

Awareness About The Practice Of Expressed Breastmilk Feeding Among Working Women In An Urban Setup

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Abstract:

Objective: To assess the awareness about practice of expressed breastmilk feeding among working women.

Methods: This cross-sectional observational study was conducted in Chennai city within a period of 5 months from May 2018 to September 2018. Working women attending the OPD at ESI Hospital, KK Nagar were included. The data was collected through interview method using a pretested questionnaire. Multi-variable logistic regression model was developed considering EBF practice as dependent and the significant independent variables. Results were reported as Crude Odds Ratio (COR) or Adjusted Odds Ratio (AOR) with 95% Confidence Intervals (CIs).

Results: Prevalence of exclusive breast feeding (EBF) was 166 (41.5%). EBF practice was significantly less in doctors and bankers as compared to nurses and teachers (p -value <0.001). Women working as nurses and teachers, having one or two children and short working hours had higher prevalence of exclusive breast feeding. Women having prior knowledge about EBF, training of EBF and women who had previously heard about EBF had five time higher rate of breast feeding. Women having knowledge of colostrum had three times higher EBF practice [odds ratio: 3.02 (1.86-4.91)]. Women having knowledge about hazards of bottle feeding had

12.7 times higher prevalence of EBF [odds ratio: 12.72 (5.70-28.38)]. Those who knew about expression of breast milk had three times higher prevalence of EBF [odds ratio: 3.0 (1.98-4.55)]. Mothers working in organizations that support EBF had 4.1 times higher prevalence of EBF [odds ratio: 4.1 (2.676.21)]. And proper training of mothers about correct expression technique of breast milk had 12 time [odds ratio: 12.06 (4.97-29.23)] higher prevalence of EBF.

Conclusion: This study emphasizes on the importance of breast milk for the growth of infants and also tries to bring an insight to various other alternative methods among the working mothers for it was noticed and statistically significant that most mothers do not get enough time to spend with their children and they return back to their jobs to make their breads in this growing economy. The government has to devise policies which make work place feel at home to the new mothers, also this helps increase the workforce which is a requirement for a developing country like ours.

Key Words: Expression of Breastmilk, Working women, Practice.

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I. Introduction:

It is said that from the Hippocrates time the importance of breastmilk has been well appreciated and mothers' were counseled to breastfeed their growing children, since it gives the necessary nutrition to neonates and infants.

Samhita is said to compare breastmilk to the holy waters of seven seas as per the Hindu mythology. In Indian Royal families women used to deploy wet nurses to feed their children. The 21st century was marked for the encouragement and enhancement of universal breast feeding. The WHO/UNICEF have emphasized the first 1000 days of life, i.e., the 270 days *in utero* and the first 2 years after birth as the critical window period for nutritional interventions^[1]. As the maximal brain growth occurs in this period, malnutrition in this critical period can lead to stunting and suboptimal developmental outcome.

Breastfeeding plays a major role in decreasing the infant mortality rate and the prevalence of malnutrition^[2]. Evidence supports that intelligence is better among those persons who have been breastfed as infants^[3]. The WHO and UNICEF launched baby-friendly hospital initiative in 1992 and India adopted it in 1993. The WHO recommends initiation of breastfeeding within one hour of birth, exclusive breastfeeding up to 6 months, and to continue breastfeeding up to a minimum of 2 years of age^[4].

According to the NFHS-4 data, initiation of breastfeeding within one hour of birth in India is only

41.6% and exclusive breastfeeding rates among infants <6 months of age is mere 54.9%^[5].there are many factors apart from health conditions which hinder exclusive breast feeding. Because of rapid industrialization and urbanization women seek employment outside their homes, which has been cited as the major reason for decline in breastfeeding.

