

# PATTERNS IN PRE-LACTEAL FEEDING AMONG MOTHERS IN URBAN CAMBODIA, NEPAL, SENEGAL, AND TANZANIA



Assessment and Research on Child Feeding (ARCH)

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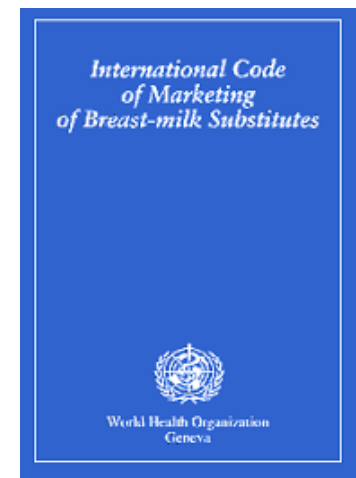
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Global Maternal Newborn Health Conference

# STUDY BACKGROUND



- Pre-lacteal feeding and early use of breast-milk substitutes interferes with successful breastfeeding
- Sales and promotion of breast-milk substitutes are increasing in low income countries
- Health facility-based marketing can have a negative impact on early breastfeeding practices and duration of breastfeeding



Promoting breastmilk substitutes **within the health system** can negatively impact breastfeeding, thereby **threatening infant and young child nutrition and health.**



# RESEARCH OBJECTIVES



- Estimate the prevalence of promotional practices occurring within the health system for breast-milk substitutes
  - Commercial advertising and display of product branding
  - Recommendations from health professionals
  - Free samples and branded gifts
- Document breastfeeding support and counseling provided in health facilities
- Document early breastfeeding practices and consumption of breast-milk substitutes among newborns (pre-lacteal feeding)



# RESEARCH DESIGN

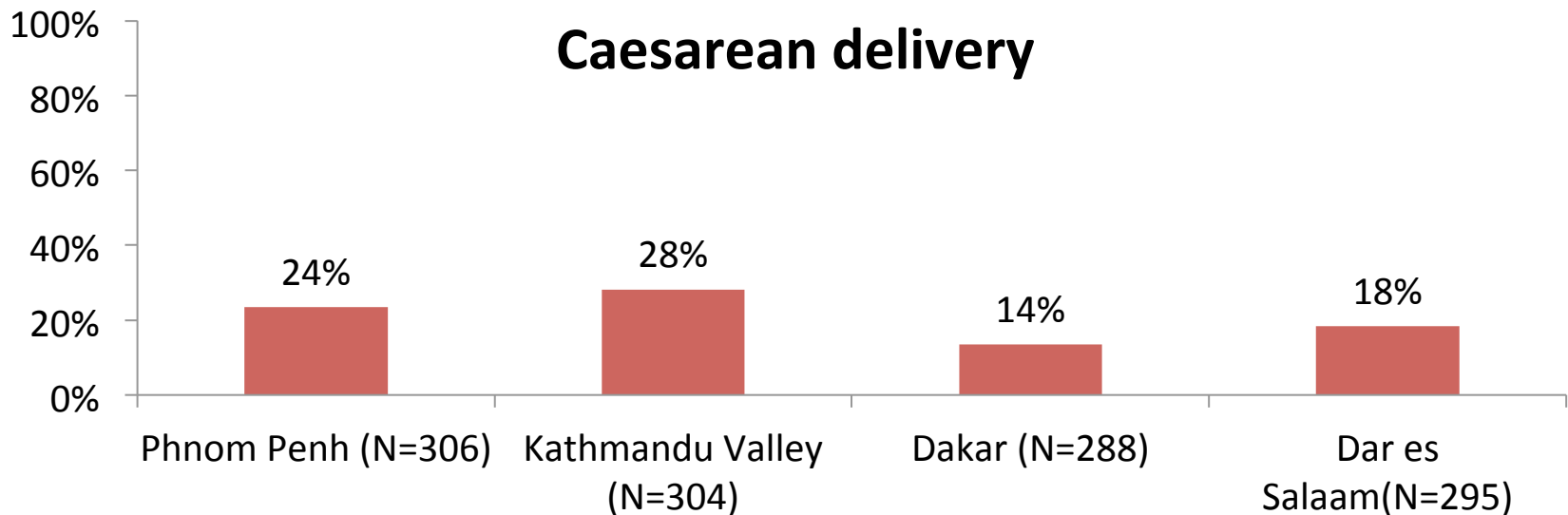
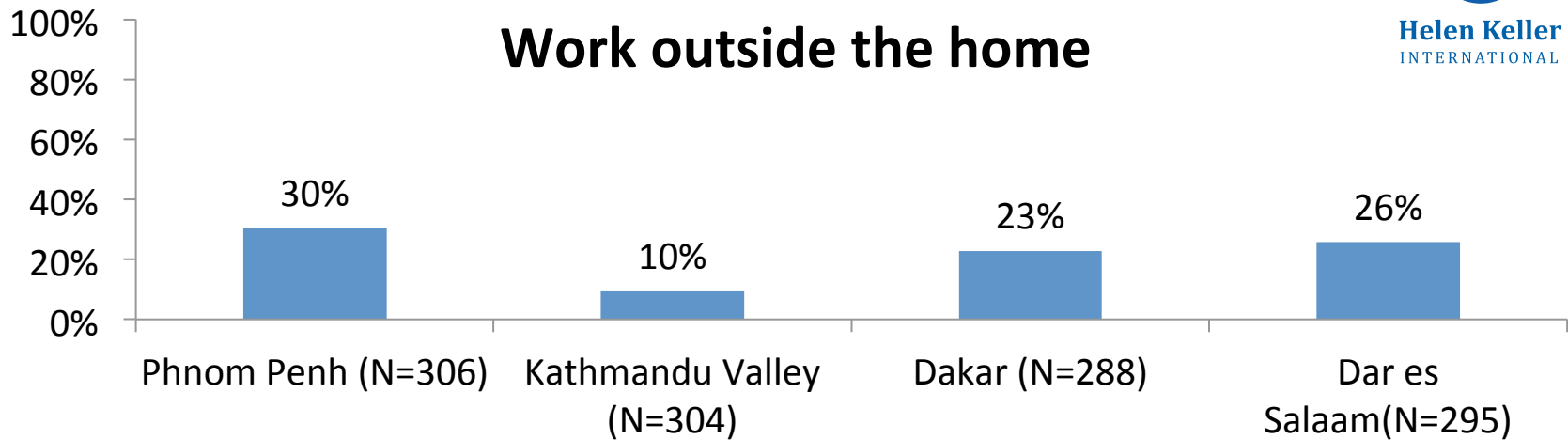


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- Structured interviews among mothers discharged after delivery in Phnom Penh, Kathmandu Valley, Dakar Department, and Dar es Salaam
- Cross-sectional, health facility-based survey
- Sample size of 280 mothers in each site to detect 10% promotion prevalence rate



