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PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFCTIVENESS OF LACTATIONAL COUNSELLING ON BREAST ENGORGEMENT AND NEW BORN FEEDING BEHAVIOUR AMONG PRIMIGRAVIDAE MOTHER AT CIVIL HOSPITAL, JHAJJAR

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ABSTRACT

Introduction: The mammary gland is a milk producing gland which is composed largely of fat. It is a complex network of branching ducts and sac -like structures called lobules, which produce milk .Breast tissue fluid drains through the lymphatic into the lymph nodes located in the auxilla and behind the sternum. Breast engorgement and nipple trauma are the complications associated with breastfeeding and considered as the most significant factors impacting on breast fedding in the first weeks of motherhood and primi gravida mothers Breast massage in an easy, readily available and cost effective miraculous method to reduce the breast engorgment. It does not requre elaborate preparation and instruction. It is an evidence based practice to control breast engorgement in post natal period.

Objective of the study: • To assess the demographic profile of primigravida mothers. To assess the knowledge of primigravida mothers regarding breast feeding problems. To find out the effectiveness of lactational counselling regarding breast feeding problems among primigravida mothers. To find out the associationbetween knowledge score of primigravida mothers regarding breast feeding problems and selected demographic variables. To assess the knowledge of primigrabiva mother's regarding breast examination. To assesse the knowledge of primigrabiva mother's regarding breast problems example breastengorgment. To find out the effective neff of latapional councelling during rest enjorment.

Material and Method: The researcher conducted the study using quantitative approach and pretest and post test research design on 60 primi gravidae mothers by purposive sampling technique. Structured questionnaire was used to assess the knowledge of primi gravidae mothers. Regarding breast engorgement . Descriptive and inferential statistics used to analyze the data.

Results: The present study assessed the effectiveness of breast massage on level of breast engorgement among primi gravidea mothers. The results of the study concluded taht applying breast massage was effective in reducing the level of breast engorgement among primi gravidea mothers. Breast Massage is easy to apply, not painful and can enhance comfort to the mother in the postnatal period, hence could easily be adopted as a regular intervention. Therefore, the investigator felt that more importance should be given to the assessment on level of breast engorgemtn among primi gravidea mothrs in 3-6th postnatal day using standard breast engorgement scale, following the intervention of breast massage can be given as a non-pharmacological measures to reduce breast engorgement.

Conclusion: Based on the findings, the study findings showed that there is a significant improvement in knowledge regarding prevention of breast engorgement and practices of breastfeeding especially in positioning and attachment of the babies compared to the findings of control group. Incidence of breast engorgement is decreased in experimental group and control group. The prenatal teaching was effective and also the programme should be

continued in order to improve the overall health and practices of breastfeeding among mothers thereby it reduces the incidence of breast engorgement.

Keywords: Assess, Effectiveness, Knowledge, Primigravida Mothers, Breastfeeding Problems

CHAPTER - 1

INTRODUCTION:-

"Breast feeding is a mother's gift to herself, her baby and the earth"

-Pamela. K.Wiggins

Pregnancy is unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to future. Pregnant women need also to be responsible women so as to best support the health of her future child.[1]

Pregnancy causes major physiological changes in a woman's body. These changes are mainly due to hormonal, metabolic and mechanical factors[2]. Breasts are accessory reproductive organs, where major changes occur. These changes are due to increased level of hormones like estrogen, progesterone and prolactin . The changes breast undergoes is increase in size, which makes it feel heavy and tender, along with that nipples also become tender. Many women due to these changes feel some sensation in their breasts such as tingling and soreness.[3]

In a normal anatomical structure of a breast, the nipples are small conical eminence[4.] In some women; there is an altered anatomical structure of the nipples and these are referred as flat, inverted and retracted nipples. Certain changes occurring during pregnancy may lead to some problem to the breasts. These problems are commonly seen during the second and third trimesters. The milk ducts preparing for breastfeeding may have leakage of colostrum that makes the surface of the nipples dry, leading to cracked nipples, causing discomfort to the women.[5]

Breastfeeding is an art and skills which need to be learnt and mastered. This skill has to be learnt and followed by mothers not only to feed their infants but also to avoid breastfeeding complications. One of the important steps in breastfeeding technique is helping the baby to latch on the breast correctly. A good latch eliminates the problem of sore nipples and proper breastfeeding reduces the chances of other breastfeeding complications. Some primi parous inexperienced mothers need some help and should be made aware about the

importance of breastfeeding and its techniques during the antenatal period, so as to prevent complications in the later periods.[6]

Women become mothers with little or no ability to breast feed, which makes them more vulnerable to difficulties. Problems associated with breast feeding can include engorgement, sore or painful nipples, plugged ducts and mastitis. Because of these problems, it causes distress, mild discomfort or significant pain, which in turn prompts them to stop breast feeding after a few weeks. However, these problems can be treated effectively.[7]

The above mentioned problems can be prevented effectively if due care is taken by the pregnant women from the beginning of pregnancy. To correct the anatomical defects, physical preparation such as nipple rolling should be taught during antenatal period as a way of making woman's nipples more protuberant. The other breast feeding related complications chances can be reduced by giving proper education in the antenatal periods.

BACKGROUND OF THE STUDY:

The rise in circulating prolactin acts upon the alveoli of the breastb and stimulate milk production during the first 3-4 days of puerperium of the breast become heavy and engorged. The breast is hard,painful and sometiome flushed. The areola will typically feet hard than soft,with tight skin that may appear shiny. The nipple may increase in diameter and become flat and taut, making a latch on challenging. (**Kelly mom 2012)**

Breast (**Lowen 2000).**

According to **Academy of breastfeeding medicine protocol coomittee,2000,** Breast engorgement is defined as "the sf the breasts, usually in the eadays of initiation of lactation,

caused by vascular dilation as well as the early milk. The common causes of engorged breasts are other feeds given to the baby before starting breastfeeding, delayed starting of breastfeed, long intervals between feeds, early removal of the baby from the breast while breast feeding, bottle-feeding and other restrictions on breast feeding.

Adequate management of engorgement is important for successfull long term lactation. The goal of treatment of bis to relieve discomfort and control swelling. It includes ice packs, an uplift support bra to minimize edema & frequent feeding . New breastfeeding mothers have several options for relieving normal postpartum breast engorgement such as breast massage, application of warmth, cold compresses, and hand expression or use of a breast pump.(**Journal of midwifery and women's health 2004).**

Breast massage is defined as the technique entails kneading, rubbing and squeezing strokes applied to the soft tissue of the breast to increase lymph and blood flow. Before feeding, gentle massage towards the nipple allow some milk to flow out and help to soften the nipple for easier latch. During nursing, gentle compress and massaging will stimulate the letdown of milk. It is the easiest and cheapest method. Massage controls the blood

circulation. For the problem of engorged Breast which results into accumulation of milk in breast causing lumps, breast massage helps in reducing engorgement. (**Rowenabenet 2000).**

Breast massage in an easy, readily available and cost effective miraculous method to reduce the breast engorgment. It does not requre elaborate preparation and instruction. It is an evidence based practice to control breast engorgement in post natal period.

DELIMITATIONS:

1. The Study was delimited to the primi gravidea mother with breast engorgement.
2. The study was delimited to the age group of 20 to 35 years.
3. The study was delimited to those who are willing to participate.
4. The study was delimited to 4 weeks period of time.
5. The study was delimited to 60 primi gravidea mothers.

PROJECTED OUTCOME

1. Application of breast massage helps to reduce breast engorgement among primi gravidea mothers.
2. The findings of the study motivate the nurses to provide breast massage on reduction of breast engorgement among primi gravidea sections.

CONCEPTUAL FRAMEWORK

Conceptual framework provides an understanding of the phenomenon of interest, philosphical views and reflects assumption. Conceptual framework used for the study is based on helping art of clinical nursing. theory. Helping art theiry was proposed in the year 1964 by Weidenbach.

The theory vision of nursing practice closely parallels the assessment, implementation, and evaluation of the nursing process. It consists of three components such as identification, ministration and validation. Identification refers to viewing the patient as an individual with unique experiences, and understanding the patients's perception of the condition. Ministration refers to provision of help by providing nursing care and validaiton refers to a collection of evidence that shows the patient's need fulfilled and that, the funcitonal ability has been restored as a direct result of the nurse's actions.

This therrtical framework is used in the present study to evaluate the effect of lacttational counselling on the level of breast engorgement among primi gravidae mothers.

The components of helping art theory include.

1. Identification
2. Ministration
3. Validation

Identification

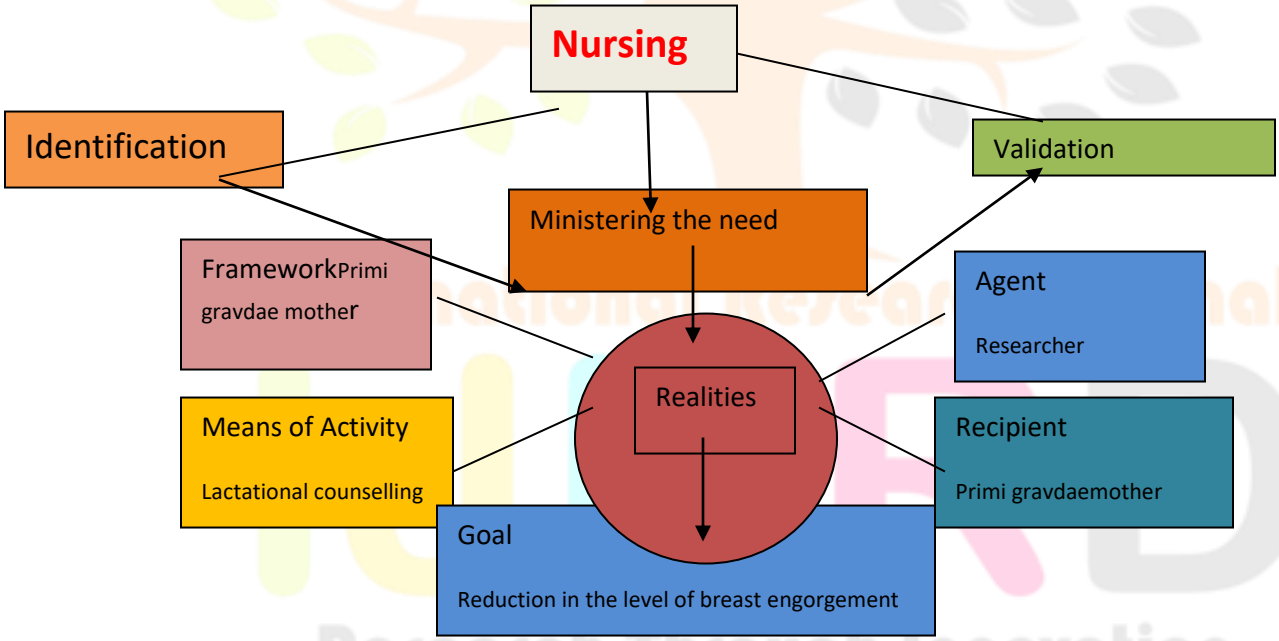
Identification begins with establishing a therapeutic relationship with mothers. In this phase, the researcher identifies mothers who undergone primi gravidae from medical records and collects the necessary demographic data. After collecting the baseline information, breast engorgement is assessed using Standardized breast engorgement scale.

Ministration

Ministration phase includes preparation of aticles, preparation of mothers and administration of breast massage for 10 to 15 minutes in each breast twice a day for three days with the interval of 2 hours in experimental group. No intervention was given to control group. Assessment breast engorgement using standardized breast engorgement scale was done for mothers in both experimental group and control group.

Validation

In this phase, the researcher assess level of breast engorgement by standardized breast engorgement scale after breast massage and evaluates the effect of breast massage in experimental group and evaluation without breast massage in the control group.



CONCEPTUAL FRAMEWORK BASED ON MODIFIED WEIDENBACH'S HELPING ART CLINICAL NURSING THEORY (1964)

NEED FOR THE STUDY:-

Feeding breast milk to a new born is often accompanied by challenges. These challenges can be difficult to deal with, especially when combined with the normal anxieties of mothers about promoting health of a newbornn.[7]

Breast feeding is most important thing for all the mothers and newborn babies. It is unique experience to be cherished. All the neonates are absolutely dependent on their mother's milk for survival. In fact by the end of the 19th century, virtually 100% non breast fed babies were doomed to die because of infection. The rapid introduction of bottle feeding has been associated with huge increase of infant malnutrition during the 20th century.[9]

It is highly observed that primigravida mothers usually have many doubts and fears about proper breast feeding and they have huge concerns about the optimum care that has to be given to their newborn babies. For this, they need to be adequately educated and helped in preventing further breast feeding problems.

A cross-sectional study was conducted among 30,000 American women on common breastfeeding difficulties. The study revealed that 32% of women did not start breast feeding, 14% breastfeed for more than four weeks. The study showed that the common reasons for stopping breastfeeding were sore or cracked nipples, not producing enough milk or the baby had difficulties in taking breast milk. The study concluded that there was a lack of awareness among the mothers regarding prevention of breastfeeding problems and there was a need for extensive support for breastfeeding mothers, especially in early weeks, when women have the most difficulties in establishing breastfeeding.[9]

Breast engorgement incidence rate is high in primiparaous mother and patient with inelastic breast. Acute mastitis incidence rate is two to five percentages in lactating and less than one percentage in non lactating women. A descriptive study on breast feeding problems in the first six months of life in rural Karnataka among 420 mother infant pairs showed that the onset of breast feeding problems occurred in 31.7% of women during the first month of life and 76.9% in the first week, 7.7% in the second and 15.4% in the third week respectively.[10]

The world wide occurrence of mastitis varies considerably, 12-35% of mothers develop mastitis due to sore nipple and up to 20% of the breast feeding mothers experienced mastitis in the first six months of breast feeding with most in incidents in two to three weeks of postpartum period. The incidence of abscess was noted in about five to eleven percentage of women with mastitis.[11]

A study on the breast feeding practices and problems related to breast feeding among 327 women in Jammu and Kashmir revealed that about one-quarter of mothers had lactational problems. The study found that 28.4% had initial suckling problems, 8.6% had sore nipple, 8.6% had engorgement, 9.8% had mastitis and abscess, 4.9% had less milk and 3.7% had no milk.[12]

The promotion and support of breast feeding is a global priority and an important child survival intervention. WHO advocates exclusive breast feeding, as advocated lack of confidence in mother's ability to breast feed, breast pain or soreness, perception of insufficient milk supply and lack of individualized are some of the reasons for early breastfeeding discontinuation[14]. Some of these problems can be overcome if the women are informed antenatally. So, the investigator feel that it is necessary to impart knowledge to the primigravida mothers regarding breast feeding problems and its management with the help of structured teaching programme, which will help them to prevent complications and promote breast feeding.

PROBLEM STATEMENT

"A STUDY TO ASSES THE EFFCTIVENESS OF LACTATIONAL COUNSELLING AND NEW BORN FEEDING BEHAVIOUR AMONG PRIMIGRAVIDAE MOTHER AT CIVIL HOSPITAL, JHAJJAR."

OBJECTIVES:

- To assess the demographic profile of primigravida mothers.
- To assess the knowledge of primigravida mothers regarding breast feeding problems.
- To find out the effectiveness of lactational counselling regarding breast feeding problems among primigravida mothers.
- To find out the associationbetween knowledge score of primigravida mothers regarding breast feeding problems and selected demographic variables.
- To assess the knowledge of primigrabiva mother's regarding breast examination.
- To assesse the knowledge of primigrabiva mother's regarding breast problems example breastengorgment.
- To find out the effective neff of latapional councelling during rest enjorment.

