

# INITIATION AND ESTABLISHMENT OF LACTATION AMONG PRIMIPAROUS MOTHERS

Dr. D. B. Potdar<sup>1</sup>, N. P. Potdar<sup>2</sup>, Dr. Prashant P. Shah<sup>3</sup>, Dr. S.G. Lavande<sup>4</sup>, Shelesh B. Patil<sup>5</sup>

<sup>1</sup>Department of Pediatrics, Krishna Institute of Medical Sciences, Karad

<sup>2</sup>Department of Pediatrics, Krishna Institute of Medical Sciences, Karad

<sup>3</sup>Department of Pediatrics, Krishna Institute of Medical Sciences, Karad

<sup>4</sup>Department of Pediatrics, Krishna Institute of Medical Sciences, Karad

<sup>5</sup>Department of Pediatrics, Krishna Institute of Medical Sciences, Karad

**Abstract:** *The study indicates that there are a variety of improper feeding activities and awareness among mothers. Therefore, all health care professionals and mothers ought to be improved and sensitized. Intervention and further study should pay attention to considerations such as cultural patterns, barriers and the usage of health care services and infant feeding education. Awareness alone does not decide effective breast-feeding activities, sensitization of the health care worker and infrastructural improvements are required for early breast-feeding, including in hospital settings. And if all the children were breastfed, there was no awareness and experience. Efforts need to be made to help the mother start feeding early, particularly in the Caesarean section.*

**Keywords:** *Lactation, Mother, Lactational amenorrhea, Breast milk, Breast feeding*

## 1. INTRODUCTION

Appropriate feeding is crucial for the healthy growth and development of the infant. Breast milk is the natural first food for babies. It continues to provide up to half or more of the child's nutritional needs during the second half of the first year, and up to one third during the second year of life [1]. The change in infant feeding practices began in industrialized countries and soon followed by educated female of underdeveloped counties by curtailing the duration of breast feeding [2]. Breast feeding practices bear a strong relation with social customs and Beliefs [3]. Breastfeeding is often less expensive than infant formula [4,5]. Children who get mothers milk grow better with scholastic performance and have optimal gut development [6]. Breast milk provides all the energy and nutrients that the infant needs for the first months of life it is also important for sensory and cognitive development and also protects the infant against infectious and chronic diseases. Exclusive breastfeeding for 6 months is the optimal way of feeding infants [7]. The United Nations Children's Fund (UNICEF) has estimated that exclusive breastfeeding in the first six months of life can reduce under-five mortality rates in developing countries by 13% [8]. Breast milk is the nature's complete nutrition for infant which is hygienic, valuable, convenient, economical, easily available and protective and is best appropriate for baby's requirement. It is the most complete form of nutrition available to infants and is rich in vitamins, enzymes and antibodies and it provides babies for the establishment of personality. It is no doubt that no other food can replace mother's milk [9]. Breastfeeding is nature's way of nurturing the child,

creating a strong bond between the mother and the child by developing baby's trust and sense of security. Breastfeeding is important for young child survival, health & nutrition, Exclusive breastfeeding and longer duration of breast feeding is known to protect the child from obesity risks, it also helps in enhancing brain development and learning readiness. Breastfeeding delays the return of menstruation and fertility, a phenomenon known as lactational amenorrhea, one of the child spacing methods, which is especially important in developing country like ours where the awareness, acceptability & availability of modern family planning methods are very low [10]. Breast feeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of child. Breast feeding is the ideal method for the physiological and psychological needs of the Infant [11]. Breast feeding is the safest, least allergic and best infant feeding method. It has nutritional, immunological, behavioral and economic benefits and also provide desirable mother infant bonding. It is now established that the breast feeding practices adopted in terms of duration, frequency and exclusiveness is essential for our understanding of impact of breast feeding on complete physical, mental and psycho-social development of the child. Despite the demonstrated benefits of breastfeeding, breastfeeding prevalence and duration in many countries are still lower than the international recommendation of exclusive breastfeeding for the first six months of life [12]. WHO [13] noted that increasing rates of exclusive breastfeeding can help drive progress against other global nutrition targets such as: Anaemia in women of reproductive age, low birth weight, childhood overweight, stunting and wasting and is one of the most powerful tools policy-makers have at their disposal to improve the health of their people and their economies– underscoring the place of EBF in reducing infant mortality rate.

In August 1990, WHO and UNICEF had jointly adopted the Innocenti Declaration on the protection, promotion and support of breastfeeding [14]. Exclusive breastfeeding means no drinks like honey, water, glucose water, gripe water, juices, vitamins, animal or powdered milks or foods other than breast milk are given for first 6 months to the babies [15].

**Aim:**

To study the initiation and establishment among postnatal primigravida mothers regarding breast feeding.

