

## Antenatal Counselling on Breastfeeding- Is Adequate Counselling Being Provided?

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### Abstract

**Objective:** To study the effect of antenatal counselling on breastfeeding practices.

**Methods:** This study was conducted at Abbasi Shaheed hospital Karachi. All primigravidas from June 2014 to December 2014 were recruited. The study was a cross-sectional survey and non-probability purposive sampling was done. Among these 432 primigravida mothers, 324 who had a minimum of three antenatal visits were included in the study. These 324 mothers were administered a pre-tested semi-structured questionnaire on breastfeeding. The awareness among mothers (both "counselled" and "not counselled") regarding health information pertaining to breastfeeding was assessed. The content of counselling sessions was discussed with women who received counselling to ensure whether the counselling received was adequate.

**Results:** Of the booked mothers, 21.91% had received some antenatal counselling about breastfeeding while 78.09% had not received any such counselling. Awareness related to breastfeeding among mothers who received counselling was better than those who were not counselled.

**Conclusion:** Antenatal counselling given to first time mothers is not sufficient and needs to be improved. Antenatal visits provide an opportunity to counsel about breastfeeding, which should not be missed.

**Keywords:** Counselling, breastfeeding, antenatal, primigravidas, practices

**IRB:** Karachi Medical and Dental College / Abbasi Shaheed Hospital, Ethical Review Committee.

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### Introduction

Infant mortality rate in Pakistan is very high. Pakistan is a signatory of many international development strategies including the Millennium Development Goals<sup>1</sup> and the government plans on decreasing the infant mortality rate from 74 to <55 per 1000 live births and the newborn mortality rate

from 55 to <40 per 1000 live births by 2015. The targets have not been met<sup>2</sup>.

Infant mortality rate in the past five years is 74 deaths per 1,000 live births<sup>2</sup>, at this rate, 1 in every 14 Pakistani babies die before reaching age of one year. Neonatal mortality has remained unchanged for the last 20 years, whereas infant mortality has decreased by 19%. The neonatal mortality rate in the past five years is 55 deaths per 1,000 live births<sup>2</sup>.

Exclusive breastfeeding is defined as giving breast milk alone for the first 6 months of life, with no added weaning articles in the first six months of life of the baby. Breastfeeding is advocated as an important child survival strategy by the World Health Organization especially in countries with poor socioeconomic background<sup>1,2</sup>. Breastfeeding is funda-

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mental to the health and development of children and important for the health of their mother as well.

Many women want to breastfeed but are unable to do so. Lack of confidence in their ability to breastfeed, problems with proper positioning of neonate, myths of inadequate milk supply, breast pain and lack of support from health professionals in early post discharge period are some reasons why breastfeeding is not initiated and if initiated is not continued for the recommended duration<sup>2</sup>.

Antenatal counseling and postnatal lactation support, improve rates of exclusive breastfeeding. There has been a substantial improvement over the past two decades in the proportion of mothers receiving antenatal care from a skilled health provider, increasing from 26% in 1990-91 to 61 percent in 2006-07 and 73% in 2012-13. Antenatal visits provide an opportunity to educate women regarding the benefits of breastfeeding and can help improve rates of initiation of exclusive breastfeeding<sup>2-4</sup>.

Baby Friendly Hospital Initiative was launched in 1991 by UNICEF<sup>4</sup> and WHO<sup>5</sup> to ensure that all maternity services support breastfeeding. Ten steps to successful breastfeeding need to be implemented if a health facility wants to be accredited as Baby Friendly. Step 3 of these steps is 'inform all pregnant women about benefits and management of breastfeeding'. Implementation of baby friendly hospital initiative in Sindh, Pakistan improved breastfeeding practices in some of the centres to 98.97%<sup>6</sup>.

Breastfeeding practices in Pakistan are far from ideal. Ninety-four percent of children were reported to have been breastfed at some time. Thirty-eight percent of children less than age 6 months are exclusively breastfed. The median duration of exclusive breastfeeding is less than one month. Complementary foods are not introduced in a timely fashion for all children. Only 57% of breastfed children age 6-9 months received complementary foods. Overall, only 15% of children ages 6-23 months are fed appropriately based on recommended infant and young child feeding (IYCF) practices<sup>2</sup>.

There is strong evidence and published literature, to support that antenatal counselling improves breastfeeding practices. However the counselling is either not received positively by the mother and there may be lack of support from close family members, to promote breast-feeding. Also, even if breastfeeding counselling is advised to the mother, the content of the counselling is inadequate. This may result in the improper position of the baby during breastfeeding or inadequate feeding time or the mother does not realise the superiority of human milk over other commercial or bovine milk etc. that is available<sup>7</sup>.