OPERATIONAL DEFINITIONS:-

- **ASSESS:** In this study assess refers to, 'measure the knowledge of the primigravidae mothers regarding the breastfeeding problems'.
- **6.5.2 EFFECTIVENESS**: In this study effectiveness refers to,'gain of knowledge among primigravida mothers regarding breast feeding problems as determined by the lactational counselling
- **KNOWLEDGE:**In this study knowledgerefers to,'the correct response from the primigravida mothers regarding breast feeding problems as elicited through self administered questionnaire before and after structured Lactasaonal councselling

- **PRIMIGRAVIDA MOTHERS**: In this study primigravida mother refer, 'a women who is pregnant for the first time and in eranatal and posematal period.
- **BREASTFEEDING PROBLEMS**: In this study breastfeeding problem refers to,'the difficulty and inability in giving breast feeding as expressed by mothers or observed by the investigator which may include flat and inverted nipple, sore and cracked nipple, breast engorgement, mastitis and abscess, leakage and not having enough milk'.

ASSUMPTION:-

The assumption of study are :

A1 –primigravidae mother will gain knowledge regarding new born feeding and breast engorgement.

A2 –lactational counselling will be effective in improving knowledge level of primigravidae mother regarding new born feeding and prevention of breast engorgement.

HYPOTHESIS:-

H_0: There is no significant difference between pre and post test knowledge scores of primigravida mothers regarding breast feeding problems.

$H_{0.1}$: There is no significant association between the pre test knowledge scores of primigravida mothers regarding breast feeding problems and selected demographic variables.

H_1: There is a significant difference between pre and post test knowledge scores of primigravida mother regarding breast feeding problems.

$H_{1.1}$: There is a significant association between knowledge of primigravida mothers regarding breast feeding problems and selected demographic variables.

CHAPTER-2

REVIEW OF LITERATURE

Review of literature for the present study has been organized under the following headings.

1. Studies related to antenatal preparation for breastfeeding.

2. Studies related to breastfeeding problems.

3. Studies related to breast engorgement

1. STUDIES RELATED TO ANTENATAL PREPARATION FOR BREAST FEEDING:

A descriptive study was conducted at tertiary hospitals in Pondicherry regarding antenatal counseling on breastfeeding. Every third primigravida mothers admitted in the maternity ward from June to December 2005 was recruited. Among these 144 primigravida mothers, 108 who had a minimum of three antenatal visits were booked. These 108 mothers were administered a pre-test semi structured questionnaire on breast feeding. The awareness among mothers (both counseled and not counseled) regarding health information pertaining to breast feeding was assessed. The findings of the study of the booked mothers, 21 %(n=23) hadreceived some antenatal counseling about breast feeding while 79 %(n=85) had not received any such counseling. Awareness related to breastfeeding among mothers in the counseled group was better than those in 'not counseled' group. Even in the counseled group awareness among mothers with regard to correct breast feeding techniques and concept of continuing breast feeding during illness in the baby was no different from those in the 'not counseled group'. Therefore existing antenatal counseling on breast feeding is inadequate in the population studied and needs to be strengthened.[13]

In 2005 a study was conducted in National University Hospital Singapore by the department of obstetrics and gynecology, on simple antenatal preparation to improve breast feeding practices. A randomized controlled trial was carried out in a tertiary referral center from May 2002 to December 2004. Random samples of eligible low – risk antenatal mothers were recruited from the hospital. Group-A received breast feeding educational material and individual coaching from a lactation counselor; whereas, Group B received breast feeding education material with no counseling. Group C received routine antenatal care only. Mothers receiving individual counseling and educational material practiced exclusive and predominant breast feeding more often than mother receiving routine care alone at 3 months odds ratio[OR] 2.6, 95% confidence interval[CI] 1.2- 5.4 and 6 months [OR] 2.4, 95%[CI] 1.0- 5.7 postpartum. They concluded that where breast feeding practices were suboptimal, simple antenatal education and counseling significantly improved breast feeding practice up to 3months after delivery.[14]

A study was conducted on antenatal education and postnatal support strategies for improving rates of exclusive breast feeding. Randomized controlled trial design was selected for this study. The study was done in a tertiary hospital in Singapore. They selected 450 women with uncomplicated pregnancies. Compared with women who received routine care, women in the postnatal support group were more likely to breast feed exclusively for two weeks (relative risk 1.82, 95% confidence interval 1.14 to 2.90) six weeks (1.85, 1.11 to 3.09) three months (1.87, 1.03 to 3.41) and six months (2.12, 1.03 to 4.37) post natally.

Women receiving antenatal education were more likely to breast feed exclusively at six months. Women who received postnatal support were more likely to exclusively or predominately breast feed for two weeks after delivery compared with women who received antenatal education. Hence it is concluded from the study that the mothers receiving advice regarding breastfeeding during the antenatal period tend to feed their babies for greater duration than who did not received during the same period.[15]

Anderson, et. al.(2002) conducted a meta-analysis of deserved differences in cognitive development between breast-fed and formula fed children. The meta analysis defined the effect estimation as the mean difference in cognitive function between breast fed and formula fed groups and calculated average effects using fixed-effects and random-effects modals. The meta analysis indicated that adjustment for appropriate key factors, least feeding was associated with significantly higher scores for cognitive development than formula feeding.

According to zembo (2002) large and growing body of scientific evidence suggests that breast feeding provides immediate and long lasting health advantages for the mother and her infant. The advantages of breast feeding will be widely appropriated when all health care professionals acquire competence in evidence based lactation management strategies. These strategies include helping women to position and attach their newborns correctly, encouraging frequent and effective feeding at the breast from birth onwards, teaching new parents adequate milk intake and providing resources for promoting breast feeding without competition from commercial product promotion.

Marium shafeeg, (2002), conducted a comparative and descriptive study on 300 primigravida mothers who delivered at government hospitals of Maldives. She compared the knowledge, attitude, practice and social support of exclusive and non-exclusive breast feeding mothers. A structured self administered questionnaire was used for data collection. Results showed that the proportion of mothers who exclusively breast fed was 21.7% and non exclusive breast feeding was 78.3%. The recent practice of these mothers who had adequate knowledge was more in the exclusive group than the non exclusive group and difference was statistically significant (p=0.001). However, overall findings suggest that mal davian mothers have a positive attitude towards breast feeding with good social support.

Neville, et, al, {2001}. After validation of test weighing procedures milk volume produced by 13 multi parous Caucasian women were followed longitudinally through the first year of lactation. All practiced exclusive breast for at least 5 months. Milk transfer after to the infant was low on day 1 and 2 and increased rapidly on day 5 and then more slowly during months 3-5. Infant and or maternal factors during the first month of life were found to be strong determinants of subsequent milk transfer to the infant.

Heining, et. Al. (2001) conducted a study to assess the energy and protein intakes of breast fed and formula – fed infants during the first year of life and their association with growth velocity. Intake and growth were compared between matched cohorts of infants either breast fed or formula fed until >or =12 months of age. Total energy intakes at 3, 6, 9, and 12 months averaged 0.36, 0.34, 0.35 and 0.3 p MJ. Breast fed infants vs 0.41, 0.40, 0.39 and 0.41 MJ among formula fed infants, respectively .Protein intakes was 66.7% higher in the formula fed than in the breast fed group during the first 6 month. Breast fed infants gained more weight and lean body

mass per gram protein intake but not per megajoule intake. Although growth differences between groups were related to differences in intake, there is no evidence of any functional advantage to the more rapid growth of formula fed infants.

Santiago, et. al. (2001) conducted a study to find out the role of breast milk with regard to W 3 long – chain polyunsaturated fatty acids and infant intellectual development. Thirty-nine children born at term from homogenous socio- cultural status were enrolled in a blind prospective trial. Children were divided in two non-randomized groups: a breast fed groups and a standard formula fed group. Cognitive development was evaluated at the end of the second year of life through bailey's test. Concentrations of phosphatidyl - ethanolamine and phosphatidylcholine docosahex aenoic were significantly lower in the formula- fed group. No statically significant differences between the groups were found in cognitive function. Brain development index was significantly correlated with infant head circumference and educational status of mother.

Holman (2001) conductive a descriptive study on colostrums feeding behavior and initiation of breast feeding at a rural area in Bangladesh. A sample of 143 mothers was taken and structured interview was used to collect data. They were interviewed within 4 days of giving birth. Descriptive statistics was used for data analysis. The study reveals that 90% of mothers reported finding colostrums to their newborn, 59% of the mothers initiated breast feeding within 4 hours and 88% , within 12 hours of parturition . The findings reveal that most of the mothers were ignorant about initiation of breast feeding.

Koshor S. Garg. B.S. (2001) reveals in his study that breast feeding in rural areas in community, is influenced by social, cultural and economic factors. One of the traditions is prelacteal feeding in ancient times. The present study was conducted to find out the practice of prelacteal feeding and various factors which influence this practice. The study showed that (45%) of mothers gave prelacteal feed to the newborn in the form of sugar water, cow's milk. Amongst mothers belonging to nuclear family (49%) cow's milk was given in joint family mothers (75.70%) purity and family type had no significant effect on this practice. The effect of literacy was found to be significantly related to the practice.

Angelsen (2001) conducted a study on breastfeeding and cognitive development at the age one and five years. A sample of 345 mothers were taken and the neuromotor development was assessed at one and five years of age. The study reveals that children breast fed for at least 6 months. The study found a clear association between the duration of breast feeding and motor development in the fifth year of the child. It is clear from the above study that a longer duration of breast feeding benefits cognitive development.

A survey was conducted by a team of health personnel in Scotland on 4,365 infants, selected at random in the age group of 3-12 months to assess the current feeding practice. Findings revealed that 30.4 per cent of the mothers started breast feeding but only 7.4 per cent of them continued upto two months, 4.7 per cent upto six month and 2.2 months. A higher percentage of women who delivered babies in the hospital started breast feeding than those who delivered at home, as some of them were aware of breast feeding

Dewey et. al.{2000} conducted a study of assess maternal weight loss patterns during prolonged lactation. Weight and skin fold thickness were measured until 24 months post partum in matched cohorts of women who breast fed for greater or equal to 12 months. In the breast feed group, breast-feeding frequency and breast milk energy output were determined every 3 months until 18 months. Weight loss from 1 to 12 months postpartum was significantly greater in breast feeding than in formula fed mothers gained fat at this site. Breast feeding frequency and total time of breast feeding were related to weight loss in the breast feeding group from 6 to 12 months.

UNICEF {2000} proclaims that on a world wide basis, lactation contraception has a numerically greater rate of protection from pregnancy measured in women, than has currently been achieved by technical devices.

WHO {1998}, conducted a survey on the first breast feed soon after deliver, in Tamil Nadu, India. 120 women doctors noticed that breast feeding was started by 16 of them within six hours of birth and in the rest breast feeds should be initiated 24 hours after birth. In another study done in the slum of Bangalore, India, revealed that though most of the mothers start breast feeding their children within 24 hours of birth, 20% did within four hours of birth. Kumar's et. al. 1998 reported initiation by 30.4% mothers beyond 24 hours and by 50% mothers on the 3rd day, and 13% even late, only 0.5% breast feed their babies within 6 hours, nearly 50% started after 48 hours and colostrums was discarded by 82.55 of mothers. The above studies attitudes of health professionals and infant feeding practice in rural as well as urban slum areas indicate need for a change and it should be explained to improve the health of under privileged infants

Chhabra P. et. al. {1998} conducted a study on breast feeding based on recall about the exact feeding status in urban Delhi. 650 mothers of infants in 0-12 months of age, attending a health center were interviewed about current feeding patterns of the infants. It was observed that breast feeding was maintained at a high level {more than 90%} through out infancy while exclusively breast fed. Majority {76.9} of the infants received pre-lacteal feeds. Hospital born infants received their first feed earlier and were less likely to receive pre lacteal feeds as compared to those born at home. Thus, the practice of exclusive breast feeding has to be promoted amongst pregnant and lactating mothers, as also knowledge regarding infant feeding should be imparted in schools and colleges.

A study was conducted by Bavdekar S.B et. al. {1994} on infant feeding practices in Bombay in the slum areas. 153 mothers with children below 2 years od age were interviewed. 96% infants below 4 months received breast milk, exclusive breast feeding was practiced on only 37% infants, 23% of mothers used bottle for supplementary food, or water, only 15.7% of mother used commercial milk formula and 8.5% used commercial weaning food.

Breast milk is the ideal source of nourishment for infants during their first moths of life. It protects them against diarrhea through its anti-infective properties, and minimizes their exposure to food-borne pathogens. When the infants reach the age of four to six months, breast milk alone is no longer sufficient to meet their nutrient requirements. Other food should also be give. This is the beginning of a process by which infants gradually become accustomed to the food other than breast milk. The process is complete when children are eating the same food as the rest of the family.

Dass {1990} carried out a study to identify and analyse the learning needs of mothers regarding feeding their infants upto 12 months of age and to evaluate the effect of a planned teaching programme on infant feeding in a rural community of Assam. A survey approach was adopted for the first phase and an experimental pre and post-test. Single group design was used for the second phase of the study. A sample of 40 mothers were interviewed with the help of a semistructured interview schedule.

2. STUDIES RELATED TO BREAST FEEDING PROBLEMS:

A descriptive study was conducted on breastfeeding problems and to know the reasons for starting top feeds in infants less than 6months was conducted in rural Karnataka among 420 mother infant pairs of 224 villages. The findings showed that the onset of breastfeeding problems occurred in 31.7% of cases in the first month of life. Further analysis showed that 76.9% occurred in the first week of life, 7.7% in the second and 15.4% in the third week. Not enough milk was responsible for starting feeds in 53.6% of cases, and 23.1% of mothers had other problems like sore nipple, mastitis, breast engorgement, breast abscess and other illness. The study revealed that the onset of breastfeeding problem was alarmingly high in neonatal period and early initiation of breastfeeding lessened in the incidence of breastfeeding problems. Study concluded that the first week after delivery is crucial for the success or failure of breastfeeding. The mother may develop problems due to poor positioning of the baby, delayed initiation of breastfeeding and doubts about adequacy of milk.[10]

A study was conducted on the effect of the method of breastfeeding on engorgement, mastitis and infantile colic was conducted on two groups of subjects in South Australia. The sample size in the experimental group (prolonged emptying one breast at each feed) was 150 and that in the control group (both breasts equally drained at each feed) was 152. Both the groups were followed prospectively to six months after delivery. The study revealed that the experimental group had lower incidence of breast engorgement in the first week (61.4%, 74.3% $p< 0.02$) and infantile colic over six months 91.2%,22.4% $p<0.02$). In both groups perceived insufficient milk syndrome was the main reason for cessation of breastfeeding. The study concluded that the method of breastfeeding will influence breast engorgement and infantile colic.[16]

A study was conducted on treatments for breast engorgement during lactation (2001). National surveys have shown that painful breasts are the second most common reason for giving up breast feeding in the first two weeks after birth in UK. One factors contributing to such pain can be breast engorgement. The studies objective is to determine the effects of any proposed intervention to relieve symptoms of breast engorgement among breast feeding mothers. All randomized and quasi-randomized controlled trial is used,involving 424 women were included. Three different studies were identified which used cabbage leaves or cabbage extracts: no overall benefit was found. Ultrasound treatment and placebo were equally effective. Use of Danzen (an anti-inflammatory agent) significantly improved the total symptoms of engorgement when compared to placebo (odds ratio (OR) 3.6, 95% confidence interval (CI) 1.3 - 10.3) as did bromelain/trypsin complex (OR 8.02, 95% CI 2.8-23.3). Oxytocin and cold packs had no demonstrable effect on engorgement symptoms.[17]

A study was conducted on antibiotics for mastitis in breast feeding women .Mastitis can be caused by ineffective positioning of the baby at the breast or restricted feeding. Infective mastitis is commonly caused by Staphylococcus aureus. Incidence of mastitis in breastfeeding women may reach 33%. Effective milk removal, pain medication and antibiotic therapy have been the mainstays of treatment.They selected randomized and quasi-randomized clinical trials (RCTs) comparing the effectiveness of various types of antibiotic therapies or antibiotic therapy versus alternative therapies for the treatment of mastitis.Two trials met the inclusion criteria. One small

trial (n = 25) compared amoxicillin with cephradine and found no significant difference between the two antibiotics in terms of symptom relief and abscess formation. Another, older study compared breast emptying alone as 'supportive therapy' versus antibiotic therapy plus supportive therapy, and no therapy. The findings of the latter study suggested faster clearance of symptoms for women using antibiotics, although the study design was problematic.

