The Impact of Breast Milk on the Normal Growth of the Baby

Denisa Veseli*, Zamira Imeraj

Department of Clinic and Pediatric Nursing, Faculty of Technical Medical Sciences, University of Medicine, Tirana, Albania

Abstract

BACKGROUND: Other advantages of breastfeeding are: It costs less than artificial feeding; helps a mother and baby to bond closely-strengthens a deep love relationship; helps the baby develop; can help delay a new pregnancy; protects maternal health; and helps the uterus return to its previous size. This helps reduce bleeding and can help prevent anemia. Breastfeeding also reduces the risk of ovarian cancer and possible breast cancer in the mother.

METHODOLOGY: In this study, it is important to note that breast milk affects an increase within the rates of a child, and prevents obesity. The children of the health center no. 10 were taken into study there are 898 children born from January 2020 to October 2021. For the purpose of this analysis, they were divided into groups. Breastfed babies and babies fed with formula milk, as follows: (1) Breastfed children 0–6 months = 180 children, 2) infants 0–12 months fed with formula 100 children, and 3) children 0–12 months fed with mixed food 0–12 months = 618 children.

RESULTS: The weight of the child was the main data that we made comparisons in differences between children who were fed with breast milk and children who were fed with milk with formula. All children have grown up within certain norms, but we see a very small difference in greater weight in formula-fed children in both age groups. We notice that children who are breastfed have a smaller increase in height in the age group 0–6 months than children of this age group if they are breastfed the opposite formula is in children aged 6–12 months who are breastfed breastfeeding and have a greater increase in height than infants who are formula fed.

CONCLUSIONS: Breastfeeding should be started within ¼–1 h after birth, breastfeeding only from 0 to 6 months, and supplementary feeding should be started from the 6th month. Continue breastfeeding for over 2 years and beyond.

Introduction

The advantages of a breastfed baby are:

- It contains exactly the nutrients that a baby needs;
- It is easily digestible and used effectively by the baby’s body;
- Protects the baby against infection.

Other milks are different and not as good as breast milk for a baby.

Other benefits of breastfeeding include [1], [2], [9], [10]:

- Costs less than artificial feeding;
- Helps a mother and baby to bond closely-strengthens a deep love relationship;
- Helps the baby develop;
- Can help delay a new pregnancy;
- Protects the health of the mother;

Breastfeeding also reduces the risk of ovarian cancer and possible breast cancer in the mother [5], [6], [7], [8], [11], [12], [13], [14].

Variability in the Composition of Breast Milk

The content of breast milk is not always the same. It varies according to the age of the baby as well as from the beginning to the end of a feeding meal. It also varies depending on the meal and can be different at different times of the day. The pasture is the special, thick, light yellow milk produced by the woman in the 1st days after giving birth. After few days, the pasture changes to the final milk. A greater amount of milk is felt and the breasts feel swollen, firm, and heavy. This is often called the “milk arrival.” It contains more antibodies and other anti-infective proteins than later milk. This is one of the reasons why pasture contains more protein than later milk. It contains more leukocytes than later milk. These anti-infective proteins and leukocytes provide the first immunization against diseases that a baby encounters after birth. Pasture helps to prevent bacterial infections, which pose a risk to the newborn baby. Antibodies also help the baby to prevent allergies. Pasteure has a mild purgative effect, which helps cleanse the baby’s gut of meconium (the baby’s first and dark-colored stool). This cleanses the bilirubine from the intestines and helps...
Prevent jaundice [1], [2], [3], [4], [5], [6], [7], [8]. Pasture contains growth factors, which help the baby’s immature gut develop after birth. This helps and protects the baby against allergies and intolerance to other foods. Pasture is richer than later milk in some vitamins—especially Vitamin A. Vitamin A helps reduce the severity of any infections that children may have. Thus, for infants it is very important to take the pasture in the first feedings immediately after birth. The pasture is ready in the mother’s breast when the baby is born. It is the only food that babies need, before the “arrival” of whole milk. Babies should not be given any drinks or food before they start breastfeeding. Artificial feeding given to the baby before he takes the pasture is very dangerous. Pasture and breast milk contain many hormones and growth factors. The function of all these is not clear. However, epidermal growth factor, which is present in both, has been shown to stimulate the growth and maturity of intestinali. Undigested cow’s milk proteins can pass from the baby’s immature intestine into the bloodstream and can cause allergies and intolerance to milk proteins. The epidermal growth factor helps prevent the absorption of large molecules, stimulating the rapid development of the intestine. This “seals” the baby’s intestines, so it is more difficult for proteins to be absorbed without being digested. Antibodies have the potential to help prevent allergies by clotting the intestinal mucosa and preventing the absorption of larger molecules [8], [9], [10], [11], [12], [13].

Purpose

The purpose is to emphasize the values and attributes of breast milk, as well as how it affects the growth within the norms of the baby.

Statistical analysis of the data

For the numerical variables the central trend sizes (arithmetic mean, median, and mode) and the dispersion sizes (variance, standard deviation, and quantitative-numerical variable) were reported. The respective numbers and percentages were reported for the categorical variables. Descriptive analysis of variables and meta-analysis was used, which compared the results of other studies with our study. Statistical tests for two and more than two independent samples were used to find the value of P or α error with 95% CI confidence interval. Those connections that had a value of p < 0.05 were called significant.

Statistical processing as we said had two main components where we focused:

Quantitative Descriptions

For categorical variables, respective numbers and percentages were reported;

For numerical variables, arithmetic means corresponding standard deviations (e.g., age) were reported.

Analytical part where the associations (dependencies and connections) of the variables in were analyzed as follows:

Bivariate analysis

Linking diagnosis to other variables of interest.

