International Journal of Current Research and Review
DOI: https://doi.org/10.31782/IJCRR.2024.161702

Research Article

IJCRR
Section: Life Sciences

Copyright@IJCRR

Factors Influencing Breastfeeding Practices in the First Hour of Delivery at AIIMS Raipur and Its Association with Socioeconomic Factors

Bandana Rath[1], Amit Kumar Mishra[2], Phalguni Padhi[3]

[1]Intern, AIIMS Raipur, Raipur, India; [2]Assistant Professor, Department of Community and Family Medicine AIIMS Raipur, Raipur, India; [3]Associate Professor, Department of Neonatology, AIIMS Raipur, Raipur, India.

ABSTRACT

Introduction: Breastfeeding, particularly exclusive breastfeeding (EBF) and early initiation of breastfeeding (EIBF), is crucial for the health and survival of newborns. Despite the well-documented benefits, the practice of EIBF remains suboptimal in various regions, including Chhattisgarh, India, where the rate has decreased significantly. This study aims to explore the correlation between various breastfeeding practices, maternal socioeconomic status, and nutritional factors with EIBF.

Methods/Materials Used: A cross-sectional study was conducted at AIIMS Raipur, targeting postpartum women in the postnatal wards. Data was collected through structured interviews focusing on breastfeeding practices, maternal health, and socioeconomic factors. The sample included 200 mothers who delivered in the hospital, with attention given to factors such as prelacteal feeding, bottle feeding, and the nutritional status of the mothers. Statistical analysis was performed to identify associations between these factors and EIBF.

Results: The study revealed that antenatal counseling significantly increases the likelihood of EIBF. However, practices such as prelacteal feeding and the discarding of colostrum were still prevalent among some mothers, despite institutional delivery. The maternal knowledge about breastfeeding was high, with 97% recognizing its benefits, but gaps in practice were evident. Socioeconomic status and maternal nutrition were also found to be influential factors in the initiation of breastfeeding.

Conclusion/Discussion: The findings highlight the critical role of antenatal counseling and maternal education in promoting EIBF. The persistence of harmful practices like prelacteal feeding suggests the need for targeted interventions to address cultural beliefs and misconceptions. Improving maternal nutrition and addressing socioeconomic disparities are essential to enhancing breastfeeding practices. Further efforts are required to bridge the gap between knowledge and practice, particularly in institutional settings, to ensure optimal breastfeeding outcomes.

Key Words: Breastfeeding, Exclusive breastfeeding, Early initiation, Infant health, Maternal socioeconomic status, Antenatal counselling

INTRODUCTION

Breastfeeding is a cornerstone of antenatal care, with a substantial body of evidence supporting the benefits of exclusive breastfeeding (EBF) and early initiation of breastfeeding (EIBF).[1]

Despite its ancient roots, breastfeeding's manifold advantages often elude women of reproductive age. Among the critical practices crucial for ensuring new-born health and survival, EBF and EIBF stand out.

Breastfeeding encompasses various facets, each pivotal in curbing infant mortality rates. These include prelacteal feeds, bottle-feeding, breastfeeding duration, nocturnal feeds, and hygiene maintenance during breastfeeding. Additionally, maternal nutritional status emerges as a key determinant, as only a well-nourished mother can nurture a healthy child. A comprehensive examination of these factors and their correlation with EIBF provides a holistic understanding of current breastfeeding practices. Hence, this study aims to comprehensively explore the nexus between various breastfeeding practices, maternal socioeconomic status, and nutritional status with EIBF in infants.

