

## KNOWLEDGE AND PRACTICES OF BABY FRIENDLY HOSPITAL INITIATIVE AMONG MOTHERS IN SOUTH WESTERN NIGERIA

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### ABSTRACT

*The death of so many children globally could be prevented yearly by adopting appropriate breastfeeding practices by mothers. Nigeria is making progress in exclusive breastfeeding very slowly compared to other African countries. The study assessed knowledge and practices of mothers on Baby Friendly Hospital Initiatives (BFHI) steps in Southwestern Nigeria. The study design was cross sectional and 183 consenting mothers were selected during postnatal clinic in selected primary health care centres. Pretested self-administered questionnaire was used to elicit information on socio economic characteristics, breastfeeding practices on BFHI and antenatal care attendance of mothers. SPSS IBM version 22.0 was used for data input and analysis. Mean age of mothers was  $29.5 \pm 5.1$ . Mothers mean year of formal education was  $13.2 \pm 3.3$ , business women (42.1%), civil servants (21.9%). Birth rate at the hospitals were 75.4%, practiced breastfeeding initiation less than one hour of birth (55.2%) fed baby colostrum (90.2%), while 61.7% were breastfed on demand. Only 28.4% expressed breastmilk, while the most recognised hunger sign and breastfeeding hold by mothers were stretching and rapid turning (73.8%) and cradle hold (86.9%). Chi-square shows no significant association between the mothers' socio-economic characteristics and BFHI knowledge. It is concluded at mothers knowledge of the benefit of breastfeeding was on the average and experience of the BFHI steps was low especially with skills and support involved in breastfeeding. It is therefore recommended that health workers educate and train mothers on the BFHI and referred mothers to support group after hospital discharge*

**KEYWORDS:** *mothers, antenatal care, BFHI, knowledge and practice*

### INTRODUCTION

The Baby Friendly Initiative (BFI) is a worldwide programme of the World Health Organization and UNICEF which was launched in 1991 (UNICEF & WHO, 2017) following the adoption of the Innocenti Declaration on breastfeeding promotion made in 1990 during the WHO/UNICEF policymakers' meeting (UNICEF, 1990). According to the Innocenti declaration as a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond (WHO, 2009). This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner (UNICEF, 1990). Successful breastfeeding

depends on a number of factors, including a re-normalization of breastfeeding as the infant feeding method of choice through antenatal counseling and education and breastfeeding support to prevent and resolve breastfeeding difficulties (WHO, 2013).

The Baby-Friendly Hospital Initiative (BFHI), established by World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), supports and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding, following the BFHI's Ten Steps to Successful Breastfeeding. These steps are practices that hospitals can implement, they are known to improve breastfeeding outcomes. (Centers for Disease Control and Prevention, 2013). A relationship has been found between the number of BFHI steps in place at a hospital and a mother's breastfeeding success. (Pérez-Escamilla, Martinez, & Segura-Pérez, 2016; Kavle, Welch, Bwanali, Nyambo, Guta, Mapongo, & Kambale, (2019). Research have showed that mothers who stayed in hospitals that did not follow any of the steps were eight times as likely to stop breastfeeding before their infants were 6 weeks old compared with mothers who stayed at hospitals that followed six of the steps. (DiGirolamo, Grummer-Strawn, & Fein, 2008; CDC, 2013)

World Health Organisation and UNICEF in 1991 initiated the BFHI to enable newborn start life on the right tract, creating a health care environment that supports breastfeeding (WHO, 2009). This initiative is to promote and facilitate hospitals and health facilities; given them, the framework to helping and encouraging mothers in achieving successful breastfeeding practices (Merewood, 2012). The Ten Steps to Successful Breastfeeding is the highlight of the BHFI. The first two steps are critical management procedures to support breastfeeding (Hospital policies and Staff competency), while step 3-10 are key clinical practices to support breastfeeding (Antenatal care, Care right after birth, Support mothers with breastfeeding, Supplementing, Rooming-in, Responsive Feeding, Bottles, teats, and pacifiers, and Discharge). This is to protect, promote and support breastfeeding and alongside ensuring that health care workers/provider have the knowledge, competence and skills to support breastfeeding (WHO, 2018; Aryetey & Dykes 2018).

