

# Breast feeding practice in neonatal intensive care unit of Ibn Rochd teaching hospital in Casablanca

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## Research Article

**Keywords:** breastfeeding, practice, neonatal intensive care unit,

**Posted Date:** February 18th, 2022

**DOI:** <https://doi.org/10.21203/rs.3.rs-1315240/v1>

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# Abstract

## **Background:**

In Morocco the breast feeding (exclusive) prevalence has decreased from 51% in 1992 to 35% in 2018. This prevalence was lower in neonatal intensive care unit (NICU) with 12.4% in 2014. The aim of this study was to estimate the prevalence and identify the associated factors of breastfeeding (BF) practice in NICU of Casablanca Ibn Rochd teaching hospital.

## **Method:**

A cross sectional study was performed between 04 January and 26 June 2021 in NICU. We included Moroccan couples mother/newborn who can practice the BF presents during the study period. We used face to face interview using pretested questionnaire. Logistic regression was used to test association between breastfeeding (BF) practice and potential associated factors. Factors with  $p \leq 0.05$  were considered as associated factors of BF practice. Data were analyzed using R 3.6.3

## **Findings:**

We included 170 couple mother/newborn. Around 74% of mothers practiced partial breastfeeding. The mother factors associated with BF practice were: education level (OR=0,10; 95%CI : 0,01-0,87 ; $p=0,037781$ ), family monthly income (OR=4,3 ; 95%CI: 1,12-16 ,56 ;  $p=0,033606$ ) and marital status (OR=14,3 ; 95%CI:1,37-148,43 ;  $p=0,025853$ ). The newborns' factors associated to BF practice were: hospital stay length (OR= 1,12 95%CI: 1,00-1,25 ;  $p=0,047726$ ) and hospitalization motif (OR=0,27 ; 95%CI: 0,076-0,95 ;  $p=0,042085$ ). And healthcare facility factors associated to BF practice was: healthcare staff support: (OR=6,7 ; 95%CI:2,2-20,54 ;  $p=0,000891$ ) .

**Conclusion:** The newborn hospitalized for respiratory distress from single mothers with lower education level and social standard who, don't have enough (or any) support from healthcare staff are the ones who receive less breast milk in NICU of Casablanca Ibn Rochd teaching hospital.

## Introduction

Improving breast feeding (BF) can avoid globally per year 800000 under 5 years old infants death, 20000 breast cancer cases. Reversely, stopping BMF can cost 300 billion US dollars per year. World health organization (WHO) recommend exclusive breast milk feeding immediately after delivery till 6 months then introduction of others foods with BF till at least 2 years [1].

BMF is an important part of motherhood; mothers who have their baby hospitalized in neonatal intensive care unit (NICU) can not play fully their motherhood as traditionally. They are more often separated from their baby, their mother cares are replaced by healthcare with healthcare staff more focused on administration of medicine doses and checking baby constants. Most of time the babies are connected to monitor or life saving devices which can be intimidating for new parents. The new mothers are also

intimidated by the immaturity and fragility of their infants. The NICU constitute a real challenge for the BF. This is unfortunate, because the established BF may be even greater aid for these fragile and immature infants. The BF rate is lower in NICU. In USA the breast milk feeding rate is 71,4% and 50% in NICU [2, 3]. In China, the rate of BF is around 42% and 23% in neonatology ward [4, 5]. In Denmark, the BF initiation rate is 99% and 65% in NICU [6]. The papers about the breast milk feeding in NICU are scarce in African continent. In Morocco the prevalence of exclusive breastfeeding (EBF) decreased from 51% in 1992 to 35% in 2018. This prevalence was lower in NICU with 12.4% in 2014 [7–9].

The aim of this study was to estimate the prevalence and identify the associated factors of breastfeeding (BF) practice in NICU of Casablanca Ibn Rochd teaching hospital.

## **Method**

### **Study design and setting**

A cross-sectional study was performed between 04 January to 22 June 2021 in neonatal intensive care unit (NICU) of teaching hospital Ibn Roch of Casablanca (Morocco). The NICU capacity was 22 beds and hospitalized monthly around 100 patients.

### **Study population**

The mothers who have newborn hospitalized in NICU ward of teaching hospital Ibn Roch of Casablanca from January to June 2021. We included any mothers who could give the breast milk to her newborn. We excluded any couple mother/newborn that had any BMF counter indication, none Moroccan mother, couples mother/newborn rehospitalized or absents in the study period.

### **Operational definitions:**

#### **Exclusive breastfeeding (EBF)**

The newborn received only breast milk from his/her mother or a wet nurse for the first 6 months and no other solids or liquids with the exception of drops or syrups consisting of vitamins, minerals.

