

BREAST FEEDING

Fertility Regulation and its Social Importance

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RECENTLY there has been a surge of interest in the relative value of breast feeding versus bottle feeding. One of the areas of concern in our overpopulated country is for population control through fertility regulation. This is linked with breast feeding. It is known today that although not a reliable contraceptive method, lactation has a greater impact on birth spacing in developing countries than conventional family planning programme. Mothers who breast feed usually have a longer period of infertility than non-lactators.

Promotion of breast feeding is of high priority concern today the world over and more so in the developing countries for the well known reason. Series of steps have been taken and are taken to increase the incidence and duration of breast feeding. Each one of us in the health field has a special responsibility, commitment and is capable to contribute his or her share in this important issue. The capacity to perform a particular role is closely related to how each is placed in the health care system.

Nurses' Role

Nurse's role today is expanding in the care of mankind in health or sickness. They are assuming enlarging responsibilities. Nurses with advanced preparation are increasing in number. They are gaining more experience since they are spending more time with the people in the hospital and community than the physician. Nurses' activities and resources have become more sophisticated to meet the needs and the problems of the society. Her approach today is scientific. She is able to communicate with a variety of people with capacity, warmth and honesty. Nurses and patients have common basic characteristics, problems, fears and needs. They face the same stresses. This commonality provides nurses and patients a meeting ground for better communication and mutual understanding. This also places the maternity nurse in a unique position to safeguard breast feeding. She can point out the areas in which she can function effectively for the promotion of breast feeding.

But, at the same time, if we try to see the other side of it, a nurse with her lack of interest and neglect can also cause development of a nega-

tive attitude in the lactating mother which can impede breast feeding. There may be various reasons which may be responsible for her indifference towards breast feeding such as:

—Lack of proper education, knowledge and training.

—Incapability to cope with ever changing cultural patterns of society and new social values.

—Always serving as subservient and a tendency to function mechanically rather than intelligently (carrying out doctor's orders as doctors have started writing an hourly B.F. on order sheet).

—Almost no involvement in the planning or evaluating phase of any health promotion programme. She is involved only in the implementation phase.

—Busy fixed hospital routines. Shortage of staff expected to perform everyone else's function but her own.

—Lack of recognition and appreciation by the community and co-workers.

—Lack of incentives—Low salaries—no security when employed in the rural areas, etc.

Combined with this, poverty, ignorance and illiteracy in our country make the problem even more intense.

It is quite evident that nurses have a very important role to play in the promotion of breast feeding. A certain amount of organisation is needed to define her role clearly. Interest of the Nursing personnel needs to be enhanced so that they can stand up to the role expected of them. In our advancement, the prime responsibilities of the nurses in the areas are:

—To emphasize that breast feeding is an important aspect of primary health care.

—Recognise the importance of ante-natal education and care of the expectant mother with regard to their nutrition, hygiene and preparation for lactation.

—Providing information and support during ante-natal and post-natal period. Incorporate the knowledge of breast feeding in the routine care of the mothers during the ante-natal and post-natal period.

—Provide anticipatory guidance to the mother which can be utilised by the mother on discharge from the hospital.

—Education of the community about the importance of breast 'milk' as 'the ideal food for the infant', guidance to the others and their families on the value, management and maintenance of lactation, preparing the mother for various phy-

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sical, physiological and psycho-social adaptations which she is expected to make during the period of lactation. This helps the mothers to face the situation more confidently and they are ready to nourish the babies for the maximum possible period. This can be done by organising mother-craft classes, formal and informal, teaching on group and individual basis.

— Ante-natal guidance and supervision given to the nurses gives the opportunity to discover and correct many of the factors known to impede the chance of successful lactation. Nurses' supportive influence in the ante-natal period is immeasurable and lack of it often leads to failure. Recognise the appropriate practices in the hospital and community which lead to failure in lactation, malnutrition and thus increased infant morbidity and mortality rate. Nurses should practice actively not only in the establishment of appropriate practices but also in carrying them out.

— Have an awareness of the social and environmental factors which affect breast feeding and thus protect the mothers from those factors that inhibit breast feeding, especially adaptation of Western beliefs that breast feeding in public is unsophisticated, it is messy and it spoils the figure and some special taboos and customs which prevent the feeding of the baby with colostrum.

— Not involve themselves directly or indirectly in accepting any type of aid for themselves or the patient from the manufacturers of baby food products which would endanger the breast feeding and tempt the mother towards artificial feeding.

— Warn the mothers regarding the harmful effects of the bottle feeding on the infant. If necessary she should teach the mother the proper techniques of bottle feeding.

— Increase her own knowledge by attending refresher courses in service education so that she is upto-date with the development and thus provides better service to the mother.

— Education of the other health personnel.

We would like to re-emphasize on the role of the nurse in ante-natal and post-natal care preparation of the expectant mother. Ante-natal education, guidance and supervision given by the nurse gives the opportunity to discover and correct many of the factors known to impede the chance of successful lactation. Nurses' supportive influence during this period is immeasurable and lack of it often leads to failure. The last few weeks of pregnancy and first few weeks during the post-natal period are the important periods to prepare and encourage the mothers for successful lactation.

In this context I would like to share with the readers the findings of the study conducted by me in 1979 at Wadia Maternity Hospital, Bombay, under the guidance of Dr. Jyotibehn Trivedi, presently the Vice Chancellor of the S.N.D.T. University. The study was 'To investigate the effect of

ante-natal preparation of the primiparous for breast feeding to minimise the post-natal breast feeding problems.' The study revealed that 92% of the sample objects did not have any problems of breast feeding during post-natal period, 84% showed their keenness to continue to breast-feed for a period ranging from 6 months to 1 year, 10% were willing to breast feed for one month with top feed and 6% felt that they might have to discontinue when they resume their work.