In India, in an urban setup, 90% of mothers are working where they are unable to exclusively breastfeed and depend on artificial and bottle feeds. The ill consequences of such feeding practices have created awareness on importance of breastfeeding. The artificial feed and bottle feed consequences have created more awareness on importance of breast milk. But as many babies were not fortunate to get this milk so expressed breast milk is suggested as substitute. So there came the necessity on storage of milk for longer time. Thus The Human Milk Bank in India was started. Human milk bank of India has been instrumental in Coimbatore Government Hospital since August 2015 and it has been noticed that the neonatal survival rate has increased to 85%.^[6] Healthy People 2010, the American Academy Pediatrics, and the Department of Health and Human Services Office on Women's Health all address the importance of supporting breastfeeding mothers who return to the work force. They recommend providing appropriate facilities and adequate time for manual expression in the workplace.^[7]

Several states have already enacted work-site lactation accommodation policies. Additional legislative efforts are in progress at both the state and federal levels to secure the rights of mothers to express breast milk in the workplace.^[7] Through this study we intend to bring awareness in working postnatal mothers regarding expression of breast milk and practices of expression and storage of breast milk. This information will help in devising specific interventions on teaching modules/medical education modules for expression of breast milk, policies to improve milk-banks for storage of expressed milk and creating mother friendly feeding environment at workplace.

According to WHO, *EXCLUSIVE BREAST FEEDING* was seen in 21.7% of mothers in Tamil Nadu.

II. Review Of Literature:

Review related to exclusive breast feeding.

It is important to educate mothers that Breast milk save lives from malnutrition and infections. It is very essential to breast feed till baby is six months old.

Dr. Kushwaha K P (2010) a head of the department of Paediatrics, BRD Medical college, Gorakhpur, "He stated that exclusive breast feeding is a natural instinct of all mothers". This article states that one to one breastfeeding counselling be given to improve exclusive breastfeeding rates as only 46.4% of mothers do exclusive breast feeding, rest other 53.6% do not during first six months of life.^[8]

Kaur Balwinder (Published 2011) a comparative study was conducted to assess the knowledge, attitude and practices of mothers regarding breastfeeding in a selected urban and rural community in Ludhiana, Punjab. The study revealed that rural mothers had more positive attitude regarding breast feeding irrespective of knowledge regarding breast feeding. Source of information indicated that books were more effective in increasing breastfeeding practices among urban and media exposure in rural mothers The regular antenatal checkups had effect on knowledge of Urban mothers regarding breastfeeding whereas among rural mothers regular antenatal checkups had not shown any effect on the knowledge of mother regarding breast feeding.^[9]

Diane L.S, Ph.D.RN (2010) conducted a study at Children's hospital of Philadelphia on very sick babies admitted in neonatal intensive care unit (NICU). It revealed that sickest babies can benefit from exclusive breast feeding. The mother's milk helps to reduce the infection rates as many of these highly vulnerable newborns immediately experience a paradoxical situation.^[10] **Donovan S. Prof. (2010)** conducted a study and identified group of genes present in breast milk contribute to more efficient immune system. Lack of oxygen is a factor in the development of necrotizing enterocolitis (NEC), a kind of gangrene of the intestine that can be fatal in premature babies a leading cause of disease and death in neonatal intensive care unit. The intestinal tract of newborn undergoes marked changes in response to feeding. The gene present in breast milk involved in the cell's response to oxygen deprivation. It can be concluded that breast milk contains immune protective components that make a breast fed infants risk lower for all kind of illness.^[11]

Dr.Mathur, Dr. Kushwaha (1994) conducted the study on, 'Growth patterns in breast fed babies during first six months of life'. On giving exclusive breast feeding their development like height, weight, head and chest circumference when measured and compared with ICMR standards showed that growth pattern was normal and average with ICMR standards. Thus it can be concluded that exclusive breast feeding should be promoted as one of the most important measure for child health promotion.^[12]

Review related to factors affecting breast feeding practices.

