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Research Article

**EFFECT OF FEEDING TYPE IN CHILDREN ON HOSPITAL
STAY DURATION IN CASES OF ACUTE BRONCHIOLITIS**¹Dr.Saqib Ali , ²Dr.Mansoor Latif , ³ Dr.Anam Riaz¹ RHC Sankhatra Tehsil Zafarwal District Narowal² RHC Sankhatra Tehsil Zafarwal District Narowal³ WMO RHC Harappa ,Sahiwal**Abstract:****Objective:** To determine the role of infant nutrition on the hospital stay in acute bronchiolitis.**Study design:** A descriptive study.**Working place and duration:** In the Pediatrics Unit II of Jinnah Hospital Lahore for Six months Duration from February 2018 to July 2018.**Methods:** All children in the study included ranges from 2 months and 2 years with symptoms of low fever, cough, tachypnea and wheezing requiring hospitalization.**Results:** There were 188 (53.7%) male and 87 (46.3%) female patients. 56 were exclusively breastfed and breastfeeding in 96. Total artificial feeding was noted in 36 children. At the time of admission, most children had at least 6 months with an average age of 4.1 ± 1.1 years. The mean length of hospital stay was 1.1 days ± 3 in 2-6 months of age children, 2 ± 1.4 in 7-12 months of age, 2 ± 1.2 in (13-18 months) and 1 ± 1.4 in (17- 24 months). Between children the total duration of hospital stay was 4 ± 2.1 (2-6 months), 4 ± 1.2 (7-12 months), 3 ± 1.4 (13-18 months).**Conclusion:** Breast milk has a strong protective effect against acute bronchiolitis and decreases the morbidity of hospital stay.**Key words:** Breastfeeding, acute bronchiolitis, babies.**Corresponding author:****Dr.Saqib Ali,**

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INTRODUCTION:

Bronchiolitis is an acute viral infection of the lower respiratory tract characterized by inflammation, edema, epithelial cell necrosis, increased mucus production and bronchospasm. The American Pediatric Association (AAP for its abbreviation) rules the bronchiolitis defined as the emergence of clinical signs and symptoms of wheezing in children under the age of 2 and following the uplifting respiratory effort in the guidelines of the American Pediatric Association, the age of the bronchiolitis is at least 2 years old. The most common isolated substance (75%) is the virus B type parainfluenza B, type 1, 2 and 3, adenovirus type 1, 2 and 5 and Mycoplasma. However, there is less evidence on the effect on the specific cause-related mortality referred to as acute respiratory infections (ARI) and diarrhea, and colleagues reported increased risk of diarrhea and ARI. Mortality associated with lack of breastfeeding.

MATERIALS AND METHODS:

This descriptive study was held in the Pediatrics Unit II of Jinnah Hospital Lahore for Six months Duration

from February 2018 to July 2018. A total of 188 children with acute bronchiolitis were included in this study. This study included any child who had symptoms of fever, cough, tachypnea, and wheezing with symptoms ranging from 2 months to 2 years, or who had symptoms of chest auscultation for more than 7 days. Children with congenital heart disease, congenital metabolic failure, foreign body aspiration, bronchial asthma and pneumonia were excluded from the study. Breastfeeding categories were accepted as defined by WHO. Specific breastfeeding is defined when a child is simply taken out of the breast or is taken out of the breast, and no other liquid or solid milk is taken except for vitamins or minerals and / or medication drops or syrup. Breastfeeding is considered when a child receives water based beverages such as water or fruit juices and tea together with breast milk. Artificial feeding is considered when the child is not fed.

RESULTS:

The acute bronchiolitis general features are given in Table 1.

Table 1: General characteristics of children with acute bronchiolitis

Characteristics	Exclusive breast feeding children (n=56)	Predominant breast feeding children (n=96)	Artificial feeding Children (n=36)
Age(months)	4.1±1.1	3.4±1.2	3.7±1.3
Male (n=101) (53.7%)	19(18.8%)	51(50.5%)	31(30.7%)
Female(n=87) (46.3%)	17(19.5%)	45 (51.7%)	25(28.8%)
Days of symptoms at admission	3±1.1	4±2.1	3±1.2

The duration of hospital stay and Age distribution among different children categories feedings suffering from acute bronchiolitis in Table 2.

Table 2: Age distribution and duration of hospital stay among different categories of children feedings suffering from acute bronchiolitis

Age (months)	n= 188	Duration Of Hospital Stay		
		Exclusive breast feeding 56(29.8%)	Predominant breast feeding 96 (51.1%)	Artificial feeding 36 (19.1%)
2-6	114(60.8%)	3±1.1	4±2.1	4±2.2
7-12	42(21.8%)	2±1.4	4±1.2	3±1.2
13-18	24(12.7%)	2±1.2	3±1.4	3±1.6
17-24	10(5.4%)	1±1.4	1±1.3	2±1.4

DISCUSSION:

Breastfeeding, especially exclusive breastfeeding increase child survival. Breastfeeding also provides the best natural nutrition for newborn babies. It also contains many bacteria and viral antibodies, including relatively high concentrations of secreted IgA, which prevents intestinal mucosal and respiratory adhesion of microorganisms, such as infectious diarrhea and breast-feeding diseases such as breast milk provides protection against many infectious diseases. It also contains preservatives against many common viruses. In our study, most of the children in this age group had less than 6 months that the incidence of this disease was high as well as showed the increased need for hospitalization. The need for further hospitalization under 6 months is tolerable to whom bronchiolar edema is good, as the lower respiratory tract disease (LRTI, for its abbreviation in English) may be minimal in elderly patients observed in young infants. In addition, it is the age group in which acute bronchiolitis or other forms of respiratory diseases such as pneumonia and pertussis can be complicated by apnea and feed children. In this study, a relative increase in the risk of acute bronchiolitis was found in boys (53.7%). This is probably due to the smaller airways found in children. This relationship is similar to that reported by Tepper and Rubin. Although the WHO has been defending baby-specific breastfeeding in the first six months. But even this practice was not accepted as it should. In our study, in addition to breastfeeding, many mothers also used superior nutrition. Lack of illiteracy, lack of knowledge about the benefits of breastfeeding and social factors are the main reasons behind the failure to apply special breastfeeding. However, it is not so difficult to achieve this goal by increasing the literacy rate and encouraging the

benefits of breastfeeding through primary health services and the media. In this study, a strong inverse relationship was found between the duration of hospitalization and the duration of breastfeeding. It is well known that breast milk contains some nutrients that ultimately support the development of the respiratory system, which protects against respiratory tract infections. Immunomodulatory and immunomodulatory nutrition factors in breast milk may improve maturation of the baby's immune competence. Similar results were observed in a study by Cristina and colleagues. Therefore, in the light of our and other international studies, it can be said that the specific implementation of breastfeeding should be encouraged by limited resources and populations with high infant mortality rates such as Pakistan.

CONCLUSION:

Special breastfeeding not only reduces infectious diseases in children, but also reduces the aggressive course of acute bronchiolitis.

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