

CHAPTER I

INTRODUCTION

Statement of the problem in Egypt

According to the (*Egypt DHS, 2005*) study, only about a third of women who are assisted by a doctor or nurse, or who deliver in a private health facility initiate breastfeeding within one hour. Almost 75 percent of births in Egypt are attended to by a health care professional.

An increasing number of Egyptian babies are not given breast milk in the first crucial hour of life. Only 42.9% children began breastfeeding within one hour of birth in 2005, a marked reduction from the 2000 figure of 57 percent, only 38.3% exclusively breastfed before six months & 52.4% exclusively breastfed before four months (*Egypt DHS, 2005*). In 2008 these figures somewhat improved, 55.9% of infants began breastfeeding within one hour of birth, 66.6% were exclusively breastfed during the first four months, and 53.2% exclusively breastfed before the age of six months (*IYCF,2008 ;WHO 2008; El-zanaty et al.2009*)

Around 2.4 per cent of all babies in Egypt die in the first month. Exclusive breastfeeding is common but not universal in early infancy. The rate is 52.4 per cent among infants zero to three months old, which drops to 38.3 per cent among infants zero to five months old. This leaves hundreds of thousands of children vulnerable to disease and death. (*El-zanaty et al. 2009;Egypt EDHS, 2008*)

Hospitals in Upper Egypt suffer from severe shortage in training medical staff on the skills and attitudes for being baby friendly, and there are no definite or clear strategies for training medical staff, also there is lack of training materials which should be suitable and applicable, also there is no awareness about the importance of training, at the same time, there are inconvenient training curricula available for health staff (*WHO, 2009*).

In Egypt women are being forced to stop breastfeeding their babies and substitute it by milk formulas because they lack reasonable support from the surrounding health workers, family members and health institutions, whether at the time of birth or else for the sake of their employment, but more significantly due to increasing commercial push to milk formula feeding. Potential disasters are thus waiting to happen across the world if mothers are to yield to such unrelenting commercial hassle, the problem is huge, and around 200 mothers gives birth to babies every minute somewhere in the world. They are in definite need for support and wholehearted guidance. (*WHO/UNICEF, 2009*).

This data elaborate on the magnitude of the problem in Egypt and highlight the urgent needs for competency based training of health workers dealing with mother and baby dyads during perinatal period as well as infancy. Skilled promotion of breast feeding and health education of the Egyptian community in its entirety is mandatory for both infant mortality reduction as well as improvement of quality of infant nutrition. An Urgent need to revive and implement the mother and baby friendly hospital initiative in the Egyptian hospitals and change the community beliefs and wrong ideas about breast feeding is clear.

Short and long term benefits of breastfeeding on infant and mother health have been extensively established (*Kramer et al., 2001*). Consequently, exclusive breastfeeding is currently recommended up to the age of six months (*AAP, 1997*). Unfortunately, breastfeeding rates at four months remain remarkably low in developed countries, despite relatively high rates of initiation of breastfeeding (*Bouvier et al., 1998; Giovannini et al., 1999; Sikorski et al., 2001; Labarere et al., 2001*). Observational studies conducted in developed countries have indicated that return to work and difficulties with breastfeeding during the early postpartum period are both associated with shorter duration of breastfeeding (*Fein et al., 1998*). The hospital has been a particular focus of efforts to promote initiation and prolongation of breastfeeding over the past decade (*Wright & Rice et al., 1996*). The main advantage is that almost all mothers can be reached through maternity wards in developed countries. The United Nations Children's Fund and the World Health Organization have jointly recommended that maternity staff provide guidance to mothers on how to breastfeed and to maintain lactation (*WHO//UNICEF, 1989*). In practice, opportunities for education are given low priority by busy health workers in maternity wards (*Bolam et al., 1998*).

BFHI World wide

Over 1 million health care professionals worldwide have been trained in Baby-Friendly practices (*Ba by-Friendly USA, 2004a, n.p.*). In Nicaragua breastfeeding rates increased from 47% to almost 100% in 1999 after implementing the Ten Steps. After implementation in Poland rooming in rates rose from 19% in 1995 to 60% in 1998 and supplementation rates fell from 54% in 1988 to 22% in 1998 (*Baby-Friendly USA, 2004a, n.p.*).