Healthcare providers were perceived as custodian of breastfeeding information, but sometimes discouraged breastfeeding, given rise to the distrust of the information and recommendations given by them, which make mothers to rely more on peers and relatives (Johnson, Kirk, Rooks, & Muzik, 2016). Study conducted by Johnson, et al., (2016) noticed that some healthcare workers lack information to help successfully dispense knowledge around breastfeeding to mothers, while deAlmeida, Luz, & da Veiga Ued (2015) emphasise that many of them possess theoretical breastfeeding information, but devoid of practical skills. The breastfeeding support professional in the hospitals will strengthening women's self-confidence and right outlook to achieve their breastfeeding goal to the benefit of their baby and themselves (Johnson, et. al., 2016; Blixt, Johansson, Hildingsson, Papoutsi, & Rubertsson, (2019)

## METHODOLOGY

The research was a cross-sectional study design. One hundred and eighty-three (183) nursing mothers with infants between ages 0-12 months old attending post-natal care at 2 randomly selected health care centre in Ife Central Local Government Area, Ile-Ife, Osun-State were purposefully selected. Self-administered questionnaire was used to obtain information from the mothers. Data were collected on socio economic characteristics of mothers, antenatal care (ANC) attendance, breastfeeding practices on BFHI. Statement on BFHI knowledge had the total score of 12 with each correct response scored 1 and an incorrect response, 0. Scores were added up and grouped into 3 levels – low, average and high. Data was analyzed and descriptive statistics was used to describe results. Chi-square was used to determine the association between socio-economic characteristics of mothers and BFHI knowledge with level of significance set at  $p < 0.05$ .

## RESULT

### Socio-Economic Characteristics of Respondents

As seen on Table I, mean maternal age was  $29.5 \pm 5.1$ , year of formal education ( $13.2 \pm 3.3$ ), household size ( $3.9 \pm 1.4$ ) and number of children ( $2.14 \pm 1.2$ ). Majority (86.9%) were married and living with husband. Most of them were business women (42.1%) and spouses were civil servants (37.7%) and business men (32.2%).

**Table I: Socio-Economic Characteristics of Respondents**

Characteristics	Frequency (183)	Percentage (%)
<b>Age (years)</b>		
<=20	05	2.7
21-30	104	56.8
31-40	69	37.7
>40	05	2.7
<b>Mean±SD</b>	<b>29.5±5.1</b>	
<b>Marital status</b>		
Married and living with husband	159	86.9
Married and separated from husband	19	10.4
Widowed	3	1.6
Others	2	1.1
<b>Years of formal education</b>		
Primary	10	5.5
Secondary	82	44.8
Tertiary	90	49.2
Postgraduate	01	0.5
<b>Mean±SD</b>	<b>13.2±3.3</b>	
<b>Occupation</b>		
Civil Servant	40	21.9
Business	77	42.1
Artisan	30	16.4
Others	36	19.7

<b>Spouse occupation</b>		
Business	59	32.2
Accountant	4	2.2
Civil Servant	69	37.7
Artisan	35	19.1
Others	16	8.7
<b>Household size</b>		
1-5	160	87.4
>5	12.6	12.6
<b>Mean±SD</b>	<b>3.9±1.4</b>	
<b>Number of children</b>		
1-3	155	84.7
>3	28	15.3
<b>Mean±SD</b>	<b>2.14±1.2</b>	

### Ante Natal Clinic and Place of Delivery

A little above half (51.9%) started Ante Natal Clinic (ANC) in the first trimester, second trimester (43.7%), and the third trimester (4.4%). Greater than eight (8) times antenatal care attendance were attained by 62.8%, with the place of delivery in a government hospital (44.3%) and private hospital (31.1%) as shown in Table II.

