfeeding period. This is a contributing factor to the use of the formula solvent. Siddiqua et al. this problem is only 6% of 2 Annelis. Other problems such as mastitis and hyperlactatization were observed in 4.6% and 6.4% of the mothers, respectively.

Maternal illness was observed in 20% of the parents, drug treatment with cesarean and medication use, while showed maternal disease as 3.6% and 2.9%, respectively. The caesarean section is the main factor contributing to the administration of the formula feed because of the discomfort position and stitching pain. Among the maternal factors, insufficient milk yield was 57%, while Lahore was 71%. One of the studies done in Australia found that the disruption of breastfeeding was an inadequate sense of milk motherhood and that the real number of women living there was extremely low.

Inadequate rest in the first six weeks after birth is the second most common reason for the loss of lactation seen in 43% of cases where the mother is tired of domestic affairs. If the time allocated for housekeeping work is reduced, the mother will be well rested and will feed her baby successfully and often. Increasing the quality of breastfeeding during both pregnancy and breastfeeding extends the duration of breastfeeding. In our study, 18% of the mothers could not continue to suck because of their work. Other studies have observed that maternal employment is 10 23% and 11% .26 Despite the fact that the parents are well informed and recommended about the benefits of breastfeeding, the employment constraint also forces them to feed with the bottle. A long-term maternity leave must be granted to the working mother in order to encourage private breastfeeding. In the absence of the mother's milk, which can be given to the baby, a cup and spoon should be taught and stored. Large institutions where many women are employed must have a separate area to protect and nurse their baby. There are some myths that exist in our society that prevent breastfeeding and cause the breastfeeding to be interrupted. Ghutti, complaint waters, honey and butter should be applied at birth Breastfeeding If the mother is pregnant after breastfeeding for long enough during the first days of life, then the baby is hungry, the mother is fed and the baby needs additional water in hot weather, the mother should be slaughtered. In this study, about 60-65% of the mothers had these errors. Water and sugar were used to relieve thirst and an abdominal colic in one study, and in another study, honey and water were used as the first meal.

CONCLUSION:

Previously alcoholic diet is the most common reason for not starting a specific breastfeeding; inadequate milk production is a common cause of breastfeeding until 2 years of age. The interruption in breastfeeding due to the burden of housework and the employment of the mother are important factors for the introduction of formula foods. Prematurity, low birth weight and twin babies are responsible for formula feeding. A few legends of mothers who quit sucking and intervene.

SUGGESTIONS:

Policies and practices should be encouraged for the peripartum that optimizes the initiation and maintenance of the breastfeeding. Pre-natal care and measures to prevent high-risk pregnancies and prevent premature births. Both parents' prenatal and postnatal education is an essential component of successful breastfeeding. Educate the mother about the right technique of breastfeeding and check your breastfeeding problems to increase your mother's confidence. Encourage suckling through electronic means.

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