

Myths and Facts About Breast Feeding in Primary Health Care Center in Sohag, Egypt

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ABSTRACT

Background: Environment influences infant feeding decisions of mothers, which have influence on growth, development, health and nutrition of infants and children.

Objectives: To assess the maternal knowledge and practices towards breast-feeding among mothers in Sohag. To correlate breast-feeding practices with maternal education, parity, mode of delivery, socioeconomic status and employment.

Patients and methods: This cross-sectional study included 500 mothers of infants attending some primary health centers from 1st January to 30th November 2020. Data were collected using a self-administered standardized questionnaire.

Results: Information present in this questionnaire were taken from 500 mothers, their information was founded to be taken from what friends (33%), media (10%) and primitives (57%). 52% of mothers knew that breast feeding was used as contraceptives. 63% of mothers agreed that babies breast fed naturally were healthier than those who breast feed artificially. 67% of mothers agreed that breast milk is useful but not satisfy the nutritional needs to sustain optimal growth beyond 6 months not due to decrease quality of breast milk but increased demand. Breast-feeding is related to educational level, parity, and socioeconomic status, in which (58%) and (80) of mothers had moderate educational level and moderate socioeconomic level respectively. Despite 61% of mothers disagree with the concept that they should stop nursing after only one year. Only 20% of them agreed to give bottle-feeding as complementary.

Conclusion: It is really an encouraging observation that majority of the mothers had good knowledge and a positive attitude towards breast-feeding. Majority of the mothers fed the baby colostrum. Late initiation of breast-feeding has implications for health education programs and neonatal feeding strategies.

Keywords: Breast feeding; Knowledge; Practices; Colostrum; Duration of breast feeding, Bottle-feeding.

INTRODUCTION

Breast-feeding called nursing means introduction of breast milk to infant. Breast-feeding provides optimal and complete nutrition for newborn babies and the health risks associated with infant formula feeding are increasingly documented ⁽¹⁾.

During infancy, breast-feeding protects against infectious disease, by the time, breast-feeding is associated with several benefits such as C.V.S, IQ, and atopy ⁽²⁾.

It is known that breast-feeding rates vary by demographic and socioeconomic factors that affect its initiation and duration. Studies showed that characteristics such as increasing maternal age, education, income and being a non-smoker are associated with elevated rates of breast-feeding ⁽³⁾.

The first two years of life are serious for a child's growth and development. Any damage caused by nutritional deficiencies during this period could lead to impaired cognitive development, compromised educational achievement and low economic productivity. Various factors such as sub-optimal breast-feeding and complementary feeding practices have been identified.

These are influenced by maternal characteristics such as age, marital status, occupation, education level, antenatal, maternity health care, health education and media exposure, socio-economic status and area of

residence and child's characteristics including birth weight, method of delivery, birth order, and the use of pacifier ⁽⁴⁾. Breast-feeding practices are influenced by demographic, social, cultural and psychological factors ⁽⁵⁾.

The World Health Organization (WHO) recommends exclusive breast-feeding for six months. The estimated reduction of infant mortality by promoting exclusive breast-feeding is 13%. Non-exclusive breast-feeding rather than exclusive breast-feeding can increase the risk of dying due to diarrhea and pneumonia among 0–5 month old infants by more than two-fold ⁽⁴⁾.

Despite awareness of advantages of breast-feeding, its rates often fall short of recommended practice. Importance of exclusive breast-feeding (EBF) is well established particularly in poor environments where early introduction of other milk is of particular concern because of the risk of pathogens, contamination and over dilution of milk leading to increased risks of morbidity and undernutrition. However, the rates of early initiation, exclusive breast-feeding and timing of complementary feeds are far from desirable ⁽⁶⁾.

This study aimed to assess the knowledge, practices towards breast-feeding and to find these factors, which influence the breast-feeding among mothers in Sohag. Information about breast-feeding practices in the rural population will be useful for interventional programs.



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PATIENTS AND METHODS

Mothers of infants attending Primary Health Centre, for immunization or ill health were included in this study. Informed consents were taken from the mothers, who were willing to participate in the study and interviewed regarding Breast-feeding knowledge and practices.

Study Period: 1st January to 30th November 2020.