**Table II: Ante Natal Clinic and Place of Delivery**

Variable	Frequency(183)	Percentage (%)
<b>Commencement of ANC</b>		
First trimester	95	51.9
Second trimester	80	43.7
Third trimester	08	4.4
<b>Number of ANC attended</b>		
≤7	68	37.2
≥8	115	62.8
<b>Place of delivery</b>		
Traditional birth home	13	7.1
Government hospital	81	44.3
Private hospital	57	31.1
Others	32	17.5

### Knowledge on Benefit of Breastfeeding for Baby and Mother

Results on Table III revealed that mother's knowledge on the nutritional content (94.5%) and immunological protection (91.8%) and health conferred (95.1%) through breastfeeding for the newborn was high. Knowledge on maternal benefit of intimacy between mother and child was high (94.5%) but low with its effectiveness in child spacing (67.2%), reducing the risk of cancer (66.7%) and its role in lactation amenorrhea (54.6%). Mothers (95.6%) are aware of the

recommendation of not feeding newborns anything other than breast milk, but not knowledgeable about the danger of given pacifiers or artificial nipples to babies (90.2%).

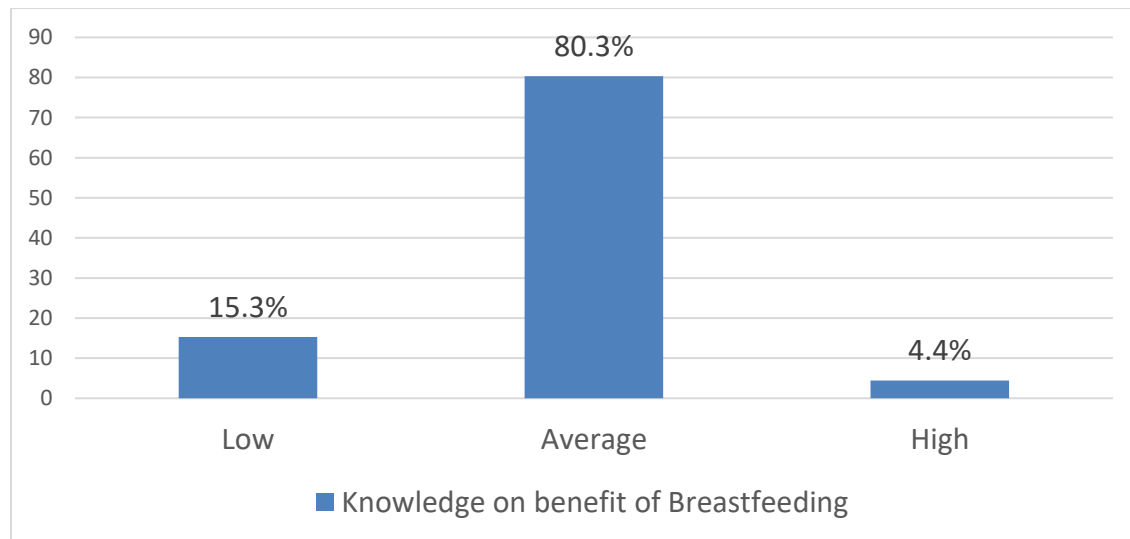
**Table III: Knowledge on Benefits of Breastfeeding**

Statements	Yes (%)	No (%)
<b>*Benefit to babies</b>		
Makes babies healthier	174 (95.1)	09 (4.9)
Contains all needed nutrient	173 (94.5)	10 (5.5)
Offers immunological protection	168 (91.8)	15 (8.2)
Digest quickly	159 (86.9)	24 (13.1)
Protect against childhood cancer	152 (83.1)	31 (16.9)
<b>*Benefit for mothers</b>		
Makes mother and baby develop intimacy	173 (94.5)	10 (5.5)
It is cheap needs no preparation	165 (90.2)	18 (9.8)
Aids child spacing	123 (67.2)	60 (32.8)
Have less risk of cancer	122 (66.7)	61 (33.3)
Helps to stop maternal bleeding	100 (54.6)	83 (45.4)
Aware of not feeding newborns with anything other than breast milk unless medically indicated	175 (95.6)	8 (4.4)
Aware of the danger of given artificial nipple or pacifier to babies	18 (9.8)	165 (90.2)

