Socio-Demographic Features and Breast Feeding Profile of Mothers Attending Teaching Hospital in Gujarat State, India

Mamtarani1*, B. Divakar2 and Ratan K. Srivastava3

1Department of Community Medicine, Government Medical College, Surat (Gujarat), India
2Department of Pharmacology, Government Medical College, Surat (Gujarat), India
3Department of Community Medicine, Banaras Hindu University, Varanasi, India

Abstract

Objective: To relate the socio-demographic profile of mothers with their breast feeding practices.

Design: Hospital based cross sectional study.

Setting: Urban tertiary care teaching hospital.

Methods: A pretested semi-structured questionnaire was used. The information was collected by using interview technique. Study was carried out from June 2005 to October 2005 in a tertiary care hospital. In the hospital 991 women availed the services during study period and 600 (60.5%) of them were covered in this study. These women were interviewed after the delivery in the hospital during postnatal period. Details of their socio-demographic features and breast feeding profile were collected.

Ethical concern: No ethical issues were involved.

Data analysis: The data were analysed with the help of EpiInfo software (version. 3.2). Proportions & frequencies were calculated by doing bivariate analysis.

Results: A total of 600 women were covered of those women 309 (51.5%) were young <25 years, 345 (57.5%) mothers were literate and 537 (89.5%) mothers gave colostrum to their babies. Prelacteal feed was given by 205 (34.2%) of mothers in the present study.

Conclusion: The observations of the study will help in understanding the current breast feeding practices of mothers attending hospital and to plan strategies for promotion of breast feeding to reduce neonatal morbidity and mortality in the community.

Keywords: Socio-demographic features; Breast feeding; Hospital based; Profile

Introduction

"Breast feeding was the best, is the best and will remain the best" as far as infant feeding is concerned. Breast feeding has been a part of our culture since ancient times [1]. Breast feeding is a rich traditional practice in Indian society. Many social, moral, and mythological factors are attached to the practice of breast feeding. The Indian mind has recognised breast milk as the best food for the child since antiquity. But in modern times, till recently the practice of breast feeding has been declining even in Indian society especially in affluent class under the influence of the oxidant. However, breast milk now again has been recognised as the most suited food for the baby world-over [2]. This has resulted in activities for increasing awareness and promotion of breast feeding. UNICEF and WHO launched Baby Friendly Hospital Initiative in 1992 as a part of global effort to protect promote and support breast feeding.

Colostrum provides important nutrients and also protects against infections. Colostrum is the first phase of breast milk produced after delivery. In traditional Indian societies majority of the mothers reject the colostrum and do not feed the child with colostrum considering it dirty, indigestible and harmful. However, recent scientific researches in immunobiology have shown that colostrum is the best food for the new born. Besides its nutritive value, the colostrum is now known to promote the immune system of the child providing adequate general immunity for the whole life. Ever since this new information has emerged, the public health agencies throughout the world have initiated programmes to generate awareness regarding promotion of breast feeding and use of colostrum.

There is a great inconsistency in findings regarding prevalence and correlates of breast-feeding behaviour of mothers in different parts of the country [3-5]. Knowledge, ignorance, undesirable sociocultural beliefs and misconceptions prevailing in the community are reported to influence breast-feeding behaviour of mothers [6,7].

Keeping these views in mind, the current study was carried out to understand the relationship of socio-demographic features, breast feeding profile and present status of beliefs and practices about colostrum feeding in the masses of mothers who attended a teaching hospital in Surat (Gujarat) to deliver their child in an urban set up.

Materials and Methods

Aims and objective of study

To relate the socio-demographic profile of mothers with their breast feeding practices.

Design of study

Hospital based Cross Sectional Study

*Corresponding author: Dr. Mamtarani Verma, B-13 Assistant Professor Quarters, New Civil Hospital Campus, Majura Gate, Surat, Gujarat-395001, India. Tel: +91-09825606911; E-mail: psmmamtal@yahoo.co.in

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Materials

Questionnaire for Interview was developed and all the questions were framed keeping in mind the objectives. This questionnaire was tested with pilot study of 30 mothers who delivered at New Civil Hospital, Surat in the month of April 2005. Presentation of methodology, questionnaire and preliminary observations of the pilot study was carried in the presence of the faculty of the Department of Community Medicine, Government Medical College, Surat. The final questionnaire was prepared for the collection of data of this study.