Sample Size Calculation: Sample size calculation was done randomly selected by questionnaires to 500 mothers.

Study Design: It is a cross-sectional, questionnaire-based study done in the setting of Primary Health Centre.

Method of Data Collection:

Mothers of children aged between 1 day to 2 years visiting Primary Health Centre were included. A face-to-face interview using a pre-designed, self-administered, standardized questionnaire regarding knowledge and practices of Breast-feeding was conducted. The questionnaire, included data about maternal age, parity, education, employment and socioeconomic status, Health education was given to all the mothers interviewed regarding the advantages of Breast-feeding.

Inclusion Criteria: All mothers of infants visiting primary health care centers in many areas in Sohag.

Exclusion Criteria:

Conditions where Breast-feeding is contraindicated like galactosemia, mother suffering from cancer, active tuberculosis and psychoses.

Ethical consent:

An approval of the study was obtained from Al-Azhar University Academic and Ethical Committee. Every patient signed an informed written consent for acceptance of the study. This work has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for studies involving humans.

Statistical analysis

Recorded data were analyzed using the statistical package for social sciences, version 20.0 (SPSS Inc., Chicago, Illinois, USA). Quantitative data were expressed as mean ± standard deviation (SD). Qualitative data were expressed as frequency and percentage. Independent-samples t-test of significance was used when comparing between two means. Chi-square (x²) test of significance was used in order to compare proportions between two qualitative parameters. The confidence interval was set to 95% and the margin of error accepted was set to 5%. The p-value was considered significant as follows: P-value ≤ 0.05 was considered significant. P-value < 0.001 was considered as highly significant. P-value > 0.05 was considered insignificant.

RESULTS

Table (1): Some demographic characteristics of mothers involved in this study

		No.	%	
Type of feeding	Breast-feeding	400	90.0	
	Breast-feeding, bottle-feeding	100	10.0	
		Range	Mean ± SD	
Number of pregnancies?		1 – 11	3.67 ± 2.251	
Number of deliveries?		1 – 11	3.48 ± 2.257	
Number of twins?		0 – 2	0.25 ± 0.555	
History of consanguinity	No	300	60	
	Yes	200	40.0	
History of contraceptives	IUD	30	6.0	
	No	200	40.0	
	Pills	270	54.0	
Economic status	Low	100	20	
	Moderate	400	80	
Level of education	High	60	12.0	
	Low	150	30.0	
	Moderate	290	58.0	
History of genetic diseases		No	500	100.0
History of contraindication of Breast feeding		No	500	100.0
Type of bottle feeding if present		No	100	20.0
Source of information present in this questionnaire	Friends	130	26.0	
	Media	100	20.0	
	Primitives	270	54.0	

