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**Association of breastfeeding practices and selected clinical outcomes of patients aged 3 months to 2 years old diagnosed with PCAP C in a Tertiary Government Hospital in Manila from January 2013 to January 2016**

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Pneumonia continues to be a significant cause of infant and childhood morbidity and mortality in the Philippines. In the Philippines, pneumonia still continues to be one of the leading causes of mortality and morbidity among infants. With this as a social burden, various strategies have been implemented to decrease childhood morbidity and mortality which is congruent to Millenium Development Goals. In line with this, the World Health Organization strongly advocates the importance of exclusive breastfeeding for the first six months of life. Supplemental breastfeeding is not recommended until at least age two and exclusive breastfeeding may be continued thereafter. In the local setting, the Department of Health has launched a campaign entitled “Breastfeeding TSEK: Tama, Sapat, at Exclusive”. This program has been implemented and warrants strict compliance to reduce childhood mortality from evitable diseases. In line with this, the author wants to determine the association of breastfeeding practices and selected clinical outcomes of the PCAP C patients aged 3 months to 2 years in a tertiary government hospital from January 2013-January 2016. Main outcomes were identified as to the length of hospital stay (3-5days, 6-10days, >10days), disposition (discharged improved, mortality), the presence of complications such as sepsis, pneumothorax, pleural effusion, empyema, or warranting intubation (with/without) among others. This study used a retrospective cohort design gathering data from records of patients admitted to a tertiary hospital in a given set period. Plan of analysis used percentage, risk ratio/chi-square test of association. From this study, it was concluded that exclusive breastfeeding can significantly lower the risk of complications of pneumonia and mostly patient dispositions are markedly improved. In fact, it was found that the risk of moderate to long hospitalization, risk of having complications, and risk of dying are 2.91 (95%CI:1.91, 4.43) and 3.05 (95%CI:1.86, 5.04), 3.33 (95%CI:2.36, 4.70), and 2.23 (1.19, 4.20) times higher, respectively, among mixed fed patients, compared to breastfed patients.

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