

An observational study on breast feeding Success among postnatal mothers

Sabitha Nayak

Vice Principal, Nitte Usha Institute of Nursing Sciences, Nitte University, Mangalore.

Correspondence

Sabitha Nayak

Vice Principal, Nitte Usha Institute of Nursing Sciences, Nitte University, Mangalore.

Mobile : +91 94488 42698 E-mail : sabitha@nitte.edu.in

Abstract

Background : Under modern health care, human breast milk is considered the healthiest form of milk for babies. It also promotes the health of both mother and infant and helps to prevent disease.¹

WHO states that, the vast majority of mothers can and should breast feed, just as the vast majority of infants can and should be breast fed.⁵

Purpose : The current study has aimed to determine the breastfeeding success among postnatal mothers.

Methods : A descriptive survey approach was conducted on 50 postnatal mothers who were in the postnatal wards of a selected hospital. Observational checklist with 26 items were utilized to collect data.

Results : Through descriptive analysis it was found that majority (44%) of mothers were in the age group of 20 – 25 years. Majority (68%) were Hindus. In type of delivery 84% had full term normal delivery. With regards to parity, 44% were mults. In relation to sex of the baby, 68% were females. The condition of the mother and the baby after delivery was good and normal in 100%. An observational checklist on breastfeeding success shows that the success rate on breastfeeding was high. There were 4 items such as getting ready to feed, Latching on, Feed itself and after feed and each item had 4 to 8 specific items on observational checklists on breastfeeding which indicates that in most of the mothers breastfeeding was a success. By inferential statistics it was found that type of delivery is associated with breast feeding ($P < 0.05$). Since all other p values are more than 0.05 there was no association between those selected demographic variables with breast feeding at 5% level of significance.

Conclusion : Breast feeding is an age-old practice among most of the post-natal mothers to feed their young ones. In India, most of the mothers, practice giving breast milk to babies for about 1 to 2 years. Assistance by the health workers is not much sought as most of the bystanders assist the mothers in breast feeding. In the present study also, we have come across mothers successfully breastfeeding their babies and they are contented.

Keywords : Breastfeeding, Postnatal mothers.

Introduction

Breast feeding was the common practice since ancient times and it is practiced even today. With the 18th and 19th century industrialisation in the Western world, working mothers in many urban centres began dispensing Breast

feeding due to their work requirements. Under modern health care, human breast milk is considered the healthiest form of milk for babies. It also promotes the health of both mother and infant

and helps to prevent disease.^{1,2,3,4.}

WHO states that, the vast majority of mothers can and should breast feed, just as the vast majority of infants can and should be breast fed. Only under exceptional circumstances can a mother's milk be considered unsuitable for her infant. WHO also recommends exclusive Breast feeding for the first six months of life. AAP (American Academy of Paediatrics) recommends exclusive breast feeding for the first six months of life and it should be continued for at least the First year of life and beyond for as long as mutually desired by mother and child.^{5,6}

WHO also states that Breast feeding is the normal way of

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providing young infants with the nutrients they need for healthy growth and development. Virtually all mothers can Breast feed, provided they have accurate information and the support of their family. The health care system and society at large. Colostrum, the yellowish sticky Breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn.⁷ and all mothers should be inculcated to practice giving first feed (colostrum) to the infant

Statement of the problem: An Observational study on breastfeeding success among postnatal mothers in Justice K.S. Hegde Hospital, Mangalore, India.

Objectives

1. To determine the breast feeding success among postnatal mothers
2. To find an association on breast feeding success with selected demographic variables

Methods

A descriptive survey was carried out in a selected postnatal unit of a hospital in Mangalore. 50 postnatal mothers who were breast feeding were selected by convenient sampling. Consent was taken from each of the participants who were

willing to participate in the study. Two tools were used for data collection.

Tool 1 : Sample characteristics.

Tool 2 : Observational checklist on breastfeeding.