Table (2): Questions at which facts more than myths

		No.	%
Is Breast feeding socially unacceptable in our time?	False	310	62
	True	190	38
Should a baby be awakened for breast-feeding to sleep?	False	315	63.0
	True	185	37.0
Are babies' breastfed naturally healthier than those who are fed artificially?	False	185	37.0
	True	315	63.0
Does breast feeding lead to a decrease in breast milk production?	False	375	75.0
	True	125	25.0
Should the mother breastfeed her child 4-6 times only to avoid her milk?	False	365	73.0
	True	135	27.0
Does the child get what he needs from milk in the first 5-10 minutes of Breast-feeding?	False	300	60.0
	True	200	40.0
Does continuous Breast-feeding lead to postpartum depression in the mother?	False	370	74.0
	True	130	26.0
Are some children allergic to their mothers' milk?	False	370	74.0
	True	130	26.0
Does Breast feeding lead to future obesity in children?	False	435	87.0
	True	65	13.0
Should not vitamin D be given to children who breastfeed?	False	345	69.0
	True	155	31.0
Does modern industrial food contain the same ingredients as breast milk?	False	415	83.0
	True	85	17.0
Should the child be affected by diarrhea or rehydration, should the mother stop Breast-feeding?	False	360	72.0
	True	140	28.0
Is the larger the size of the breast the more milk contains?	False	330	66.0
	True	170	34.0
Can a mother who breastfeed her baby cannot dye her hair?	False	350	70.0
	True	150	30.0
Is it necessary for the mother to stop breast-feeding for 48 hours before X-Ray?	False	390	78.0
	True	110	22.0
Do you need a prenatal abdominal exercise before labour so you can breastfeed your baby?	False	430	86.0
	True	170	14.0
Does the mother's inability to breastfeed have a relationship with the family to which she?	False	370	74.0
	True	130	26.0
Does mouth fungus lead to burning pain in the chest and dream?	False	370	74.0
	True	130	26.0
Does breast-feeding be harmful to babies?	False	420	84.0
	True	80	16.0
Is a child who breastfed naturally for a long period to be gay?	False	385	77.0
	True	115	23.0
Are heavy children becoming an obstacle to Breast- feeding?	False	370	74.0
	True	130	26.0
Is the only child advised not to breastfeed naturally?	False	395	79.0
	True	105	21.0
Is the mother who breastfeeds on one hand her son becomes healthier?	False	360	72.0
	True	140	28.0
Is breast-feeding worse mother health?	False	370	74.0
	True	130	26.0
Is there no additional value for breast milk after 12 months so you can stop breast-feeding at this time?	False	305	61.0
	True	195	39.0
Does breast milk become water after 6 months?	False	335	67.0
	True	165	33.0
Does Breast feeding Increase Myopia?	False	405	81.0
	True	95	19.0
Can a mother who has stopped breast-feeding cannot breastfeed?	False	300	60.0
	True	200	40.0
Is Bad Nutrition Sufficient Can Breast feeding?	False	295	59.0.0
	True	205	41.0
Can a mother not work with Breast-feeding?	False	415	83.0
	True	85	17.0

Table (3): Questions at which myths more than facts

		No.	%
Does the mother feel that her milk is too little and cause hunger for the baby so she feeds him artificially?	False	130	26.0
	True	370	74.0
Should the mother breastfeed the baby from both breasts every time you breastfeed him?	False	190	38.0
	True	310	62.0
Should the mother wash her nipples before Breast-feeding the baby each time?	False	205	41.0
	True	295	59.0
Should a smoker's mother not breastfeed her baby?	False	190	38
	True	310	62.0
Does the mother have to drink plenty of fluids to compensate for the milk that the child drinks?	False	185	37.0
	True	315	63.0

Table (4): Questions at which there is borderline between myths and facts

		No.	%
Can a mother breastfeed her baby not to take contraceptives?	False	275	55.0
	True	225	45.0
Is the stoppage of the baby on his mother's breast lead to cracks and pain in the chest? belongs	False	220	44.0
	True	380	56.0
Does the child, after four weeks of childbirth, need to breastfeed only every 4 hours?	False	250	50.0
	True	250	50.0
Does the mother need to drink milk to breast milk?	False	285	57.0
	True	215	43.0
Is the mother taking the medication - whatever its kind - should stop Breast-feeding her baby?	False	230	46.0
	True	270	54.0
Does a child's request for milk mean that he does not satisfy him?	False	245	49
	True	255	51
Does breast-feeding change the shape and size of the breast?	False	225	45.0
	True	275	55.0
Does a Breast-feeding child need more fluids and food in the summer?	False	230	46.0
	True	270	54.0
Does Breast-feeding lead to breast sagging?	False	225	45.0
	True	275	55.0

DISCUSSION

In this study, majority of the mothers had a sound knowledge and a positive attitude towards breast-feeding, which they put into practice. The majority of women agree with facts that said (range 60%-80%): Breast-feeding is not old fashioned, not related to her family & they disagree with myths said precious baby should not feed breast milk & nursing with one hand is the best for her baby health. Their milk too little so it make them hungry & request milk. Stoppage of nursing increases their milk. This statement was found in agreement with **Lumbiganon et al.** (7) who said that if mothers do not latch her baby on right after birth, do it as soon as possible, frequent skin-to-skin contact and putting her baby to the breast will help to get breast