The World Health Organization & China Ministry of Health (2010) mentioned that only 29% of mothers exclusively breastfed their babies for six months, while more than half of the mothers failed due to two major reasons. Insufficient breast milk and having no time to continue exclusively breast feeding after returning to work. [13]

Archives of Disease's in Childhood (2010) mentioned the study was conducted in UK, which included applies to both full time and part time care, and all strata of society. The aim was to find if childcare arrangement and socioeconomic factors had any impact on breastfeeding rates. The findings revealed babies in formal child care nursery, crèche, registered childcare centres were found 15% less likely to breast feed. [14]

Journal of Paediatrics and Neonatology (2009) conducted a study at well baby clinic. The major findings of the study revealed that the duration of exclusive breast feeding was shorter in urban educated women from high income group. Thus it conclude that children born in high economic status families had higher risk of stopping exclusive breast feeding compared to those in low economic status families. [15]

Review related to expressed breast milk.

Journal of Human Lactation (November 12, 2009) conducted a study in Perth (Australia); in which 93% of mothers though after returning to work by the means of expressed breast milk were exclusively breastfeeding till six months and rest 7% discontinued on reason of less breast milk. If proper knowledge about expressed breast milk is given working mothers can exclusively breastfeed their babies. [16]

Wendelin.MD, MS.Lange Linda DrPH, RN (2004) conducted a study to assess the barriers on breastfeeding she stated that most of the mothers spend one hour or less in expressing breast milk when infants are 3 – 6 months old. Mothers of younger infants use to feel embarrassed to express breast milk at work place. The findings reveal that supportive environment needs to be provided for lactating mothers at workplace. [17]

International Breast Feeding Journal (2006): a cohort study was conducted to investigate the association between expression of breast milk and breastfeeding duration. The mothers were recruited from two public maternity hospitals in Perth, Australia between mid-September 2002 and mid-July 2003. 93.5% of participants were breastfeeding at discharge from hospital. Mothers who expressed breast milk were less likely to discontinue breastfeeding before those who did not express breast feed. While further research is required in different cultures to confirm these results, the appropriate use of expressed breast milk may be a means to help mothers to achieve six months of full Breastfeeding while giving more lifestyle options.

Review related to breast milk banking.

Dr.Mondkar. (2006) mentioned that the human milk center at India in Mumbai city has been providing mother's milk to newborn babies. The human milk bank at Sion hospital caters to newborn and premature babies whose mothers do not lactate. The deprivation of breast milk, could lead to lower IQ levels and weaker immune systems, apart from other deficiencies. The Sion hospital milk bank every year supplies milk from human milk bank to the babies to whom direct breast feeding becomes impossible. Those babies many of them teenagers now, are thanking the Sion hospital milk bank for those first drops of life and health. [18]

The Cochrane Library (January 2010) conducted a study to determine the effect of banked preterm milk regarding growth and development outcome in very low birth weight infant (weighing less than 1500 gm) The study revealed there is no randomized trials that compare preterm banked milk to promote growth and development in very low birth weight infant. [19] **Rojjanasrirat, Wilaiporn PhD, RNC, IBCLC,** conducted a study to describe the breastfeeding experiences of women who returned to work after childbirth. The findings revealed that the women expressed needed to maintain a positive attitude so they could commit to and accomplish their breastfeeding goals. The women developed strategic plans to help prevent breastfeeding problems as well as continue breastfeeding successfully.

III. Materials And Methods:

This cross-sectional study was done in pediatric and OBSTRETICS WARDS OF ESIC medical college & PGIMSR, KK NAGAR, CHENNAI from may 2018 to september 2018. The study was commenced after obtaining approval from the Institutional ethics committee.

Data Collection: All working primi and multipara employed mothers having children from 6-24 months, who are admitted in general paediatric & postnatal ward and visiting the outpatient departments, willing to participate in the study were included in the study. Mothers with child less than 6 months, who did not consent,

and mother and child with other ailments were excluded from the study. We included 170 mothers for the study with mean of child between 6 months -24 months of age.

After explaining the aim of study, written informed consent was obtained from the mother. Confidentiality of information was maintained by utilizing code numbers for sample. Then a pretested questionnaire both in English and vernacular language was given to fill up. Women who needed help were assisted. It included questions on demographic details and questions to test the knowledge of working mothers on awareness about expressed breast milk feeding and storage.