We undertook this study to assess the content of antenatal counselling provided during routine visits and their effect on breastfeeding practices.

### Subjects and Methods

The present study was a retrospective, cross sectional survey carried out during six month period from June 1<sup>st</sup> to Dec 31<sup>st</sup> of the year 2014 in Obstetrics & Gynecology Unit III, Abbasi Shaheed Hospital affiliated with Karachi Medical and Dental College, Karachi 2014. Informed consent was obtained from all participants. The study population was all primigravidas who delivered in Abbasi Shaheed hospital. They were interviewed in the postnatal ward after delivering their babies where they were asked whether they have received any antenatal counselling on breastfeeding during their antenatal visits. Among 324 primigravidas, 108 who had a minimum of three antenatal visits were considered booked and were included in the survey. Initially a pilot study was conducted for 30 mothers using a questionnaire related to common health information regarding breastfeeding after which the questionnaire was modified. Appropriate flash cards with pictures depicting good and poor attachment of the baby to mother during breastfeeding were also used while administering one question regarding the correct technique of breastfeeding. The main outcome variables were: i) Whether these mothers have been informed about the benefits of breastfeeding during antenatal visits and ii) Whether

they have acquired the basic information about breastfeeding.

A woman was considered to have received counselling if her response was that she had been informed of the benefits of breastfeeding at least once, these women were asked an additional set of 4 questions. These questions were asked to determine whether the content of antenatal counselling was according to the recommendations set by American College of Obstetricians and Gynaecologists<sup>8</sup>.

All primigravidas who were under low risk delivered either vaginally or by caesarean section and shifted to the ward were included in this study. All those primigravidas who were under high-risk especially psychiatric illness, preterm labour and patients who were shifted to ICU in postnatal period were excluded from this study. Chi-square test was used to compare awareness of health information related to various aspects of breastfeeding among the mothers in both counselled and not counselled groups. The data was analyzed using statistical software package SPSS version 16.0.

## **Results**

The characteristics of mothers in both the "counselled" group and the "not counselled" group were similar. Of the 324 "booked" mothers, 71 (21.91%) had received antenatal counselling on breastfeeding while 253 (78.09%) had not received any such counselling. The awareness of health information related to various aspects of breastfeeding among the mothers in both "counselled" group and "not counselled" group is presented in (Table1). In the "counselled" group 84.5% were aware that breastfeeding should be initiated immediately after birth and 76.05% knew that exclusive breastfeeding should be continued for 6 months while in the "not counselled" group, only 18.97% and 22.52% were aware of the same, respectively. However, even in those who received counselling awareness regarding correct breastfeeding technique and concept of continuing breastfeeding during minor illness in the baby was not different. What comprises exclusive

breastfeeding and the fact that mother has no dietary restriction during breastfeeding were not emphasized sufficiently during counselling sessions.

During counselling only 5.6% of those who received counselling were encouraged to breast-feed and superiority to artificial feeding was explained by health worker. About, 14.08% explored and/or addressed possible patient-perceived barriers to breastfeeding. While approximately, 9.85% discussed breast changes occurring during pregnancy (e.g. leaking colostrum, increase in breast volume) and only 4.2% assured the patient that her anatomy was sufficient for breastfeeding during the breast examination. If structural problems were noted, discussion for availability of breastfeeding support and assistance followed.

## **Discussion**

Breastfeeding offers many advantages to the newborn and the new mother. Although emphasis is put on breastfeeding rates, even then, breastfeeding often fall short of the required frequency of breastfeeding.

The WHO<sup>5</sup> and American Academy of Pediatrics<sup>9</sup> both recommend exclusive breastfeeding for six months and complementary feeding with breastfeeding for at least 12 or 24 months. In our study 78% of women who were counselled knew that exclusive breastfeeding needs to be practised for first six months and only 35% knew that babies less than 6 months do not need extra water. Ahmad et al report 68% of women breastfeed exclusively after breastfeeding and Dhandapany et al report that more women practise exclusive breastfeeding after counselling<sup>10,11</sup>.

In Pakistan breastfeeding is nearly universal although early initiation is not common. A survey done in 1990-91 revealed that only 8.5% of neonates were breastfed within the first hour and only 25.8% were breastfed on the day of delivery. The estimates rose to 27.2% and 65.5% in 2006-2007, shows considerable improvement<sup>12</sup>.

