JETIR.ORG

ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue



JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

A STUDY TO ASSESS THE EFFECTIVENESS OF NURSE LED BREASTFEEDING SUPPORT ON BREASTFEEDING SELF-CARE PRACTICE AMONG POSTNATAL MOTHERS IN SELECTED HOSPITAL DEHRADUN, UTTARAKHAND

¹Preeti, *²Dr. Kanchan Bala, ³Ms. Rashmi Bharadwaj

¹M.Sc Nursing, Obstetrics and Gynecological Nursing, Himalayan College of Nursing, Swami Rama Himalayan University, Jollygrant Dehradun, Uttarakhand

*2Assistant Professor, Obstetrics and Gynecological Nursing, Himalayan College of Nursing, Swami Rama Himalayan University, Jollygrant Dehradun, Uttarakhand

³Nursing Tutor, Child Health Nursing, Himalayan College of Nursing, Swami Rama Himalayan University, Jollygrant Dehradun, Uttarakhand

*Corresponding Author: Dr. Kanchan Bala

E-mail: ¹q.preeti9595@gmail.com ²kanchanbala@srhu.edu.in ³rashmibharadwaj652@gmail.com

ABSTRACT:

Breastfeeding is essential for ensuring child health and development. Nearly two out of three infants are not provided breast milk for at least six months. Enhancement of a good breastfeeding practices need adequate breastfeeding policies and standard which creates environment where mother are able to perform a good practices. For motivating mothers to breastfeeding continuously it is essential to provide education and support. **Objectives:** To evaluate the effectiveness of nurse led breastfeeding support regarding breastfeeding on self-care practice among postnatal mothers in the experimental and control group. **Methods:** A Quasi experimental study was conducted to assess the effectiveness of Nurse Led Breastfeeding Support on breastfeeding self-care practice among sixty postnatal mothers, 30 each in the experimental and control group who were selected by using Total Enumeration sampling Technique. Data was collected by using self-care practice checklist regarding breastfeeding and analyzed by using descriptive and inferential statistics. **Result:** The mean post-test day 7^{th} self-care practice score of experimental group (16.93 ± 1.31) is higher than that of control group (13.77 ± 1.45). For comparison of posttest day 3^{rd} and post-test day 7^{th} between the group, experimental group posttest day 3^{rd} mean and SD was (16.93 ± 1.31), mean difference was 1.633 and t calculated value was 0.106. Overall p value was 0.000, which showed that Nurse Led Breastfeeding support was effective to enhance the self-care practice regarding breastfeeding and it improves the breastfeeding outcomes among experimental group than in control group. **Conclusion:** From the study findings it could be concluded that Nurse Led Breastfeeding support on breastfeeding found to be effective method in improving breastfeeding knowledge among postnatal mothers.

Key words: Nurse Led Breastfeeding Support, Self-care practice.

1. INTRODUCTION:

Breastfeeding is a good, sufficient, tenable and natural source of nourishment. Exclusive breastfeeding defines as the infant take no other food in any form of liquid or solid other than breast milk. For motivating mothers to breastfeeding continuously it is essential to provide education and support, for early stage such in antenatal and intranatal period. Many interventions are available for improving the breastfeeding that are very effective. With the idea of The Millennium Development Goal, scientific evidences have shown that starting of breastfeeding just after the birth without expressing colostrum and continuing breastfeeding up to first six months is important for infant nutrition and the survival of infants. According to WHO (2018), among two out of three babies are not provided continuous feeding till six months, and internationally, only 40% of children provided adequate breastfeeding up to six months. In India, by NFHS (2018) only 41.6% of the children are breastfed within one hour, and only 54.9% of the babies are given continuous feeding, and exclusive breastfeeding rate was 2.9 months on an average.

1.1 Objective:

- 1. To assess the post-test self-care practice regarding breastfeeding among postnatal mothers.
- 2. To evaluate the effectiveness of nurse led breastfeeding support regarding breastfeeding on self-care practice among postnatal mothers in the experimental and control group.
- 3. To find the association between the level of self-care practice of postnatal mothers with their selected demographic variables.

1.2 Hypotheses:

- 1. There would be a significant improvement in the self-care practice regarding breastfeeding after nurse led breastfeeding support among postnatal mothers in the experimental than that of the control group.
- 2. There would be significant association between post-test self-care practices regarding breastfeeding of postnatal mothers with their selected demographic variables.