The articles were selected using the Wiley online library database from “Acta Paedriatraica journal”, using the search term “Breast feeding and health benefits”. Since all the selected study for this writing were based on systematic review and meta analysis, systematic review and meta analysis are considered as the best level of evidence. Findings of these studies were compiled after a pooled analysis from multiple studies, so they are well supported and connected with other available literature

For a researcher, summery of the findings of previous reaserch studies and reports, discussions, expression and observaiotns provides clarity and confidence to carry out his/her research work. Though the review of related materials was time consuming, it was father fruitful as ikt heloped the reasercher to find out what was already known, what others have attemptyed to find out, what methods of interventions had been promising or disappointing and what are the problems remained unsolved. It also helped the reasercher to familiarise with varios dimentions of the problem under study but also formed the foundatin upon which the scope of the present research worl is to be delineated. Indeed, by building upon the accumlated and recorded knowledgy on previos investigations the reasercher drew maximum benefit and utilised them to match her conclusion of the present study with that of the conclusions drawn from earlier studies. The insight thrown on research methodology employed by others in those studies including objectives, hypothses, research contrubuted to the overall scholarship of the researcher.

This chapter is devoted to review the important studieds related to berast cancer and the problem of women after removal of breasts. The studies under review, as shown below, threw light on bio-medical aspects of breast cancer, detection, risk factors, treatment an side-effects, biological and psychological problems and issues of women who have undergone mastectomy and the intervention programmes undertaken for he well-being of the breast cancer survivors.

Nowek and Hungerford(1960) reported the association of human cancer with genetic aberration in myeloid Leukemia and the Philadephia Chromosome.

Kelsey Gannon and John (1993) found that nulliparity, age at menarche and later age at first child birth incrase3d a woman's risk of breast cancer.

According to Buld Rook et al (1986), the women who were nulliparous or had a first child at or after 28 years of age appeared to be at considerable risk for breast breast cancer.

Salma Bhat et al (2009) examined the parity and age at first child birth in relation to the risk of specific breast cancer sub-grouups and identified that nulliparity was associated with an overall increased risk of breast cancer although not statistically significant.

Bincy and Fazil Marickar (2008), who studied 250 patients with breast cancer to assess the epidemiological factors of breast cancer, identified that majority of the patients (62.8%) were in the age group of 40-49 years; 22.4% of patients had positive family history of cancer breast; 70.4% of total patients attained menarche below the age of 15 years. They also observed in 90.4% of patients taht their age at first delivery was round 20 years, and 50% of patients studied were attained menopause. The study also found 66% of the patients had one or two children while 28.8% had more than two children.

Padmini Gupta, Raj Govind and Mira Verma (2001) studied 200 pathologically confirmed breast cancer patients visiting a cancer hospitals at Jaipur for consultation and treatment through direct personal interview with patients and relatives. They identified the patients' commenst age groupwas 45-54 years (37%) followed by 35-44 years (24.5%);97.5% of them were married below the age of 20 years; most of the woem (68.5%) had their first live child between 18 and 25 years and 13.5% had below 18 years. Only 4.5% had no issues. Family history of cncer was present in 10% of the cases. The authors came to the conclusion that risk factors which are implicated in the etiology of breast cancer in the Western setting might not necessarily hold true in out country.

Monali Desai (2002) conducted a retropective study of cases for seven years, from October 1994 to October 2001, to determine the trype of breast lumps. Results showed taht out of 212 cases, 172 were benign breast lump and 40 were malignant breast limp; 68.6% patients with benign lump were less than 25 years of age, while 85% with malignant disease were more than 40 years of age. Thrity percent in the malignant grouup were nulliparoud and 40% had not breast feed their child. Family history of malignancy was postive in 27.5% patients in the malignant group and 14% in the benign group.

American Cancedr Society recommends monthly Breast Self-Examination (BSE) and a mammogram for women<40 years of age; mammogram for every two years for women between the age of 40 and 49; annual mammogram and clinical breast examination for women> 50 years of age.

The Canadian Naitonal Breast Screnning Study showed no reducaiton in breast cancer mortality after 7 years in women scr4eened with mammography who were 40 to 49 years of age. Mammography did not achieve an incremental mortality benefit over ande above clinical examination in women of 50 to 59 years old, although it did achieve higher rates of cancer detections (Banies, 1994).

Foster et al (1978) investigated the relationship of BSE to survival in 1004 newly diagonsed breast cancer patients. Survival at 5 years was 75 percent for women who had practiced BSE aganist 57% of women who had not. Futhermore, they found that 90% of women who performed BSE detected their won breast cancer and 50% of the lessions were <2cm in diameter when diagonsed; in constrast, 54% of the women who never examined themselves discovered their cancers accidedntly.

Monali Desai's study (2004), conducted among the Anganwadi workers who wre trained and used to organise cancer screening camps, concluded that reaching out to the community with the help of Anganwadi workers is a simple cost-effective and early implementable model for cancer screening among Indian women.

Manisha Kadam (2007) conducted a study in Pune to understand the level of knowledge of working women regarding breast cancer and breast cancer and breast self-examination and also to assess the effectiness of planned teaching programme on BSE. The study findings demonstrated taht there was an increase in mean knowledge score after planned teaching programme which was statistically significant.

Hemlatha (2008) assessed the knowkedge and attitude of girl students in a college in Tamil Nadu towards breast self-examination and found that 87% of thm had inadequate knowledge but most of them had postive attitude towards BSE.

Jhansi Rani and Swarna (2006), who conducted a study to assess the effectivess of planned teaching programme regarding breast self-examination among 50 Post-graduate students in Padmavathi Mahila University at Tirupati, found the planned teaching programme to be very effective in improving their knowledge about breast self examination.

A study by Hirsh S. Ruchlon (1996) on the differences in cancer screening patterns among women above 55 years revealed that 58% of them had mammogram; of these 91% had between one and five mammograms. Over one third (35%) of the women who never had a mammogram said that they were not recommended to do so by their physicians. Among the sample women, 45% had a breast examination by physician during the last year; 84% knew how to examind their own breast.

Fisher et al (1989) studied eight year results of a ratiomised clinical trail comprising total mastectomy and lumppectomy with or without irratdation in the treatment of breast cancer 1,855 women with stage I and II breast cncer randomised to group of total mastectomy (n=590) lumpectomy (n=636) or lumpectomy and irradation (n=629). Findings revealed that no significant differences were found in the rates of diseases free, distance disease free and overall survival among the three treatment groups. However, there was a significant greater increase in the incidence of recurrences for women who underwent only lumpectomy when compared with those who had lumpectomy followed by irradiation. The authors concluded that the data continue to support breast conservation approaches in the treatement of stages I & II breast cancer but noted that irrdiation reduces the local tumor recurrencde risk in patients treated with lumpectomy.

- **STUDIES RELATED TO LACTATIONAL COUNCELING ABOUT BREAST ENGORGEMENT**

An experimental study on breast feeding technique in prevention of nipple sore was conducted on 60 primi postnatal mothers in Chennai. Thirty of them formed the control group and the other thirty formed the experimental group. A structured teaching plan was administered to the experimental group. The results showed that the overall mean score of the experimental group was 42.14 in the pre-test group, the overall mean score was 40.48 in pre- test and only 51.19 in the post- test. In this study post-test showed that experimental group had gain in knowledge and skill regarding breastfeeding where as the control group had more sore nipple. The comparison

of knowledge gain between both groups highlighted the difference after the structured teaching. The study concluded that education on breastfeeding technique helps in prevention of nipple sore.[19]

i) ANATOMY & PHYSIOLOGY OF LACTATION

The human breasts are highly specialized secretory organs. The shape and size of the breast varies from woman to woman just as body structure and facial characteristics. Commonly breast, dome shaped is located hroizontally from the parasternal line meidally to mid axillary line lterally. Each breast usually measures 10-12cm in diameter. Size of the breast has no relation with milk production.

II) STRUCTURE

The skin of the breast includes the nipple, the surrounding areola skin. The skin is flexible and elastic cover of the breast contains hair, sebacios glands, montgomery tubercles, aprocrine and sweat glands. Nipple is a conic elevation located in the centre of areola. Each nipple contains 20-25 lactiferios ducts surrounded by fibro-muscular tissue. Bulk of the nipple is composed of smooth muscular tissue arranged in inner longitudinal and outer circular and radical fashion. Nipple is richlyinnervated by unmyelinated sensory nerve endings and nipple is also well supplied with sebaceous and aprocirne sweat glands.

The breast tissue consists of the stroma and he parenchyma having ductular-labular-alveolar sturctures. Ducts witrh few branching ductules tyerminating in alveolar clusters are called as Terminal Duct Lobular Units (TDLU). The lobi which are arranged like spokes coverging on the central nipple are lactiferious sinuses, 15-20 in number. Each lobus is divided again into 20 to 40 lobuli and each lobulus is subdivided into 10 to 100 alveloi forming tubulosacular secretory units. Each alveolus is surrounded by a basket of myoepithelial cells which contract in response to oxytocin.The\us milk pumped from alveoli through the ducts to the lacteal sinus.

III) Infant Reflexes

Suking reflex is stronger at birth. The , full-term human infant at birth is equipped to breakfast successfully. In the early minutes of birth, sucking relex is stronger and teh infant is more alert, suckling stimulates oxytocin and prolactin as mother's senstivity to tactile stimulas at the aerola and nipple is also stronger at this time. In the first hours after birth, the newborn can crawl from the mother's abdomen to her breast to have a co-ordinated hand and mouth activity and searching actively for the nipple while the mouth gapes widely and finally attaching itself well to the breaast ad feeding vigorously before falling asleep, all these activities happen in 120-150 minutes after delivery.

Rooting reflex programmes urge the infant to search for the nipple while mouth gaping widely enough to take a good mouthful of breast tissue. Sucking reflex is triggered when something touches the palate. Swallowing reflex occurs when the infant's mouth fills with milk after 2-3 sucks. Proper positioing,attachment, effective sucking, efficient milk transfer ensure adequate milk intake.

National Alliance For Breastfeeding Advocacy (2008) announced taht meeting mothers' personal breast feeding goals depend on a number of factors, including the timely resolution of any problem she encounters. Nurses are often the first providers who interact with the mother during the perinatal period and are

positioned to guide mothers through the prevention and solving of breastfeeding problems. Although many problems may be "common", failure of reme3dy conditions like pain, frustration, and anxiety can lead to premature weaning and avoidance of breast feeding to subsequent children. This article describes strategies and interventions to alleviate common problems that breastfeeding mothers frequentlyl encounter.

Amir, L.H 2007) red the rates of mastitis in primiparoud women receiving public hospital care (standard or birth centre) and care in a co-located private hospital. A randoimized controlled trial [RCT] and a survey have been combined. 1193 women completed the 6 months telephone interview. Breastfeeding rates at 6 months were 77% in Family Birth Centre, 63% in France Perry House and 53% in ABFAB. 17% (n=206) of women experienced mastitis. Family Birth Centre and fances perry House women more likely to develop mastitis (23% and 24%) than women in ABFAB (15%) adjusted odds ratio (Adj OR)~1.9. Most eppisodes occured in the first 4 weeks postpaturm: 53% (194/365). Nipple damage was also associated with mastitis ("AdOR 1.7, CI,1.14,2.56). No association was found between breastfeeding duration and mastitis. The author concluded that the preventopm and improved management of nipple damage could potentionally reduce the risk of lactating women developing mastitis Archna B. Patel., (2006) assessed the prevalence of top fed babies attneding the hospital outpatient department as 12% (36/300) mothers. Through interview techinque the mothers were questionede about thew reasons for top feeding. The majority (89%) said that they were giving top feed because they felt that their breastfeeding were indequate. On inquiry 59% told that it was indequate on expressing milk by squeezing the breast 33% felt baby cried even after nursing and 8% were told of their inadquacy by family members. All mothers practiced squeezing the breast and checking milk expression. The study concluded when brest were squeezed" and they are also unaware that milk secreation is unrelated to the milk on expressing, makes them doubt their ability to feed leading to lactation failure.

Dixon (2006) explored engorgement and blockage countinue infection can occur. The brast will feel hot and tneder and look red and swollen. Flu - like symptoms such as headache, nausea and raised temperature are common.

Valeriel, Pald, A. (2004) identified that 22% of mothers 15 to 49 years breastfeed for less than 3 montsh and 35% did so far at least 3 months. This premature discontinuation is more due to difficulty with breastfeeding including lack of information and support than of women's choice.

Parmar, V.R.,et al (2000) conducted a study regarding breast feeding practices among primi gravidae. Total 250 mothers were interviewed 61.6% mothers started early breastdfeeding & among them 23.2% of mothers developed nipple pain and trauma.

Huges (2000) noted mastitis is a common condition occuring upto 90% of lactating women. If mastitis is not treated a breast abscess may develop. This is simply a pus filled hollow space that may appear on the surface of the skin or inside the breast. Visibly the breast looks red and swollen and feels hot to the touch.

Murray Enkin (1995) breast feeding is recognised to be impotant for both mother and baby.It is best for babies, satisfying and enjoyable. However, many women encounter problems and stop breastfeeding before they

wish to do so, particularly in the early days and weeks as well as depriving the baby of the benefits of breastfeeding, cause distress for the mother and her family.

Anand (1993) conducted a study to study to assess the crucial period of sucess or failure of breastfeeding and the study recommended that the first two weeks after delivery are sucess or failure for lactation. During this period mothers were likely to devlop engorgement, sore nipples due to poor positioning of the baby,due to their lack of skill and knowledge.

Malon (1994) noted that factors, which contributed to sucessful breastfeeding,were breast problems like soreness of nipple, breast engorgement, cracked nipple especially in early weeks in primi mothers. Women need more accurate information about the process of initiating breast feeding. Mothers have a need for education regarding breast fedding technique and skilled help as they initiate breast feeding.

CHAPTER- 3

PROBLEM STATEMENT

"A STUDY TO ASSES THE EFFCTIVENESS OF LACTATIONAL COUNSELLING AND NEW BORN FEEDING BEHAVIOUR AMONG PRIMIGRAVIDAE MOTHER AT CIVIL HOSPITAL, JHAJJAR"

6.4 OBJECTIVES

- To assess the demographic profile of primigravida mothers.
- To assess the knowledge of primigravida mothers regarding breast feeding problems.
- To find out the effectiveness of lactational counselling regarding breast feeding prblems among primigravida mothers.
- To find out the associationbetween knowledge score of primigravida mothers regarding breast feeding problems and selected demographic variables.
- To assess the knowledge of primigrabiva mother's regarding breast examination.
- To assesse the knowledge of primigrabiva mother's regarding breast problems example breastengorgment.
- To find out the effective neff of latapional councelling during rest enjorment.

OPERATIONAL DEFINITIONS:-

- **ASSESS:** In this study assess refers to, 'measure the knowledge of the primigravidae mothers regarding the breastfeeding problems'.

- **EFFECTIVENESS**: In this study effectiveness refers to,'gain of knowledge among primigravida mothers regarding breast feeding problems as determined by the lactational counselling

- **KNOWLEDGE:**In this study knowledgerefers to,'the correct response from the primigravida mothers regarding breast feeding problems as elicited through self administered questionnaire before and after structured Lactasaonal councselling

- **PRIMIGRAVIDA MOTHERS**: In this study primigravida mother refer, 'a women who is pregnant for the first time and in eranatal and posematal period.

- **BREASTFEEDING PROBLEMS**: In this study breastfeeding problem refers to,'the difficulty and inability in giving breast feeding as expressed by mothers or observed by the investigator which may

include flat and inverted nipple, sore and cracked nipple, breast engorgement, mastitis and abscess, leakage and not having enough milk'.

ASSUMPTION:-

The assumption of study are :

- A1 –primigravidae mother will gain knowledge regarding new born feeding and breast engorgement.
- A2 –lactational counselling will be effective in improving knowledge level of primigravidae mother regardin new born feeding and prevention of breast engorgement.

