

Breastfeeding Practices among Nurses with Children Aged 0 – 6 Months in a Referral Hospital in Nakuru- Kenya

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Abstract : Globally it's estimated that 1.4 Million lives are lost each year due to inadequate exclusive breastfeeding while 600 thousand cases occur due to lack of continuation of breastfeeding with inadequate complementary feeding. 40% of the deaths occur within the first month of life and 70% within the first year of life (UNICEF, 2008). Exclusive breast feeding is practiced on only 14% in infant less than six months while 27% are bottle feed. (WHO, 2008) This means that most children are not exclusively breastfed especially between 0-6 months and more awareness needs to be done to scale up the uptake of exclusive breastfeeding among the mothers. In Kenya only 32% of children are exclusively breastfed up to 6month and in Rift valley province only 21% of children were exclusively breastfed. This shows that the practice of exclusive breastfeeding is poorly practiced. (Kenya demographic health survey (KDHS, 2009). Therefore the study seeks to find out how nurses practices are related to the poor practice of exclusive breastfeeding among children aged 0-6months as they should be the first line advocates for appropriate feeding practices. Also there is little publication given on their practices. According to (UNICEF, 2009) lack of breast feeding is however attributed to problems associated with early initiation of complementary foods before the age of 6 months. This has caused rising incidences of overweight and obesity in children which is associated with poor feeding practices which is a major threat to social and economic development which is an obstacle to attaining and maintaining health to this age groups. The purpose of the study was to establish the adherence to the recommended breast feeding practices and the establish the factors influencing breast feeding practices. The researcher found that all nurses were aware of the current breastfeeding recommendations and breastfeeding was taught to them during the antenatal and postnatal (53%) while 47% were never taught. Though the nurses have the knowledge on the initiation of breast feeding, on demand feeding and continuation up to 2years of age only 33% practice exclusive breast feeding. This shows that despite the exposure to knowledge that nurses have, this has not significantly affected the practice of EBF. Therefore there is need to put knowledge into practice in order to promote and support breastfeeding among their client and scale up proper breastfeeding practices. Although factors like short maternity leave and early commencement of night shift have contributed to the low uptake of EBF, nurses need to be empowered to carry out optimal feeding among their own infants.

Keywords: Breast Feeding Practices

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I. Introduction

Childcare refers to the behaviors and practices of caregivers (mothers, siblings and fathers) to provide food, health care, stimulation, and emotional support necessary for children's healthy growth and development. Food, health, and care are all necessary, but none alone is sufficient for healthy growth and development. Breastfeeding is an example of a practice that provides food, health, and care simultaneously. Childcare practices include breastfeeding and complementary feeding; psychosocial care; food preparation and food hygiene; hygiene practices; and home health practices (United Nations University (UNU, 2007).

For most of human history nearly all mothers have fed their infants in the normal and natural way of breastfeeding, although practices have varied from culture to culture. It is increasingly acknowledged that every mother has the right to breastfeed her baby and every infant has the right to be breastfed. Any obstacles placed in the way of breastfeeding are an infringement of their rights. (World Health Organization WHO, 2009). Globally, only about 40% of infants are exclusively breastfed during the first six months of life, while in Kenya, only 42% of children less than 6 months are exclusively breastfed. While half of the children 80% are given supplemental feeds at less than 6 months of age. (Kenya demographic health survey (KDHS, 2014). It has been estimated that improved breastfeeding practices could save 1.4 million children's lives each year if exclusive breastfeeding rates were raised to 90% levels. Yet few of the 133 million babies born each year receive optimal breastfeeding and some are not breastfed at all (WHO, 2009).