feeding going on. Also **Lumbiganon et al.** (7) said that almost all mothers produce the right amount of milk for their babies. Breast milk production is determined by how well the baby is latched on to the breast, the frequency of breast-feeding and how well the baby is removing milk with each feeding. Support of breast feeding from health care providers, help at home and staying healthy by eating and drinking well. The amount of breast milk that is produced is timed to meet the infant's needs in that the first milk, colostrum, is concentrated but produced in only very small amounts, gradually increasing in volume to meet the expanding size of the infant's stomach capacity. According to La Leche League International, "Experienced breast-feeding mothers learn that the suckling patterns and

needs of babies vary. **Lumbiganon et al.** ⁽⁷⁾ also said that low milk supply is usually caused by allowing milk to remain in the breasts for long periods of time, or insufficiently draining the breasts during feeds. It is usually preventable, unless caused by medical conditions that have been estimated to affect up to five percent of women. While some mothers believe that drinking many fluids increases milk supply, fluid intake does not affect milk volume. "Drink when thirsty" is advised. They disagree also that nursing worsens their health or they cannot nurse while working and their milk become ineffective and useless after 12 months.

As **Reifsnider et al.** ⁽⁸⁾ said that there is no evidence that it is more favourable to stop breast-feeding after one year, but there is evidence that breast-feeding up to two years is beneficial for both mothers and children. All mothers and babies are different, so mothers need to determine how long they want to breast feed. Regarding breast-feeding with work, **Labarere et al.** ⁽⁹⁾ said that planning and supportive environment encourage mothers to express milk before leaving for work and when they return. This breast milk can be given to the baby during their absence.

Breast-feeding do not lead to depression or mastalgia if their baby's mouth have fungal, obesity in their baby or milk allergy. In facts according to **Reifsnider et al.** ⁽⁸⁾, many mothers experience discomfort in the first few days after birth when they are learning to breast feed, but the right support with positioning their baby for breast-feeding and making sure their baby is correctly attached to the breast, sore nipples can be avoided. There is great benefit of breast feeding as **Greer et al.** ⁽¹⁰⁾ said that children who are at risk for developing allergic diseases are defined as at least one parent or sibling having atopy. Atopic syndrome can be prevented or delayed through 4-month exclusive breast-feeding, though these benefits may not persist.

Breast milk increased with nursing or what is called demand and by increasing time of sitting not with scheduled, regular, or short sitting. According to **Reifsnider et al.** ⁽⁸⁾, there is fact said that during the newborn period, most breast feeding sessions take from 20 to 45 minutes. After one breast is empty, the mother may offer the other breast, some mothers may prefer to start a breast feeding session on the breast which the infant was most recently feeding so as to vary the side on which the infant ends because the strength of the infant's suck usually decreases during the course of one feed.

They do not need to stop feeding before X-ray & with GE or refuse dying or doing heavy abdominal exercise to nurse their babies, or not to take vitamin D supplementation. This statement is similar to what **Tremblay et al.** ⁽¹¹⁾ said, a mother does not need to interrupt breast feeding if she has an X-ray, MRI, CT, Angiogram, Ultrasound or Mammogram in general. These examinations do not affect Breast-feeding. Sometimes a radiological contrast dye is used to aid the imaging. These dyes do not require a mother to interrupt breast-feeding.

In facts, **Chung et al.** ⁽¹²⁾ said that infants who are exclusively breast fed for the first six months are less likely to die of gastrointestinal infections than infants who switched from exclusive to partial breast-feeding at age of three to four months. **Ndikom et al.** ⁽¹³⁾ said that breast-feeding mothers who have adequate amounts of vitamin D in their bodies can successfully provide enough vitamin D for their nursing children through breast milk. However, lifestyle changes have led to some women not having enough vitamin D. It is recommended that pregnant and nursing mothers obtain adequate vitamin D or supplement as necessary.

Colostrum is little & do not increase only after few days.

Gartner et al. ⁽¹⁴⁾ said that the amount of breast milk that is produced is timed to meet the infant's needs. In that, the first milk, colostrum, is concentrated but produced in only very small amounts, gradually increasing in volume to meet the expanding size of the infant's stomach capacity. According to La Leche League International, "Experienced breast feeding mothers learn that the suckling patterns and needs of babies vary.

