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Patterns, problems, and influences in feeding of formula-fed infants in Makati City, Philippines

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A prospective descriptive study involving 156 participants practicing formula-feeding from Cembo Health Center, Makati City, Philippines was carried out. Information on maternal, infant demographic data, feeding history, and current feeding history were obtained through an investigator-conducted interview. Of the 156 respondents, 44% were from 20-30 years age group, in which there was significantly higher percentage of mothers practicing exclusively formula feeding than mixed feeding. There were 141 mothers with previous breastfeeding experience and only 30% of them continued breastfeeding and mixed-fed their infants. 57 mothers had infants who were given breast milk substitutes or supplements at birth. The most frequent reported reasons for stopping breastfeeding were insufficient milk production (58.3%) and the need to return to work or school (25.0%). Top two maternal influences for milk formula choice were recommendations from their doctor (36.5%) and from a relative or friend (30.8%). Only 21.1% of the respondents had infants who encountered problems, wherein the most common was constipation (45.5%). 93 mothers reported changing their infant's milk formula and 77% of them did not consult a doctor prior to change. Formula changes usually occur two or three times, commonly before 12 months of age. In summary, the most common maternal reason for breastfeeding cessation is insufficient milk production. Constipation is the most prominent feeding problem among formula-fed infants, and is also the most frequent reason for formula switch. Milk formula changes commonly occurred before the first year of life and often without physician guidance.

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Using emotions to improve professional skills

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As healthcare workers, we often have been educated to mistrust our emotions when they arise in our daily practice. Emotions are mostly seen as disturbing elements, having negative impact on our professional skills and ability to make good decisions. We have been educated to deal with our emotions, to manage them, to repress them, in order to neutralize them and to stay intellectually efficient. However, we all experiment times when our emotions are so intense, that no rational thinking is possible. How can avoid repressing our emotions without being overwhelmed by them? I would like to offer a different perspective of emotions: to consider them as important messengers giving us information about changes in our environment, warning us that we need to adapt our behavior. Understanding what triggers anger, sadness, fear and joy gives us clarity about ourselves, personally and professionally. It gives us the opportunity to adapt ourselves to others in relationships and moreover, to adjust the way we take care of our patients. Noticing the emergence of emotions, when we are analyzing a patient's situation, or when medical decisions have to be taken, can be the first warning of an increasingly complex situation. Tensions based on ethical problems are not merely intellectual in nature. These tensions often arise from our affect and reveal themselves through our emotions. Therefore, understanding emotions leads us to improve ourselves in relationships with our colleagues and in the way we take care of our patients.

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