



## THE SKEPTICISM REGARDING BREAST AND BOTTLE FEEDING OF PRIMIPARA MOTHERS: FOR THE WELLNESS OF CHILD GROWTH AND DEVELOPMENT

Renuka Polly Dass<sup>1\*</sup>, Dr. Vijay Laxmi Verma<sup>2</sup>, Preeti Bahuguna<sup>3</sup>

<sup>1\*,3</sup>Assistant Professor, Rohilkhand college of Nursing, Bareilly International University, Bareilly, Uttar Pradesh

<sup>2</sup>Associate Professor, College of Nursing, Aligarh Muslim University, Aligarh, Uttar Pradesh

**\*Corresponding Author:** Renuka Polly Dass

\*Assistant Professor, Rohilkhand college of Nursing, Bareilly International University, Bareilly, Uttar Pradesh

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### Abstract

Adequate knowledge on exclusive breastfeeding is a central implement that navigates the course of breastfeeding stability and distinctiveness amongst mothers. Insufficient and defective information with absence of support throughout this practice leads to immature cessation of breastfeeding. Primigravida are a vulnerable group with approximately more than half of the percentage of early breastfeeding dropouts being primiparous who are deficient of involvement and dependable intelligence of exclusive breastfeeding compared to multiparas. Empirical evidence suggests breastfeeding, particularly prolonged exclusive feeding, and may be associated with a host of positive health outcomes for mother and infant/child.

**Keywords:** Skepticism, breastfeeding, bottle feeding, primipara mothers

### INTRODUCTION

Primigravidas are regarded as a vulnerable group in which insufficient messages may lead to decreased chances to achieve exclusive breast feeding. Primigravidas are more accepting of non-scientific health promotion messages received through various sources. Primiparous mothers, compared to multiparous mothers, have been observed to have more challenges in practicing exclusive breast feeding being their first experience. Primiparous mothers are less likely to practice exclusive breastfeeding through to 6 months and less likely to breastfeed for 2 years and more. They may have difficulties in adjusting to the new role and less breastfeeding skills.<sup>1</sup>

Breast feeding is a well-established and recommended intervention for the improvement of child nutrition. Breastfeeding, particularly exclusive breast feeding, and appropriate complementary feeding practices are universally accepted as essential elements for the satisfactory growth and development of infants as well as for prevention of childhood illness. In spite of a worldwide campaign for promotion of breast feeding, achievements are not up to the desired target.<sup>2</sup>

### Breastfeeding

A number of health organizations including the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the World Health Organization (WHO) recommend

breastfeeding as the best choice for babies. Breastfeeding helps defend against infections, prevent allergies, and protect against a number of chronic conditions.

The AAP recommends that babies be breastfed exclusively for the first 6 months. Beyond that, breastfeeding is encouraged until at least 12 months, and longer if both the mother and baby are willing.

### Bottle/ Formula feeding

When breast milk is not available, standard infant formula is an appropriate alternative for most healthy full term infants, but there are some differences between brands. Bottle feeding should be interactive, with the caregiver holding both the bottle and the infant. Formula feeding should be in response to the infant's needs and not based on a predetermined schedule. The amount of formula an infant takes will decrease as the baby increases intake of solid foods, but formula remains a significant source of calories, protein, calcium and vitamin D for the first year of life.<sup>3</sup>