Results

Through descriptive analysis it was found that majority (44%) of mothers were in the age group of 20 – 25 years. Majority (68%) were Hindus. In type of delivery 84% had full term normal delivery. With regards to parity, 44% were multis. In relation to sex of the baby, 68% were females. The condition of the mother and the baby after delivery was good and normal in 100% [Table 1]. An observational checklist on breastfeeding success shows that the success rate on breastfeeding was high. There were 4 items such as getting ready to feed, Latching on, Feed itself and after feed and each item had 4 to 8 specific items on observational checklists on breastfeeding which indicates that in most of the mothers breastfeeding was a success [Table 2]. By inferential statistics it was found that type of delivery is associated with breast feeding ($P < 0.05$). Since all other p values are more than 0.05 there was no association between those selected demographic variables with breast feeding at 5% level of significance [Table3].

Distribution of sample according to the demographic characteristics
n=50

Sl.No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	Age in years		
1.1	20-25	22	44%
1.2	26-30	18	36%
1.3	31-35	6	12%
1.4	36-40	4	8%
2.	Religion		
2.1	Hindu	34	68%
2.2	Christian	2	4%
2.3	Muslim	14	28%
3.	Type of delivery		
3.1	FTND	42	84%
3.2	LSCS	5	10
3.3	Instrumental	3	6%
4.	Parity		
4.1	Primi	19	38
4.2	Multi	22	44
4.3	More than 2	9	18

Observational check-list Breast-feeding
n = 50

S No.	Assessment tool	Yes	%	No	%
Getting ready to feed					
1.	Mother is relaxed and comfortable	47	94	3	6
2.	Breast is not restricted by clothing	44	88	6	12
3.	Breast full, soft and rounded, no skin redness	45	90	5	10
4.	Nipples prominent, not cracked or bruised	42	84	8	16
Latching on					
5.	Baby reaches for the breast, roots opens wide	47	94	3	6
6.	Tongue movement explores the breasts.	44	88	6	12
7.	Baby's body is in a straight line	45	90	5	10
8.	Baby comes to the breast, chin and bottom lip first.	42	84	8	16
9.	Upper lip opposite the nipple before latching on	46	92	4	8
10.	There may be signs of milk release	43	86	7	14
The feed itself					
11.	The baby is held securely, with touching and eye contact from mother	48	96	2	4
12.	Baby is held close to mother's body, whole body supported, not just head or shoulders	44	88	6	12
13.	Head slightly extended, chin touching breast	45	90	5	10
14.	Baby stays attached, does not slip off	39	78	11	22
15.	Calm and alert , though eyes may close towards end of feed	49	98	1	2
16.	Lower lip curled out	41	82	9	18
17.	If visible, more areola above the baby's top lip	43	86	7	14
18.	Cheeks rounded, not sucked in, no clicking sounds	44	88	6	12
19.	Slow deep sucks, bursts with pauses	48	96	2	4
20.	Rhythmic swallowing seen and heard	46	92	4	8
21.	Baby releases breast spontaneously at end of feed	43	86	7	14
After the feed					
22.	Evidence of milk transfer – milk in the baby's mouth and around the nipple	42	84	8	16
23.	Nipple undamaged, normal shape and colour	48	96	2	4
24.	Areola – no bruising or compression marks	41	82	9	18
25.	Breast softer	46	92	4	8
26.	Contented baby	45	90	5	10

In the above table, there were 4 items, and each item had 4 to 8 specific items on observational checklists on breastfeeding which indicates that in most of the mothers breastfeeding was a success.

Fisher's Exact Test computed to determine the significance of association on breastfeeding and selected demographic variables

Selected demographic variables		Checklist score categorized		Fishers Exact test	P value
		< Median (23)	> Median (23)		
Age	20 - 25	10	12	4.488	0.227 NS
	26 - 30	7	11		
	31 - 35	5	1		
	36 - 40	3	1		
Religion	Hindu	18	16	2.861	0.228 NS
	Christian	2	0		
	Muslim	5	9		
Type of delivery	Full time normal delivery	17	25	8.978	0.004* S
	LSCS	5	0		
	Instrumental	3	0		
Parity	Primi	9	10	1.229	0.654 NS
	Multi	10	12		
	More than 2	6	3		

Selected demographic variables		Checklist score categorized		Fishers Exact test	P value
		< Median (23)	> Median (23)		
Sex of the baby	Male	4	10	0.043	0.069 NS
	Female	20	14		
Weight of the baby	Less than 2.5	6	2	0.099	0.247 NS
	More than 2.5	19	23		
Period of gestation	Less than or equal to 37	1	4	3.173	0.585 NS
	38	14	11		
	39	3	5		
	40	6	4		
	More than 40	1	1		
Educational status	5 to 7	1	1	5.526	0.049 NS
	8 to 10	7	1		
	PUC and above	17	23		

* Indicate significant

The above shows that, type of delivery is associated with breast feeding ($P < 0.05$). Since all other P values are more than 0.05 there is no association between those selected demographic variables with breast feeding at 5% level of significance.