Method of data collection

The information was collected using interview technique facilitated by guidelines (questionnaire) prepared. Their details of socio-demographic features and breast feeding practices were collected and the information was noted.

Study duration

This study was carried out from June 2005 to October 2005 in Maternity ward of a tertiary care hospital where routine breast feeding advice is given in the antenatal and perinatal period. Mothers who delivered healthy babies were included in the study and interviewed within 12 hours of the event of delivery. Non-cooperative mothers were excluded from the study. These interviews were carried between 10 am to 1 pm and 3 pm to 6 pm on different days. In the hospital a total of 991 women availed the services during study period and 600 (60.5%) of them were covered in this study. After the first assessment those mothers who were available in the hospital after 24 hrs were again interviewed about the frequency of breast feeding.

Data management and analysis

Data entry and analysis was done using EpiInfo 3.2 (window based) software. After this dummy tables were prepared. Later on all useful information was compiled and necessary tables were made. For self assessment and monitoring of the data collection, "a weekly monitoring log sheet" was made. During writing of this study, standard terminologies, which are being commonly used in the literature, were used.

Results

Out of 991 women who delivered babies, during the study period, 600 (60.5%) women were covered of these 309 (60.7%) were young (<25 years) followed by one-third women 203 (33.8%) 25-29 years old. literacy status of women in general was 345 (57.5%). 255 women were literate and were from all the age groups. Very few women 5% (30) of 20 to 29 years age group were educated up to higher secondary school and more. The distribution of literate 36.8% (127) and illiterate mothers 36.1% (92) was nearly equal in social class III (Table 1 and 2)

Most of the mothers 537 (89.5%) gave colostrum to their babies. A greater proportion of mothers from high social class (Class II & III) were giving colostrum to their babies as compared to mothers from other class. 204 (93.2%) mothers from social class III and 96 (97.9%) mothers from social class II were giving colostrum to their babies. There was no influence of type of delivery in administration of colostrum. A higher proportion of literate mothers 321 (92.5%) offered colostrum as compared to illiterate mothers 216 (85.4%) and the result is statistically significant (p<0.00). 90.6% (470) of Hindu mothers and 82.7% (67) Muslim mothers offered colostrum to their babies and the result is statistically significant (p<0.03) at 95% confidence level. 537 (>85%) mothers belonging to different caste offered colostrum (Table 3).

63 mothers did not offer colostrum and were further interviewed to know the reasons. 22 (34.9%) mothers replied that it is difficult to digest colostrum by child as it is thick & sticky. One-fifth mothers 19% (12) were of the opinion that colostrum is harmful for the baby. Two mothers said that colostrum is water and not milk & hence they did not offer it to their child. Nine mothers were not able to tell the reason of discarding it (Table 4).

Prelacteal feed was given by 34.2% of mothers to their babies in the

<table>
<thead>
<tr>
<th>Age of mother</th>
<th>Educational status of mother</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;19</td>
<td>Illiterate</td>
<td>20</td>
<td>7.8</td>
<td>23</td>
<td>13.8</td>
<td>12</td>
<td>21.8</td>
<td>0</td>
<td>0.0</td>
<td>55</td>
</tr>
<tr>
<td>20 - 24</td>
<td>Primary *</td>
<td>105</td>
<td>41.2</td>
<td>86</td>
<td>51.5</td>
<td>57</td>
<td>31.4</td>
<td>21</td>
<td>6.8</td>
<td>308</td>
</tr>
<tr>
<td>25 - 29</td>
<td>Secondary **</td>
<td>108</td>
<td>42.3</td>
<td>54</td>
<td>32.3</td>
<td>72</td>
<td>15.8</td>
<td>9</td>
<td>4.4</td>
<td>203</td>
</tr>
<tr>
<td>30 - 34</td>
<td>Higher secondary &amp; more***</td>
<td>15</td>
<td>5.9</td>
<td>4</td>
<td>2.4</td>
<td>7</td>
<td>26.9</td>
<td>0</td>
<td>0.0</td>
<td>26</td>
</tr>
<tr>
<td>&gt;35</td>
<td></td>
<td>7</td>
<td>2.7</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>255</td>
<td>100.0</td>
<td>167</td>
<td>100.0</td>
<td>148</td>
<td>100.0</td>
<td>30</td>
<td>100.0</td>
<td>600</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>(42.5)</td>
<td>(27.8)</td>
<td>(24.7)</td>
<td>(6.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* up to 7th standard ** 8th to 10th standard *** 11th standard onwards (Figures in parenthesis are row wise percentages)

Table 1: Distribution according to age & educational status of mothers.

