

WORLD

Breastfeeding

WEEK

**BREAST FEEDING AS VALUED ART FOR MOTHERS
THROUGH THE AGES EVERYWHERE AND EVERYTIME**

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The value and art of breast feeding is a prioritized public health nutrition strategy for the new-born. It is a preventive strategy for BOTH maternal and new-born illness or death and must be supported, maintained and promoted as much as possible by all.

Mothers and new-borns are intricately intertwined from utero to after childbirth. Breast feeding is a life-saving intervention for both the mother and new-born and must be initiated within the first golden hour after birth. The WHO Global Target of 2025 aims to increase the rate of exclusive breastfeeding in the first 6 months by at least 50%. In Kenya Initiation and exclusive breast feeding at 60% (KDHS). After weaning with complementary feeds at 6 months the infant needs to continue breastfeeding up to 2 years or beyond.

Initiation of breast feeding promotes maternal- neonate bonding; prevents bleeding after childbirth; promotes the uterus to return to its pre-pregnancy state and sets the stage for continuous milk production for the new-born. In the long term for mothers promotes loss of pregnancy related weight, reducing the risk of Type 2 diabetes, myocardial infarction, metabolic syndrome and reduces the risks of breast and ovarian cancer. Sustained breast feeding is associated with lactation amenorrhea (LAM) a natural contraception. For the baby the advantages include: reducing low birth weight, the vulnerability for infections such as diarrhoea and respiratory illnesses. It also reduces the risk of child malnutrition providing macro- and micro-nutrients for optimal physical growth, psycho- social and intellectual development (WHO and UNICEF 2021).

Factors that may hamper breast feeding practice include: excessive bleeding after childbirth; inadequate socio- cultural and economic support, puerperal psychosis, failure to support mothers with baby crèches especially at their workplaces, curtailed maternity leave and lack of awareness particularly for young mothers on the value of breastfeeding. Neonatal factors include: prematurity, low birth weight and babies with medical complexities such as: cleft lip, cleft palate, cerebral palsy. Mothers need to initiate expressing of breast milk to feed the neonate as the neonatal condition is managed.

In HIV mother's vertical transmission can occur through breastfeeding (5-20%). The variance of transmission with breast feeding depending on factors such as: the timing, viral load, nutritional status, ARV therapy, breast health, breast feeding practice and presence of oral lesions in the infant. For HIV mothers they need to satisfy the AFASS (acceptable, feasible, affordable, sustainable and safe conditions) Criteria; personal, household and the health system in provision of replacement feeding. Replacement feeding for mothers opting not to breastfeed include: counselling, expressed breast milk, breast milk pasteurization and from breast milk banks. HIV mothers unable to meet the AFASS Criteria breast feeding needs concurrent adherence to lifelong HAART used to avoid the neonate suffer from dehydration, infections, malnutrition and risk of premature death.

Institutional policies on breastfeeding should be advocated for during prenatal care and the post- delivery period. Additionally, a supportive health system to have Kangaroo mother care; maternal-baby crèche and breast feeding literacy augments lactation programs and baby friendly initiatives. Pre- lacteal feeds, pacifiers and mixed feeding methods are abhorred. The support of family members and extended community cannot be underrated. There is need for continuous capacity building of health workers and advocacy amongst mothers and the public on breastfeeding. Furthermore, more programmatic research in lactation management is needed.