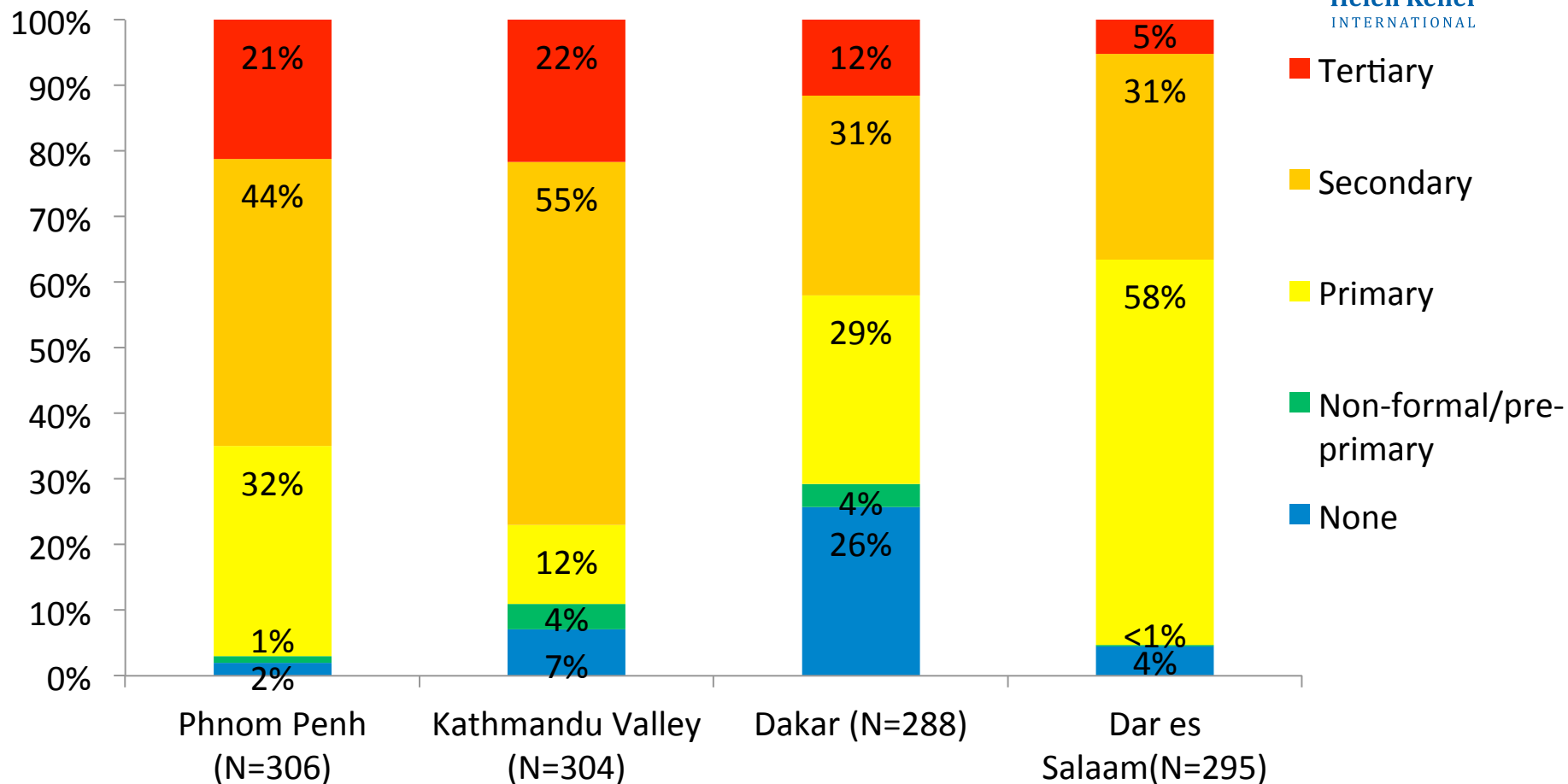
# MOTHER CHARACTERISTICS



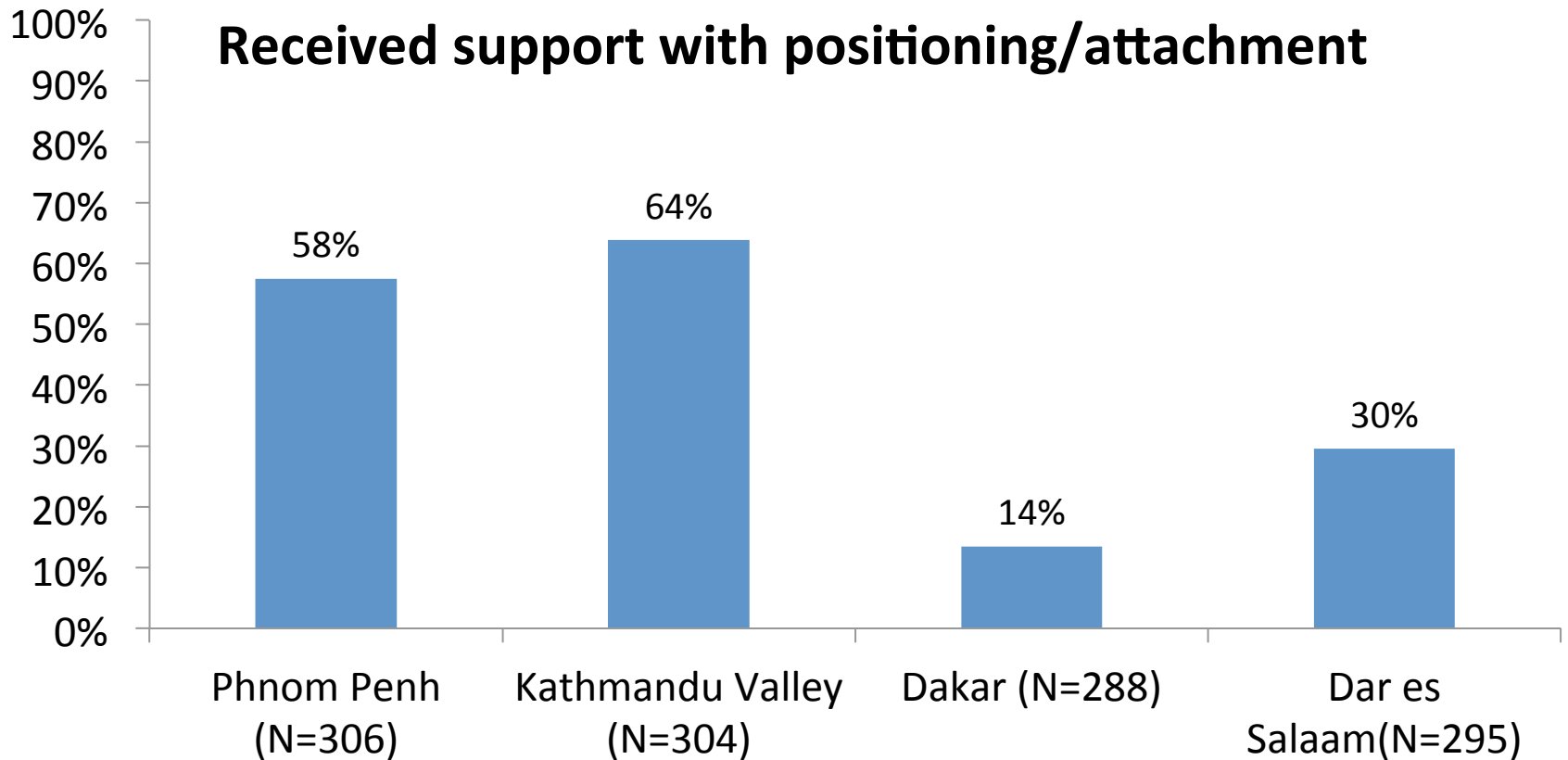
# EDUCATIONAL ATTAINMENT



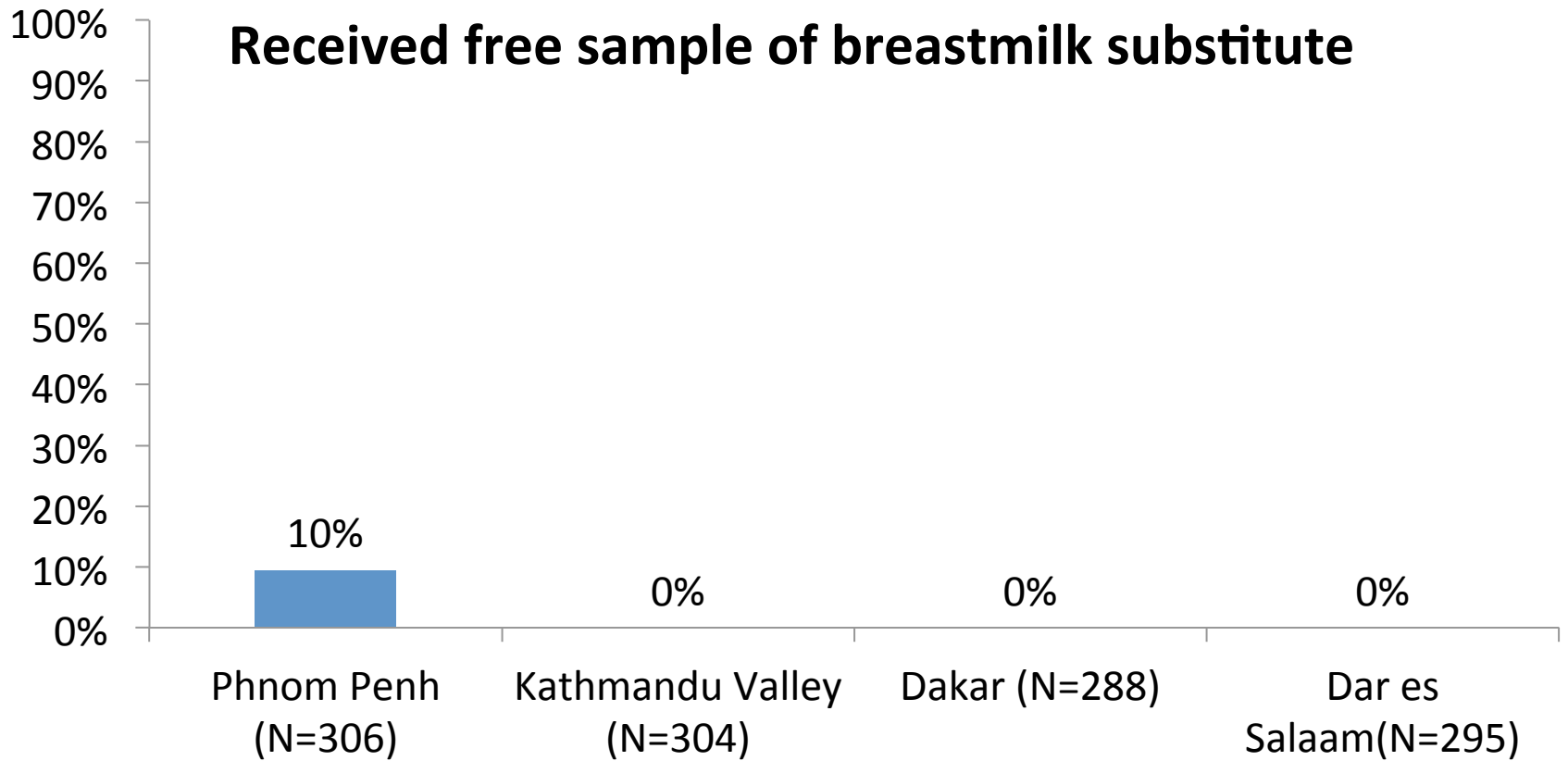