**Objectives:**

To study the level of knowledge and attitude in mothers about breast feeding. To study the actual practices of breast feeding in mothers. To assess change in Mothers knowledge after counselling.

## **2. REVIEW OF LITERATURE**

A community based cross-sectional study was employed. Sample size was determined by using single population proportion formula and four hundred three lactating mothers who have breastfed for 6 months and up to two years was selected by Simple random sampling technique. All explanatory variables that were associated with the outcome variable during bivariate analysis were included in the final logistic model. A multivariate logistic regression analysis was made to identify the predictors of maternal knowledge about exclusive breastfeeding practices. The mean duration of exclusive breast feeding among woman in the study subjects was 5.87 months with standard error of 0.025. The prevalence of exclusive breast feeding is 305 (82.2%). Three hundred thirty seven (90.8%) of mothers were Knowledgeable. The actual practice of exclusive breast feeding was 305 (82.2%). Among the total variables which were included in the analysis only three variables shows positive

association with mothers EBF status. These are knowledge of EBF, ANC follow up and women occupation. House wife women were two times more likely exclusively breast feed their child compared to those employed. The study finding implies there is a gap between the current knowledge and actual practice of exclusive breast feeding in line with the WHO recommendations. Therefore, collaborative efforts have to be exerted at different levels, relevant stakeholders, health providers together with the community to improve the situation.

The Baby Friendly Hospital Initiative As a complement to community based efforts to protect, promote and support breastfeeding and to promulgate the code, in 1991, United Nations Children's Fund (UNICEF) and WHO began an intensive effort to transform breastfeeding practices in maternity hospitals to support breastfeeding. In India, breastfeeding appears to be influenced by social, cultural, and economic factors. In 1991, Breastfeeding Promotion Network of India (BPNI) was born to protect, promote and support breastfeeding [16]. Further, the Government of India has undertaken National Rural Health Mission, which intends to implement Integrated Management of Neonatal and Childhood Illnesses (IMNCI) through the existing healthcare delivery system [17]. Poor practices and attitudes toward exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries. Nonetheless, the promotion and acceptance of practices, such as exclusive breastfeeding, are especially important in developing countries with high levels of poverty, and that are characterized by a high burden of disease and low access to clean water and adequate sanitation.[18]

In the study of deities the lord Krishna was nursed and breastfed by mother Yashoda. It shows that the breastfeeding importance was known from long ago, and there was dedication towards it. Knowledge, Attitude and Practices of Mothers Regarding Breastfeeding in A South Indian Hospital [19]. Study was conducted to assess the knowledge, attitude and practices of mothers attending a south Indian hospital towards breastfeeding. This cross sectional study was conducted on mothers of children, attending outpatient department of a tertiary care hospital, SRM Medical College, Tamil Nadu. They were administered a pre-designed questionnaire of twenty questions related to breastfeeding. A total of 200 mothers were interviewed over a period of two months. Though many mothers(47.5%) were illiterate their knowledge to start early breastfeeding was good (80%). However, only 34.5% initiated breastfeeding within one hour. Twenty five percentage of mothers felt that colostrum is bad and 10.5% gave prelacteal. Exclusive breastfeeding was given for six months by 72% of mothers.

### **3. MATERIAL AND METHODS**

Cross-sectional study was carried out for a period of one year. A total of 400 Willing Postnatal Primigravida mothers who got delivered in maternity ward of OBG department in Krishna Institute of medical college constitute the sample size. After obtaining ethical clearance from the institute the study was started. The mothers were interviewed after taking informed consent. Mother's names, age, education, occupation, type of delivery were my objectives for this study. According to the Census, around 300 deliveries occur per month in Krishna Hospital, Karad. And the statistical analysis showed minimum 200 mothers as a sample size, but I have collected as much as possible of around 400 postnatal Primigravida mothers not having any health problem and who are willing to give consent for this study as a sample size. Study period was October 2014 to May 2016.

#### 4. OBSERVATIONS AND ESULTS

Table 1: Pre test and Post-test comparison according to education

Education	N	%	Pre test	Post test	Paired t	P-value
			Mean +/- SD	Mean +/- SD		
Up to 12 <sup>th</sup>	183	45.75	3.054+/-1.97	8.637 +/-2.08	25.943	<0.0001
Above	213	53.25	3.492+/- 1.94	10.28 +/-1.65	39.564	<0.0001
Unpaired-t			4.342	0.890		
P-value			<0.0001	0.374		

Table no. 1 shows that majority of respondents were from graduate class 213 (53.25%) and 183 (45.75%) had completed secondary education. There was a marked improvement in the test scores after counselling as P-value was significant. As the P-value came significant (<0.0001). Also the group of mothers who completed graduate class scored well as compared to other group in the post counselling test. The comparison is again significant. P-value (<0.0001).

