

Original Article

Assessment of the General Breastfeeding Practices of Postnatal Mothers

Vandana Verma, RN, RM, MSc

Nursing Tutor, M.M.College of Nursing, MM University, Mullana, Ambala, India

Seema Barnabas RN, RM, MSc

Vice Principal & Professor, College of Nursing, CMC & Hospital, Ludhiana, India

Balqis Victor RN, RM, MSc

Assistant Professor, College of Nursing, CMC & Hospital, Ludhiana, India

Correspondence: Vandana Verma, Nursing Tutor, M.M. College of Nursing, MM University, Mullana, Ambala, India. Pin Code: 133203 Email: vanuverma82@gmail.com

Abstract

Background: Malnutrition kills one out of three infants in India. 66% of these deaths occur during the first year of life and is often caused by inappropriate feeding practices. The study was conducted with the objective to assess the general breastfeeding practices of postnatal mothers, to determine the relationship of breastfeeding practices with selected variables and to find out deficit in general breastfeeding practices of postnatal mothers.

Method(s): The area selected for the study was postnatal wards of CMC and Hospital, Ludhiana, Punjab. A quantitative research approach and non experimental descriptive research design was used for the study. 60 postnatal mothers were selected using purposive sampling technique. Data was collected using general breastfeeding practice checklist to assess general breastfeeding practices.

Results: The findings of study showed that majority of postnatal mothers had average level of (75%) general breastfeeding practices. Religion, occupation and source of information showed significant impact on general breastfeeding practices. Majority (81.66%) of general breastfeeding practices of postnatal mothers were deficit in cleaning breast after breastfeeding and putting baby on right side of the abdomen after breastfeeding.

Conclusion: The findings of the study pointed out that postnatal mothers should be observed and guided during breastfeeding session so that they learn correct breastfeeding practices and continue breastfeeding.

Key Words: general breastfeeding practices, postnatal mothers

Introduction

Malnutrition kills one out of three infants in India. A 66% of these deaths occur during the first year of life and is often caused by inappropriate feeding practices. The current status of feeding practices in India that promote child growth as cited by the National Family Health Survey-3 (2005-2006) is rather dismal. Early initiation of breast feeding is reported in about a third of

births, prelacteal feeds are administered in over half the infants and exclusive breast feeding in infants less than six months is a little under 50 per cent². WHO recommends that breastfeeding should be initiated immediately after birth, preferably within 30 min of delivery³. The delay in initiation will lead to a delay in the development of oxytocin reflexes, which are very important for the contraction of the uterus and breast milk reflex.⁴

Newborns should be nursed whenever they show signs of hunger, such as increased alertness or activity, mouthing, or rooting. Crying is a late indicator of hunger. Newborns should be nursed approximately 8 to 12 times every 24 hours until satiety, usually 10 to 15 minutes on each breast⁵.

Baby should be allowed to empty one breast completely before offering the other breast. Alternate breast should be offered at the next feed. The baby must be satisfied for at least two hours before he starts yelling for the next feed. The mother must be explained the art of burping the baby after each feed to safeguard against regurgitation. Baby should be held against the shoulder to help him eructate the swallowed air. After this, the baby should be put to bed in the right lateral position with head end slightly raised⁶.

Researcher observed in hospital that general practices followed by breastfeeding mothers should be assessed so that harmful or incorrect practices can be noted which can be harmful to the infant and hence affects breastfeeding.

Materials and Methods

A quantitative research approach and non-experimental descriptive research design was considered appropriate for the study. A Purposive sampling technique was used to select a sample of 60 postnatal mothers who delivered at term and were in the hospital for 48 hours postpartum in postnatal wards of Christian Medical College and Hospital, Ludhiana, Punjab.

Postnatal mothers with serious medical and obstetrical complications like PPH, eclampsia, breast abscess were not observed in the study. Content validity of tool was determined by 7 nursing expert opinions on the relevance of items. The reliability of General Breastfeeding Practice Checklist was found to be 0.86 checked by test and retest method.

Ethical approval was obtained from the Institutional Ethical Committee for conducting the research study. Written informed consent was taken from each subject after explaining the purpose of research project and assurance of confidentiality was given.

The final tool consisted of Sample characteristics and General Breastfeeding Practice Checklist to assess General Breastfeeding Practices regarding social customs, timing of breastfeeding, hygiene, burping and position during breastfeeding. This part consisted of 16 items and each item was scored as 1 if response was 'Yes' and 0 if response was 'No'. Total score for breastfeeding practice checklist was 16 and minimum score is 0. Data collection was done in the month of December, 2013.

