

DOI: <https://dx.doi.org/10.18203/2320-1770.ijrcog20204800>

Original Research Article

Breastfeeding: prevent the preventable

Megha Gupta*, Sumita Mehta, Anshul Grover

Department of Obstetrics and Gynaecology, Babu Jagjivan Ram Memorial Hospital, Jahangirpuri, New Delhi, India

Received: 16 August 2020

Accepted: 18 September 2020

***Correspondence:**

Dr. Megha Gupta,

E-mail: megha.guptaobg@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Breastfeeding is the best way of providing ideal food for growth and development of infants. There is urgent need for counselling of mothers in antenatal and postpartum period to promote effective breastfeeding practices. The aim of this study was to assess the knowledge, attitude and practices of breastfeeding among postnatal mothers admitted in inpatient department of obstetrics and gynaecology of Babu Jagjivan Ram Memorial hospital.

Methods: 200 postnatal mothers were enrolled using random sampling method and data collection was done by face to face interview using structured questionnaire.

Results: Most women (42.5%) belonged to age group (21-25 years), were multiparous (60.5%) and belonged to joint family. All of them were housewives, had vaginal delivery and belonged to lower socioeconomic status. Most women knew the importance of exclusive breastfeeding, early initiation, colostrum and feeding on demand. 16% women gave pre lacteal feed most common being honey. False cultural belief as discontinuing breastfeeding while being sick, and menstruating is still prevalent in the society. However according to 93% women breastfeeding decreases family expenses. Few women are still hesitant in breastfeeding in public places and find it as an interference to sexual life. Practices of breast feeding in the form of knowledge of proper attachment and latching techniques was found to be very poor in this study.

Conclusions: Most mothers had good knowledge (49%), good attitude (76%) but only 5% women had good practices of breastfeeding.

Keywords: Breastfeeding, Knowledge, Attitude, Practice

INTRODUCTION

Breast milk is a vital need for infant's growth and development. Every newborn has the right to good nutrition.¹ Breastfeeding is required for best possible beginning of a child's life. The theme of world breastfeeding week 2020 being 'Support Breastfeeding for healthier planet' lays emphasis on skilled breastfeeding counselling.² If postnatal mother breastfeeds in proper manner for 24 months, over 820000 lives of children under 5 years of age can be saved every year.³

According to WHO and UNICEF breastfeeding should be started within 1 hour of life. Exclusive breastfeeding is recommended for 6 months. Complimentary feeding should be introduced at 6 months while breastfeeding should be continued till 2 years of life.¹ Breastfeeding should be done whenever child demands for it be it day or night. Use of bottles and pacifiers should be strictly prohibited.

Globally, it has been found that 3 out of 5 women that is 60% do not initiate breastfeeding within one hour of birth.⁴ According to 2017 data only 41% infants were breastfed exclusively and 45% were fed for 2 years.⁵

WHO aims to increase exclusive breastfeeding to 50% by 2025.

Latching technique of baby to breast should be advocated instead of breast to baby. Various breastfeeding positions include cradle, cross cradle, side lying, football, Australian hold, inverted side lying and back lying. Four signs of good attachment include: baby's mouth wide open, lower lip turned outward, baby's chin touching breast and majority of areola inside mouth

The motive of this study was to get insight of wrong notions and cultural beliefs of postnatal women of urban slum regarding breastfeeding. This would help healthcare workers in formulating better policies and counselling sessions in future. With this background KAP study on breastfeeding was done in this secondary level hospital.

METHODS

This was a cross-sectional prospective study carried out on women admitted in postnatal ward of Babu Jagjivan Ram memorial hospital, New Delhi over a period of two months from 1st July 2018 to 31st August 2018. Study participants were selected through random sampling method. Those who met the inclusion criteria were interviewed. This was a pilot study which included 200 postnatal women.

Inclusion criteria included mothers of healthy infants 1-7 days of age, term gestational age that is more than 37 weeks, mothers with vaginal delivery and those who volunteered to participate.

Exclusion criteria excluded mothers of preterm babies, mothers of multiple pregnancies, mothers of babies born with congenital anomalies, mothers of babies admitted in neonatal intensive care unit and mothers who had caesarean section.

The demographic details elicited were patient's age, parity, type of family, occupation and socioeconomic status.

