## **Original article**

# Growth Pattern of Exclusively Breastfed Babies in Urban Affluent of Bangladesh $Hua\ MN^{1}$ . Sarwar $KB^{2}$

#### Abstract

**Objective:** To find out the growth in the exclusively breastfed babies of the affluent mothers and to compare the figures with those of the children in the industrialized countries. Methods and materials: Fifty-three babies were selected in 1 year time period for this cross-sectional study under 6-month of age with prefixed criteria, such as exclusively breastfed and not fed with any formula feeding. Recommended schedule of immunization (EPI) was followed to weigh and measure for supine length. Data were analyzed in PC through SPSS and some calculations were done in calculator too. Place and time of work: Data were collected from August 2011 to June 2012 in the Pediatrics Department of Bangladesh Medical College Hospital and the Researcher's Chamber at Dhanmondi, Dhaka. Results: The data of developed countries showed that in first 3-month of age, children grow in weight 30 gm/day and in length 3.5 cm/month, followed by weight gain of 20 gm/day and linear growth 2 cm/ month in next 3-6 months. Our babies could be compared to those figures, with 33.54 gm/day in the weight gain and 4.17 cm/month in linear growth in the first 3 months. The average weight gain during the next 3 months (3-6 months of age) was 22.3 gm/d and linear growth for this period was 2.12 cm/month. *Conclusion:* Babies of our country in well-off families can grow optimally in comparison to the growth of the babies in the industrialized countries, or even can exceed, if they are exclusively breastfed and brought up ensuring immunization and follow up in educated mothers.

**Keywords:** affluent family; weight gain; linear growth; exclusively breastfed baby; exclusive breast feeding

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#### **Introduction:**

The standard text books and references indicated that a newborn's weight may decrease by 10% of birth weight in the first week as a result of excretion of excess extra vascular fluid and poor intake<sup>i</sup>. Infants regain or exceed birth weight by 2 weeks of age and should grow at a rate of approximately 30 gm/day in the first 3-month of age and 20 gm/day in the next 3-6 months in the developed countries<sup>ii</sup>. Also the recommended growth in supine length 3.5 cm a month in the first 3 months of age and 2 cm a month in the next 3-6 months.

These references were traditionally based on the Western world and their standards<sup>iii</sup>. It is a common thinking that developing worlds are lag behind than

the developed world and conng all milestones of life, we are behind them.

The babies under this study were exclusively breastfed and stayed healthy. They visited the consultant monthly for immunization and occasionally for minor complaints, such as cold, cough and/or diarrhea with no dehydration.

#### **Materials and Method:**

This cross-sectional study considered a sample of 53 babies under 6-month of age in an 12-month time frame from August 2011 to July 2012, from Bangladesh Medical College Hospital's Pediatrics Department and the Principal researcher's "Chamber" in Dhanmondi, Dhaka, where applicable. Each baby with the prefixed criteria, such as exclusively breastfed, proven records of previous

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visit(s) and not fed with any formula were selected. No mothers were advised to come at any prescribed intervals; rather the recommended schedule of immunization (EPI) was followed. Each baby weighed and measured for supine length using standard pediatric scales. Qualified doctors, who were sufficiently trained in pediatric maneuvers, did all procedures methodically. Data were analyzed in PC through SPSS and some calculations were done in calculator too.

#### **Results and Discussion:**

Just above three-fourths of the babies belonged to the upper socioeconomic class (77.36%), because of the purposive sample selection of the respondents being mostly from the affluent class. All the mothers were educated (100%). Almost all of them (98.9%) were firmly determined to breastfeed their babies exclusively (99.34%). They properly followed (99.2%) the immunization schedule too.

The average birth weight was 3080 gm. This figure is a bit higher than the Japanese national figure of 3029 gm<sup>iV</sup> In this Japanese national figure, an incidence of low birth weight of 11.3% was recorded, whereas in our study, we found this as 17%. Our figure is very similar to the national figure for Malaysia (17.3%) against her average birth weight of 3057gm, which might be considered as significant<sup>V</sup>.

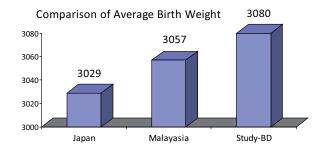
Table-1: Some selected profiles of the sample distributed by different criteria

Gender Distribution	Male	Female		Total
	28 (52.80%)	25 (47.20%)		53 (100%)
Socioeconomic	Upper	Middle	Low	Total
Class	51 (96.23%)	2 (3.17%)	0 (0%)	53 (100%)
Maturation by Term	Full	Pre	Post	Total
	49 (92.45%)	2 (3.77%)	2 (3.77%)	53 (100%)
Birth Weight	Highest	Lowest	Average	_
	4550 gm	2150 gm	3080 gm	

<sup>•</sup> Socio-economic "middle" class was 2; assumed as negligible.

The total number of low birth weight (LBW) babies in this study was 9 (17%). It is about one-third of the national figure for Bangladesh, which is 40% vi. This difference can be explained by the fact that these mothers were only from the wealthy families (99.6%), sufficiently educated and went under regular antenatal care (93.3%) by qualified obstetricians. Only 5 (9.43%) babies had a birth weight 4 kg or more. The highest birth weight recoded was 4550 gm. It is said that largest live born baby ever weighed 9299 gm with a length of 58 cm vii.

About one-third babies (N=17; 32.1%) had a birth weight range of 3 to 3.5 kg. This is the standard birth weight best for survival Viii. The study found average linear growth in first 3-month was 4.17 cm/month (Table-2) followed by 2.35 cm/month in 3-6 months by standard pediatric scale. The male-female ratio was 1.12: 1.00. The reason behind this difference is not clear. As the difference in the proportion was not very big so that it might be considered insignificant ix.



