

Bridging Belief to Save Premature Lives: Improving Knowledge and Uptake of Banked Human Milk

Key messages

- ❖ There is a need to set up human milk banks across the country to ensure availability of banked milk for vulnerable babies such as preterm babies and HIV exposed babies especially when mother's milk is unavailable or unsuitable.
- ❖ It is important for programmes to incorporate educational interventions targeting the health workforce to ensure buying-in and potentially influencing mothers.
- ❖ Educational programmes are needed to improve the knowledge, attitude and uptake of mothers.
- ❖ These programs should include husbands and other members of the family.

Executive summary

Donor human milk (DHM) is the recommended feeding option when mothers' own milk is unavailable. Preterm babies are the most important beneficiaries of DHM which has the potential of saving thousands of lives annually. Forty-one percent of mothers of preterm infants and 28% of their term counterparts had good DHM knowledge and only about a third of mothers were willing to use DHM. This calls for urgent actions towards saving lives by educational programmes aimed at improving knowledge, attitude and use of DHM when available.

Introduction

Prematurity, being born before one's due date, is the leading cause of child death accounting for 0.94 million deaths globally. Nigeria ranks 1st in countries with highest number of preterm deaths (Perlin J. et al 2022). The use of human milk has the greatest potential impact on child survival. Donor human milk (DHM), also known as banked milk, is the recommended option for feeding babies when their mother's milk is unavailable or insufficient (ESPGHAN 2010, WHO 2011). Premature babies are by far the largest users of DHM globally and the most important potential users in Nigeria.

The use of DHM has the potential to prevent thousands of preterm deaths through prevention of necrotizing enterocolitis, the most common surgical emergency in newborns (Quigley M, et al, 2024). However, previous studies investigating mother's willingness to use DHM did not look at mothers of premature babies who have been shown to have different health related behavior. Therefore, we set out to compare the knowledge, attitude and willingness to use DHM between mothers of preterm and term babies.

Research Approach

We carried out a comparative cross-sectional study of mothers of hospitalized babies selected using a multistage sampling technique from 4 major hospitals in Jos, Plateau State over a period of 4 months. Data about sociodemographic, knowledge, attitude, and willingness to use DHM as well as potential influencers were collected from 160 mothers of preterm infants and term mothers matched for socioeconomic class, age and parity using an interviewer administered questionnaire and analyzed data for 157 (after excluding 3 for missing data) using IBM SPSS software version 25.

Findings

Thirty-two (37.2%) of preterm and 26 (32.9%) of term mothers were willing to use DHM for feeding their infants if the need arose. There was no significant difference in the knowledge, attitude and willingness to use DHM between mothers of preterm and term babies. Having good DHM knowledge, favorable attitude towards DHM and willingness to donate milk were associated with willingness to use DHM. Mothers who were Catholics or Muslims were unlikely to be willing to use DHM. Husbands and health workers had the highest influence on mothers decision to use DHM.

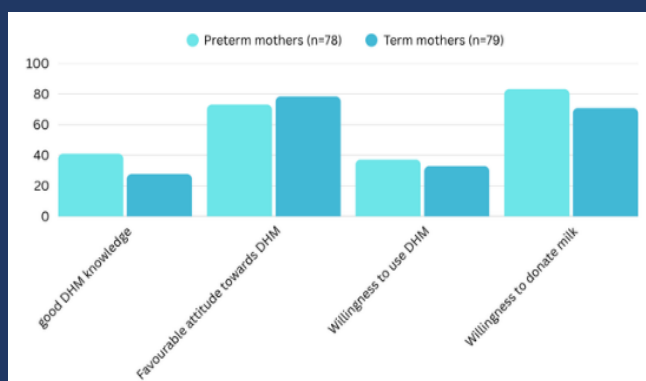


FIGURE 1: Comparison of percentage of mothers' knowledge, attitude and willingness to use DHM

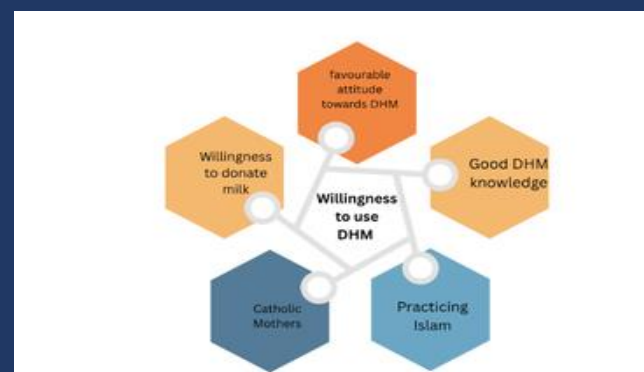


FIGURE 2: Factors Associated with Willness to use DHM among studied Mothers in Jos

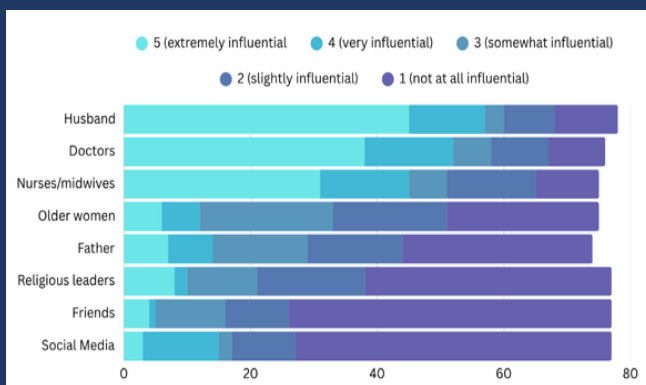


FIGURE 3: Potential Influencers of Preterm Mother's Decision to Use DHM

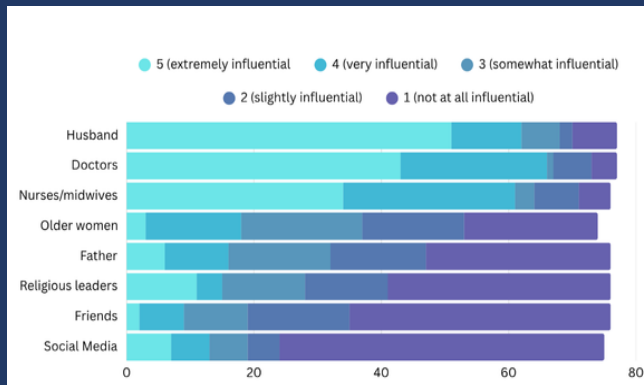


FIGURE 4: Potential Influencers of Term Mother's Decision to Use DHM

Conclusion

Educational programmes targeting mothers, health care workers, and members of the family are recommended to improve uptake of DHM.

Special attention should be given to Muslim communities to understand the influence of religion on provide DHM in ways that will ensure good uptake.

References

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