Breast Milk is a natural and wholly nutritious resource that is important for a Child's growth and development. Breast feeding is usually recommended to be practiced exclusively for six months then to continue

for at least 2 years of a Child's life or more. The Baby Friendly Hospital Initiative (BFHI) also advocates for early initiation of breast feeding within 30 minutes of birth for successful breast feeding. Exclusive breastfeeding is essential as it allows the infant to breastfeed on demand thus regulating its nutritional requirement before the introduction of safe and adequate complementary feeds at 6 months this provides a health start of life (IYCF, 2010). Health workers are the Pillars in encouraging mothers to practice exclusive breastfeeding which they do through health education and initiating it themselves. This has a positive impact on the behavior change on breastfeeding in the community. The HIV and AIDS pandemic has however caused a number of young children getting infected through breast milk increase the number of deaths in children. But exclusive breast feeding is still recommended up to 6 months as it increases child survival and this is advisable until replacement feeds are acceptable, feasible, affordable, sustainable and safe (AFASS) (UNICEF, HIV & AIDS, 2008)

II. Statement Of The Problem

Globally it's estimated that 1.4 Million lives are lost each year due to inadequate exclusive breastfeeding while 600 thousand cases occur due to lack of continuation of breastfeeding with inadequate complementary feeding. 40% of the deaths occur within the first month of life and 70% within the first year of life (UNICEF, 2008). Exclusive breast feeding is practiced on only 14% in infant less than six months while 27% are bottle feed. (WHO, 2008) This means that most children are not exclusively breastfed especially between 0-6 months and more awareness needs to be done to scale up the uptake of exclusive breastfeeding among the mothers. In Kenya only 32% of children are exclusively breastfed up to 6 months and in Rift valley province only 21% of children were exclusively breastfed. This shows that the practice of exclusive breastfeeding is poorly practiced. (Kenya demographic health survey (KDHS, 2009). Therefore the study seeks to find out how nurses practices are related to the poor practice of exclusive breastfeeding among children aged 0-6 months as they should be the first line advocates for appropriate feeding practices. Also there is little publication given on their practices. According to (UNICEF, 2009) lack of breast feeding is however attributed to problems associated with early initiation of complementary foods before the age of 6 months. This has caused rising incidences of overweight and obesity in children which is associated with poor feeding practices which is a major threat to social and economic development which is an obstacle to attaining and maintaining health to this age groups.

Objectives of The Study

- (i) To establish the adherence to the recommended breast feeding practices.
- (ii) To establish factors influencing the breast feeding practices.

III. Literature Review

Overview of Breastfeeding

Child care is the provision of time, attention, and support to a child to meet the physical, mental, and social needs especially to a growing child. Care in infancy and early childhood is critical, this is because these are vulnerable periods when adequate nutrition is essential for growth and development. In addition to prenatal interventions, early interventions in the first two years of life show the most promise for promoting child growth, health and development (UNICEF, 2006). This therefore means that appropriate care must be initiated immediately a child is born through breastfeeding which should start immediately after birth. Breast feeding is feeding the baby with the mother's milk. This can be by putting the baby on the mother's breast or by expressing milk from the breast and keeping it for use at the appropriate time (UNICEF, 2009). Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life. It promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases (IYCF, 2010).

Virtually all children benefit from breastfeeding regardless of where they live. Breast milk has all the nutrients babies need to stay healthy and to grow. It protects them from diarrhea and acute respiratory infections. It stimulates their immune systems and response to vaccinations. It contains hundreds of health-enhancing antibodies and enzymes. It requires no mixing, sterilization or equipment. And it is always the right temperature, readily available and affordable. Children who are breastfed have lower rates of childhood cancers, including leukemia and lymphoma. They are less susceptible to pneumonia, asthma, allergies, childhood diabetes, gastrointestinal illnesses and infections that can damage their hearing. Studies suggest that breastfeeding is good for neurological development and improves cognitive development (UNICEF, 2007). Breastfeeding also offers a benefit that cannot be measured: a natural opportunity to communicate love at the very beginning of a child's life. Breastfeeding provides hours of closeness and nurturing every day, laying the foundation for a caring and trusting relationship between mother and child (UNICEF, 2007). Interventions to improve breastfeeding practices have been shown to have the greatest potential to save lives. Estimates suggest that interventions to

support breastfeeding could prevent 13% of deaths in children under five years, saving more lives than anti-malarial measures, vaccinations and Vitamin A supplementation together (kumar, 2003)