**\*Multiple Responses**

**Level of Knowledge on benefit of breastfeeding**

Figure I showed the BFHI score on benefit of breastfeeding of the mothers. Mothers with low knowledge score were 15.3%, average (80.3%), and high (4.4%).



**Figure I: Level of Knowledge on Benefit of Breastfeeding**

### Rooming-in and Breastfeeding Initiation

Table IV showed that mothers experienced the recommendation of the rooming-in practices (86.3%) of mothers and babies staying together for the first 24hours after delivery at place of birth. However only half (55.2%) initiated breastfeeding in less than one hour of delivery. Majority (92.3%) affirms feeding colostrum to baby while 61.7% breastfeed on demand.

**Table IV: Rooming-in and Breastfeeding Initiation Practices**

Statement	Frequency(183)	Percentage (%)
<b>Rooming-in</b>		
Yes	158	86.3
No	25	13.7
<b>Initiation of breastfeeding in less than one hour</b>		
Yes	101	55.2
No	82	44.8
<b>Feeding of colostrum to baby</b>		
Yes	169	92.3
No	14	9.8
<b>Type of breastfeeding</b>		
On demand	113	61.7
At regular intervals	70	38.3

### Breastfeeding Skills

The practice of expression of breast milk was low among mothers as seen on Table V. Only 28.4% expressed milk to give to care giver to help feed baby, while 17.5% stored expressed milk in the refrigerator or warmer to give their babies when freshly expressed milk is not sufficient. Breastfeeding skills displayed by mothers include the use of comfortable chair while breastfeeding (93.4%), tummy-to-tummy positioning (74.9%), making sure only small portion of the areola is visible (78.1%), tilting of baby's head slightly backwards (63.9%) and the use of supporting/ breastfeeding pillow (44.8%). Mothers identify hunger signs such as turning head left and right (71.0%), stretching turning rapidly (73.8%) and finger licking (63.4%). The common breastfeeding hold was the cradle hold (86.9%) and lying position (49.7%). The cross-cradle transition hold (15.8%) and the clutch or football hold (12.6%) were not prevalent. The prevalence of the use of pre-lactael feeding was high. Water ranked highest with 51.4%, followed by glucose (30.6%) and herbal concoction (28.0%).

**Table V: Practices of Breastfeeding Skills**

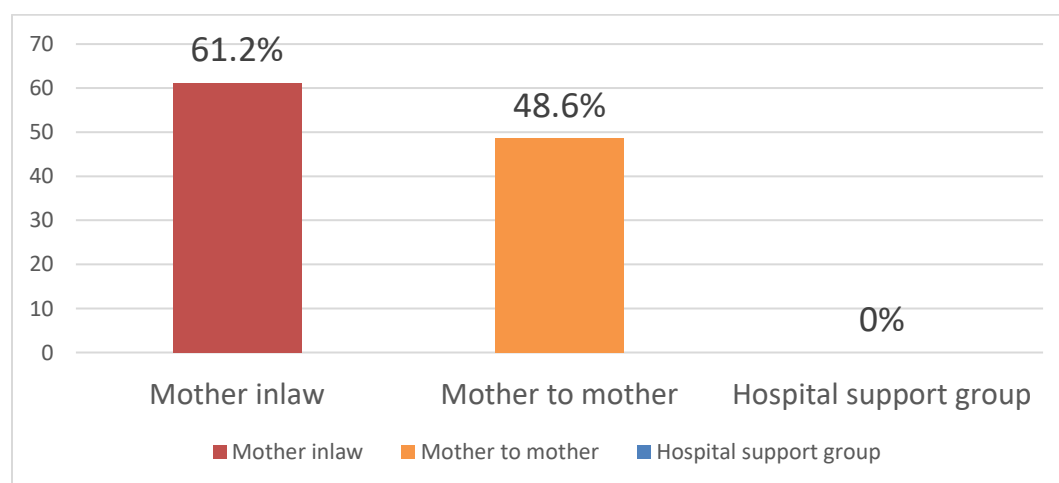
Breastfeeding skills	Frequency	Percentage (%)
<b>Breast milk expression</b>		
Yes	52	28.4
No	131	71.6
<b>Stored expressed milk in the refrigerator or warmer to give your baby when freshly expressed is not sufficient</b>		

