

The dependence of infant feeding's nature on the health of nursing mother

ABSTRACT

BACKGROUND

Breast milk contains all the essential nutrients for growth, development, homeostasis of child. Besides the proteins, fats, carbohydrates, vitamins and minerals, breast milk contains antibodies and other protective mechanisms, which protect the baby from infections and allergic diseases. Because of several reasons, to maintain adequate lactation until the first half of life is not possible, which leads to the development of the mother's hypogalactia, for the correction of which are appointed by the maternal formulas. Mixed feeding, this is when the baby, in the first six months of life, gets breast milk and artificial formulas. Artificial feeding is a type of infant feeding of the first half, when he does not receive breast milk or whether it is 1/5 or less of the daily diet. According to the WHO and UNICEF, in 2013, in the world up to 6 months of life were: exclusively breastfed - 38% of children; a mixed and artificial - 62% of children.

METHODS

To determine the prevalence of infant's breast-feeding were conducted: questionnaire survey, analysis of the child history (0-12 months) to identify the reasons for the transfer and mixed artificial feeding

RESULTS

According to questionnaire survey, information about breast-feeding was obtained from the following sources: health worker (79%), Media (15%), own expertise, advices of relatives and friends (5%), not awareness (1%). According to a representative sample of the form 112 / u identified reasons for the transfer of children to mixed feeding: the birth of twins (72%), later birth in life (14%), employment lactating woman (14%). To artificial feeding - chronic somatic diseases of the mother (45%), mother's oncology diseases (22%), syphilis (11%), HIV / AIDS (11%), tuberculosis (11%).

CONCLUSION

The main reason for transfer to mixed feeding is secondary hypogalactia (71%). To artificial feeding - maternal health (100%). The reasons for interruption of breast-feeding - controllable factors available for the diagnosis and treatment of the mother before birth. Necessary to carry out disease prevention before pregnancy and to inform about the influence of the health of the mother on the child's development, particularly in breast-feeding.

KEYWORDS: breast-feeding, mixed feeding, artificial feeding, pediatrics, breast-feeding and maternal health, benefits of breast-feeding

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INTRODUCTION

Breast milk contains all the essential nutrients for growth, development, maintenance of the baby health and easy to digest by his organism. Besides the proteins, fats, carbohydrates, vitamins and minerals, breast milk contains antibodies and other protective mechanisms, which protect the baby from infections and allergic diseases [1]. Because of several reasons (mother's physical illness, psycho-emotional stress, nutrition, socio-economic factors and pernicious habits) to maintain breast-feeding in sufficient volume, to the first six months of a child's life, is not possible. All these factors lead to the development of a violation of mother's lactation. For correction, appointed adapted and non-adapted milk formula, in this regard, the child is transferred to the mixed and artificial feeding [2].

Mixed feeding, this is when the baby, in the first six months of life, gets breast milk and artificial formulas. (1:1, 1:2, 2:1).

Artificial feeding - it's feeding the baby the first six months of life, when he did not receive breast milk or whether it is 1/5 or less of the daily diet [3].

According to the WHO and UNICEF, in 2013, in the world up to 6 months of life were exclusively breastfed - 38% of children; a mixed and artificial - 62% of children [4]. Exclusive breast-feeding - is the "gold standard" of the ideal infant feeding that promotes the health and well-being of mothers and preserves family values and national resources [5]. According to UNICEF in Kazakhstan: 20% of infants are breastfed in the mixed and artificial feeding - 80% of children. According to statistics in 2013: 98% of mothers start breast-feeding in hospitals but by 6

months, only 30% of children are receiving breast milk only half of them are breastfed up to one year of life [5]. Exclusive, breast-feeding practiced in Kazakhstan, often in urban areas than in rural areas (34.4 and 29.2%, respectively), mothers with higher education breastfeed more often, than women, with lower levels of education (34.8% compared with 30.1%). In addition, children from the poorest families: have a significantly higher level of malnutrition and weight does not get more than five times more likely than children from wealthy families. Cases of reducing the correlation of height to age occur with a frequency of 4: 1 [5].

METHODS

1) To establish the prevalence of breast-feeding according to a representative sample of children aged 0 to 12 months of life in the city polyclinic №11, Zhetysu district, Almaty (diagram 2).

2) Determine the causes and significant risk factors for the early transfer of children to mix and bottle-feeding up to 6 months of life (table 1).

RESULTS

In the MP №11, of Zhetysu district, Almaty city, survey was conducted among 400 nursing mothers to be informed about the benefits of breast-feeding and the degree of desire to breastfeed their baby up to 1 year. Moreover, analysed 200 F-112 / u (history of child development) of children aged 0 to 12 months of life to identify the reasons for the early transfer of mixed and artificial feeding. According to the results of the survey among nursing mothers revealed (diagram 2):

Information on breast-feeding mothers was obtained from the following sources:

1. From health workers (79%):

Neonatologist, the local doctor, health nurses, study of a healthy child, doctor of female counselling centre and other specialists;

2. Thematic programs on television, booklets, brochures, banners, displays, leaflets (10%);

3. Online resources (5%);

4. Own experiences, advices of relatives and / or friends (5%);

Not aware about benefits of breast-feeding among lactating mothers (1%).