EBF entails providing infants with only breast milk for the first six months of life, while EIBF involves initiating

Corresponding Author:
Dr. Phalguni Padhi, Associate Professor, Department of Neonatology, AIIMS Raipur, Raipur, India.
Phone: 9040632169; Email: phalguni2011@gmail.com

ISSN: 2231-2196 (Print) **ISSN:** 0975-5241 (Online)

Received: 03.06.2023 **Revised:** 12.08.2024 **Accepted:** 29.08.2024 **Published:** 09.09.2024

breastfeeding within one hour of birth, shielding new-borns from infections and reducing mortality.[2] The World Health Organization (WHO) recommends initiating breastfeeding within the first hour of life.[3] Despite India's exclusive breastfeeding rate surpassing the global average, Chhattisgarh's alarming decline in EIBF rates from NFHS-4 to NFHS-5 underscores the urgent need for analysis and intervention.[4,5]

Moreover, the disparity between institutional births and timely breastfeeding initiation, with only 41.8% of Indian new-borns breastfed within an hour of birth despite 88.6% of women delivering in healthcare institutions, raises pertinent questions regarding areas necessitating attention, especially concerning delayed breastfeeding in institutional births.

Colostrum, a thick yellow fluid preceding breast milk, emerges as a potent elixir rich in proteins, antioxidants, and key nutrients vital for bolstering the infant's immunity and fostering the mother-baby bond.[6] Despite its intrinsic benefits, discarding colostrum persists in many parts of India, steeped in myths and superstitions, underscoring the need for awareness and education.[7,8]

Prelacteal feeding, the administration of substances other than breast milk to new-borns during the first three days after birth, poses a pressing concern, depriving infants of essential nutrients and protection while exposing them to infection risks.[9] Children receiving prelacteal feeds exhibit reduced odds of exclusive breastfeeding in the preceding 24 hours and continued EBF since birth.[10] Similarly, bottle-feeding in infants during the first six months elevates their vulnerability to allergies, diarrhea, and infections compared to exclusively breastfed infants.

Given the predominance of institutional deliveries today, an in-depth analysis of maternal knowledge gaps and EIBF practices assumes paramount importance, facilitating antenatal counselling in the early stages of pregnancy.

In light of extensive research documenting breastfeeding practices at national and global levels, including studies elucidating the association between maternal education, sociodemographic factors, and breastfeeding practices, this cross-sectional study aims to address the concerning decline in EIBF rates in Chhattisgarh.[11,12] Conducting this study at a tertiary care hospital like AIIMS Raipur holds immense significance in assessing the current breastfeeding practices, particularly EIBF, and identifying avenues for intervention and improvement.

METHODS

Target & Study population:
All mothers delivering in the AIIMS Raipur, who are eligible for breastfeeding to their new-borns in the postnatal ward.

Study setting:
The study was conducted in the postnatal ward of AIIMS Raipur, which is a tertiary care centre at Chhattisgarh, and it oversees patients from Raipur, surrounding districts as well as referred cases from Madhya Pradesh, Odisha and Maharashtra. Most of the deliveries here are of pre-booked cases, which have received regular antenatal check-ups.

Sample size:
Sample size was calculated with expected proportion of early initiation of breastfeeding (EIBF) of 43.5% (p=43.5%).[11] With an absolute precision of 7% and desired confidence level of 95% the sample size estimated is 193.

Study design: The current study was a hospital based cross sectional study.

Sampling technique:
All the mothers who delivered and the new-borns getting admitted in the postnatal ward in AIIMS Raipur from 31st August to 25th October were included in the study.

Study tool:
The information from the participants was collected using pre designed structured

Questionnaire completed during face-to-face interviews with the mother. The Questionnaire contained four sections - A, B, C, and D with 19, 7, 11, and 4 questions in each section respectively. Each section focused on the different facets of breastfeeding and the attitude and knowledge of mothers towards the practices regarding the same.

Duration of study:
The study was conducted over a duration of 2 months after approval from the ethics committee of AIIMS Raipur.

Inclusion criteria:
1. All the new-borns and their mothers who are admitted in the postnatal wards of AIIMS Raipur.
2. All the mothers consenting to the study

Exclusion criteria:
1. Mothers delivering babies less than 1500 gm.
2. Severe sickness in mother leading to separation from the baby
3. Mothers delivering infants with contraindication to breastfeeding.

