#### American Journal of Food Science and Health

Vol. 3, No. 5, 2017, pp. 88-94

http://www.aiscience.org/journal/ajfsh

ISSN: 2381-7216 (Print); ISSN: 2381-7224 (Online)



# Making the Decision to Breastfeed the Baby and Its Advantages for the Women's Health

### Ayesha Nadeem<sup>1, \*</sup>, Jaweria Nadeem<sup>1</sup>, Muhammad Haroon Sarwar<sup>2</sup>, Muhammad Sarwar<sup>3</sup>

<sup>1</sup>Nishter Medical College, Multan, Punjab, Pakistan

#### **Abstract**

Over the past few decades, evidence for the health advantages of breastfeeding and recommendations for practice have been continued to increase. This article documents the advantages of exclusive breastfeeding along with important immediate and long-term health benefits for women. Breastfeeding contributes to the health and well-being of mothers, it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and safe for the environment. Mothers who breastfeed have a reduced risk of type-2 diabetes and certain cancers such as breast cancer, may find it easier to return to what they weighed before they got pregnant, and strengthen the bond with their children. The hormone oxytocin released during breastfeeding, acts to return the uterus to its regular size more quickly and can reduce postpartum bleeding. Lactation provides a hypo-estrogenic effect to offer a protective effect from endometrial cancer, and decreases the risk and incidence of thyroid cancer, lupus, and hip fractures. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices. While breastfeeding is a natural act, it is also a learned behaviour to strengthen maternity practices to support breastfeeding. The extensive body of research contributes to improve the establishment of exclusive breastfeeding worldwide and coupled with support throughout the health system, can help mothers to sustain exclusive breastfeeding. To enable mothers to establish and sustain exclusive breastfeeding for six months, it is recommend the initiation of breastfeeding within the first hour of baby's life. Exclusive breastfeeding that is the infant only receives breastmilk without any additional food or drinks not even water, is as often as the child wants day and night, and there should be no use of bottles, teats or pacifiers. Some helpful hints are start breastfeeding soon after birth and breastfeed frequently 8 to 12 times in a 24 hour period. Hold baby skin-to-skin with mom and keep baby with her in the hospital after birth. Give only breast milk to baby and do not give a pacifier or bottle until breastfeeding is well established. It is very important that moms should maintain regular meals when breastfeeding to gain essential nutrients and also to increase breastmilk levels.

#### **Keywords**

Human Milk, Healthy Nutrition, Breast Milk, Breastfeeding, Women Health

Received: May 30, 2017 / Accepted: July 31, 2017 / Published online: August 28, 2017

@ 2017 The Authors. Published by American Institute of Science. This Open Access article is under the CC BY license. <a href="http://creativecommons.org/licenses/by/4.0/">http://creativecommons.org/licenses/by/4.0/</a>

#### 1. Introduction

Milk is the primary source of nutrition for newborns and

breastmilk is the milk produced by the breasts or mammary glands of a lactating human female to feed a child. Breastmilk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled

E-mail address: drayeshanadeem@yahoo.com (A. Nadeem)

<sup>&</sup>lt;sup>2</sup>Punjab Medical College (P. M. C.), Allied Hospital, Faisalabad, Punjab, Pakistan

<sup>&</sup>lt;sup>3</sup>National Institute for Biotechnology & Genetic Engineering (NIBGE), Faisalabad, Punjab, Pakistan

<sup>\*</sup> Corresponding author

immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and children. Compared with mothers who breastfeed versus those who do not breastfeed, non-lactating mothers experience increased risks for certain poor health outcomes. For example, several studies have found the risk of breast cancer to be higher for women who have never breastfed. Similarly, the risk of ovarian cancer is found to be 27 percent higher for women who have never breastfed than for those who breastfed for some period of time. In general, exclusive breastfeeding and longer durations of breastfeeding are associated with better maternal health outcomes (Gartner et al., 2005).

