EARLY INITIATION OF BREAST FEEDING AMONG INSTITUTIONAL DELIVERIES

Dissertation Submitted to

IIHMR UNIVERSITY

INSTITUTE OF HEALTH MANAGEMENT & RESEARCH

Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

In

Hospital and Health Management

By

Sushree Mishra

Under the Supervision and Guidance of

Dr Nutan Jain (Professor and Director Gender Studies)

and

Dr Sanjiv Kumar (Senior Deputy Director- Non-FRU)

Dr Vandana Singh (Deputy Director- Nurse Mentoring FRU)

Dr Rahul Katiyar (Team Leader- NFRU)

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Early initiation of breast feeding among institutional deliveries** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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IHAT/HR/Internship Cert./2023-24/03 June 05 2023

Internship Certificate

Dr. Sushree Mishra, who is pursuing MBA HHM from IIHMR University, has undergone an internship programme with **India Health Action Trust, Uttar Pradesh - Technical Support Unit (UP-TSU), Lucknow**, from **March 03 2023 to June 03, 2023.**

During this period, Dr. Sushree Mishra worked on the following assignment :

Early Initiation of Breast Feeding among institutional deliveries

This Internship was assumed under the guidance of Dr. Vandana Singh, Deputy Director- Nurse Mentoring, India Health Action Trust, Lucknow.

Dr. Sushree Mishra has completed the internship and submitted her report to IHAT.

We wish her all success in her future endeavours.

Edward Kennedy
Sr. Manager, Human Resource
India Health Action Trust
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Dr Sushree Mishra

CERTIFICATE

This is to certify that dissertation title **"Early initiation of breast feeding among institutional deliveries"** is a record of the research work undertaken by Dr Sushree Mishra in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr Nutan P Jain	DEAN
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Jaipur	Jaipur
Date:	Date:

ABBREVIATIONS

ANC: Anti Natal Care

ANM: Auxiliary Nurse Midwife

HDU: High Dependency Unit

EIBF: Early initiation of breast feeding

IMS: Infant Milk Substitutes

IHAT: India Health Action Trust

MAA: Mother's Absolute Affection

NFHS: National Health Family Survey

OSCE: Objective Structured Clinical Examination

SBA: Skilled Birth Attendant

SNCU: Special Newborn Stabilization Unit

LHV: Lady Health Assistant

UNICEF: United Nations International Children Emergency Fund

UP-TSU: Uttar Pradesh Technical Support Unit

WHO: World Health Organization

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INTRODUCTION

“Early initiation of breast feeding (EIBF) is defined as ‘Provision of mothers’ breast milk to infants within the first hour of birth and ensures that the new-born receives colostrum.” [1]

The finest natural diet for a baby is breast milk, which also has innate anti-infective qualities that is essential for health of the baby. Twenty percent of new-born deaths could be avoided by breastfeeding within one hour. Infants who are not breastfed within an hour have a increased risk of dying from pneumonia and a increased risk of dying from diarrhoea, the two main causes of death in children under the age of five. Despite the fact that seventy nine percent of mothers give birth in institutions, only forty five percent of Indian mommies start nursing within an hour of giving birth. [2]

Colostrum or the “first breast milk” is a thicker and yellowish than the later milk and it comes for the first few days. The baby requires only colostrum as a food and water, no other food should be given at this stage to the baby. [2]

Initiation of breastfeeding should be done as soon as possible because "colostrum," or the first- breast milk, contains antibodies that protect the new-born from a variety of infections. It reduces new-born deaths from sepsis, pneumonia, and diarrhoea. Breastfeeding has additional advantages for mothers because it raises the hormone "oxytocin," which aids in uterine contractions and lessens bleeding. [2]