HYPOTHESIS:-

H_0: There is no significant difference between pre and post test knowledge scores of primigravida mothers regarding breast feeding problems.

$H_{0.1}$: There is no significant association between the pre test knowledge scores of primigravida mothers regarding breast feeding problems and selected demographic variables.

H_1: There is a significant difference between pre and post test knowledge scores of primigravida mother regarding breast feeding problems.

$H_{1.1}$: There is a significant association between knowledge of primigravida mothers regarding breast feeding problems and selected demographic variables.

VARIABLES IN THE STUDY:-

Independent variable	**:**Lactional councelling regarding breast feeding problems.
Dependent variable	**:** Knowledge of primigravida mothers regarding breast feeding problems.
Demographic variables	**:**Age, gender, education, occupation, family type, religion, socioeconomic status religion, language place of residence, source of information, type of food, occupations. **DELIMITATIONDELIMITATION:-** The study is delimited to primigravidae mother ofselected civil hospital, Jhajjar

MATERIALS AND METHODOLOGY

Source of data	**:**Primigravida mothers inPrenatal and postmatal periodcivil hospital Jhajjar
Research approach	**:**An evaluative research approach
Research setting	**:** Selected Civil Hospitals.
Population	**:**Population of the study includesprimigravida mothers in third Prenatal and postmatal period
Sample:	**:** Primigravida mothers in third trimester in civil hospital, Jhajjar.
Sampling technique	**:**Non- probability purposive sampling technique will be adopted to select the subjects.
Sample size	: 60 primi gravidae mothers.
Samplingcriteria: **Inclusion criteria**	:Primigravida mothers who are willing to participate in study : Primigravida mothers in Prenatal and postmatal period : Primigravida mothers who are available during the period of data collection
Exclusion criteria	:Primigravida mothers in first and second Prenatal and postmatal period

TOOL FOR DATA COLLECTION

Data collection tool contain items on the following aspects.

PART1: Include the items of demographic characteristics of a primigravida mothers comprising of age, education, religion, income of family, family type, place of residence, source of information, type of food and occupation.

PART 2: Knowledge assessment structured questionnaire regarding breast feeding problems.

METHOD OF DATA COLLECTION

The data required for the study will be collected by the investigator among 60 primigravida mothers who fulfills the inclusion and exclusion criteria using lactational counselling on knowledge regarding new born feeding behavior and breast engorgement.

METHOD OF DATA ANALYSIS

The investigator will analyse the data obtained by using descriptive and inferential statistics.

The plan of data analysis as follows

Descriptive statistics

Mean, mean%, median, and standard deviation will be used.

Inferential statistics

Paired t-test will be used for measuring the significant mean difference between pre and post test score.

Chi square [χ^2] test for measuring association between knowledge level and selected demographic variables.

The result will bestatistically significant whenever $p \leq 0.05$ level of significance.

Chi Square Test (X^2)

OBSERVE VALUE

Qualification /Maternal age	Illiterate	10^{th}	12^{th}	Graduation	Total
<20	05	20	30	05	60
21-30	02	40	10	08	60
31-40	05	30	30	05	70
>40	10	40	05	05	60
Total	22	130	75	23	250

EXPECTED VALUE

Qualification/ Maternal age	Illiterate	10^{th}	12^{th}	Graduation
<20	5.28	31.2	18	5.52
21-30	5.28	31.2	18	5.52
31-40	6.16	36.4	21	6.44
>40	5.28	31.2	18	5.52

CALCULATED LIST

Observe(o)	Expected (E)	O-E	$(O-E)2$	$(O-E)2/E$
05	5.28	-0.28	0.08	0.02
20	31.2	-11.2	125.44	4.02
30	18	12	144	8
05	5.52	-0.52	0.27	0.05
02	5.28	-3.28	10.75	2.04
40	31.2	8.8	77.44	2.48
10	18	-8	64	3.56
08	5.52	2.48	6.15	1.11
05	6.16	-1.16	1.35	0.22
30	36.4	-6.4	40.96	1.13
30	21	9	81	3.86
05	6.44	-1.44	2.07	0.32
10	5.28	4.72	22.28	4.22
40	31.2	8.8	77.44	2.48
05	18	-13	169	9.39
05	5.52	-0.52	0.27	0.05
			TOTAL	42.95

x^2Calculated = 42.95

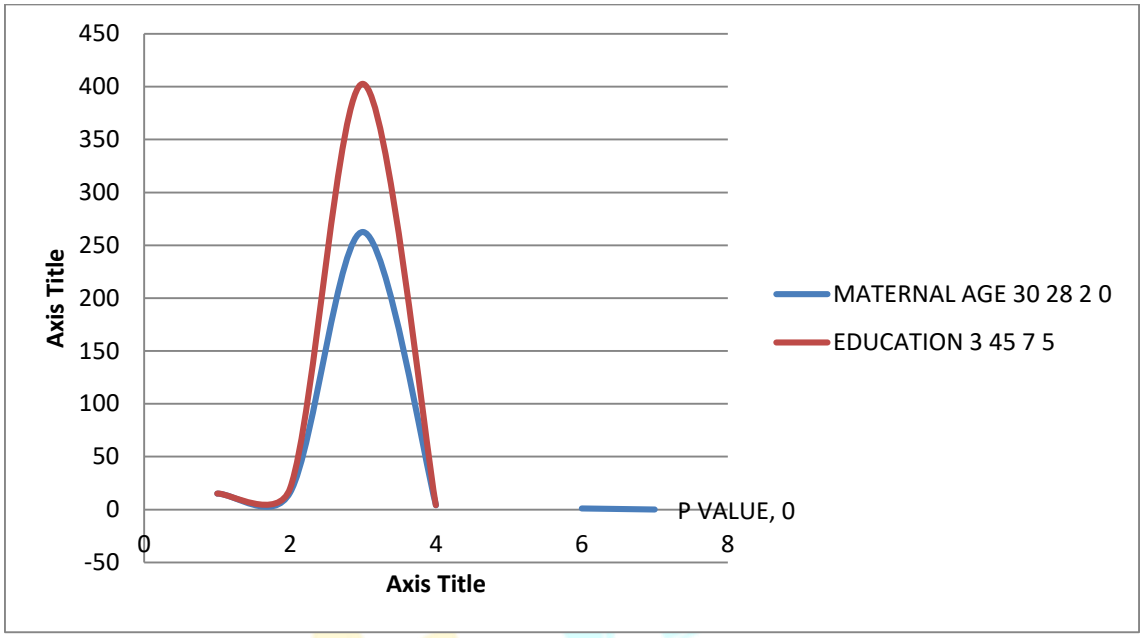
x^2 tubular = 16.92

x^2 calculated > x^2 tubular

NULL HYPOTHESIS IS REJECTED

T- TEST

	MATERNAL AGE	EDUCATION
	30	3
	28	45
	2	7
	0	5
MEAN	15	15
STDEV	16.20699	20.06656
VARIANCE	262.667	402.667
N	4	4
T- TEST	1	
P VALUE	1<2.45	



P Value Don't Reject

Statiscally Significant B/W These Variables

CHAPTER -4

DATA ANALYSIS

SOCIO-DEMOGRAPHIC VARIABLES:-

FIGURE-1

<20 year	21-30	31-40	>40 year
50%	46.70%	3.30%	0%

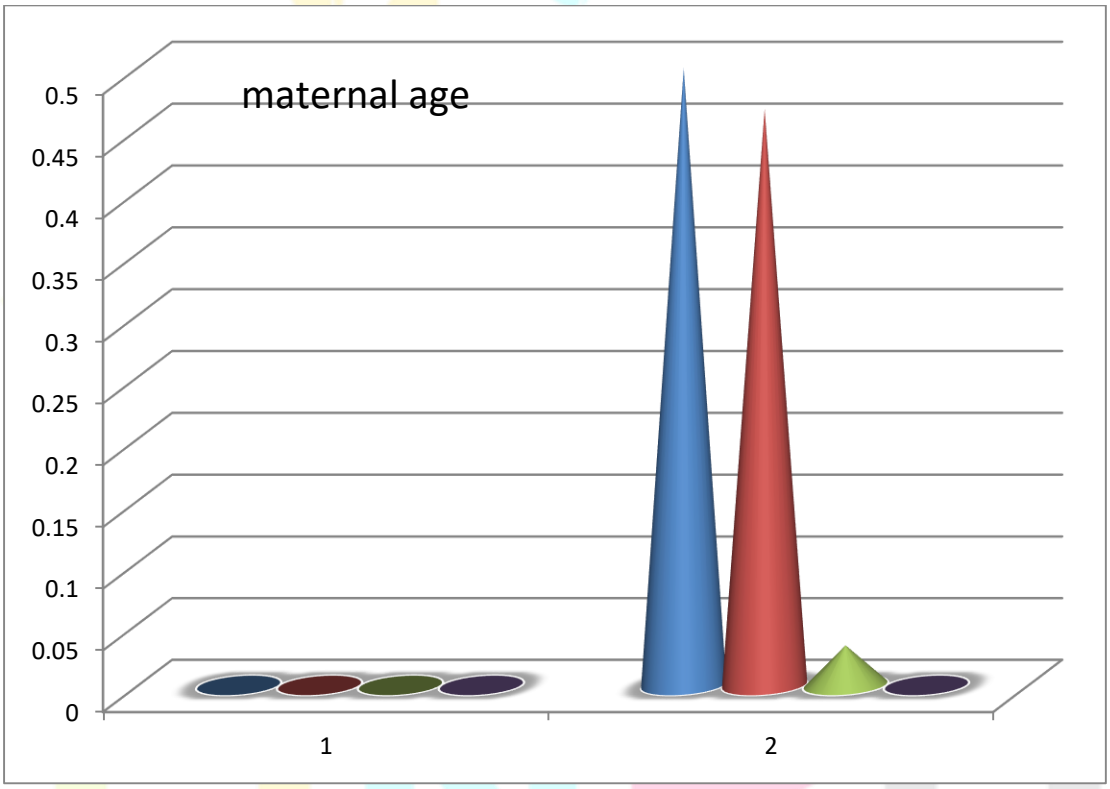


FIGURE -2

Column1	Column2	Column3	Column4
<2 month	2-4 month	> 4 months	none
33.30%	50%	8.30%	8.30%