Indeed, some women indicate that the psychological benefit of breastfeeding, including bonding more closely with their babies, which is the most important influence on their decision to breastfeed. Even women who exclusively formula feed have reported feeling that breastfeeding is more likely than formula feeding to create a close bond between mother and child. Almost all formula milk is made from cow's milk. It can contain bacteria, which is why it is vital to make it up with water hot enough to kill any bacteria (70°C). It does not protect the baby from infections and diseases like breastmilk does. Breastfeeding helps the women to heal after baby's birth and avoid severe post-partum bleeding, return more quickly to pre pregnancy weight, burning 500 extra calories per day, have stronger bones later in life, build a strong emotional bond with their babies, relax every time a baby feeds, the mother gets a surge of the bonding hormone oxytocin, which has a calming and relaxing effect, and save time and money as formula is expensive and time consuming to prepare. But, breastmilk is always ready and always at the right temperature that is ideal when mom is tired. Later in life, women who do not breastfeed are at higher risk for diabetes, osteoporosis, and breast, ovarian and endometrial cancers (Owen et al., 2006).

Here is a look at some of the most important benefits of breastfeeding that offers to moms. Breastfeeding should commence as soon as possible after giving birth and every 1 to 3 hours per 24 hours (8-12 times per 24 hours). Babies should be breastfed exclusively for the first 6 months and continued with weaning until 12 months and further on depending upon the situations of the mother and child. Breastfeeding can reduce mom's stress level and risk of postpartum depression. The review of several study abstracts has concluded that women who do not breastfeed or who stopped breastfeeding early, have a higher risk of postpartum depression. Many women report feeling relaxed while breastfeeding that is because nursing triggers the release of the hormone oxytocin. Numerous studies in humans have found that oxytocin promotes nurturing and relaxation.

Oxytocin released while nursing also helps woman's uterus to contract after birth, resulting in less postpartum bleeding. One study found that women who have high amounts of oxytocin in their system (50 percent of breastfeeding moms as opposed to 8 percent of bottle-feeding moms) have lower blood pressure after being asked to talk about a stressful personal problem. By the way, if mom is being treated for depression, she can still breastfeed to her baby. The healthcare practitioner can help to identify safe ways to treat the depression while nursing (O'Hara and Swain, 1996).

Breastfeeding is one of the most natural and intimate of all human interactions especially with new born, so, take its knowledge and practice. It is more likely that neither of mom will become obese if she breastfeeds. The oxytocin secreted when baby nurses helps to mom's uterus to contract, reducing post-delivery blood loss. Plus, breastfeeding will help mom's uterus return to its normal size more quickly at about six weeks postpartum, compared with 10 weeks if she does not breastfeed. Breastfeeding to baby around the clock with no bottles or formula will delay ovulation, which means delayed of menstruation. Breastfeeding causes the release of prolactin, which keeps estrogen and progesterone at bay so ovulation is not triggered, and it can be effective as birth control (Qin et al., 2017). Breastfeeding can confer some pretty impressive benefits to mother as mentioned in the following sections:-

#### 1.1. Stronger Bones

According to experts, women who breastfeed have a lower risk of postmenopausal osteoporosis. When a woman is pregnant and lactating, her body absorbs calcium much more efficiently. So, while some bones, particularly those in the spine and hips, may be a bit less dense at weaning, six months later, they are denser than before pregnancy (Zimmerman and Guttman, 2001).

#### 1.2. Reduce Risk of Some Types of Cancer

Breastfeeding makes to moms the healthier and mommies who breastfeed are less likely to have breast cancer. There is also a reduced risk of ovarian cancer and endometrial cancer. The benefits are cumulative, meaning if a mom breastfeeds two babies for two years each, the benefit is equal to that of a mom who breastfeeds four babies each for a year. Numerous studies have found that the longer women breastfeed, the more they are protected against breast and ovarian cancer. For avoiding of breast cancer, nursing for at least a year appears to have the most protective effect. It is not entirely clear how breastfeeding helps this, but it may have to do with the structural changes in breast tissue caused by breastfeeding and the fact that lactation suppresses the amount of estrogen the body produces. Researchers think the

effect on ovarian cancer may be related to estrogen suppression as well. Over the long term, breastfeeding helps to ward off breast and ovarian cancers, and in the short term, the physical contact helps mom to bond with her baby. Breastfeeding releases mothering hormones like prolactin, which helps to keep the baby blues at bay, and oxytocin, which helps the uterus to contract (Bernier et al., 2000).