Yes	32	17.5
No	151	82.5
<b>* Signs of hunger displayed by babies</b>		
Stretching turning rapidly	135	73.8
Turning head left and right	130	71.0
Lick finger	116	63.4
<b>*Techniques to ensure a good latch</b>		
Get comfortable chair	171	93.4
Mouth covering larger part of the areola	143	78.1
Baby's tummy to tummy with mother	137	74.9
Baby's head tilted slightly backward	117	63.9
Use of breastfeeding support pillow	86	47.0
Baby's nose opposite to the nipple	82	44.8
<b>*Breastfeeding hold</b>		
Cradle hold	159	86.9
Side laying hold	91	49.7
Cross cradle transition hold	29	15.8
Clutch or football hold	23	12.6
<b>Prelacteal</b>		
Concoction (herbal solutions) to baby	53	28.0
Glucose to baby	56	30.6
Water to baby	94	51.4

### \*Multiple Responses

#### Mothers' Breastfeeding Support Group

Figure II shows that, three out of five of the mothers received support from their Mother-in-law (61.2%), one out of two had mother-to-mother support (48.6%), while none of the mothers were referred to any constituted hospital support group.



### \* Multiply Responses

#### Figure II: Mothers' Breastfeeding Support Group

### Association between Socio-Economic Characteristics of Mothers and Knowledge about Breastfeeding

Table VI shows that there is no relationship between the mother's socio-economic characteristic and BFHI.

**Table VI: Association between Socio-Economic Characteristics of Mothers and Knowledge about Breastfeeding**

Socio-economic characteristics	Low		Medium		High		P Value
	Freq. (183)	%	Freq. (183)	%	Freq. (183)	%	
<b>Marital status</b>							
Married and living with husband	22	12.0	130	71.0	7	3.8	0.503
Married and separated from husband	5	2.7	14	7.7	0	0.0	
Widowed	0	0.0	3	1.6	0	0.0	
Others	1	0.5	1	0.5	0	0.0	
<b>Occupation</b>							
Civil Servant	5	2.7	33	18.0	2	1.1	0.725
Business	10	5.5	63	34.4	4	2.2	
Artisan	7	3.8	23	12.6	0	0.0	
Others	6	3.3	29	15.8	1	0.5	
<b>Place of delivery</b>							
Traditional birth home	3	1.6	10	5.5	0	0.0	0.220
Government hospital	7	3.8	71	38.8	3	1.6	
Private hospital	9	4.9	45	24.6	3	1.6	
Others	9	4.9	22	12.0	1	0.5	
<b>Number of ANC attended</b>							
≤7	8	4.4	58	31.7	2	1.1	0.505
≥8	20	10.9	90	49.2	5	2.7	
<b>Number of children</b>							
1-3	28	15.3	147	80.3	7	3.8	0.888
>3	0	0.0	1	0.5	0	0	

### DISCUSSION

Turck et al., (2013) emphasized on the benefit of breastfeeding to the mothers' health. Mothers in the study have average knowledge of breastfeeding aiding child spacing, helping to stop maternal bleeding, economically cheap and that is to help develop intimacy between mother and child. This is also reported in a study that identified breastfeeding as an act that promotes mother-baby intimacy (Vijayalakshmi, Susheela, & Mythili, 2015; Mbada et al., 2013). In this study, knowledge of mothers on the benefits of breastfeeding concerning its nutrient content, its digestibility, and immunological protection was high. This is corroborated by Dadhich (2016) that reports breast milk contains all the macronutrients and micronutrients, easily digested by the baby and it provides

a variety of bioactive factors and colostrum: the first immunization for newborn which protect the infant against infection.

