SUMMARY

Breastfed infants are known to grow optimally, perform better on developmental assessment tests and have lesser allergies and infections as compared to formula fed infants. Despite its known advantages and despite the promotion of Baby Friendly hospital initiative (BFHI) programs, exclusive breastfeeding (EBF) rates are sub-optimal the world over. This is thought to be because of several maternal or neonatal factors or factors in the mothers' environments. These factors may impact positively or otherwise on the ability and willingness of women to practice EBF.

The aim of this work was to evaluate the role of different factors which may affect EBF during the 1^{ST} 6 months and the implication on growth and development and health status of the infant.

The study was conducted from August of 2010 to March of 2011 as a prospective longitudinal study that included 300 mother infant pairs who were subjected to:

I. Interview questionnaire including the socio-demographic characteristic, obstetric and perinatal history and inquiry about the definition and decision of breastfeeding.
II. Follow –up questionnaire including evaluation of the lactation status either EBF or non exclusive (mixed and artificial) including technique, efficacy, difficulties and indications for artificial milk.
III. Thorough physical examination of the infants was done at birth and at 6 months to evaluate their growth and development and to search for signs of nutritional abnormalities or allergy or respiratory or GIT diseases.
IV. Hemoglobin level was measured and stool analysis was done.

The following results were concluded:

41.0% of the infants were exclusively breastfed for 6 months**.** Rural and female infants were more breastfed. LBW and preterm infants and those delivered by C.S or admitted to NCU had lower breastfeeding rates while hospital delivery had insignificant role.

Mothers having their 1st child and those aging less than 25 years and those having less than 2ry school education had lower breastfeeding rates while neither maternal BMI >30 or the family's economic status affected EBF. 14.5% only of working mothers breastfed their infants exclusively for 6 months.

Mothers who correctly defined EBF and those who decided to breastfed their infants had higher EBF rates while there was no significant difference in terms of presence or absence of extended family members between the two groups.

About two thirds of infants who were put to their mother's breast within the 1st hour of life were exclusively breastfed. Also infants who were exclusively breastfed for 6 months had no prelactal feeds.

Mothers with incorrect technique or those who thought that their milk was insufficient or not good or who thought their infants were not gaining weight or who reported that there was some kind of difficulty in breastfeeding had lower breastfeeding rates.

5 mothers reported that they couldn’t breast feed their infants exclusively for 6 months because of new pregnancy and 15 mothers reported that they couldn’t breast feed their infants exclusively for 6 months because it was one of twin.

Most of both groups (exclusively and nonexclusively) breastfed infants had weight for age and length for age within range (5th -95th percentile). Nearly two thirds of both groups (exclusive and

nonexclusive) had teeth eruption at time of examination (6 months) meaning that mode of feeding has insignificant relationship with infant growth.

EBF for 6 months positively affected the motor and social and language development more than non exclusive breastfeeding.

Almost all exclusively breastfed infants gave no history of recurrent respiratory or GIT infection or allergic disease.

Mode of feeding had insignificant relationship with infantile anemia. But there was significant relationship between hemoglobin level and both number of children and gestational age.