

INTRODUCTION

Breastfeeding has a clear beneficial effect on the health of infants and young children (**Horta BL 2007**)

Human milk is the best source of nutrition for infants. Breast milk contains the optimal balance of fats, carbohydrates, and proteins for developing babies, and it provides a range of benefits for growth, immunity, and development (**Landrigan 2006**)

Breastfeeding has a protective effect on gastrointestinal and respiratory tract infections. This protection which is provided by specific (antibody dependent) and broad, nonspecific protective factors in human milk (proteins, glycoproteins, and lipids) is also associated with lower global morbidity and mortality of breast-fed infants (**Duijts 2009**)

Breastfeeding not only affects the growth of infants but also their development. It was reported that human milk is rich in long chain polyunsaturated fatty acids, these compounds are important for brain development and myelination. Breastfed babies usually have a higher intelligence quotient (I.Q) than formula fed ones. (**Reynolds 2008**)

There are rare contraindications to breastfeeding The American Academy of Pediatrics (AAP) recommends that women who have transmittable infections, such as Human Immunodeficiency Virus, active untreated Tuberculosis, or active Herpes lesions on the breast, should not breastfeed. Additionally, mothers receiving diagnostic or therapeutic radioactive isotopes, antimetabolites, or chemotherapeutic agents should not breastfeed during periods of exposure to these agents. Infants with galactosemia also should not be breastfed. Tongue-tied infants and

those with mild to moderate hyperbilirubinemia can be breastfed. Carriers for hepatitis B or C can also breastfeed. (**Drew Keister 2008**)

In 1991 UNICEF and the WHO launched the Baby-Friendly Hospital Initiative (BFHI) in an effort to ensure that all maternity facilities in which infants are born (not only hospitals) become centers of breastfeeding support. A maternity facility can be designated as baby-friendly if it supports ten specific steps to support successful breastfeeding and does not accept free or lowcost breast milk substitutes, feeding bottles or teats (**Kent 2006**).

Barriers to initiation and continuation of breastfeeding include insufficient education about breastfeeding, lack of follow-up care and postpartum home visits; lack of family and broad societal support, and lack of guidance and encouragement from health care professionals. Barriers to exclusive breastfeeding for 6 months include also going back to work. Accordingly Cesarean section may affect early initiation of breastfeeding (**Gartner LM 2005**)

Two years ago, Egypt demographic and health survey (2008) revealed that 88% of infants were put to breast within the first day and 56% within the first hour. 47% of all infants born in the five years preceding the survey have recieved prelactal feeds during the first 3 days after birth. 79% of infants under 2 months were exclusively breastfed, by the age of 4-5 months 70%of infants were receiving some form of supplementation with somewhat more than 30 % given complementary food (**EDHS 2008**)

Throughout the last two years many changes are expected to occur including percentage of Cesarean section, attitude of the mothers towards breastfeeding and social conditions in the Egyptian society.