Pre and Postnatal Education: Ensuring Healthy Infant Feeding Practices and Preventing Malnutrition

Malnutrition – which includes undernutrition and overnutrition – remains under-recognized and under-treated globally in children under five years old: 149 million of these children are stunted, 45 million are wasted, and 38.9 are overweight or obese. Undernutrition is linked to a mortality rate of 45% in these children. Undernourished children experience short-term and long-term consequences: delayed physical development, lowered intellectual quotient development, multiple behavioral problems, deficient social skills, and higher susceptibility to diseases. The reverse is also concerning; infants who gain weight rapidly during early infancy are at risk for childhood obesity and adult metabolic disease.

A child’s weight – from birth up to the age of 5 – is largely influenced by their birth weight: Infants with low birth weight (15–20% of newborns worldwide) are at higher risk of being malnourished later on. Birth weight is also influenced by maternal characteristics: education, nutrition, breastfeeding duration, use of prenatal services, postnatal depression, and maternal eating habits.

We must help mothers realize the impact of their own health and nutrition on their infants; the impact of breastfeeding on weight gain; and the link between this weight gain and overall infant health. Many mothers introduce milk formula, fluids, and solid foods before six months despite the WHO recommendations (exclusive breastfeeding for 6 months, and continuation for up to 2 years). Maternal self-efficacy in breastfeeding and infant care play a role in the continuation of breastfeeding up to the prescribed period.

The prenatal period provides the best opportunity to talk to mothers, assess their needs for informational support, and equip them with the knowledge necessary for promoting breastfeeding and correct infant care. Prenatal education was found to have a significant effect on the nutritional status of infants four months after birth.

Postnatal check-ups allow assessment of mothers and infants; these tend to focus on well-baby check-ups and vaccinations. Health workers may miss other problems – specifically those related to breastfeeding – when mothers lack knowledge or the opportunity to bring them up. Health workers must provide enough time and an appropriate venue to explore deficits in the quality of infant care.

We emphasize continuous informational and social support throughout the perinatal period to promote healthy feeding and infant care; these prevent malnutrition and complications in later development.

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REFERENCES