A questionnaire was structured on the basis of previous studies to evaluate knowledge attitude and practices of breastfeeding among postnatal women.⁶⁻⁸ The questionnaire was validated by two experts from the department of obstetrics and gynaecology by conducting face to face interviews with 10 postnatal women and final proforma consisted of 23 questions on knowledge, 7 on attitude and 7 pertaining to practices of breastfeeding. Each correct answer was given +1 mark while each wrong answer was given no mark and final scores were then calculated for each woman on knowledge, attitude and practices separately. This was done to objectify knowledge of women into good, average and poor depending upon scores 18-23;12-17 and <12 respectively. Also, attitude was classified as positive and negative for breastfeeding depending upon the scores >5 and <5

respectively. Breastfeeding practices were considered good when scores were >4. This grading was not based on any scale or previous study. It was done to simplify analysis of knowledge attitude and practices of breastfeeding women.

All mothers were explained about the purpose of the study. Data was collected by the researchers through face to face interview. Written consent was obtained from participants and their confidentiality was maintained

RESULTS

The present study consisted of 200 postnatal women. Most of the subjects i.e. 42.5% were in the age group (21-25) years, multiparous (60.5%) and belonged to joint family (60.5%). All women had vaginal delivery, were homemakers and belonged to lower socioeconomic status. 15% women were illiterate while 34% had education till primary school. Only 13% women were graduates. Fifty six percent women gave birth to male baby (Table 1).

Most postnatal women had good knowledge about benefits of breastfeeding. Its importance for growth and intelligence of the baby was well known to most women. However very few women knew about its role in contraception, PPH prevention and protection against cancers. Early initiation and exclusive breastfeeding were practiced by most of the women (Table 2). Overall, it was found that 49% women had good knowledge, 48% women had average knowledge and only 3% women had poor knowledge about breastfeeding (Table 3).

While studying attitude of women towards breastfeeding it was found that many of them faced difficulty in breastfeeding in public places. They even had the wrong notion that the benefit of breastfeeding was not long lasting. However, most women were not under any social pressure while breastfeeding and found it to be more convenient in comparison to formula milk (Table 4).

Overall, 76% women had positive attitude towards breastfeeding while 24% women had negative attitude. (Table 5).

Proper attachment technique i.e. eversion of lower lip with baby mouth wide open and correct method to stop breastfeeding was known to very few mothers. Most women found cross cradle position as the most comfortable (56%). Only 28% mothers knew the correct method to stop breastfeeding. Baby to breast attachment was followed by 51.5% mothers while 38% women practiced burping after feed from each breast (Table 6).

Overall, only 5% women had good breastfeeding practices (Table 7).

Table 1: Distribution of postnatal women according to demography.

Demographic variable	Group	N	Percentage (%)
Age (years)	19-20	63	31.5
	21-25	85	42.5
	26-30	50	25
	>30	2	1
Parity	Primigravida	79	39.5
	Multigravida	121	60.5
Mode of delivery	Vaginal	200	100
	LSCS*	0	0
Type of family	Nuclear	79	39.5
	Joint	121	60.5
Occupation	Working	0	0
	Homemakers	200	100
Education	Illiterate	30	15
	Primary school	68	34
	High school	12	6
	Intermediate	64	32
Socioeconomic status	Graduate	26	13
	Lower	200	100
	Middle	0	0
Sex of baby	Upper	0	0
	Male	112	56
	Female	88	44

*Lower segment caesarean section

Table 2: Knowledge of postnatal women regarding breastfeeding.

Variable	Y(f)	Y (%)	No (f)	No (%)
Is breastfeeding best nutrition for the baby	186	93	14	7
Breastfeeding increases immunity and protects from diseases	160	80	40	20
Breastfeeding is important for growth and intelligence of child	170	85	30	15
Does breastfeeding help in teeth eruption	134	67	66	33
Does breastfeeding promote mother baby bonding	176	88	24	12
Does breastfeeding have any role in contraception	65	32.5	135	67.5
Does breastfeeding help in uterine involution and PPH prevention	40	20	160	80
Breastfeeding helps in post pregnancy weight loss.	64	32	136	68
Breastfeeding is protective against breast and endometrial cancer	40	20	160	80
Colostrum is good	196	98	4	2
Exclusive breastfeeding should be done for 6 months	178	89	22	11
Breastfeeding should be initiated within 1 hour of delivery	170	85	30	15
Weaning should be started after 6 months	188	94	12	6
Breastfeeding should be continued after weaning	194	97	6	3
Breastfeeding should be on demand	104	52	96	48
Breastfeeding should be done in night time	190	95	10	5
Do you give pre-lacteal feeds	32	16	168	84
Should breastfeeding be continued when mother is sick	76	38	124	62
Should breastfeeding be continued when baby is sick	156	78	44	22
Should breastfeeding be continued when mother is menstruating	158	79	42	21
Breastfeeding at a time should be done from both breasts	198	99	2	1
Before breastfeeding each breast should be washed with water	190	95	10	5
Burping should be done following breastfeeding	190	95	10	5

Table 3: Classification of knowledge of postnatal women into good, average and poor.

