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## THE IMPORTANCE OF PROPER FEEDING AND BREASTFEEDING OF NEWBORNS

**Abstract:** Proper feeding is one of the most critical factors in ensuring the healthy growth and development of newborns. Breastfeeding, in particular, offers a wide range of health benefits for both the infant and the mother. This article explores the importance of proper feeding practices for newborns, with a focus on the benefits of breastfeeding, recommendations for the optimal feeding techniques, and the challenges associated with infant feeding. It also highlights global recommendations and initiatives that support breastfeeding as the primary source of nutrition during the first months of life.

**Keywords:** Newborns, breastfeeding, infant nutrition, lactation, proper feeding, infant health, maternal health, early life nutrition, WHO guidelines

**INTRODUCTION:** Among the numerous factors related to poor maternal and child health, poor feeding and early cessation of breastfeeding are major problems. The reluctance of mothers or caregivers to adhere to the dietary advice offered to them is one of the main obstacles in the prevention and treatment of malnutrition. The health team members have a strategic role in their advice, encouragement, and educational guidance for nutritional treatment and breastfeeding, taking into account the most appropriate food options within the cultural and socioeconomic conditions of the families. From birth, breastfeeding contributes significantly to preventing child mortality from infectious and chronic diseases, while also representing a powerful means of protection against maternal deaths from multiple causes. Continued and exclusive breastfeeding until the sixth month of life and its promotion at the expense of other ways of feeding the child seems to be the cheapest, simplest, safest, and most effective way to reduce child mortality rates in the world. In this chapter, we will explore the recommendations for the adequacy of the newborn's feeding, whether natural or artificial. We will also address the problem of the child's refusal to breastfeed, showing the causes that lead to this situation and the guidelines to overcome it, aiming to provide guidance to the health professionals who advise mothers in the area of neonatology.

### BACKGROUND AND SIGNIFICANCE

Proper feeding of newborns is one of the most important ways to ensure a child's healthy physical and cognitive development. Breastfeeding is recommended for optimal infant nutrition and is beneficial for both the infant and the mother. First, breast milk is perfectly suited to the nutritional needs of babies and is a gentle and easily digestible first food. It contains all the necessary nutrients, provides all the calories, and includes healthier proteins, peptides, fatty acids, carbohydrates, and minerals. It also contains enzymes, growth factors, hormones, and a large number of bioactive substances. These components help protect the baby from a wide range of diseases. Second, breastfeeding promotes the transmission of beneficial bacteria necessary for the colonization of the digestive tract. These bacteria develop very early in life and affect an individual's lifelong shape and function.

Currently, there is more of an emphasis on breastfeeding. Exclusive breastfeeding for the first six months of a baby's life and then breastfeeding, with supplementary breastfeeding for up to 2 years

or as long as the mother and the baby desire, is recommended. Exclusive breastfeeding, where the only source of nutrition for an infant is breast milk, is the best way to help the baby and build a protective immune system. Exclusive breastfeeding also reduces the risk of sudden infant death syndrome. These findings support the benefits of exclusive breastfeeding. However, breastfeeding rates are still at historically low levels in many countries. In many factors can contribute to declining breastfeeding rates. These factors, including a lack of breastfeeding knowledge, negative attitudes toward breastfeeding, urbanization, increasing numbers of working mothers, and insufficient maternity leave, contribute to low rates of exclusive breastfeeding and premature discontinuation of breastfeeding. Inadequate feeding negatively affects the health and development of millions of children throughout the world, resulting in high preventable infant and child morbidity and mortality.

### LITERATURE REVIEW

The importance of proper feeding and breastfeeding for newborns has been widely recognized for its health benefits, not only for the infant but also for the mother. Breastfeeding offers essential nutrients and immune protection that formula feeding cannot match. A study by Bartick et al. (2017) emphasizes that breast milk contains bioactive compounds such as antibodies and immune cells that protect infants from infections, particularly in the first few months when their immune system is still developing [1]. These immune benefits help reduce the risk of conditions like gastrointestinal diseases, respiratory infections, and ear infections. Additionally, breast milk is composed of proteins, fats, carbohydrates, and essential vitamins that are tailored to meet the specific needs of the infant, which is why it is considered the most complete and appropriate source of nutrition during the early months of life.

