

## Research Article

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## Understanding Breastfeeding Practices among Women Registered at Primary Health Care Corporation Health Centres in Qatar

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### Abstract

**Introduction:** Breastfeeding is one of the most effective ways to ensure child survival. Around 8,20,000 child lives would be saved every year if breastfeeding were scaled up to approximate universal levels 3. In Qatar, exclusive breastfeeding for children age 0-5 months was 29.3%. However, there is no updated data or data at the level of community affiliated to primary health care centres in Qatar.

**Methodology:** Data on women breastfeeding practices was extracted from Cerner at their well-baby clinics visits at four health centres between 1st of January 2017 and 31st of August 2019. Deceased patients and registered ones with expired residency at the 31st of August 2019 cut-off point in time were excluded.

**Results:** At Leabaib HC, exclusive breastfeeding was 19.9% (6.7% Qataris, 33.7% non-Qataris) and 9.2% at 4 months and 6 months, respectively. At Airport HC, exclusive breastfeeding at 4-month visit point was 11.5% and 34.9% among Qatari and non-Qatari women, respectively. At Al Shamal HC, no Qatari women reported any exclusive breastfeeding practices at 6 months, while only 7 non-Qatari women reported that, and 4 Qatari women reported exclusive breastfeeding at 4 months. At Al Jumailiya HC, only 4 women (2 Qataris, 2 non-Qataris) reported exclusive breastfeeding at 6 months and 5 Qatari women reported exclusive breastfeeding at 4 months.

**Implications:** The results will allow tailoring more effective measures to promote breastfeeding, namely among Qatari women.

**Conclusion and recommendations:** Exclusive breastfeeding practice rates at 4 and 6 months were low among all nationalities registered at the 4 health centers. However, the lowest rates were among Qatari lactating women at 6 months. Hence, breastfeeding promoting initiatives should be applied and more in-depth qualitative techniques are needed to understand the reasons for the low rates, namely among Qatari women.

**Keywords:** Breastfeeding; Qatari; Non-Qatari; Leabaib; Airport; Al Shamal; Al Jumailiya

### Introduction

Breast milk is the natural first food for babies, the infants can receive all the energy and the nutrients that they need for the first months of life through breast milk, and during the second half of the first year it continues to provide up to half or more of a child's nutritional needs, and up to one-third during the second year of life [1]. There is evidence that breast milk protects against several conditions and diseases in the infant such as diarrhoea, bacteraemia, respiratory tract infection, otitis media, urinary tract

infection, and childhood overweight and obesity [2]. For lactating women, breastfeeding provides protection against breast cancer, it improves birth spacing, and it also possibly protects against ovarian cancer and type 2 diabetes [3].

According to global public health recommendation, infants should be exclusively breastfed throughout the first 6 months of life. The latter will support achieving optimal growth, health and development [4]. Infant feeding practices have a significant impact on the nutrition status of children aged 2 years and under as well as on their risk for infectious diseases and mortality. Hence, the World Health Organization recommends the initiation of breast feeding within one hour after birth and that exclusive breastfeeding should

be practiced for the first 6 months of life [5].

The consequences of inadequate feeding practices in early childhood pose major obstacles to government endeavours towards achieving socioeconomic development. Additionally, the Millennium Development Goals will not be achieved fully without active actions to reduce malnutrition among infants and young people [4].

Currently, around 8,20,000 child lives would be saved every year if breastfeeding were scaled up to approximate universal levels 3. Therefore, exclusive breast feeding and timely complementary feeding introduction, the two essential elements of optimal infant feeding practices are promoted at a global level to tackle child mortality and morbidity [6].

The global nutrition monitoring framework set a target for exclusive breastfeeding rate to be increased by at least 50% in 2025 from the current available global statistics of around 40% [7]. Reasons behind terminating breast feeding at an early stage has multifaceted and includes biophysical, socioeconomic, and psychological reasons. Existing evidence highlights that maternal age, mood of delivery, and father's occupation are associated with breastfeeding discontinuation [8]. Studies have shown benefits of early skin-to-skin contact after birth and provision of colostrum to the baby; a 2006 study suggested that 22% of global neonatal deaths could be prevented if breastfeeding starts within the first hour [9].

Improvement of breastfeeding practices is an effective preventive strategy towards, for example, neonatal deaths, obesity and allergic disorders. The prevalence of exclusive breastfeeding can also be used as an overall indicator of optimal maternal and early childhood hospital and primary care [10].