According to the National Policy on Infant and Young Child Feeding Practices, all mothers should be assisted to initiate breastfeeding within the first thirty minutes of birth (MOH, 2007). The Baby Friendly Hospital Initiative (BFHI) assessment tool suggests that the baby should be placed “skin-to-skin” with the mother within the first half hour following delivery. Within the first hour, assistance with positioning and attachment should be given, or if the mother has had a caesarean section, within an hour of when she is able to respond. Often mothers who have undergone a caesarean section need extra help with breastfeeding. Otherwise these mothers on average initiate breastfeeding much later and terminate breastfeeding sooner. Optimally, the baby should be breastfed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medication) is performed. Early breastfeeding enhances bonding, increases chances of breastfeeding success, and generally lengthens the duration of breastfeeding apart from other medical advantages (WHO/UNICEF, 2003).

Breast Feeding Practices

Exclusive breastfeeding is recommended for the first six months of life, in achievement of optimal health growth and development. Thereafter, in order to meet the infants’ evolving nutritional requirements, they should receive nutritionally adequate and safe complementary foods while breastfeeding up to two years of age or beyond. According to the American Academy of Pediatricians, (2005) breastfeeding should be continued for as long as mutually desired by the mother and child. There is no extreme limit to maximum duration of breastfeeding and no evidence of psychological or developmental harm from breastfeeding exceeding two year of life or longer. However there is an exception of HIV (human Immunodeficiency virus) positive mothers who do not wish to breastfeed.

For breastfeeding to be successful mothers should not give their babies extra fluids, such as milk formula, water, glucose water, especially in the early days of life. Women are therefore encouraged to initiate breastfeeding within one hour after birth. This is with the exception of HIV positive mothers who do not wish to breastfeed. The early initiation of breastfeeding increases the success of breastfeeding and lengthens the duration of breast feeding (IYCF, 2010). Expressing breast milk during periods of separation from the baby helps to prevent breast engorgement and ensures continuous milk let down (UNICEF, 2006). The expressed breast milk should be given by use of a cup, and not a feeding bottle. In addition, bottle feeding should be discouraged because of improper cleaning which leads to the introduction of pathogens to the infant (King, 1992).

Breastfeeding on demand and allowing the child to feed until satisfied should be encouraged in order to allow the infant to regulate their intake according to their needs hence express their appetite. Only then can the natural process of appetite control operate, and the baby regulates its intake to suit its individual and changing needs (WHO, 2004). Recommendations for optimal feeding practices during illnesses include increasing the frequency of breastfeeding. A child recovers more quickly if he/she continues to breastfeed. The child should be encouraged to feed to breastfeed slowly and over a short duration and frequently. If he/she is unable to breastfeed the mother can express and give the milk with a cup, spoon or tube (IMCI, 2006).

The Role Of Health Workers In Promoting Recommended Infants Feeding Practices

According to (WHO / UNICEF, 2003) its believed that, of the many factors that affect the normal initiation and establishment of breast-feeding, health care practices particularly those related to the care of mothers and the newborn infants stand out as one of the most promising means of increasing the prevalence and duration of breastfeeding. Reasons for this include the predisposition of health workers to promote health enhancing behavior, the very nature and function of health care facilities and the fact that apart from goodwill few additional resources are required to maintain or introduce appropriate routines and procedures. For breastfeeding to be successfully initiated and established, mothers need the active support during pregnancy and following birth not only of their families and communities but to the entire health care system. All health workers in contact with pregnant mothers from the antenatal period should be committed to promote breast feeding and be able to provide the appropriate information as well as demonstrate a thorough practical knowledge of breastfeeding management.

The Code Of Practice For Health Workers On Breast Feeding

The Ministry expects health workers to protect, promote and support breastfeeding and be familiar with their responsibilities under the Health Workers’ Code, and other Ministry policies and strategies, for example, the Baby Friendly Hospital Initiative. Health workers play an essential role in guiding feeding practices. They do this by encouraging and facilitating breastfeeding and providing objective and consistent advice to mothers and families about the superior value of breastfeeding