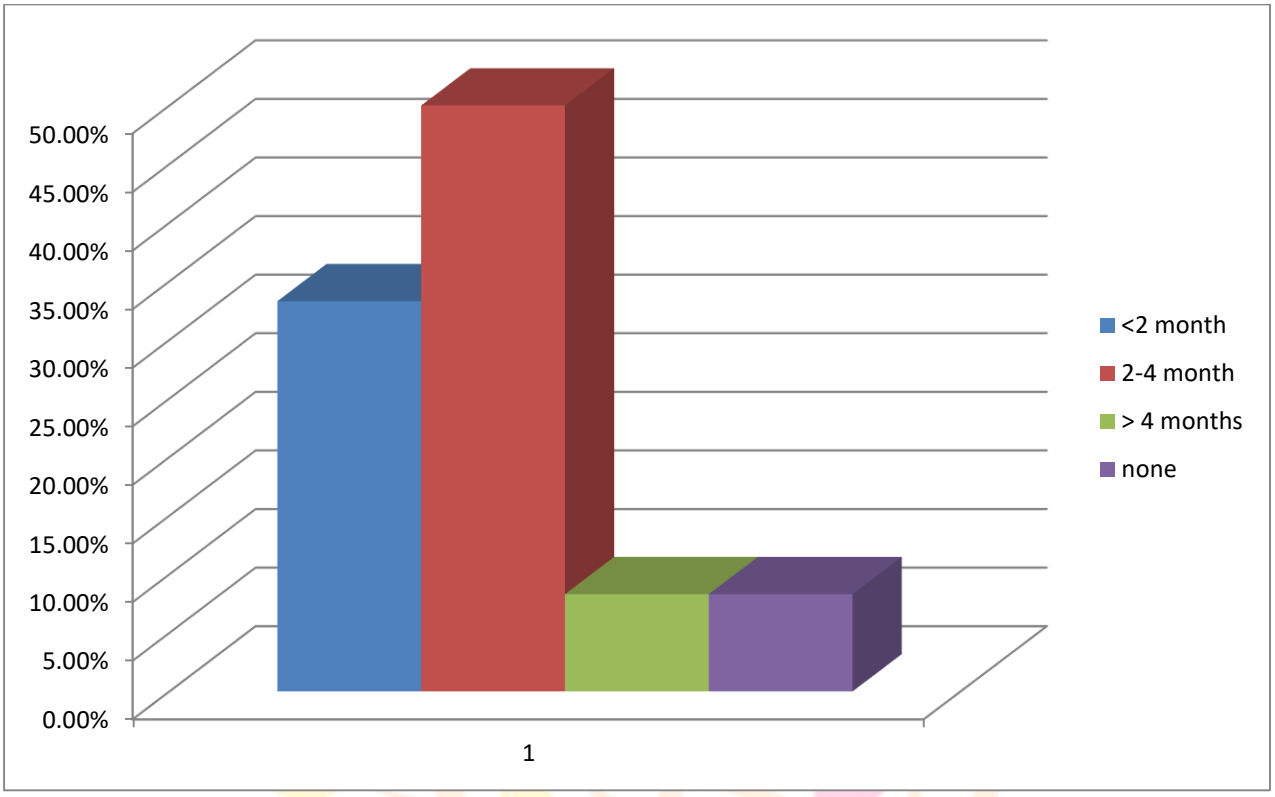


FIGURE -3

URBAN	RURAL
0%	100%

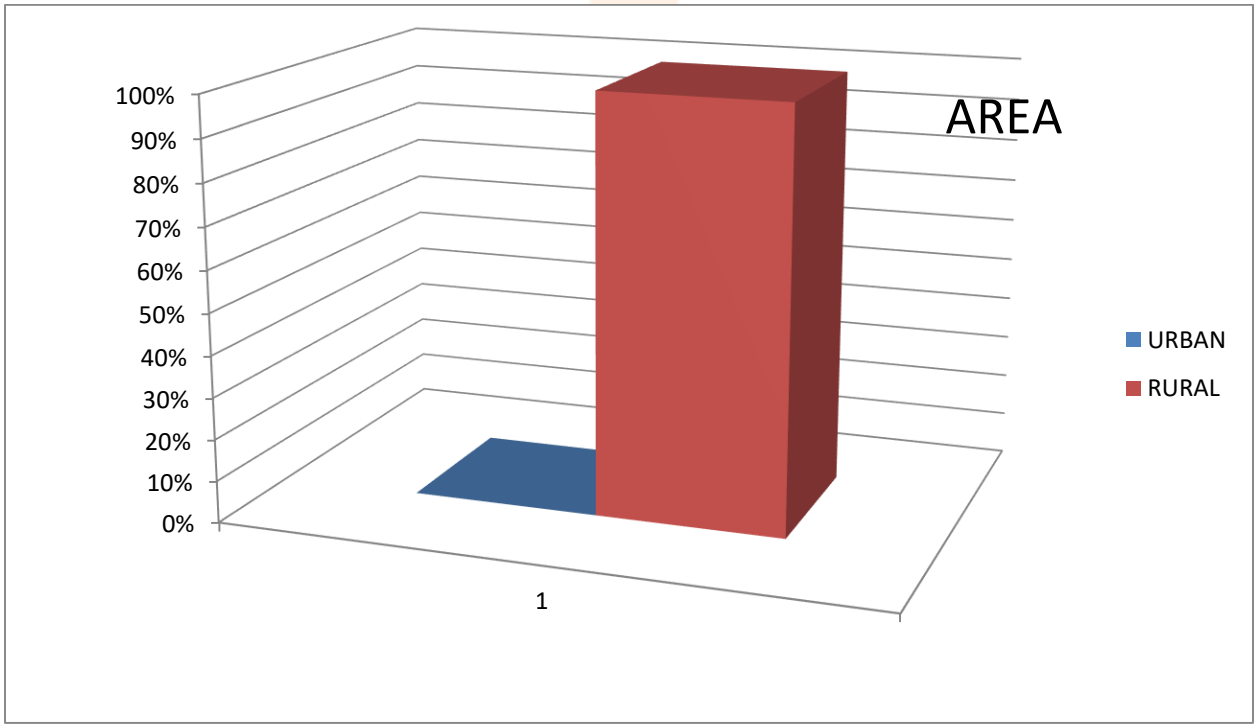


FIGURE-4

UPPER	MIDDLE	LOWER
0%	66.70%	33.30%

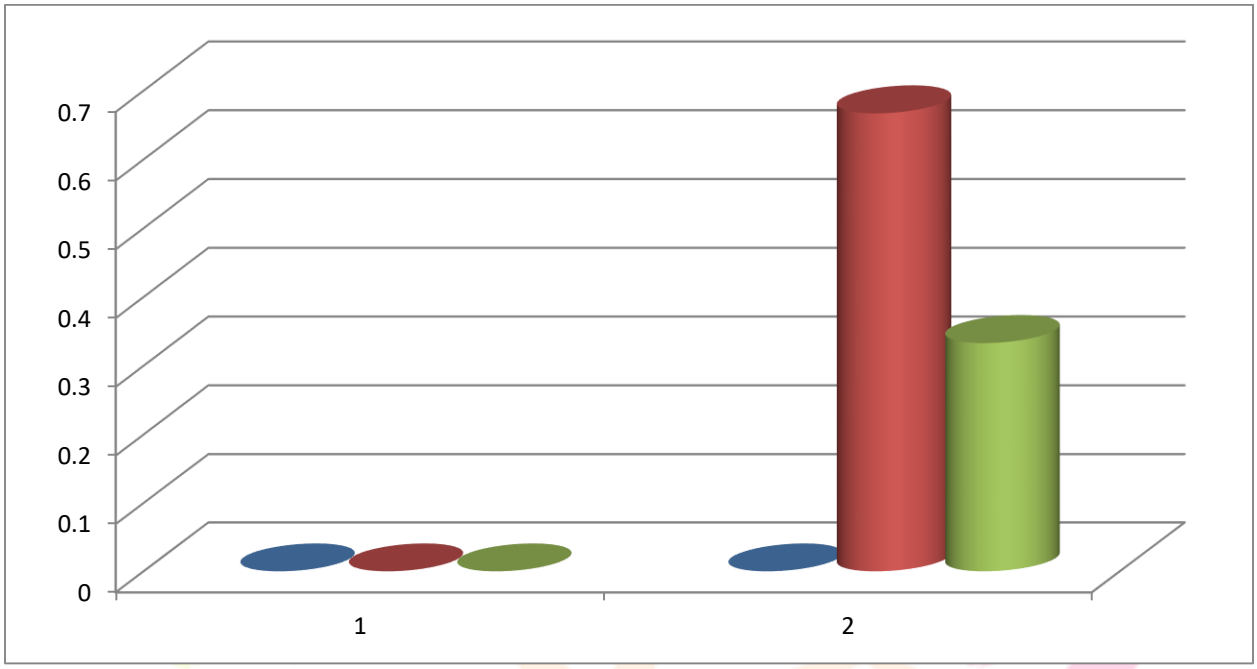


FIGURE-5

NUCLEAR	JOINT
50%	50%

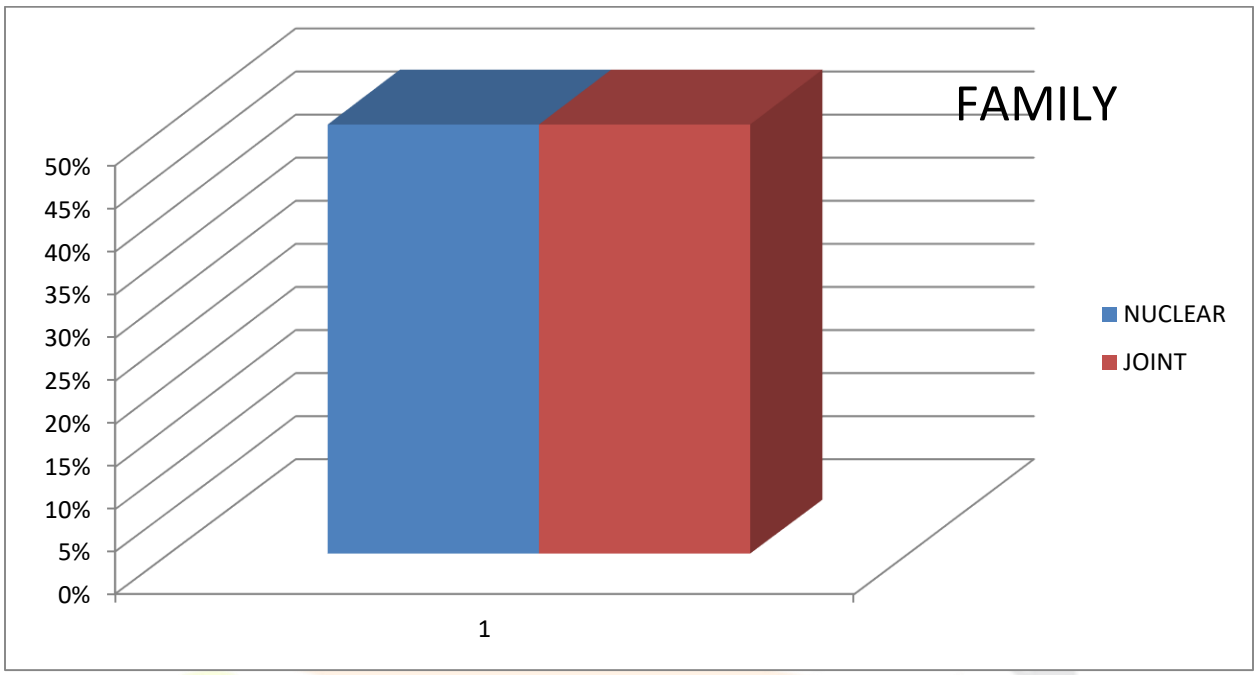


FIGURE-6

HINDU	MUSLIM	SIKH	OTHER
100%	0%	0%	0%

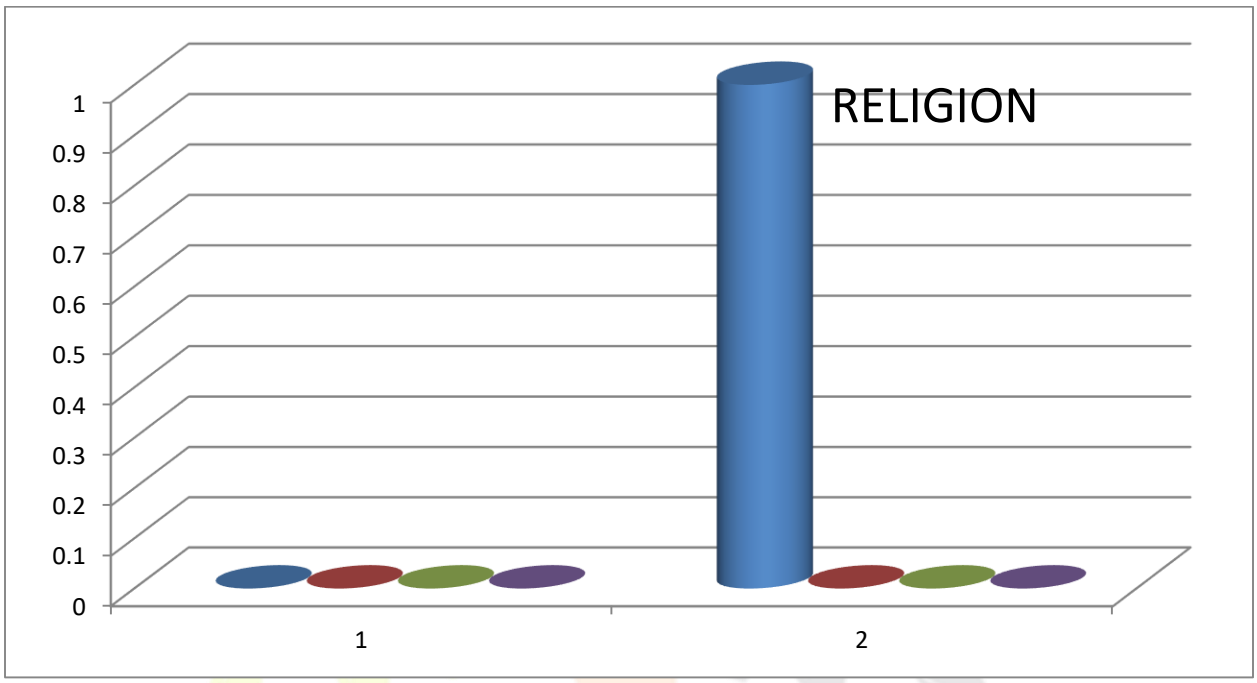


FIGURE-7

Column1	Column2	Column3	Column4
ILLITRATE	10TH	12TH	GRADUATE
5%	75%	11.70%	8.30%

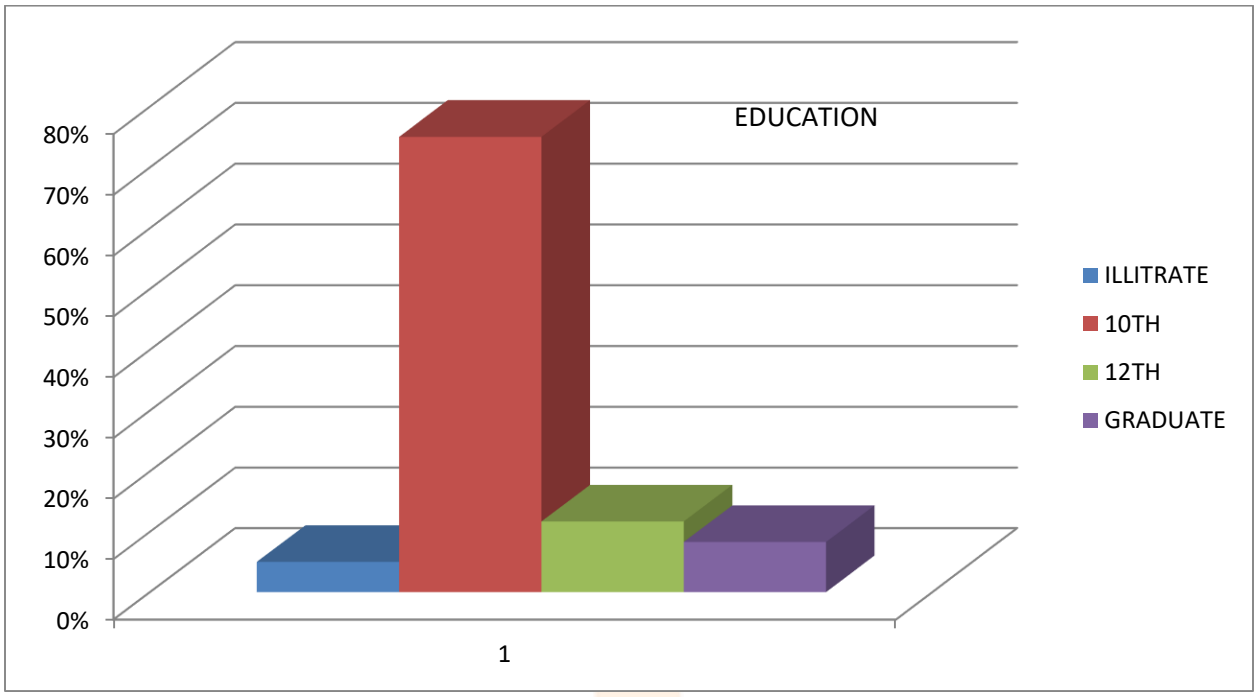


FIGURE-8

Column1	Column2	Column3
