



Nutritional Status of Breastfeeding

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DESCRIPTION

Breast feeding is an encouraging and conventional method of furnishing a new born child with basic supplements that in return helps the baby in growth and development and improvement. It is recommended that breast feeding should be started within an hour after the child birth. Breastfeeding is the recommended method for infant feeding, and increasing the number of mothers who breastfeed their children to six months of age is a goal of Healthy People 2010 in the United States. Breast feeding has been associated with increases in cognitive ability and academic performance.

The health benefits of breast-feeding have been recognized for a long time. In particular, breast-feeding is associated with lower incidence of necrotizing, enter colitis and diarrhea during the early period of life and with lower incidence of inflammatory bowel diseases, type 2 diabetes and obesity later in life. The higher nutritional and protective degree of human milk is related to its nutritional composition that changes over the lactation period and to the biological activities of specific components while lower growth rate of breast-fed infants may be attributed to their self-regulation of milk intake at a lower level than formula-fed infants. Many results now suggest that the developmental changes in intestinal and pancreatic function that occur postnatal are modulated by the diet. Indeed, formula-feeding induces intestinal hypertrophy and accelerates maturation of hydrolysis capacities; it increases intestinal permeability and bacterial translocation, but does not induce evident differences in micro biota composition. Whether these changes would be beneficial for enhancing absorptive capacities and for educating the gut-associated immune system remains to be further studied. Moreover, it is evident that formula-feeding increases basal blood glucose and decreases plasma ketone body concentrations, while discrepancies on postprandial glycaemia, insulin and incretin responses in both human studies and experimental studies are inconclusive.

Growth patterns differ between breastfed and formula fed infants, and by 12 months of age, formula fed infants weigh, on an average, 400–600g more than breastfed infants. Body

composition changes rapidly and nonlinearly over the first year of life, and therefore, comparison between individual studies has also been complicated by the range of postnatal ages at which measurements have been made. Clinicians know that breast feeding is crucial to infant health in developing countries, but they may be less aware of the potential longer term health benefits for mothers and babies in developed countries, particularly in relation to obesity, blood pressure, cholesterol and cancer. The World Health Organization (WHO) recommends exclusive breast feeding (breast milk only, with no water, other fluids, or solids) for six months, with supplemental breast feeding continuing for two years and beyond.

Nourishing infants presents women today with choices, desires, obligations and constraints. Despite mounting evidence about the health, psychosocial and societal benefits of breastfeeding both for women and infants, current breastfeeding rates worldwide are far from optimal, particularly among low income women. Many mothers choose to use infant formula. Drawing from structured interviews with 154 mothers from an urban low income multiethnic population in the United States, a typology of mothers' feelings about their infant feeding method is developed. Findings indicate that regardless of their feeding method, mothers tended to attribute higher health benefits to breastfeeding and perceived community norms as pro breast feeding. They differed in their rating and perceptions of logistics and the extent to which benefits mattered in their infant feeding decision. Contradictions associated with the practice of breastfeeding even among mothers who breastfed, were reflected in their perceptions of social disapproval of breastfeeding in public, reports of ridicule by friends, lack of support from some health providers and difficulties associated with working.

The current study concluded that majority of the breast feed subjects were normal whereas most of the formula feed subject were underweight according to BMI for percentile of the subjects. Furthermore the current study concluded with a significant difference ($p < 0.05$) for the diarrhea, dehydration, urination, frequency of diarrhea, days of diarrhea, first food after birth, initiation of breast milk, duration of breast milk, reasons or stopping breast feeding, mother awareness regarding breast

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Received: 31-Mar-2022, Manuscript No. JNB-22-16654; **Editor assigned:** 04-Apr-2022, Pre QC No. JNB-22-16654 (PQ); **Reviewed:** 20-Apr-2022, QC No. JNB-22-16654; **Revised:** 25-Apr-2022, Manuscript No. JNB-22-16654(R); **Published:** 03-May-2022, DOI: 10.35248/2167-0897.22.11.343.

Citation: Syeda B (2022) Nutritional Status of Breastfeeding. J Neonatal Biol.11:343.

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feeding practices, dilution and duration of bottle feeding, using of boiled water and immunization status in relation to the nutritional status of the breast feed subjects. A significant difference ($p < 0.05$) was seen for the diarrhea, dehydration, urination, frequency of diarrhea, days of diarrhea, for the first

food being introduced after birth, frequency of bottle feed and dilution of bottle feed, age of complementary feed and uses of boiled water, immunization status and chronic illness in relation to the nutritional status of the formula feed subjects.