

“Challenges in Breastfeeding: Factors influencing Breastmilk Production – Remedies for postnatal mothers”

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Abstract

Breastmilk is most beneficial food for infant, to increase emotional attachment of both the mother and the child. This protects the child against various childhood illnesses. Exclusive breast feeding is necessary during the first six months of life. In India, a mother is facing a situation of not having sufficient amount of breast milk that pushes the baby away into breast feeding to supplementary food. Although Government and other agencies have realised some programmes whereby breast feeding is elevated, the mothers still struggle in the real-life conditions of feeding the infants with breast milk. This review examines bi-directionally and multi-faceted why lactation can be poor when it comes to the case of Indian mothers. This has been with respect to the physiological contributing factors which may include the activities of the mothers including the imbalances of the involved hormones, psychological strains and depressions, deficiency of the nutrients and social-cultural behaviours. Besides, the absence of trained personals who can assist in the process of lactation together with inaccessibility of maternal health care services in the underserved rural areas is the reason. To be able to invent the particular interventions and alter the health care structures, one has to know the causative reason of the inadequate production of breast milk in the breast-feeding mothers. To bestow the maternal confidence, to generate the health of the infants and to build long term health of the population, the support of breastfeeding would be yet another very important task in India

Key words:

Lactation insufficiency, Breastfeeding barriers, Maternal nutrition, Cultural beliefs, Healthcare support.

Introduction

Breast milk is accepted as the most perfect and complete source of feeding in the newborns who get the needed nutrients, antibodies, and enzymes to grow perfectly and develop the immune system properly. This is very important for the growth and development of children [1]. It is also significant in developing good emotional connection between the mother and her child [2]. The World Health Organization (WHO) is promoting exclusive breastfeeding during the first six months of life and thereafter progressing to breastfeeding combined with age-appropriate complementary foods until the age of two or older [3]. Even though people are well informed of these advise, breastfeeding activities in India tend to be below the international practices [4]. Many of the mothers quit breastfeeding too early, often because they have insufficient milk supply, as perceived or real, or due to the different factors like working mothers or extreme cautious of physical structure.[5]. This is especially worrying since it is associated with poor health in infants such as their vulnerability to infections and malnutrition [6]. It is crucial to understand factors that

cause cessation of breastfeeding at an early age so as to design a plan that will assist and maintain lactation among Indian mothers [7].