There are many hindrances to initiate breast-feeding in the low- and middle-income countries like mother’s education, desire to breast feed, inadequate support by healthcare workers at the health facilities, marketing of breast-milk substitute products, inadequate amount of paid maternity leaves, lack of resources or health insurance etc. To restrict the marketing of breast milk substitute in the market, the “international code of breast milk substitutes was adopted in 1981” but not all the countries follow this code and still have gaps. In India an act to regulate the production, supply and distribution of substitute milk was adopted in 1982 known as “Infant Milk Substitutes, feeding bottles and infant foods act” which was later amended in 2003 as IMS Act. Non -participation or not continuing feeding of breast milk can lead to increased chances of infant or child mortality rates. [3]

Additionally, studies have demonstrated that mothers who start breastfeeding experience less postpartum blood loss and uterine contraction is more rapid in them. Breast and ovarian cancer risk are believed to be lower in women who breastfeed.

According to NFHS-5, just 19.8% of children under the age of three in Lucknow, Uttar Pradesh, were breastfed within an hour of birth, despite an increase in institutional deliveries. [4]

In India, attempts are made to improve the best practises for breast-feeding, which include starting the process within an hour, breastfeeding exclusively for six months, and continuing the process for 2 years as recommended by WHO and UNICEF.

“MAA’ (MOTHERS’ ABSOLUTE AFFECTION) Programme for breastfeeding promotion through health systems is an initiative by National Health Mission which was launched in August 2016 at national and state levels.”

“The goal of the ‘MAA’ Programme is to revitalize efforts towards promotion, protection, and support of breastfeeding practices through health systems to achieve higher breastfeeding rates. The following are the objectives of the Programme to achieve the above-mentioned goal:

1.Create a supportive atmosphere for breastfeeding through awareness-raising initiatives that focus on pregnant and nursing women, family members, and society as a whole. To portray breastfeeding as a crucial intervention for a child's survival and development.

2. Increase lactation support services at public health centres using qualified community health workers and trained healthcare professionals.

3.To encourage and honour medical centres with high rates of breastfeeding and established lactation management procedures.”

IHAT (India Health Action Trust) conducted a facility assessment study in 25 High Priority Districts of Uttar Pradesh in 2013 which showed significant gaps in the quality and preparedness for providing Reproductive, Maternal, Newborn, Child (RMNCH) services. To acknowledge these gaps, Uttar Pradesh Technical Support Unit (UP-TSU), a unit of IHAT started Nurse Mentoring Programme in 2014.

“Nurse mentoring programme was aimed to improve the knowledge, skills and practices of the staff nurse during the intrapartum and postpartum care of the mothers and newborns and to manage the

complications of maternal and newborn through a dedicated workforce or change agent called Nurse Mentors (NMs). **Nurse Mentors** are a new cadre of nurses trained in clinical skills and quality improvement processes in a labour room setup. They strengthen the clinical competencies of the staff nurses and ANMs and facilitate improvement in system level components through OSCE (Objective Structured Clinical Examination) training."

SBA (Skilled Birth Attendant)

"SBA or Skilled Birth Attendant is defined as "an accredited health professional - such as midwife, doctor or nurse - who has been educated and trained to achieve proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period and in the identification, management and referral of complications in women and newborns."

"Government of India considers the "Skilled Birth Attendant" as a person who can handle common obstetric and neonatal emergencies, recognize when the situation reaches a point beyond his/her capability and refers the woman or the newborn to an FRU/appropriate facility without delay. (Ref: Government of India Guidelines for ANC and Skilled Attendance at Birth by ANMs and LHVs)".[20]

DAKSHATA

"The main objectives of Dakshata are-

- To strengthen the competency of the providers of the labour room, including medical officers, staff nurses, and ANMs to perform evidence-based practices as per the established labour room protocols and standards.
- To implement enabling strategies to ensure transfer of learning towards improved adherence to evidence based clinical practices.
- To improve the availability of essential supplies and commodities in the labour room and the postpartum wards.
- To improve accountability of service providers through improved recording, reporting and utilization of data.
- Implementation of the MNH Tool kit at the delivery points, in a phased manner."