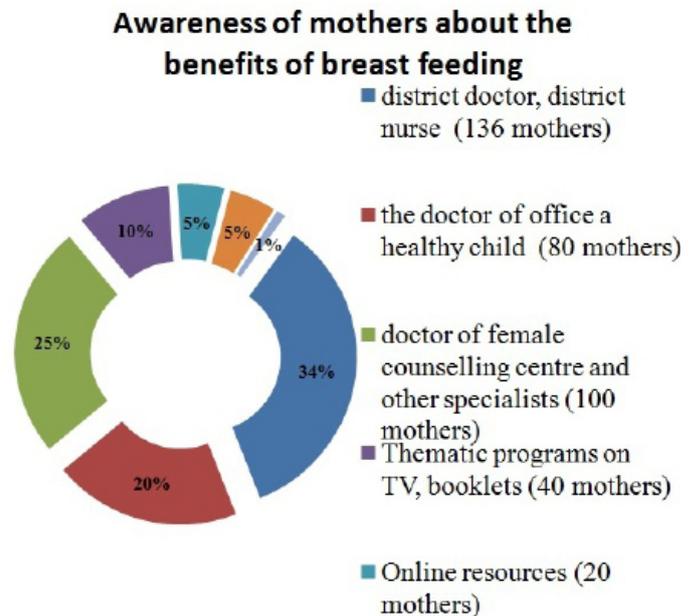


Diagram 1

The results of the analysis of 200 stories of child development (F-112 / u) MP №11, Almaty city, showed that the reasons for the transfer of children to mix and bottle-feeding was the state of health of the mother (table 1). Diagram 2 shows the percentage of children breastfed, mixed and artificial feeding.

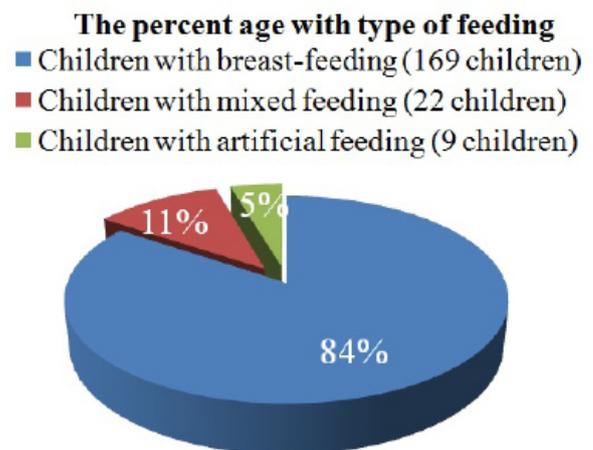


Diagram 2. The results of the analysis of the history of child development (F-112 / u)

The reasons for the transfer of children to artificial feeding

	Chronic diseases of mother, exclusive breast	Syphilis	HIV / AIDS	Tuberculosis	Oncology
Children, translated to artificial feeding (amount)	4	1	1	1	2

The reasons for the transfer of children to mixed feeding

Hypogalactia	Children from multiple pregnancies	Childbirth in later age (after 35 years)	Employment of lactating woman
Children, translated to mixed feeding (amount)	14	5	3

Table 1. The reasons for the transfer of infants on mixed and artificial feeding

DISCUSSION AND CONCLUSION

Information about benefits of breast-feeding mothers receive, 79% of cases, from health care workers. The frequency of the prevalence of children, who are breastfed, reduced depending on age - from 89.5% at the 1st month to 12.7% at 12 months of life, and at the age of 2 to 4 months of life, 11% of children are transferred to the mixed and 5% to artificial feeding.

Factors affecting on the transfer of children from breast to mixed feeding are: children from multiple births (birth of twins) (72%), birth in older age (over 35 years) (14%), employment lactating women (14%).

Factors affecting on the transfer of children from breast to mixed feeding: chronic somatic diseases of the mother (ileofemoral thrombosis of the lower extremities, diabetes mellitus, collagen [6]) (45%), mother's oncological diseases (breast cancer) (22%), syphilis (11%), HIV / AIDS (11%), TB (11%).

In summary, it was found that the main reason for transfer to mixed feeding is secondary hypogalactia [7] of the mother in 71% of cases. In 100% of cases, a contraindication to breastfeeding is the state of health of the mother, which caused the transfer of children on artificial feeding. The reasons for interruption of breastfeeding - is controllable factors that are currently available for the diagnosis and treatment of the mother before birth.

It is necessary to carry out prevention of acute and chronic somatic diseases, acute infectious diseases, sexually transmitted diseases in women of childbearing age, before pregnancy in the offices

of family planning, prenatal and medical district. Information about impact of the health status of mothers on child development, particularly in breastfeeding, is furnished by above health organisations, the media (periodical press, specialised literature, radio and television, leaflets, brochures, banners, displays, leaflets, etc.).

Acknowledgements

The authors thank Victor R. Shim, Indira Z. Mambetova, PhD, Associate Professor, Department of Outpatient Pediatrics, Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan, for support and help with article.

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