RESULTS

(A) Sociodemographic Characteristics.
Details of the baby:

As shown in table 1, 52.1% of the babies were female and 47.9% were male. Most of the women were primigravids and most of the mothers taking part in the study had delivered between 18 hours to 72 hours (77.8%).

Table 1: Details of the Baby

Sex of the baby	Frequency	Percent
Female	101	52.1
Male	93	47.9
Birth order of the current child	**Frequency**	**Percent**
1	117	60.3
2	66	34
3	11	5.7
Age of the baby in hours	**Number of babies**	**Percent**
< 6 hours	4	2.1
6 - 12 hours	15	7.7
12 - 18 hours	6	3.1
18 - 24 hours	27	13.9
24 - 48 hours	73	37.6
48 - 72 hours	51	26.3
72 - 96 hours	13	6.7
96 - 120 hours	3	1.5
> 120 hours	2	1

As shown in table 2, there were almost equal participants from both Rural and Urban areas with 58.8% from Urban areas. The most common religion practiced in the study participant was Hinduism 87.6%

Table 2: Sociodemographic characteristics of the parents

		FREQUENCY	PERCENTAGE
Residence	Rural	80	41.2
	Urban	114	58.8
Religion	Hindu	170	87.6
	Muslim	10	5.2
	Sikh	5	2.6
	Christian	4	2.1
	Buddhist	2	1
	Jainism	3	1.5
Mother's education	Primary school	2	1
	Middle school	25	12.9
	High school	47	24.2
	Intermediate	16	8.2
	Graduate/ post graduate	94	48.5
	Professional degree	10	5.2
Mother's occupation	Housewife	159	82
	Professional	10	5.2
	Skilled	15	7.7
	Semiskilled	4	2.1
	Unskilled	6	3.1
Father's occupation	Professional	14	7.2
	Clerical/ shop owner	39	20.1
	Skilled	58	29.9
	Semiskilled	67	34.5
	Unskilled	14	7.2
	Unemployed	2	1
Monthly income	< Rs. 20000	119	61.3
Of the Family	Rs 20001 - Rs. 40000	41	21.1
	Rs 40001 - Rs. 60000	18	9.3
	Rs. 60001 - Rs. 80000	10	5.2
	Rs. 80001 - Rs. 100000	1	0.5
	> Rs. 100000	5	2.6

Nutritional status of the mothers:

According to table 3, among the study participants, 78.9% were in the ages between 20-30 years and 35.1% lie in the weight range of 60-69 kgs, and the most common height range was 151- 160 cm, with 56.2% in this range.

Table 3: Nutritional Status of the Mother

MOTHER'S AGE	Frequency	Percent
< 20 years	5	2.6
20 - 25 years	77	39.7
25 - 30 years	76	39.2
30 - 35 years	31	16
35 - 40 years	5	2.6
MOTHER'S WEIGHT	**Frequency**	**Percent**
40 - 49 kg	14	7.2
50 - 59 kg	56	28.9
60 - 69 kg	68	35.1
70 - 79 kg	37	19.1
>= 80 kg	19	9.8

MOTHER'S HEIGHT	Frequency	Percent
<= 140 cm	3	1.5
141 - 150 cm	25	12.9
151 - 160 cm	109	56.2
161 - 170 cm	55	28.4
>= 171 cm	2	1

(B) Antenatal Counselling and previous breastfeeding practices.

As shown in table 4, in this study, most of the women (87.7%) had registered within the first trimester of pregnancy at some healthcare facility and 94.8% of women went for regular antenatal check-ups (visited > 4 times).

However, only 54.1% of women received any antenatal counselling regarding breastfeeding.

Among these, the medium of receiving breastfeeding counselling was almost equally by Advice from health care professionals (15.9%), Family or friends (13.4%), media or literature (17%) and Relatives (17%) as shown in figure 1.

While 80.9% of the participants received postnatal counselling from their health care providers.