2. METHODOLOGY:

A Quasi experimental study was conducted to assess the effectiveness of Nurse Led Breastfeeding Support on breastfeeding self-care practice among postnatal mothers, who were selected by using Total Enumeration sampling Technique. Data was collected by using Self-care Practice checklist.

Research design: In this study quasi experimental research design was used.

Group	Postnatal Day 1	Post-natal day 3	Post-natal day 7				
Experimental	X	Op	O _P				
Control	_JI	O_P	O _P				
Keys: X: Intervention, O _P : Posttest on breastfeeding practice.							

Description of tool:

A self-care practice checklist developed to know the self-care practice among postnatal mothers. It consist of two sections.

Section 1: Sociodemographic information is collected in terms of age, educational qualification, occupation, parity, religion; family type, status of marriage, dietary habits, residence and source of information on breastfeeding. Pregnancy related data contains nature of delivery, condition of nipples, and term of birth and condition of baby at birth.

Section 2: A self-care practice checklist developed to know the self-care practice among postnatal mothers.

Plan for data analysis:

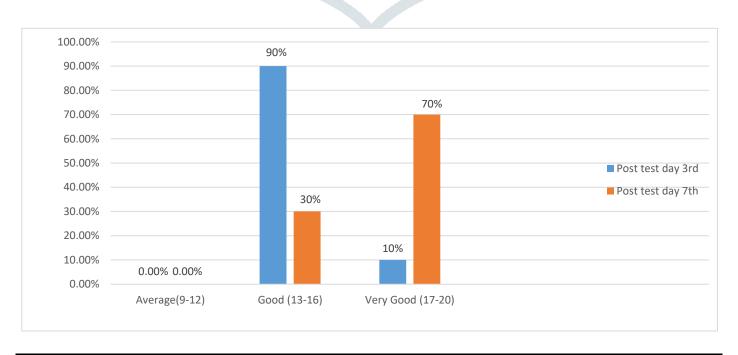
Data analysis was done by using descriptive and inferential statistics based on objectives of the study.

3. RESULT:

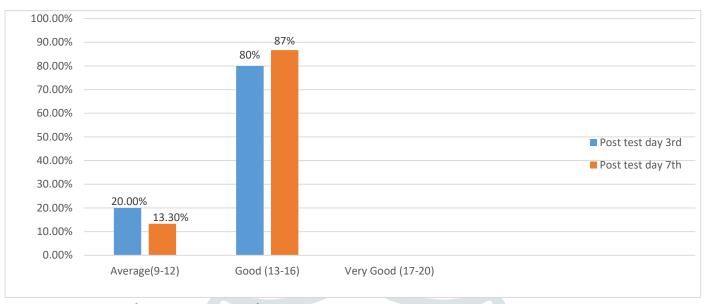
Table no. 1. Frequency and percentage distribution of Socio-demographic profile of postnatal mothers. (n =60)

I abit i	10. 1. Frequency and percentage distribution of	bocio-u	chiographic profite of	posma	tai mothers.	(11 =	00)
S No	Socio-demographic Profile	Experimental Group (n=30)		Control Group (n=30)		Homogeneity	
5.110	Socio-demographic Frome	f	%	f	%	χ^2	p value
1	Age in years						
	a. 22-27	15	50%	16	53.3%		
	b. 28-33	14	46.7%	12	40%	0.51	0.771
	c. 34-39	01	3.34%	02	6.7%	0.51	0.771
2	Educational qualification						
	a. No formal Education	01	3.3%	02	6.7%		
	b. Primary Education	01	3.3%	03	10%		
	c. Secondary/ higher secondary education	11	36.7%	13	43.3%		
	d. Graduate					3.82	0.430
	e. Post graduate and above	11	36.7%	5	16.7%		
	c. Tost graduate and above	06	20%	07	23.3%		
3	Religion						
	a. Hindu	25	82.3%	24	80%		
	b. Muslim	05	16.7%	05	16.7%		
	c. Sikh	00	00%	01	3.3%	1.02	0.600
	d. Christian	00	00%	00	00%		
4	Occupation						
	a. Homemaker	28	93.3%	27	90%		
	b. Self employed	00	00%	02	6.7%		
	c. Government job	01	3.3%	00	00	3.01	0.389
	d. Private Job	01	3.3%	01	3.3%	2.01	0.507
	e. Daily wages	00	00%	00	00%		