Health workers should give accurate, objective and consistent information and educational material on breastfeeding and formula feeding, and should discuss the benefits and problems associated with the different methods of feeding so parents can make an informed decision. Health workers should be aware of individual circumstances, and apply best clinical practice for those circumstances to ensure appropriate health care and safe and adequate nutrition for all infants. For example, although virtually all women can breastfeed, some mothers decide not to breastfeed their infants, are unable to breastfeed, or try to breastfeed without success. In some medical situations, establishing breastfeeding is more difficult than others. In such cases specialist lactation services may be required. If the mother is unable to establish breastfeeding, an appropriate infant formula should be provided for the baby or donor milk if available and acceptable to the mother. If used, donor milk must meet the required standards for safe collection and storage. Mothers who do not breastfeed their infants should receive the same attention from health workers and the health care system since not breastfeeding is associated with increased risks to the health of infants and mothers.

Health workers should be knowledgeable about breastfeeding and breastfeeding management, skilled in helping mothers and able to access further information and support as required. Even though it is a natural act, breastfeeding is also a learned behavior. Virtually all mothers can breastfeed provided they have accurate information and support within their families and communities and from the health care system. Health workers need to work with women in a way that increases women's confidence in their ability to breastfeed. Health workers must not undermine breastfeeding by creating negative perceptions and behavior towards breastfeeding. Health workers should help to prevent or resolve the most common problems that cause mothers to stop breastfeeding. They should acknowledge the important role of skilled and knowledgeable peer supporters and peer support groups which they can refer mothers to and work in collaboration with these groups in the community. Mothers should be informed that there is a cup method of feeding expressed breast milk.

Health workers should not accept samples of formula, equipment or utensils for their preparations or use except when necessary for the purpose of professional evaluation and research at an institutional level. They may be used for educating parents who have decided to use formula, in the correct preparation of formula, while not promoting a specific brand of formula. Health workers should not give samples of formula to pregnant women, mothers of infants, or members of their families. Health workers or members of their family should not accept financial or material inducements to promote products. Health care facilities should not promote formula products in their facilities. A health care provider environment should not display items provided by companies such as formula, bottles, teats, posters, growth charts, calendars or formula preparation charts.

Nurses are important especially in the promotion, protection and support of breastfeeding. Their ability to do this may be influenced by their knowledge, personal experience and work conditions but little documentation is available about nurses feeding practices. However just like any working mother there are various ways that ensures continued breastfeeding for the child after the end of maternity leave and work resumes. Work is believed to a barrier to exclusive breast feeding as most nurses resume work before their children are 6 months. Some of the feeding practices are the use are infant formula milk, expressed breast milk during periods of separation and feeding using cup and spoon or bottles plus early initiation of complementary feeds. The suboptimal breast feeding experience in the nurses may limit the effectiveness in promoting and supporting breast feeding among patients and communities. Thus female nurse need to be empowered in order to carry out optimal feeding for their own infants (Nigeria med 2011)

IV. Research Methodology

The study was carried out at Nakuru Provincial General Hospital. The hospital is located along Eldama Ravine-Nakuru-Nairobi road within Nakuru municipality. It serves as the referral hospital for the nearby districts (Nyandarua, Narok, Bomet, Kericho, Baringo, Bureti, Laikipia, Koibatek and Molo). It has a catchment population of 1.5 million. The hospital is staffed with experts like doctors, laboratory technicians, occupational therapists, nutritionist, clinical officers and nurses. There are a total of 468 nurses specialized in various departments like renal, pediatrics, theater, ophthalmology and critical care.

The research was targeting nurses in Nakuru General Hospital. The hospital has a total population of 468 nurses who are distributed in the various departments. The study subjects were female nurses with children under two years but above 6 months of age. The aim of the study was to obtain the full spectrum of the feeding practices between 0-6 months. A purposeful sampling method was used to select female nurses with children aged 6 months up to 24 months. This was to help increase utility of the finding as the researcher selected samples based on the age of the child. Sample size was one that met the requirements of efficiency, representativeness, reliability and flexibility. For descriptive studies 10 % of the assessable population is adequate (Kasomo, 2006)

10% x 468 –the male nurses (30) = 43.8 but this is rounded down to 43.
Therefore 43 nurses were interviewed as they met the criteria.

The respondent of the study included all nurses who were working in the hospital and had children above 6 months but under the age of five years. Nurses of all carders were included as they meet the criteria and were willing to fill the questionnaire.