DAKSH SKILL LABS

"Skills stations have been designed to facilitate the training of healthcare providers in the necessary skills with a view to improving the quality of RMNCH+A services. Skills labs serve as prototype demonstration and learning facilities for healthcare providers and focus on competency-

based training. Skills labs provide the opportunity for repetitive skills practice, simulation of clinical scenarios and training under the supervision of a qualified trainer."

Rationale

The rationale for the study is to reduce the neonatal mortality rate and infant mortality rate and achieve the Sustainable Development Goals (Target 3) by 2030 and to prevent the maternal deaths at the health facilities. This can be achieved by improving the preparedness and care of the mother and the newborn at the hospitals. Therefore, the study is important to assess the gaps at the birthing centres and maternity operation theatre so that the quality guidelines at the health facilities can be improved to initiate early breast- feeding.

Research Question

What are the enablers and challenges for early initiation of breast feeding in full term normal new-born delivered by normal vaginal delivery.

Study Goal and Objectives

The goal of this study is improving quality of maternal and child health at early postpartum stage to initiate early breastfeeding as one of the best practises in the state.

The study objectives are:
1.To study the practices of the initiating the breast feeding within an hour of birth in a normal term delivered through vaginal delivery according to MAA guidelines.
2.To study the enablers and challenges for early initiation of breast feeding in normal term new-borns.
3.To review the effect of OSCE (Objective Structured Clinical Examination) of mini skill lab developed by UP-TSU) mentoring and training of staff nurses in early initiation of breast feeding.

LITERATURE REVIEW

SNO	AUTHORS	STUDY LOCATION	SAMPLE SIZE	SAMPLING TECHNIQUES	SALIENT FEATURES
1.	"Alexis Englehart, Stacey Mason, Ucheomia Nwaozuru, Chisom Obiezu-Umeh, Victoria Carter, Themabekileik Shaoto , Titiilola Gbaja-Biamila, David Oladele and Juliet Iweilunmor"	"Umlazi district in KwaZulu-Natal province of South Africa" Kiambu County, Kenya "Shivgarh, rural block in Uttar Pradesh, India"	n=468	Baseline reviews, post-partum checklist with yes/no throughout intervention, endline	Study concludes that attention should be focused on sustainability of breast feeding to reduce the rate of infant mortality in low- and middle-income countries. "It is recommended that researchers should use implementation science sustainability definitions, frameworks, and literature to guide conceptualization and planning of sustainability of breastfeeding interventions. Through proper communication and accountability of family members and community, breast feeding sustainability interventions should be used to tackle the challenges of sustained breast feeding in low and middle income countries." (3)
2.	Sheila Clark and Timothy Bungum	"University of Nevada, Las Vegas"	NA	Article	"According to American Academy of Paediatrician, there are numerous benefits of breast feeding to the new-born which include increased risk to infections such as gastroenteritis, respiratory tract infections, and ear infections etc. Also, the children who are breast fed show low rates of chronic diseases including diabetes, obesity, asthma, and leukaemia. Breast feeding lowers the economic cost as it saves the spending on infant formulas. Therefore, health workers should promote breast feeding to increase the rate of breast feeding in mothers." [6]

