



Title:-Assess 3 I's (Instruction, Initiation, Improvement) as a Road Map to Breastfeeding Success among Postnatal Mothers in selected hospitals at tirupati

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ABSTRACT

Introduction: Breastfeeding has numerous health benefits and ensures that new-borns receive all essential nutrients during their first few months of life. Breastfeeding should begin within the first hour of birth, according to WHO guidelines. "Early commencement of breastfeeding" refers to feeding infants a mother's breast milk within an hour after delivery. This ensures that the children receive colostrum, or "first milk," which is high in protective elements, as soon as possible after delivery. **Method:** Quasi experimental research design was adopted and 100 postnatal mothers to assess their breastfeeding concept using a structured questionnaire and observational check list. **Results:** Frequency and percentage distribution of the breastfeeding problems among postnatal women (30%) had moderate knowledge, (51%) had low knowledge, (19%) had adequate knowledge. Mean and Standard deviation regarding breastfeeding problems among postnatal mothers, 24.46 is mean and 6.967 is standard deviation and 48.534 is its variance statistically significant at the level of $p < 0.05$ the findings state that effect on initiating breastfeeding, and those women of lower parity had greater intention to breastfeed and parous women had moderate knowledge about due to the physical condition in postnatal the early initiation of breastfeeding is not much effective. **Conclusion:** The concept of early commencement of breastfeeding and breast-feeding procedures were unfamiliar to postnatal women. The mother's cultural and physical factors continue to impact when colostrum is given to the newborn. To implement the notion of breast feeding, postnatal mothers must get sufficient knowledge during the antenatal period.

Keywords: Breastfeeding, Postnatal Women, Early initiation of breast feeding

INTRODUCTION:-

Historically, the only way to serve a newborn was to breastfeed them, whether that was the biological mother or a wet nurse, infants are expected get benefited from milk that was specifically made for them. This provides acquired immunity as well as the emotional bond provided through breastfeeding, which has become characterized as attaching or bonding. Breastfeeding is the best source of nutrition for newborns during their first year of life when their physiological and developmental growth is at its fastest. Early initiation of breastfeeding demonstrated short- and long-term medical and neuro developmental benefits, it also improves sensory and cognitive development, and is one of the most cost effective approaches to prevent infant morbidity and death from diarrhoea, respiratory infections, and other illnesses. Early or timely initiation of breastfeeding, specifically within 1 h of birth, refers to the best practice recommended to mother and the newborn by the World Health Organization (WHO). The identified barriers to the early initiation of breastfeeding in South Asia have been synthesized as supply-side and demand side barriers. Early breastfeeding can save 250,000 lives in India alone by lowering fatalities caused by diarrheal diseases and lower respiratory tract infections in children. Despite an increase in hospital delivery to approximately 79 percent nationally, the number of children breastfed within one hour of birth is less than 42 percent, according to the National Family Health Survey 4 (NFHS-4). According to several reports, breastfeeding rates are dropping in practically all countries of the world, owing to increased industrialization, the advent of artificial feeds, and the early introduction of complementary feeds . During the twentieth century, breastfeeding became less common in high-income countries. In low- and middle-income countries, death from diarrhoea, respiratory infections, and other illnesses. Early or timely initiation of breastfeeding, specifically within 1 h of birth, refers to the best practice recommended to mother and the newborn by the World Health Organization (WHO). The identified barriers to the early initiation of breastfeeding in South Asia have been synthesized as supply-side and demand side barriers. Early breastfeeding can save 250,000 lives in India alone by lowering fatalities caused by diarrheal diseases and lower respiratory tract infections in children. Despite an increase in hospital delivery to approximately 79 percent nationally, the number of children breastfed within one hour of birth is less than 42 percent, according to the National Family Health Survey 4 (NFHS-4). According to several reports, breastfeeding rates are dropping in practically all countries of the world, owing to increased industrialization, the advent of artificial feeds, and the early introduction of complementary feeds. During the twentieth century, breastfeeding became less common in high-income countries. In low- and middle-income countries, similar tendencies were observed in better-educated, wealthier, and metropolitan women. Breastfeeding can be encouraged by bolstering existing antenatal breastfeeding counselling, informing all pregnant women about the benefits of breastfeeding, and motivating them by dispelling their misconceptions about breastfeeding and informing them that breastfeeding is the healthiest and safest way to feed babies, the variables of breastfeeding that have been highlighted are amenable that early initiation can be protected, promoted, or support better in such a way that the newborn gets their complete benefit by breastfeeding. Low rates of exclusive breastfeeding and early commencement of breastfeeding can be attributed to a lack of adequate information being provided to women .