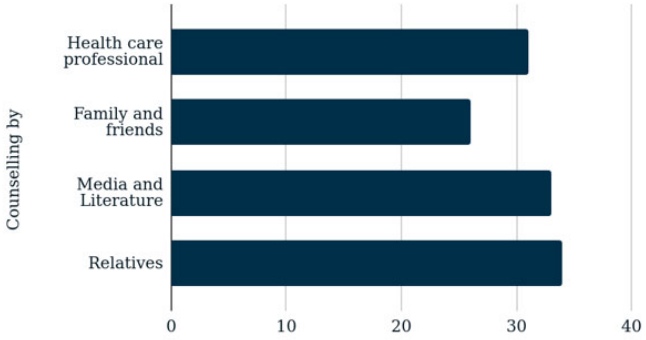

Figure 1: Counselling done by.

Table 4: Registration of pregnancy and antenatal counselling

		Frequency	Percent (%)
Registration at which month of gestation	First Trimester	170	87.7
	Second Trimester	21	10.8
	Third Trimester	3	1.5
Regular antenatal check-up	Yes	184	94.8
	No	10	5.2
Antenatal counselling regarding breastfeeding	Yes	105	54.1
	No	89	45.9

A higher number of women underwent Caesarean section, i.e. 59.8% of women, and 40.2% had normal vaginal delivery.

(C) Practices regarding current breastfeeding

With regard to other practices of breastfeeding, Colostrum was not given to the child in 10.8% of the participants, 24.2% of the babies were not rooming in with their mothers, prelacteal feed in the form of honey was given in 9 babies which is 4.6% of the study participants. Bottle-feeding was practiced in 29.4% of the participants and galactogogue was used by 10.3% of the mothers, night feeds was given in 86.6% of the participants.

Table 5: Practices regarding current breastfeeding

Colostrum Given	Yes	173	89.2
	No	21	10.8
Rooming In	Yes	147	75.8
	No	47	24.2
Prelacteal Feed given	Yes	9	4.6
	No	185	95.4
Bottle-feeding given	Yes	57	29.4
	No	137	70.6
Galactagogue given	Yes	20	10.3
	No	174	89.7
Night feed given	Yes	168	86.5
	No	26	13.4

As shown in table 6, most of the women came in contact with their babies in less than 30 minutes and 52.6% women initiated breastfeeding within one hour of delivery.

A total of 102 mothers initiated breastfeeding within the first hour of delivery, which is **52.6%** of all deliveries included in the study in which there was EIBF.

Table 6: Time of initiation of breastfeeding and first contact of baby

		Frequency	Percent
First contact of baby with the mother	< 30 minutes	90	46.4
	30 minutes- 1.00 hour	31	16
	1.01 - 2.00 hours	25	12.9
	2.01 - 3.00 hours	7	3.6
	3.01 - 4.00 hours	3	1.5
	> 4.01 hours	38	19.6
	< 30 min	**21**	**10.8**
	30 minutes - 1 hour	**81**	**41.8**

Time of initiation of breast-feeding	1 - 2 hours	26	13.4
	2 - 3 hours	10	5.2
	3 - 4 hours	4	2.1
	> 4 hours	52	26.8

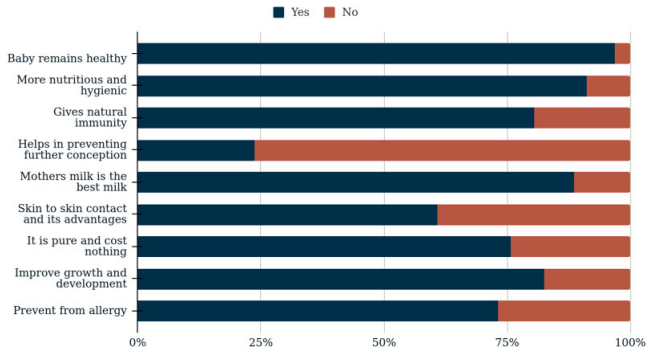

Figure 2: Maternal Knowledge Regarding Breastfeeding.