_	T	1		1	1		
5	Type of family	25	02.20/	20	06.70		
	a. Joint Family	25	83.3%	29	96.7%	2.06	0.005
	b. Nuclear Family	05	16.7%	01	3.3%	2.96	0.085
	c. Extended Family	00	00%	00	00%		
6	Monthly Income of Family in rupees						
	a. Below 10000	08	26.7%	05	16.7%		
	b. 10001-20000	18	60.0%	23	76.7%		
	c. 20001-30000	04	13.3%	02	6.7%	1.96	0.374
	d. 30001 and above	00	00	00	00		
7	Dietary Pattern						
	a. Vegetarian	18	60%	20	66.7%		
	b. Non- vegetarian	12	40%	09	30%	1.53	0.464
	c. Eggetarian	00	00%	01	3.3%		
8	Place of residence						
	a. Rural	9	30%	16	53.3%		
	b. Urban	11	36.7%	02	6.7%	8.37	0.015
	c. Semi urban	10	33.3%	12	40%		
9	Parity						
	a. Primi para	12	40%	14	46.7%		
	b. Multi para	17	56.7%	15	50%	0.27	0.870
	c. Grand Multi para	01	3.3%	01	3.3%		
10	Term birth of baby						
	a. Pre-term (Before 37 weeks)	04	13.3%	03	10%		
	b. Early term (37-38 weeks)	- 08	26.7%	10	33.3%		
	c. Full term (39-40 weeks)	18	60%	17	56.7%	0.20	0.001
	d. Late term (41 weeks)	.00	00%	00	00%	0.39	0.821
	e. Post term (42 weeks and beyond)	00	00%	00	00%		
11	Delivery Type	r					
	a. Normal vaginal delivery	05	16.7%	10	33.3%		
	b. Instrumental delivery	00	00%	00	00%	2 22	0.126
	c. LSCS	25	83.3%	20	66.7%	2.22	0.136
12	Condition of baby at birth						
	a. Normal	30	100%	30	100%		
	b. Asphyxia	00	00%	00	00%	-	-
13.a							
	Previous knowledge regarding breastfeeding						
	a. Yes	24	80%	29	96.7%		0.044
	b. No	06	20%	01	3.3%	4.04	0.044
					1		
13.b	If yes, then source of information (n= 24)						
	a. Television	01	4.2%	04	13.8%		0.155
	b. Family members	01	4.2%	06	20.6%	5.20	0.157
	c. By hospital staff	04	16.6%	03	10.4%		
	d. By previous pregnancy	18	75%	16	55.2%		



Comparing the day 3rd post test and day 7th posttest level of self-care practice regarding breastfeeding among postnatal mothers in experimental group according to arbitrary scoring.



Comparing the day 3^{rd} post test and day 7^{th} posttest level of self-care practice regarding breastfeeding among postnatal mothers in control group according to arbitrary scoring.

Table 2: Mean, SD and Mean percentage distribution of post self-care practice regarding breastfeeding of day 3^{rd} and day 7^{th} among postnatal mothers in experimental and control group. (n=60)

<i>a</i>		Max	Post-test of 3 rd day			Post-test of 7 th day			
S.No	Group	Score	Rang of score	Mean± SD	Mean %	Rang of score	Mean±SD	Mean %	
1.	Experimental Group (n-30)	20	13-17	15.23±1.07	76.15	14-19	16.93±1.31	84.65	
2.	Control Group (n-30)	20	10-15	13.60±1.45	68	10-16	13.77±1.45	68.85	

Table no. 2: Data in above showed comparison of self-care practice scores between experimental and control, it revealed that in post-test of 3^{rd} day mean self-care practice score and SD was (15.23 ± 1.07) in experimental, whereas (13.60 ± 1.45) in control group. In the post test of 7^{th} day mean self-care practice score and SD was (16.93 ± 1.31) in experimental group whereas (13.77 ± 1.45) in control.

Table 3: Comparison of self-care practice regarding breastfeeding on post-test day 3rd and day 7th among postnatal mothers in between experimental and Control Group. (n=60)

Groups	Experimental (Mean ± SD)	Control (Mean ± SD)	Mean difference	t value	p value
Post-test 3 rd day	15.23±1.07	13.60±1.45	1.633	0.106	<0.0001
Post-test 7 th day	16.93± 1.31	13.77±1.45	3.167	0.678	<0.0001

 $t_{58} = 1.672$ at the level of p<0.005.