V. Data Analysis

Initiation Of Breastfeeding

Initiation of the breastfeeding was found to vary with most of the nurses having breastfed their children at birth 27 (62.8%). The others as presented below.

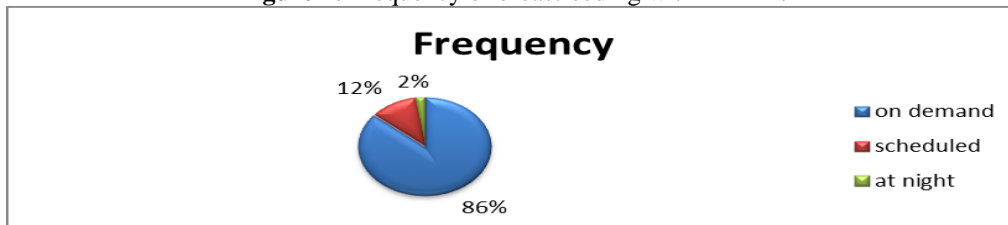
Table 1: Initiation of breastfeeding

Initiation Of Breastfeeding	Frequency	Percent
At Birth	27	62.8
Within 30 Min After Birth	10	23.3
Within 1 Hour	6	14.0
Total	43	100.0

Frequency Of Breastfeeding Within 24 Hrs

When asked how often the respondents breastfed their children within 24 hours the results findings showed that most of the nurses breastfed their children on demand 37 (86%) as shown in figure 1.

Figure 1: Frequency of breastfeeding within 24 hrs



Ways Of Administering Breast Milk To A Child

Results showed that most of the nurses 39 (90.7%) breastfed their children by placing a child on the breast for breastfeeding as opposed to EBM. below.

Ways of administering breast milk

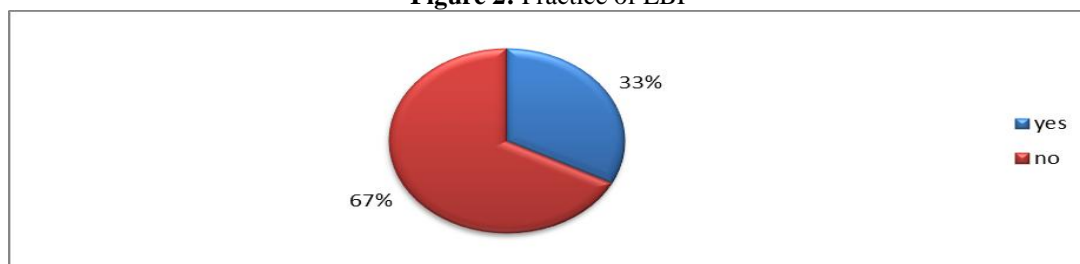
	Frequency	Percent
By placing a child on the breast for breastfeeding	39	90.7
By expressing milk then give it to a child.	4	9.3
Total	43	100.0

From those who breastfed by expressing milk then gave it to the child, the milk was delivered to the child by a use of a cup and spoon.

Practice of EBF

Practice of EBF was investigated by the researcher to know whether the nurses actually practiced exclusive breastfeeding and from the findings, it was found that only 33% (14) practiced EBF as shown in figure 2.

Figure 2: Practice of EBF



Among those who practiced EBF (n=14), only 5 (36 %) who EBF for the recommended six months the other EBF for 4 months and 5 months as shown in table 4.6.

Table 2: This reflects duration of EBF;

Duration of EBF	Frequency	Percent
4months	6	43
5months	3	21
6months	5	36
Total	14	100

Age of Complementary feeds introduction

The introduction of other feeds in addition to breast milk was at the age of 4 months among 17 children (39.5%), 5 months 9 (20.9%), 3 months (20.9%) and 6 months 8 (18.6%) as presented below.