Postnatal mothers who met the criteria was observed on certain items and were interviewed on the items which could not be observed due to time constraint within 24-28 hours of delivery. Analysis of data was done in accordance with objectives of the study. The data analysis was done using descriptive and inferential statistics i.e computing mean score, mean percentage, standard deviation, t-test, Z-test and ANOVA.

The level of significance chosen was $p < 0.05$

Results

Demographic Characteristics

Most of postnatal mothers (40%) were in the age group of 21-25 years and 26-30 years respectively, 68.33% were educated up to graduation and above, 85% were housewives, 88.33% belonged to joint family, 50% belonged to Hindu religion, 41.66% had family income per month of Rs 5001-15,000, 56.66% had vaginal delivery with episiotomy, 61.66% were primipara and 41.66% acquired information from health personnel.

Assessment of General Breastfeeding Practices

Fig I depicts Mean Percentage of General Breastfeeding Practices (GBFP) of postnatal mothers according to categories. It was concluded that majority (72.6%) of postnatal mothers had good practices related to timing of breastfeeding and least (34%) were adopting good hygienic practices related to breastfeeding.

Relationship of General Breastfeeding Practices with demographic variables

Mean GBFP score was highest (11) in postnatal mothers who were in service and least (8.84) in housewives. Occupation had significant impact on general breastfeeding practices of postnatal mothers. Mean GBFP score was highest (11.14) among postnatal mothers who were Christians followed by (9.4) Sikh, (8.76) then Hindu and least (6.67) in Muslim. Hence, it was concluded that religion had significant impact on general breastfeeding practices of postnatal mothers. Mean GBFP score was highest (10.96) in postnatal mothers who had information from health personnel and least (7.88) from family, elders, friends, neighbours. Source of information had significant impact on general breastfeeding practices of postnatal mothers.

Thus it is inferred that occupation, religion and source of information had impact on General Breastfeeding Practices of postnatal mothers. Age, education, type of family, parity and mode of delivery had no significant impact on general breastfeeding practices of postnatal mothers

Deficits in General Breastfeeding Practices

Data presented in Table I depicts that majority (81.66%) of postnatal mothers were deficit in cleaning breast after breastfeeding and putting baby on right side or abdomen after breastfeeding respectively, followed by maintenance of personal hygiene by mother

(78.33%) and cleaning breast before breastfeeding (70%). Least deficits (1.66%) were in mother assuming sitting position while breastfeeding and 16.66% of postnatal mothers offered breastfeed at an interval of 2-3 hours and no deficit were in offering first milk colostrum to baby and offering breastfeed on demand.

Discussion

In the present study it was revealed that according to levels of practices majority of postnatal mothers (75%) had average general breastfeeding practices. Wagh et.al. (2013) also revealed that lactating mothers showed right practice of breastfeeding in Akola district of Maharashtra.

Regarding deficits in general breastfeeding practices (GBFP) of postnatal mothers, in present study majority (81.7%) of postnatal mothers were deficits in cleaning breast after breastfeeding and putting baby on right side or abdomen after breastfeeding. These findings were supported by Singh et al (2012) that most of the mothers were not cleaning the breast or nipples after feeding the infant. Shrestha et al (2013) reported that only 30% of newborn were kept in lateral position after breastfeeding.

In present study 53.3% of postnatal mothers didn't start breastfeeding within ½ to 2 hrs of delivery as mothers who had cesarean section their babies were kept in nursery for observation and they were told to remain in supine position for 24 hours. Joseph N et al. (2013) revealed that only 34.5% newborns were breastfed within half an hour of delivery, Chaudhary et al. (2011) reported 41.5% , Bhanderi et al (2011) pointed out 23.7% and Madhu et al (2009) reported 44% of newborns were put on breastfeed within half an hour of delivery. Shetty et al (2013) also revealed that 48% of the mothers initiated breastfeeding within 1 hour.

Regarding introduction of prelacteal feeds 51.6% of postnatal mothers gave prelacteal feeds to baby. Almost similar findings were reported by Kaur et al (2013) where 54.7% of the infants received prelacteal feeds. Singh et al (2012) also pointed out in his study that 50% of mothers used prelacteal feeds. On the contrary Yadavannavar

et al (2011) revealed that 91.6% of mother gave prelacteal feeds to their children which is much more than in present study.

In the study 35% postnatal mothers didn't burped their baby after breastfeeding. Almost similar findings were revealed by Jain U et al (2013) where 41.05% mothers had knowledge regarding burping. Singh et al (2012) also reported that 23.97% of mothers were not aware about burping.

Findings show that 33.3% postnatal mothers didn't wash their hands before breastfeeding and 21.7% didn't completely empty their breast at alternate feeding and 16.7% didn't offer breastfeed at an interval of 2-3 hours. Shrestha et al (2013) reported that 10% of mothers washed hands before breastfeeding, 20% mothers breastfed their babies with one breast at a time and 85% breastfed every 2 hourly. Chaudhary et al (2011) revealed that 15% mothers practiced feeding one side at a time. Only 1.7% of postnatal mother didn't assume sitting position while breastfeeding. Mbda et al (2013) reported

sitting on a chair to breastfeed was common (62.4%) .

