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Original Research Article

Breast feeding knowledge, attitude and perspective in immediate postnatal mothers

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ABSTRACT

Background: The aim of the study is to understand the knowledge, attitude and practice of breastfeeding among postnatal mothers and optimize the breast feeding practices and overcome various factors that hinder and influence the full realization of benefits of breast feeding.

Methods: The study was conducted in the postnatal ward of Rajarajeswari medical college and hospital, Bangalore. 500 postnatal mothers were included. A structured interview schedule was prepared to collect sociodemographic data, perceptions, knowledge, attitude and practices of mothers regarding breastfeeding. Data was collected by interviewing mothers (in their own language) using proforma.

Results: About 100% of mothers and newborn infant have skin to skin contact within one hour of an uncomplicated vaginal delivery. Majority of the mothers knew about the importance of breast feeding for babies and herself. Only 17% of the mothers were working in our study and majority of them had resigned from their work as there was no option of maternity leave and baby friendly work environment at their working places. 69% intended to breastfeed up to 6 months. 23% mothers discarded colostrum and 11% gave prelacteal feeds to their babies.

Conclusions: The mothers should be encouraged and reinforced about the benefits of breastfeeding for both baby and herself. The workplace condition has to be improved and make it more breast feeding friendly. The study also will assist the health care providers and community workers to understand the attitude and practice in the area and help them to prioritize and focus on these aspects and decrease the incidence of suboptimal feeding practices.

Keywords: Attitude, Breast feeding, Knowledge, Postnatal mothers

INTRODUCTION

Breast milk is considered the most ideal and valuable food for the growing infant. Breast Feeding is a complex interaction between mother and infant that can be enhanced or inhibited by a wide range of social, psychological and physiologic factors. World health organization (WHO) and American Academy of Pediatrics recommends Exclusive breastfeeding for the

first six months of life followed by nutritionally adequate and safe complementary foods with continued breastfeeding up to two years of age or beyond. 'Exclusive breastfeeding' means that not giving any prelacteal drinks including honey, water, 'holy' or ritually blessed water, sugar or glucose water, gripe water, juices, vitamins or foods other than breast milk, for the first six months. Initiation of breastfeeding as early as possible has become mandatory as per baby friendly initiative

norms, because it serves multiple purposes to the growing baby, mother and also the whole family. Breastfeeding significantly reduces mortality in neonatal sepsis, pneumonia, and diarrhea.^{1,2} It also improves bonding and cognitive development of the infant.^{3,4} Breast milk also contains bioactive factors like IgA, lactoferrin, K-casein, cytokines, growth factors, glutathione peroxides etc which have anti-infective, antioxidant, growth promoting properties.⁵ Benefits of breast feeding to mother include uterine involution, lesser risk of post-partum haemorrhage and protection against breast and ovarian cancers.

Exclusive breast feeding causes lactation amenorrhoea and promotes proper birth spacing.³ For effective breastfeeding correct positioning of mother and baby and attachment of baby to mother's breast is also very important factor. As, improper breast feeding technique may result in lactation failure, breast pain, cracked nipples and nipple trauma.⁶

Several reports has stated that the incidence of breastfeeding is declining in almost all parts of the world attributed by increasing modernization, introduction of artificial feeds, and early initiation of complimentary feeds.¹ National Family Health Survey (NFHS-3) data show proper initiation and continuation of breast feeding in children under 6 months is in India is just 46.4%.³

Other factors which cause hindrance in the practice of breast feeding include cultural beliefs, maternal characteristics, infant health problems, socioeconomic status, support of family, knowledge attitude and some psychological aspects.^{3,5,7,8} The feeding choices that mothers made were influenced by nursing personnel, their own mothers and also other relatives.⁹

By 2015, Millennium Development Goals (MDG-4) targets aim at halving the neonatal mortality and Improving newborn health along with reduction of under-five mortality rates by two thirds. This can be achieved by adopting optimal breastfeeding practices as recommended by WHO, that is, breastfeeding to be initiated within half an hour of birth and exclusive breastfeeding to be continued for 6 months.¹

Good breast feeding practices can be promoted by strengthening the existing antenatal counselling on breast feeding, by informing all pregnant women about the benefits of breastfeeding and motivating them by curtailing their ill beliefs regarding breastfeeding and educating them that breast Feeding is the healthiest and safest way to feed babies.³

Obstetricians can form the bridge for postnatal mothers encouraging them for breast feeding.¹⁰

Hence this study is undertaken to understand the knowledge , attitude and practice of breast feeding among postnatal mothers.