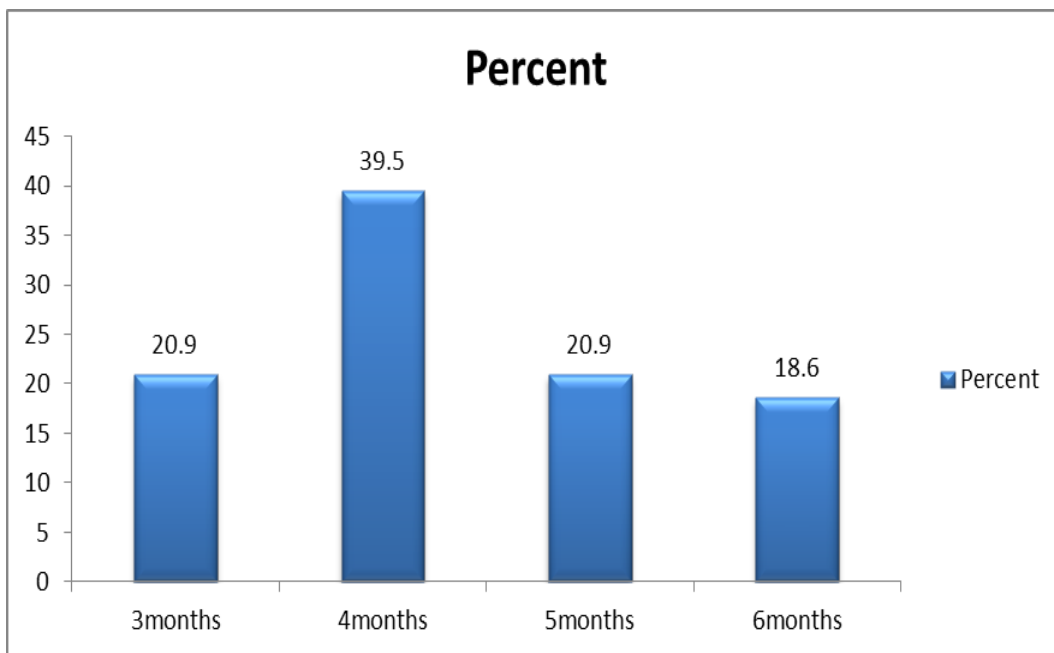


Figure 3: Age of Complementary feeds introduction

Nurses continuing breastfeeding

The study findings showed that majority of the nurses were still breast feeding their children as recommended 34 (79.1%) while 9 (20.9%) had stopped breast feeding. This is presented in the table below.

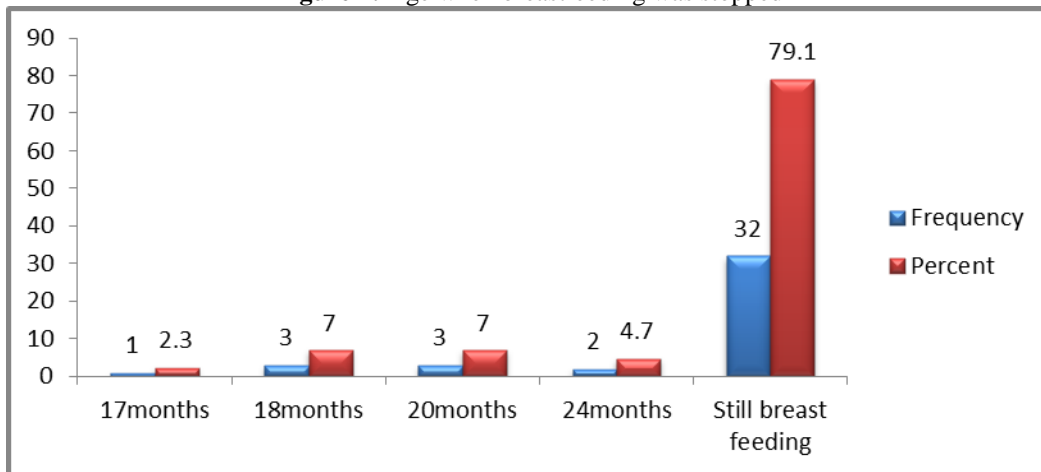
Table 3: Nurses continuing breastfeeding

	Frequency	Percent
Continuing breastfeeding	34	79.1
No	9	20.9
Total	43	100.0

4.3.7 Age when breastfeeding was stopped.

All the nurses who had stopped breastfeeding had done so after the age of 17 months as shown in the figure 4

Figure 4: Age when breastfeeding was stopped



Opinion on satisfaction of breast feeding practices adopted

In the study, majority of the nurses 34 (79%) felt the breastfeeding practices they did was not satisfactory as opposed to few 9 (21%) who felt the practice was satisfactory as presented below.