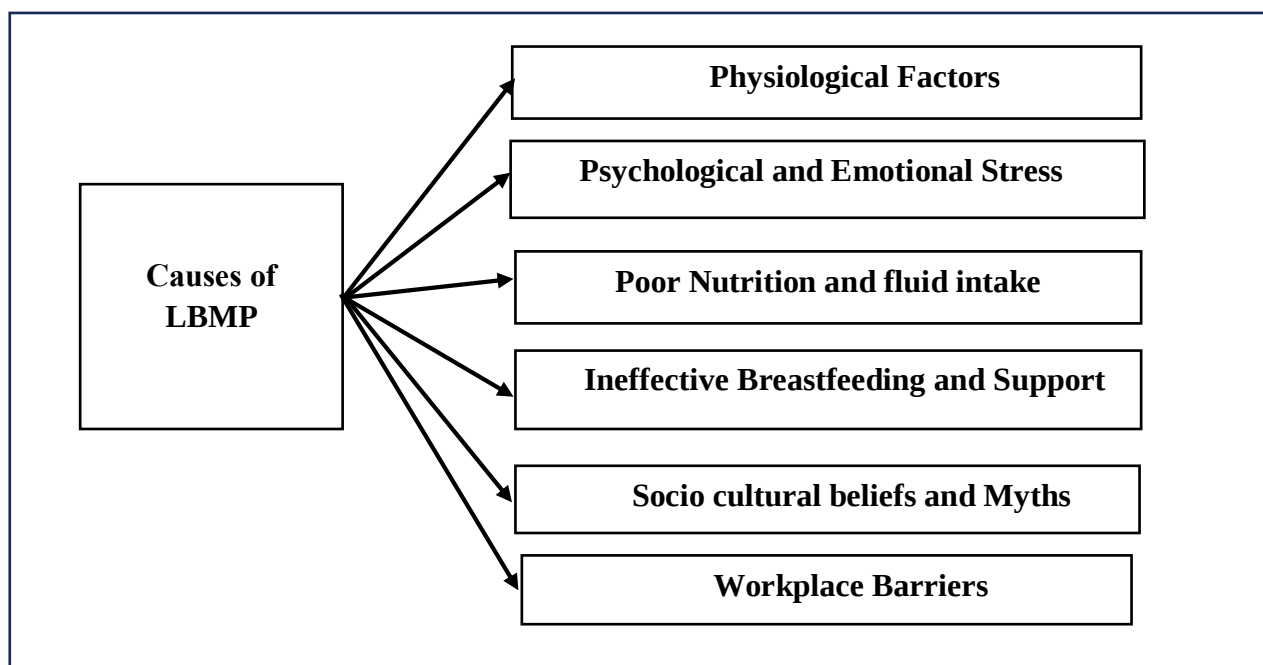


Figure1: Causes of (LBMP) Low Breast Milk Production

1. Physiological Factors

Mechanisms of lactation success relate dependent on physiological factors. Hormonal imbalance comes as one of the major biological factors behind reduced amount of breast milk production. Normal production of prolactin and oxytocin play an important role in the onset and continuation of lactation [8]. In most of the Indian mother especially with caesarean deliveries, the hormonal cues that are needed in order to produce successful lactogenesis might be delayed or reduced in quantity [9]. The structural breast problems, which include, but are not limited to the flat and inverted nipples, and in breast hypoplasia (underdeveloped breast tissue), can also interfere with correct latch and milk flow [10]. Other infections that may disrupt the breastfeeding regime and lead to low production of milk are pains as well as irritation infections such as inflammation of breast which worsens with the presence of fever [11]. Besides, the women of India have high rates of maternal health complications, such as high and lower levels in blood sugar and blood pressure, that can cause a severe negative change in energy levels and the capacity of a mother to synthesize a sufficient amount of milk in their bodies [5]. These conditions are critical and challenges women in sustaining breastfeeding.

2. Psychological and Emotional Stress

Emotional and psychological health also has a strong impact on the process of breastfeeding. In India it has been noted that the cases of postpartum depression, anxiety and chronic stress especially in women exposed to urban nuclear family, has been identified as main impediments to successful lactation [12]. It is accompanied by mental problems due to the lack of traditional support systems in families, unrealistic expectations of society, and need to get back to work shortly after birth [13]. These mental stresses disrupt the formation of oxytocin, which mediates the milk ejection reflex, or the so-called milk let-down reflex [14]. The insufficient amount of oxytocin despite the satisfactory production of milk is likely to result in the impossibility of its outflow fostering the situation that fails to provide effective breastfeeding and finally, the decrease in milk production [15]. Emotional strain in the rural settings can be occasioned by gender inequality oppression, economic deprivation, or the absence of independence as a mother [7]. The

need to support the women's mental health condition by counselling, community care and combined maternal care is a way of facilitating maternal well-being and the effectiveness of breast-feeding practice [16].

3. Poor Nutrition and fluid intake

Nutrition during pregnancy forms the base of successful lactation because the quality and quantity of breast milk directly depends on the diet consumed by a mother [17]. Most commonly, Indian women are pre-nutritionally deficient in iron, calcium, and protein before pregnancy and during the postpartum stage especially those who are severely undernourished are faced with iron deficiency as the result of their deficiency [18]. These shortages are also in most cases compounded by lack of access to healthy foods, particularly at low-income or rural families [19]. Poor nutrition may hinder milk production due to under-nutrition and dehydration resulting in low supply of milk and early termination of breastfeeding [20]. Besides, cultural beliefs and practices that restrict diet during the postpartum stage, such as not eating vegetables or fruits or certain types of foods considered cold, further negatively affect maternal nutritional intake [21]. The preservation of such types of practises, which are immersed in tradition, need not coincide with the scientific requirements of nutrition and have the ability to impede recovery and milk yield [22]. To help breastfeeding and the health of mothers, it is important to educate the families and communities about the need to balance their diet and consume enough fluid and food intake [23].

4. Ineffective Breastfeeding and Support

The wrong ways of breastfeeding and the lack of the timely assistance has a great role in the resulting milk production decrease in the Indian mothers. Among the prevalent challenges is the late start at breastfeeding, which is common in the case of caesarean births when mothers might be away or not physically accessible to breastfeed the babies right away [24]. It is important that the process of milk production be stimulated and that a successful breastfeeding pattern be achieved by most children through early initiation, preferably within the first hour of life [25]. Also, less frequent feeding, when the infant is fed at scheduled intervals rather than feeding at will, or when the latch is placed incorrectly could cause inadequate stimulation of the breasts due to which response to prolactin dwindles (diminishes) and milk production slows accordingly [26]. Times and methods of feeding an infant are studies of the critical nature and should be discussed with a doctor to avoid the mentioned problems. A large number of mothers also do not know how to properly position or establish the feeding cue because of not being educated or guided [27]. This situation is complicated by the small number of trained lactation consultants or nurses in hospitals and primary health centres especially in the rural settings [28]. To effect these changes and encourage long-term lactation, it is necessary to strengthen the system of breastfeeding education and breastfeeding support [29].