As represented in figure 2, The knowledge of the participants regarding breastfeeding was mostly satisfactory, with a fair knowledge about the baby remaining healthy, providing of natural immunity by breastfeeding, breast milk being pure and costing nothing, improving growth and development and prevention from allergy. However, only 23.7% of the women were aware that breastfeeding helps in preventing further conception and only 60.8% of the mothers were aware about the advantages of skin to skin contact during breastfeeding.

The most common reason for not initiating breast-feeding, was mother feeling that milk was inadequate, as shown in figure 3.

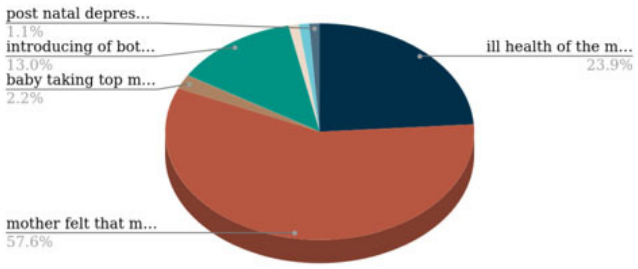

Figure 3: Reason for not initating breastfeeding in one hour (n=92).

Table 7: Association tables

CROSS TABLES				
Between sex of the baby and initiation of breastfeeding				
		Current baby breastfeeding starting		
		< 30 minutes	30 minutes - 1 hour	> 1 hour
Sex of the baby	Female	36	19	46
	Male	30	17	46
Using Pearson Chi square test, p value = 0.849				
Between Residence and initiation of breastfeeding				
		Current baby BF STARTING category		
		< 30 minutes	30 minutes - 1 hour	> 1 hour
Residence	Rural	25	14	41
	Urban	41	22	51
Using Pearson Chi square test, p value = 0.679				
Between Education status of the mother and initation of breastfeeding				
		Current baby BF STARTING category		
		< 30 minutes	30 minutes - 1 hour	> 1 hour
Education status of the mother	Primary school	0	2	0
	Middle school	10	5	10
	High school	18	8	21
	Intermediate	5	4	7
	Graduate/ post graduate	29	16	49
	Professional degree	4	1	5
Using Fisher's Exact Test , p value = 0.610				

Between Occupation of the mother and initiation of breastfeeding				
		Current baby BF STARTING category		
		< 30 minutes	30 minutes - 1 hour	> 1 hour
Occupation of the mother	Housewife	56	30	73
	Professional	2	3	5
	Skilled	5	1	9
	Semiskilled	1	0	3
	Unskilled	2	2	2
Using Fisher's Exact Test , p value = 0.744				
Between ANC counselling and initiation of breastfeeding				
		Current baby BF STARTING category		
		< 30 minutes	30 minutes - 1 hour	> 1 hour
ANC_counselling_breast-feeding	Yes	42	23	40
	No	24	13	52
Using Fisher's Exact Test , p value = 0.020				
Between delivery type and initiation of breastfeeding				
		Current baby BF STARTING category		
		< 30 minutes	30 minutes - 1 hour	> 1 hour
Delivery type	Normal vaginal	34	10	34
	Caesarean section	32	26	58
Using Fisher's Exact Test, p value = 0.045				

The data analysis was done using Chi Square tests and p value of <0.05 was considered as a significant association.

Thus, according to table 7, there was a significant association between the time of initiation of breastfeeding and the ANC counselling of the mothers, which shows that 61.9% of the women who were counselled in the antenatal period started breastfeeding within the first hour of delivery while only 41.57% of the women who did not receive any Antenatal counselling could start breastfeeding within the first hour of delivery.

There was also a significant association between the type of delivery and the time of initiation of breastfeeding. 56.4% of mothers started breastfeeding within the first hour of normal vaginal delivery and 50.0% of mothers started breastfeeding within one hour in case of caesarean section.

In the study, 97.4% of participants were willing to continue exclusive breastfeeding till 6 months of age, and it had no association with the time of initiation of breastfeeding.