Table 4: Breast Feeding Practices

	Frequency	Percent
Yes	9	20.9
No	34	79.1
Total	43	100.0

The feeling of unsatisfactory in the breastfeeding practices was caused by short maternity leave, the mother’s ill health, night duties, and work was more demanding as per their opinions they raised.

Factors influencing breast feeding practice

Factors influencing the practices were rated from 1- 5 with 1; representing the least influence while 5 representing the greatest influence as presented below.

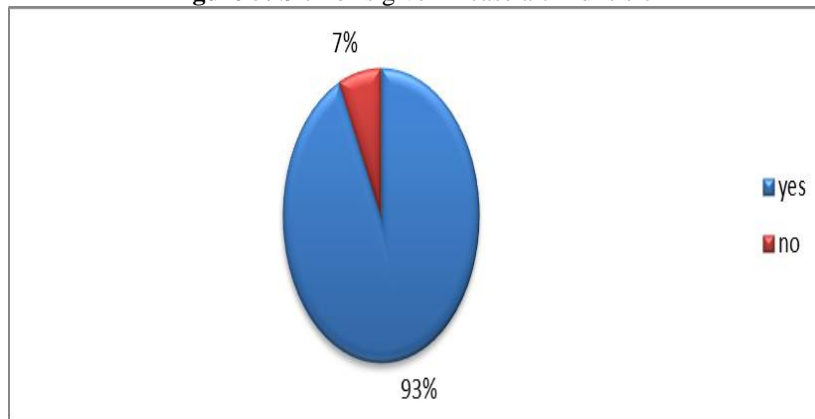
Table 5: Interruption of the breast feeding practice

	1	2	3	4	5
Interrupter	%	%	%	%	%
Short Maternity Leave	2.3	4.7	7.0	11.6	74.4
Night Duty (Shift Duties)	9.3	4.7	7.0	30.2	48.8
Unavailability Of Sick Offs	62.8	20.9	9.3	2.3	4.7
Education	72.1	11.6	9.3	2.3	4.7
Poor Family Support	88.4	11.6	0	0	0
Ill Health Of The Mother	88.4	11.6	0	0	0
Ill Health Of The Baby	65.1	30.2	4.7	0	0
Distance From The Family	41.9	11.6	18.6	11.6	16.3

Sick offs

The researcher investigated on sick leave given in case a child is sick and the results showed that majority of the nurses were given offs 40 (93%) while few of them were denied 3 (7%) as presented below.

Figure 5: Sick offs given incase a child is sick



ANC/PNC Services For Staffs

Further the researcher investigated on the ANC/PNC services offered by the hospital whether they were free at no cost for staffs and the findings showed all the nurses did not get the services for free.

Strategies To Enhance Adherence To Recommended Breastfeeding Practices Within 0-6 Months Children

The researcher enquired possible recommendations that could be implemented to ensure adherences to appropriate feeding practices among nurses. The recommendations mentioned included; prolonged maternity leave, provide breaks between shifts, start night duty after 2 years, exempt from night duty for the 1st year, maternity leave to be followed by annual leave, provide private rooms for breast feeding at work place.

Current 0-6 Month's Breastfeeding Recommendation

The researcher investigated and found that all nurses were aware of the current 0-6 month's breastfeeding recommendation.