METHODS

The study was conducted in the postnatal ward of Rajarajeswari medical college and hospital, Bangalore, Karnataka, India. Total 500 postnatal mothers were included in the study. The study period was between January 2018 to December 2018. The study is observational prospective study.

Inclusion criteria

- Primiparous and multigravida mothers who breastfeed their babies (full term or preterm) who were delivered by either means, that is, normal vaginal, assisted, or caesarean sections
- Immediate postpartum mothers.

Exclusion criteria

- Mothers who had lost their babies
- Mothers whose babies required intensive care
- Mothers who were advised not to breastfeed due to medical reasons.

T A structured interview schedule was prepared to collect sociodemographic data, perceptions, knowledge, attitude and practices of mothers regarding breastfeeding. Data was collected by interviewing mothers (in their own language) using proforma. The data was analysed.

Statistical analysis

The study was a prospective study, Data entered into Microsoft Excel and analyzed using descriptive statistics like percentages.

RESULTS

About 95% of the mothers were less than 30 years. Almost percentage of vaginal and caesarean deliveries were the same (Table 1).

In hospital 100% of mothers and newborn infant have skin to skin contact within one hour of an uncomplicated vaginal delivery. Majority of the mothers knew about the importance of breast feeding for babies and herself. Antenatal education was received by 63% of the mothers, 100% reinforcement was done in labour room about breast feeding in our hospital (Table 2). 80% of the mothers knew that breast feeding has to be continued when the child is sick. There was acceptance of feeding the infant in public by covering herself. Only 17% of the mothers were working in our study and majority of them had resigned from their work as there was no option of maternity leave and baby friendly work environment at their working places. 69% intended to breastfeed up to 6 months (Table 3).

In this study more than 50% had problems regarding initiation of breastfeeding like engorged breast, fatigue,

sore nipples, apprehension, pain at episiotomy or caesarean scars, which was tried to resolve by healthcare workers in postnatal wards. 84% of the babies were breast fed within 4 hours of delivery. 23% mothers discarded colostrum and 11% gave prelacteal feeds to their babies. Adequacy of feeding was considered when baby stopped sucking by 40% of mothers (Table 4).

Table 1: Sociodemographic analysis of cases.

Characteristics			
Age	<20	100 (20%)	
	21-25	167 (33%)	
	26-30	209 (42%)	
	>30	24 (5%)	
Socioeconomic status	Lower	188 (38%)	
	Middle	289 (58%)	
	Upper	23 (4%)	
Religion	Hindu	440 (88%)	
	Muslims	52 (10%)	
	Christians	8 (2%)	
Education	Illiterate	56 (11%)	
	Primary	45 (9%)	
	Secondary	278 (56%)	
	Graduate and above	121 (24%)	
Family	Joint	144 (29%)	
	Nuclear	356 (71%)	
Locality	Rural	200 (40%)	
	Urban	300 (60%)	
Parity	1	243 (49%)	
	2	200 (40%)	
	3	45 (9%)	
	≥4	12 (2%)	
Baby	Delivery	FTND	252 (50.4%)
		LSCS	248 (49.6%)
	Gestational age	Term	388 (78%)
		Preterm	112 (22%)
	Sex	Male	256 (51%)
		Female	244 (49%)
	Weight	<2	21 (4%)
		2-2.5	130 (26%)
		2.5-3	169 (34%)
		3-3.5	145 (29%)
>3.5		35 (7%)	

In this study 257 (51%) of mothers were para 2 and more. In their previous post-natal period 66% had done exclusive breast feeding for 6 months and 24% had done for less than 4 months. Duration of breastfeeding for less than 6 months was done by 6% of the mothers. 12% mothers had discarded colostrum after their last childbirth, but in the present postnatal period these

mothers were counselled regarding the importance of colostrum and they fed their babies colostrum.

Table 2: Knowledge about breast feeding.