Multivariate analysis

All multivariate models were checked (adjusted) simultaneously for the following variables:

Factors such as the child with a gestational age of 1–12 month, after birth, weight, and time between birth.

Different statistical tests in the quantitative part were used to compare our variables and the significance of the data change was seen. All statistical data analysis was performed in SPSS (Statistical Package for the Social Sciences, version 15.0, Chicago, IL).

Methods

The children of the health center no. 10 were taken into study children born from January 2020 to October 2021 in total 898: (1) Breastfed children 0–6 months = 180 children, (2). infants fed formula 0–12 months = 100 children, and 3 children fed mixed food 0–12 months = 618 children.

Children’s growth in weight, height, and head circumference those who are breastfed and breastfed.

Results

Even in the study, I have conducted I am based on these three parameters. So all the estimates are used. And we came up with these results, which are described below, comparing the study groups with the control. From this study, we found that infants who are breastfed are closer to their normal growth values, compared to infants who are breastfed they are further away from these values. These data are analyzed based on the weight and height of the child.

In the first Table 1, we notice that infants breastfed have a weight close to the norm compared to the table of normal growth values (Table 2).

This Table 3 shows breastfed babies are of normal height of which 35% of breastfed babies are
Table 1: Table of weight and height norms [6], [7], [8], [9]

<table>
<thead>
<tr>
<th>Age in months</th>
<th>Weight of normal children</th>
<th>Length in cm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum (kg)</td>
<td>Maximum (kg)</td>
</tr>
<tr>
<td>0–6 months</td>
<td>Low 4500–5500</td>
<td>70–80</td>
</tr>
<tr>
<td>0–6 months</td>
<td>High 8000–12000</td>
<td>80–90</td>
</tr>
<tr>
<td>6–12 months</td>
<td>Low 4500–5500</td>
<td>70–80</td>
</tr>
<tr>
<td>6–12 months</td>
<td>High 8000–12000</td>
<td>80–90</td>
</tr>
</tbody>
</table>

Table 2: Growing babies according to age

<table>
<thead>
<tr>
<th>Age in months</th>
<th>Weight (gr)</th>
<th>Height (cm)</th>
<th>Head circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–6 months</td>
<td>4500–5500</td>
<td>70–80</td>
<td>35–42</td>
</tr>
<tr>
<td>6–12 months</td>
<td>8000–12000</td>
<td>80–90</td>
<td>42–45</td>
</tr>
</tbody>
</table>

Table 5: Raising infants on formula feeding

<table>
<thead>
<tr>
<th>AGES</th>
<th>weight (gr)</th>
<th>heights (cm)</th>
<th>head circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–6 months</td>
<td>4800–5500</td>
<td>53–78</td>
<td>35–42</td>
</tr>
<tr>
<td>6–12 months</td>
<td>8800–13000</td>
<td>75–90</td>
<td>42–45</td>
</tr>
</tbody>
</table>

Table 6: Breast-feeds infants 6-12 months and 0-6 months

<table>
<thead>
<tr>
<th>Limit of height</th>
<th>Head circumference (in cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td></td>
</tr>
</tbody>
</table>

Difference between breastfed babies and formula-fed babies by weight

All children have grown up within certain norms, but we see a very small difference in greater weight in formula-fed children in both age groups.

We notice that children who are breastfed have a smaller increase in height in the age group 0–6 months than children of this age group if they are fed formula milk the opposite is in children aged 6–12 months who are breastfed and have a greater increase in height than children who are fed formula milk.

The weight of the child was the main data that we made comparisons in differences between children who were fed with breast milk and children who were fed with milk with formula. All children have grown up within certain norms, but we see a very small difference in greater weight in formula-fed children in both age groups. We notice that children who are breastfed have a smaller increase in height in the age group 0–6 months than children of this age group if they are breastfed the opposite formula is in children aged 6–12 months who are breastfed breastfeeding and have a greater increase in height than infants who are formula fed.
Risks of artificial feeding

- Artificial feeding can interfere with the mother’s bond with the baby. The mother and baby may not develop very close affective relationships.
- A child on artificial feeding is more likely to get respiratory infections, diarrhea, otitis, or other infections.
- Diarrhea may become prolonged.
- The baby may get less milk and go into malnutrition because he gets too little food, or he is too thin. More likely to suffer from Vitamin A deficiency.
- An artificially fed baby is more likely to die from infections and malnutrition than a breastfed baby.
- Increases the risk of some chronic diseases in childhood, such as diabetes.
- A baby can get too much artificial milk and become obese.
- The child may not be developing well mentally and may have lower scores on the intelligence test.
- Breastfeeding is a natural thing to do, but it still comes with its fair share of questions. Here’s what you need to know about your eating and drinking habits — and how they may affect your baby — during breastfeeding.
- Breastfeeding is the basis for the health and survival of the baby and very important for the health of the mother [11], [12], [13], [14], [15], [16], [17], [18].

Recommendation

Babies should start breastfeeding within 1/2–1 h after birth. They should not take any fluids or food before starting breastfeeding.

- Babies should only be breastfed for at least the first 6 months of life.
- Between 4–6 months, give extra food, only if the baby is not growing properly, or if she looks hungry, despite breastfeeding. Most babies do not need extra food before 6 months.
- All children older than 6 months should receive complementary foods.
- Children should continue to breastfeed until the age of 2, or even later [1], [2], [3], [4], [5], [6].

Conclusions

Breastfeeding had positive effects on the child’s growth. It was noticed that all the children of the study had weight, height and circumference in normal values, referring to the table that determined the growth of the child based on the vital rates. We come to the conclusion that breast milk is the best way to feed a child to have a normal growth and not risk health problems.

References

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