In addition to providing immediate immune protection, breastfeeding has been linked to long-term health benefits. A systematic review by Victora et al. (2016) found that children who were breastfed have lower risks of developing chronic conditions later in life, including obesity, type 2 diabetes, and hypertension [2]. Furthermore, breastfeeding has been associated with higher cognitive development and improved IQ scores. Kramer et al. (2014) conducted research that suggests the fatty acids found in breast milk play a crucial role in brain development, which may explain why breastfed infants tend to perform better in cognitive assessments compared to those who were formula-fed [3]. Beyond the infant, breastfeeding also provides significant health benefits for the mother. Research by Gunderson et al. (2015) highlights that breastfeeding triggers the release of oxytocin, a hormone that helps the uterus return to its pre-pregnancy size and reduces postpartum bleeding [4]. Moreover, breastfeeding has been associated with a reduced risk of breast and ovarian cancer, as well as a decreased likelihood of developing type 2 diabetes later in life [5]. These long-term health advantages contribute to the overall well-being of mothers and reduce the risk of chronic health issues.

The World Health Organization (WHO) and UNICEF recommend that infants be exclusively breastfed for the first six months of life. A study by Moore et al. (2019) found that exclusive breastfeeding is linked to a lower incidence of morbidity and mortality in infants, particularly due to infectious diseases and malnutrition [7]. Breast milk provides all the necessary nutrients during this critical period of rapid growth and development, and introducing complementary foods before six months increases the risk of infections and allergic reactions. WHO guidelines further recommend that breastfeeding continue, along with appropriate complementary feeding, for up to 2 years of age or longer. Extended breastfeeding has been associated with continued immune protection and better emotional development for the child [8].

## ANALYSIS AND RESULTS

The analysis of breastfeeding patterns reveals significant variation across different regions and populations, highlighting both successes and challenges in promoting optimal feeding practices for newborns. In many high-income countries, breastfeeding initiation rates are generally high, often above 80%. However, the rate of exclusive breastfeeding drops sharply as infants reach three to six months of age. For example, in the United States, while 84% of mothers initiate breastfeeding, only 25% continue to exclusively breastfeed at six months, falling short of the World Health Organization's (WHO) recommendation of exclusive breastfeeding for the first six months of life. Similar trends are observed in other developed nations, indicating a gap between the ideal recommendation and the actual breastfeeding practices.

The reasons behind these drops are multifaceted. One of the main barriers identified is a lack of support for breastfeeding mothers in the workplace. In many countries, workplace policies fail to provide sufficient maternity leave, adequate time for breastfeeding, or private spaces for lactating mothers to express milk. Studies have shown that in workplaces with supportive breastfeeding policies, such as flexible hours and lactation rooms, mothers are more likely to continue breastfeeding for longer periods. In contrast, mothers who return to work shortly after childbirth, especially in environments without adequate support, often face challenges in maintaining breastfeeding. For example, research from the Centers for Disease Control and Prevention (CDC) has shown that mothers who have access to workplace lactation rooms are more likely to breastfeed exclusively for longer periods, compared to those who lack such support. In the United States, the introduction of the Affordable Care Act (ACA), which mandated that employers provide reasonable break times and space for breastfeeding, has helped increase breastfeeding duration rates. In contrast, in low- and middle-income countries, breastfeeding rates tend to be higher during the early stages of life, particularly in rural areas where traditional practices are strongly adhered to. According to the World Health Organization (WHO), the majority of infants in these regions are breastfed, with many continuing breastfeeding well into the second year. However, even in these settings, exclusive breastfeeding for the first six months is not always achieved, primarily due to the early introduction of complementary foods, often due to cultural norms or economic factors, such as the inability to afford formula feeding. The introduction of other foods and liquids at an early age is more common in these regions, despite WHO guidelines recommending exclusive breastfeeding until six months. This issue is particularly prevalent in regions of sub-Saharan Africa and Southeast Asia, where traditional practices and family customs may conflict with public health guidelines. For instance, in parts of Kenya, studies have shown that 43% of infants under six months of age are already given complementary foods, often due to maternal misconceptions about the adequacy of breast milk alone.

