

Early Initiation of Breastfeeding and Its Determinants among Non-Caesarean Deliveries at Primary and Secondary Health Facilities: A Case Observational Study

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Abstract : Breastfeeding, an integral part of newborn care, can reduce 55-87% of all-cause neonatal mortality and morbidity. Early initiation of breastfeeding within 1 hour of birth can avert 22% of newborn mortality. Only 45% of world's newborns and 42% of newborns in South-Asia are put to the breast within one hour of birth. In Bangladesh, only a half of the mothers practice early initiation of breastfeeding which is less likely to be practiced if the baby is born in a health facility. This study aims to generate strong evidence for early initiation of breastfeeding practices in the government health facilities and to explore the associated factors influencing the practice. The study was conducted in selected health facilities in three neighbouring districts of Northern Bangladesh. Total 249 normal vaginal delivery cases were observed for 24 hours since the time of birth. The outcome variable was initiation of breastfeeding within 1 hour while the explanatory variables included type of health facility, privacy, presence of support person, stage of labour at admission, need for augmentation of labour, complications during delivery, need for episiotomy, spontaneous cry of the newborn, skin-to-skin contact with mother, post-natal contact with the service provider, receiving a post-natal examination and counselling on breastfeeding during postnatal contact. The simple descriptive statistics were employed to see the distribution of samples according to socio-demographic characteristics. Kruskal-Wallis test was carried out for testing the equality of medians among two or more categories of each variable and P-value is reported. A series of simple logistic regressions were conducted with all the potential explanatory variables to identify the determining factors for breastfeeding within 1 hour in a health facility. Finally, multiple logistic regression was conducted including the variables found significant at bi-variate analyses. Almost 90% participants initiated breastfeeding at the health facility and median time to initiate breastfeeding was 38 minutes. However, delivering in a sub-district hospital significantly delayed the breastfeeding initiation in comparison to delivering in a district hospital. Maintenance of adequate privacy and presence of separate staff for taking care of newborn significantly reduced the time in early breastfeeding initiation. Initiation time was found longer if the mother had an augmented labour, obstetric complications, and the newborn needed resuscitation. However, the initiation time was significantly early if the baby was put skin-to-skin on mother's abdomen and received a postnatal examination by a provider. After controlling for the potential confounders, the odds of initiating breastfeeding within one hour of birth is higher if mother gives birth in a district hospital (AOR 3.0: 95% CI 1.5, 6.2), privacy is well-maintained (AOR 2.3: 95% CI 1.1, 4.5), babies cry spontaneously (AOR 7.7: 95% CI 3.3, 17.8), babies are put to skin-to-skin contact with mother (AOR 4.6: 95% CI 1.9, 11.2) and if the baby is examined by a provider in the facility (AOR 4.4: 95% CI 1.4, 14.2). The evidence generated by this study will hopefully direct the policymakers to identify and prioritize the scopes for creating and supporting early initiation of breastfeeding in the health facilities.

Keywords : Bangladesh, early initiation of breastfeeding, health facility, normal vaginal delivery, skin to skin contact

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