



Perspectives of Breastfeeding and Child Oral Health

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DESCRIPTION

Breast Feeding (BF) supports maternal and child health and promotes health benefits for the child. This practice is essential and decisive for adequate craniofacial maturation and growth at the muscular, bone, and functional levels. BF adapts these structures for developing orofacial muscles, which will stimulate and guide the maturing of physiological functions. The coordination of biological mechanisms favors the adequate growth and development of the stomatognathic system, contributing to the prevention of Dental Malocclusion (DM).

Early weaning induces oral-motor dysfunctions that contribute to the installation and worsening of DM, in addition to impairing swallowing, chewing, articulation of speech, and breathing sounds, and may additionally predispose children to oral breathing and oral-motor disorders.

The practice of BF can become challenging for those mothers who intend to continue Exclusive Breast Feeding (EBF) during the first six months. In this sense, the encouragement and support of professionals in the Primary Health Care (PHC) services are essential. In Brazil, the oral health teams of the Family Health Strategy (FHS) can develop practices to promote, protect, and support BF in prenatal care and during the postpartum period, enabling the monitoring of children from birth. Actions to promote and support EBF does not require sophisticated technological approaches and promote benefits related to maternal and child health.

When prioritizing actions for increasing the rates of EBF, it is essential to understand the determinants that modify the maternal intention to breastfeed and consider that the maternal knowledge about the benefits of BF alone is not enough to ensure its initiation and duration. In this sense, maternal behavior for BF can be examined from the Theory of Planned Behavior (TPB) perspective, which allows a better understanding of which factors influence the mother's decision to breastfeed.

From the perspective of the TPB, the intention to behave is its primary determinant, and is also influenced by attitudes (knowledge), subjective norms (especially the social pressure

perceived by the subjects to perform particular behavior), and perceived control (degree of control observed for acting in the absence or presence of barriers or facilitators).

The dentists' knowledge and practice in PHC on the promotion and support of BF as a strategy to encourage children's oral health and dialogical integration with the perception of nursing users have not yet been investigated. The aim of this study was to assess the knowledge and practice of dentists inserted in the FHS for the promotion and support of BF and also analyzed how nursing mothers perceive dentists' participation in the actions of BF promotion and support for fostering children's oral health.

During the first few days after birth, the most BF difficulties originate, and many mothers are unable to seek help. Thus, the performance of multidisciplinary home visits during the postpartum period can be considered an effective and timely promotion strategy, mainly to support lactation. The nursing mothers' narratives reveal that there is no practice of home visits during this period; some mothers feel unhappy for not being adequately assisted. This information is in line with the low percentage of dentists who frequently carry out home visits during this period.

The attitude of BF is defined as the perspective and understanding of infant feeding methods. Maternal knowledge about BF includes knowledge of its importance, physiology, and mechanism as a human, biological, and natural process and influencing the acquisition of skills and confidence in BF. Mothers who have adequate knowledge can have a broader view of outcomes, which strengthens self-efficacy and helps to eliminate any barriers. However, this study identified beliefs related to insufficient milk production, doubts related to its quality, and self-perception of ignorance about how to breastfeed in the interviews of the nursing mothers.

Mothers may show concern about BF's adequacy for the baby's needs, milk quality, and have doubts about position and technique. However, the feeling of insufficient milk production may be related to a lack of confidence and inadequate practice than to a real inability to produce milk. Therefore, the timely

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support of health teams could solve this barrier by investing in maternal and family knowledge and by improving BF advice.