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Breast Feeding Initiation and Support: A Literature Review of What Women Value and Impact of Early Discharge

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Abstract: ***This study was conducted on breast feeding initiation and support: A literature review of what women value and impact of early discharge. Breastfeeding is when feed the baby breast milk, usually directly from breast. It's also called nursing. Early or timely initiation of breastfeeding, specifically within one hour of birth, refers to the best practice recommendation by the World Health Organization (WHO). The first six months of life have higher growth velocity and are also the vulnerable period for nutrition - related health events in infants. There is strong evidence that breastfed infants are at a reduced risk of being overweight or obese during childhood. Evidence from a meta - analysis suggests the risk of overweight was reduced by 4% for every month of breastfeeding - up to nine months of age. Standard protocol of the systematic literature review was used in this study. The search was undertaken from June to August 2021. This drew on published literature in the electronic bibliographic databases of: Academic Search Complete, Cumulative Index to Nursing and Allied Health (CINAHL), Global Health, MEDLINE Web of Knowledge and Scopus and supplemented by scanning the reference lists of papers included for review. Critical Appraisal Skills Programme (CASP) and Effective Public Health Practice Project (EPHPP) tools were used to assess the qualitative and quantitative studies. The search strategy retrieved 150 studies. After applying the process of selection, 19 studies were included for review. This study suggests that less than half of Indian mothers - initiated breastfeeding within one hours of post - birth (41.5%), with a significant difference in both rural (41.0%) and urban (43.0%) Early initiation of breastfeeding (EIBF) prevalence.***

Keywords: Breast feeding initiation; early discharge; women value

1. Introduction

National family health survey - 3 of India has revealed startling lower exclusive breastfeeding (EBF) rates (16.9%) in the state of Haryana compared with national data (46%). As a global goal for optimal child health and nutrition, all women should be enabled to practice exclusive breastfeeding (EBF), and all infants should be fed exclusively on breast milk from birth to 6 months of age.[1]

Breastfeeding is when feed the baby breast milk, usually directly from breast. It's also called nursing. Making the decision to breastfeed is a personal matter. It's also one that's likely to draw opinions from friends and family. Many medical experts, including the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists, strongly recommend breastfeeding exclusively for 6 months. After the introduction of other foods, it recommends continuing to breastfeed through the baby's first year of life. How often should breastfeed baby isdepends on whether the baby prefers small, frequent meals or longer feedings. This will change as baby grows. Newborns often want to feed every 2 - 3 hours.[2]

Early or timely initiation of breastfeeding, specifically within one hour of birth, refers to the best practice recommendation by the World Health Organization (WHO). A recent systematic review and meta - analysis revealed that breastfeeding initiation after the first hour of birth doubles the risk of neonatal mortality. In specific countries, initiating within one hour reduced deaths by 19 % in Nepal and 22 % in Ghana.[3]

The evidence, drawn from meta - analysis and over 63 developing countries, shows that early initiation of breastfeeding prevents newborn infections, averts newborn death due to sepsis, pneumonia, diarrhoea and hypothermia, and facilitates sustained breastfeeding.[4] In South Asia, merely 41 % of newborns are breastfed within one hour of birth. Several South Asian countries have some of the worst early initiation of breastfeeding practices in the world; the rates in Pakistan, India, Bangladesh and Nepal are only 29, 41, 47 and 45 % respectively.[5]

Over the last several decades, there has been a significant decrease in the length of hospital stays for mothers and their newborns, ranging from the average of 7 to 10 days before World War II to approximately 2 days in recent years. Many women saw the benefit of early discharge as a means todemedicalize the birth process, to be home with their families sooner, and to have their deliveries be a more positive experience. Although the trend toward shorter hospital stays was originally initiated by consumer interest, the recent further shortening of maternity stays has escalated as a result of insurance and managed care plans attempting to contain health care costs.[6]

With this trend toward earlier discharge, a litany of problems have been reported, including missed newborn screening, jaundice, feeding problems, missed congenital anomalies, and readmissions. Although cost - efficient use of health care is vital, the ultimate goal should not only be the

prevention of unnecessary morbidity and mortality, but the promotion of health and well being for the child and family.[7]

2. Need for Study

The first 6 months of life have higher growth velocity and are also the vulnerable period for nutrition - related health events in infants. Breastfeeding is essential for maintaining the optimal health status of the infants, which includes: providing nutrients, immunity, and improved developmental outcomes. It reduces the risk of developing asthma, diabetes mellitus, and obesity.[8]

There is strong evidence that breastfed infants are at a reduced risk of being overweight or obese during childhood. Evidence from a meta - analysis suggests the risk of overweight was reduced by 4% for every month of breastfeeding - up to 9 months of age. Moreover, infants < 6 months of age who were fed supplementary food were also susceptible to diarrhea, thus leading to weight loss. Despite the strong evidence regarding the beneficial effects of breastfeeding, in India, the proportion of exclusive breastfeeding (EBF) rates remain <70% during the first 6 months of age and only 54.2% in the state of Karnataka (urban and rural areas).[9]

