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A study on changing trends and impact of ante-natal education and mother's educational status on pre-lacteal feeding practices.

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Abstract:

Definition-Any liquid other than breast milk given for the first time to the new-born is defined as pre-lacteal feed.
Objective-The study aims at determining the prevalence of pre-lacteal feed in babies presenting at immunization clinic ,paediatric department, Medical college Jhalawar, Rajasthan and to study the effect of mother's education status and breast-feeding education given by medical staff at the time of antenatal checkup in this institution.
Material and method- A total of 598 mothers with babies less than 8 weeks of age who presented at immunization clinic of paediatric department, Medical college Jhalawar during period from September 2011to February 2012 were included in this study. The mothers were interrogated about their education, place of delivery, whether they attended antenatal clinic and about prelacteal feed given to their babies or not.
Results- 16 mothers were unable to give right answer about prelacteal feed given or not to their babies, so the analysis of datas made for 582 mothers. In this study only 61 (10.2%) mothers were involved in giving prelacteal feed . As far as education status concern 16.1% uneducated mothers and 48.5% mothers who never been educated by medical personals about breastfeed gave pre-lacteal feed to babies. No gross gender difference was noted among pre-lacteal feed babies.
Conclusion – Formal education status of mothers and breast feeding education during antenatal period can reduce the prevalence of pre-lacteal feed.

Keywords: Pre-lacteal feeds, antenatal clinic (ANC) , immunization clinic ,Jaggery, Ajwain.

Introduction:

Mother's milk is the nature's gift to the baby. Breast milk is the ideal food for all infants and provides adequate nutritional requirements up to the age of five months. Beneficial effects of breastfeeding depends on correct breastfeeding practices like timely initiation, colostrum feeding, avoidance of prelacteal feeding.Colostrum is the first breast milk which is thicker than later milk and comes only in small amounts in the first few days.Colostrum is all the food and fluid needed at this time, no supplements are necessary, not even water [1] .Unfortunately, most ignorant and illiterate mothers discard for various reasons [2,3]. Moreover, the mother initiates the infants on pre-lacteals. Pre-lacteal feeds are given under the belief that they act as laxatives, cleansing agents or hydrating agents [4] or as a mean of clearing the meconium [5]. Unfortunately, they are not aware that pre-lacteal could be a source of contamination too. Pre-lacteal liquids are harmful to a new born mainly due to two reasons. Firstly, being of poor quality, it increases the risk of introducing early infections to a new born and secondly, as a simple consequence, it reduces the practice of exclusive breastfeeding. Many mothers, with the belief that colostrums is harmful to the child, put the baby to their breast even after one to two days of birth. Ten steps of successful lactation have been given by WHO and UNICEF in their joint statement of 1988. UNICEF and WHO launched Baby Friendly Hospital initiative in 1992 as a part of global effort to protect, promote and support breast feeding . All baby friendly hospitals are supposed to follow these steps.

In Medical college Jhalawar, mother's education about breast-feeding starts during antenatal period and is executed by Medical and Nursing staff. These doctors and nursing staff in antenatal clinic are trained to provide structured feeding education. Following advices are given: Breast milk is best for your baby. It is best started within ½ an hour of birth as it gives protective umbrella to baby right at birth. Anything like honey, sugar water, milk or even warm water given before breast milk can harm the baby as it can cause infection specially diarrhea. The practice of giving prelacteal feeds like glucose water, sugar water, honey etc is widely prevalent in rural areas especially in uneducated mothers. This study was done to see the effect of feeding education to mother on the practice of prelacteal feed to newborns.

Material & Method:

The Obs & Gynae department of medical college Jhalawar is running well developed antenatal clinic with trained staff (Doctors & Nurses) to render the education to the expected mothers about breast feeding and others post natal care. Also discourages them for the ancient customs of giving pre-lacteal feed due to its many disadvantages .To assess the impact of education over pre-lacteal feed custom, we included mothers whose babies were less than 8 weeks of age attending to immunization clinic run by pediatric department of medical college Jhalawar. total of 598 mothers presented during the period of Sep. 2011 to Feb. 2012 to immunization clinic, out of which 16 mothers

were unable to say whether pre-lacteal feed given to their babies or not. Rest of 582 mothers were asked questions regarding their ante-natal clinic visits , place of delivery, pre-lacteal feed to babies and if answer is yes, what was the liquid given as pre-lacteal feeds. Also their education status and gender of babies were noted. All information filled in pre-formed Performa. Prevalence of pre-lacteal feeds in relation to mother's education and feeding advice at the time of antenatal checkup calculated.