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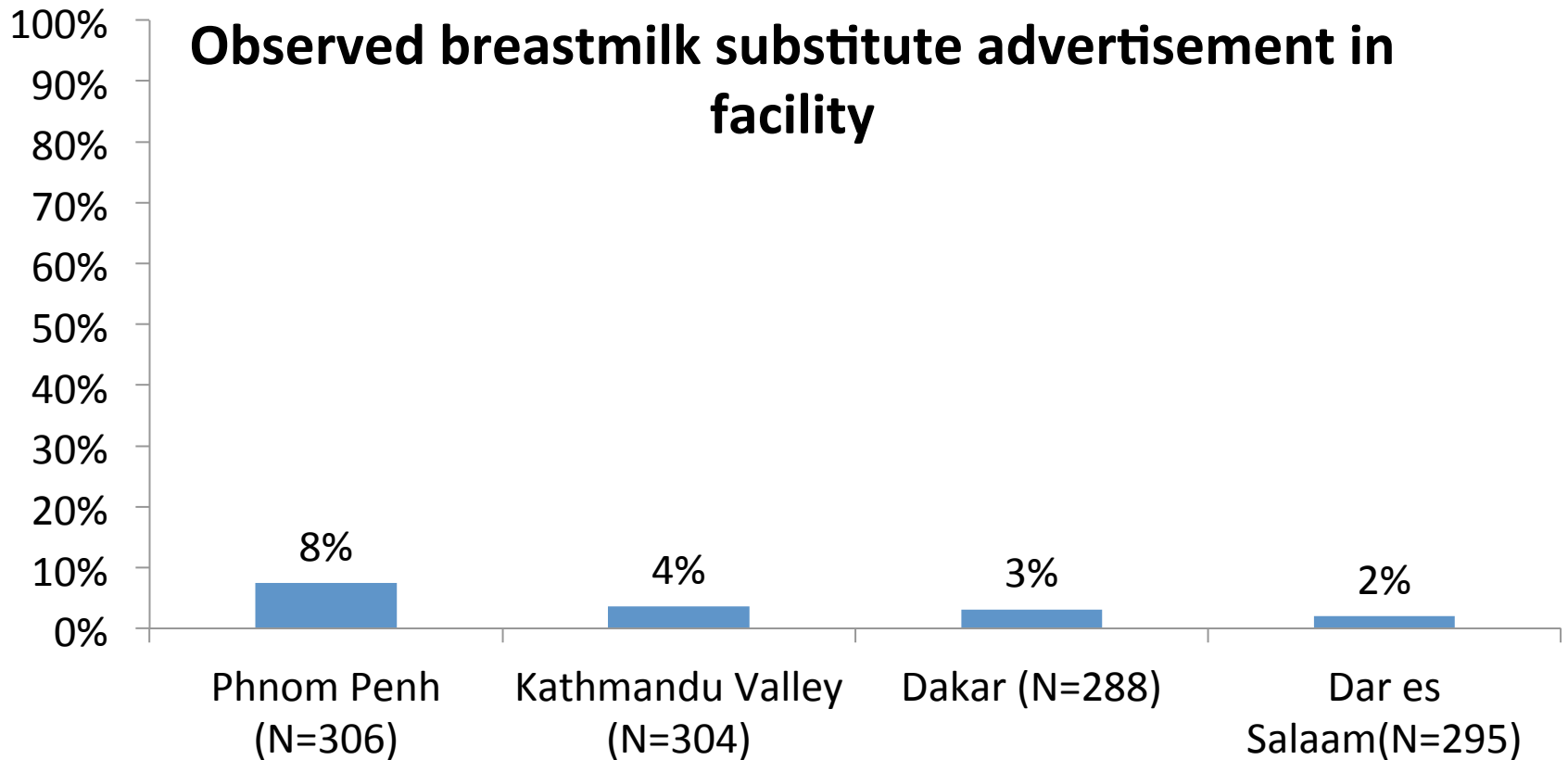
# HEALTH SYSTEM PRACTICES BASED ON MOTHERS' REPORTS