HOUSE WIFE	WORKER	STUDENT
83.30%	11.70%	5%

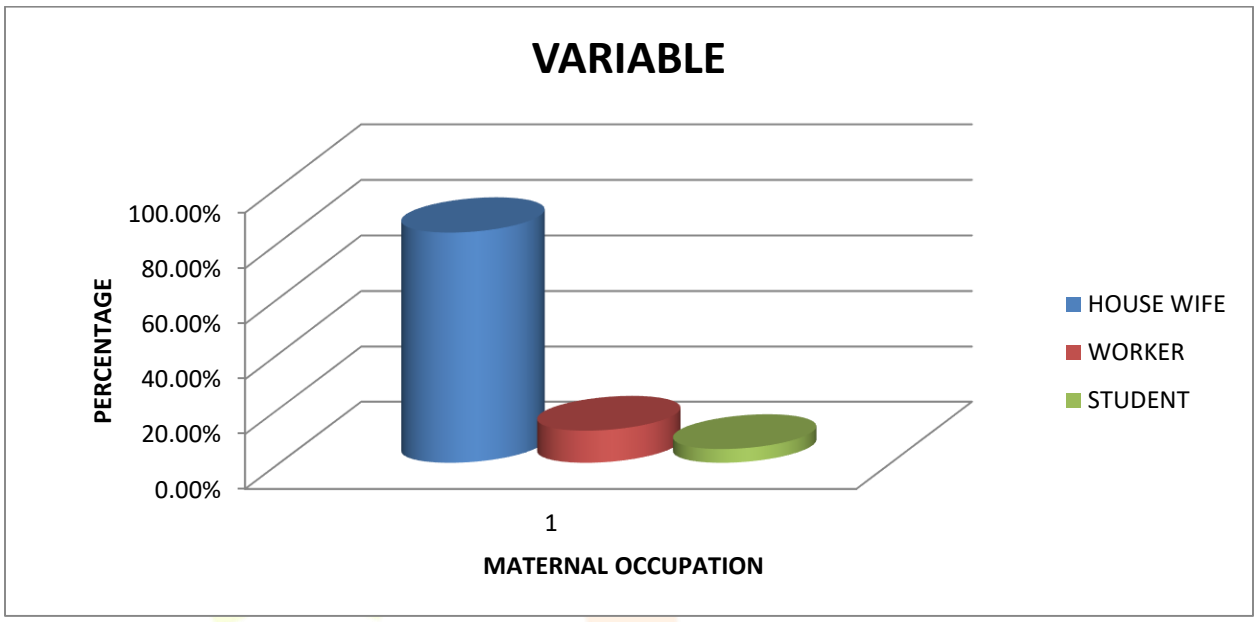


FIGURE-9

Column1	Column2	Column3	Column4
HINDI	ENGLISH	PANJABI	LOCAL
16.70%	0%	0%	83.30%

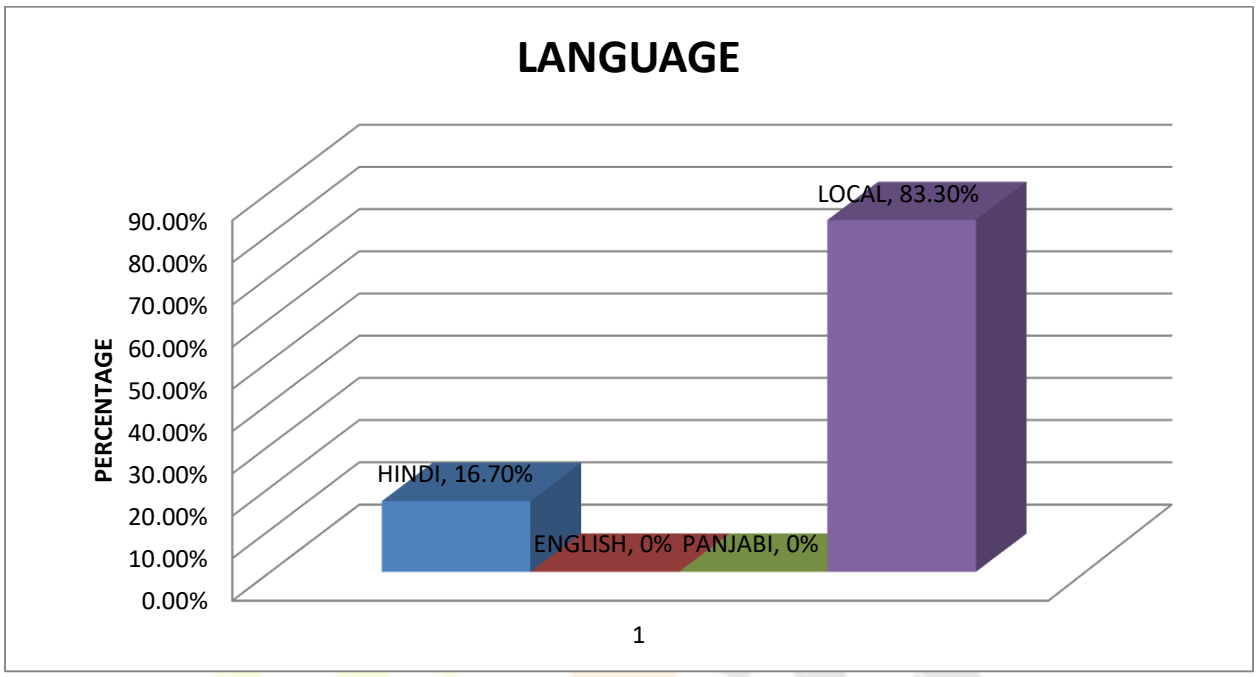


FIGURE-10

VEGETARIAN	NON VEG
100%	0%

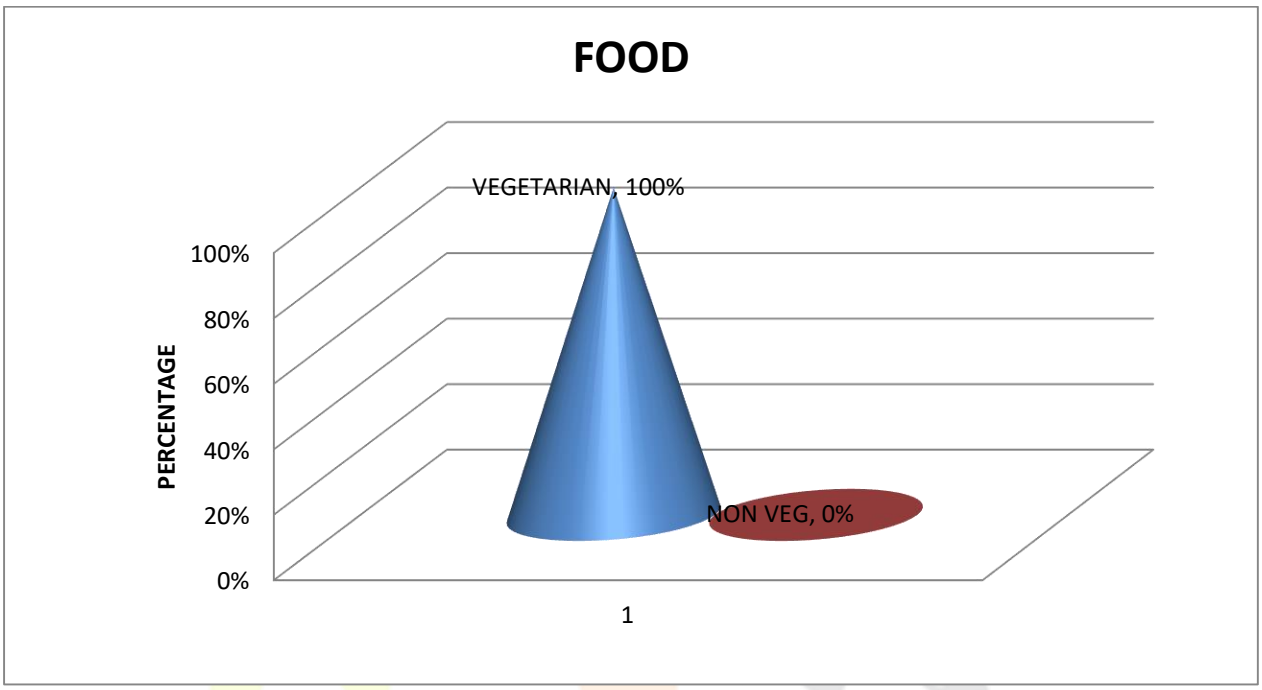


FIGURE-11

FRIEND	Family	phone	Health worker
0%	75%	8.33%	16.70%

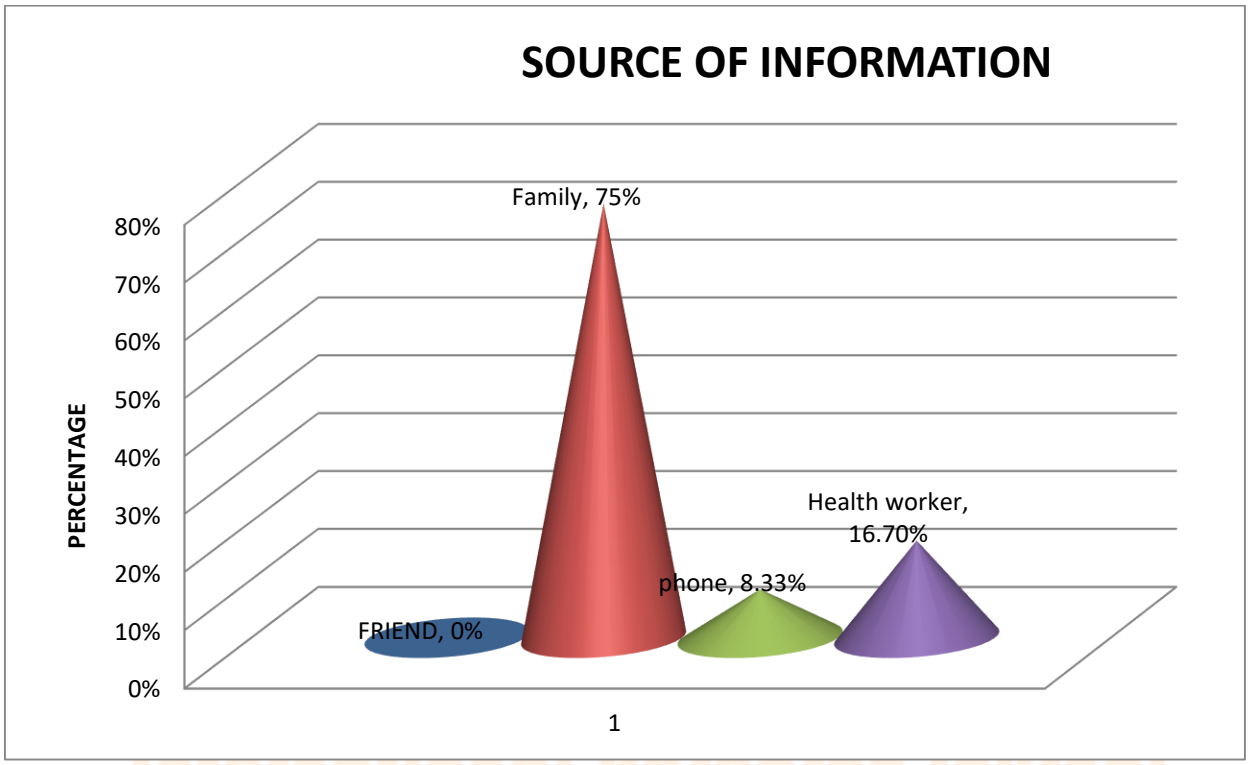


FIGURE-12

VAGINAL	CAESAREAN
66.70%	33.30%

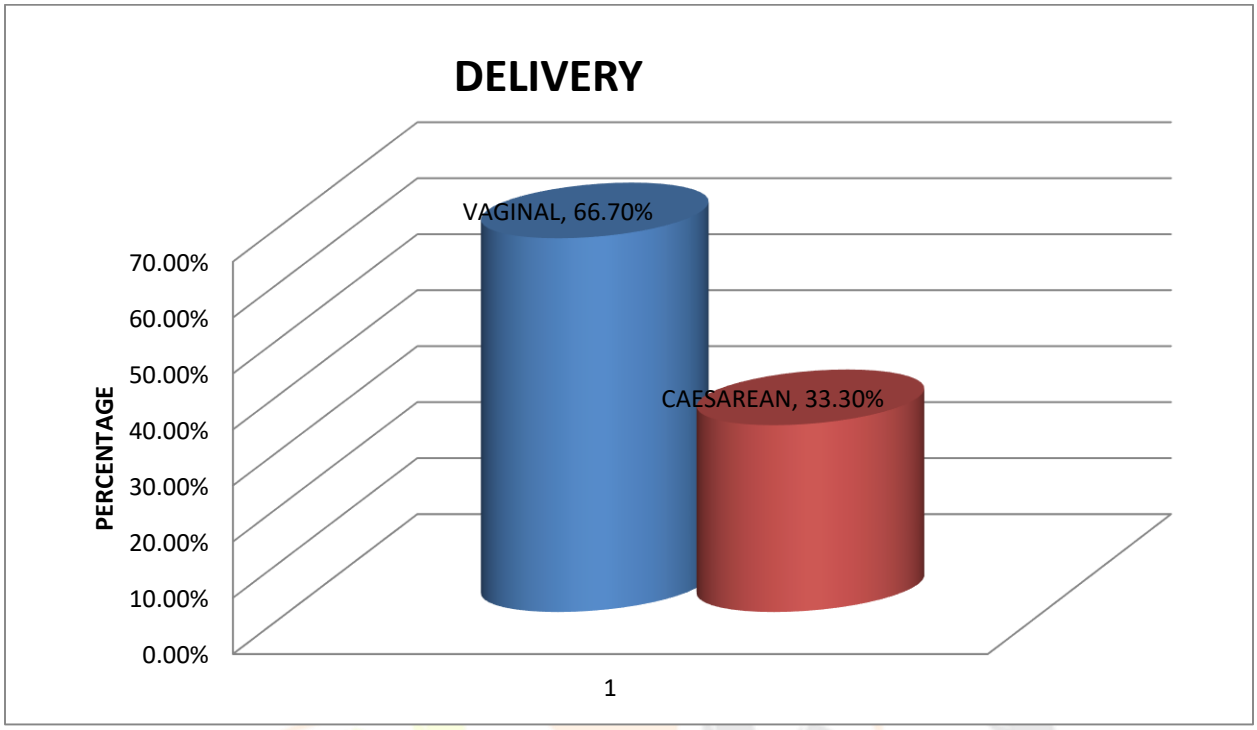


FIGURE-13

36-37 WEEK	37-39 WKS	> 40 WKS