3.	Maria Gayatri and Gouranga Lal Dasverma	Indonesia	n= 6,616	Cross sectional quantitative study method. Secondary data taken from Indonesia Demographic and Health Survey (IDHS) 2017	It was concluded from the study done in Indonesia that caesarean sections reduced the rate of EIBF as compared to vaginal deliveries. Therefore, type of birth, type of birth attendant and skin to skin contact influenced the rate of EIBF. Healthcare providers should support and promote the initiation of breast feeding especially in caesarean section cases and in those who have no or less skilled birth attendant. [7]
4.	Deepika Phukaan, Mukesh Ranjan, L K Dwivedi			Secondary data analysis taken from India Human Development Survey-II (IHDS-II), SRS (2011 to 2015), DLHS-4, (2012-2013), DLHS-4, (2012-2013).	Study shows that initiating the breast milk within 1 hour of birth reduced the risk of neonatal mortality. The author quoted that "Less than one fourth (21%) of children were breastfed within 1 h of birth across the different districts of India, which varies from the lowest 15% in Sarasvati of Uttar Pradesh state to the highest 94.6% in Thiruvananthapuram of Kerala state." Therefore, at the health facilities, policies should be there for the early initiation of breast feeding. [8]
5.	Farida Ali , Melina Mongo , , Innocent B Mboya , Sia E Msuya , Redemptaa Mamseri , Johnston M George	Kilimanjaro region, Northern Tanzania.	n=1644	Multistage sampling technique, interview using questionnaire, Secondary data analysis	This study shows that the "prevalence" of breast feeding was lower in those mothers who started prelacteals compared to their counterparts. Also, higher number of women with primary education were found to initiate breast-feeding than having secondary education. [9]
6.	Praween Senanayake, Elizabeth O'Connor , Felix Akpojene Ogbo	India	n=94,401	Cross-sectional study on secondary data	The prevalence of EIBF in the rural and urban India was also found to be different in the study conducted in India from National Family Health Survey (2015-16). The results showed that those mothers who frequently availed the health services and those who attained higher education

					had high prevalence of EIBF as compared to the rural women with lower level of education who had delayed initiation of breast feeding. Therefore, it was suggested that the policies should be improved to increases the rate of EIBF in mothers especially in rural India. [10]
7.	Amie Wilson, Ioannis Gallos, Nieves Planna, David Lissauer, Khalid S Khan		"Randomised controlled trials (n=138 549) and non-randomised controlled studies (n=72 225)"	Randomised and non-randomised controlled studies	Neonatal and infant deaths reduced by incorporating the strategies of training and mentoring of the traditional birth attendants. Many interventions were implemented to reduce the neonatal deaths, the primary focus being, skilled birth attendants at the health facilities. [11]
8.	S Talukdar, D Farhana	Bangladesh	n=1182	Cluster randomised trial	Study showed that there was potential increase in early initiation of breast-feeding post training of the birth attendants and ANMs and avoidance of any prelacteals other than breast milk.[12]

METHODOLOGY

Study Location:

Lucknow is the largest city of Uttar Pradesh. It is having a population of 2.8 million according to 2011 census. It is situated at an elevation of approximately 123 metres (404 ft) above sea level. The city covered an area of 402 km^2 (155 square miles) until year 2019, after which 88 villages were added by the municipality and the area increased to 631 km^2 (244 square miles). Two hospitals located in the heart of the city, Lucknow: Veerangana Awantibai district hospital and Veerangana Jhalkari bai district hospital was chosen for the study.

Veerangana AwantiBai Female Hospital

It was established on 5th April 1889 by Lady Dufferin as Dufferin Hospital and was renamed on 22nd August 1997 as Veerangana Awantibai Female Hospital by UP government. It is a 326 bedded hospital consisting of 300 obstetrics and gynaecology beds, 18 SNCU beds, and 8 HDU beds.

Veerangana Jhalkari bai Female Hospital

It was founded on 18th January 1996 but the full- pledged services was commenced in the year 2000. It is 82 bedded hospitals consisting of 70 obstetrics and gynaecology beds, 12 SNCU beds, and 4 private wards.

Study Duration:

Two months (15th March to 15th May 2023)

Study Tools:

- Interview schedule consisting of various questions related to check demographic profile, knowledge, skills, importance and benefits, and practise of labour room nurse.
- Checklist (OSCE Checklist 11,13) of mini skill lab guideline developed by UP-TSU was used to observe the practices followed by labour room nurses and whether flowing the standard protocols or not.

Study Population:

Mothers of new-born (normal term) were observed in the labour room during the morning shift.

Staff nurses posted at the labour room during the morning and evening shift.

Sampling Technique:

- Purposive sampling- Purposive sampling is done to observe the enablers and challenges of initiation of breast feeding within an hour among the full -term normal deliveries with normal new-borns only.

Inclusion criteria:

All full-term deliveries delivered between 37 to 42 weeks with normal new-borns only in the selected districts hospitals at Lucknow; and the new-borns who were haemodynamically stable and do not require any resuscitation after birth.