DISCUSSION

The findings of this study underscore the importance of antenatal counseling in facilitating early initiation of breastfeeding, corroborating existing research aimed at elucidating factors influencing EIBF.[12,13,14] Surguja, a district in Chhattisgarh, has set a commendable benchmark for the state with an impressive breastfeeding rate of 87.5%, achieved through various initiatives, including interpersonal counseling.[16] This highlights the efficacy of counseling in promoting breastfeeding initiation, as evidenced by multiple studies.

Despite receiving postnatal counseling, some women continue the practice of prelacteal feeding, a prevalent phenomenon in many parts of India.[15] In the postnatal wards of AIIMS Raipur, 4.6% of women were found to provide prelacteal feeds to their babies. However, concerted efforts by breastfeeding counselors, nurses, and healthcare providers can drive this number down to zero, as demonstrated in a study conducted in the ICDS project Alipur in North Delhi, where almost all Anganwadi workers possessed accurate knowledge about breastfeeding and significantly contributed to fostering breastfeeding practices.[17]

Overall, maternal awareness regarding breastfeeding appears to be high, with 97% of mothers expressing belief in its ability to promote infant health. While awareness levels varied regarding the scientific benefits of breastfeeding, such as its role in preventing further conception, promoting skin-to-skin contact, or averting allergies, the consensus among mothers remained steadfast: breast milk reigns supreme over other forms of nourishment.[17]

CONCLUSION

The study underscores the critical role of antenatal counselling in promoting early initiation of breastfeeding (EIBF), aligning with other research on factors influencing EIBF. Despite the high rate of institutional deliveries in India, a significant gap remains in timely breastfeeding initiation. The successful model in Surguja, Chhattisgarh, where counselling has driven one of the world's highest breastfeeding rates, highlights the potential impact of targeted interventions. Addressing practices such as prelacteal feeding and the discarding of colostrum through enhanced maternal education and support is crucial. The findings suggest that comprehensive strategies involving healthcare providers, counsellors, and community workers can bridge knowledge gaps and foster healthier breastfeeding practices. A focused effort on counselling and support in institutional settings can significantly improve EIBF rates, benefiting infant health and reducing mortality. This study provides a valuable framework for similar interventions across regions with low EIBF rates.

ACKNOWLEDGEMENT

We gratefully acknowledge the support provided by the Indian Council of Medical Research (ICMR) through the Short Term Studentship (STS) program, which made this study possible. Authors acknowledge the immense help received from the scholars whose articles are cited and included in the references of this manuscript. The authors are also grateful to the authors, editors, and publishers of all those articles, journals, and books from which the literature for this article has been reviewed and discussed.

Source of Funding

This study was supported by the Indian Council of Medical Research (ICMR) under the Short Term Studentship (STS) program. REFERENCE ID : 2022-01701

Conflict of Interest- None

Authors' Contributions

Dr. Bandana Rath: Collected data, conceptualized the project, analyzed data, and drafted the original manuscript.

Dr. Phalguni Padhi: Suggested the research topic, acted as the corresponding author, supervised the project, and validated the findings.

Dr. Amit Mishra: Conducted data analysis, validated results, performed formal analysis using SPSS, and assisted in formulating the draft.

