

A Randomized Controlled Trial of Knowledge Sharing Practice with Empowerment Strategies in Pregnant Women to Improve Exclusive Breastfeeding during the First Six Months Postpartum

Jutamart Kupratakul¹, Surasak Taneepanichskul^{2,4},
Nipunporn Voramongkol³, Vorapong Phupong^{2,4}

The objective of the study was to investigate whether a Knowledge Sharing Practices with Empowerment Strategic (KSPES) program on antenatal education and postnatal support strategies in experimental group improves the rates of 6 months exclusive breastfeeding during the first six months postpartum compared with Routine Standard Knowledge of Breastfeeding Techniques (RSKBT) in control group. A randomized controlled trial was conducted. Pregnant women of more than 32 weeks' gestation were randomly assigned to receive a routine standard knowledge of breastfeeding techniques alone (control group) or with KSPES on antenatal education and postnatal support strategies (experimental group). The primary outcome was proportion of exclusive breastfeeding at 6 months postpartum. The secondary outcomes were proportion at 7 days, 14 days, 1, 2, 3, 4 and 5 months postpartum. The results indicated that proportion of exclusive breastfeeding in the experimental group were significantly higher than the control group at 14 days (82.5% vs 52.6%, $P<0.005$), 1 month (77.5% vs 52.6%, $P=0.021$), 2 months (62.5% vs 36.8%, $P=0.023$), 4 months (35.0% vs 7.9%, $P=0.008$), 5 months (25.0% vs 2.6%, $P=0.012$) and 6 months postpartum (20.0% vs 0%, $P=0.005$). KSPES program on antenatal education and postnatal support strategies significantly improved rates of exclusive breastfeeding at 6 months postpartum. These strategies also significantly improved rates of exclusive breastfeeding at 14 days, 1, 2, 4, 5 and 6 months postpartum.

Keywords: breastfeeding, exclusive, knowledge sharing practices with empowerment strategies, standard knowledge

It is generally accepted that human breast milk is the best type of nutrition for neonates and infants (Gartner et al, 2005). Most health organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have updated their recommendation that exclusive breastfeeding should be given until a baby is six months old before offering other additional food, and partial breastfeeding should be continued along with complementary feeding for at least the first two years of life (World Health Organization, 1982). Exclusive breastfeeding consists of only breast milk being given to infants. Medicine, vitamins, and oral rehydration solution may be given but no formula or water (Su LL et al, 2007). Breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality resulting from common childhood illnesses such as diarrhea or pneumonia and aids for a quicker recovery from illness (World Health Organization, 2002). It could reduce infant mortality by 13% (Beasley A ET AL, 2007) and decrease the risk of morbidity from infection (Huffman SL et al, 1990:2001). Moreover, it increases infant immunity through generous nutrients for growth and development and also provides physiological and social psychological benefit as well as learning interactions and communication between parents and their infants (Bottorff JL et al, 1990).

Although there are many benefits to breastfeeding, its prevalence and duration in many countries is still lower than the international recommendation for exclusive breastfeeding for the first six months of life. In the United States, data from the national survey in 2004

¹Research for Health Development, Chulalongkorn University, Thailand – e-mail: jutamartkupratakul@yahoo.co.th

²College of Public Health Sciences, Chulalongkorn University, Thailand

³Department of Health, Ministry of Public Health, Thailand

⁴Faculty of Medicine, Chulalongkorn University, Thailand