Results:

Out of 598 mothers attending the immunization clinic 16 mothers unable to rightly answer about pre-lacteal feed to their babies, rest 582 replied well .We found that 94.4% mothers attending ANC clinic did not give pre-lacteal feed to their babies while this was seen in 51.5% mothers who did not attended ANC clinic during pregnancy period as shown in ***table 1***.

Only 7.6% mothers who delivered in this institution gave pre-lacteal feed while this was seen in 20.5% mothers whose delivery were conducted at others place (Others institutions & home) where they could not get proper education about breast feed as shown in ***table 2*** .

In this study we also noted that only 4.1% educated mothers involved in giving pre-lacteal feed. This ratio was 16.1% in uneducated mothers (Uneducated means who never been in schooling) as shown in ***table 3***. Interestingly no gender discrimination found in babies regarding pre-lacteal feed. The ratio was almost same in male & female child ***(Table 4)*** .In the preferred pre-lacteal feed, the Honey topped the list(34) , followed by Glucose water, Boiled water, Sugar water & Tea ***(Table 5).***

Table 1: Association of antenatal visit and pre-lacteal feed**.**

Ante-natal clinic	Number of mothers	No prelacteal feed	%	Prelacteal feed	%
Attended	516	487	94.4	29	5.6
Not attended	66	34	51.5	32	48.5
Total	582	521		61	

Table 2: Association of place of delivery and pre-lacteal feed.

Place of delivery	Number of mothers	No prelacteal feed	%	Prelacteal feed	%
Institutional	450	416	92.4	34	7.6
Other places	132	105	79.5	27	20.5
Total	582	521		61	

Table 3:Association of educational status and pre-lacteal feed.

Education status	Number of mothers	No prelacteal feed	%	Prelacteal feed	%
educated	313	301	96	12	4
uneducated	262	220	83.9	49	16.1
Total	582	521		61	

Table 4: Association of gender and pre-lacteal feed.

Gender	Number	No prelacteal feed	%	Prelacteal feed	%
male	297	265	89.2	32	10.8
female	285	256	89.8	29	10.2
total	582	521		61	

Table 5: **Types of pre-lacteal feed.**

Pre-lacteal feed	Number	Percentage (%)
honey	34	55.7
Glucose water	15	24.6
Boiled water	6	9.8
Sugar water	4	6.5
tea	2	3.3
Total	61	

Discussion:

The practice of giving prelacteal feed to baby was a traditionally accepted culture in India. In the report of nationwide study by Breast Feeding Promotion Network of India (BPNI), prevalence of prelacteal feed was found to be 49% which is very much higher than our study [6]. In our study, we have found that institutional delivery, ante natal education regarding exclusive breast feeding and education status of the mother has favorable impact on the promotion of exclusive breast feeding and no prelacteal feed practice. In the present study, 94.4% of institutional delivered babies did not get prelacteal feed which is higher than the Chandigarh study[7]. This again emphasizes the importance of health education and also institutional delivery. Once again this study proves benefits of formal education to mother. Similar positive effect of maternal literacy was found in the Chandigarh study [7].In Rajasthan Singh et. al. revealed that 65.2% mothers gave jiggery water to infants followed by ghee, ajwain (omum),glucose water and honey. This percentage is higher than that observed in our present study. However pre-lacteal feeds are given to infants, the percentage may vary in different studies [8,-10].

Conclusion:

Mothers are more receptive and emotional during antenatal period. So maximum utilization of antenatal visits should be made to provide basic information about breast feeding. Unhygienic practice of giving prelacteal feeds should be discouraged by constant health education. The mothers delivered at home and uneducated, this practice of giving pre-lacteal feed is high. Here is the need of education and postnatal help to mothers. So it was found that although people have become aware of the importance of breast feeding but still there is a great need for intensive nutrition education programme in this context.

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