The study revealed that ante-natal preparation of the mother helped in the successful establishment of lactation and increased the incidence and duration of breast feeding.

After I have stated the areas of responsibility of the nurse and before I come to the recommendations which would help the nurse to perform her role effectively, I would like to mention the interesting findings of a small and quick questionnaire administered to the 30 nurses of a reputed private hospital of Bombay. In order to assess their degree of awareness and attitude towards breast feeding:

1. I am going to breast feed my children. (All agreed).

2. Breast feeding is the natural way of feeding the child. (All but one agreed).

3. Breast feeding makes a child happy and safe. (All agreed).

4. Breast-fed babies get a better start in life. (All agreed).

5. Breast-fed babies get less diarrhoea than bottle-fed babies. (All but two disagreed).

This indicates that the degree of awareness of the importance of breast feeding is high amongst nurses but intriguingly the degree of understanding of the related area is vague. Illustratively:

1. Most children in poor families need extra milk in a bottle (Agreed by a majority: 16 out of 30).

2. Poor mothers usually do not have enough breast milk for their babies (Agreed by 18 out of 30).

3. If a baby has diarrhoea, his mother should continue breast feeding (disagreed 19 out of 30).

This shows that a fair proportion of the nurses do not have the basic knowledge of related and important factors of breast feeding.

Thus, it is evident and is recommended that the nurse herself needs to be prepared and supported and more importantly given the opportunity to perform her role after being equipped to do so.

Training and education in breast feeding and breast care need to be made a part of the existing Nursing education curriculum. This is perhaps easier to implement but the more difficult task is to create an environment where breast feeding can be encouraged and not impeded as is the case of the maternity hospitals and nursing homes. The policies and practices which today involve the separation of the newborn after birth,

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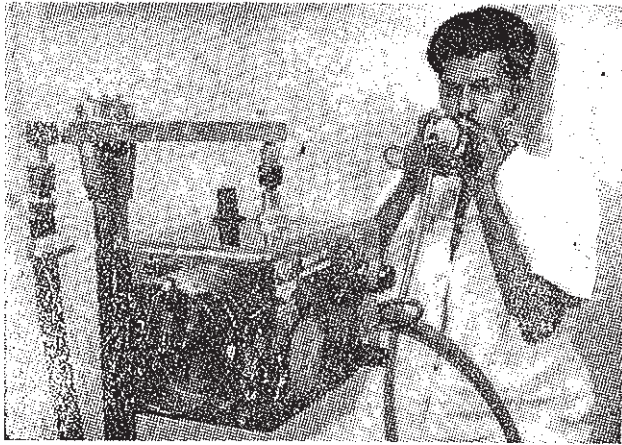


Fig. 3: Bird's Ventilator—mark 10.

patient's blood is alkaline or acidic. One has to just push 2 cc of heparinized blood through a tubing and get the results.

Similarly, patients coming with histories of asthma, allergy or allergic rhinitis undergo an allergy test to identify the various allergens respon-

sible for the disorder. The nurse plays a vital role in helping the doctor in performing the test. These tests are similar to mantoux test, but unlike the latter, the results are read, immediately within minutes.

No matter how efficiently a nurse carries out the practical side of her duties, she must not forget to appreciate and rise to the emotional and psychological needs of her patients. Patients are always anxious and in their anxiety will ask questions they want to know and indeed are entitled to know as to what is wrong with them and what purpose the above given techniques used in the investigation and treatment of their illness serve. To explain and to reassure is most important and it is the duty of the nurse to do her utmost in every way she can.

In our opinion, the time has come for nurses to become aware to the felt need and acquire specialized training in this new upcoming and vital super-speciality. Many such centres should be established for multi-functional purposes. We strongly feel and urge the Governments, Directorates of Health Services and Research Centres to start a new faculty of Pulmonary Function Laboratories.

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introduction of pre-lactal feeds, delay in the initiation of first breast feed, rigid schedules of infant feeding, etc. all tend to promote bottle feeding rather than breast feeding. These practices make a mockery of any attempt to promote breast feeding. Unless these policies and practices are changed the nurses are handicapped to promote the concept and practice of breast feeding.

Considering that only a small proportion of women come to the hospital for delivery, it is important that A.N.M.s, midwives, dais, village level workers and community health workers should be educated and trained for the promotion of breast feeding in the far reached urban and rural areas. The training of these workers should be entrusted to the nurse who is herself prepared for this specialised task.

In conclusion, I may reiterate that the nurse is best placed to play an important role in fostering the conditions in which breast feeding can flourish. A nurse has a unique responsibility, unmatched opportunity and ability to promote breast feeding and thus fertility control. But this can be only achieved by a cooperative and collaborative effort of all the members of the health team or so-called care team. A health team is like a chain which is load bearing and has several links. Each one of these links must stand up to the pressure of this task. Should there be a weak link, it snaps the chain and ceases to function. A professional nurse, like an obstetrician, paediatrician and neonatologist, is an important link in this chain. Hence her role needs to be strengthened to achieve the task in front of us.

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Duplicate copies of typescripts should be sent with names and captions written very clearly. As far as possible full names should be provided. Overtyping or illegible corrections in hand cause great inconvenience. Spellings of technical terms should be carefully checked from a good dictionary.