In Qatar and based on data from 2012, 85% of mothers started breastfeeding within one day of birth, but a much lower 34% initiated breastfeeding within an hour of birth. The prevalence of early breastfeeding initiation increases with advancing maternal

education. Notably, only 18.6% of Qatari babies are exclusively breastfed in the first six months compared with 35% of non-Qatari infants [11].

Latest updated data on breastfeeding practices in Qatar is lacking. Additionally, data on the latter among communities affiliated to the primary health care centres is not available.

### Objective

The aim of this study is to understand the exclusive breastfeeding practices at 4 months and 6 months among the registered population at different primary health care centres. The latter understanding will support better design and implementation for services and initiatives to promote breastfeeding taking into consideration the specificity and differences in the latter practice among the studied health centres.

### Methodology

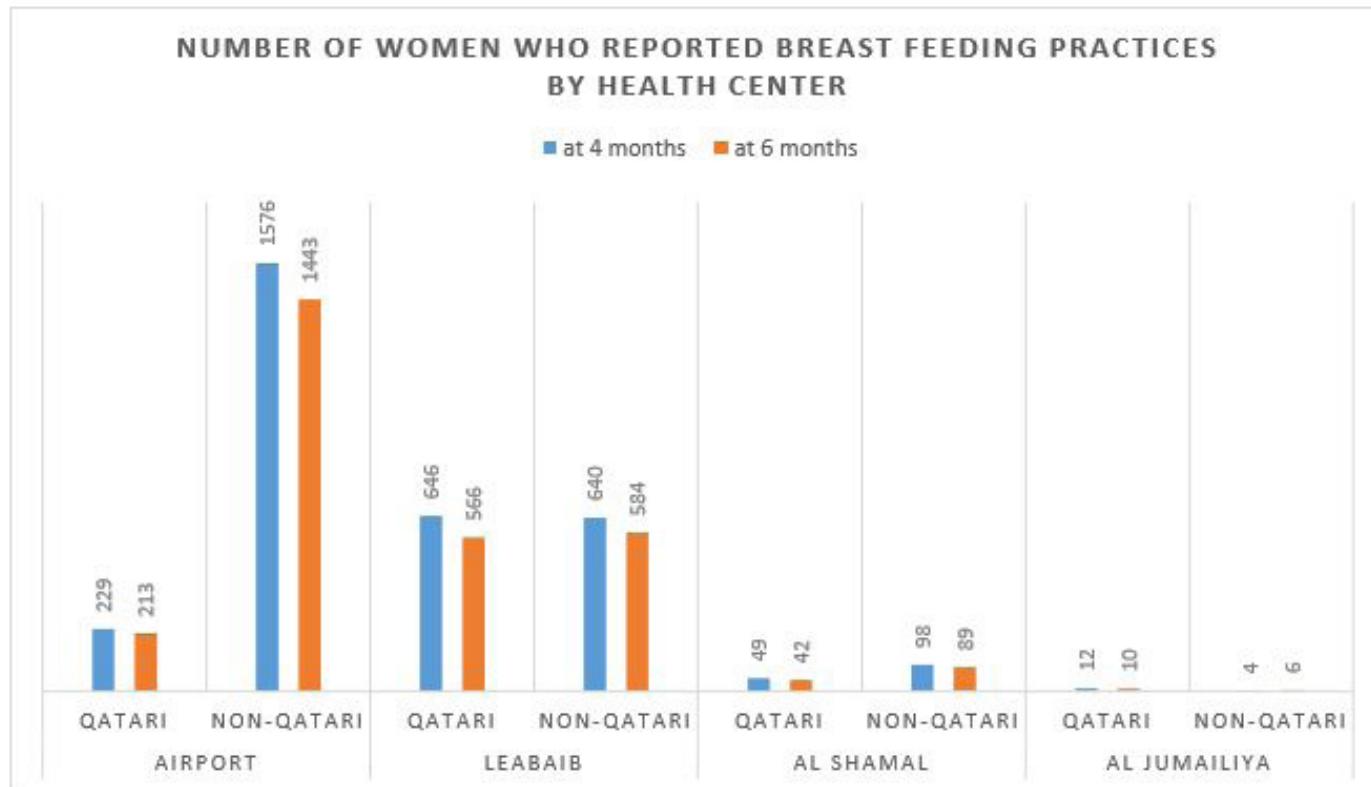
Primary Health Care Corporation in Qatar shifted towards electronic medical record through CERNER across all 27 health centres in January 2017. Cross sectional data was extracted from CERNER for women attending the 4 months and 6 months well baby clinics scheduled visits after their delivery as part of the PHCC well baby clinics protocol. Throughout the visits, women were asked about their infant feeding practices and data was captured into their electronic medical records. The data was extracted between 1<sup>st</sup> of January 2017 and 31<sup>st</sup> of August 2019 for four selected health centres Leabaib, Airport, Al Shamal, Al Jumailiya. The latter health centres were selected to have a representation of the three regions in which PHCC operates in as per the geographic distribution of health centres. Deceased patients and registered ones with expired residency at the 31<sup>st</sup> of August 2019 cut-off point in time were excluded. All the analysis was conducted using STATA 15. Descriptive analysis was applied to measure the proportion of women who practiced exclusive breastfeeding at 4 months and 6 months.

