

Chapter 27

Complexity of Breastfeeding on Child/Maternal Health and Counseling Intervention

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ABSTRACT

This chapter is a critical review of the complexities of breastfeeding and its attending effects on the health of the Mother and Child. The researcher employs a historical research approach to gather both theoretical and empirical facts on this issue. It was discovered that in spite of the pragmatic and frantic efforts by different individuals, organizations, governments and non-governmental bodies in establishing a universal, healthy and safest method of breastfeeding through research, publications, workshops and so on, based on the unavoidable and uncompromising importance and benefits to maternal and child health, it is on record that the maternal behaviour is still obviously at variance to the acceptability of full breastfeeding as promulgated and declared by World Health Organization (WHO). A serious, dedicated, pragmatic and coordinated counseling approach is therefore recommended to be adopted to revive and strengthening a positive behaviour in women to foster positive attitude towards breastfeeding to guarantee 100% morbidity and mortality rate in Maternal and Child health.

ORGANIZATION BACKGROUND

Human beings belong to a group of animals referred to as mammals while mammals are the class of animals that give birth to babies and feed their young ones on milk from the breast through the mammary gland. Female human beings belong to the group of mammals with well-developed breasts

UNICEF (2002) explained that breast milk is an excellent source of nutrition for the first four to six months of a child's life and can continue to be an important part of a child's diet for many months and thereafter. Breast milk is an appropriate source of nutrients; it contains proteins, fats, carbohydrates, vitamins and minerals in correct proportions needed by the child.

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Breastfeeding is the act of feeding the baby from the breast. According to WHO (2002) Breastfeeding confers substantial health benefits on both mother and child. For the infant, the principal advantages of breast milk are nutritional and immunological. For the mother, breastfeeding encourages the involution of the uterus and thus the rapid return of uterine tone which helps the mother to regain her natural shape. It promotes an affectionate bond between mother and child. It is economical and it is convenient. Also, through the prolactin – elevating effect of nipple stimulation, breastfeeding delays the return of normal ovarian function and thereby lengthens the interval between births (McNeily 1999, Orubuloye 1979, Ogunlade 2010).

Without controversy, nature itself has natural provision that has been put in place in a young woman long before she prepares to procreate. At conception, the woman's body is naturally active to receive and feed an infant that is yet about eight months to come, thus the first physical sign in a young lady who is newly pregnant of a baby is the enlargement (engorgement) of the mammary gland, preparation to lactation at birth so as to feed the expected baby and nurse it to life when it finally arrives. This engorgement sign becomes noticeable around the sixth week of pregnancy or two weeks after amenorrhea (loss of menstruation). This is due to the growth and enlargement of the milk duct and the alveoli in the breast. This enlargement is due to the influence of estrogens and preparation for preparation of the breast for all the important nursing care of the mother. Shortly before delivery the levels of estrogens and progesterone fall in order to stimulate the pituitary gland produce lactogenic hormone which act on the acini's cell in the breast to start the production of milk.

Ogunmodimu (2004) submitted that the sucking action of the baby on the breast stimulates the posterior pituitary gland to release an oxytocic or pressor factor. The oxytocic or pressor factor causes the plain muscles of the breast to contract thereby propelling the milk from alveolar along the lactiferous duct into the ampullae's. The acini's cells are stimulated to produce more milk, as the breasts are empty. It should be noted that the oxytocic released during breast – feeding also causes uterine contractions; hence 'after pain' is felt more during feeding times. This how breastfeeding and involution of the uterus work.

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Literature on Complexity in Breastfeeding

In spite of the importance of breastfeeding there is a notable reduction in breastfeeding duration. Several complexities have been identified as playing various significant roles in influencing breastfeeding behaviour of nursing mothers. Odu and Ogunlade (2011) opined that factors which have negative influence on breastfeeding are pressures on nursing mothers to return to the labour force, lack of family support in urban areas. This, in combination with the reality that many women cannot afford to take extended maternity leaves for either financial or career reasons, can make breastfeeding a complex assignment (Flower, 2008). Heinig (2009) Explain that as the roles of women in modern societies change, there is tension between motherhood and the various other roles that women play. Increasingly, both men and women work outside of the home and parenting of children is becoming more of a shared responsibility

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