A similar study on KAP STUDY OF FACTORS PROMOTING BREASTFEEDING IN NURSING MOTHERS AND PREGNANT WOMEN was conducted at a tertiary teaching hospital of coastal south India on 300 subjects and the results were 36% had primary education and 12% were graduates. Majority (61%) lived in a joint family. Only 52.3% of the subjects received advice on breastfeeding during antenatal visits, out of which only 19.3% had a breast examination. 58.7% knew that breastfeeding should be initiated within 1 hour of child birth but only 48% of the mothers who had delivered initiated breastfeeding within 1 hour. 71.6% of the mothers knew that exclusive breastfeeding should be practised for 6 months. On univariate analysis mothers with more than 1 child, vaginal delivery and an educated partner had awareness of breastfeeding and practiced healthy breastfeeding and this study emphasises the need to counsel mothers regarding breastfeeding practices early during antenatal visits and not postpone till after delivery, include the spouse for support, sensitise the health care giver and improve infrastructure for a successful breastfeeding initiation.¹⁶

A study on 'Pain and breastfeeding: a prospective observational study' was conducted on seventy-nine

patients regarding satisfaction in breastfeeding, tiredness, uterine pain, nipple and other pain, and analgesic use at day three and at first, second, third, and fourth week after birth. Data regarding the mode of delivery were recorded from medical charts. Milk formula supplements, bottle use, pacifier use, and nipple shields use were considered as variables suggesting unsuccessful breastfeeding. And the results were at the third day after delivery, it appeared that analgesic use was significantly associated with milk formula supplementing, bottle use, less satisfaction in breastfeeding, and more tiredness. At first week after delivery, the presence of pain differing from nipple and uterine pain was more likely associated with milk formula supplementing, bottle use, pacifier use, less satisfaction in breastfeeding, and more tiredness. At third week after delivery, nipple pain was directly related to tiredness, while it increased the odds of adding milk formula and using a bottle.¹⁷

A retrospective study of 1893 mothers on 'Determinants of successful breastfeeding initiation in healthy term singletons: a Swiss university hospital observational study.' The results indicated multiparity was associated with nursing exclusively at the breast at discharge ($P < 0.001$), less use of maltodextrin supplement ($P < 0.05$), bottle/cup (both $P < 0.001$), but more pacifier use ($P < 0.05$). Among obese mothers, nursing exclusively at the breast at discharge was less frequent, and use of all feeding aids more frequent, than among normal-weight women (both

$P < 0.001$). Neuraxial anesthesia was associated with use of maltodextrin and bottle (both $P < 0.05$) compared to no anesthesia. Delayed first skin-to-skin contact and rooming-in for < 24 h/day were each associated with maltodextrin and cup ($P < 0.05$). Nursing exclusively at the breast at discharge was less frequent ($P < 0.001$), and bottle use more frequent ($P < 0.05$), in women with sore nipples than in those without.¹⁸

A study on 'The effectiveness of a hospital-based program to promote exclusive breast-feeding among low-income women in Brazil.' Was conducted with an active breast-feeding promotion program ($n = 236$) were compared with women who delivered at a nearby control hospital ($n = 206$) and the results showed that the two groups had similar

demographic characteristics and previous breast-feeding histories. Exposure to breast-feeding activities, assessed by maternal recall prior to discharge, was universally high at the program hospital and universally low at the control hospital. Multivariate survival analysis showed that exclusive breast-feeding lasted 53 days longer among women who delivered at the program hospital.¹⁹

Conclusion

MDG-4 aims to reduce less than five child mortality by $2/3^{rd}$ by 2015. The UN secretary Generals global strategy for women's and Children's Health, 2012 has set a specific target for increase in 21.9 million infants who are exclusively breastfed for the first six months of life, by 2015, in 49 developed countries.⁸

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