### BENEFITS OF BREAST & BOTTLE FEEDING

Breast feeding	Bottle/ Formula feeding
<p>✓ <b>Nutrition and ease of digestion.</b> Often called the "perfect food" for a human baby's digestive system, breast milk's components lactose, protein (whey and casein), and fat are easily digested by a newborn.</p> <p>As a group, breastfed infants have less difficulty with digestion than do formula-fed infants. Breast milk tends to be more easily digested so that breastfed babies have fewer bouts of diarrhea or constipation.</p> <p>Breast milk also naturally contains many of the vitamins and minerals that a newborn requires. One exception is vitamin D — the AAP recommends that all breastfed babies begin receiving vitamin D supplements during the first 2 months and continuing until a baby consumes enough vitamin D-fortified formula or milk (after 1 year of age).</p> <p>✓ <b>Convenience.</b> With no last-minute runs to the store for more formula, breast milk is always fresh and available whether you're home or out and about. And when women breastfeed, there's no need to wash bottles and nipples or warm up bottles in the middle of the night.</p> <p>✓ <b>Smarter babies.</b> Some studies suggest that children who were exclusively breastfed have slightly higher IQs than children who were formula fed.</p> <p>✓ <b>"Skin-to-skin" contact:</b> Many nursing mothers really enjoy the experience of bonding so closely with their babies. And the skin-to-skin contact can enhance the emotional connection between mother and infant.</p> <p>✓ <b>Beneficial for mother, too:</b> Breastfeeding burns calories and helps shrink the uterus, so nursing mothers may be able to return to their pre-pregnancy shape and weight quicker.</p> <p>✓ During breastfeeding, antibodies and other germ-fighting factors pass from a mother to her baby and strengthen the immune system. This helps lower a baby's chances of getting many infections.</p>	<p>Besides medical concerns that may prevent breastfeeding, for some women, breastfeeding may be too difficult or stressful. Here are other reasons women may choose to formula feed:</p> <p>✓ <b>Convenience:</b> Either parent (or another caregiver) can feed the baby a bottle at any time (although this is also true for women who pump their breast milk). This allows mother to share the feeding duties and helps her partner to feel more involved in the crucial feeding process and the bonding that often comes with it.</p> <p>✓ <b>Flexibility:</b> Once the bottles are made, a formula-feeding mother can leave her baby with a partner or caregiver and know that her little one's feedings are taken care of. There's no need to pump or to schedule work or other obligations and activities around the baby's feeding schedule. And formula-feeding mothers don't need to find a private place to nurse in public.</p> <p>✓ <b>Time and frequency of feeding:</b> Because formula is less digestible than breast milk, formula-fed babies usually need to eat less often than breastfed babies.</p> <p>✓ <b>Diet:</b> Women who opt to formula feed don't have to worry about the things they eat or drink that could affect their babies.<sup>4</sup></p>

### SKEPTICISM OF PRIMIPAROUS MOTHERS REGARDING BREAST AND BOTTLE FEEDING

Breastfeeding is to a large extent a matter of individual choice. Soon after birth, the mother needs to decide how to feed her newborn baby. It would seem that breastfeeding is so obvious and natural that it should be easy for every mother. However, a number of problems with breastfeeding often occur after birth. Primigravidas endure with psychological factors that directly affect exclusive

breastfeeding. It often takes a lot of perseverance and inner strength to breastfeed, especially one's first child. Even after making the decision to breastfeed, many mothers fail to reach their own breastfeeding goals because many factors discourage them from doing so.<sup>5</sup> The first aspect is considered as mother's self confidence in her mothering ability or mothering self-efficacy, with assurance to the natural supremacy of breastfeeding, "they get great satisfaction watching her baby emptying the bottle". After delivery there comes rapid changes in mother's life where she should proof her ability to be flexible and adapt her life according to demand of new baby which becomes a great challenges for mothers to change their day to day life, a few adjust while others expect their babies to. Stresses, postnatal depression, mother's level of self-esteem, breastfeeding self-efficacy and anxiety have also shown their influence in interval of exclusive breastfeeding.<sup>6</sup>

A study reported that mothers who discontinued breastfeeding within the first weeks following birth had problems with infant latching on or sucking and reported that a health-care provider recommended formula supplementation. Mothers expected that their health-care provider would have the knowledge and skill to assist them with these common problems. However, they discovered that neither their obstetrician nor pediatrician assessed them during a breastfeeding session or tried to adequately diagnose the source of the concern. Instead, they were given commercial literature, a referral to a lactation consultant, or were advised to supplement with formula.<sup>7</sup>

Babies usually use different techniques to drink from a breast and a bottle. They are born with an instinct for breastfeeding but sometimes appear to become confused after the introduction of a pacifier or bottle. One study showed that parents who introduced baby formula in the first six months of their baby's life breastfed for shorter periods of time. Another study showed that when compared with babies who were exclusively breastfeed; those who also had bottles were 26 times more likely to stop breastfeeding. In one study about babies who had trouble breastfeeding, researchers found that the babies were less likely to continue breastfeeding if a bottle was introduced.<sup>8</sup>

## **EFFECT OF BREAST AND BOTTLE FEEDING ON GROWTH & DEVELOPMENT OF CHILD**

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.<sup>9</sup> Practically, most mothers can breastfeed their infants with the accurate information distributed to them regarding breastfeeding practice by protecting and giving support to mothers, their spouse and family, and the healthcare provider, and community.<sup>10</sup>

Breastfeeding shows critical and far-reaching effects in children growth and development, and proposes potential physiological bases (substrates) accounting for these effects. In children, breastfeeding has been associated with improved cognitive performance and socio-affective responding. Improved cognitive performance in children is likely linked to the fatty acids (i. e., LC-PUFAs) contained in breastmilk and their potential beneficial effect on brain development.