MATERIALS AND METHODS

Postnatal mothers' knowledge does not significantly influence the pattern of breastfeeding practices they adopt in early initiation. The research approach was to educate with video assisted teaching for postnatal mothers on aspects of early initiation of breastfeeding, latching on techniques, exclusive breast feeding is implemented using a quantitative approach. Quasi experimental research design was adopted; the study was conducted in selected hospitals such as SVIMS, Govt Maternity hospital, SVRRGH tirupati. The accessible population was postnatal mothers in postnatal ward and new mothers at postnatal visits. The sample was chosen using a simple random sampling technique using random numbers, with a total of 100 postnatal mothers meeting the inclusion criteria: a) mothers of healthy 0-6-month old babies, b) Between 37 and 42 weeks of pregnancy, or just born baby c) without major birth defects like congenital heart disease, cleft lip/cleft palate, or Down syndrome, and d) who consented to take part. Exclusion criteria were Antenatal mothers in early pregnancy, with co-morbid diseases. Total hundred mothers enrolled in the study. Participants' demographic information was gathered, including their age, religion, location of residence, employment, education, and family's monthly income, as well as the kind of delivery, number of children, exclusive breastfeeding, and breastfeeding initiation. A structured questionnaire was used to assess knowledge and practices, myths about early breastfeeding vs. early breastfeeding initiation benefits, latching on techniques, different breastfeeding methods, breast care and massage, and exclusive breastfeeding benefits to mother and baby to postnatal mothers. Check list of thirty questions with possible response as yes/no/ don't know. Approximately half of the thirty questions were framed with 'No' as the correct response.

Description of the Tool :

The tool was created after a thorough analysis of many textbooks, journals, and websites. The tool was developed to assess the effectiveness of video assisted teaching on aspects of Myths on early breastfeeding Vs Early breastfeeding initiation benefits, latching on techniques, different breastfeeding methods, breast care and massage, exclusive breastfeeding benefits to mother and baby was educated to the postnatal mothers.

Ethical clearance :-

The study protocol was approved by the institutional ethics committee and the principles of the Declaration of Hospital and the regulations on personal data protection were followed. All participants signed an informed consent form.

Procedure for Data Collection :-

All moms were given an explanation of the study's goal after receiving approval from hospital personnel. The mothers who decided to take part in the study had to complete an informed consent form. The data was collected by the investigator in wards with the structured questionnaires and checklist, it took about 20 minutes to complete. Following the completion of the questionnaire and checklist, the mothers were taught about their incorrect responses. Confidentiality of the study participants was maintained. The score interpretation was given according to score A + (Excellent) 91 – 100 % A (Very good) 81 -90 % B + (Good) 70 – 80 % B (Average) 61 – 70 % C (Fair) 50 – 60 % D (Poor) < 50.

Intervention Protocol:-

The intervention consists of video assisted teaching for mothers regarding Breastfeeding concept. It is a combination of moving slides of pictures with audio. The video assisted teaching was aimed to improve the knowledge regarding breastfeeding concept. The duration of video assisted teaching was 40 minutes. The video includes Myths on early breastfeeding Vs Early breastfeeding initiation benefits, latching on techniques, different breastfeeding methods, breast care and massage, exclusive breastfeeding postnatal care, postpartum clinic visit and postnatal care regarding diet, rest, hygiene breastfeeding methods, breast care and massage, exclusive breastfeeding postnatal care, postpartum clinic visit, concept was delivered to the study participants. Video assisted teaching on safe motherhood was given to experimental group and the control group was advised to follow the routine antenatal care. Following the session on the same day, both groups were given a post-test utilizing the same structured questionnaire and checklist. Using descriptive and inferential statistics, data was categorized and analyzed based on the study's objectives.

RESULTS:

Data collection and analysis were organized, analyzed, and interpreted using descriptive and inferential statistics in accordance with the study's objectives. Frequency and percentage distribution mean and standard deviation of socio demographic variables of postnatal mothers, level of knowledge regarding breastfeeding aspects and techniques among postnatal mothers in experimental group and control group comparison was identified. Association between posttest knowledge scores with selected socio demographic variables among postnatal mothers on breastfeeding aspects.