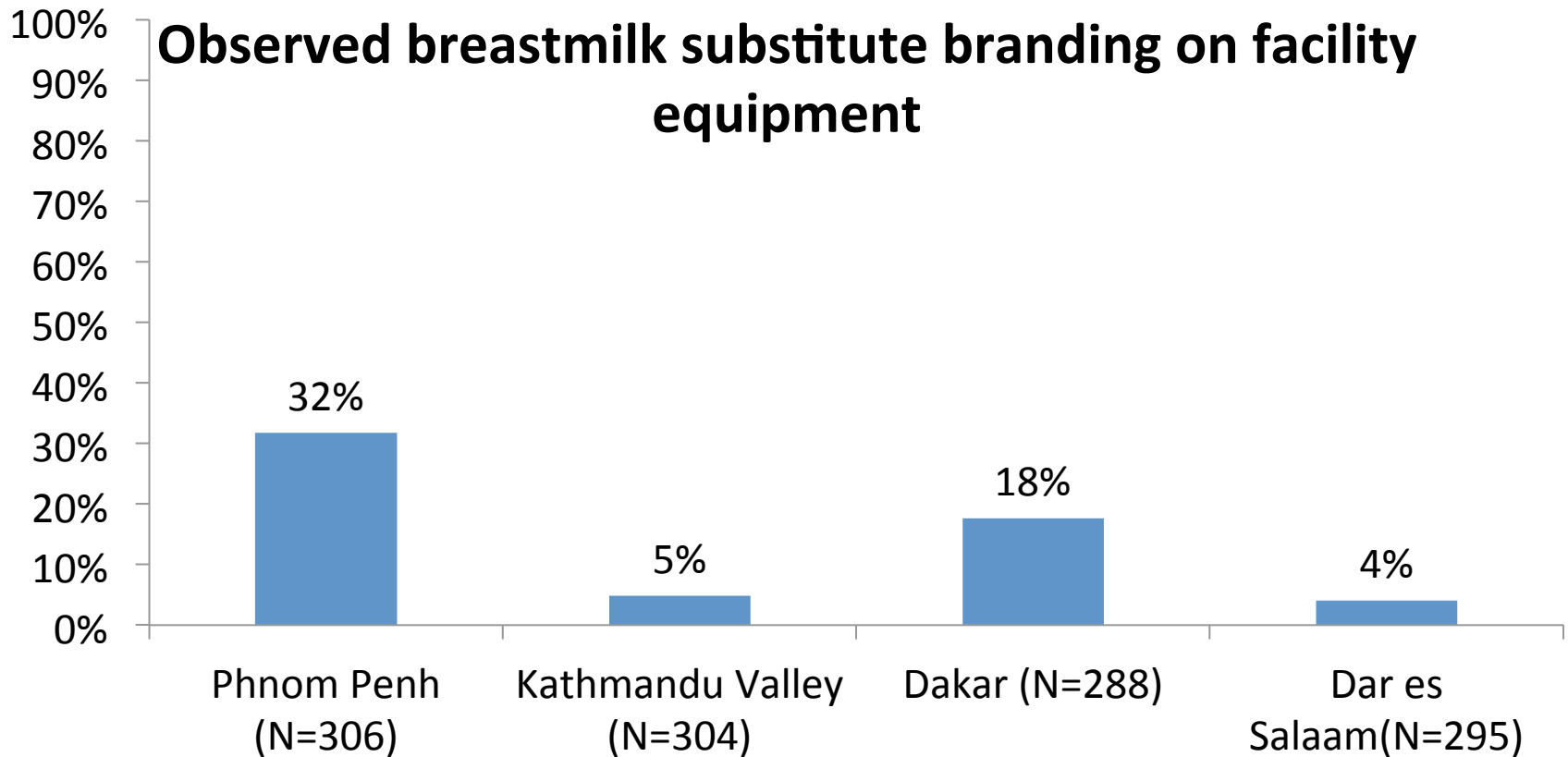
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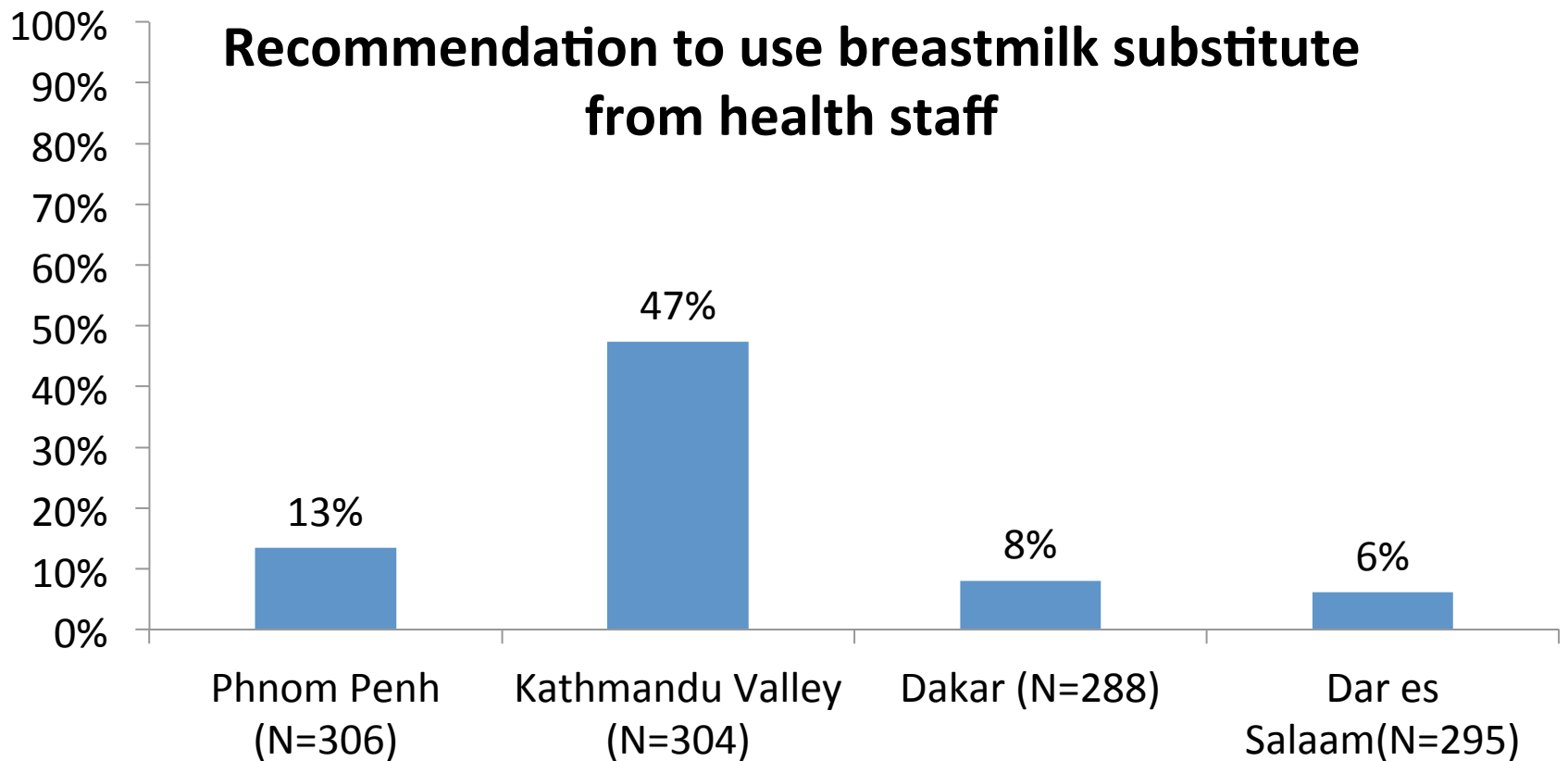