Questionnaire included two parts: part 1: included demographic details, part 2: included knowledge regarding expressed breast milk, and practices regarding expression of breast milk and storage

Data Analysis: Collected data was coded, tabulated and analyzed and expressed in frequency and percentage. Binomial test was applied to Binomial test was used to find the significant difference of each question. After getting the results the appropriate statistical methods will be applied. The significance level is considered at $p < 0.05$. Data were analyzed using SPSS version 21.

Non-parametric test: Chi square [X^2] test will be used to find out the relationship between demographic variable and knowledge level of working postnatal mothers on expression and storage of breast milk in selected hospitals, Bangalore.

IV. Observation And Results:

Table 1. Descriptive statistics for continuous variables

Descriptive Statistics						
Parameters	N	Minimum	Maximum	Mean	Std. Deviation	Std. Error
Mothers' Age	170	19	42	26.2	5.0	0.4
Children's Age	170	6	24	13.3	5.6	0.4
Maternity Leave Duration	170	1	18	4.8	2.6	0.2
The duration of ESSENTIAL breast feeding(Months)	170	1	36	9.4	7.1	0.5
The duration of EXCLUSIVE breast feeding(Months)	170	6	60	21.5	11.2	0.9
How long should you feed the baby each time (Hours)?	170	5	60	26.9	10.0	0.8
The appropriate age to start solid food	170	3	28	6.7	2.5	0.2

Interpretation: Mothers' average age was found 26.2 years whereas child's age was 13.3 months in this study. Mothers' average maternity leave duration was found almost 5 months.

Table 2. Descriptive and inferential statistics for the demographic variables for discrete variables

Non parametric tests (Chi square and binomial test) analysis					
Sr. no.	Parameters	Categories	No. of responders	Percentage	Chi square value, df p value
1	Children age (months)	6--10	58	34%	35.98, 3 0.0001***
		11--15	65	38%	
		16--20	19	11%	
		21--25	28	17%	
2	Religion	Hindu	124	73%	219.04, 3 0.0001***
		Muslim	14	8%	
		Christian	31	18%	
		Jain	1	1%	
3	Education	Illiterate	16	9%	66.59, 4 0.0001***
		Primary	31	18%	
		Secondary	19	11%	
		Graduate	75	44%	
		Postgraduate	29	17%	
4	Occupation	Formal	87	51%	30.79, 2 0.0001***
		Casual	55	32%	
		Self	28	17%	
5	Family	Nuclear	94	55%	0.192 (NS)
		Joint	76	45%	
6	Socio-economic Status	I	9	5%	162.94, 4 0.0001***
		II	41	24%	
		III	95	56%	
		IV	23	14%	
		V	2	1%	
	Maternity Leave	0--3	78	46%	178.18, 4
		4--6	75	44%	

7	duration(Months)	7--9	8	5%	0.0001***
		10--12	8	5%	
		>12	1	1%	
8	Where would you leave your child if you are away for 6-8 hours?	Home	122	72%	0.0001***
		Crèche	48	28%	

*** Highly significant, NS- Not Significant

Interpretation: All of the above socio-demographic variables showed highly significant difference among the proportion of categories at $p < 0.0001$ except family variable. (Here, the Null hypothesis was, “all categories are equal”. It was rejected at $p < 0.0001$)

In this study, children age found 72% between 6 to 15 months. Mean age and SD was found 13.3 ± 5.6 . Mothers' mean age and SD was 26.2 ± 5 .

The Hindu religion showed highest proportion (73%) and the most mothers were graduate (44%) in this study. Formal occupation was the highest (51%) and socioeconomic status showed significantly highest in class III. The family type showed almost equal proportion in nuclear and joint ($p=0.192$). Maternity leave duration within 6 months was significantly highest for 90% mothers. The 72% mothers preferred significantly home for their child when they were away for 6—8 hours.