<table>
<thead>
<tr>
<th>social class</th>
<th>Education of mother</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>II*</td>
<td>Literate</td>
<td>82</td>
<td>23.8</td>
<td>16</td>
<td>6.2</td>
<td>98</td>
<td>16.3</td>
</tr>
<tr>
<td>III</td>
<td>II</td>
<td>127</td>
<td>36.8</td>
<td>92</td>
<td>36.1</td>
<td>219</td>
<td>36.5</td>
</tr>
<tr>
<td>IV</td>
<td>II</td>
<td>102</td>
<td>29.6</td>
<td>95</td>
<td>37.3</td>
<td>197</td>
<td>32.8</td>
</tr>
<tr>
<td>V</td>
<td>II</td>
<td>34</td>
<td>9.8</td>
<td>52</td>
<td>20.4</td>
<td>86</td>
<td>14.3</td>
</tr>
<tr>
<td>h</td>
<td>II</td>
<td>345</td>
<td>100.0</td>
<td>255</td>
<td>100.0</td>
<td>600</td>
<td>100.0</td>
</tr>
<tr>
<td>%</td>
<td>II</td>
<td>(57.5)</td>
<td>(42.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* includes 2 mothers of social class I

Table 2: Distribution of mothers according to their social class and education.
observed that 359 (70.3%) mothers were feeding their baby either eight and were enquired about the frequency of breast feeding. It was on demand basis among lower social class (Table 5). Scheduled time. The breast-feeding was offered by 68 (82.9%) mothers i.e. breast milk was given sometime on demand and other time at demand while 126 (21.0%) mothers breast fed at scheduled time. Few mothers 42 (7.0%) had history of breast-feeding in a mixed way reason for prelacteal feed in 21.5% and 16.1% of mothers respectively. Poor general condition of the mother and various beliefs about honey reasons behind giving prelacteal feeds. Out of mothers. Poor milk secretion and inability to suck milk by baby were given pre-lacteal feed to their babies as compared to 28.2 % literate babies delivered by caesarean section had received prelacteal feeds. 31.3% of normally delivered babies received pre-lacteal feed and 43.8% Hindu mothers. 31.3% (3) and tea/coffee to one child. No mother gave gur water (jaggery water) as pre-lacteal feed.

A total of 511 mothers were available 24 hours after first interview and were enquired about the frequency of breast feeding. It was observed that 359 (70.3%) mothers were feeding their baby either eight times or more than eight times a day and 152 (29.7%) mothers for less than eight times a day.

Discussion

Recently, considerable importance is being given to the study of breastfeeding practices in different settings in developing and developed countries. Breast-feeding is important, particularly in developing countries, because of its relationship with child health and birth spacing. It is well documented that mother’s milk is the best food for the newborn child and it has a significant impact on reducing mortality in infants. The prevalence of breast feeding in India is almost universal; both in rural and urban areas. [8-10] Breast-feeding has been associated with lower rates of a variety of infant illnesses compared to bottle feeding including wheezing, lower respiratory tract illnesses, pneumonia, upper respiratory tract illnesses, otitis media, gastroenteritis, meningitis and necrotizing enterocolitis [1].

Admission to hospital for delivery purpose provides an opportunity to counsel mothers about nutrition of the young child and the importance of breast feeding. Appropriate feeding can significantly reduce the adverse effects of infections on nutrition status that is why nutrition counselling should focus on the child’s most important remedial feeding problems. Current study was carried out from June 2005 to October 2005 in a tertiary care hospital. During this time 991 number of women delivered babies, out of which 600 (60.5%) could be covered.

More than half of women 309 (60.7%) were young (<25 years) followed by one-third women 203 (33.8%) who were 25-29 years old. Dinesh Kumar [11] in a study observed majority of respondents (55.5%) belonged to age group 19-25 years. They were mostly Hindus (81.1%) belonging to low socio-economic status (74.8%) [11]. The overall literacy status of mothers in this study was 345 (57.5%).