Variables	N	Percentage (%)
Good (18-23)	98	49
Average (12-17)	96	48
Poor (<12)	06	03

Table 4: Attitude of postnatal women towards breastfeeding.

Variable	Y (F)	%	N (F)	%
Does Breastfeeding decrease family expense	186	93	14	7
Is formula feed more convenient than breastmilk	70	35	130	65
Are you breastfeeding by your own desire or under social pressure	188	94	12	6
Does breastfeeding interferes with sexual relationship with husband	30	15	170	85
The benefits of breastmilk last only as long as baby is fed	84	42	116	58
Breastfeeding should be done at public places	130	65	70	35
Formula milk is as healthy as breast milk	32	16	168	84

Table 5: Classification of postnatal women according to attitude towards breastfeeding.

Attitude	N	Percentage (%)
Positive (>=5)	152	76
Negative	48	24

Table 6: Practices followed by postnatal women for breastfeeding.

Variable	Y (f)	%	N (F)	%
Baby's mouth should be wide open and lower lip should be everted.	32	16	168	84
Chin touching breast and more areola above than below baby's mouth	30	15	170	85
Preferred position while feeding baby is sitting in semi reclined position	8	4	192	96
Correct position is baby attached to breast with head and body in line with each other	103	51.5	87	48.5
Breastfeeding should be stopped after inserting finger between baby's gum and breast	56	28	144	72
Burping should be done after feeding each breast and in the end of feeding	76	38	124	62
Cross cradle is the most comfortable position	112	56	88	44

Table 7: Classification of postnatal women according to good and poor practices of breastfeeding.

Variables	N	Percentage (%)
Good (>=4)	10	5%
Poor	190	95%

Table 8: Comparison of various studies on the basis of WHO recommendations.

Recommendation	AL Ketbi et al ⁹ (%)	Vijayalakshmi et al ⁸ (%)	Maiti et al ¹⁰ (%)	Meher et al ¹¹ (%)	Sharif et al ⁶ (%)	Mbada et al ⁷ (%)	Parashar et al ¹² (%)	Present study (%)
Exclusive breastfeeding should be done for 6 months	16	85	34	62	97.4	69.5	-	89
Breastfeeding should be initiated within 1 hr of birth	72	36.9	52	42.8	-	-	29	85
Colostrum is good	86	99.2	40	56	52.9	48	58.5	98
Weaning should be done at 6 months	86	-	55	-	43.3	-	-	94

DISCUSSION

This study is amongst the very few studies which have evaluated all the three aspects of breastfeeding including knowledge, attitude and practices among postnatal mothers. During the antenatal period mothers should be counselled to prepare themselves for breast feeding, at the time of birth, they should be encouraged to initiate breast feeding and during postnatal period health care providers should ensure that breast feeding is done in proper way.

In this study importance of breastfeeding in protection against diseases as jaundice and diarrhoea was well known to women (80%). This was more than the study by Sharif et al (47.6%) but similar to study by Mbada et al (66%).^{6,7} Role of breastfeeding in strengthening mother baby bond was 88% in our study which was again higher than study by Mbada et al (76%).⁷ This awareness regarding the advantages of breastfeeding in our study may be because of various health programmes running in the state that emphasise on the importance of breastfeeding.

However maternal benefits of breastfeeding were poorly known by women enrolled in this study. Only 20% women were aware about its role in protection against breast and ovarian cancer which is very low in comparison to study by Vijayalakshmi et al (95%).⁸ Also role of breastfeeding in contraception was known to only 32.5% women which is similar to the study by Sharif et al (40%).⁶ The most apparent cause for this ignorance in women of our study is their poor literacy status as only 13% were graduates. Therefore, there is dire need for postnatal women to know how breastfeeding contributes to their health and is a natural way of protection against diseases. Breast milk can be lifesaving for both mother and baby.