#### **Partial breastfeeding or mixed feeding**

The newborn received some breast feeds and some artificial feeds either milk or cereal, or other food or water

#### **Artificial feeding**

the newborn received breast- milk substitutes and not breastfeeding at all.

## **Sampling**

Sample size determination

The sample size was determined using a single population proportion formula ( $n = P(1-P) \frac{Z\alpha^2}{l^2}$ ) assuming an expected rate for exclusive breastfeeding in previous survey conducted in Morocco to be 12,4% [10] with a 95% confidence level, at a 5% margin of error. The calculated sample size using the above assumptions became 162.

### Sampling procedure

During the period of this study the monthly admission of NICU was around 100, we included randomly between 5 and 10 couples mother/newborn per week.

## Data collection procedure

Data were collected by face to face interview using questionnaire

### Questionnaire

The questionnaire was made based on review of literature and the content was validated by the panel of 3 experts (2 professors in neonatology and 1 public health professor). The pilot study was conducted among 20 post-partum mothers in maternity ward of Ibn Rochd teaching hospital. It contained 6 dimensions (socioeconomic-obstetric, BF practice, health care staff support, relatives support, BMF information source and newborn characteristics).

## Variables and measurement

### Outcome

BF Practice: it was measured by binary variable BF performed or not (yes, no).

### Determinants:

Socio-obstetric characteristics : age\_residence ( urban, rural)\_education level (unschooled, primary school, secondary school, upper/university)\_matrimonial status (single,widow,married,divorced)\_profession (household wife, self-employed, paid worker)\_family monthly income [low (< 3000, middle (3000–7000), high (> 7000 dirhams)]\_ number of prenatal visits\_ number of child alive\_ BF knowledge score from answers of 16 questions(good answer = 1 and other answer = 0) about benefits, kangourou, initiation, diversification, expression and conservation of breast milk.

Supports during hospitalization: care staff supports (yes, no) \_relatives supports (yes, no)

Prior council or information about BF (yes, no)

Information sources about BF: media (yes, no) \_ health care staff (yes, no) \_family/friends (yes, no)

Newborn characteristics (gestational age, gender, reason of hospitalization, hospital stay and weight)

The ethical approval for this study was obtained from Neonatal medicine and resuscitation service of Ibn Rochd teaching hospital of Casablanca. Informed consent statement was attached with each questionnaire for the participants who could read if they were willing to participate in the study. And read and explained by investigators for participants who couldn't read. Any data that can compromise anonymity of respondents was omitted from the questionnaire.

## Data Analysis

Data analysis was performed using R version 3.6.3 software.

Percentages (frequencies), median (with interquartile range) were used to describe the study population.

The multiple binary logistic regression model were used to analyze the association between potential determinants and outcome (BF practice = yes and no), using stepwise model selection backward/forward on Bayesian information criterion (BIC). The potential determinants with  $p$  value  $\leq 0.05$  in multivariate analysis were considered as determinants associated significantly to the BF practice.

## Results

### **Couple mother/newborn description:**

We included 170 couples and one mother declines our request for participation. The mothers' median age was 29 years old (with 10 years as interquartile range). About 63% of mothers lived in urban area. Primary school was the education level for 37% of mothers. Mother who had over one living child represented 63.1%. Over 80% of mothers started BF 12 hours after delivery. The median score of BF knowledge was 10 with 3 as interquartile range. The prevalence of partial breastfeeding was about 74% with 95%CI [67% – 80%] (prevalence of artificial feeding was around 26%) and none of mothers practiced exclusive breastfeeding. Over 53% of mothers received healthcare staff support about BF practice. Respiratory distress was the reason of hospitalization in 55.29% of cases. Almost 55% of newborn were males (See Table 1 and 2 for more details).

### **Associated factors to breast feeding practice:**

The associated factors to BF were: mothers' education level, family monthly income, marital status, healthcare staff support, prior council or information about BF. Newborns' hospitalization motif and length of hospital stay. (See Table 3 for more details)

Table 1  
Description of the couples' mother/newborn

Characteristics	frequency (percentage)	Median (interquartile range)
Mothers' characteristics		
Age (year)		29 (10)
Residence		
Rural	63(37.06)	
Urban	107 (62.94)	
Education level		
Unschoolled	41(24.12)	
Primary	63(37.06)	
Secondary	55(32.35)	
upper/university	11 (6.47)	
Marital status		
Single	7 (4.12)	
divorced	1 (0.59)	
Married	162(95.29)	
Profession		
Household wife	152(89.94)	
Paid worker	10 (5.92 )	
self-employed	7 (4.14)	
Family monthly income		
lower (< 3000 dirhams)	135(79.88)	
middle (3000– 7000 dirhams)	32(18.93)	
Upper (> 7000 dirhams)	2 (1.18)	
Number of prenatal visit		4 (3)
Number of living child		
1	62(36.69)	
> 1	107(63.31)	
Delivery mode		