## Results

### Demography (Figures 1 and 2, Tables 1 and 2)



**Figure 1:** Number of women who reported their breastfeeding practices at 4 and 6 month visits by nationality.



**Figure 2:** Women who reported breastfeeding practices by the studied health centres and by nationality.

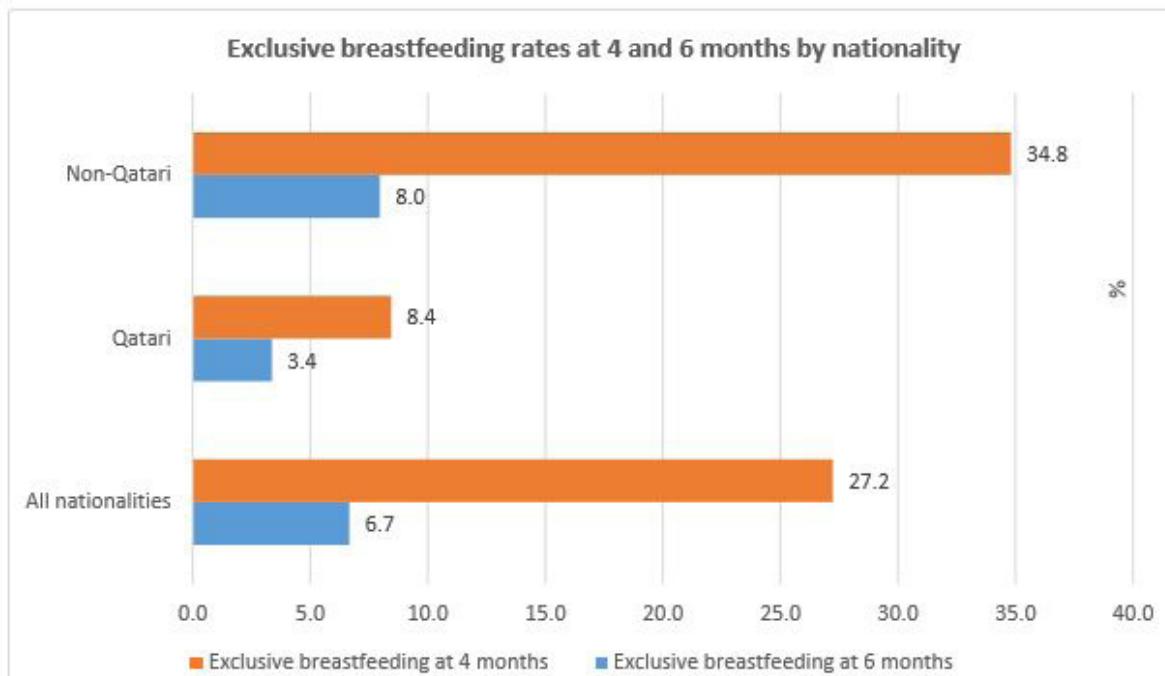
Lactating women age at 4 months visit	Observation	Mean	Std. Dev.	Min	Max
Qatari	756	30.06	5.63	18	45
Non-Qatari	1806	30.76	4.81	16	44
Total	2562	30.55	5.07	16	45

**Table 1:** Mean age of women at 4 months visit and by nationality.

Lactating women age at 4 months visit	Observation	Mean	Std. Dev.	Min	Max
Qatari	678	30.41	5.81	18	45
Non-Qatari	1608	30.88	4.80	16	45
Total	2286	30.74	5.12	16	45