25%	71.70%	3.30%

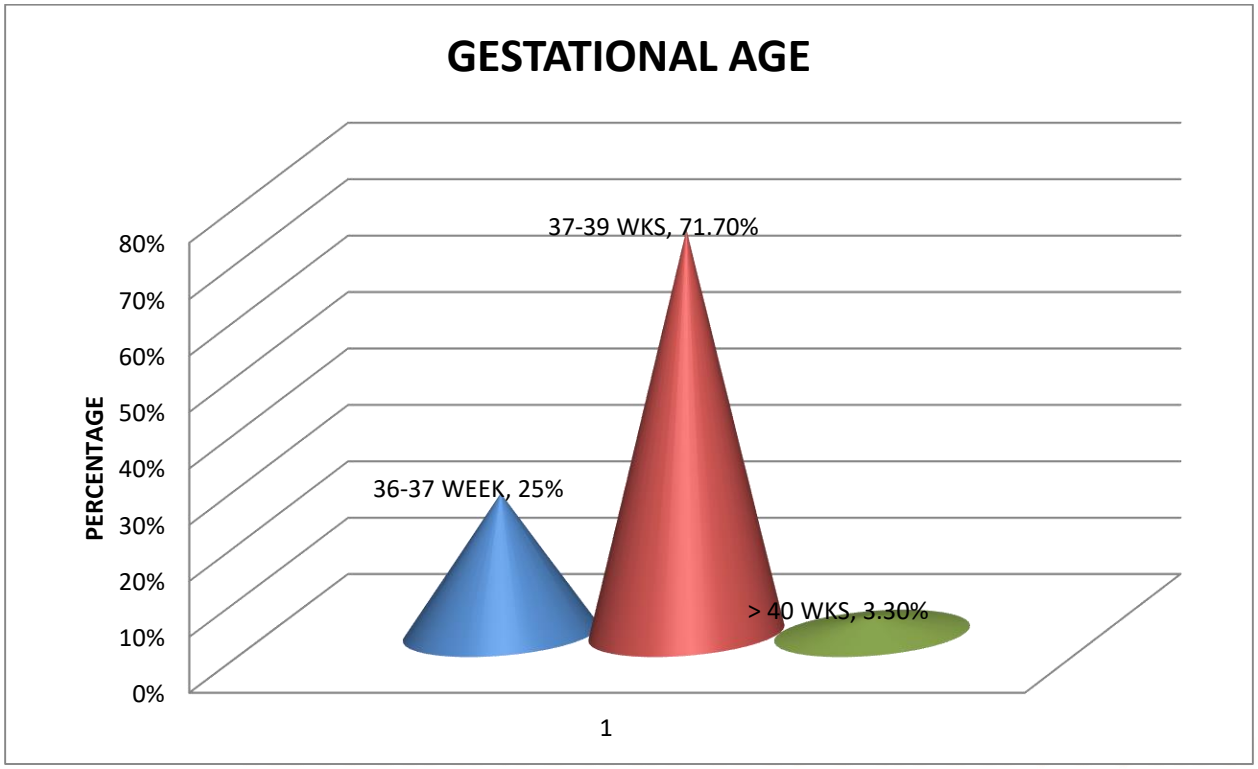


FIGURE-14

HOME	PRIVATE HOS.	GOVT.HOS
0%	25%	75%

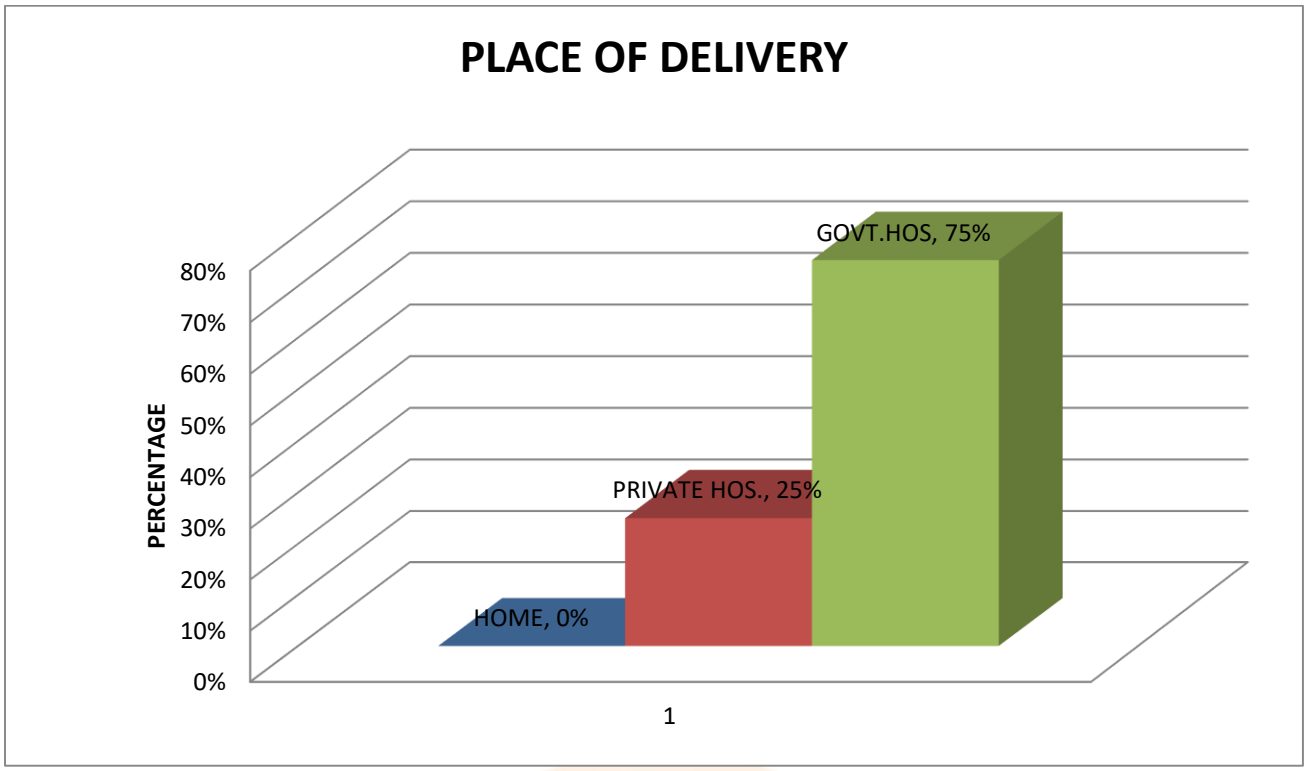


FIGURE-15

YES	NO
66.70%	33.30%

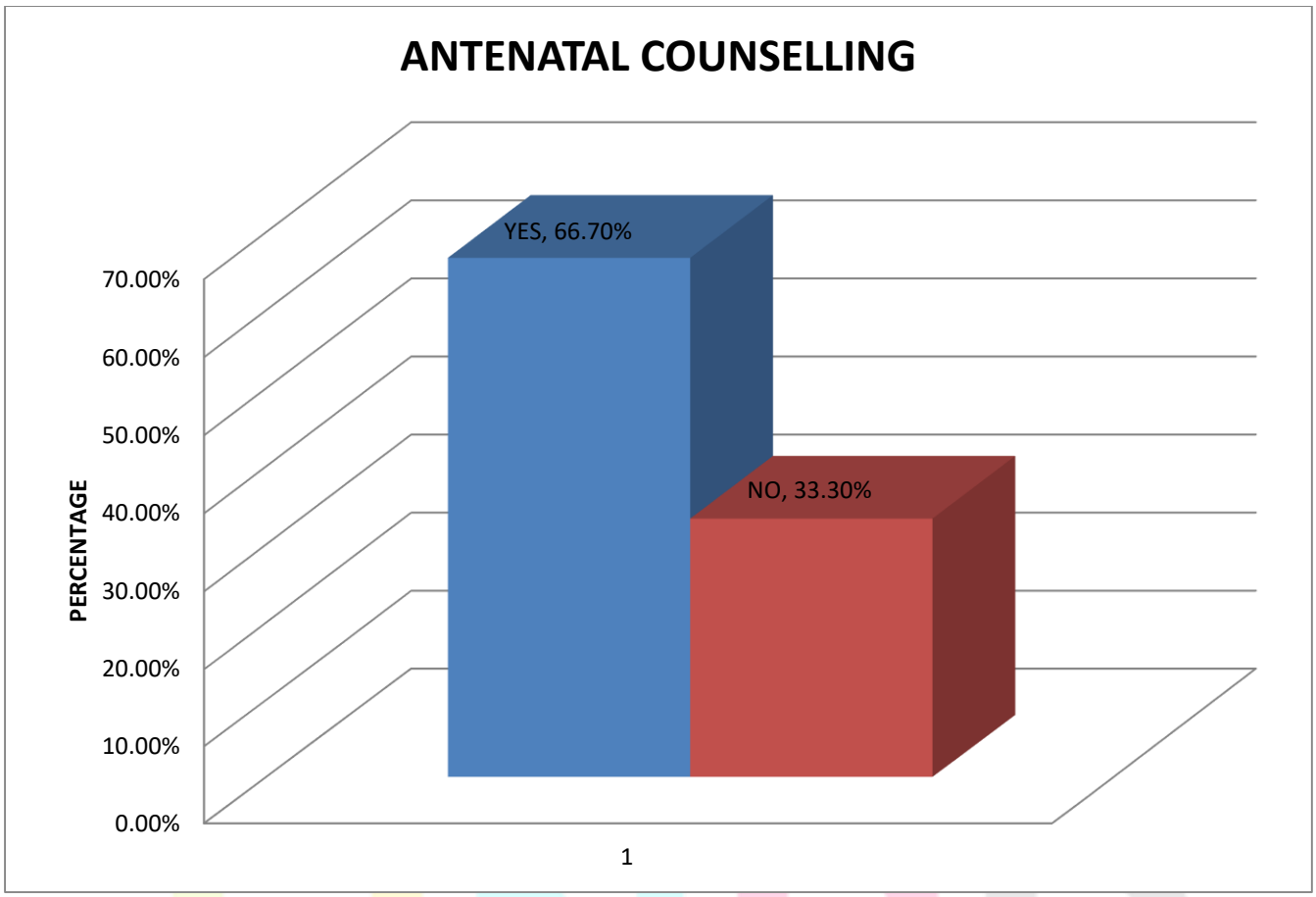


FIGURE-16

Column1	Column2	Column3
POOR	AVERAGE	GOOD
91.70%	8.30%	0%

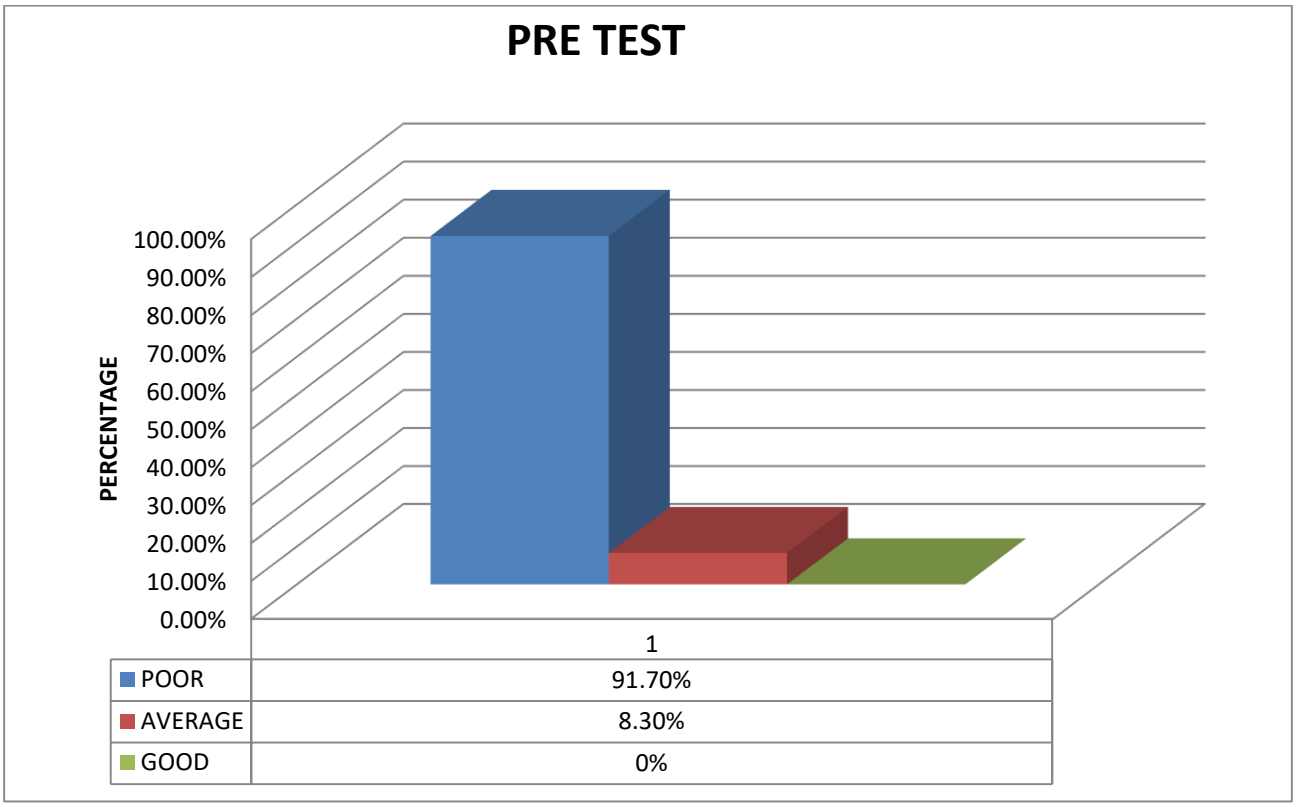


FIGURE-17

POOR	AVERAGE	GOOD
31.70%	65%	31.70%

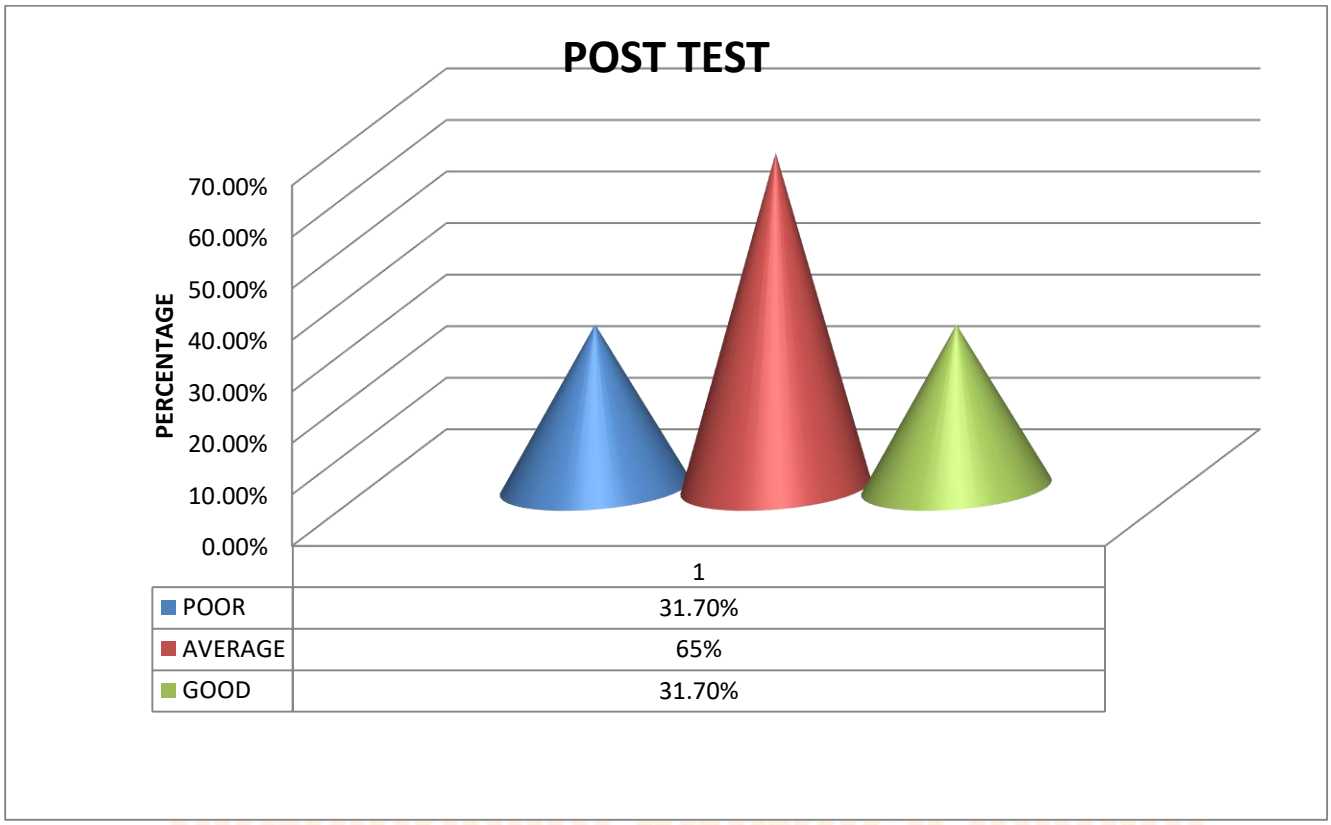


FIGURE-18

YES	NO
33.30%	66.70%

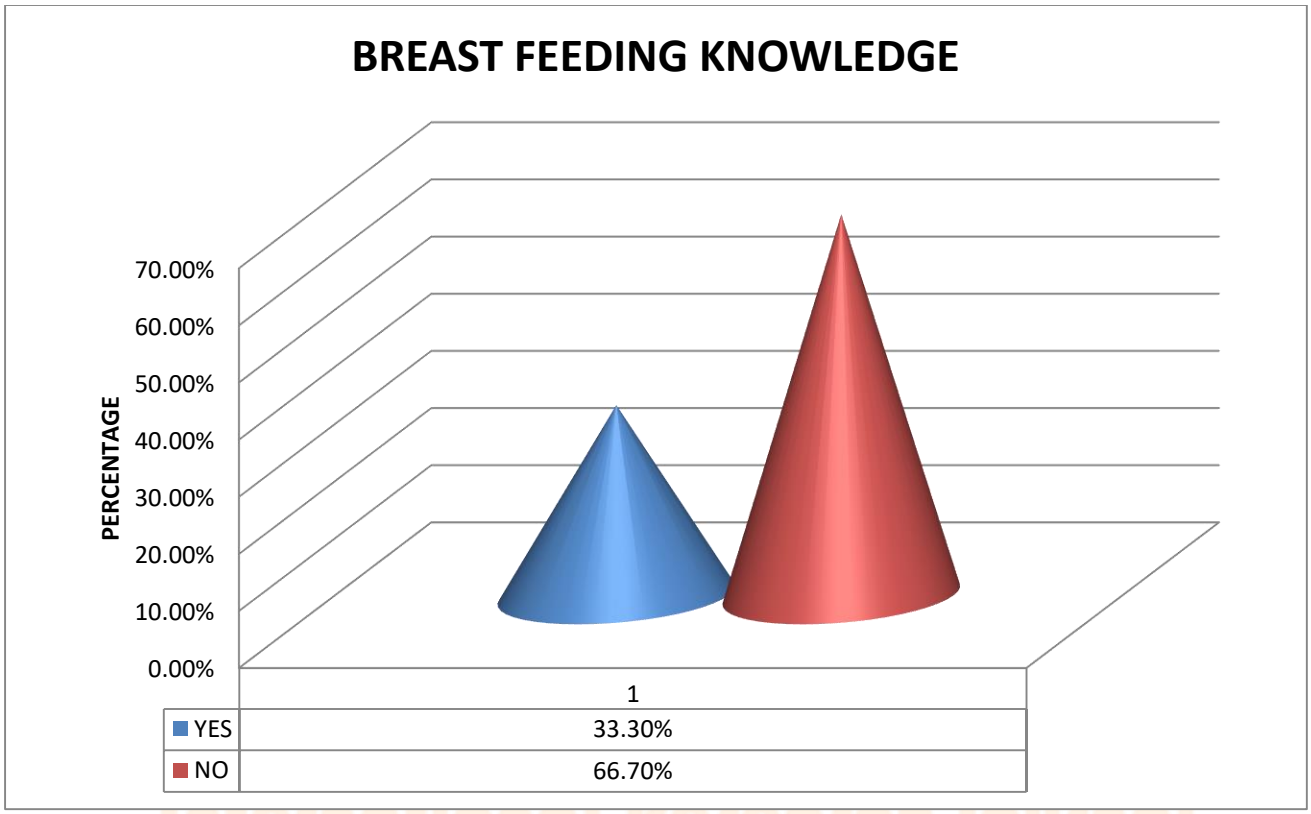
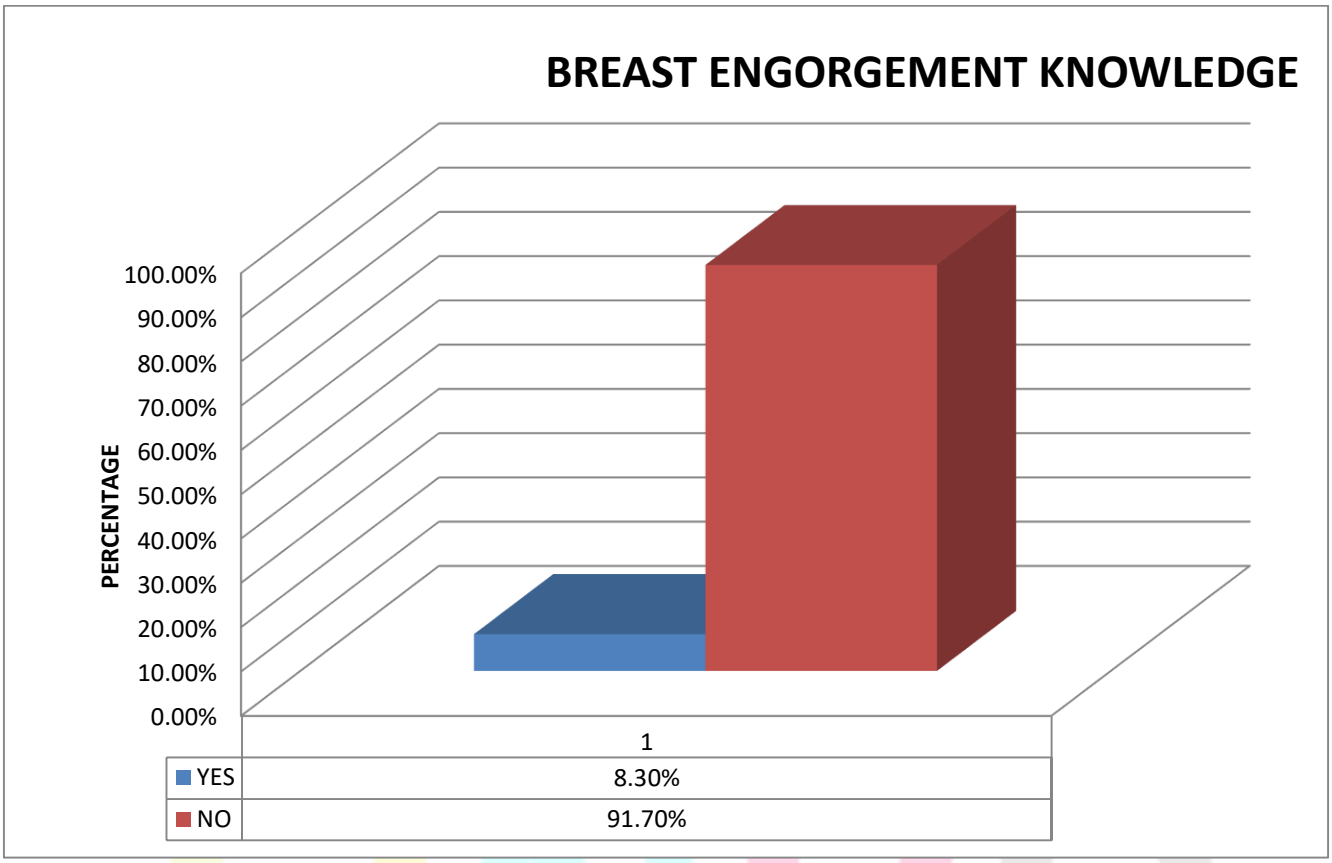