In present study all the mothers gave colostrum to baby and offered breastfeed on demand. Findings of the study was supported by Shrestha et al (2013) where all mothers gave colostrum to the baby. Joseph et al. (2013) revealed that demand feeding was practiced in 87.1% deliveries. Abdul Ameer et al. (2008) pointed out that 64.6% breastfed on demand and 92.9% believed colostrum was good for their baby. Shetty et al. (2013) reported that 82% of the subjects gave colostrum to the newborn.

In this study general breastfeeding practice score was maximum (10.96) in postnatal mothers who had information from health personnel and lowest (7.88) who acquired from family, elders, friends and neighbours. Breastfeeding practices had highly significant relationship with source of information. This was supported by Ekambaram et al (2010) that mothers who received antenatal care from tertiary care centers and private practitioners revealed significantly better scores.

Fig I Mean Percentage of General Breastfeeding Practices (GBFP) of Postnatal Mothers according to Categories

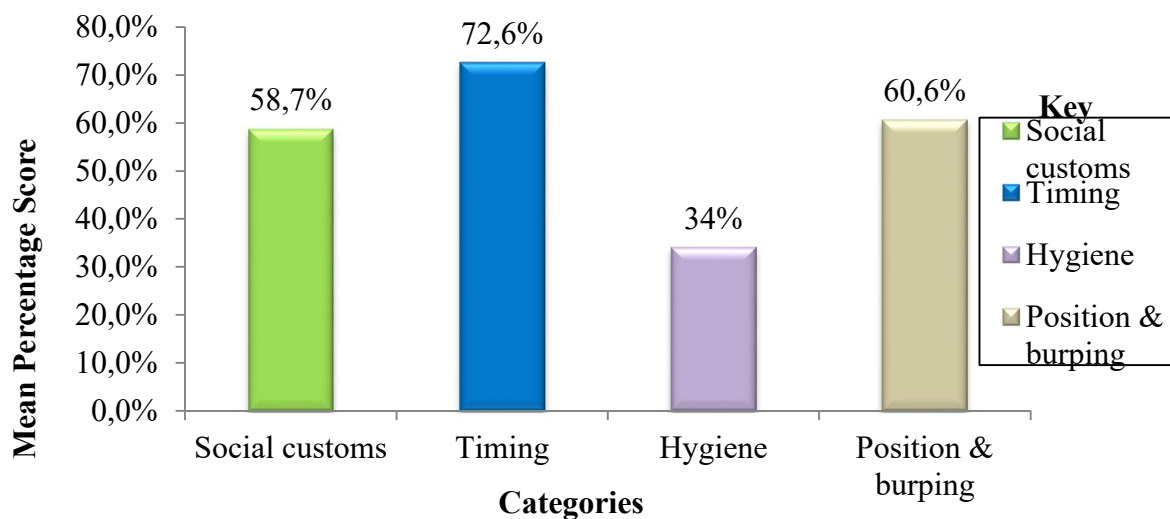


Table 1: Frequency, Percentage Distribution and Rank Order of Deficits in General Breastfeeding Practices (GBFP) of Postnatal Mothers N = 60

General Breastfeeding Practices (GBFP)		Postnatal Mothers With Deficits		
	Items	n	%	Rank
Social Customs				
1	No pre lacteal feeds given to baby before breastfeeding.	31	53.33	7
2	Social taboos didn't create an obstacle to breastfeeding.	26	43.33	9
3	First milk "colostrum" given to the baby.	0	0	-
4	Mother drank fluids before breastfeeding.	42	70	4
Timing				
5	Breastfeeding started within ½ to 2 hrs after delivery.	32	53.33	6
6	Mother offered breastfeed at an interval of 2-3 hours.	10	16.66	13
7	Mother offered breastfeed on demand.	0	0	-
8	Allowed to suck for more than 10 minutes.	27	45	8
9	First breast completely emptied before putting baby on other breast.	13	21.66	12
Hygiene				
10	Mother maintained personal hygiene (bath).	47	78.33	3
11	Washed hands before breastfeeding.	20	33.33	11
12	Breasts cleaned before giving breastfeeding.	42	70	4
13	Breasts cleaned after breastfeeding.	49	81.66	1
Burping and position of mother and baby				
14	Mother assumed sitting position while breastfeeding.	1	1.66	14
15	Burped the baby after breastfeeding.	21	35	10
16	Baby put on right side or on the abdomen after breastfeeding.	49	81.66	1

Conclusion

The findings of the study pointed out that postnatal mothers had average General Breastfeeding Practices therefore to achieve the continuation of breastfeeding, adoption of good breastfeeding practices it is necessary to encourage, support and guide mothers through educational programs e.g. role plays, teaching through dummies, exhibition etc during the antenatal, natal and postnatal periods. At the

same time, births should be evaluated at all hospitals by nurses to allow an objective evaluation of each case. Protocols or breastfeeding guidelines can be made which should be made mandatory to be followed.