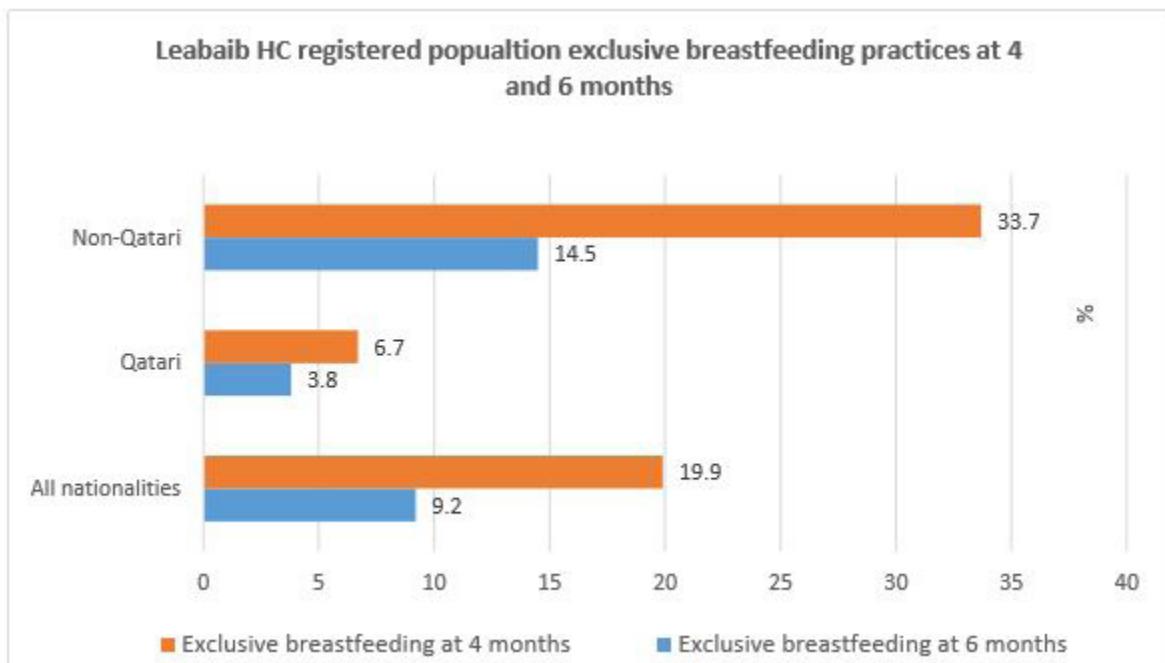
**Table 2:** Mean age of women at 7 months visit and by nationality.