### 1.3. Fewer Problems with Weight and Calorie Burner

It is more likely that neither of mom will become obese if she breastfeeds to baby. It may have heard that nursing burns up to 500 calories a day and that is almost right. Breastmilk contains 20 calories per ounce and if mom feeds to baby 20 ounces a day that means 400 calories have been swept out of her body (Hailes and Wellard, 2000).

#### 1.4 Better Healing Post-Delivery

The oxytocin is released when baby is nursed and helps female's uterus to contract, thus reducing post-delivery blood loss. Furthermore, breastfeeding will help the uterus return to its normal size more quickly at about six weeks postpartum, compared with 10 weeks if a female does not breastfeed (Chatterton et al., 2000).

#### 1.5. Breastfeeding as Birth Control

According to experts, night-time feedings are the most important to the 'lactation amenorrhea method', so do not let baby or herself sleep through a feeding. Going long stretches at night without nursing seems to be directly responsible for the return of ovulation. Prematurely sleep training to baby can also hasten ovulation. Breastfeeding can be 98 percent to 99 percent effective as a post-baby birth control option if a few guidelines are followed, for instance, females period must not have resumed, must breastfeed at least every four hours around the clock, must not give to baby any pacifiers, bottles or formula, and must be less than six months postpartum. In other words, this method has an effectiveness rate of up to 98 percent as long as females meet three criteria, are nursing at least six times a day on both breasts including at night (and that means no pacifiers, formula or bottles of pumped milk), have not resumed menstruating and are no more than six months postpartum (Mancini et al., 2007).

#### 1.6. A Menstruation Vacation

Breastfeeding to baby around the clock (no bottles or formula) will delay ovulation, which means delayed menstruation. Breastfeeding causes the release of prolactin, which keeps estrogen and progesterone at bay, so ovulation is not triggered. When female's prolactin levels drop, those two hormones can kick back in, which means ovulation, and

hence, menstruation occurs. Even if females do breastfeed exclusively, their prolactin levels will eventually drop over the course of several months. Many moms who solely nurse can see their periods return between six and eight months after delivery, while others do not have for a full year (Dennis, 2002).

#### 1.7. Better Friendships

Breastfeeding helps to cultivate relationships with other moms. Whether there is talking about parenting styles, nighttime feedings or engorgement, nursing allows women to forge positive postpartum relationships. Women are supposed to be sitting together, nursing and taking care of babies. Speaking to friends or family who have breastfed, a mom can learn a lot from other mothers who have experience of breastfeeding. As soon as baby is born, mom can place him skin-to-skin on her for calm and relax. Skin-to-skin means he is wearing just a diaper (and may be a hat) and his bare skin is against mom's bare chest and tummy. Even if baby is not ready to breastfeed right away, it is good for him to stay skinto-skin without interruption for at least one to two hours or until he is ready to feed. Being skin-to-skin will help baby to be calmer, breathe better, have normal blood sugar and stay warm (Moore et al., 2007).

#### 1.8. Nurse Whenever Baby Wants

This one is emphasized that it is really important to nurse the baby as often as he wants, at least eight times a day, including at night. Doing so not only ensures the baby is well fed and helps the body to establish a good milk supply, but it also keeps baby in sync with mother's morphing breasts. Feeding frequently helps the baby to keep clasping well as mother's breasts change in those early days after birth. Though this may fly in the face of conventional wisdom, it suggests limiting the length of the baby's feedings for the first three days, until mother's full milk comes in and nipples become more accustomed to nursing. Babies suck to feed and also suck to soothe, this is fine, but until mother's nipples are used to it, this can set female up for cracked or bleeding nipples, especially if latch is not perfect (Li et al., 2002).