Table I: Association between breastfeeding problems among postnatal women with their socio demographic variables:-

Demographic variables	Mild		Moderate		Severe		Chi square
	(F)	(%)	(F)	(%)	(F)	(%)	
Age of a mother							C=2.259 T=2.241 df=4 S*=0.05
18-23 years				30			
24-29 years	14	14	30	16	8 9	8 9	
30-35 years	12 4	12 4	16 5	5	2	2	
Religion of mother							C=4.429 T=4.427 df=4 S*=0.05
Hindu	11	11	29	29			
Muslim	11	11	14	14	8 5	8 5	
Christian	8	8	8	8	6	6	
Others	-	-	-	-	-	-	
Education of mother							C=3.069 T=2.989 df=4 S*=0.05
No formal education				-			
Primary Education	-	-	-	19	-	-	
Secondary Education	13	13	19	28	8	8	
Graduation	12 5	12 5	28 4	4	10 1	10 1	

Occupation of mother House wife Private Job Gov.Job Other Job							C=4.019 T=5.064 df=6 NS=0.05
				38	17	17	
	24	24		4	-	-	
	1	1	38	4	1	1	
	4	4	1	8	1	1	
Income per month 5000-7000/7001-9000/9001-11000/- Less than11000/-							C=2.223 T=2.173 df=6 S*=0.05
				8			
	5	5	8	2			
	13	13	25	16	3	3	
	9	9	16	16	11	11	
					4	4	
Type of family Nuclear family Joint family Extended family							C=10.027 T=10.574 df=2 NS=0.05
	27	27	32	32	17	17	
	3	3	19	19	2	2	
	-	-	-	-	-	-	
Marital status Married Un married 1-2years 2-3years More than 3years							-
				51			
	30	30		-	19	19	
	-	-	51	21	-	-	
	12	12	-	13	7	7	
	10	10	21	17	6	6	
	8	8	13	17			
Family practices of breast-feeding Yes No							-
	50	50	30	30	20	20	
	-	-	-	-	-	-	
Hydration status of mother Well nourished Nourished Moderately nourished Poorly nourished							C=5.303 T=5.831 df=4 *NS=0.05
	2	2	4	4	1	1	
	24	24	46	46	15	15	
	4	4	1	1	3	3	
	-	-	-	-	-	-	
Mode of delivery of mother Vaginal delivery Vacuum delivery Forceps delivery LSCS							C=0.795 T=0.788 df=2 S*=0.05
	16	16	32	32	12	12	
	-	-	-	-	-	-	
	14	14	19	19	7	7	
Vegetarian Vegetarian Non-vegetarian Ova-vegetarian Lacto-vegetarian							C=1.842 T=1.830 df=2 S*=0.05
	8	8	9	9	6	6	
	22	22	42	42	13	13	
	-	-	-	-	-	-	
Habits of mother Smoking Drinking Tobacco chewing No dreadful habits							C=1.99 T=5.99 df=2 S*=0.05
	-	-		-	-	-	
	8	8	-	19	4	4	
	22	22	19	32	15	15	

Source of health information Print and electronic media							C=2.931 T=3.135 df=6 NS=0.05
Friends/neighbors							
Family members/relative	5 5	5 5		11 7 4	5 1	5 1	
Health personnel	4	4	11 7 4	7 4	1	1	
	16	16	29	29	12	12	

Table-I :-Explains that among 100 primipara women with regard to age (52%) are between 18-23 years, and (37%) are between 24- 29 years, and (11%) are between 30-35 years. (76%) belongs to nuclear family, (24%) belongs to joint family and none of them belongs to extended family. (100%) have the family practice of breastfeeding. Breast massage techniques (7%) are well nourished, (85%), 8 (8%) is moderately nourished and none of them are poorly nourished. mode of delivery, (60%) underwent vaginal delivery, (40%) is LSCS and none of them underwent vacuum and forceps delivery. Dietary pattern (23%) is vegetarian, (77%) are non-vegetarian, and none of them are ova and lacto-vegetarian. Source of health information (21%) gets information from print and electronic media, (13%) from friends/neighbors, (9%) from family members/relatives and (57%) from health personnel.

Table II: Frequency and percentage distribution of the breastfeeding problems among postnatal women.

CATEGORY	Frequency	Percentage%
Mild Problems	30	30
Moderate Problems	51	51
Severe Problems	19	19

Table II shows the Frequency and percentage distribution of the breastfeeding problems among postnatal women (30%) had moderate knowledge, (51%) had low knowledge, (19%) had adequate knowledge.

