

Pre-Lacteal Feeding Practices Of Doctors And Nurses In A State And Teaching Hospital In Western Nigeria: A Cause For Concern

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Abstract

Background: Pre-lacteal feeding of healthy new born babies by the health workers in the neonatal and post-natal wards of many non-baby friendly hospitals is a common practice. A study of these pre-lacteal feeding practices may generate information on the nature and the extent of these practices in the main non-baby friendly hospitals and provide ideas on the necessary adjustment in feeding practices.

Aim: To determine the prelacteal feeding practices of Nigerian doctors and nurses in charge of the newborns and their mothers at the 2 major none baby friendly hospitals in a state capital.

Materials and Methods: The doctors and nurses in charge of the newly delivered mothers and their babies at 2 Nigerian hospitals were interviewed by means of a pre-tested questionnaire regarding their usual practice concerning the giving of prelacteal feeds. Information such as the departments and assigned wards of duty of the respondents, the reasons why they give prelacteal feeds to the newborn babies and the details of the types and timing of feeds were obtained.

Results: Sixty two respondents (30 doctors and 32 nurses) were studied. All the respondents identified mothers own breast milk as the best food for the newborn. However, 60 (96.8%) respondents (29 doctors and 31 nurses) routinely prescribed prelacteal feeds for healthy babies whose mothers were considered to have delay in lactation. The prelacteal feeds prescribed by 29 doctors were infant formula 15(51.7%), glucose drinks 11(37.9%) and plain water 3 (10.3%) respectively. Also infant formula 16 (51.6%), glucose drinks 13(41.9%) and plain water 2(6.5%) were prescribed by the 31 nurses respectively. Twenty-one (35.0%) of the total 60 subjects giving prelacteal feeds usually advised giving prelacteal feeds within the first 2 hours of delivery.

Conclusion: Pre-lacteal feeding is a common practice among the health workers studied. It should be discouraged by the means of educational seminars and update courses.

INTRODUCTION

The UNICEF/WHO baby friendly hospital initiative program is based on the recognition that breast feeding activities in the hospital are important to the success of later breastfeeding.¹ In spite of the official acceptance of the Baby Friendly Hospital Initiative (BFHI) policy and practices by the Nigerian ministry of health, many hospitals in the land are yet to adopt and implement the 10 steps to successful breastfeeding. Such hospitals may encourage the prelacteal use of breast milk substitutes, such as infant formula, glucose drinks and water.

The zeal and the enthusiasm demonstrated by the UNICEF/WHO and many stakeholders at the inception of the BFHI led to the expectations that the principles and the practice of the initiative would spread from the designated to non-designated hospitals and health units.² This study was conducted to determine to which extent the BFHI practices had influenced the early feeding of newborn in the 2 non-designated major hospitals in the Osun state capital. The State Specialist Hospital and the Ladoke Akintola University Teaching Hospital in which this study was conducted are both situated in Osogbo, the capital of a Western Nigeria

state. Both hospitals are specialist and referral hospitals. None of the two hospitals has so far being designated baby friendly by the UNICEF and WHO.

SUBJECTS AND METHODS

The subjects were the 62 doctors and nurses in the newborn and postnatal wards of the State Specialist Hospital, and the Ladoke Akintola University Teaching hospital, Osogbo, who responded to the questionnaire. All the subjects were interviewed to obtain information regarding their practices on pre-lacteal feeding of the newborn between the 1st and 31st of August 2006. Information elicited with the questionnaire included the designation and assigned wards of duty of the respondents, the details of the types of feeds, the times of feeding and the reasons for prescribing the feeds. The doctors and nurses in the newborn unit were classified as paediatric and those in the post natal unit were classified as obstetric. The data obtained was analyzed and presented as simple descriptive statistics.

RESULTS

POPULATION OF DOCTORS AND NURSES STUDIED.