Almost all women are physically able to breastfeed. Early, frequent feeding and responding to baby's cues give mother the best start to establish her supply. Aware of the following recommendations and the usage of them, will lead to the most efficient and effective incentives to promote breastfeeding (Fein et al., 2008). Here is a brief overview of the plan recommends for more detailed information for simply breastfeeding:-

Day 1: Nurse the baby whenever and as often as he wants, but limit each session to five minutes on each breast (a total of 10 minutes of active sucking). If the baby still wants to

suck after those 10 minutes have passed, let him use mom's finger.

Day 2: Increase the time to seven minutes on each breast (a total of 14 minutes), as often as the baby wants.

Day 3: Nurse 10 minutes per side (a total of 20 minutes of active sucking) as often as he wants.

Day 4 and beyond: Continue to nurse baby whenever and as often as he wants, but do not put any limits on the length of time. Allowing baby to nurse as often as he wants, and for as long as he wants, helps to establish and maintain an ample milk supply. Once mom's full milk comes in, the baby will fill up fairly quickly and would not continue to suck if he is not hungry.

#### 1.9. Have a Sleepover

Having the baby stay in hospital room with mom rather than in the nursery, lets him breastfeed often and it also allows to get to know his feeding cues. When mom wants to be able to recognize when her baby is ready to nurse, so he does not have to resort to crying. If he gets too hungry and frantic, that could make for a very difficult feeding session. Before mom leaves the hospital, the baby needs to be able to latch on and breastfeed well. That comes from multiple opportunities to get it right (Bachrach et al., 2003).

#### 1.10. Be a Switch Hitter

It is important to nurse from each breast at every feeding so both get adequate stimulation and drainage. Furthermore, babies take more milk when they nurse on both sides. But, how to know when to switch, the best way to know is when the rhythmic sucking and swallowing slows down, or the baby releases the breast. That indicates that the rate of milk flow is diminishing and it is time to move to the other side. Remove baby by inserting a finger in his mouth to release the suction, burp him, then offer the other breast and try alternating the first breast at each feeding.

Breastfeeding is the normal way to feed a baby and it should not hurt. If women experience pain in their breasts or nipples, it is usually because baby is not positioned or attached properly. Ask to midwife, health visitor or a breastfeeding specialist to watch a whole feeding to help in spot the problem. The tip for getting the right latch is the most important part of breastfeeding. There is no need to pump and dump unless oneself breast is full and it is still not time to feed baby. If female breasts become very full and uncomfortable or painful, they may be engorged. To prevent or relieve engorgement, breastfeed often, may be as often as 12 times per 24 hours or every 1 to 2 hours. If baby does not wake to feed, try hand expressing (squeezing or massaging the breast to continue the flow of milk) a little milk to relieve

the fullness until baby is ready to eat. Do not let the baby to go too long without feeding. When baby is ready, start feeding from the fuller breast first. If needed, hand express a little milk to soften the areola (the darker area around the nipple) so that baby can latch on. Try a warm shower or place a warm, wet cloth over the breasts and this may help to release some milk. If it is necessary to hand express breast milk, then gently massage breasts, relax and think about baby and some has learned such as smiling or holding baby's name, and place thumb and index finger around areola. Bring fingers back toward chest wall and gently roll forward toward the nipple. To protect sensitive tissue, do not pinch the nipple or slide fingers toward the nipple. Mom can feed to her baby the hand-expressed milk she gets, using a spoon or a cup. Even if baby is not able to feed yet, expressing of milk means she will make more. The milk can be stored in the fridge or frozen to use when baby is ready to take it (McIntyre et al., 2001; Gaiva and Medeiros, 2006).