Nursing staff who were posted in the morning and evening shifts.

Exclusion criteria:

Preterm new-borns who are not medically fit or weighing less than 1800 grams or not able to suck the milk; new-borns who were sick, needed special care and required resuscitation were excluded.

Nursing staff who were posted in the night shift.

Sample Size: 100 mothers

Calculation of the sample size was done based on the formula as follows:

$n = 4pq/d^2$

Where p = prevalence or proportion of breast feeding

d = Absolute error of the estimated prevalence (standard error) (0.05)

Considering a non-response rate of 15%

1. New-born complications
2. Still birth

Operational Definition:

“Early initiation of breast feeding (EIBF) is defined as ‘Provision of mothers’ breast milk to infants within the first hour of birth and ensures that the new-born receives colostrum.”

Data Collection Methods:

- Observation of normal deliveries was done at the labour room of the two district hospitals during the study period during the morning and evening shift.
- Secondary data was taken from the labour room register for the deliveries conducted at late evening, night and early morning shift.
- Interview of all the staff nurses posted in the day and evening shift was conducted through a printed questionnaire.

Ethical Consideration

Informed verbal consent was taken before the interview. Prior information would be given before visiting any health facility. Names of patients will not be taken in the research process and in the final presentation.

RESULTS

The total number of samples collected from both the district hospitals of Lucknow, during the study period which includes, both self-observed and data taken from the records of labour room register (as a secondary data) was 131. However, 33 samples were excluded according to the criteria discussed in the previous section. Therefore, a total sample for the study was 98 (74%) mothers. In addition to reviewing the records of labour room register for all the mothers, 20 were observed for checking quality of information.

Breast feeding initiation within one hour of birth in a normal term delivered through vaginal delivery according to MAA guidelines.

It was observed that breast-feeding was initiated in within one hour of birth by all the mothers with the assistance by the staff nurses and birth attendants. Birth attendants helped the mother put the baby in proper position, with the new-born mouth wide open and lips turned outward. On an average the breast feeding was initiated within 9 minutes (5-10 minutes).

Effect of Objective Structured Clinical Examination of mini skill lab mentoring and training of staff nurses in early initiation of breast feeding.

All the sixteen staff nurses who were posted during the morning and evening shift were interviewed.

Nurse Demographic profile

The age, designation, years of work experience, type of employment and highest education level of the staff nurses were included in the interview.

Table 1 shows that 94 per cent of the staff nurses, who have received at least one training related to labour room practices “skilled birth attendance (SBA)”, or “Dakshata” or “Daksh”; and were having knowledge of early initiation of breast feeding (EIBF).

Table 1- Percent distribution of the staff nurses by their labour room practices training (n=16)

Staff Nurses by their training in labour room practices (SBA/ Dakshta/ Daksh)	Number	Percentage
Received at least 1 training	9	56
Received at least 2 training	4	25
Received 3 training	2	13
No training	1	6

Table 2 shows, the staff nurses knew that early initiation of breast feeding means breast feeding should be initiated within one hour after the normal delivery at maximum. The golden rule is within 5 minutes which 38 per cent of the nurses responded.

Table 2 Percent distribution of the staff nurses by their knowledge on EIBF (n=16)

Time of Initiation of EIBF	Number	Percent
Within 5 minutes of delivery	6	38
Within 1 hour of delivery	10	62

On being asked about the importance and benefits of early initiation of breast feeding, all the nurses could respond the appropriate reasons except one. The advantage of early initiation of breast feeding mentioned by each 56 per cent of the nurses in terms of colostrum which prevents from infection like diarrhoea, respiratory infection; and improves immunity of newborns. About 38 per cent nurses were also responded about improving bonding between mother and newborn. As benefits, almost all the nurses responded that EIBS helps in increasing uterine contraction and stops bleeding.

