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THE IMPACT OF BREAST FEEDING ON MATERNAL AND CHILD HEALTH

The public health system faces the task of preserving and improving the health of the population, protecting individuals of all age groups from infectious and non-communicable diseases, and increasing life expectancy. The healthcare of newborns and infants requires special attention, including the organization of proper nutrition. Breast feeding is recognized as the gold standard for healthy infant growth and development due to its nutritional, immunological, and psychological benefits [6].

Despite numerous studies dedicated to the advantages of breast feeding, this matter remains relevant, as breast feeding rates in many countries, including Ukraine, are still insufficient.

The World Health Organization (WHO) and UNICEF have clearly defined recommendations for ensuring breast feeding: initiation within the first hour of birth; exclusive breast feeding without any other food or fluids, including water, for the first six months of life; introduction of complementary food at six months; continuation of breast feeding up to two years or beyond [7].

It is known that breast feeding has numerous positive health outcomes for children throughout their future life such as: providing a balanced diet and nutrients; protection against diseases; sensory, cognitive, and intellectual development; a sense of security.

Breast milk is a unique natural food for newborns. It contains all the nutrients necessary for the child's development and growth during the first months of life. Except for specific contraindications, breast milk is the safest source of nutrients, vitamins, and energy, as it does not contain any additional, harmful, or contaminating substances.

Breast milk fully meets the child's nutritional needs for the first 6 months of life, continues to meet at least half of the child's nutritional needs from 6 to 12 months, and covers one-third of these needs during the second year of life.

Early initiation of breast feeding, within an hour of birth, provides a high level of protection for the infant against infectious diseases, particularly gastrointestinal infections. According to the WHO data, exclusive breast feeding significantly reduces the risk of death from diarrhea, pneumonia and other infectious diseases, and children recover faster when being ill.

Breast feeding can provide future immunity for the child against dangerous diseases such as asthma and diabetes. Additionally, children and adolescents who received breast milk in infancy are less likely to suffer from overweight or obesity in adulthood [1; 5].

Breast feeding promotes the sensory and cognitive development of the infant and lays the foundation for further intellectual development. Studies show that breastfed children demonstrate higher academic achievement and intellectual development [2].

An important aspect of breast feeding is its benefits for maternal health, as this practice reduces the risk of cardiovascular diseases, hypertension, type 2 diabetes, ovarian cancer and breast cancer among women who are breastfed. Breast feeding reduces the risk

of postpartum depression and strengthens the mother-child bond, promoting improved and strengthened family relationships. Breast feeding provides safety and comfort, as it is the most reliable, safe and accessible method of infant feeding. Breast feeding is a natural, though not 100% reliable, method of pregnancy prevention, known as the lactational amenorrhea method [4].

Breast feeding may be contraindicated in rare cases, such as when the infant has classic galactosemia, a form of inherited metabolic disorder; the mother is infected with the human T-lymphotropic virus of type I or II; or the mother uses illicit drugs. HIV-infected mothers can breast feed their children, provided they receive antiretroviral therapy and follow medical advice.

Temporary cessation of breast feeding is recommended if: the mother has untreated brucellosis; the mother is taking certain medications not recommended during breast feeding; the mother is undergoing digital radiography with radiopharmaceuticals; or the mother has an active herpes simplex virus (HSV) with lesions in the breast area.

Mothers can resume breast feeding after consulting with a doctor who will determine when it is safe for the infant. These mothers should receive lactation support, learn how to stimulate and maintain milk production and feed their infants with pasteurized donor breast milk or formula during temporary cessation of breast feeding [1].

The main barriers supporting breast feeding, which can significantly affect a mother's decision, desire and ability to continue, include: the influence of social media and mass marketing of breast milk substitutes, the lack of breast feeding facilities in the workplace, short maternity leave, and the availability of accurate information on lactation.

In general, overcoming these barriers and improving support systems at the community and family levels are essential for promoting and supporting breast feeding practices. Enhancing the skills of healthcare professionals in breast feeding support, providing reliable information on its benefits, and assisting in resolving problems mothers may encounter can significantly improve breast feeding support rates [3; 8].

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