REFERENCES

1. Center for Disease Control and Prevention. Five great benefits of breastfeeding [Internet]. USA: Center for Disease Control and Prevention; [last reviewed 2021 Jul 27; cited 2022 Jan 25]. Available from: https://www.cdc.gov/nccdphp/dnpao/features/breastfeeding-benefits/index.html
2. NEOVITA Study Group. Timing of initiation, patterns of breastfeeding, and infant survival: prospective analysis of pooled data from three randomised trials. Lancet Glob Health. 2016;4(4):e266-e275 [accessed on 2022 Feb 11]. Available online from: https://pubmed.ncbi.nlm.nih.gov/27013313/
3. Breastfeeding and complementary feeding- PAHO/WHO [Internet] Geneva: World Health Organization. 2012 [Accessed on 2022 Feb 11]. Available from: https://www.paho.org/en/topics/breastfeeding-and-complementary-feeding
4. International Institute for Population Sciences (IIPS) And ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India. Mumbai:IIPS Available online from: http://rchiips.org/nfhs/
5. Exclusive breastfeeding (% of children under 6 months) [Internet]. New York: The World Bank group, UNICEF [updated in 2000] [Accessed on 2022 Feb 11] Available online from: https://data.worldbank.org/indicator/SH.STA.BFED.ZS
6. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR. Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics. 2006;117(3):e380-e386. Available from: https://pubmed.ncbi.nlm.nih.gov/16510618/
7. Mukherjee K, Venugopal PN. Colostrum avoidance and breastfeeding practices among mothers of Khos tribal community of Uttarakhand: A community-based cross-sectional study. J Anthropol Surv India [Internet]. 2018 Jun [cited 2022 Feb 11]. Available from: https://www.researchgate.net/publication/337428323_Colostrum_Avoidance_and_Breastfeeding_Practices_Among_Mothers_of_Khos_Tribal_Community_of_Uttarakhand_A_Community-Based_Cross-Sectional_Study
8. Pandit N, Yeshwant M. Factor's influencing initiation of breastfeeding in an Urban Set Up. Indian Pediatrics 1994. Indian Pediatr. Published in 1994. Volume 31. Page 1558-1560. Available online from :https://pubmed.ncbi.nlm.nih.gov/14703596/
9. Mukuria AG, Kothari MT, Abderrahim N. Infant and Young Child Feeding Updates. ORC Macro; 2006.
10. Das A, Mala GS, Singh RS, Majumdar A, Chatterjee R, Chaudhuri T, et al. Prelacteal feeding practice and maintenance of exclusive breastfeeding in Bihar, India – identifying key demographic sections for childhood nutrition interventions: a cross-sectional study. Gates Open Res. 2019;3. doi: 10.12688/gatesopenres.12862.3.
11. Islam MA, Mamun A, Hossain MM, Bharati P, Saw A, Lestrel PE, et al. (2019) Prevalence and factors associated with early initiation of breastfeeding among Bangladeshi mothers: A nationwide cross-sectional study. PLoS ONE 14(4): e0215733. https://doi.org/10.1371/journal.pone.0215733 Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.021573
12. Mary JJF, Sindhuri R, Arul Kumaran A, Dongre AR. Early initiation of breastfeeding and factors associated with its delay among mothers at discharge from a single hospital. Clin ExpPediatr. 2021 Oct 18. doi: 10.3345/cep.2021.00129. Epub ahead of print. PMID: 34665960. Available online from: https://pubmed.ncbi.nlm.nih.gov/34665960/
13. Namasivayam V, Dehury B, Prakash R, Becker M, Avery L, Sankaran D, et al. Association of prenatal counselling and immediate postnatal support with early initiation of breastfeeding in Uttar Pradesh, India. Int Breastfeed J. 2021;16(1):26. Published 2021 Mar 16. doi:10.1186/s13006-021-00372-6
14. Jain SK, A study on breast feeding practices in Raigarh district of Chhattisgarh, INDIA, MedPlus, 14 August 2015, volume 2, Issue 8: page 475- 478

15. Roy MP, Mohan U, Singh SK, Singh VK, Srivastava AK. Determinants of prelacteal feeding in rural northern India. Int J Prev Med. 2014 May;5(5):658-63. PMID: 24932400; PMCID: PMC4050689.
16. Team Poshan, How Chhattisgarh's Surguja Became A Breastfeeding Champion, 2019 Aug 07. Available from : https://poshan.outlookindia.com/story/poshan-news-highest-in-the-world-chhattisgarh-district-surguja-tops-in-breastfeeding/335744
17. Bhasin SK, Kumar R, Singh S, Dubey K K, Kapil U. Knowledge and attitudes of Anganwadi workers about infant feeding in Delhi. Indian Pediatr. 1994 July 7, volume 32, page 346-350.