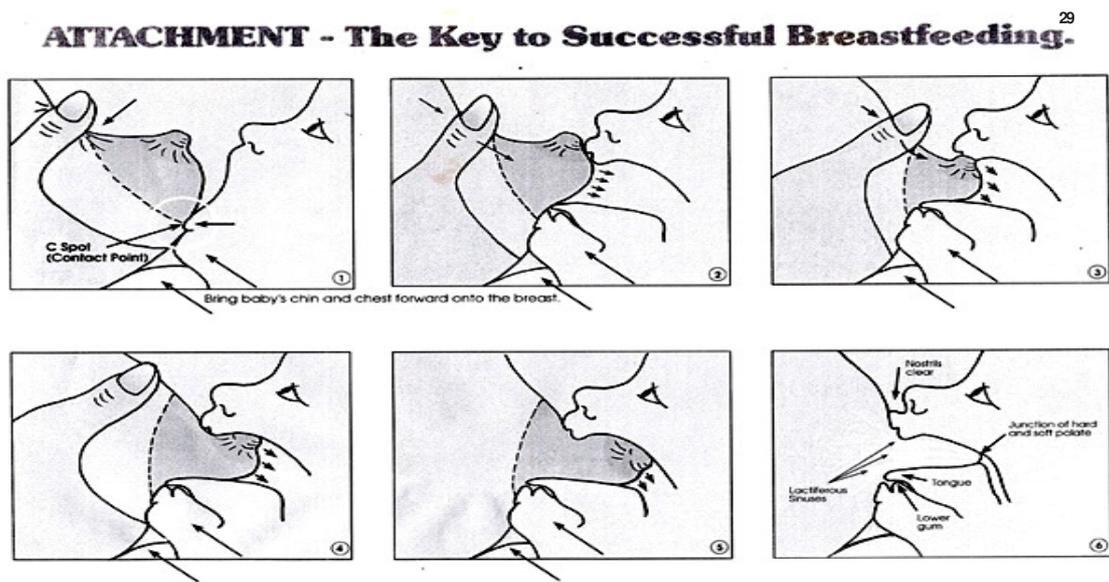
**Table 1.** Breastfeeding information known to "counselled" and "not counselled" mothers

Health Information	Mothers "counselled"(n = 71)		Mothers "not counselled"(n = 253)		p -value
	Aware	%	Aware	%	
Initiate breastfeeding immediately after birth	60	84.5	48	18.97	< 0.01
Exclusive breastfeeding to be practiced for first 6 months	54	76.05	57	22.52	< 0.01
No prelacteal feeds to be given	71	100	114	45.05	< 0.01
Correct technique of breastfeeding*	3	4.22	0	0	0.48
No dietary restriction for lactating mother	30	42.25	18	7.11	< 0.01
Breastfeeding babies less than 6 months do not require extra water	24	33.8	9	3.55	< 0.01
Continue breastfeeding during common illnesses in baby	33	46.47	140	55	0.68

\* Appropriate flash cards with pictures shown to mothers

**Table 2.** Contents of Counselling.

Content of counselling	N= 71
Recommended or encouraged breastfeeding and superiority to artificial feeding.	4 (5.6%)
Explored and/or addressed possible patient-perceived barriers to breastfeeding.	10(14.08%)
Discussed breast changes occurring during pregnancy (e.g., leaking colostrum, increase in breast volume).	7(9.85%)
Assured the patient that her anatomy was sufficient for breastfeeding during the breast examination. If structural problems were noted, discussed the availability of breastfeeding support and assistance.	3(4.2%)



In our study 87% of women who were counselled reported that breastfeeding should be initiated immediately after birth which is not much different from the findings reported by Ahmad et al.<sup>10</sup> and Dhandapany et al<sup>11</sup>.

Exclusive breastfeeding also lags behind its recommendation in our country. According to the Demographic and health survey 37.1% of children were breastfed exclusively in 2006-2007 and this percentage was 37.7% in 2012-2013<sup>1</sup>. Exclusive breastfeeding was done for only 38% of children, which is very low.

Our study shows that even after counselling only 35% of women knew the actual meaning of exclusive breastfeeding, i.e. nothing other than breast milk not even water. This shows inadequacy in counselling.

Knowledge regarding prelacteal feeding was excellent; all reported that no prelacteal feeds should be given while only 45% in not counselled group reported the same. Prelacteal feeds are commonly given in our society despite their harmful effects but anything other than breast milk is not exclusive breastfeeding. Counselling thus cleared this misconception in the counselled group. In countries like Kuwait 81.8 % newborns receive prelacteal feeds<sup>13</sup>.