Additionally, the availability and accessibility of breastfeeding support play a critical role in the success of breastfeeding practices. According to a study by Moore et al. (2019), mothers who received prenatal breastfeeding education and had access to lactation consultants during the postnatal period were significantly more likely to initiate and continue exclusive breastfeeding. This highlights the importance of education and support systems that empower mothers to navigate the potential difficulties of breastfeeding. Lack of support, coupled with misconceptions about milk supply and the early introduction of formula, can lead to early cessation of breastfeeding. In many low-income settings, access to professional lactation consultants or breastfeeding support groups is limited, which leads to an increased reliance on formula feeding.

Healthcare systems and hospitals also play a pivotal role in promoting breastfeeding. The Baby-Friendly Hospital Initiative (BFHI), launched by the WHO and UNICEF, has been widely successful in promoting best practices in breastfeeding. Hospitals that have adopted BFHI guidelines, such as promoting immediate skin-to-skin contact after birth and avoiding the use of formula unless medically necessary, have reported higher rates of successful breastfeeding initiation and continuation. A study in Bangladesh found that the implementation of BFHI protocols resulted in a 22% increase in breastfeeding initiation rates in hospitals, with a notable increase in the proportion of infants exclusively breastfed at six months. Similarly, a study in Brazil found that BFHI-certified hospitals had a breastfeeding initiation rate of 95%, compared to 65% in non-BFHI hospitals.

Furthermore, socioeconomic factors can influence breastfeeding outcomes. Higher-income mothers are more likely to have access to breastfeeding support, such as lactation consultants or breastfeeding education, whereas mothers from lower-income backgrounds may lack this support and may also face pressures to return to work sooner. The financial strain of formula feeding, especially in low-income families, can further contribute to the challenges of breastfeeding continuation. According to data from the United Nations Children's Fund (UNICEF), 41% of mothers in low-income countries report using formula feeding due to a lack of resources, while 15% of mothers in high-income countries report using formula because of societal pressure or lack of breastfeeding support. Additionally, research has shown that mothers from low-income households in the United States are less likely to exclusively breastfeed, often due to limited access to resources such as breast pumps, lactation consultants, and paid maternity leave.

The global analysis of breastfeeding patterns also highlights the impact of cultural beliefs and societal norms on infant feeding practices. In some cultures, breastfeeding is not only the norm but is deeply ingrained in daily routines and community support structures. However, in other cultures, formula feeding is seen as a sign of affluence or modernity, leading to lower breastfeeding rates. Cultural shifts, such as urbanization and increasing reliance on formula feeding, have contributed to the decline in breastfeeding rates in many parts of the world. This shift is particularly concerning, as studies have shown that formula feeding is associated with an increased risk of infections, allergies, and chronic diseases later in life. In some countries, such as those in parts of Europe and Latin America, formula feeding is viewed as a symbol of economic prosperity and modernity, contributing to declining breastfeeding rates. To further compound the issue, the marketing strategies of infant formula companies have played a critical role in influencing maternal decisions about infant feeding. Aggressive marketing tactics, including advertisements and free samples distributed in hospitals, have led to an increase in formula feeding, especially in middle-income and low-income countries. In countries like India, the marketing of infant formula has been linked to an increase in formula feeding among infants under six months, despite the country's public health campaigns promoting exclusive breastfeeding.

## CONCLUSION

Breastfeeding is an essential practice for ensuring the health and well-being of both infants and mothers, providing unmatched nutritional and immune benefits. However, despite the well-established advantages, global breastfeeding rates remain suboptimal, with significant gaps between recommended practices and actual feeding behaviors. Factors such as inadequate workplace support, insufficient maternity leave, socioeconomic barriers, and cultural norms continue to impede

breastfeeding success, particularly in low- and middle-income countries. Additionally, marketing practices by infant formula companies have contributed to the decline in breastfeeding rates, especially in developing nations. For breastfeeding to reach its full potential in promoting public health, a multifaceted approach is required. This includes strengthening policies that support breastfeeding mothers, such as paid maternity leave, workplace lactation spaces, and the implementation of Baby-Friendly Hospital Initiatives (BFHI). Increased education and awareness programs targeting both mothers and healthcare providers are also crucial in overcoming misconceptions and providing the necessary support to initiate and sustain breastfeeding practices. By addressing these challenges and investing in global breastfeeding initiatives, it is possible to improve breastfeeding rates, ensuring better health outcomes for infants and long-term benefits for mothers. Ultimately, breastfeeding promotion should be integrated into public health strategies worldwide, providing infants with the best possible start in life and supporting maternal health in a sustainable, effective manner.

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