Table 3. Descriptive and inferential statistics for the study variables (questionnaire)

Non parametric tests (Chi square and binomial test)					
Sr. no.	Parameters	Categories	No. of responders	Percentage	Chi square value, df p value
Que.1	Do you think baby should be given colostrum?	Yes	161	95%	0.0001***
		No	9	5%	
Que. 2	The duration of ESSENTIAL breast feeding(Months)-	1--6	86	51%	194.41, 4 0.0001***
		7--12	70	41%	
		13--18	3	2%	
		19--24	2	1%	
		31--36	9	5%	
Que. 3	The duration of EXCLUSIVE breast feeding(Months)-	6--12	68	40%	193.424, 6 0.0001***
		13--18	7	4%	
		18--24	60	35%	
		25--30	4	2%	
		31--36	22	13%	
Que. 4	How long should you feed the baby each time (Minutes)?	43--48	7	4%	146.10, 5 0.0001***
		55--60	2	1%	
		1--10	12	7%	
		11--20	52	31%	
		21--30	75	44%	
Que. 5	The appropriate age to start solid food(Months)-	31--40	19	11%	320.176, 4 0.0001***
		41--50	11	7%	
		51--60	1	1%	
		1--5	42	25%	
		6--10	122	72%	
Que. 6	Do you intend to mix formula food and breastfeed after starting solid food?	11--15	4	2%	0.0001***
		16--20	1	1%	
Que. 7	Do you intend to give solid food when breastfeeding is not possible?	26--30	1	1%	0.0001***
		Yes	127	75%	
Que. 8	Do you know how essential breast milk is for baby's growth?	No	43	25%	0.0001***
		Yes	137	81%	
Que. 9	Do you know breastfeeding is important for yourself?	No	33	19%	0.0001***
		Yes	169	99%	
Que. 10	Is the maternity leave enough for you to go back to work stress free?	No	1	1%	0.0001***
		Yes	147	87%	
Que. 11	Do you have time for feeding during your office hours?	No	23	14%	0.011*
		Yes	68	40%	
Que. 12	Is a feeding room available at your work place?	No	102	60%	0.818 (NS)
		Yes	87	51%	
Que. 12	Is a feeding room available at your work place?	No	83	49%	0.001**
		Yes	63	37%	
		No	107	63%	

Que.13	How often can you feed the baby during office hours?	No Response	13	8%	82.502, 5 0.0001***
		1 Hour	2	1%	
		2 Hours	35	21%	
		3 Hours	53	31%	
		4 Hours	40	24%	
		5 Hours	25	15%	
Que.14	Do you think storing breast milk is possible?	Yes	126	74%	0.0001***
		No	44	26%	
Que.15	Do you think storing breast milk is safe?	Yes	109	64%	0.0001***
		No	61	36%	
Que.16	Do you think expressing breast milk decreases milk supply?	Yes	58	34%	0.0001***
		No	112	66%	
Que.17	Do you know how to express breast milk?	Yes	111	65%	0.0001***
		No	59	35%	
Que.18	Are you aware of breast pump availability?	Yes	106	62%	0.002**
		No	64	38%	
Que.19	Do you believe in superstitions about expressing breast milk?	Yes	71	42%	0.038*
		No	99	58%	
Que.20	Do you lack storage facility (fridge)?	Yes	50	29%	0.0001***
		No	120	71%	
Que.21	Do you think society will not accept feeding the baby with expressed breast milk?	Yes	76	45%	0.192 (NS)
		No	94	55%	
Que.22	Do you have house helps?	Yes	59	35%	0.0001***
		No	111	65%	
Que.23	Do you fear contamination of breast milk if expressed?	Yes	99	58%	0.038*
		No	71	42%	
Que.24	Do you fear decrease in nutrient values of breast milk if expressed?	Yes	86	51%	0.939 (NS)
		No	84	49%	
Que.25	Do you believe that milk will not be sufficient for the baby if expressed?	Yes	74	44%	0.107 (NS)
		No	96	57%	
Que.26	Do you tend to feed the baby formula food if baby refuses feeding?	Yes	99	58%	0.038*
		No	71	42%	
Que.27	Do you fear health implications in expressing breast milk?	Yes	68	40%	0.011*
		No	102	60%	

*** Highly significant, NS- Not Significant

V. Discussion:

The mean age of mother and child in this study was 26.2 years and 13.3 months respectively as in table-1

Exclusive breastfeeding rate of the study is 68% well above the NFHS-4 reported rate of 52% but similar to that reported by another study performed in the state [20]

Duration of essential breast feeding is 86% for 1-6 months duration which is in agreement with other studies and Duration of breastfeeding was 21-30 minutes in 44% of working mothers.