In this study women were aware of WHO recommendations regarding exclusive breast feeding for 6 months (89%), early initiation within 1 hr (85%), and weaning after 6 months (94%). Knowledge of exclusive breastfeeding was very low in studies by Ketbi et al (16%) and Maiti et al (34%).^{9,10} In the study by Vijayalakshmi et al only 36.9% women-initiated breastfeeding within 1 hour.⁸ This may be because all the women included in our study had vaginal delivery and preterm babies were excluded. As a result, minimum time was wasted in shifting mother and baby together to the postpartum ward. Also, constant counselling by the doctors in the labour room is a common practice in our institute which encourages early initiation of breastfeeding. The caring nursing staff of our institute consider it their prime responsibility to help women during breastfeeding. Table -8 shows comparative chart of various studies.

Importance of nocturnal feeding was known to 95% women in our study which is higher than study by Maiti et al (41.60%) but similar to study by Sharif et al (87.3%).^{10,6} However, 16% women in our study used prelacteal feed, most common being honey. Most of these women did so on advice of their elders, however no strong reason could be elicited for the same. These results are similar to study by Meher et al.¹¹

Advocated by both WHO and AAP, baby-led feeding helps mothers to cope from common problem of inadequate milk production and so should be encouraged. Breastfeeding on demand was done by 52% women in this study which is similar to study by Meher et al.¹¹

In this study 62% women stopped breastfeeding when sick. This is much higher than study by Vijayalakshmi et al (36%) but lower than the study by Parashar et al (84%).^{8,12} Also 21% women stopped breastfeeding while menstruating in our study. This throws light on myths and cultural beliefs surrounding breastfeeding which still persist in the society. Most women in this study belonged to joint families and may have got influenced by views of elders. Overall postpartum women with good, average and poor knowledge in this study were (49, 48, and 3%) which is similar to the study by Al Ketbi et al (51,43.3 and 5.7%).⁹

This study showed that most women found breastfeeding economical for the family (93%) which is similar to study by Vijayalakshmi et al (87.7%).⁸ Moreover 65% women found breast milk to be more convenient than formula feeds which is lower than study by Vijayalakshmi et al (88%).⁸ Attractive advertisements on television about formula feed may be a cause for such an impression on the less educated women included in our study. Also, as these women belong to economically weaker sections of the society, they have poor nutritional status. This may lead to inadequate milk production. Thus, causing women to get inclined towards top and formula feeds.

Women should breastfeed publicly with confidence as it is legal and protected by federal law. Health care providers should encourage women by providing them with ways to nurse with safety and comfort at public places. Also, public places as restaurants, malls, airports railway stations should have separate areas for the nursing mothers. In our study 35% patients held the wrong notion that breastfeeding should not be done at public place which is similar to study by Vijayalakshmi et al (24%).⁸ This may lead to infrequent feeds thus contributing to malnourishment of the baby.

Women undergo physical, emotional and hormonal changes during pregnancy and postpartum period which mostly contributes to lack of interest in sexual life. Proper

counselling of the couple is therefore required. In our study 15% women felt breastfeeding interfered with their sexual life which is similar to study by Vijayalakshmi et al (10%).⁸ Postpartum women resume household work early and responsibility of the baby along with it makes them feel exhausted and may decrease libido. In the study by Mbada et al 42% women believed that breastfeeding interferes with relationship with husband. Overall, in this study 76% women had positive attitude which is similar to study by Mbada et al.⁷

Only 5% women followed good breastfeeding practices in our study which is similar to study by Parashar et al (7.5%).¹² This is very low in comparison to study by Dasgupta et al (74%).¹³ In this study only 15-16% women were aware of the signs of proper attachment like wide open mouth of baby and chin touching breast which is much lower than study by Parashar et al (45 and 58%).¹² Proper latching techniques such as of baby to breast was known to 51.5% in this study which is higher than study by Mbada et al (41.3%).⁷ Best breastfeeding position was while sitting on chair (96%) similar to the study by Mbada et al (62%).⁷ Breastfeeding while sitting is a respectable position and helps in attachment of baby to breast.¹⁴ Most comfortable position was cross cradle hold in 56% women which is lower than the study by Tella et al.¹⁵ Breast feeding in uncomfortable positions can cause soft tissue deformities and muscle fatigue for mothers. Health care provider must teach women in the immediate postpartum period in hands on style the correct ways of attachment and positioning of the baby while breastfeeding. Proper latching on techniques decrease the incidence of inadequate milk production, sore nipples and mastitis.¹⁶