#### 1.11. A Good Latch

A good latch is that which creates comfortable breastfeeding for both mom and baby. So, it is important to keep baby awake and encourage him or her to keep sucking. While it is common to have some nipple tenderness in the first few days, mom's nipples should not get damaged. If the baby is latched just only on the nipple, without areola in his mouth too, it can most definitely hurt. Further, when a baby is latched well, he or she can be able to remove colostrum from the breast much more easily than it has a poor latch. If it hurts when baby is sucking, mom can get medical help from physician in a right away (Stewart-Knox et al., 2003).

## 2. Food Supply to Lactating Mother

A healthy lifestyle and a balanced nutritional diet are very important for a mother with the arrival of the new baby for ensuring her proper growth and development (Khan et al., 2017; Sarwar et al., 2017; Tayyaba et al., 2017).

#### 2.1. Diet to Increase Breastmilk

The key principles for a healthy breastfeeding diet are, for instance, mothers need to eat a well-balanced diet, which contains sufficient amounts of all food groups such as grains (whole grain bread and rice as they contain more fibre and nutrients), fruits and vegetables (bright coloured ones as these offer plenty of antioxidants and vitamins), proteins (lean meat, eggs and beans as these provide the right amount of protein required for the body) and vitamins and minerals (low-fat milk and yogurt are fortified with many essential vitamins and minerals). Mother should keep taking prenatal

vitamins, get ample calcium and drink at least 64 ounces of water a day while nursing. A new mom needs to stay well hydrated and well fed and mother needs an extra 300 to 500 calories daily (Sarwar, 2013; Sarwar et al., 2013; Sarwar et al., 2013). She also needs to learn to relax, however, stress might can affect let-down (the start of mother's milk flow). If mom needs medication (for anything from a cold to a chronic condition), check it with physician. However, most medicines, but not all are fine in breastmilk. Women who have medication in labour or have a caesarean section can still breastfeed, but some medications given to mothers in labour can make breastfeeding harder because of side effects such as drowsiness in the baby. Likewise, if mother consumes alcohol, studies show that alcohol can affect baby's eating and sleeping, and he consumes about 20 percent less milk (Amir, 2006; Shannon et al., 2007; Sarwar et al., 2014; 2015).

How long a mom keeps breastfeeding, is her personal decision and it will depend on how she feels emotionally, as well as her personal circumstances. Whatever she decides, try to give baby nothing, but breastmilk until he is six months old (exclusive breastfeeding), which will give to baby a healthy start in life. Most women set goals for breastfeeding of between three months and a year. Though in many parts of the world, it is usual to breastfeed for two years or even longer. If mom is enjoying breastfeeding, she can continue for as long as she and her baby want that mean there is no need to stop before both are ready. When baby is ready to try her first solid food at six months, mom can still carry on breastfeeding to him. The support of life partner in particular, and of friends and family, will make it much easier for female to continue breastfeeding for as long as she wants. Sometimes, mums come under pressure from friends and family to stop breastfeeding before they are ready. But, the decision is of mom or mother alone, so try not to be pressured into anything (Bai et al., 2009).

There is a Quranic command for the mothers to suckle (breastfeed) their children for a period of two years. According to Surah Al Baqarah (2: 233)- advantages of breastfeeding Divine (Allahand the Godly) recommendations are "And the mothers should suckle their children for two whole years for him who desires to make complete the time of suckling; and their maintenance and their clothing must be borne by the father according to usage; no soul shall have imposed upon it a duty but to the extent of its capacity; neither shall a mother be made to suffer harm on account of her child, nor a father on account of his child, and a similar duty (devolves) on the (father's) heir, but if both desire weaning by mutual consent and counsel, there is no blame on them, and if you wish to engage a wet-nurse for your children, there is no blame on you so long as you pay what you promised for according to usage; and be careful of (your duty to) Allah and know that Allah sees what you do". As a result, the wisdom of breastfeeding to the children has been instilled in the Muslim's community through this Qur'anic revelation. Those who followed this Qur'anic command raised mentally and physically healthy children.