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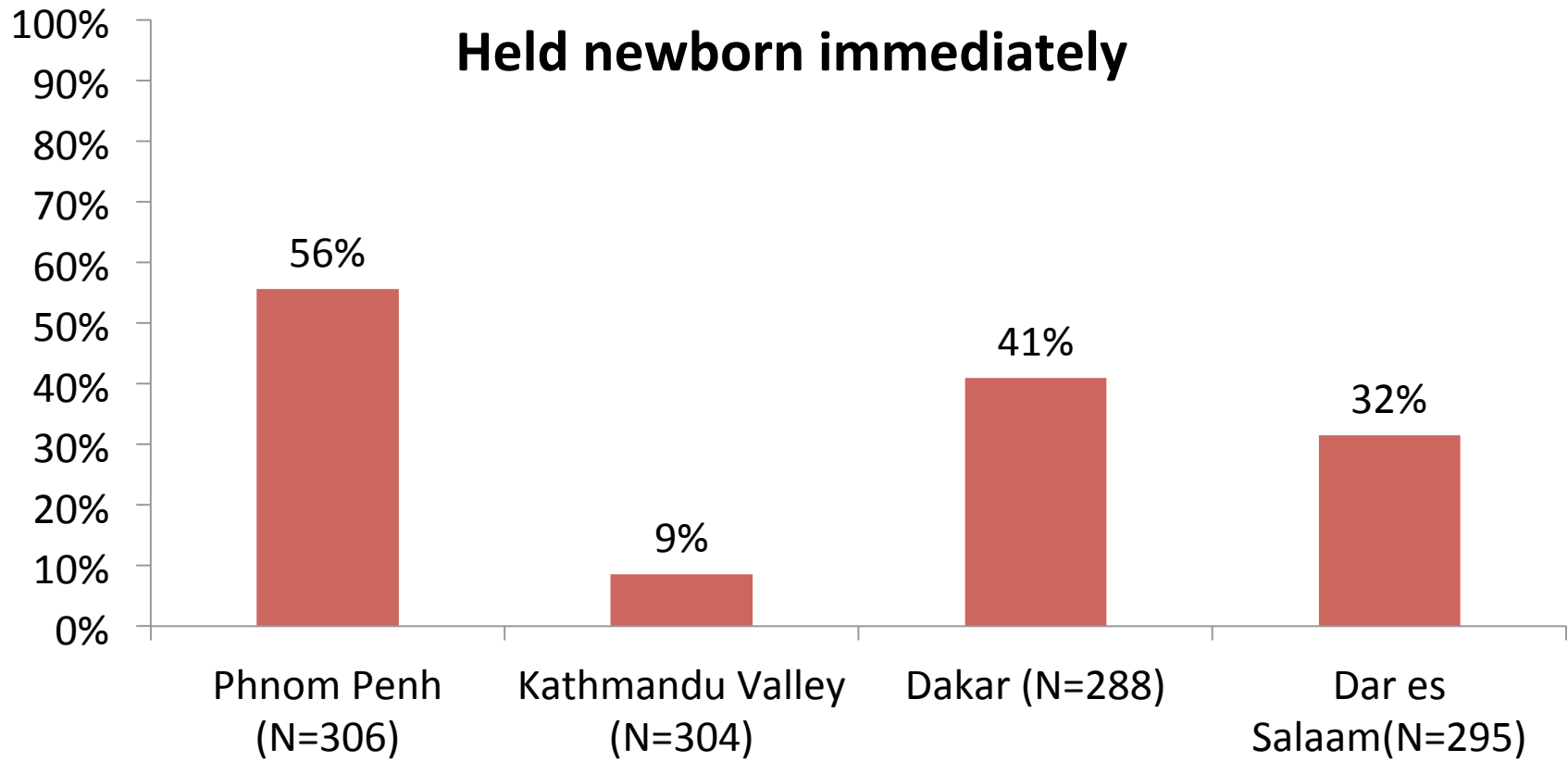