One out of two initiated breastfeeding within the first hour of birth, Rooming in was practiced which help in establishing breastfeeding and feeding of colostrum to newborns. Majority of them fed colostrum to baby showing awareness of the immunological properties of breastfeeding to the growing infant as the first immunization. Higher initiation rate in countries like United State (Yesildal, et. al., 2008), Turkey (Murray, Ricketts, & Dellaport, 2007) and in Nigeria (Akinyinka, Olatona, & Oluwole, 2016) were reported. Jaafar, Ho, and Lee (2016) and Theo, and Drake (2017) reported that breastfeeding rate was significantly higher in rooming-in group of the study compared to the separate care group showing that rooming-in thereby helps to establish, maintain and facilitates breastfeeding.

Expression of breast milk is not a common practice in the study area because most of the mothers were business women that probably had their babies with them most of the time. Expression of breast milk is common with working mothers and for mothers experiencing lifestyle flexibility as stated by Meier, Engstrom, Janes, Jegier, & Loera (2012). In achieving good latch in breastfeeding, mothers had skills in tummy-to-tummy positioning, baby's mouth covering larger part of the areola, tilting of baby's head slightly and positioning of the baby's nose opposite to the nipple. They also used comfortable chair but not familiar with the use of breastfeeding pillow for support during breastfeeding episodes.

According to Mbada et al. (2013), sitting position or breastfeeding hold is recommended, but each mother must find one that fit any present condition experienced at a particular time, to help the baby get the maximum breast milk at each section of sucking. The traditional cradle hold of breastfeeding was common. Only half of the mothers identifies side laying as a form of breastfeeding hold even though most would have been practicing it. The clutch or football hold which is good for mothers that had surgery and cross cradle or transition hold for premature babies or weak suckers are new to most of the mothers. Researches shows that cesarean surgery can delay early breastfeeding, decrease breastfeeding success and duration (Dewey, Nommsen-Rivers, Heinig, & Cohen, 2002; Pechlivani, et. al., 2005; Smith, 2010). According to Francis (2007) and Smith (2010), mothers who delivered by cesarean section often find it difficult to achieve a comfortable position for breastfeeding, due to pain and discomfort (Kuguoglu, Yildiz, Tanir, & Demirbag, 2012; Janke, 2008).

Three out of five mothers fed prelacteal feeding such as water, herbal concoction, or glucose. This report was however contrasting the report of 26.3% prevalence of Ogundele, Ogundele, & Adegoke (2019) in southwest Nigeria, while it is very high (85.2%) in Northern Nigeria (Jimoh, et. al., 2018). In the study, there is no association between the socio-economic characteristics of mothers and the BFHI knowledge with P value as marital status ( $p = 0.503$ ), occupation ( $p = 0.725$ ), place of delivery ( $p = 0.220$ ), antenatal care attendance ( $p = 0.505$ ) and number of children ( $p = 0.888$ ).

## CONCLUSION AND RECOMMENDATION

Knowledge on the benefit of breastfeeding to both mother and child was average, though mothers were able to latch appropriately. However, initiation of breastfeeding was still below the recommendation by WHO. The prevalence of prelacteal feeding was high and the traditional cradle hold was the common method of breastfeeding.

It is recommended that each health facility must be up-to-date on the ten steps of the BFHI as recommended by WHO and educate mothers on breastfeeding skills and challenges. Right steps in establishing support group for mothers after hospital discharge should be encouraged.

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