Characteristics			
Importance of breast feeding for babies	Yes	480(96%)	
	No	20(4%)	
Importance of breast feeding for mothers	Yes	Bonding	34 (7%)
		Avoid breast lumps	75 (15%)
	No	Don't know why	235 (47%)
			156 (31%)
Lactational amenorrhea	Yes	189 (38%)	
	No	311 (62%)	
Reinforcement	Home	378 (75%)	
	Antenatal care	88 (18%)	
	Post-natal care	34 (7%)	
Prenatal education	Yes	313 (63%)	
	No	187 (37%)	

Table 3: Attitude.

Characteristics			
Discontinuation if baby unwell	No	400 (80%)	
	Yes	89 (18%)	
	Don't know	11 (2%)	
Feeling of shyness	No	456 (91%)	
	Yes	44 (9%)	
Feeding at public places	Yes	456 (91%)	
	No	44 (9%)	
Workplace	Duration of leave	<6 months	0
		6-12 months	6 (1%)
		>12 months	16 (3%)
	Resigned	67 (13%)	
Intended to breast feeding	Exclusive breast feeding	<4 months	33 (7%)
		4-6 months	344 (69%)
		>6 months	12 (2%)
	Total duration of feeding	Not decided	111 (22%)
		6mths-1 year	156 (31%)
		1-1.5 years	144 (29%)
	1.5-2 years	144 (29%)	
	>2 years	56 (11%)	

Table 4: Practice.

Characteristics		
Problems in breast feeding	Engorgement	111 (22%)
	Fatigue	56 (11%)
	Back pain	45 (9%)
	Nipple soreness	133 (27%)
	Pain of LSCS or episiotomy scar	245 (49%)
	Child not sucking	67 (13%)
	Apprehension	267 (53%)
Initiation of breast feeding	<1 hr	222 (44%)
	1-4 Hrs	200 (40%)
	>4 hrs	78 (16%)
Family restriction	Yes	0
	No	500 (100%)
Discarded colostrum	Yes	116 (23%)
	No	384 (77%)
Prelacteal feeds given	Yes	56 (11%)
	No	444 (89%)
Baby position	Yes	214 (43%)
	No	286 (57%)
Role of burping	Yes	221 (44%)
	No	279 (56%)
Adequacy of feeding	Don't know	100 (20%)
	Stop crying	156 (31%)
	Sleeping	44 (9%)
	Stop sucking	200 (40%)

DISCUSSION

Majority of mothers fed their babies within 6 hours of delivery in our study similar to study done by Harnagle R et al, (63.8%).¹¹ Mothers attitude towards breastfeeding was positive in public places. In this study, 91% did not feel shy to feed in public places similar to study by Poreddi Vijayalakshmi et al, in which 75.4% intended to feed outside.¹²

Exclusive breast feeding duration 69% mothers agrees to do up to 6 months in this study, similar to study by Tadele et al, where 59.3% mothers mentioned exclusive breast feeding up to 6 months.¹³ Contraception benefits was known to 38% of mothers in this study similar to 32% in study by Tadele et al.¹³ Colostrum was not discarded in 77% of mothers in our study similar to study by Tadele et al, in which 60.2% and study by Maheswari et al, 56% of mothers believed colostrum should not be discarded.^{13,14}

CONCLUSION

Importance of breast feeding was known to most of the postnatal mothers. Hence, continued support with counselling and motivation is mandatory to mothers during antenatal period and postnatal period. Some young primi-paras inexperienced mothers will need some help,

especially at the beginning, though many will manage on their own, and secondly and more importantly the pertinent point of concern is that many of those who manage on their own are including some harmful practices like discarding colostrum's, using pre-lacteal feeds, doing non-exclusive breastfeeding, prematurely introducing supplements and terminating breastfeeding rather early.

The mothers should be encouraged and reinforced about the benefits of breastfeeding for both baby and herself. Should guide them about the practice of breastfeeding. To encourage them clear doubts about feeding practice and cater to their apprehensions. So that exclusive breastfeeding is done, hence benefitting maternal and infant health. The workplace condition has to be improved and make it more breast feeding friendly. The study also will assist the health care providers and community workers to understand the attitude and practice in the area and help them to prioritize and focus on these aspects and decrease the incidence of suboptimal feeding practices.

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