Several factors affect initiation, continuation, and cessation of breastfeeding among Indian women. These include physical and psychosocial attributes such as Body Mass Index (BMI), the psychosocial status of the woman during postpartum (up to 6 months after childbirth), age, gestational age, and parity. Additionally, socio - demographic factors such as education level, socioeconomic status, and sex of the infant can affect breastfeeding practices as well. Available evidence on the effect of maternal factors influencing the nutritional status of the infants is limited to infants beyond 6 months. However, most of the evidence has been from cross - sectional studies and thus suffers from limited causal inference. Several other sources of systematic error affect these estimates. As seen in the study by Kerac et al., most studies exclude infants aged < 6 months of age from nutrition surveys resulting in a lack of information on their dietary intake.[10] Applying the growth standards during the early months of life is essential for early detection, preventing poor health and nourishment outcomes as this can affect cognition and physical growth during adulthood.[11]

Thus, breast - feeding initiation and support needs to be assessed. The researcher decided to do this assessment by reviewing certain number of articles, journals regarding the breast - feeding initiation and support.

3. Methodology

Standard protocol of the systematic literature review was used in this study. The search was undertaken from June to August 2021. The methods and reporting were developed and conducted with systematic methodology.

3.1 Source of literature

This drew on published literature in the electronic bibliographic databases of: Academic Search Complete, Cumulative Index to Nursing and Allied Health (CINAHL), Global Health, MEDLINE Web of Knowledge and Scopus and supplemented by scanning the reference lists of papers included for review.

3.2 Search terms

Search terms were applied with various Boolean operators for three core concepts: breastfeeding; Breast feeding initiation; women value and impact of early discharge.

3.3 Inclusion and exclusion criteria

The eligibility of studies for review was assessed on a set of inclusion and exclusion criteria, based on the Breast - feeding initiation; women value and impact of early discharge., country, year, language, study design and full text availability.

3.4 Study selection and data extraction

Studies retrieved from databases were exported to full review and duplicated citations were removed. Abstracts were screened for relevance to the study question and country of the study. All other inclusion and exclusion criteria were applied through assessment of the full text publications.

Studies selected for inclusion were transferred to a Microsoft Excel spreadsheet for extraction of data items of: setting, population, methods, early initiation of breastfeeding, and for thematic analysis.

3.5 Quality appraisal

Quality of included studies was appraised separately for qualitative and quantitative methods assessing features of study design, methodology and analysis. Studies were classified into strong, moderate and weak based on criteria set within two different tools: Critical Appraisal Skills Programme (CASP) and Effective Public Health Practice Project (EPHPP) tools. Qualitative studies were appraised using the CASP tool which contains a checklist of ten screening questions regarding the aim of the research, appropriateness of the qualitative methodology, appropriateness of research design to address aim, appropriateness of recruitment strategy, data collection methods, relationship between researcher and participants, ethical issues, data analysis, statement of findings and value of research. This tool has previously been evaluated, revised and reviewed. Quantitative studies were appraised using the EPHPP tool to rate studies based on given criteria on the basis of: selection bias, study design, confounders, blinding, data collection methods, withdrawals and drop - outs, intervention integrity and analyses. This tool has demonstrated high inter - reliability across individual domains and high intra - class correlation coefficient value. For mixed - method studies, the CASP tool was applied to the qualitative elements and the EPHPP tool to the quantitative elements.

3.6 Synthesis of results

The results were synthesized according to the two features being addressed; the factors, the value of women and impact of early discharge, associated with breast feeding initiation and support. The results concerning factors were synthesized systematically according to the level at which the support on breastfeeding initiation. This approach was based on the framework for analysis of impact of early discharge with a health system lens established by The SURE Collaboration for structured and systematic analyses. The results on impact of early discharge were synthesized using thematic analysis and arranged based on the analytical framework of impact of early discharge affecting health care in low resource. This analytical framework provided a structured and comprehensive perspective on impact of early discharge.

4. Results

The search strategy retrieved 150 studies. After applying the process of selection, 19 studies were included for review. Studies selected for review represented referent countries. The researcher focused on Indian study more. Fourteen studies related to breast feeding initiation and 5 studies related to impact of early discharge. Several studies involve random selection of participants while others targeted new mothers and fathers, untrained TBAs, ethnic minority women, attendees of immunization clinics, postnatal mothers, mothers who were currently breastfeeding and those who had discontinued breastfeeding.