A baby may be feeding around the clock in the early days, but she will start cutting back as she gets older. Many mums find the first few weeks of breastfeeding tough, but those who stick with it are usually glad that they did. Mom can breastfeed even when taking most of medicines, but always check with family physician or breastfeeding specialist first. Physician should work with mom to find a medication that is okay to take while breastfeeding. Moms should not breastfeed if they have human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/ AIDS), have T-cell lymphotropic virus type I or II, use illegal drugs, are being treated with cancer chemotherapy medications or radiation, or if baby has galactosemia, which is a rare genetic metabolic disorder, and always tell to health care provider about any health problems or medications (Mills, 2009).

#### 2.2. Foods to Avoid While Breastfeeding

Occasionally, a baby will be fussy at the breast or gassy after mom eats a particular food. Certain foods may also cause irritation, discomfort, gas or intestinal irritation in babies and these should be avoided if baby shows negative reactions to them. A daily cup or two of coffee taken by mom is fine, but too much caffeine can interfere with baby's sleep or make him fussy. Remember that caffeine is also found in some sodas, teas and over-the-counter medicines, so, it is okay to have their occasional drink. Moderate or heavy alcohol drinking is definitely not recommended while breastfeeding because its one drink increases mom's blood level to the point that the alcohol gets into her milk. Mothers report that babies most often object to these foods such as chocolate, spices (cinnamon, garlic, curry, chili pepper), citrus fruits and their juices like oranges, lemons, limes and grapefruit, strawberries, kiwifruit, pineapple, the gassy veggies (onion, cabbage, garlic, cauliflower, broccoli, cucumbers and peppers) and fruits with a laxative effect, such as cherries and prunes. Consult to baby's doctor before moms omit any foods from their diet. If avoiding a food could cause a nutritional imbalance (for example, if moms eliminate all dairy products), they may need to see a nutritionist for advice on substituting of other foods (Clark et al., 2008).

Breastfeeding is natural practice, but that does not necessarily mean it is so easy. Do not hesitate to contact to healthcare provider or a certified lactation consultant if moms need help or support. Moms can also get help from

breastfeeding problem solver, ask questions for breastfeeding support and help group, and learn more about breastfeeding basics including ways to hold personal baby while breastfeeding, as well as taking of nutritional supplements and prenatal vitamin as long as baby's fully breastfed to cover any gaps in their own diet. Women have long blamed their saggy boobs on breastfeeding, yet research has found that it is the expansion and contraction of the milk glands triggered by pregnancy, rather than breastfeeding, which does not cause droopiness. It is important to point out that breastfeeding does not cause mom's breasts to hang down, but pregnancy hormones can stretch the ligaments that support female breasts. So, wearing of a well-fitting bra while women are pregnant can stabilize breast. Consultants say that women should definitely consider breastfeeding especially as the health benefits for the baby far outweigh any possible effects on the breasts. The law also protects the women from being asked to leave a public space while breastfeeding (McIntyre et al., 1999; Oyeku, 2003).

#### 3. Conclusion

From the above reports, it can be seen that the modern science tells us that breastfeeding and making breastmilk has health benefits for women, so, more they breastfeed, the greater the benefits they can achieve. Breastfeeding lowers woman's risk of breast cancer, ovarian cancer, osteoporosis (weak bones), cardiovascular disease and obesity. Further, more breastfeeding burns extra calories, so it can help female to lose pregnancy weight faster. It releases the hormone oxytocin, which helps women's uterus return to its prepregnancy size and may reduce uterine bleeding after birth. Make sure to understand that breastfeeding is best for mom and that it will help her baby to grow strong and healthy. The people close to a family may worry that they will not bond with the baby if they cannot feed her. Reassure them that they can also be helpful and they are just as important to the baby. Dads and other family members can play an important role. Dad's new role is to give support while mom provides feeding for the baby. In general, there are only two foods the breastfeeding women should avoid or consume in very small amounts such as alcohol and fish. Alcohol can be passed from mom to baby in breastmilk and may negatively affect child and neurologic development. Fish contain mercury that can also negatively affect the baby's neurologic development. Researchers found no difference in the degree of breast sagging between women who have breastfed and those who have not done so. If a female has a premature baby, twins or other special situations, she will probably need some additional help beyond the information found in this article. All content in this article including medical opinion and any other health-related information, is for informational

purposes only and should not be considered to be a specific diagnosis or treatment plan for any individual situation.