Table 2: Pre-test and post-test comparison according to religion of mothers

Religion	N	%	Pre test	Post test	Paired-t	P-value
			Mean+/-SD	Mean+/-SD		
Hindu	371	92.75	3.412+/-1.937	9.490+/-2.021	42.192	<0.0001
Muslim	27	6.75	1.740+/-1.85	9.851+/-2.248	22.088	<0.0001
Unpaired-t			4.342	0.890		
P-value			<0.0001	0.3740		

Table no. 2 shows that mothers from Hindu religion were in majority 371 (92.75%) and that from Muslim community were 27 (6.75%). The improvement in scores in post-test is significant as the P-value came significant (<0.0001). But there was no difference in scores between the mothers from Hindu religion and those from Muslim religion.

Table 3: Comparison according to mode of delivery

MOD	N	%	Pre test	Post test	Paired-t	P-value
			Mean+/-SD	Mean+/-SD		
LSCS	227	56.75	3.211+/-2.00	9.427+/-2.013	36.690	<0.0001
NVD	171	42.75	3.415+/-1.940	9.631+/-2.066	26.707	<0.0001
Unpaired-t			1.019	0.9909		
P-value			0.3087	0.3224		

Table no. 3 shows that mothers who got delivered by LSCS were in majority 227 (56.75%)

and from normal vaginal delivery were 171 (42.75%). Mothers who got delivered by NVD and LSCS showed improvement in post-test than in pre-test. P-value is significant (<0.0001).

Table 4: Comparison according to weight of mothers

Weight	N	%	Pre test	Post test	Paired-t	P-value
			Mean+/-SD	Mean+/-SD		
40-59	203	50.75	3.305+/-1.994	9.113+/-2.028	28.199	<0.0001
60-75	195	48.75	3.292+/-1.954	9.9487+/-1.960	36.826	<0.0001
Unpaired-t			0.6623	4.177		
P-value			0.9472	<0.0001		

Table no. 4 shows that mothers weighing 40 to 59 kg were in majority 203 (50.75%) and those weighing 60-75 were 195 (48.75%). There was marked improvement in scores of post-test as compared to pre- test since the P-value here is significant (<0.0001). But no difference in scores between the two groups of mothers.

Table 5: Comparison of test scores between the mothers who delivered male baby and female baby

Sex of the baby	N	%	Pre test	Post test	Paired-t	P-value
			Mean+/-SD	Mean+/-SD		
Female	213	53.25	3.341+/-2.021	9.511+/-1.949	32.282	<0.0001
Male	185	56.25	3.145+/-1.913	9.518+/-2.137	31.015	<0.0001
Unpaired-t			1.443	0.0350		
P-value			0.1497	0.9721		

Table no. 5 shows that mothers delivered female baby were in majority 213(53.25%) and who delivered male were 185(46.25%). There was much improvement in post-test scores since P-value is significant here (<0.0001). But there was no difference in post-test scores between the two groups.

## 5. DISCUSSION

In recent years there has been a significant advance in the field of human lactation and breastfeeding management. There are number of factors that influence breastfeeding like, worry, stress, embarrassment and doubt, illness in the mother, knowledge of the mother, socio-cultural practices and employment. In the present study, Information was collected from 400 postnatal Primigravida mothers who delivered in maternity ward of Krishna Institute of Medical sciences. Mothers varied in their approach and in stocks of knowledge they had. Appropriate knowledge was not sufficient. In the study done by M.F. Rea et all; the analysis indicated that the average pre-counselling score for was 2.95 (maximum = 3) and the post- counselling course as a whole received an average score of 8.43 (SD = 0.98) out of a maximum of 10. Similarly, we found that the average pre-test score of 400 mothers was and post-test score was 9.52, the amelioration in scores been braced up with significant p-value (<0.0001) which shows correct counselling been fruitful for mothers.

In this study we found that out of 400 mothers 70.25% mothers were rural and 29.25% mothers were urban and majority 60.75% of mothers were non-working and had poor knowledge regarding breastfeeding, but proper counselling helped them overcome the obstacles and improving breastfeeding practices. Also 38.75% of mothers were working and 53.25% mothers were educated in means of completing graduation course, still they were lacking in the knowledge of breastfeeding. The significant p-value shows that counselling was the only way to ameliorate the knowledge and practice.

## 6. CONCLUSION

Programs intended to enhance maternal and child health will recognize the above-mentioned modifiable causes, such as improving maternal awareness of exclusive breastfeeding and delivering health information on the benefits of the ANC program for mothers. Decision makers will find obstacles to EBF jobs for women during the first six months of infant development. The newspapers will provide breastfeeding, not just bottle feeding, in the case of small babies. Doll is not expected to come with cans. Government policies will promote breast-feeding and include facilities for breast-feeding in public buildings and workplaces.

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