Data in above table showed that experimental post-test day 3rd mean and SD was (15.23±1.07), post-test day 7th mean and SD was (16.93± 1.31), mean difference was 1.633 and t calculated value was 0.106, in control post-test day 3rd mean and SD was (13.60±1.45), post-test day 7th mean and SD was (13.77±1.45), mean difference was 3.167 and t calculated value was 0.678. Overall p value was 0.000 which was more than the table value which indicate significant difference was found in both groups. Hence this is interpreted that nurse led breastfeeding intervention was effective method to enhance the self-care practice of postnatal mothers regarding breastfeeding.

Table 4: Comparison of self-care practice regarding breastfeeding on post-test day 3rd and day 7th among postnatal mothers within experimental and Control Group. (n=60)

Groups	Post-test 3 rd day (Mean ± SD)	Post-test 7^{th} day (Mean \pm SD)	Mean Diff.	t value	p value
Experimental	15.23±1.07	16.93± 1.31	1.70	7.07	0.0001
Control	13.60±1.45	13.77±1.45	0.17	1.5418	0.1340

t_{29} = 1.699 at the level of p<0.005.

Data in above showed comparison of post-test day 3^{rd} and post-test day 7^{th} within the group, the experimental post-test day 3^{rd} mean and SD was (15.23±1.07), post-test day 7^{th} mean and SD was (16.93±1.31), mean difference was 1.70 and t calculated value 7.07 which was higher than tabulated value. In control, post-test day 3^{rd} mean and SD was (13.60±1.45), post-test day 7^{th} mean and SD was (13.77±1.45), mean difference was 0.17 and t calculated value 1.5418 which was higher than tabulated value, which indicate that there was significant difference was found in both groups.

Table 13: Association between post-test self-care practice scores of day 3rd with their selected demographic variables in experimental group. (n=60)

схретии	entar group.	Experimental gr		(n=00)		
S.No.	Variables	Below Median	At and above median	χ^2	p value	
1	Age of mother in years a. Below 30 b. Above 30	6	22	0.003#	0.954	
2	Educational status a. No formal Education b. Educated	0 7	1 22	0.000\$	1.000	
3.	Religion a. Hindu and Sikh b. Muslim	6	19	0.000#	1.000	
4.	Occupation a. Homemaker b. Employed	7 0	21 2	0.000\$	1.000	
5.	Type of family a. Joint Family b. Nuclear Family	7 0	21 2	0.596\$	0.304	
6.	Monthly income of family in rupees. a. Below 10,000 b. Above 10,000	0 7	8 15	1.780 ^{\$}	0.143	
7.	Dietary Pattern a. Vegetarian b. Non vegetarian	4 3	14 9	0.000#	1.000	
8.	Place of residence a. Rural b. Urban	2 5	7 16	0.233#	0.630	
9.	Parity a. Primi para b. Multipara	2 5	10 13	1.186#	0.553	
10.	Term birth of baby a. Pre-term b. Full term	4 3	8 15	0.380#	0.537	
11.	Type of delivery a. Normal vaginal delivery b. LSCS	0 7	5 18	0.596\$	0.304	
13.	Previous Knowledge regarding breastfeeding a. Yes b. No	6	18 5	0.000#	1.000	

 df_1 = 3.84 at the level of p<0.005. Fisher exact test (\$), Yates correction (#)

Data in above depicts that description of association between post-test self-care practice scores with their selected demographic variables among experimental group. It revealed that there was no significant relationship between levels of post-test self-care practice scores and the demographic characteristics.

Table 14: Association between post-test self-care practice scores of day 3rd with their selected demographic variables in control group. (n=60)

