

Patterns of breastfeeding practice during the first 6 months of life in Saudi Arabia.

To the editor

I read the study pattern of breast feeding practice during the first 6 months of life in Saudi Arabia.¹ Over all observation is that there is a downward trend in breast feeding. Fifty percent drop in lactation in the first 6 months is a great challenge to the medical personnel who cares for pediatric population. The problem is multi factorial. Similar studies conducted in this country showed almost the same trend. Al-Nahed et al² observed in their study that the level of breast feeding remains much higher in Saudi Arabia, than in some other developing countries, however, there is a trend towards bottle feeding both in rural and urban areas. Lack of breast milk and pregnancy has been stated as the reason for giving bottled milk by the mothers. They conclude that socioeconomic change in Saudi Arabia over the last 3 decades have introduced many foreign ideas that influenced, and changed long established habits. More than 90% of deliveries take place in hospitals and medical centers in Saudi Arabia, due to the advanced medical facilities available to the people. This includes 3 tier medical system, primary, secondary, and tertiary care aside from specialist hospitals. These centers provide platform to the concerned medical personell to intensify their efforts of breast feeding programme. Due to rapid advancement in education, most of the mothers are well informed on the formula feeding. Baby food companies with multi prong approach through strong electronic media, press, group discussions, organizing scientific conferences have to some extent succeeded in their mission to promote their product. They have come with different milk brands suitable at different ages for the growing children. Baby food companies also offer different brands of milk suitable for diarrhea, allergy, metabolic disorders, and high caloric preterm formula, and so on. Unfortunately, bottle feeding has become status symbol of most of the mothers. During interaction with these mothers, they justify bottle-feeding use due to less breast milk production, excessive crying of the infant, slow growth of the baby. Unlike third world countries socioeconomic status and purchasing power is far better here, and most of these mothers are aware how to prepare the bottle milk as per the instructions. Gastroenteritis and malnutrition is far less here than in developing countries using bottle-feeding. Al Mazrou et al in their study found that only 55% of the infants up to one month of age were breast fed without supplementation.³ In one of

the study in Jeddah breast feeding rates were 90% in the first six months of life however, it dropped to 72% afterwards.⁴ Preterm deliveries are not uncommon here, and some of these babies get admitted either in nursery, or in neonatal intensive care units so feeding gets delayed for a brief period due to medical reasons. Most of the mothers of these babies are reluctant to give expressed breast milk (EBM) so medical staff caring for these neonates have no alternative and to use ready made milk formula. Breast milk is the ideal food for the preterm infant as it provides nutrients and bioactive components that promote optimal growth. The nutrients support weight gain, as well as development of the nervous system and other developing body systems, while offering less challenge to the immature gut. The bioactive components provide protection against infection to which the preterm is so profoundly vulnerable. Breast milk and breastfeeding offer significant, immediate, and sustained short-term benefits to preterm infants, contributing to growth and development in the neonate as the species is intended to grow and develop. Breast milk offers support to multiple systems including the immune system, the developing neurologic system, the gut, and all other developing systems; it also helps in both pain and stress management. Despite compelling data that support the benefits of breastfeeding, mothers of preterm infants are less likely to breast feed as compared to mothers of term infants. Mothers and infants face intimidating challenges and barriers to breastfeeding in the NICU. The barriers these mothers and infants face are significant in the intimidating physical environment of the Neonatal Intensive Care Unit (NICU): infant factors include a multitude of physiologic and medical conditions; maternal factors include illness, stress, and medications; family factors include inexperience with breastfeeding.⁵ The effect of exposure to the odor of mother's milk on breastfeeding behavior of the preterm infant is encouraging. Infants exposed to the odor of their mother's milk displayed longer sucking bouts, a significantly greater number of long sucking bouts, and consume more milk than infants in the water-control condition, Raimbault et al reported in their study.⁶ In 2004, Spats reported that ten steps were identified as contributing to both promoting and protecting breastfeeding in vulnerable infants. These include: 1) providing the parents with information necessary to make an informed decision to breastfeed. 2) assisting the mother with the establishment and maintenance of a milk supply. 3) ensuring correct breast milk management (storage and handling) techniques. 4) developing procedures and approaches to feeding the infant breast milk. 5) providing skin-to-skin (kangaroo) care opportunities. 6) non-nutritive sucking at the

breast. 7) managing the transition to the breast. 8) measuring milk transfer. 9) preparing the infant and the family for infant hospital discharge. 10) providing the appropriate follow up care. The American Academy of Pediatrics (AAP) recommends having a lactation consultant on staff, peer support for breastfeeding, and a hospital breastfeeding policy. Implementation of these guidelines is increasing breastfeeding rates and milk production.⁷ Serenius et al are of the opinion, that affluence brings prosperity and problems, and in their study they found that by one month 52% of privileged, and 42% of less privileged urban children started bottle feeding.⁸ Al Jassir et al in their nation wide (Saudi Arabia) cross sectional survey of 4872 mothers mostly Saudis, four-fifth of the population had received some health education about breast feeding, and that medical personnel were the source for half of them. 92% fed colostrums to the new born, however, 76.1% had introduced bottle feeding by 3 months. 48.3% cited insufficient milk as reason for introducing the bottle, both breast and bottle feeding were popular.⁹ There is a desire in female population for breast feeding, as this was observed in the study by Bella et al¹⁰ in female college students in Saudi Arabia, 92% of them said they would breast feed their children in the future. Majority said that breast feeding improves figure, working mothers should continue to breast feed their babies.¹⁰ Showkey et al¹¹ in their study in Jeddah, found that about 94% of women initially breast feed their infants, and this proportion dropped to 40% by the age of 12 months of the infant. About 45% were using pills as family planning measure, and were at risk to stop breast-feeding. They suggested in view of rapid decline in breast-feeding in infancy, health care professionals should promote breast feeding practice as early as in antenatal period.¹¹ In Sweden, variety of classes are offered to help pregnant women go through pregnancy, child birth, and breast feeding. Syria and Egypt have reached more than 50% of exclusive breast-feeding at their national level. Several high income countries in the region, Bahrain, Kuwait, Qatar, Oman, United Arab Emirates, and Saudi Arabia maintain patterns similar to European industrialized countries, where exclusive breast-feeding is still below 35%. Launched in 1991, the baby friendly hospital initiative is an effort by United Nations International Children Emergency Fund (UNICEF), and World Health Organization to ensure that all maternity centers become part of breast-feeding programme. Since breast-feeding hospital initiative began, more than 15000 facilities in 134 countries have been awarded baby friendly status in many areas where hospitals have been designated baby friendly. More mothers are breast-feeding their infants and child health has

