

Breastfeeding – Healthcare Professionals Need to Do More

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Breastfeeding is best. Everybody knows that. The problem is not so many believe it really matters very much. And worse, in our modern, fast-paced, urban environment where instant gratification and easy solutions are the norm, few first time mothers know what it takes to successfully initiate, establish and continue breastfeeding. Healthcare professionals need to do more to convince themselves and their patients that breastfeeding really matters, and that mothers need to be adequately prepared and determined as they start to breastfeed their newborns.

The evidence that breastfeeding is the optimum way to provide babies nutrition and for mothers to bond with their newborns is clear.^{1,2} Some of the acute health benefits for infants such as reduced infectious and diarrhoeal morbidities¹ may not seem so important to mothers in developed countries but the longer term benefits should. Healthcare professionals should highlight that breastfed babies have lower risks of developing chronic conditions like being overweight, obesity, and diabetes.¹ Because of the high value placed on academic achievement in Asian societies, better neurocognitive development of their babies¹⁻⁵ should be emphasised to mothers. In the Growing Up in Singapore Towards healthy Outcomes (GUSTO) study,⁶ intensive neurocognitive testing of children in the first 2 years of life suggests a significant beneficial effect of breastfeeding on young children's memory and language development,⁷ which is consistent with past research.³⁻⁵ Additionally, we also observed associations between breastfeeding duration and higher cognitive scores on the Bayley Scales of Infant and Toddler Development III.⁷

The breastfeeding situation has definitely improved in Singapore over the last 2 decades. In 1997, a study in Singapore found that only 6.3% of mothers were still breastfeeding at 4 months after delivery.⁸ The rate of any breastfeeding at 4 months had improved to 29.8% by the time of the National Breastfeeding Survey in 2001.⁹ In the GUSTO cohort where breastfeeding data was gathered from 2009 to 2011, the prevalence of any breastfeeding at 6 months postpartum was 46% for Chinese mothers, 22% for Malay mothers, and 41% for Indian mothers, but the

prevalence of exclusive and predominant breastfeeding was only 11%, 2%, and 5%, respectively.¹⁰ Factors associated with early cessation of breastfeeding included unfavourable early breastfeeding experiences, such as poor advice on breastfeeding frequency and lack of support to start breastfeeding soon after birth,¹⁰ which reflect inadequate support from healthcare professionals. With the introduction of the Baby Friendly Hospital Initiative (BFHI) in Singapore in 2012,¹¹ it is likely that the situation will get better.

However, another finding from the GUSTO study is the popularity of breast milk expression among Asian mothers. At 3 months postpartum, 57% of mothers were feeding their infants expressed breast milk (EBM) to some extent, and, of these, 16% fed EBM exclusively. Chinese mothers were more likely to practice non-direct breastfeeding than Malay or Indian mothers. Additionally, first-time mothers, women with higher educational attainment and those who worked during early pregnancy were also more likely to feed their infants EBM.^{10,12} Studies on breastfeeding mode, i.e. direct versus EBM feeding, are scarce but have important implications for maternal and child health.^{12,13} GUSTO data also indicate that women who feed their infants EBM only at 3 months postpartum have more than double the risk of stopping breastfeeding early compared to those who feed their infants directly at the breast.¹²

Doctors can and should do more to help mothers prepare for breastfeeding. The United Nations Children's Fund/World Health Organization (UNICEF/WHO) Baby-Friendly 'Ten Steps to Successful Breastfeeding'² outlines clearly what every facility providing maternity services and care for newborn infants should do to promote breastfeeding. With the BFHI taking root in Singapore since 2012, these guidelines are prominently displayed in all BFHI-certified maternity units. However, there is a tendency for many doctors to delegate the measures in the 'Ten Steps' to their nursing, midwifery and other colleagues. This is not satisfactory for several reasons. First, pregnant women in Singapore are primarily taken care of by obstetricians, unlike many other countries where midwives take the lead. In this situation, the effectiveness of health messages transmitted

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Table 1. How Doctors Can Help

1.	Take a strong position on behalf of breastfeeding—this is justified because of the extensive evidence for improved outcomes in breastfed infants and their mothers.
2.	Be aware of the medical evidence for breastfeeding, and the professional guidelines.
3.	Communicate with and educate your patients about the benefits and techniques of breastfeeding.
4.	Do not do anything that might hinder the initiation, establishment and continuation of breastfeeding unless absolutely necessary.
5.	Promote breastfeeding as a normal part of daily life, and encourage family and societal support for breastfeeding.

by midwives and nurses are diminished. Second, it is usually doctors who are consulted by mothers about the advisability of breastfeeding under special circumstances, for example, when mothers are on antibiotics or have an illness. An ill-informed comment by the doctor at this point often discourages the mother from continuing to breastfeed. Doctors have to be aware of the evidence-based medical contraindications for breastfeeding,¹⁴ which are far fewer than commonly thought. Finally, it is not uncommon to find a first-time mother 3 days after her delivery completely distraught and desperate because her baby has lost some weight and she thinks it is because she is not producing enough breast milk. As a consequence, she has taken to expressing her breast milk so she can see how much she is producing and she is appalled at the tiny quantities of colostrum she has managed to obtain so far. It then follows that she has decided that she needs to start supplementing her baby's feeds with infant formula. This common scenario can be avoided with proper maternal preparation by their main caregiver during the antenatal period, as well as routine and competent support soon after childbirth.

The recent launch of the breast milk bank in Kandang Kerbau Women's and Children's Hospital (KKWCH)¹⁵ is a wonderful effort to help certain mothers who cannot produce milk for their babies for various reasons but doctors should do more for the majority of their patients. The doctor's role in helping prospective mothers prepare for breastfeeding and in supporting them after they start cannot be overstated. Being informed of the evidence and the guidelines around breastfeeding is a primary responsibility of all healthcare professionals providing care to mothers and infants (Table 1). Taking breastfeeding seriously and taking a few extra moments to educate and support our patients is all it takes. It is the least we can do.

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