

## Exclusive Breast feeding: a long way to go


Gedam D.<sup>1\*</sup>

DOI: <https://doi.org/10.17511/ijphr.2014.i1.01>

<sup>1\*</sup> D Sharad Gedam, Member of Editorial Board, Public health Review (IJPHR), Bhopal, Madhya Pradesh, India.

Exclusive breast feeding in most easily available, affordable and acceptable way to reduce infant mortality rate specially in middle and low income group countries.

**Keywords:** Exclusive breast feeding, Breast milk, WHO

Corresponding Author	How to Cite this Article	To Browse
D Sharad Gedam, Member of Editorial Board, Public health Review (IJPHR), Bhopal, Madhya Pradesh, India. Email: <a href="mailto:editor.ijphr@gmail.com">editor.ijphr@gmail.com</a>	Gedam DS. Exclusive Breast feeding: a long way to go. Public Health Rev Int J Public Health Res. 2014;1(1):1-2. Available From <a href="https://publichealth.medresearch.in/index.php/ijphr/article/view/1">https://publichealth.medresearch.in/index.php/ijphr/article/view/1</a>	

## Introduction

Exclusive breast feeding for at least six months is required for optimal growth and development of child. It improves cognitive function in future life. These children have better academic grads in future life [1]. Although advantages of breast milk is well documented since last century [2]. WHO has recommended exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend: [3]

- Initiation of breastfeeding within the first hour of life
- Exclusive breastfeeding – that is the infant only receives breast milk without any additional food or drink, not even water
- Breastfeeding on demand – that is as often as the child wants, day and night

- No use of bottles, teats or pacifier.

WHO and UNICEF launched the Baby-friendly Hospital Initiative in 1992, to strengthen maternity practices to support breastfeeding.

The foundation for the BFHI are involved in implementation of the Ten Steps to Successful Breastfeeding described in Protecting, Promoting and Supporting Breastfeeding: a Joint WHO/UNICEF Statement. It includes involvement of all staff members of hospital in care of newborn including Physician, Nursing staff & other supportive staff.

In spite of WHO & UNICEF efforts exclusive breast feeding is still a dream in both developed and developing countries. In India According to National Family Health survey- 3 only 58.3% infant receive exclusive breast feeding for 4 months & 46.4 % up to 6 months of the age [4]. About one fourth of these newborn receive feeding within half an hour & 57 % receive additional drinks other than breast milk [4].

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted
Conflict of Interest No	Funding Nil	Ethical Approval Yes	Plagiarism X-checker 8%	Note



© 2014 by D Sharad Gedam and Published by Siddharth Health Research and Social Welfare Society. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].



Trends in other part of world are same. In most of the countries rate of exclusive breast feeding is low [5]. Exclusive breast feeding for six months have many long term advantages that include prevention of cardiovascular diseases and obesity [6, 7]. Children who are exclusively breastfed for the first six months of life are 14 times more likely to survive than non-breastfed children at the age of 5 years [8].

Some of the well known studies and review found that a history of breastfeeding was associated with a reduction in the risk of acute otitis media, non-specific gastroenteritis, severe lower respiratory tract infections, atopic dermatitis, asthma (young children), obesity, type 1 and 2 diabetes, childhood leukemia, sudden infant death syndrome (SIDS), and necrotizing enterocolitis [9]. For maternal outcomes, a history of lactation was associated with a reduced risk of type 2 diabetes, breast, and ovarian cancer [9]. Although effect of breast feeding on maternal pre pregnancy weight and osteoporosis is not clear [9].

Among postmenopausal women, increased duration of lactation was associated with a lower prevalence of hypertension, diabetes, hyperlipidemia and cardiovascular disease [10].

Sina OJ et al in his article of this issue has studied about breast feeding practices in two ethnic group of Nigeria. He found that mothers face significant challenges in a bid to exclusively breast feed their babies. Efforts should be made to involve other bodies such as government, religious and civil bodies in campaign programs on EBF [11].

## Reference

01. Jedrychowski W, Perera F, Jankowski J, Butscher M, Mroz E, Flak E, Kaim I, Miszczyk IL, Skarupa A, Sowa A. Effect Of Exclusive Breastfeeding On The Development Of Children's Cognitive Function In The Krakow Prospective Birth Cohort Study. *Eur J Pediatr*. Jan 2012;171(1)151-158. [Crossref]
02. Hoefer C, Hardy MC. Later development of breast fed and artificially fed infants. *J Am Med Assoc*. 1929;92;615-620. [Crossref]
03. WHO. Guidelines on Breast feeding cited on 20/5/2014. Available at: [Article] [Crossref]
04. International Institute for Population Sciences (IIPS) and Macro International. National Family Health Survey (NFHS-3), 2005-06- India. Mumbai, India-IIPS. 2007. [Crossref]
05. Infant and young child feeding data by country cited on 20/5/2014. Available at: <http://www.who.int/nutrition/databases/infantfeeding/countries/en/>. [Crossref]
06. Owen C, et al. Effect of infant feeding on the risk of obesity across the life course- a quantitative review of published literature. *Pediatrics*. 2005;115;1367-70. [Crossref]
07. Horta BL, Victora CG. Long-term effects of breastfeeding- a systematic review. Geneva, Switzerland- World Health Organization. 2013. [Crossref]
08. United Nations Millenium evelopment Goals and beyond 2015 cited. Available at: [http://www.un.org/millenniumgoals/pdf/Goal\\_4\\_fs.pdf](http://www.un.org/millenniumgoals/pdf/Goal_4_fs.pdf) [Crossref]
09. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Rep Technol Assess (Full Rep)*. 2007 Apr;(153)1-186. [Crossref]
10. Schwarz EB, Ray RM, Stuebe AM, Allison MA, Ness RB, Freiberg MS, Cauley JA. Duration of Lactation and Risk Factors for Maternal Cardiovascular Disease. *Obstet Gynecol*. May 2009; 113(5)974-982. [Crossref]
11. Sina OJ. Exclusive Breast feeding Practices among Yoruba and Hausa ethnic groups in South West Nigeria- a comparative Study. *Public health Rev- Int J Public health Res*. 2014;1(1)9-17. [Crossref]