<b>Characteristics</b>	<b>frequency (percentage)</b>	<b>Median (interquartile range)</b>
Vaginal delivery	99(58.24)	
caesarian	71(41.76)	
Newborns' Characteristics		
Gender		
Female	73(45.06)	
Male	89(54.94)	
Gestational age (week of amenorrhea)		
< 28	1 (0.64)	
28–32	17(10.90)	
32–37	64(41.03)	
> 37	74(47.44)	
Hospital stay length		6 (6)
Hospitalization motif		
respiratory distress	94(55.29)	
infections	19(11.18)	
jaundice	13 (7.65)	
others	44(25.88)	

Table 2  
Description of BF practice

<b>Characteristics</b>	<b>Frequency (percentage)</b>
<b>BF practice</b>	
Yes	125(73.96)
No	44(26.04)
<b>BF Initiation after delivery</b>	
< 1 hour	16(10.26)
1–12 hours	15 (9.62)
> 12 hours	125(80.13)
<b>Healthcare staff support</b>	
Yes	86(53.01)
No	78(46.99)
<b>Relatives support</b>	
Yes	153(92.17)
No	13 (7.83)
<b>Prior Information/council about BF</b>	
Yes	156(93.41)
No	11 (6.59)
<b>Sources of information about BF</b>	
<b>media</b>	
Yes	83(49.7)
No	84(50.3)
<b>Healthcare staff</b>	
Yes	55(32.93)
No	112(67.07)
<b>Family/Friends</b>	
Yes	135(80.84)
No	32(19.16)

Table 3  
Associated factors of BF practice

<i>Factors</i>	<b>BF practice</b>		<i>OR</i>	<i>95%CI OR</i>	<i>P value</i>
	Yes n(%)	No n(%)			
Mothers					
Median age (year)	28.0	29.5	1.03	[0.94–1.13]	0.546370
Residence					
Rural	42(66.7)	21(33.3)	1		
Urban	84(78.5)	23(21.5)	2.31	[0.81–6.61]	0.118188
Education level					
Unschool	30(73.2)	11(26.8)	1		
Primary	46(73.0)	17(27.0)	0.81	[0.23–2.83]	0.737912
Secondary	43(78.2)	12(21.8)	0.67	[0.14–3.06]	0.605550
Upper/university	7(63.6)	4(36.4)	0.10	[0.01–0.87]	<b>0.037781 *</b>
Marital Status					
Single	3(37.5)	5(62.5)	1		
Married	123(75.9)	39(24.1)	14.3	[1.37-148.43]	<b>0.025853 *</b>
Family monthly income					
<3000 dirhams	98 (72.1)	38 (27.9)	1		
>=3000 dirhams	28 (82.4)	6(17.6)	4.3	[1.12-16 .56]	<b>0.033606*</b>
Delivery mode					
Vaginal delivery	72 (72.7)	27 (27.3)	1.74	[0.611-5.0]	0.298328
Caesarian	54 (76.1)	17 (23.9)	1		
Median Knowledge Score	11	10	1.1	[0.88-1,37]	0.399078
Median number of living child	2	2	1.07	[0.62–1.82]	0.809710
Healthcare staff support					
Yes	74(85.1)	13(14.9)	6.7	[2.2-20.54]	<b>0.000891*</b>
No	52 (62.7)	31 (37.3)	1		
Prior information or council about BF					
Yes	121(76.1)	38(23.9)	2.9	[0.3-28.76]	0.361193

<i>Factors</i>	<i>BF practice</i>		<i>OR</i>	<i>95%CI OR</i>	<i>P value</i>
	<i>Yes n(%)</i>	<i>No n(%)</i>			
No	5(45.5)	6(54.5)	1		
<i>Newborns' characteristics</i>					
Median gestational age	37.0	35.5	1.12	[0.89–1.40]	0.322981
<i>Reasons of hospitalization</i>					
Respiratory distresses	63(67.0)	31(33.0)	0.27	[0.076-0,95]	<b>0.042085*</b>
Infections	17(89.5)	2(10.5)	3.2	[0.34–29.88]	0.306386
Jaundice	11(84.6)	2(15.4)	1,12	[0.13–9.39]	0.913304
Others	35(79.5)	9(20.5)	1		
Hospital stay length(median day)	7	4	1,12	] 1.00-1.25]	<b>0.047726*</b>