**Exclusive Breastfeeding Practices (Figure 3).**

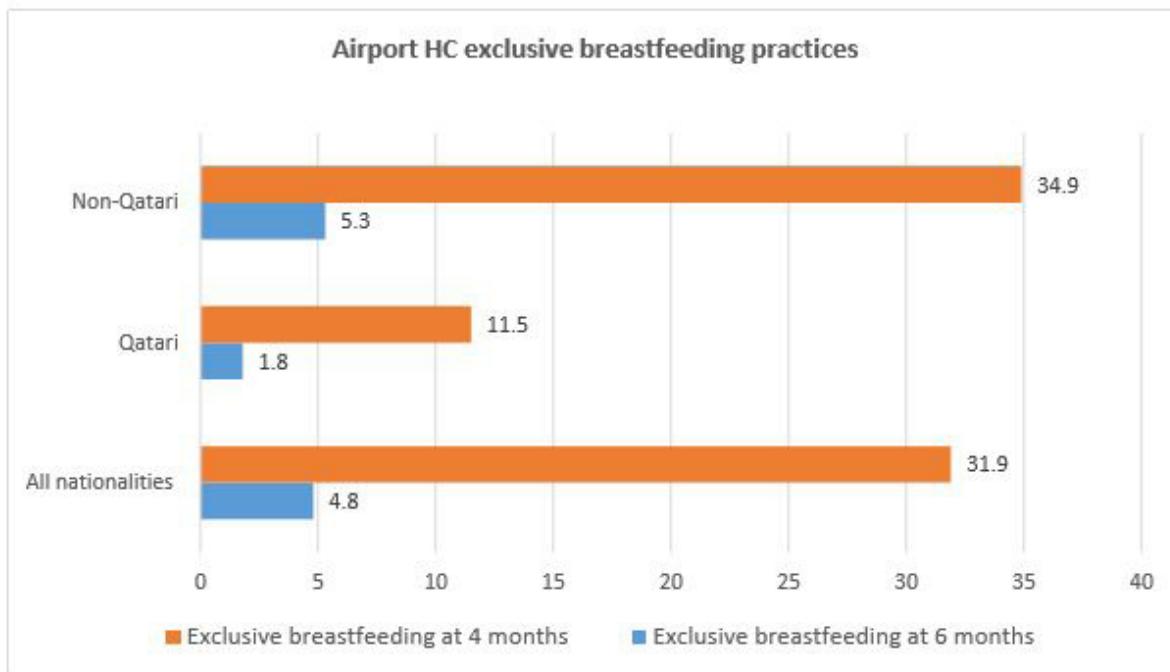


**Figure 3:** Total exclusive breastfeeding rates among delivered women.

**Breastfeeding practices by the studied health centres (Figures 4 and 5)**



**Figure 4:** Exclusive breast feeding practices among delivered women at Leabaib Health Centre.



**Figure 5:** Exclusive breast feeding practices among delivered women at Airport Health centre.

#### Exclusive breast feeding practices among delivered women at Al Shamal Health Centre

At Al Shamal HC, no Qatari women reported any exclusive breastfeeding practices at 6 months, while only 7 non-Qatari women reported that, and 4 Qatari women reported exclusive breastfeeding at 4 months.

#### Exclusive breast feeding practices among delivered women at Al Jumailiya Health Centre

At Al Jumailiya HC, only 4 women (2 Qatari, 2 non-Qatari) reported exclusive breastfeeding at 6 months and 5 Qatari women reported exclusive breastfeeding at 4 months.

#### Discussion

The analysis examined women's responses to the breastfeeding questions at the 4-month and 6-month visits at the Well- Baby Clinics at the Primary Health Care Corporation health centres. The mean age of the women who reported breastfeeding practices was 30 years. Our findings deduced that exclusive breastfeeding practices rates at 6 months were low among all lactating women of all nationalities registered at the 4 health centres. At the health centres outside of Doha like Jumailiya and Al Shamal, only a very small number of women reported exclusive breastfeeding at 6 months, namely 7 and 4 women respectively. While in the health centres in Doha like Leabaib and Airport, more women reported that which enabled us to calculate the rates (14% among women registered at Leabaib health centre, and 5% among

women registered at the Airport health centre). The lowest rates were among Qatari lactating women (3.8% among Qatari women registered at Leabaib health centre, and 1.8% among Qatari women registered at Airport health centre).

The documented exclusive breastfeeding rates at 4 months were better than those at 6 months with the highest rate of 31.9% among all women registered at Airport followed by 19.9% among women registered at Leabaib. Nevertheless, the rates at 4 months remained lower among Qatari women than those among non-Qatari women (33.7% among non-Qatari women vs. 6.7% among Qatari women) at the Leabaib health centre registered population. Hence, breastfeeding promoting initiatives should be applied and more in-depth qualitative techniques are needed to understand the reasons for the low rates namely among Qatari women.

#### References

1. World Health Organization (2020) Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services.
2. American Academy of Pediatrics (2019) Benefits of Breastfeeding.
3. Victora CG, Bahl R, Barros AJ, França GV, Horton S, et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet 387: 475-490.
4. World Health Organization & UNICEF (2007) Planning guide for national implementation of the Global strategy for infant and young child feeding.

5. World Health Organization (2002) *Infant and young child nutrition: global strategy on infant and young child feeding*. Geneva, Switzerland.
6. Nguyen TT, Withers M, Hajeebhoy N, Frongillo EA (2016) Infant formula feeding at birth is common and inversely associated with subsequent breastfeeding behavior in Vietnam. *J Nutr* 146: 2102-2108.
7. World Health Organization (2017) *Global Nutrition Monitoring Framework: operational guidance for tracking progress in meeting targets for 2025*. World Health Organization, Geneva, Switzerland.
8. Moraes de Oliveira M, Camelo JS Jr (2017) Gestational, perinatal, and postnatal factors that interfere with practice of exclusive breastfeeding by six months after birth. *Int Breastfeed J* 12: 42.
9. Baker EJ, Sanei LC, Franklin N (2006) Early initiation of and exclusive breastfeeding in large-scale community-based programmes in Bolivia and Madagascar. *J Health Popul Nutr* 24: 530-539.
10. World Health Organization (2015) *Global Reference List of 100 Core Health Indicators*, 2015.
11. The World Bank (2014) *Qatar Multiple Indicators Cluster Survey 2012*. Ministry of Development Planning and Statistics, Qatar.