Bottle-fed infants are at higher risk for rapid weight gain compared with breastfed infants. Few studies have attempted to disentangle effects of feeding mode, milk composition and relevant covariates on feeding interactions and outcomes.<sup>11</sup>

## **CHALLENGES OF BREAST & BOTTLE FEEDING**

### **Breastfeeding Challenges**

Breastfeeding can be easy from the get-go for some mothers, but take a while to get used to for others. Mothers and babies need plenty of patience to get used to the routine of breastfeeding.

Common concern of primiparous mothers, especially during the first few weeks and months may include:

- ✓ **Personal comfort.** Initially, many mothers feel uncomfortable with breastfeeding. But with proper education, support, and practice, most moms overcome this.

**Latch on** pain is normal for the first week to 10 days, and should last less than a minute with each feeding.

- ✓ **Time and frequency of feedings:** Breastfeeding requires a big time commitment from mothers, especially in the beginning, when babies feed often. A breastfeeding schedule or the need to pump breast milk during the day can make it harder for some mothers to work, run errands, or travel. And breastfed babies do need to eat more often than babies who take formula, because breast milk digests faster than formula. This means mothers may find herself in demand every 2 or 3 hours (maybe more, maybe less) in the first few weeks.
- ✓ Women who are breastfeeding need to be aware of what they eat and drink, since these can be passed to the baby through the breast milk. Just like during pregnancy, breastfeeding women should not eat fish that are high in mercury and should limit consumption of lower mercury fish.
- ✓ If a mother's drinks alcohol, a small amount can pass to the baby through breast milk. She should wait at least 2 hours after a single alcoholic drink to breastfeed to avoid passing any alcohol to the baby. Caffeine intake should be kept to no more than 300 milligrams (about one to three cups of regular coffee) or less per day because it can cause problems like restlessness and irritability in some babies.
- ✓ **Maternal medical conditions, medicines, and breast surgery.** Medical conditions such as HIV or AIDS or those that involve chemotherapy or treatment with certain medicines can make breastfeeding unsafe. A woman should check with her doctor or a lactation consultant if she's unsure if she should breastfeed with a specific condition. Women should always check with the doctor about the safety of taking medicines while breastfeeding, including over-the-counter and herbal medicines.<sup>4</sup>

### Formula Feeding Challenges

As with breastfeeding, there are some challenges to consider when deciding whether to formula feed.

- ✓ **Lack of antibodies.** None of the antibodies found in breast milk are in manufactured formula. So formula can't provide a baby with the added protection against infection and illness that breast milk does.
- ✓ **Can't match the complexity of breast milk.** Manufactured formulas have yet to duplicate the complexity of breast milk, which changes as the baby's needs change.
- ✓ **Planning and organization:** Unlike breast milk — which is always available, unlimited, and served at the right temperature — formula feeding your baby requires planning and organization to make sure that you have what you need when you need it. Parents must buy formula and make sure it's always on hand to avoid late-night runs to the store. And it's important to always have the necessary supplies (like bottles and nipples) clean, easily accessible, and ready to go — otherwise, you will have a very hungry, very fussy baby to answer to. With 8-10 feedings in a 24-hour period, parents can quickly get overwhelmed if they're not prepared and organized.
- ✓ **Expense.** Formula can be costly. Powdered formula is the least expensive, followed by concentrated, with ready-to-feed being the most expensive. And specialty formulas (such as soy and hypoallergenic) cost more — sometimes far more — than the basic formulas.
- ✓ **Possibility of producing gas and constipation.** Formula-fed babies may have more gas and firmer bowel movements than breastfed babies.<sup>4</sup>

### CONCLUSION

In conclusion, the importance of breastfeeding in enhancing maternal and infant health has been well documented. All mothers at some point make a decision about whether to breast- or formula feed their infant so that the perinatal education appears to be an influence in mother's decision to breastfeed. The health of the infant was a powerful motivator related to women choosing to breastfeed. The results

of this article suggest large and robust associations between both exclusive and nonexclusive breastfeeding and children's cognitive and physical development. Further efforts are needed to increase breastfeeding rates to support children's healthy development.

**CONFLICT OF INTEREST:** None

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