Table III: Mean and Standard deviation regarding breastfeeding problems among postpartum women

Category	Mean	Std. Deviation	Variance
Problems	24.46	6.967	48.534

Table III shows Mean and Standard deviation regarding breastfeeding problems among postnatal mothers,24.46 is mean and 6.967 is standard deviation and 48.534 is its variance.

Table IV: Knowledge on breastfeeding among postnatal mothers

Group	Criteria	Mean	Standard deviation (SD)	Unpaired t test
Experimental group	Pre-test	33.50	4.006	C = 6.491 df =58 T = 0.252 S
Control group	Post-test	23.33	7.586	P < 0.05

Table IV Knowledge levels on breastfeeding among postnatal mothers in experimental group the pretest mean is 33.5 with SD 4.006. In control group the post-test mean is 23.3 with SD 7.585.

The results showed that frequency of breastfeeding of newborn by their postnatal mothers significantly low. The null hypothesis is therefore rejected in breastfeeding skills. This better breastfeeding skills among the multi-para could be due to their past experiences of having breastfed many infants before which shows moderate knowledge, and it goes in line with the adage that “practice makes perfect”. However, researchers discovered that parity had minimal effect on breastfeeding initiation, and that women with lower parity showed a greater desire to breastfeed.

DISCUSSION:-

The knowledge of exclusive feeding practise and related factors among mothers was investigated in this study. Despite the widespread recommendation for early breastfeeding beginning, our research found that only multi para moms nursed within one hour of birth. The reported percentage of regular vaginal births with this method is substantially greater than the quoted average. Early breastfeeding initiation and explanation of benefits, advice on the dangers of pre-lacteal feeding and its long term risk, and the advantages of exclusive breastfeeding, nature, feeling, position, and other factors. According to statistics, 6% of women never breastfed their children. Colostrums were rejected by 17% of moms. Traditional notions that colostrums were unclean, cheesy, or indigestible, and that the children would suffer from stomach ache were among the reasons given for avoiding feeding it to newborns. A standardized questionnaire was utilised to examine knowledge and practises regarding breastfeeding among postnatal moms. The comparison of maternal-infant bonding was done at 24 and 48 hours after delivery, and the results were compared. Only 18% mothers knew about the correct technique of breastfeeding that both nipple and areola

be introduced in babies' mouth for effective suckling by the baby. Also, only 18% of the mothers knew that in case of separation from the baby mother can express milk in a clean container and store at room

temperature for 8 hours so as to be fed to the baby. Improper latching leads to ineffective transfer of milk and leads to common problems like sore nipples which ultimately affect the continuation of exclusive breastfeeding. Mothers who are visiting postnatal clinics with one child have more time to come to a hospital where their health facilities have the opportunity to obtain information related to breastfeeding practices that are good and right. The data collected were analysed and interpreted using statistical methods. The study's goal was to find out how much knowledge postpartum women have regarding nursing techniques and components. The relationship between post-test moms' knowledge scores and other demographic parameters found that 60% of breastfeeding mothers come from a nuclear family, whereas 2% come from a joint family. None of them are extended family. The frequency and percentage distribution of breastfeeding practices among mothers was found to be low. The null hypothesis is rejected in breastfeeding skills. It has been suggested that the multipara's better breastfeeding skills are due to their past experiences. Frequency and percentage distribution of the breastfeeding problems among postnatal women (30%) had moderate knowledge, (51%) had low knowledge, (19%) had adequate knowledge. Mean and Standard deviation regarding breastfeeding problems among postnatal mothers, 24.46 is mean and 6.967 is standard deviation and 48.534 is its variance.

CONCLUSION:-

This study's findings reveal a link between instruction, initiation, and improvement in breast-feeding practises. Because of a variety of factors, postnatal knowledge is sometimes difficult to execute. The importance of exclusive breastfeeding was acknowledged to most postnatal moms, according to this study on knowledge, attitude, and behaviour. As a result, moms must get ongoing assistance in the form of counselling and motivation during the prenatal and postoperative periods. Because so many factors influence children, such as society, the media, and others, the knowledge they obtain does not always match the attitude they have or carry. The same understanding cannot always be put into practise. Special health education related to the prevention of selected breastfeeding problems, techniques and other breast care Educating to postnatal mothers and providing them correct information can help them to prevent complications during the time of breastfeeding.

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