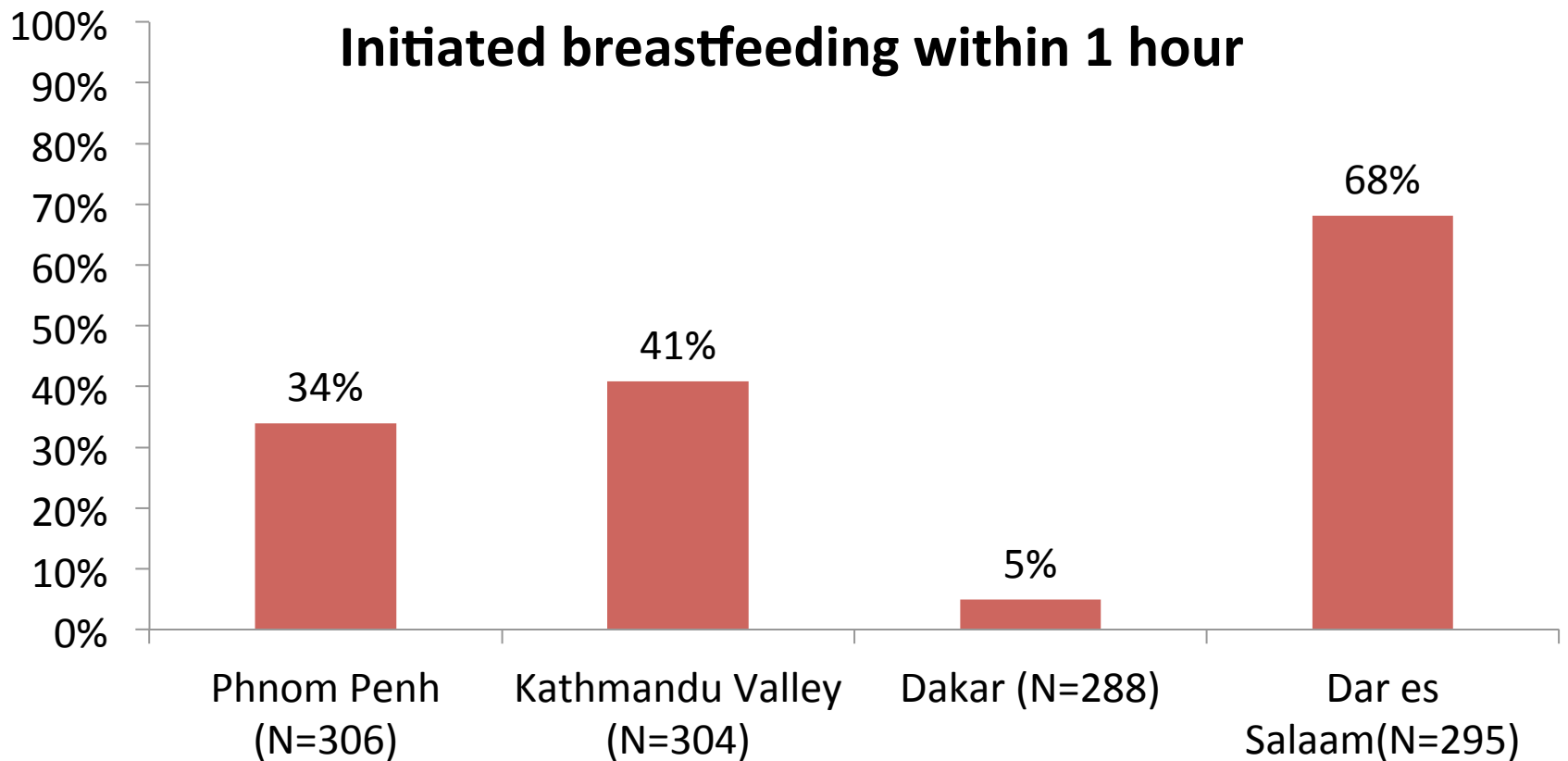
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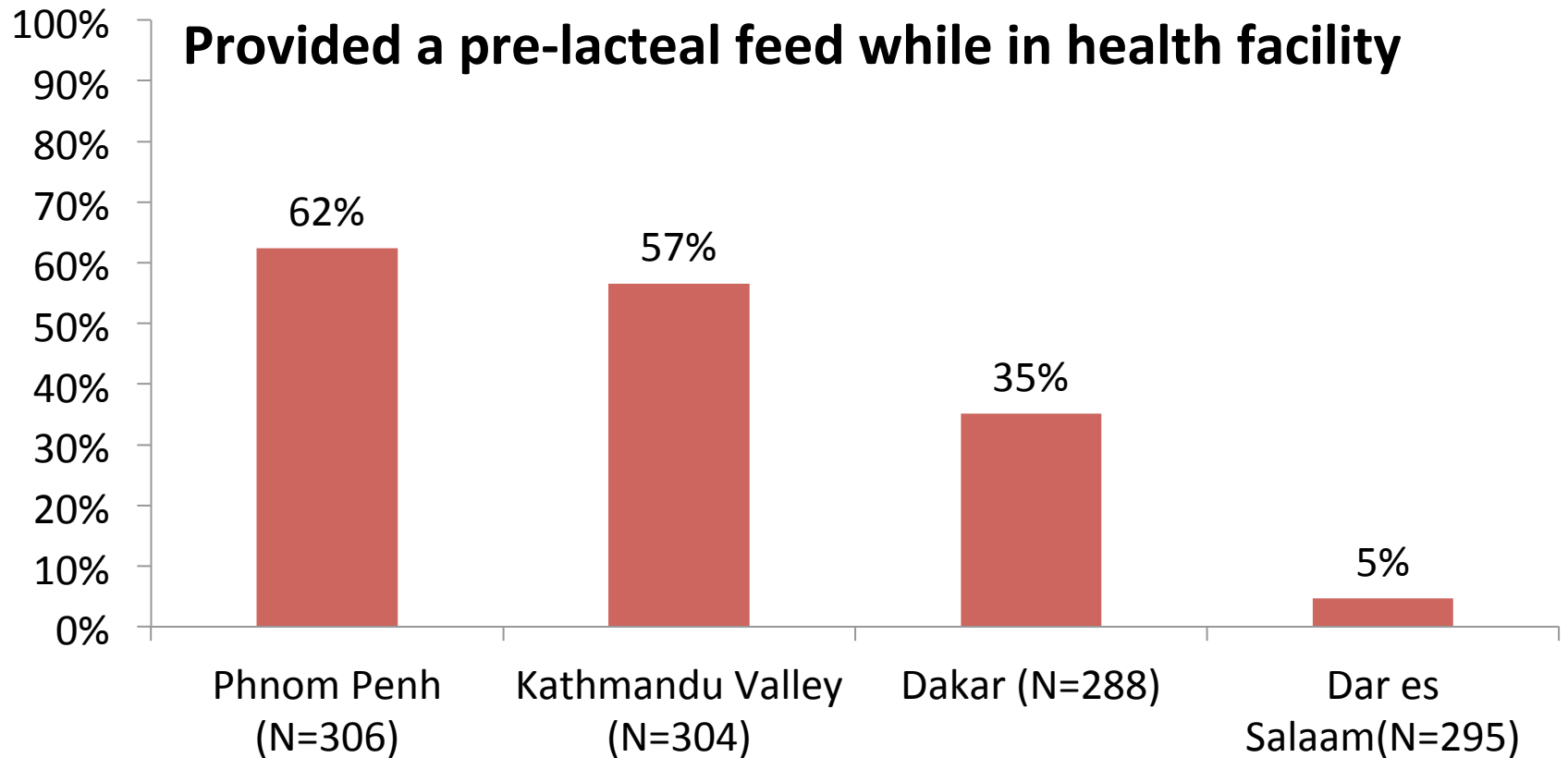
# EARLY BREASTFEEDING PRACTICES AMONG MOTHERS