**Figure-1:** Comparison of birth-weight among Japan, Malaysia and this study

The average weight gain of the 53 babies in first 3-month was 33.54 gm/day and the average weight gain for the whole 6-month was 28 gm/day. It is almost corresponding to the average weight gain in the western healthy babies.<sup>X</sup>

Highest weight gain was recorded as of 46.67 gm/day in this study at the age of 93 days.

Following table (Table-3) shows 27 babies growth pattern by height. These 27 babies aged 3-6 months, grown 2.35 cm/month, on average.



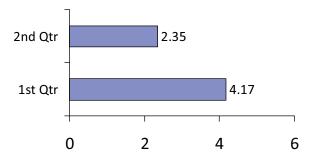


Figure-2: Birth-weight in first and second quarter

Table-2: Linear Growth in First 3-month (In between 10~90 days)

Sample	1 <sup>st</sup>	Last	1 <sup>st</sup>	Last	Height-
#	Visit	Visit	height	height	Diff
4	13	42	47.5	52.0	.160
5	18	59	54.0	60.0	.329
6	13	21	50.0	50.5	.125
7	14	32	50.0	53.5	.194
8	14	50	55.0	61.0	.167
9	19	79	52.5	62.0	.158
12	49	58	54.5	56.0	.167
14	19	85	50.0	58.0	.121
17	30	59	53.0	54.0	.034
18	15	66	35.5	42.0	.127
20	16	89	49.5	59.5	.137
22	20	87	54.5	64.0	.142
23	18	67	52.0	59.0	.143
25	25	72	59.0	65.0	.128
26	18	73	54.0	62.5	.160
27	16	74	55.5	65.0	.164
28	17	73	46.0	54.5	.152
29	14	73	52.5	61.0	.144
30	16	76	51.0	61.0	.167
31	25	87	53.0	60.0	.113
33	26	69	52.5	57.5	.116
34	46	77	54.5	59.0	.145
35	11	63	48.0	57.0	.173
36	25	90	45.0	57.0	.185
37	36	90	54.5	64.0	.176
38	41	85	52.5	58.0	.125
39	20	90	48.0	60.0	.171
41	15	88	53.0	61.0	.110
43	37	81	50.0	56.0	.137
47	15	73	51.0	56.5	.100
48	40	73	56.0	60.0	.121
49	18	72	52.0	59.0	.130
50	21	87	54.0	61.5	.114
51	12	90	50.0	57.0	.090
52	44	78	56.0	61.0	.147
53	44	67	56.5	61.0	.137

Day-	Growth/D	Growth/M	Total
Diff			
29.00	4.50	.1552	4.66
41.00	6.00	.1463	4.39
8.00	.50	.0625	1.88
18.00	3.50	.1944	5.83
36.00	6.00	.1667	5.00
60.00	9.50	.1583	4.75
9.00	1.50	.1667	5.00
66.00	8.00	.1212	3.64
29.00	1.00	.0345	1.03
51.00	6.50	.1275	3.82
73.00	10.00	.1370	4.11
67.00	9.50	.1418	4.25
49.00	7.00	.1429	4.29
47.00	6.00	.1277	3.83
55.00	8.50	.1545	4.64
58.00	9.50	.1638	4.91
56.00	8.50	.1518	4.55
59.00	8.50	.1441	4.32
60.00	10.00	.1667	5.00
62.00	7.00	.1129	3.39
43.00	5.00	.1163	3.49
31.00	4.50	.1452	4.35
52.00	9.00	.1731	5.19
65.00	12.00	.1846	5.54
54.00	9.50	.1759	5.28
44.00	5.50	.1250	3.75
70.00	12.00	.1714	5.14
73.00	8.00	.1096	3.29
44.00	6.00	.1364	4.09
58.00	5.50	.0948	2.84
33.00	4.00	.1212	3.64
54.00	7.00	.1296	3.89
66.00	7.50	.1136	3.41
78.00	7.00	.0897	2.69
34.00	5.00	.1471	4.41
23.00	4.50	.1957	5.87

Average = 4.17 cm/month

Table-3: Linear Growth in 3-6 months (In between 91~180 days)

S1.	Sample #	Growth (increased)
1	4	0.133
2	5	0.059
3	6	0.093
4	13	0.167
5	18	0.125
6	20	0.089
7	22	0.016
8	25	0.071
9	26	0.056
10	27	0.09
11	28	0.06
12	30	0.123
13	31	0.081

Sl.	Sample #	Growth (increased)
14	33	0.027
15	34	0.074
16	35	0.075
17	36	0.048
18	37	0.086
19	38	0.063
20	39	0.047
21	41	0.068
22	43	0.161
23	47	0.096
24	49	0.063
25	50	0.039
26	51	0.054
27	53	0.051

Linear Growth=2.35 cm/month

#### **Conclusion:**

Birth weight and growth for our babies born to the mothers with good health and education in Dhaka were similar to that of the babies of the industrialized countries. Though the number of babies in this study was not very large, but the number of their visits to the pediatrician was sufficient (N=239; average 4.51 visit/baby). The visits mostly were made for follow up and immunization rather than illness. The babies were exclusively breastfed and stayed healthy. This study showed that exclusive breast-

feeding can ensure optimum growth in infants even in the developing country and can protect the children from infections in early infancy (sickness rate was 4.37% only). This study also proves that healthy and educated mothers with economic affordability can give birth to babies with standard anthropometry. This study confers that improving the socioeconomic and educational standard of mothers, health status of their infants, by height and weight, can be ensured.

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