control	group.	Control group (r	n-30)		(n=60)
S.No.	Variables			χ^2	p value
		Below Median	At and above median		
1	Age of mother in years a. Below 30	10	15		
	b. Above 30	1	4	0.115#	0.735
2	Educational status	1	1		
	a. No formal Educationb. Educated	10	18	0.000#	1.000
3.	Religion a. Hindu and Sikh	11	14		
	a. Hindu and Sikh b. Muslim	0	5	1.837\$	0.129
4.	Occupation	10	17		
	a. Homemaker b. Employed	1	2	0.000#	1.000
5.	Type of family	10	19		
	a. Joint Familyb. Nuclear Family	1	0	0.079\$	0.778
6.	Monthly income of family in rupees. a. Below 10,000	1	4	0.115#	0.735
	a. Below 10,000 b. Above 10,000	10	15	0.113	0.733
7.	Dietary Pattern a. Vegetarian	-33			
	b. Non vegetarian	9 2	11 8	0.879#	0.348
8.	Place of residence		3/1		
	a. Rural b. Urban	6 5	10	0.010	0.919
9.	Parity	6	8		
	a. Primi para b. Multipara	5	11	0.882	0.643
10.	Term birth of baby		Z /		
	a. Pre-term b. Full term	6 5	7 12	0.889	0.346
11.	Type of delivery	1			
	a. Normal vaginal deliveryb. LSCS	4 7	6 13	0.000#	1.000
13.	Previous Knowledge regarding breastfeeding a. Yes	11	18	0.000\$	1.000
	b. No	0	1	0.000	1.000

df₁= 3.84 at the level of p<0.005. Fisher exact test \$), Yates correction ((#)

Data in above depicts that description of association between post-test self-care practice scores with their selected demographic variables among control group. It revealed that there was no significant relationship between levels of post-test self-care practice scores and the demographic characteristics.

4. DISCUSSION:

In experimental group 50% and 53.3 % in the control group, were between the ages in 22 and 27. In educational status most of the participants 36.7% were having higher secondary education. Regarding religion most of the participants were having Hindu religion. Maximum participants were homemaker, living in joint family, had monthly income between 10,001 to 20,000 rupees/month and were taking vegetarian diet. Regarding place of residence most of the participants 36.7% in experimental group were in urban area and 53.3% of participants of control were in rural area. Most of the participants were multi para and were having a birth of a full term baby (39-40 weeks) and had L.S.C.S. In both group, maximum number of the postnatal mothers had previous knowledge regarding breastfeeding. Report outcome were interpreted that postnatal mothers level of self-care practice regarding breastfeeding were supported by **Wambach et al.** study found that a lactation consultant and peer counsellor team's education and counselling intervention increased breastfeeding initiation and duration up to 6 months postpartum among adolescent mothers, with findings showing that education and counselling intervention positively influenced breastfeeding duration (p <.001) within the experimental

group, but not breastfeeding initiation or exclusivity. This education/support program was only marginally successful in improving breastfeeding results.

5. CONCLUSION:

From the study findings it could be concluded that Nurse Led Breastfeeding support on breastfeeding found to be effective method in improving breastfeeding self-care practice among postnatal mothers. Regular awareness program can be organized in the area. Knowledge and practices can be assessed as a routine basis for all postnatal mothers. Nurses and nursing students can be educates the postnatal mothers regarding the breastfeeding self-care practice. Health education and information program can be arranged to provide awareness about the breast feeding problems and their management among postnatal mother. The nursing administration can play an essential role in arranging nurse education programmes and motivating nurses to educate postnatal women on breast feeding self-care practices. Antenatal care program can be arranged for the pregnant women in the health care institutions. Study's outcome serve as a foundation for professionals and learner to undertake subsequent studies, emphasizing the importance of research in nursing in building the body of knowledge. Health care professionals can use research to establish a systematic problem-solving strategy to enhance and develop methods to support the health of postpartum mothers.

6. REFERENCES:

- 1. World Health Organization. Protecting, promoting and supporting breastfeeding: the baby-friendly hospital initiative for small, sick and preterm newborns.2018
- 2. Exclusive breastfeeding for optimal growth, development and health of infants. World health Organization. 2019
- 3. Lowdermilk and Perry. Maternity and women health care. Eleventh edition. Elsevier, 2012
- **4.** Breastfeeding overview. Health topics. World health Organization. 2020.
- **5.** BRESTFEEDING: A mother gift for every child. UNICEF.2020.
- 6. National Family health Survey India. NFHS-4 fact sheets for key indicators based on final data.2016.
- 7. Mardiyan MA, Mkrtchyan SA, Dunamalyan RA, Simonyan KH, Harutyunyan HV. Influence of Breastfeeding on The Early Aged Children's Health and Ol Indicators.
- 8. Wambach KA, Aaronson L, Breedlove G, Domian EW, Rojjanasrirat W, Yeh HW. A randomized controlled trial of breastfeeding support and education for adolescent mothers. Western journal of nursing research. 2011 Jun;33(4):486-505.