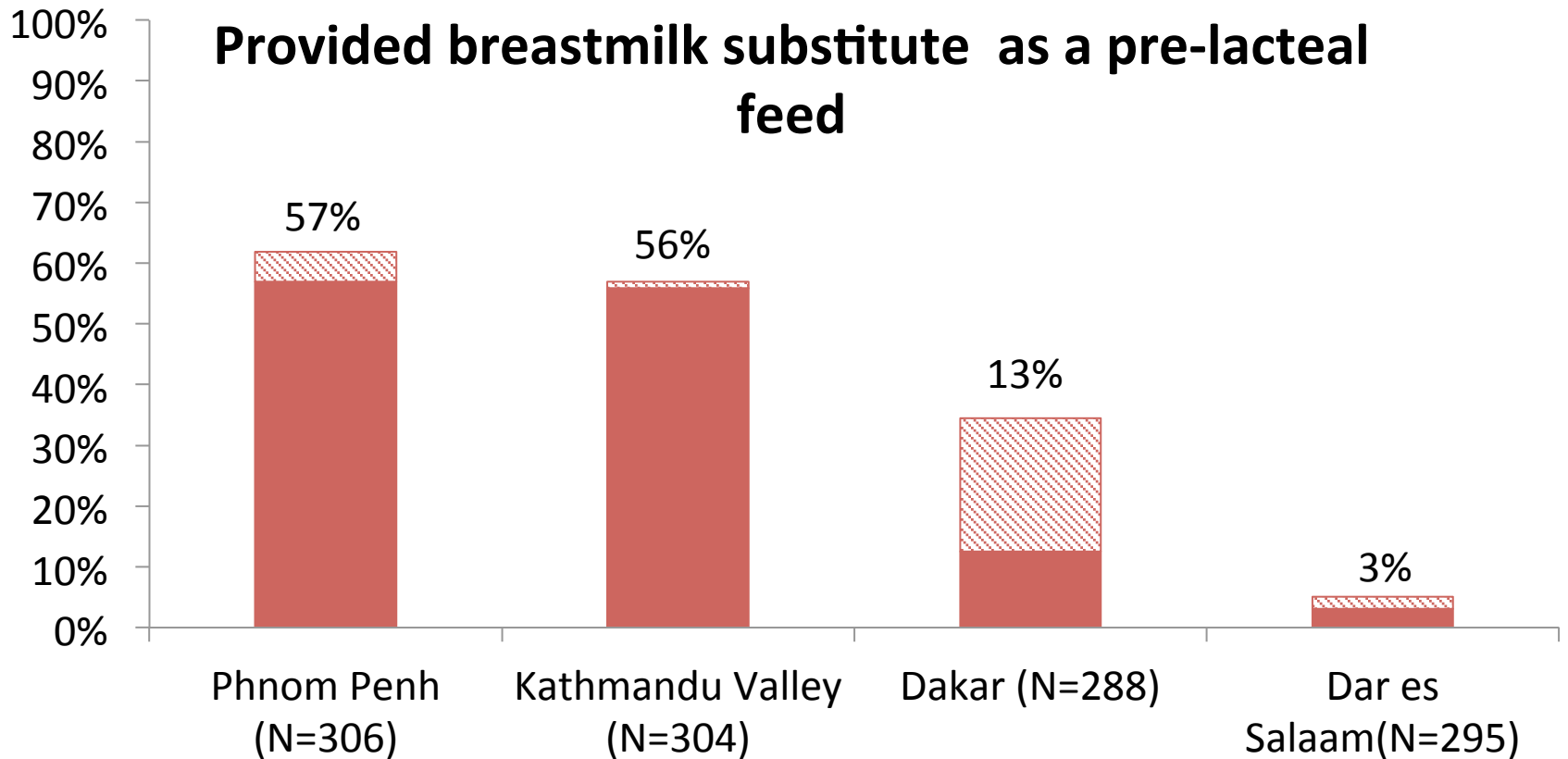
# EARLY BREASTFEEDING PRACTICES AMONG MOTHERS



# EARLY BREASTFEEDING PRACTICES AMONG MOTHERS WHILE IN HEALTH FACILITY



# LIQUIDS PROVIDED AS A PRE-LACTEAL FEED

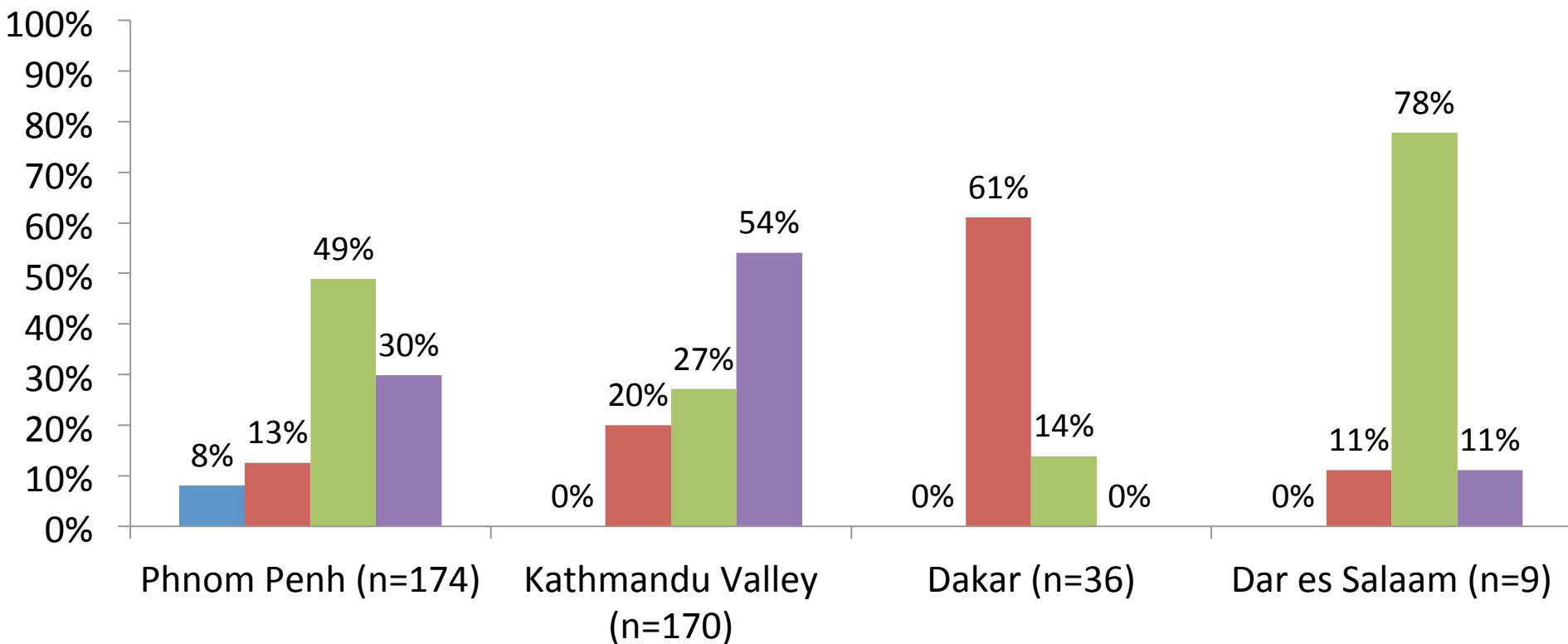


# MAIN REASON REPORTED FOR WHY A BREAST-MILK SUBSTITUTE PRE-LACTEAL FEED WAS GIVEN



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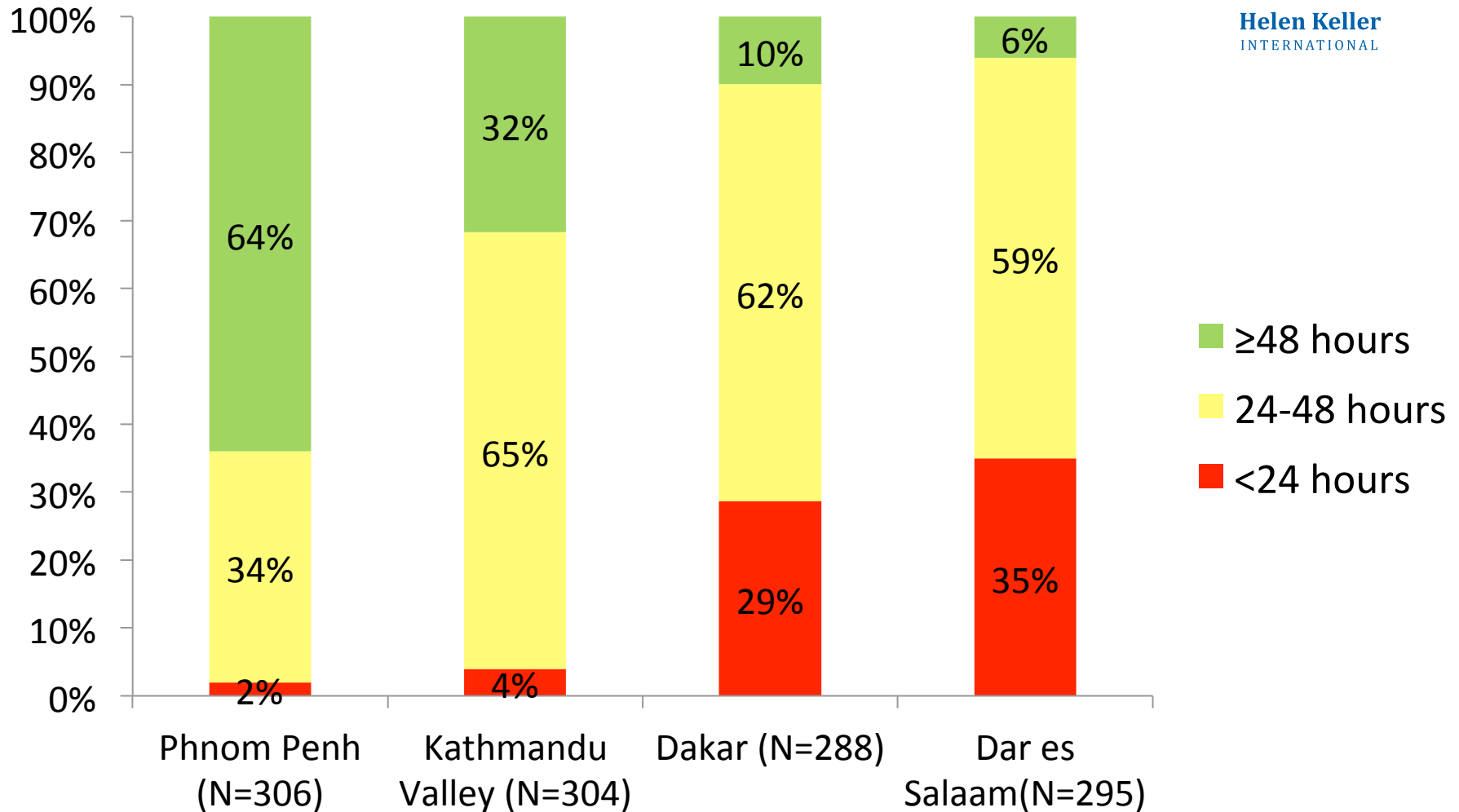
- Need to return to work
- Pain after surgery
- Breastmilk did not come in
- Not enough breastmilk



# TIMING OF DISCHARGE OF MOTHERS AFTER DELIVERY



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# FACTORS ASSOCIATED WITH PRE-LACTEAL FEEDING



## In Phnom Penh, Kathmandu and Dakar:

- **Education level**

- In Kathmandu and Phnom Penh, mothers who attended secondary or tertiary levels of education were around twice as likely to provide a pre-lacteal feed

- **Delivery via C-section**

- 3x, 12x and 10x as likely to provide a pre-lacteal feed as compared to mothers delivering by normal/vaginal delivery.

- **Recommendations from health professionals to use breast-milk substitutes**

- In Kathmandu, where around half of mothers reported receiving such a recommendation from a health professionals, these mothers were **20 times as likely** to provide a breast-milk substitute as a pre-lacteal feed, as compared to mothers that did not receive a recommendation.

# CONCLUSIONS



- **Initiation of breastfeeding** within the first hour after delivery was reported by **less than half** of mothers in Phnom Penh and Kathmandu Valley, and among only 5% of Dakar mothers
- Results indicate **high rates of pre-lacteal feeding**, commonly with **breast-milk substitutes**, in Phnom Penh, Kathmandu and Dakar.