## Discussion

In Our study the prevalence of partial breastfeeding was about 74% with 95%CI [67% – 80%] and none of mothers practiced exclusive breastfeeding. The BF practice was associated to mothers' education level (OR = 0.10; 95%CI : 0.01–0.87 ;p = 0.037781), family monthly income (OR = 4.3 ; 95%CI : 1.12-16 .56 ; p = 0.033606), marital status (OR = 14.3 ; 95%CI :1.37-148.43 ; p = 0,025853),healthcare staff support (OR = 6.7 ; 95%CI :2.2-20.54 ; p = 0.000891), hospitalization motif (OR = 0.27 ; 95%CI : 0.076–0.95 ; p = 0.042085) and hospital stay length (OR = 1.12 95%CI : 1.00–1,25 ; p = 0.047726).

The studies performed in Egypt, 2008 [13], Spain, 2020 [14], US, 2006 [15] and UK, 2017 [16] also found that mothers supported by healthcare staff practice BF significantly more respectively (50% VS 10%, 68.4% VS 50.7%, 55% VS 45%, 87.2% VS 83.3% ). The studies done in Finland, 2018 [17], Denmark, 2010 [18] and US, 2011,[19] showed as well mothers from lower socioeconomic status breastfed less their newborn. Our study and the one of US, 2011[19] found that married mothers breastfed significantly more (45% VS 20% and 35.5% VS 75.9%). The survey conducted in Finland, 2016 [20] concluded that mothers with higher education level initiated BF earlier than lower level (median of postnatal age of breastfeeding initiation: 8 VS 8 VS 5 days for Elementary, Secondary, University/polytechnic) but in our study we found that higher education level mothers breastfed least. The studies in Austria, 2009[21] and Ethiopia, 2020[21] showed newborn with long hospital stay length received significantly less breast milk whereas our survey found that longer hospital stay length coincide significantly with better BF practice. The studies carried out in Finland, 2018 [17] and 2016 [20] found a significant association between newborn gestational age and BF practice while in our study there was no significant relation between them like the surveys in Danemark, 2010 [18] and Ethiopia, 2020[21]. The study done in Egypt, 2008 [13] showed mother with higher knowledge score about BF practiced more, however in our study we didn't find any

significant association between BF knowledge and BF practice like the one performed in China, 2018 [22]. Our study found a significant association between newborn hospitalization motif and BF practice but this association was not confirmed in any paper

### **Strength and limits**

This study is one of the firsts studies got interested about to breastfeeding during hospitalization in neonatal intensive care in Morocco. The bias related to face to face interview and the mono centric aspect can limit the range of this study results.

## **Conclusion**

The newborn hospitalized for respiratory distress from single mothers with lower education level and income, who didn't have enough (or any) support from healthcare staff were the ones who received less breast milk in NICU of Casablanca teaching hospital Ibn Rochd. So this study suggests these couples newborn/mother should get more attention from healthcare staff and training programs about breastfeeding in NICU.

## **Declarations**

### **Funding**

No funding was obtained to conduct this study.

### **Competing interests**

The authors declare that they have no competing interests.

### **Ethics approval and consent to participate**

The study was approved by the Review Board of Research Ethics of Neonatal medicine and resuscitation service of Casablanca teaching hospital Ibn Rochd (RENR; Rec- 28.12.2020). Informed consent statement was attached with each questionnaire for the participants to read and agree if they were willing to participate in the study.

### **Consent for publication**

All authors gave their agreement about this submission (publication).

### **Authors' contributions:**

AK.Sylla : protocol,drafting, analysis, data collecting tool, bibliography. M.Lehlimi : raising the issue, protocol, data collecting tool designing, supervisor (all steps). A.Badre : data collecting tool content validation, supervisor of data collecting. S.Hajjaji: data collecting. S.Lyazidi: data collecting. S.Ameayou:

data collecting. M.Chemsi: data collecting tool content expertise. A.Habzi: data collecting tool content expertise. S.Benomar: data collecting tool content expertise. S.Nani: supervisor (drafting). S.Hassoune: protocol, data collecting tool designing, supervisor (all steps).

### Availability of data

The data that support the findings of this study are available from Neonatal intensive care service of Casablanca teaching hospital Ibn Rochd but restrictions apply to the availability of these data, which were used under license for the current survey, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission from Casablanca teaching hospital Ibn Rochd through head of Neonatal intensive care service.

### Acknowledgments

We are very grateful to all mothers who participated to this study. We also want to acknowledge the head of the maternity ward of Ibn Rochd teaching hospital and all his staff.

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