The majority of women agree with myths that said (range 60%-75%): They should nurse by both breasts all the time and wash them every time. **Daws** ⁽¹⁵⁾ said that the infant should empty at least one breast at each feeding; otherwise, the breast will not be stimulated sufficiently to refill. Both breasts should be used at each feeding during the early weeks to encourage maximal milk production. After the milk supply is established, the breasts may be alternated at successive feedings. **WHO** ⁽¹⁶⁾ stated that washing your nipples before breast-feeding isn't necessary. When babies are born, they are already very familiar with their own mother's smells and sounds. The nipples produce a substance that the baby smells and has 'good bacteria' that helps to build babies' own healthy immune system for life ⁽¹⁶⁾.

They must drink plenty of fluid to compensate what babies drink.

Burbidge ⁽¹⁷⁾ said that, many mothers feel thirsty when they breast feed, especially when their baby is newborn. It is a good idea to have a glass of water available while breast-feeding, but it's not necessary to drink more than you feel comfortable with, as it doesn't help to increase milk supply and it may be unpleasant. Some women like to drink herbal teas and infusions to increase liquid intake. However, excessive amounts of some herbal teas and infusions can risk depleting milk supply, so they need to be used moderately and with caution.

They need milk to produce milk.

Human beings are the only animals that consume milk produced by other animals. No other mammalian mothers drink milk, yet they all produce milk perfectly tailored to the needs of their young. Milk is sometimes seen as a source of calcium, but there are

plenty of other easily available foods such a broccoli, peppers and spinach, which contain even more calcium as well as other nutrients too. In some cultures, people traditionally do not drink milk or eat dairy products at all, yet mothers succeed in breast-feeding their children.

Breast feeder is healthier than artificial feeding.

Reviews from 2007 by **Horta *et al.*** ⁽¹⁸⁾ reported that there are numerous benefits for breast-feeding that aids general health, growth and development in the infant. Infants who are not breastfed are at mildly increased risk of developing acute and chronic diseases, including lower respiratory infection, ear infections, bacteremia, bacterial meningitis, botulism, urinary tract infection and necrotizing enterocolitis.

Breast-feeding prevent pregnancy.

WHO stated that exclusive breast-feeding usually delays the return of fertility through lactational amenorrhea, although it does not provide reliable birth control? Breast-feeding may delay the return to fertility for some women by suppressing ovulation. Mothers may not ovulate, or have regular periods, during the entire lactation period. The non-ovulating period varies by individual. This has been used as natural contraception, with greater than 98% effectiveness during the first six months after birth if specific nursing behaviors are followed ⁽¹⁹⁾.

They cannot take any medications as long as feeding.

UNICEF stated that it is important to inform her doctor that she is breast-feeding and to read the instructions with any medications she will buy over the counter. It might be necessary to take medications at a specific time or in a specific dosage, or to take an alternative formulation. She should also tell the baby's doctor about any medications that she is taking ⁽²⁰⁾.

Breast milk become useless after 6 months, breast-feeding infant need extra fluid and food in summer.

WHO' guidelines recommend "continued frequent, on-demand breast-feeding until two years of age or beyond". The vast majority of mothers can produce enough milk to fully meet the nutritional needs of their baby for six months.

Breast milk supply augments in response to the baby's demand for milk, while some mothers believe that drinking a lot of fluids increases milk supply, fluid intake does not affect milk volume ⁽²¹⁾. "Drink when thirsty" is advised. If the baby is latching and swallowing well, but is not gaining weight as expected or is showing signs of dehydration, low milk supply in the mother can be suspected ⁽²²⁾.

CONCLUSION

It is really an encouraging observation that majority of the mothers had good knowledge and a positive attitude towards breast-feeding. Majority of the mothers had fed the baby colostrum. Late initiation

of breast-feeding has implications for health education programs and neonatal feeding strategies.

RECOMMENDATIONS

More effective community educational approaches are needed, perhaps starting in schools and concentrated in antenatal clinics, to prepare expectant mothers to make informed decisions regarding breast-feeding and lactation management. Training of health workers and volunteers should be on counseling rather than just giving words. It should also be on how to breast feed, rather than telling mothers what to do.

Myths and misconceptions should be corrected by using various modes and types of communication. Cooperation should be achieved for providing privacy to nursing mothers in both working and public places. Intensification and promotion by doctors and family members are corner stone for successful breast-feeding.

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