The Pakistan Demographic and Health Survey<sup>2</sup> also reported introduction of complementary feeding in 10% of infants less than 6 months and 19% of infants aged 4-5 months. Bottle-feeding is reported as a norm even though not supported by health professionals. More than 1 in 5 babies under two months of age are bottlefed<sup>2</sup>. Similar findings could not be gathered from our study, as the patients were not followed up in the postnatal period. Our study was limited in this context.

Half of the women decide whether or not to breastfeed prior to conception while the other half decides during early pregnancy<sup>14-17</sup>. Thus antenatal period is critical to motivate women, initiate counselling and clear their misconceptions. Research also indicates that if such counselling is provided by obstetric care providers rate of breastfeeding and

duration of breastfeeding improve markedly. The women were counselled in the antenatal clinics regarding breastfeeding practices by obstetrician trainees (postgraduates) and house officers<sup>18-20</sup>.

American College of Obstetricians and Gynaecologists advocate that breastfeeding education should be provided by Obstetrician and should start at first antenatal visit so that the knowledge imparted could be reinforced on each visit that follows<sup>8</sup>.

A study from Missouri in 1989-91 stated that only 37% of women receiving antenatal care had received any advice from their health provider to opt for breastfeeding<sup>21</sup>. In our study only 21% had received counselling on breastfeeding in the antenatal period. It is evident that antenatal counselling is not given its due as part of antenatal care.

Even in the women who were counselled awareness regarding continuing breastfeeding during illness was not up to the mark. Another aspect that lagged behind was breastfeeding technique.

Our study shows that the counselling received by women was not according to the recommendations. The proportion of women counselled was small (21%) and those who were counselled did not receive optimum counselling. Enhanced breastfeeding education for all healthcare providers has recently been made compulsory by U.S. Surgeon General to enforce appropriate breastfeeding practices<sup>22</sup>.

Despite all of the counselling many women are unable to practise exclusive breastfeeding. This may also be due to the fact that many health care professionals cannot facilitate such counselling sessions, as training for such counselling is not given to them. Enough time is not allocated for counselling and support skills, which poses problems in the long term. If training is provided such counselling becomes targeted and helps achieve goals. Several studies prove the effect of training on counselling skills of health professionals<sup>23</sup>.

Breastfeeding practices improve via simple face-to-face encounter with a health professional. Our study reports uptake of exclusive breastfeeding by 78% of women after antenatal counselling, similar rise was not reported by showing training movies alone to mothers thus reinforcing the concept of direct counselling<sup>24</sup>.

Training health care professionals in providing breastfeeding support and management is of paramount importance. Further research is required to clarify why health care professionals do not engage in such conversations with their patients during antenatal visits.

In Pakistan BFHI was started in 1992. The BFHI in Sindh provided training to 10,500 healthcare providers over 10 years. The BFHI in Sindh has been a role model programme. In Pakistan, out of 75 baby-friendly hospitals (BFH) 53 are in Sindh. Several studies in more than 153 countries have proven that antenatal counselling during an antenatal visit can improve breastfeeding practices<sup>25-27</sup>. This reflects the need to revisit the concept of "Baby Friendly Hospitals".

Integrated Management of Neonatal and Childhood Illness (IMNCI)<sup>28</sup> is the joint initiative launched by the United Nations International Children's Emergency Fund (UNICEF) and World Health Organisation (WHO) to decrease morbidity and mortality in children under five years of age. According to this initiative marked reduction in morbidity and mortality is achieved through simple adoption of holistic approach that uses cheap strategies available to all and does not necessarily require expensive technology. Teaching women how to breastfeed is one of such strategies. Incorporation of these guidelines in all institutes and at all levels whether the doctor is a postgraduate trainee or a consultant; refresher courses are essential and are the need of the hour. These CME (continuing medical education) courses should be mandatory every few years.

If proper training in breastfeeding counselling is provided and the number of trained counsellors at all levels is increased, Pakistan may become a

country where breastfeeding is not only universal but also optimal. All women should be given counselling regarding breastfeeding. Such counselling improves mother's knowledge about breastfeeding and improves breastfeeding practices.

## Conclusion

Antenatal counselling given to first time mothers is not sufficient and needs to be improved. Antenatal visits provide an opportunity to counsel about breastfeeding, which should not be missed. In women who were counselled the practices were not up to the mark, which shows deficiencies in the provided counselling. Counselling skills need to be imparted to improve the outcome of counselling sessions.

## Conflict of Interest

The author has no conflict of interest and no funding/grant from any organization.

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