5. Socio cultural beliefs and Myths

Well established cultural beliefs and religious practices still affect the way people are breastfeeding in most regions of India, especially in the rural and tribal areas [30]. Incidence of one of these is the discarding of colostrum which is the nutritive milk that is believed to be polluted or that it could be poisonous due to the wrong belief that this milk is contaminated with disease agents [31]. In reality, however, colostrum is extremely profitable to babies; it contains the much-needed immunity antibodies and immune support [32]. Also, the early use of water, honey, animal milk, or formula before the age of six months devastates exclusive breastfeeding and interference with the development of digestion and immunity in the baby. This is due to generational advice, misinformation, or social pressure [5]. Moreover, there is gender bias and female infants may be given fewer chances of breastfeeding or may be introduced to formula later than males, based on faulty ideas of strength or value [33]. It is important to address these malpractices by

culturally sensitive education, community involvement and advocating to safeguard and to propagate breastfeeding in all walks of the Indian society [34].

6. Workplace Barriers

The impact of the workplace issues on the capability of mothers to keep their children breast-feeding is high, especially due to the booming careers in India. Not all working mothers get adequate maternity leave, the designated rest period to breastfeed, and even those working in organized or formal sectors do not receive crèche or childcare amenities and thus this makes it difficult to continue lactation process to many working mothers [7]. The large number of women get forced to wean their babies prematurely or decide to switch to formula when they are back at work [5]. The situation is also similar in the organized sector where there is legal provision on maternity benefits, the awareness and implementation of favourable work-related policies is poor [35]. Fear of being fired, fixed schedule, and no support from employers and colleagues are additional factors against breastfeeding [36]. These barriers to structure do not only negatively affect the health and development of infants, they also lead to stress and guilt among the mothers [2]. Employee policies, creating awareness, developing infrastructure like lactation rooms and onsite childcare can support a working mother and increase the breastfeeding duration [37].

The Implication of Health Policy and Nursing Practice

The complex nature of the reasons why breast milk production in India is low will require a multipronged solution that requires health policy changes and nursing practice. Enhanced antenatal and postnatal education campaigns would provide mothers, with proper information regarding appropriate breastfeeding and hands-on skills [29]. Provision of timely support and intervention, that is, lactation counselling, should be structured with nurses and frontline health workers in other forms such as Accredited Social Health Activist (ASHA) and Anganwadi workers being trained on how to do it so it can happen in the rural and underserved regions [38]. A conducive environment can be achieved through the proper adoption of Baby-Friendly Hospital Initiative (BFHI) in all healthcare centres that promotes early childhood breastfeeding and exclusively breastfeeding [39]. Moreover, the government nutrition programs like Prime Minister's Overarching Scheme for Holistic Nourishment (POSHAN) Abhiyaan shall focus on supplementation to lactating mothers regularly and adequately to overcome malnutrition as well as milk production [40]. Lastly, there should be the implementation of breastfeeding-friendly workplace policies including paid maternity leaves, breastfeeding breaks, crèche facilities which should be implemented (particularly in the unorganized sector) [36]. Such interventions are instrumental to ensuring that breastfeeding is done more and the neonatal health is healthier in the country [1].

Conclusion

Reduced secretion of breast milk in the Indian mother is a multidimensional problem which occurs as a result of physiological status, psychological stresses, maternal undernourishment, socio-cultural misconceptions, ineffective breast feeding and institutional policies like insufficient support at work place. All these related phenomena are not only weakening the health and well-being of mothers, but the infants are also put in a greater risk of malnutrition, infection, and death. Even though the national drive to achieve exclusive breastfeeding by means of such programs as the POSHAN Abhiyaan and Baby-Friendly Hospital Initiative has created significant progress, implementation gaps and awareness deficiencies exist particularly among rural, tribal, and economically disadvantaged populations. In order to deal with them efficiently, a differentiated strategy is required which integrates health education, trained lactation support, and policy enforcement consistency. The ASHA workers, nurses, and the community health professionals have to be empowered with enough resources and skills that are needed to advise and support the mothers along the breastfeeding process. A combination of culturally sensitive local community interventions, work arrangement and political will are the key to establishing enabling environment atmosphere, with these

collaborative efforts, there are high chances of saving infants and establishing a healthier future generation in India.

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