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Reasons for discarding the colostrum

<table>
<thead>
<tr>
<th>Reason</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to digest, thick</td>
<td>22</td>
<td>34.9</td>
</tr>
<tr>
<td>Harmful for baby</td>
<td>12</td>
<td>19.0</td>
</tr>
<tr>
<td>Customary</td>
<td>11</td>
<td>17.5</td>
</tr>
<tr>
<td>Advised from hospital</td>
<td>7</td>
<td>11.1</td>
</tr>
<tr>
<td>Colostrum is water &amp; not milk</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>Unable to tell reason</td>
<td>9</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Table 4: Reasons, as told by mothers, for not giving colostrum to the new born babies.

Pattern of Breast feeding

<table>
<thead>
<tr>
<th>Social Class</th>
<th>On demand</th>
<th>Scheduled</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>II*</td>
<td>69</td>
<td>70.4</td>
<td>19</td>
</tr>
<tr>
<td>III</td>
<td>159</td>
<td>72.6</td>
<td>47</td>
</tr>
<tr>
<td>IV</td>
<td>136</td>
<td>67.4</td>
<td>46</td>
</tr>
<tr>
<td>V</td>
<td>68</td>
<td>82.9</td>
<td>14</td>
</tr>
</tbody>
</table>

n = 432

* includes 2 mothers of social class I

Table 5: Influence of social class over the pattern of breast feeding.

Kulkarni et al. [12] found in their study in an urban community of Kalamboli Navi Mumbai that age range of mothers was 18-32 years with a mean age of 24.36 years and 86.8% mothers were literate [12]. In a study by Dinesh Kumar [11] 132 (48.9%) respondents were either illiterate or just literate who could read and write but had no formal education [11].

It was observed that around one-fourth 82 (23.8%) mothers of high social class were literate compared to one tenth 34 (9.8%) mothers of lower social class were literate. The educational status of mothers of social class III & IV were nearly similar. The findings of Desai [17] from Surat city showed almost same pattern of distribution of mothers according to social class. [13] However, Bansal [14] has reported 79.5% household belonging to social class III which was almost double in proportion to the current (38.6%) study [14]. It could be due to the selection of an area where more people were living from social class III, where as this study is a hospital-based study where patients had come from all walks of life.

This study revealed that most of mothers 537 (89.5%) offered colostrum to their babies which matches well with the findings of Thakur et al. [15]. Sharma [16] during his study in the year 1993 in slum resettlement colonies of Surat observed that only 27.4% children received colostrum and 5% children did not breast fed at all [16]. It means that in Surat during last 14 years a shift towards increased use of colostrum is taking place. Another reason was that all deliveries studied were hospital deliveries in a big teaching hospital and doctors had encouraged mothers for giving colostrum to their babies. Gattani and Shelke have reported in the year 2000 from rural area of Aurangabad that 73.68 % mothers offered colostrum to their babies [17]. The current study further highlighted that mothers of higher social class (II and III) gave colostrum to their babies more frequently. Panda [18] had reported higher percentage (92.5%) giving colostrum to their babies [18]. Yadav et al. [19] had observed in their study that 95.1% mothers had given colostrum [19]. Bhardwaj et al. [20] observed that the common reason for not giving colostrum was religious belief (63.6%), followed by reasons that it was thick (12.8%), unclean (11.8%) and its removal helps in easy suckling for the child (11.8%) [20]. In a study by Dinesh Kumar (2006) family restrictions, followed by social customs (25.6%) were the main reasons for discarding colostrum [11].

Pai et al. [21] observed that babies born by caesarean section tended to be offered colostrum less often because of late initiation of breast feeding [21]. Contrary to this observation the current study reports almost no difference between normal and caesarean delivery as far as offering of colostrum to their babies was concerned. It could have happened here because this being a hospital based study the hospital staff motivated mothers to offer colostrum.