- In Phnom Penh, Kathmandu and Dakar receiving a health professional's **recommendation** to use breast-milk substitutes was **associated** with pre-lacteal feeding among mothers

# DISCUSSION



- Health workers' advice and counseling plays an influential role in shaping mothers' infant and young child feeding practices
- Prior studies have also noted the influential role of pre-lacteal feeding recommendations by health workers in increasing rates of pre-lacteal feeding
- Given that pre-lacteal feeding increases risk of infection, can impede colostrum consumption and breast milk production, and reduces duration of exclusive breastfeeding, results from this study carry great weight for neonatal health

# RECOMMENDATIONS TO REDUCE RATES OF PRE-LACTEAL FEEDING



## **BUILD HEALTH WORKER SKILLS:**

Training of health workers on lactation management to reduce use of pre-lacteal feeds, support women with c-sections to breastfeed and limit infant formula use in the health facility.



## **ELIMINATE PROMOTION:**

In line with the Code, restriction of formula company promotion in health facilities should be enforced

# THANK YOU!



- We are grateful to the mothers who gave up time to be interviewed and the health facility staff at each of the facilities where the study was conducted.
- Thank you to the members of the Cambodia, Nepal, Senegal, and Tanzania ARCH Advisory Committees for their advice and review of this research.
- We appreciate the advice provided by: Elhadj Issakha Diop, Dale Davis, Shrid Dhungel, Ndeye Yaga Sy Gueye, Nancy Haselow, Rolf Klemm, Gary Mundy, Akoto Osei, Victoria Quinn, Ame Stormer, Aboubacry Thiam, Zaman Talukder, Elizabeth Zehner, and Yang Zhenyu.
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