The appropriate age for weaning of child at 6 months of age was 72%

Question 7 - mean age of maternity leave was 5 months which was not sufficient for exclusively breast feed the child

Question 8&9 - 99% & 87% shows the awareness of postnatal mothers regarding importance of breast milk for both mother and child as compared to study by Kaur Balwinder [9] which interprets that socioeconomic strata, age and education influence breastfeeding knowledge and practices.

Question 10, 11, 12 - shows the lack of time to feed during working hours and non-availability of feeding rooms which poses the need of formulating policies for mother-friendly work environment. **Bezdek SK et.al., (2007) study** showed decreased breastfeeding among mothers who had had to go back to work after the baby is born. Mothers' are concerned about leaving the month's baby to get back to work. [17]

Question 14-20 - expresses the sound knowledge of mother regarding expression and storage of breast milk attributed to high literacy and socio-economic status. [21]

In the study on socioeconomic factors affecting the breast feeding, it was observed that literacy rate affects the knowledge of mothers about expression of breast milk.

Question 22 - most of the women 65% did not have house help/nuclear family which would compel the mother to leave the child in crèche/baby-care centers thereby disrupting exclusive breastfeeding and need for expression and storage of expressed milk. In a study by **Mori J Good Win (2010)** it was observed that working women breastfeed for shorter duration than non-working women, also that working women who have help feed for a longer duration. Question 23-27 – shows lack of knowledge of mother regarding expression of breast milk and its practices and misconceptions about storage of breast milk which initiates the need of clinical education by nurses/midwives at hospital and importance of information booklet to create awareness regarding expression and practices of expressed breast milk in working mothers. Study by **Collen J** showed nearly similar results in regard with misconceptions about expression of breast milk.

VI. Conclusion:

This study emphasizes on the importance of breast milk for the growth of infants and also tries to bring an insight to various other alternative methods among the working mothers for it was noticed and statistically significant that most mothers do not get enough time to spend with their children and they return back to their jobs to make their breads in this growing economy. The government has to devise policies which make work place feel at home to the new mothers, also this helps increase the workforce which is a requirement for a developing country like ours.

Alternative method which was suggested to mothers includes Expression of breast milk since it is the safest and cost effective alternative. Though numerous misconceptions and superstitions prevail in our society about the expression of breast milk, each can be cleared through application of scientific knowledge. This study involves bringing awareness in working postnatal mothers about expression of breast milk and its storage. Observation of this study opens avenues for further research and also facilitates ideas about opening more breast-milk banks and improvement of such banks for long-term storage of breast milk from the government's side.

VII. Summary:

The study is undertaken to assess the awareness about expression of breast milk among working women in an urban setup. This study is pursued because since the era of industrialization has taken over, women have started to work outside the comfort of homes which reduced the time they spent with their new born, increasing the need for expressing breast milk and subsequently this led to the beginning of human milk banks. This study emphasizes on the need for mothers to breastfeed their babies and also stresses on the knowledge of mothers about expression of breast milk. Their awareness was assessed through a tested questionnaire which was coded, tabulated and analyzed through SPSS version 21. The data thus obtained suggested that working mothers were misguided about the expression and storage of breast milk. This statement is strengthened through the statistics since not many mothers actually practiced expression of breast milk though they knew the technique of expression of breast milk. After the questionnaire is filled up and is collected back from them, the pros and cons of expression of breast milk expression in them are addressed; also their fear and the misconceptions prevailing in the society are answered to them through the scientific knowledge.

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