#### References

- [1] Amir, L. H. 2006. Breastfeeding-managing "supply" difficulties. Aust. Fam. Physician, 35: 686-689.
- [2] Bachrach, V. R., Schwarz, E. and Bachrach, L. R. 2003. Breastfeeding and the risk of hospitalization for respiratory disease in infancy: a meta-analysis. Arch. Pediatr. Adolesc. Med., 157: 237-243.
- [3] Bai, Y. K., Middlestadt, S. E., Joanne-Peng, C. Y. and Fly, A. D. 2009. Psychosocial factors underlying the mother's decision to continue exclusive breastfeeding for 6 months: an elicitation study. J. Hum. Nutr. Diet, 22: 134-140.
- [4] Bernier, M. O., Plu-Bureau, G., Bossard, N., Ayzac, L. and Thalabard, J. C. 2000. Breastfeeding and risk of breast cancer: a meta-analysis of published studies. Hum. Reprod. Update, 6: 374-386.
- [5] Chatterton, R. T., Jr, Hill, P. D., Aldag, J. C., Hodges, K. R., Belknap, S. M. and Zinaman, M. J. 2000. Relation of plasma oxytocin and prolactin concentrations to milk production in mothers of preterm infants: influence of stress. J. Clin. Endocrinol. Metab., 85: 3661-3668.
- [6] Clark, A., Anderson, J., Adams, E. and Baker, S. 2008. Assessing the knowledge, attitudes, behaviors and training needs related to infant feeding, specifically breastfeeding, of child care providers. Matern. Child Health J., 12: 128-135.
- [7] Dennis, C. L. 2002. Breastfeeding initiation and duration: a 1990-2000 literature review. J. Obstet. Gynecol. Neonatal. Nurs., 31: 12-32.
- [8] Fein, S. B., Labiner-Wolfe, J., Shealy, K. R., Li, R., Chen, J. and Grummer-Strawn, L. M. 2008. Infant Feeding Practices Study II: study methods. Pediatrics, 122 (Suppl 2): 28-35.
- [9] Gaiva, M. A. M. and Medeiros, L. S. 2006. Insufficient lactation: a proposal for action by nurses. Ciencia, 5: 255-262.
- [10] Gartner, L. M., Morton, J., Lawrence, R. A., Naylor, A. J., O'Hare, D., Schanler, R. J. and Eidelman, A. I. 2005. American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics, 115: 496-506
- [11] Hailes, J. F. and Wellard, S. J. 2000. Support for breastfeeding in the first postpartum month: perceptions of breastfeeding women. Breastfeed Rev, 8: 5-9.
- [12] Khan, M. A., Sarwar, M. H., Jahanzeb, M., Raees, T., Abu Bakar, H., Zareef, A. W. and Sarwar, M. 2017. A Crucial Focus on Special Nutrition Needs During Old Age Adults. American Journal of Food Science and Health, 3 (3): 58-63.
- [13] Li, R., Fridinger, F. and Grummer-Strawn, L. 2002. Public perceptions on breastfeeding constraints. J. Hum. Lact., 18: 227-235.
- [14] Mancini, F., Carlson, C. and Albers, L. 2007. Use of the Postpartum Depression Screening Scale in a collaborative obstetric practice. J. Midwifery Women's Health, 52: 429-434.