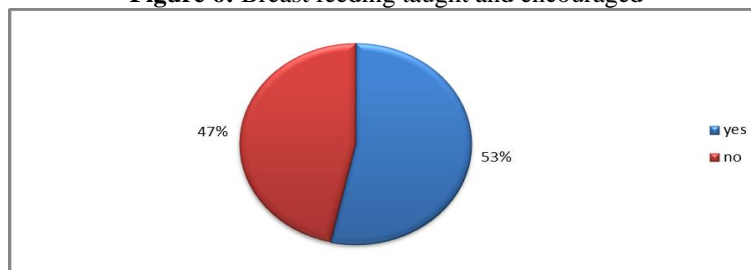
Among the current 0-6 months breastfeeding recommendations which were known by the respondents included;

- Initiate breastfeeding within 30 minutes after birth
- Breast feed exclusively for six months without introducing any other feeds or even water.
- Continue breastfeeding up to 2 years and more
- Breast feed on demand
- Avoid the use of teats and pacifiers to a child

During The ANC/PNC Was Breast Feeding Taught And Encouraged

The researcher investigated on whether breast feeding was taught and encouraged during ANC/PNC and the findings showed that most of the nurses were 23 (54%) were encouraged during ANC/PNC while 20 (46.5%) were not taught nor encouraged to breast feed. This is as presented in the below.

Figure 6: Breast feeding taught and encouraged



VI. Conculsion

Virtually all nurses had breastfed their children, and initiation of breastfeeding at birth was (67%) compared to the current Baby friendly initiative that recommends breastfeeding to start within 30minutes after birth. In comparison with the Kenya's National demographic survey, that evaluates breastfeeding in the general population (KDHS, 2008), 58% of mothers start breastfeeding after 1hour of birth. On demand breastfeeding was complied with (86%) which is a commendable practice since it indicated that nurses embraced

breastfeeding. Breast milk was administered by placing the child on the breast for breastfeeding. Only 33% of nurses exclusively breastfed their children for the first six months in comparison with (KDHS, 2008) the general population of women who were reported to have exclusively breastfed stands at 32%. In contrast a study carried out in the US indicated that only 11.9% of mothers of the general population practiced EBF, this shows that developing countries embrace breastfeeding more than in the developed countries. It was further noted that 43% of the nurses breast feed exclusively for a duration of 4 months in contrast with a study in developed countries (US Meds Review 2009) that indicated that 32.4% breastfed up to 3 months of age. Complementary feeds were introduced at 4 months which is highly discouraged since it's associated with diarrhea, upper respiratory infections and allergies. This however raises concern on exclusive breastfeeding up to 6 months which seems unrealistic thus unattainable. The research further established that (79%) of the nurses were continuing with breastfeeding at the time the research was conducted.

Most nurses (79%) felt that they had not breastfed satisfactorily to their level best; this was influenced by short maternity leave (74.4%) Night duty 48.8%, distance from the family 16.3% while education and unavailability of sick offs was 4.7% each. On contrast according to the KDHS (2008), reasons hindering EBF among the general population were lack of knowledge, lack of confidence and lack of breast feeding counseling. This implies that health workers need to have clear knowledge on breastfeeding in order to pass it on to the general population. The researcher further found out that virtually all nurses (93%) were given sick offs in case a child was unwell though others were denied the sick offs. Antenatal and postnatal services were offered 53% but at a cost as it wasn't free for staffs.

The researcher found that all nurses were aware of the current breastfeeding recommendations and breastfeeding was taught to them during the antenatal and postnatal (53%) while 47% were never taught. Though the nurses have the knowledge on the initiation of breast feeding, on demand feeding and continuation up to 2years of age only 33% practice exclusive breast feeding. This shows that despite the exposure to knowledge that nurses have, this has not significantly affected the practice of EBF. Therefore there is need to put knowledge into practice in order to promote and support breastfeeding among their client and scale up proper breastfeeding practices. Although factors like short maternity leave and early commencement of night shift have contributed to the low uptake of EBF, nurses need to be empowered to carry out optimal feeding among their own infants.

Recommendations

The study makes the following recommendation in an effort to support and encourage breastfeeding practices among nurses.

- Maternity leave should be 90 working days instead of 90 calendar days followed by the annual leave.
- Employers should organize for breastfeeding rooms for mothers within the work place to encourage exclusive breastfeeding.
- Night duty should be exempted for the first year of the child.
- Working shift should be organized in a manner that breastfeeding nurses are allowed off duty by 1pm after resuming from maternity leave.
- Teaching should be done at the antenatal and postnatal clinics irrespective of whether one is a nurse or not by the medical personnel working in the maternal child health clinics

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