improved.¹² Through breast feeding programme, authorities are doing their best however, the breast feeding trend is not encouraging. It has become a social problem, and needs multi prong approach. Besides health authorities social, political, religious, financial authorities have to get involved. Electronic media can play pivotal role to promote breast feeding. Recently, the Ministry of Health in Saudi Arabia has issued an order about the promotion of breast-feeding. The new law states that, hospitals and clinics will no longer be allowed to offer new mothers, promotional samples of baby milk powder. The law includes 28 articles regarding the marketing of baby milk, food substitutes, baby bottles and pacifiers. It also bans the advertising, and the promotion of baby milk, and food substitutes. Distributors breaking the law will face fines between Saudi Riyals 5,000- to 150,000, and closure of company organization for 180 days. Some hospitals that are baby-friendly do not allow the distribution of such promotional products. However, others including government hospitals, hand out free samples, and feed babies ready-to-drink milk as soon as they are born, rather than giving mothers the chance to breastfeed. The Ministry of Health, the Ministry of Commerce, and other related bodies will oversee the implementation of the new law. Baby products will also be checked to confirm if they meet the standards as set by the Saudi Arabian Standards Organization.¹³

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To the editor

I read with interest the article by Al-Hreashy et al¹ on the patterns of breast feeding practice during the first 6-months of life in Saudi Arabia. It is no doubt nowadays to mention that breastfeeding is crucial during the first 6 months of life, due to its numerous advantages. The ongoing decreasing trend towards breastfeeding in developing countries is disappointing. The authors thankfully listed some significant reasons behind reluctance of studied mothers to breast feed which I think many women shared it all over the world, particularly in developing countries. Additional important barriers for breastfeeding that need ample consideration include: 1) bottle feeding represents a marker of modern civilization by relatively significant proportion of women. 2) breast milk is harmful to babies in term of its correlation

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with jaundice. 3) apparent simplicity, and easy formula preparation. These misbeliefs require amelioration. Increasing awareness on the advantages of breastfeeding by various means, and prolongation of the period of maternity leave for working mothers worldwide, can enhance the positive attitude towards breastfeeding.

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Reply from the Author

I thank the correspondent for this comprehensive feedback on our paper published in March 2008. It indicates the real concern of the doctor on downward trend of breastfeeding in Saudia Arabia. Breastfeeding benefits are behind nutrition and health. I would like to add another social benefit of breastfeeding which is brotherhood and motherhood. I read recently about the Mekkah programme for infants with no mothers at orphanages, and breastfeeding adoption where the infants will be given to the nursing mother to breastfeed them for 6 months in organized manner. I used to teach mothers and staff the WHO preference level in infant feeding which is applied in order of sequence such as 1) direct breastfeeding from the mother 2) expressed breast milk from the mother 3) the nursing mother, and lastly 4) milk formula. All the literature agreed that the reason of reduction of practice of breastfeeding are multifactorial. Majority of mothers (90%) delivered at the hospitals as mentioned by the correspondent. This puts the health care system in my view (primary, secondary, tertiary) as the main sector responsible for adopting the change. It demands the integration of primary care, and the hospitals in maternal and child health, however, collaboration with other concerned sectors and the government is also important. It is also stressed that the health care system must teach the hospital staff on breastfeeding management, and how to deal with formula company offers namely, the Saudi Code for marketing the breast milk substitutes. Prematurity and NICU cases are real challenges. The baby friendly initiative respects the real reasons of separation between the newborn baby and the mother. (However, it does not imply that every infant separated from their mother would be offered bottled formula). (however, it does not mean to give every infant separated from their mother milk formula feeding). Milk expression needs to be taught antenatal and must be reinforced, and supported postnatal. The major question is, why are babies at NICU or intermediate nursery need to be separated

from their mothers? Is it the infection risk. Well, we deprive the right of babies, we deprive the right to initiate breastfeeding, we deprive the right of mothers in choosing to bond with their babies. Breastfeeding save lives even for premature babies, and kangaroo mother care is an example. We hope that this issue raised a relevant topic in neonatology as it will help a lot in the reduction of neonatal sepsis, and necrotizing enterocolitis.

We are highly proud and we do support the effort of the Ministry of Health in the national breastfeeding programme here in the Kingdom of Saudia Arabia. Yet, we wished an organization/association be established for breastfeeding, where all the concerned sectors be actively involved. The volunteering in breastfeeding promotion needs to be empowered, and implemented at national level too, for its success.

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