



Editorial

Counsel before cradle: The missing step in breastfeeding promotionSmriti Anand^{1*}, Sunil Kumar²¹Dept. of Obstetrics and Gynecology, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India²Dept. of Urology, Kainos Hospital, Rohtak, Haryana, India**Received:** 11-07-2025; **Accepted:** 28-07-2025; **Available Online:** 13-08-2025

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For reprints contact: reprint@ipinnovative.com*“Learn before birth—nurture with confidence.”*

Breastfeeding is one of the cornerstones of a child's health development. According to the World Health Organisation (WHO). For this reason, it is recommended that breastfeeding should begins during the first hour after the baby's birth and that the baby be breastfed exclusively for the first six months before introducing complementary foods and continuing to be breastfed until the child is 24 months old or older.¹

According to NFHS 5, only about 41.8% of children under three years old in our country were nursed within an hour of delivery, and only 63.7% of infants under six months old were exclusively breastfed. In Haryana, 41.6% of children under three were nursed within an hour of delivery, whereas only 69.5% of kids under six months were exclusively breastfed.²

The comprehensive implementation plan on maternal, infant, and young child nutrition, which was approved by the World Health Assembly Resolution 65th in 2012, outlined six global nutrition targets for 2025, one of which was raising the percentage of exclusive breastfeeding during the first six months to at least 50%.³

The technique of advising women to exclusively breastfeed their children in order to improve breastfeeding outcomes is known as breastfeeding counselling. Counselling is crucial for boosting moms' self-esteem as well. Pregnancy-related nursing intentions are influenced by effective

counselling and sufficient information on breastfeeding, which leads to a positive and prolonged breastfeeding outcome. Exclusive and sustained breastfeeding rates can be raised by providing therapy and support at health facilities, peer-to-peer and group counselling, community-based counselling and support, and infrastructure changes that foster a supportive and enabling environment.

Breastfeeding is a process that meets all of the basic needs of a newborn baby, from filling the stomach to filling the heart with the warmth of the mother.⁴ There are numerous advantages of nursing. Breastfeeding education and promotion have emerged as critical services for expectant and new mothers. Numerous factors, including social, cultural, biophysical, demographic, and psychological ones, influence breastfeeding practices.⁵

Both the mother and the infant benefit from breastfeeding. Long-term benefits include preventing obesity, type 1 and type 2 diabetes, cardiovascular diseases, asthma, and allergies in infants, as well as lowering the incidence and severity of infectious diseases in infants, such as loose motions, inflammatory bowel disease, respiratory infections, otitis media, urinary tract infections, and skin related diseases.⁶

Breastfeeding is one of the best preventive actions a mother can take to safeguard her infant's health, according to the Centres for disease control and prevention (CDC). The success rate for mothers who want to breastfeed can be

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considerably raised with the active assistance of families, friends, communities, doctors, health care leaders, employers, and lawmakers. Given the significance of nursing for mothers' and children's health and wellbeing, it is imperative that we should initiate nationwide steps to promote breastfeeding. In India, social, cultural, and economic variables seem to have an impact on breastfeeding. To safeguard, encourage, and support breastfeeding, the Breastfeeding Promotion Network of India (BPNI) was established in 1991.⁷

Additionally, the Indian government has launched the National Rural Health Mission, which aims to use the current healthcare delivery system to adopt Integrated Management of Neonatal and Childhood Illnesses (IMNCI).⁸

By outlining the required services and staff capabilities, breastfeeding counselling guidelines could enhance the quality and delivery of services to expectant mothers and moms who wish to breastfeed. They could also enhance the monitoring of health systems' quality. In an effort to promote breastfeeding and enhance the health of infants worldwide, World Breastfeeding Week is observed annually from August 1 through August 7.

1. Existing Gaps

According to the WHO guideline development group members, there is a lack of evidence, especially in the following areas:

The types, frequencies, or intensities of breastfeeding counselling that would best protect, support, and promote breastfeeding among particular population groups, such as teenage girls, obese women, and women with multiple pregnancies;

The nature of breastfeeding counselling with mothers who are stressed, traumatised, or malnourished;

The nature of breastfeeding counselling for mothers of infants who are preterm, low birth weight, or ill.

Research from various nations, regions, and demographic groups (e.g., by educational attainment, income, and cultural and ethnic origins) to appropriately and compassionately support, encourage, and safeguard breastfeeding.

Additionally, even though an entire week is dedicated to breastfeeding counselling each year, the numbers are still not particularly acceptable.

Relevance of Breastfeeding counselling?

Because breast milk includes the vital lipids, carbs, proteins, and immune components required for children to flourish and fend off infection, breastfeeding is regarded as the most comprehensive dietary source for babies. There are a number of immediate and long-term benefits to exclusively breastfeeding for the first six months of life, including lower

mortality, a lower chance of illness, and healthier growth, to mention a few. Therefore, for the first six months of life, the World Health Organisation (WHO) advises that infants be exclusively breastfed. Mothers must overcome a number of obstacles to continue this practice, though. These include a lack of knowledge about the start and continuation of exclusive breastfeeding, a lack of confidence, the necessity of doing home chores, the return to work, and insufficient family support.⁹

As a result, we should regularly provide breastfeeding advice to new mothers about the value of nursing and its practices.

2. Conclusion

Antenatal Breast feeding counselling is key to successful breastfeeding. It prepares mothers with the right knowledge, dispels myths, and builds confidence before birth. Integrating focused counselling into routine antenatal care can significantly improve breastfeeding outcomes—benefiting both mother and child from day one.

3. Conflict of Interest

None.

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