Quality of studies

Based on the CASP criteria, both qualitative studies reviewed were of moderate quality owing to limitations in the research design, recruitment strategy and data analysis. Based on the Effective Public Health Practice Project (EPHPP), none of the quantitative studies were high - quality ranking because all were moderately - weighted cross - sectional design. Eight studies were moderate quality, while eight were weak based on design, unreliable data collection method and no controlling for confounding factors. Of the six mixed - method studies, five were weak in quantitative and moderate in qualitative design; one was moderate, and one was weak in both qualitative and quantitative design.

Impact of early discharge

A study implies that maximum studies implies that early discharge with adequate home follow - up does not affect the low - risk mother's fatigue and functional ability to any significantly greater extent than traditional care. It was also noted that, regardless of type of care, the proportion of subjects reporting severe fatigue was relatively large (25%, 31%, and 19% at discharge, 1 - and 6 - weeks postpartum period), highlighting the need for further study of maternal fatigue in the postpartum period.[12]The definition of 'early discharge' varied considerably among trials, which made interpretation of results challenging. Early discharge probably leads to a higher risk of infant readmission within 28 days of birth, but probably makes little to no difference to the risk of maternal readmission within six weeks postpartum.[13]

A study said accessible people - based breastfeeding services in the community are valued following early discharge. Furthermore, there is demand for more evidence - based breastfeeding educational resources, potentially in the form of interactive applications or websites.[14]Although length of stay (LoS) after childbirth has been diminishing in several high - income countries in recent decades, the evidence on the impact of early discharge (ED) on healthy mothers and term newborns after vaginal deliveries (VD) is still inconclusive and little is known on the characteristics of those discharged early.[15]

Another study said because of the lack of robust clinical evidence and full economic evaluations, the current data neither support nor discourage the widespread use of early postpartum discharge. Before implementing an early discharge policy, Western countries with longer length of hospital stay may benefit from testing shorter length of stay in studies with an appropriate design. The issue of cost containment in implementing early discharge and the potential impact on the current and future health of the population exemplifies the need for publicly funded clinical trials in such public health area. Finally, trials testing the range of out - patient interventions supporting early discharge are needed in Western countries which implemented early discharge policies in the past.[16]

A study explained that age of mothers less than or equal to 24 years (OR: 1.7, 95% CI: 1.0–2.7), first time antenatal care seekers after 3 months of gestation (AOR: 1.7, 95% CI: 1.0–2.8), delivery in Government hospital (AOR: 1.9, 95% CI: 1.1–3.2), mother or relatives' decision to seek discharge from hospital (AOR: 3.0, 95% CI: 1.5–6.1) and lack of insistence from doctor or staff for the mandatory 48 h stay (AOR: 1.7, 95% CI: 1.0–2.7) were independently associated with early discharge. There is an urgent need to create awareness regarding a minimum period of stay of 48 h in the hospital after delivery among various stakeholders, especially in young mothers delivering in Government hospitals. Standard protocols must be followed by health care workers regarding adherence to this recommendation. There should be uniform practice regarding discharge of mothers after delivery across various health care facilities. This might help to improve the maternal and foetal outcomes.[17]

Breast feeding initiation and support

A study implied that there is an urgent need to continue to strengthen national and state policies, hospital and maternity practices, and the knowledge and skills of birth attendants—physicians, midwives and nurses—to support early initiation of breast feeding as a key component of essential newborn care. Janani Suraksha Yojna and Indira Gandhi MatrivaSahyog Yohana—India's conditional cash transfer programmes to protect women during pregnancy, delivery and lactation—need to step up their efforts to ensure that facility - and community - based health workers provide mothers and families with timely information and counselling to support early initiation of breast feeding.[18]

A study on early initiation of breastfeeding is important for both the mother and the child. The first breastmilk contains colostrum, which is highly nutritious and has antibodies that

protect newbornfrom diseases," according to the National Family Health Survey (NFHS - 4). It "also encourages bonding between mother and her newborn, facilitating the production of regular breast milk. Thus, it is recommended that children be put to the breast immediately or within one hour after birth and that prelacteal feeding, anything other than breastmilk, be discouraged.[19]

5. Conclusion

This study suggests that less than half of Indian mothers - initiated breastfeeding within one hours of post - birth (41.5%), with a significant difference in both rural (41.0%) and urban (43.0%) Early initiation of breastfeeding (EIBF) prevalence. Higher maternal education, frequent antenatal care visits, birthing in a health facility and residence in the all regions were associated with EIBF in India, regardless of rural - urban residence. In contrast, the researcher found that mothers delayed breastfeeding after birth if they resided in the Central region, received delivery assistance from non - health professionals or gave birth through caesarean section. In India, it is essential that health promotion campaigns to improve EIBF should be region - specific and should focus on mothers with no schooling and those with limited access to healthcare facilities to maximize impacts. Many of the studies implied that the impact of early discharge is affecting health of children and the mother in many ways such as getting immediate treatment, diagnosis of post - partum problems etc.

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