

## SUMMARY

Human breast milk is the most healthful form of milk for human babies. Breastfeeding promotes health, helps to prevent disease and reduces health care and feeding costs. In both developing and developed countries, artificial feeding is associated with more deaths from diarrhea in infants. Experts agree that breastfeeding is beneficial, but may disagree about the length of breastfeeding that is most beneficial, and about the risks of using artificial formulas.

Relevant interventions include those that aim to offer support, education and/or counseling to parents of babies in neonatal care settings, and to take place in hospital or at home during an infant's hospital stay, or following discharge. Interventions may be offered by professionals or peers on a one-to-one or group basis using a range of strategies including oral communication via face to face or telephone methods or written information via leaflets and other materials.

The “Ten Steps to Successful Breastfeeding” are the foundation of the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI). They summarize the maternity practices necessary to support breastfeeding. The purpose is to review the evidence for the efficacy of the ‘Ten Steps’, and to provide a tool for both advocacy and education.

The counseling strategies for promoting breastfeeding should include education about the benefits of breastfeeding to the mother, infant and society and the barriers to breastfeeding and ways to overcome them.

Relactation is the rebuilding of one's milk supply weeks or even months after lactation has stopped. A woman who is willing to relactate her baby must be informed about the ways to increase her milk supply, be patient that it takes time. Techniques used can involve self-breast stimulation by massage or breast pump and re-teaching the baby to nurse at the breast .It usually requires supplementing the baby until the supply is reestablished. This method can markedly reduce the health care costs on infant milk formula and its hazards.

When childcare settings become strong partners and advocates in encouraging mothers to continue to breastfeed, the benefits to families are enormous. In addition, childcare settings themselves benefit from the improved health status of the children in their care. Responsibility for providing this support lies with both the public and the private sectors. Governmental agencies, including licensing and regulatory sectors, can support breastfeeding by providing breastfeeding support and encouragement to their own employees, providing accurate information about the storage, handling of human milk, and continuing to provide information for feeding expressed human milk under the Child and Adult Care Food Program National.

The aim of the study is to identify the causes of early discontinuation of lactation among mothers attending MCH and family health centers in Alexandria, assess the outcome of an educational intervention program to assist the mothers to be willing to return to lactation, identify the barriers to breastfeeding continuity and recommend strategies that can be used to effectively increase the use of relactation though MCH and family health centers.

The study was conducted from February to July of 2009 and included 200 mother infant pairs who were attending MCH center/ family health centers in Alexandria and presenting with breastfeeding failure and feeding their babies infant milk formula .They were proportionally allocated in Alexandria (MCH center/ family health centers) according to the live births of the previous year (2008). Mothers included in the study were subjected to interview questionnaire, educational materials and counseling for referral to lactation consultant for relactation and follow-up questionnaire.

The mothers were divided into three groups, each were exposed to eight different messages phrased in three different ways: the first the promotional approach using encouraging or coaching messages, the second the cautioning approach using warning messages, and the third the problem solving approach using messages designed with a problem and an its suggested solution.

The distribution of mothers under study according to the socio-demographic characteristic revealed that 11% of fathers were illiterate and 20.5% of mothers were illiterate. Whereas none of the group that successfully relactated were illiterate compared to 11.6% for fathers and 21.6% for mothers who did not respond to relactation. More than half of the mothers in the study (56.7%) were delivered by cesarean section and most of the mothers (87.5%) had a medical attendant and (79.5%) were delivered in the hospital this indicate that hospitals deliveries play an important role in early discontinuation of breastfeeding. The mothers under study breastfed their babies after 2 and 3 hours (40.5%, 36.5% respectively) while none of them breastfed their babies after half an hour. More than half of the mothers (66.5%) were separated from their babies

after delivery; nearly more than three quarter of the mother (79.7%) were separated over two and three hours (45.1% and 34.6% respectively) and prelacteals were reported to be given. Such practices reflect the poor maternity care practice are prevalent in our community and are significant underlying factors for early discontinuation of breastfeeding.

More than half of sample (57.0%) did not know the advantage of breastfeeding to the mother while 43.0% knew that it is a way of birth control. 66.5% of the children under study took supplements before the first time to breastfeed and all of the mothers under study did not know that they can relactate after stoppage of breastfeeding.

The study showed that the frequency distribution of mother under study according to referral to IBCLC or responding to phone counseling by SLM. More than three quarter of the mothers (85.0%) responded to counseling by phone only while 15.0% were referred to lactation consultant. The major cause that mothers could not go to the lactation consultant in the clinic was inaccessibility as the clinic with IBCLC is present in Atfal ElRaml Hospital is in the center of Alexandria, it is distant for 86.4% of the sample.

The study showed the success of relactation by methods and types of educational exposure in frequency distribution in which that half of the mothers (50.0%) who relactated respond to promotion messages of the advantages of breastfeeding and nearly half of them (45.0%) responded to problem solving messages on the other hand only 5.0% respond to warning messages of the hazards of artificial milk.

In addition, the study showed the comparison between the three educational approaches according to the response of the mothers under study to change their practice in which there was a significant difference in the response of the mothers exposed to the three educational approaches to change of their practices. Nearly most of the mothers (84.4%) exposed to the promotion approach and 90.9% of the mothers exposed to the cautioning approach stopped using the pacifier on the other hand only 45.9% of the mothers exposed to the problem solving approach stopped using the pacifier. Most of the mothers (98.6%) exposed to the promotion approach started practicing skin –to-skin care after counseling. The promotion and problem-solving counseling approach had a significant effect on mothers (83.1% and 78.1% respectively) compared to the cautioning approach in counseling (49.2%) to make mothers start using drugs to re-establish breastfeeding. The promotion approach counseling had a significant effect on most of the mothers (98.6%) to start using the nursing supplementer aids to stimulate milk production. The cautioning approach counseling, its effect was the least to let the mothers expressed their breast to stimulate breast milk production. The promotion and problem counseling approach had a significant effect on mothers (70.0% and 77.8% respectively) on mothers who relactated to use the cup or cup and spoon to give their expressed breast milk.

From our study, we concluded that Baby Friendly hospitals are important to help in promotion for breastfeeding also prenatal and postnatal protocols about breastfeeding is important for the continuation of breastfeeding and encouragement of the mothers to relactate is possible through relactation protocols.

The study concludes that the most important factors that lead to early cessation of breastfeeding include illiterate mothers and mothers with high parity, cesarean section deliveries affecting early initiation of skin-to-skin care and early initiation of breastfeeding, late initiation of breastfeeding and absence of practice of early skin -to-skin care, offering supplements through bottles with teats early in life, offering pacifiers that interfere with suckling at the breast as it causes nipple confusion, lack of support and guidance in breastfeeding and discharge from hospitals before established of breastfeeding and lack of knowledge of the benefits of exclusive breastfeeding.

In addition, factors that lead to success of relactation include close follow up and encouragement; encourage mothers to stop pacifiers and bottles, encourage mothers to express breast milk and feed by cup and spoon and encourage mothers to practice skin-to-skin care with their babies and fathers support.

The study shows that the most important recommendations are public policy such as legislations to support working breastfeeding mothers and making all hospitals baby friendly by law, reorientation of health services to promote and educate in health (e.g. staff training), Baby friendly hospitals are important to help in promotion for breastfeeding, create a breastfeeding-friendly health care system, prenatal protocols and postnatal protocols about breastfeeding are important for the continuation of breastfeeding and the encouragement of the mothers to relactate is possible through relactation protocols.