Table 3 Percent distribution of the staff nurses by their knowledge on EIBF importance, and benefits (n=16)

Importance and Benefits of EIBF	Number	Percent
Don’t know	1	6
Colostrum which prevents from infection	9	56

Improves immunity of newborn	9	56
Improves bonding between mother and newborn	6	38
Increases uterine contraction and stops bleeding	15	94

**multiple responses may not add to 100*

OSCE

The staff nurses were trained at the mini skill lab by the Nurse mentors in total 6 cycles. Each cycle lasts for 2 months. The baseline and endline scores of the staff nurse were monitored through MANTRA app. It was observed that there was significant improvement in the knowledge, practiced and skills of the staff nurses after the training. The baseline and endline scoring of few nurses are shown below.

Table 4 Baseline and Endline OSCE scores of staff nurses

NURSE	SUM OF BASELINE SCORE	SUM OF ENDLINE SCORE
1	60	113
2	9	100
3	13	36
4	34	107
5	54	121
6	62	143
7	31	90
8	25	119

DISCUSSION

As referred in the literature review, the neonatal and infant deaths reduced by incorporating the strategies of mentoring and training of the unskilled birth attendants. Many interventions were implemented to reduce the neonatal deaths, the primary focus being, skilled birth attendants at the health facilities. In more than eighty-five per cent of developing countries, some training to improve the skills of birth attendants were incorporated to reduce the maternal and neonatal deaths. [11] Hence, the nurse mentoring programme by UP-TSU also shows that mentoring the nurses of labour room can be an efficient way to increase the early initiation of breast feeding and preventing the newborn deaths.

A study was done at Bangladesh to understand the effects of training of unskilled birth attendants on infant feeding practices. The results showed that the group of traditional birth attendants who received training had potential increase in the early initiation of breast feeding and avoidance of giving any prelacteals as compared to those who did not receive the training.[12] Thus, training and mentoring of the staff nurses and birth attendants can help in addressing the gaps and increasing the early initiation of breast feeding as shown through our study.

CONCLUSION

The practises of initiating the breast- feeding early were significantly high at the district hospital which shows that gaps have been successfully acknowledged by the UP-TSU.

Through this study we can conclude that, both the district hospitals had good policies to encourage and promote the early initiation of breast-feeding in the labour room.

The Nurse mentoring Program at mini skill lab through OSCE training was effective to enhance the skills of the staff nurses of labour room to have good knowledge about the importance and advantages of early initiation of breast feeding.

RECOMMENDETIONS

Results show that the EIBF has been implemented effectively. There is a need to maintain and sustain the momentum.

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ANNEXURES

Questionnaire to assess EIBF practices

Section 1 – Background Characteristic

Q. No.	Questions and filters	Response
1	Name of Respondent	
2	Designation of Respondent	
3	Age of Respondent	
4	Facility Name	
5	District Name	
6	Since how long are you working in Labour Room? Please write in completed years	
7	Type of Employee	Permanent
		Contractual
		Third Party Engagement
8	What is your highest education level?	GNM
		BSc Nursing
		MSc Nursing
		Others
9	Have you ever been trained in any of the mention ed trainings? (Mark all the applicable options)	SBA
		Dakshta
		Daksh
		Others
10	What is Average delivery load at your facility?	Capture the No.
11	No. of Labor Tables available in Labor Room.	Capture the No.
12	No. of SNs working in LR in Morning shift.	Capture the No.
13	No. of SNs working in LR in Evening Shift	Capture the No.

Section 2 – Reasons to assess the knowledge regarding early initiation of breast feeding practise

Q. NO.	QUESTIONS AND FILTERS	Responses
1	Do you know about early initiation of breast feeding (EIBF)	Yes
		No
2	According to you what is EIBF? Please specify	
3	When breast feeding should be initiated after delivery? Please specify	

4	Is EIBF important? If yes, why?		
5	If no, what do you feed the baby? Why and specify .		
6	What are the benefits of breast feeding? Please specify.		
7 8 9	Are you trained in essential newborn care?	yes	no
8	Whether birth companion present during delivery?	yes	no
9	If yes who is present as a birth companion.		