Thirty (75%) of the total 40 doctors working at the neonatal and post-natal wards of the State Specialist Hospital and the Ladoke Akintola University Teaching hospital were studied. The 30 doctors consisted of 15(50%) doctors each from the obstetric and paediatric departments. The fifteen doctors from the obstetric department were 6(40%) consultant and 9(60%) resident cadres. Also, 6(40%) consultants and 9(60%) residents were studied at the paediatric unit. Of the total 52 nurses working in both establishment 32 (61.5%) responded. The 32 nurses were ranked, 10 (31.3%) chief nursing officers, 10 (31.3%) senior nursing sisters and 12(.37.4%) nursing officers and they consisted of 15(46.9%) paediatric and 17(53.1%) obstetric nurses. Thus, the total number of health workers studied was 62.

BREAST FEEDING PRACTICES

Breast milk was declared to be the best food for the newborn by all respondents. In addition exclusive breast feeding practice was accepted to be the best feeding practice for all the newborn when practicable by all the health workers studied. However, pre-lacteal feeding practices were adopted, when the mothers' lactation was considered to be delayed.

PRACTICE AND INDICATIONS FOR

PRELACTEAL FEEDING

Sixty (96.8%) respondents of the total 62 respondents gave pre-lacteal feeds because of delayed maternal lactation. This 60 consisted of 29 doctors and 31 nurses. Thus one each of paediatric doctors and nurses did not prescribe pre-lacteal feeds. Prevention of hypoglycemia was the stated background purpose for giving pre-lacteal feeds. An additional reason offered by one (6.7%) of the 15 obstetric doctors for giving pre-lacteal glucose drinks was for the prevention of neonatal jaundice. Also, another 1(6.7%) of the obstetric doctors prescribes plain water prior to lactation in order to prevent dehydration. Of the 17 nurses attached to the obstetric unit 16(94.1%) practiced the administration of pre-lacteal feeds for delayed lactation and prevention of hypoglycemia. One (6.25%) of the nurses also prescribed pre-lacteal glucose fluids in order to prevent and treat neonatal jaundice.

TYPE OF PRELACTEAL FEEDS AND MODE OF ADMINISTRATION

Feeding of the new born babies by cup and spoon was the practice by all the health workers who prescribed pre-lacteal feeds. Infant formula was the most common pre-lacteal feed administered to newborn babies by the paediatric nurses and doctors. Eleven (73.3%) of the 15 paediatric doctors and 10(58.8%) of the 17 nurses gave this feed. On the other hand glucose water was the most common feed given by the obstetric doctors and nurses-9(60.0%) of the 15 doctors and 8(47.1%) of 17 nurses. The details of the kinds of pre-lacteal feeds given by the health workers are shown in Table 1

TIME OF ADMINISTRATION OF PRELACTEAL FEEDS POST DELIVERY

The time for commencement of pre-lacteal feed varied a lot among the health workers. Most of the health workers administered pre-lacteal feeds within 0-2 hours of delivery especially to crying inconsolable babies. Of the total 15 paediatricians and 15 obstetricians studied 5 (33.3%) doctors from each unit gave pre-lacteal feeds within 2 hours of delivery. While among the 15 paediatric and 17 obstetric nurses 5(33.3%) and 7 (41.2%) respectively of the nurses in the 2 units gave pre-lacteal feeds within 2 hours of delivery. On the other hand for 3 (20.0%) paediatric doctors and 4 (23.5%) obstetric nurses, gave no specific time as to the time of administration of feeds. The details showing the pre-lacteal feeding periods of the new born babies are shown in Table 2

PAEDIATRIC SPECIALTY AND INFANT FEEDING TRAINING.

None of the nurses had paediatric specialist training post basic qualification. Also majority of the nurses have not undergone a course on infant feeding since they started working on the neonatal and post-natal wards. None of the obstetric doctors had received special training on infant feeding since their basic qualifications. On the other hand, all the paediatricians had received training on infant feeding by virtue of their training/ rotation through the neonatology posting. Most of the obstetricians 14 (93.3%) and paediatricians 12(80%) were desirous to attend an update course on infant feeding so as to upgrade their knowledge. Similarly 13(86.7%) of the paediatric and 11(64.7%) of the obstetric nurses respectively responded that they felt the need to undergo a training update on neonatal feeding.