This study revealed that one-third mothers (34.2%) gave some/other form of prelacteal feed to their babies. Our figures are less than National Family Health Survey-3 (NFHS) data (2005-2006) which states that 60% newborns received pre-lacteal feed [22]. Out of which half of the mothers (50.2%) gave honey as prelacteal feed. In a study by Panda [18], prelactal feed was given by 37.4% of mothers [18]. Sharma et al. [23] had reported in their study from rural areas of Rajasthan that jaggery water was given in majority (65%) of cases [23]. In our study 30% mothers had given tea as a prelactal feed to their babies and it was becoming the order of the day because of its easy availability at home and hospital. If educated in hospitals then slowly mothers may stop giving prelactal feeds. The current study has also noted that 34.6% (71) mothers gave plain /boiled water, 8.3% (17) mothers gave sugar water and 4.9% (10) mothers gave animal milk as prelactal. It was good to record that only 3 mothers gave ghutti (gripe water) and one mother gave tea/coffee as prelactal. Giving pre-lactate must be discouraged at all hospitals and the importance of exclusive breast feeding for 6 months must be highlighted to improve nutritional status of babies at large. Some other studies also reported high prevalence of giving prelactal feeds in different populations [5,24].

Mothers are more likely to successfully initiate lactation and may encounter fewer problems with breast-feeding and may maintain optimal breast-feeding behaviours if they initiate breast-feeding shortly after birth. According to Infant and Young Child Feeding IYCF (2006) guidelines, Government of India recommends that initiation of breastfeeding should begin immediately after birth, preferably within one hour [25]. Late initiation of breast feeding can be due to many factors like mother’s literacy, socio-economic status, wrong customs & beliefs. Breast-feeding should begin no later than one hour after the delivery of the infant or as early as possible. The current study recorded that, breast feeding was initiated with in 1 hour by only 9.0 % of mothers where as 91.0 % of mothers had initiated breast feeding after 1 hr. A study by R J Yadav et al. [19] found that only 29.7% mothers had initiated breast feeding on the first day and 36% on the 2nd day [19]. Breastfeeding initiation within 1hr was lower in a study by Kumar et al. [11] and Chatterjee et al. [26] where breastfeeding within 1 hour was only 6.3% and 14.5% respectively.

Appropriate breast feeding practices are of fundamental importance for survival, growth, development, health and nutrition of infants and children everywhere. As per joint WHO/UNICEF’s (1989-1990) guidelines, it has been highlighted that the breast-feeding should be on demand and frequent [27,28]. In the current study the pattern of breast-feeding was related with social class of mothers. It was good to observe that 72.0% of mothers were offering breast-feeding on demand. This observation is accordance with joint WHO/UNICEF guidelines. Further analysis of data revealed that higher proportion of mothers 68 (82.9%) from social class V were giving breast milk on demand as compared to 69 (70.4%) mothers of social class II. Operational Research Group (ORG) in their baseline survey has also reported that almost all (99%) mothers breast-fed their babies on demand [29]. Bandopadhy et al. in their study had reported (84.1%) mothers breast fed their babies on demand [30]. In yet another study by Srivastava et al. [31] at Kanpur it was found to be only 38% [31]. Demand feeding has been reported.
a common practice in India, which has positive influence on breast-feeding. This is also recognized as one of the ten steps to successful breast feeding as recommended by WHO/UNICEF.

In this study (359)70.3% mothers told that they breast fed their babies 8 times or more in 24 hours. The increase in number can be due to the effect of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) training which was going on in this institution at the time of data collection. IMNCI (2003) also enforce for the frequency of breast-feeding to be 8 or more in 24 hours.

The current study has shown encouraging results about breastfeeding practices being followed by mothers who availed hospital services. Although breast feeding is practiced universally, still it is associated with prelacteal feeds and discarding colostrum. The key to successful breast feeding is Information Education and Communication (IEC) strategies aimed at behaviour change. This is particularly true where culture and tradition plays extremely important role in modulating the infant feeding practices. Thus appropriate, adequate and effective IEC strategy is the vital factor in promoting correct breast feeding practices. Healthcare Personnel, particularly doctors and female health workers play the key roles for imparting counselling to pregnant women during the antenatal check-ups. During counselling, in addition to information on breast feeding, information on expressed breast milk and adverse effects of bottle feeding must be conveyed to them. Now it is the right time for the opportunity by health staff for imparting health education to all women who come for antenatal care and for delivery in the hospital. This study serves as a documented record of the current patterns regarding breast feeding in Surat. It will serve as a control to see different patterns over a period of time and for comparison with the patterns observed elsewhere.

This study has limitation in terms of study being done at tertiary care hospital and selected parameters of breast feeding.

References