- [15] McIntyre, E., Hiller, J. E. and Turnbull, D. 2001. Community attitudes to infant feeding. Breastfeed Rev., 9 (3): 27-33.
- [16] McIntyre, E., Turnbull, D. and Hiller, J. E. 1999. Breastfeeding in public places. J. Hum. Lact., 15: 131-135.
- [17] Mills, S. P. 2009. Workplace lactation programs: a critical element for breastfeeding mothers' success. AAOHN, J. 57: 227-231.
- [18] Moore, E. R., Anderson, G. C. and Bergman, N. 2007. Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database Syst. Rev., 3: CD003519.
- [19] O'Hara, M. W. and Swain, A. M. 1996. Rates and risk of postpartum depression- a meta-analysis. Int. Rev. Psychiatry; 8: 37-54.
- [20] Owen, C. G., Martin, R. M., Whincup, P. H., Smith, G. D. and Cook, D. G. 2006. Does breastfeeding influence risk of type 2 diabetes in later life? A quantitative analysis of published evidence. Am. J. Clin. Nutr., 84: 1043-1054.
- [21] Oyeku, S. O. 2003. A closer look at racial/ethnic disparities in breastfeeding. Commentary on Breastfeeding advice given to African American and white women by physicians and WIC counselors. Public Health Rep., 118: 377-378.
- [22] Qin, H., Zhang, L., Zhang, L., Zhang, W., Li, L., Deng, X., Tian, D., Deng, J. and Hu, G. 2017. Prevalence of Breastfeeding: Findings from the First Health Service Household Interview in Hunan Province, China. Int. J. Environ. Res. Public Health, 14 (150): 2-8.
- [23] Sarwar, M. 2013. The theatrical usefulness of olive *Olea europaea* L. (Oleaceae Family) nutrition in human health: A Review. Sky Journal of Medicinal Plant Research, 2 (1): 1-4.
- [24] Sarwar, M. F., Sarwar, M. H., Sarwar, M., Qadri, N. A. and Moghal, S. 2013. The role of oilseeds nutrition in human health: A critical review. Journal of Cereals and Oilseeds, 4 (8): 97-100.

- [25] Sarwar, M. H., Khan, M. A., Abu Bakar, H., Zareef, A. W., Jahanzeb, M., Raees, T. and Sarwar, M. 2017. An Essential Motivation on Nutrition Learning for Child Care Health Program. American Journal of Food Science and Health, 3 (3): 47-52.
- [26] Sarwar, M. H., Sarwar, M. F. and Sarwar, M. 2014. Understanding the Significance of Medical Education for Health Care of Community around the Globe. International Journal of Innovation and Research in Educational Sciences, 1 (2): 149-152.
- [27] Sarwar, M. H., Sarwar, M. F., Sarwar, M., Qadri, N. A. and Moghal. S. 2013. The importance of cereals (Poaceae: Gramineae) nutrition in human health: A review. Journal of Cereals and Oilseeds, 4 (3): 32-35.
- [28] Sarwar, M. H., Sarwar, M. F., Khalid, M. T. and Sarwar, M. 2015. Effects of Eating the Balance Food and Diet to Protect Human Health and Prevent Diseases. American Journal of Circuits, Systems and Signal Processing, 1 (3): 99-104.
- [29] Shannon, T., O'Donnell, M. J. and Skinner, K. 2007. Breastfeeding in the 21<sup>st</sup> century: overcoming barriers to help women and infants. Nurs Womens Health, 11: 568-575.
- [30] Stewart-Knox, B., Gardiner, K. and Wright, M. 2003. What is the problem with breast-feeding? A qualitative analysis of infant feeding perceptions. J. Hum. Nutr. Diet, 16: 265-273.
- [31] Tayyaba, R., Sarwar M. H. and Sarwar, M. 2017. Key Characteristics for Good Nutritional Care and Preventing of Its Deficiencies in Women. American Journal of Food Science and Health, 3 (3): 53-57.
- [32] Zimmerman, D. R. and Guttman, N. 2001. Breast is best: knowledge among low-income mothers is not enough. J. Hum. Lact, 17: 14-19.