Acknowledgement

I express my appreciations to the respected officials of CMC & Hospital, Ludhiana, Punjab, who cooperated with me for executing this

research. The author would like to thank Prof. (Mrs.) Seema Barnabas my guide and Mrs. Balqis Victor co-guide for their constant encouragement, detailed and constructive comments. The author thanks all the postnatal mothers who participated in the research study.

References

- Abdul Ameer AJ, Al-Hadi AH, Abdulla MM. (2008) Knowledge, attitudes and practices of Iraqi mothers and family child-caring women regarding breastfeeding. *Eastern Mediterranean Health Journal*. 14(5):1003-14.
- Bhandari D, Choudhary SK. (2011) A community based study of feeding & weaning practices in under five children in semi urban community of Gujarat. *National Journal of Community Medicine*. 2(2): 277-281.
- Chaudhary RN, Shah T, Raja S. (2011) Knowledge and practice of mothers regarding breast feeding: a hospital based study. 9(3):194-200.
- Ekambaram M, Bhat V, Ahamed MAP. (2010) Knowledge, attitude and practice of breastfeeding among postnatal mothers. *Curr Pediatr Res* 14 (2): 119-124.
- Iarukov A, Nin'o A, Iarukova N, Doicheva E, Eolev D. (1992) The early breastfeeding of newborn infants. *Ankush Ginekol (Sofia)* 31:13-5
- Jain U, Jain JB, Garg D, Shrama UR, Aggrawal N. (2013) Knowledge of breast-feeding and breast-feeding practices amongst mothers delivered at tertiary level obstetrics care hospital at Udaipur Int J Med Pharm Sci., 4(1): 10-16.
- Joseph N, Unnikrishnan B, Naik VA, Mahantshetti NS, Mallapur MD, Kotian S M, Nelliyanil M. (2013) Infant Rearing Practices in South India: A Longitudinal Study. *Journal of Family Medicine and Primary Care*. 2(1): 37-43.
- Kaur AB, Srivastava S, Marwaha M. P. S, Kaur Paramjeet. (2013) A Study on Feeding Practices of Young Infants. *Internet Journal of Health*. 14 (1): 1.
- Madhu K, Chowdary S, Masthi R. (2009) Breast feeding practices and newborn care in rural areas: A descriptive cross-sectional study. *Indian Journal of Community Medicine*;34:243-246
- Singh M. (2000) *Care of the Newborn*. 5th ed. New Delhi: Sagar publications
- Singh J, Vishakantamurthy DG, Charan PM. (2012) Breastfeeding practices among lactating mothers: Problems and prospects in a cross-sectional study. *International Journal of Health & Allied Sciences*. 1(2):54-58.
- Shrestha T, Bhattarai SG, Silwal K. (2013) Knowledge and Practice of Postnatal Mother in Newborn Care. *J Nepal Med Assoc* 52(190):372-377.
- Shetty SB, Shetty SK. (2013) KAP study of factors promoting breastfeeding in nursing mothers and pregnant women. *Nitte University Journal of Health Science* September 3(3): 34-37.
- The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. (1992) :Guidelines for Perinatal Care. 3rd ed. Washington, DC: ACOG, AAP; 183
- Yadavannavar MC, Patil SS. (2011) Sociocultural Factors Affecting Breastfeeding Practices and Decisions in Rural Women. *International Journal of Plant, Animal and Environmental Sciences*. June-August 1(2): 46-50.
- UNICEF. (2012) World Breastfeeding Week 2012: The importance of breastfeeding. [http://health.india.com/pregnancy/world-breastfeeding-week-2012-the-importance-of-breastfeeding/reviewed on 19/11/2012](http://health.india.com/pregnancy/world-breastfeeding-week-2012-the-importance-of-breastfeeding/reviewed%20on%2019%2F11%2F2012).
- WHO, UNICEF. Geneva: Mother and Child Division; (1989). Ten steps to promote successful breastfeeding. Protecting, promoting and supporting breast-feeding: The special role of maternity services.
- Wagh SV, Wagh SS, Raut MM, Dambhare DG, Sharma DA. (2013) A study on breastfeeding practices in a Vidarbha region of Maharashtra India. *Innovative Journal of Medical and Health Sciences*. 3(5): 238-241.