CONCLUSION

This study thus proves that most postnatal women of low socioeconomic status had good knowledge, positive attitude but very poor practice of breast feeding. Constant work by WHO, UNICEF and various awareness programmes in the country have definitely increased knowledge of postpartum women but still a lot of work is required to improve practices of breastfeeding. Women can be trained about breastfeeding techniques by demonstrations and use of pictorial presentations. Points of proper attachment and latching techniques need to be focussed. Different positions of breastfeeding and methods of holding baby should be taught to women with the help of live classes. The purpose of this study is to help health policy makers to incorporate methods to enhance practices of breastfeeding and improve counselling of women so that false myths regarding breastfeeding can be uprooted from the society.

Breastfeeding campaigns can be successful if they are associated with face to face interview with health care professionals. More frequent visits of mother's post discharge dedicated to breastfeeding should be initiated.

ACKNOWLEDGMENTS

Authors would like to thank the participants for their cooperation during face to face interview.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. WHO Media Centre Fact Sheet. Infant and young child feeding. World Health Organization, 1 April 2020. Available at <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>. Accessed on 15/08/2020.
2. WHO World Breastfeeding Week 2020 Message 31/07/2020 available at <https://www.who.int/docs/default-source/breastfeeding/wbw-2020-joint-letter---unicef>. Accessed 15/08/2020.
3. Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krusevec J et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*. 2016;387(10017):475-90.
4. WHO health topics Recommendations available at https://www.who.int/health-topics/breastfeeding#tab=tab_2recommendations. Accessed on 14/08/2020.
5. United Nations Children's Fund. Data. Infant and young child feeding Oct 2019 available at <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>. Accessed on 14/08/2020
6. Sharif M, Saxena A, Nair S, Sharma A, Jain P. Knowledge, attitude, and practices of nursing mothers toward breastfeeding in a tertiary care center in Navi Mumbai. *Indian J Child Health*. 2017;4(2):243-7.
7. Mbada CE, Olowookere AE, Faronbi JO, Oyinlola-Aromolaran FC, Faremi FA, Ogundele AO et al. Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. *BMC Res Notes*. 2013;6:552.
8. Vijayalakshmi P, Susheela T, Mythili D. Knowledge, attitudes, and breast-feeding practices of postnatal mothers: A cross sectional survey. *Int J Health Sci (Qassim)*. 2015;9(4):364-74.
9. Al Ketbi MI, Al Noman S, Al Ali A, Darwish E, Al Fahim M, Rajah J. Knowledge, attitudes, and practices of breastfeeding among women visiting primary healthcare clinics on the island of Abu Dhabi, United Arab Emirates. *Int Breastfeed J*. 2018;3:13:26.
10. Maiti A, Sarangi L, Sahu S, Mohanty S. An Assessment on Breastfeeding and Weaning Practices in Odisha, India. *Am J Pub Health Res*. 2015;3(4):49-52.
11. Meher S, Meher P, Arun K, Khamari D. Knowledge Pattern and Practices of Breast feeding among

- mothers of rural and urban communities. *JMSCR.* 2018;6(8):928-33.
12. Parashar M, Singh S, Kishore J, Patavegar BN. Breastfeeding Attachment and Positioning Technique, Practices, and Knowledge of Related Issues Among Mothers in a Resettlement Colony of Delhi. *ICAN: Infant Child Adolescent Nutri.* 2015;7(6):317-22.
 13. Dasgupta U, Mallik S, Bhattacharyya K, Sarkar J, Bhattacharya SK, Halder. Breastfeeding practices: positioning, attachment and effective suckling-a hospital-based study in West Bengal/Kolkata. *Indian J Matern Child Health.* 2013;15(1):1-11.
 14. Royal College of Midwives. Position paper 25, London. *Home birth.* 2002;5(1):26-9.
 15. Tella K, Guruvare S, Hebbar S, Adiga P, Rai L. Knowledge, attitude, and practice of techniques of breast-feeding among postnatal mothers in a coastal district of Karnataka. *Int J Med Sci Public Health* 2016;5:28-34.
 16. Vireday P. Breastfeeding after a cesarean. 2002. Available at <http://www.plus-size-pregnancy.org>. Accessed 15/08/2020.

Cite this article as: Gupta M, Mehta S, Grover A. Breastfeeding: prevent the preventable. *Int J Reprod Contracept Obstet Gynecol* 2020;9:4499-505.