Figure 1

Table 1: Type of pre-lacteal feeds

Types of Pre-lacteal feeds	Doctors			Nurses	
	Paediatric	Obstetrics	Subtotal	Paediatrics	Obstetrics
Infant formula	11	4	15	10	6
Glucose water	2	9	11	16	
Plain water	1	2	3	5	8
No substitute (none)	1	0	1	13	2
				0	2
				2	
				0	1
				1	
Total	15	15	30	15	17
				32	

Figure 2

Table 2: Time of administration of pre-lacteal feeds post delivery

Number of hours post delivery	Paediatric			Obstetric		
	Doctors	Nurses	Total	Doctors	Nurses	Total
0-2	5	5	10	5	6	11
>2-4	3	2	5	1	1	2
>4-6	1	4	5	1	0	1
>6-8	0	0	0	0	0	0
>8-10	0	0	0	0	0	0
>10-12	0	1	1	6	0	6
>12-24	1	2	3	1	0	1
>24-48	0	1	1	0	0	0
None specific	3	0	3	0	4	4
No response	2	0	2	1	6	7
Total	15	15	30	15	17	32

DISCUSSION

The present study has shown that the pre-lacteal feeding of healthy newborn babies is a common practice among health workers in these 2 major hospitals. The prevalence of use of pre-lacteal feeds in the present study is unacceptably high, since it is the routinely prescribed mode of feed management of babies whose mothers commence lactating from shortly after birth to as long as 48 hours post delivery. One aspect of

the serious concern which this situation invites will be appreciated when we consider the leadership position of both hospitals. While one is a teaching hospital the other is the apical hospital of the whole state. They therefore train and influence other health workers, yet their example in this respect is unworthy of emulation.

Our findings suggest a need to educate the health workers in order to dissuade them from these harmful practices and to motivate them to adopt, implement and promote the UNICEF/WHO breast feeding initiative activities.^{1,3} The other aspect of the concern relates to the finding that doctors in the newborn unit, also, in spite of their training prescribe prelacteal feeds. This is an unexpected finding and it more likely to be due to a lack of whole hearted belief in the BFHI than to ignorance.

The issues regarding the disparities in perceived indications for prelacteal feeds and the use of breast milk substitutes such as plain water and glucose water for feeding has been documented by previous studies.^{3,4,5} The variance in post delivery feeding time and the different types of prelacteal feeds all point to a basic need perceived by the respondents that they need an update information on neonatal care. Babies delivered in the communities outside hospitals and with no access to paediatricians are at a greater potential risk of receiving prelacteal feeds. On the other hand babies delivered in the hospital who have feeding problems are usually referred to paediatricians.

Previous studies on pre-lacteal feeding have paid little attention to the varying time interval between onset of maternal lactation and delivery.^{3,4,5} A previous study conducted in Nigeria has shown that the risk of developing hypoglycemia in babies on exclusive breastfeeding in the first 6 hours was minimal but yet, existed.⁶ Routine early prelacteal feeds 2-6 hours post delivery as observed in the present study may therefore seem unjustified, and could be a disadvantage by delaying lactation.

In conclusion our findings suggest that Nigerian health workers need to be educated about right infant feeding practices. Previous studies have shown that education of mid-wives and doctors in charge of nursing mothers reduced the chances of prelacteal feeding and formula supplementation.^{3,7} Adoption of the baby friendly policies in all our hospitals will reduce the practice of prelacteal feeding. All non-baby friendly hospitals can ensure that all the doctors and nurses who work in their postnatal and

neonatal wards receive a verbal briefing on their hospitals' neonatal feeding policy, which should be based on the BFHI steps which should also be written up and conspicuously displayed on the wards. The media houses can assist in effecting the needed change by playing the role of disseminating correct feeding information to the target population. The government on its part can provide facilities for workshops and update courses as well as issue out directives to hospital managements on the feeding practices it wishes to promote.

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