FIGURE-19

YES	NO
8.30%	91.70%



CHAPTER - 5

DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objectives and hypothesis of the study. The problem stated is "A pre experimental study to assess the effectiveness of the lactational counseling on breast engorgement and new born feeding behaviour among primi gravidae mothers in civil hospital, jhajjar".The discussion is based on the objectives of the study and the hypothesis specified in the study.

This study is focused to evaluate the effectiveness of prenatal teaching on prevention of breast engorgement in terms of knowledge, practice and incidence of breast engorgement. The researcher prepared a knowledge questionnaire to compare the mean pre test and mean post test knowledge on prevention of breast engorgement. The result of the study indicated that the mean pre test knowledge level of control group and the post test level is experimental wherere as in the experimental group ,the mean pre test level is and the post test level is While comparing the 't'value of control group is 1 and p value is 1< 2.45 which is not statistically significant and the t value of experimental group is 1 and p value is 1< 2.45,which is highly significant at statistical level.

The study results showed that the practice of breast feeding by BBAT, which consists of four aspects named potioninig, attachment, sucking, and swallowing. Among the four aspects the Chi -square test revealed that postioning and attachment ($x^2 = 42.95$) is significant at the level of 0.05 tubular value but other aspects, sucking and swallowing and the p value is 1< 2.5 which is not significant.

Insititute of research in medical statistics (IRMS), Delhi undertook a study to assess the nutritional intake as well as the knowledge attitude and practices about breast feeding in Bihar. About 8000 mothers (whose children up to 2 years of age) were interviewed by using probability sampling techniques. Study revealed that about 29% of mothers started breast feeding within 24 hours. About two third of mothers discardedthe colostrum on their own. One- third of mothers discarded the colostrum on the advice of their elders.
The main reason for this was the belief that colostrum is not good for the health of the newborn. The study reveals that adequate knowledge to the mothers regarding breast feeding is necessayto prevent the occurance of breast engorgement.

Ekambaram K conducted a study on knowledge, attitude and practice of breast feeding among postnatal mothers. The data was collected from 100 postnatal mothers by trained interviewers using a structured proforma. Scoring of the response to questions was done and the data was analysed using Statistical package for social sciences. The knowledge of the mothers was inadequate in areas of time of initation of breastfeeding (62%), colostrums feeding (56%), duration of exclusive breastfeeding (38%), knowledge on expressed breastmilk (51%) and continuation of breastfeeding while baby is sick. Better scores correlated significantly with higher socioeconomic status centres

and private practitioners. The study results show that there is still a need for programmes, which support and encourage breastfeeding particularly at a primary care levle, focusing more on younger, less well-educated women and those from lewer socioeconomic classes.

The present study results revealed that the incidence of breast engorgement in control group is ------- of the mothers whereas in the experimental group it is ---------, which shows significant decrease in incidence of breast engorgement in experimental group. The X^2 value is 42.95 and the p value is ---------- which is significant While comparing the results that of the literatures the findings were more or less consisitenet in nature, it may be due to influence of extraneous variables. Comparing the incidence of breast engorgement, ---------mothers only reported breast engorgement in experimental group whereas ------- in the control group, which shows remarkable decrease in the incidence of breast engorgement in the former group.

The systematic search was conducted by framing the terms individually and in combination with all and synonyms, also according to the database. In addition to this, a manual Pubmed search was undertaken using the keywords and search synonyms from already found articles. An aditional of 7 articles were found. Initially, 20001 articles were identified in which 16668 were excluded due to exceed limitation of the year and again 2917 studies were excluded due to the mismatch with the study criteria. In that, the abstract of 416 articles were examined for eligibility, from which 406 were excluded due to unavailability of full text, 3 papers were removed after reading then in full and evaluating for credibility and 7 articles were screened and included.

K. Nagendra et, al (2017) , conducted a study on evaluation of breast feeding techniques among postnatal mothers and effectiveness of intervention. evidence from this shows taht 67% of postnatal mothers were having correct positioning and 53% of new born babies having correct Attachement. After educating, 97% of postnatal mothers were able to attach the baby well and 98% were able position correctly with their baby. [7]

Nurmiaty et, al (2016), in this study they grouped the samples into 3 group. Group1, group 2 and group 3. In group 1, they given both education and modification module, group2 they given only modification module and group 3 they given maternal child health hand book. The level of knowledge before intervention of group 1 was 15.67 and after intervention was 17.19, the level of knowledge before intervention of group 2 was 14.57 and after intervention of group 3 was 14.30 after intervention was 15.50. [3]

Reena, et al, (2015), in her study proved that there was decrease in breast engorgement on the 1st and 2nd day of postnatal period after lactational counseling regarding breast engorgment in first day was 03.63 with the SD of 0.664 for the study group and 04.13 with the SD of 0.730 in the control group. On second day the mean score for the study group was 02.27 with the SD of 0.450, and the control mean score was 03.10 with the SD of 0.712. The

mean score of new born feeding behaviour for the first day was 27.20 with the SD of 4.627 for the study group and 21.70 with the SD of 2.366 in the control group. On second day the mean score for the study group was 30.97 with the SD of 2.236, and the control group was 23.57 with the SD of 3.191. So the study concluded taht lactational counseling is effective in reducing the breast engorgement and improving the new born feeding behaviour. [2]

According to Kiranmai tella et, al (2015), the study findings found that the mean pre education score for knowledge was 6.65 with the standard deviation of 2.21 and the mean post education score for knowledge was 9.42 with the SD of 1.00. [5]

According to J Ingram et, al (2002) conducted a study on effectiveness of teaching good positioning among postnatal mothers and the study findings found that after educating the mothers there was significant increase in exclusive lactating at two weeks (P value<0.001) and six weeks (P value 0.002) and in any breastfeeding rates (p=0.005) at two weeks after the technique inervention. [6]

CHAPTER-6
SUMMARY,CONCLUSION,IMPLICATION, LIMITATION AND RECOMMENDATIONS

SUMMARY:

Breast feeding is a gift that can only be given by giving oneself. But it may get affected by certain complication if it is not managed properly. This may also lead to the mother failing to enjoy her motherhood. If the midwife understands the effect of breast massage on the level of breast engorgement among Casarean mothers they will be prepared to provide support and care.Preventing complication during breast feeding offering a variety of pharmacological and non-pharmacological approaches.

It is a type of non pharmacological method, breast massage on reducing the level of breast engorgement. It can be done safely or can be done by a professional. So, the investigator assessed the effectiveness of breast massage on level of breast engorgement among primi gravidae who are admitted in civilHospital at, Jhajjar.

Objectives of the study were:

- To assess the demographic profile of primigravida mothers.
- To assess the knowledge of primigravida mothers regarding breast feeding problems
- To find out the effectiveness of lactational counselling regarding breast
- feeding problem among primigravida mothers
- To assess the knowledge of primi gravidae mother regarding breast engorgement.

Hypothesis of the study were:

H_0: There is no significant difference between pre and post test knowledge scores of primigravida mothers regarding breast feeding problems.

$H_{0.1}$: There is no significant association between the pre test knowledge scores of primigravida mothers regarding breast feeding problems and selected demographic variables.

H_1: There is a significant difference between pre and post test knowledge scores of primigravida mother regarding breast feeding problems.

$H_{1.1}$: There is a significant association between knowledge of primigravida mothers regarding breast feeding problems and selected demographic variables.

Assumptions:

The assumption of study are :

A1 –primigravidae mother will gain knowledge regarding new born feeding and breast engorgement.

A2 –lactational counselling will be effective in improving knowledge level of primigravidae mother regardin new born feeding and prevention of breast engorgement.

Review of the Literature collected for the studies related to:

Review of literature for the present study has been organized under the following headings.

- Studies related to antenatal preparation for breastfeeding.
- Studies related to breastfeeding problems.
- Studies related to breast engorgement.

The conceptual freame work for the study was based on modified Wiedenbach' helping art of clinical nursing theory and it provided a complete framework in order to achieve the objectives of the study.

The research designs selected for the study was quasi experimental pretest and post test control group design. The study was conducted in selected Hospital . The tool used for data collection was consisting of demographic variables such as age, education, occuption, gravida, postnatal day, feeding started, duration, frequency. The researcher was assessed the level of breast engorgement by using standard breast engorgement scale. The pilot study was conducted in Civil Hospital.

The tool was validated by five experts and reliability of the tool was establishment by test-retest method.

The main study was conducted in Civil Hospital, Jhajjar. The 60 primi gravidae mothers from 3rd and 5the postnatal day who fulfulled the inclusive criteria were selected for the study. Out of which 30 mothers were allotted to experimental group and 30 were allotted to control group through the purposive sampling technique.

Based on the inclusive criteria the samples were selected and allotted to the experimental and control group. Mothers of the experimental group were given breast massage and control was not given breast massage. The post test level of breast engorgement among privi gravidea mothers was assessed using six point engorgement scale. Data pertaining to the demographic variables were collected by the investigator by interview method. Both inferential and descriptive statistics were used to analyze the data.

The findings of the study revealed that the calculated 't' value was 4.88 which showed highlly statistical difference in post test level of breast engorgement among mothers undergone primi gravidea section in experimental group and control group T $p<0.05$ level. Hence the hypothesis stated that there was a significant difference between the Mean post-test level of breast engorgement among mothrs undergone primi gravidea section in experimental group will be significantly lower than the mean post-test level of reduction of breast

engorgement among mothers undergone primi gravidea section in control group at $p<0.05$. So the hypotheis was accepted.

Conclusion:

Based on the findings, the study findings showed that there is a significant improvement in knowledge regarding prevention of breast engorgement and practices of breastfeeding especially in positioning and attachment of the babies compared to the findings of control group. Incidence of breast engorgement is decreased in experimental group and control group. The prenatal teaching was effective and also the programme should be continued in order to improve the overall health and practices of breastfeeding among mothers thereby it reduces the incidence of breast engorgement.

The present study assessed the effectiveness of breast massage on level of breast engorgement among primi gravidea mothers. The results of the study concluded taht applying breast massage was effective in reducing the level of breast engorgement among primi gravidea mothers. Breast Massage is easy to apply, not painful and can enhance comfort to the mother in the postnatal period, hence could easily be adopted as a regular intervention. Therefore, the investigator felt that more importance should be given to the assessment on level of breast engorgemtn among primi gravidea mothrs in 3-6th postnatal day using standard breast engorgement scale, following the intervention of breast massage can be given as a non-pharmacological measures to reduce breast engorgement.

Implications:

The health professional especially maternity nurse has a major role in supporting and motivating the post natal mother for exclusive breast feeding of their infants, which is a most cost effective tool to reduce neonatal mortality and morbidity, breast engorgement and breast cancer.

The investigator has derived the following inplications, which are of vital concern in the field of nursing

Implications for Nursing Practice

1. Advanced nursing pracitce is one of the evolving trends in nursing practice in which has the definite specified role for the nurses.
2. Nurses integrate the science and art of nursing into their practice the quality of care provided to the mothers is at a level of excellence that benefits the mothers in innumerable way.
3. Breast massage facilitates the mother in relieving the breast engorgement, discomfort and pain within shorter duration. The intervention on breast engorgement enhance the skill and effort of the nurse midwife in monitoring and treating the post natal mothers with breast engorgement. Hence, the application of breast massage can be made as a routine practice in treating the post natal mothers with breast engorgement.

Implications for Nursing Education

1. Application of Breast massage on breast engorgement among post natal mothers can be introduced as an alternative therapy in nursing curriculum.

2. Provide adequate clinical exposure for the students to give effective and safe nursing care in reducing the level of breast engorgement.

3. Nurse educators can highlight the non-pharmacological measures for reducing the level of breast engorgement, in the curriculum of basic nurisng education as a part of postnatal care.

4. Encourage the students for effective utilization of research based practice.

Implications for Nursing Administration

1. Collaborative with governing bodies to formulae standard policies and protocols to emphasize nursing care in the postnatal mothers.

2. Conduct in service programme and continuing education programme for reduction of level of breast engorgement and post natal complications.

3. Ensure and conduct workshops, conferences, seminars on non-pharmacological methods to reduce the level of breast engorgement.

Implications for Nursing Research

1. As a nurse researcher, promote more research on postnatal complications.

2. Disseminate the findings of teh research through conferences, seminars and publishing in nursing journals.

3. Promote effective utilization of research findings on reducing the level of breast engorgement among primi gravidea mothers.

Limitations:

- Only limited literatures and studies were obtained from the Indian context.
- Generalization will be better if large sample included.
- The duration of the intervention for post natal mothers with bilateral breast engorgement lasts for one hour, during which the researcher has to terminate the intervention earlier as the baby care demands.

RECOMMENDATIONS:

The study recommends the following future research.

- The similar study can be conducted with large samples for better generalization.

- A study can be conducted to assess the knowledge of primi gravidae mothers,
- A study can be conducted to assess the effectiveness of other alternative and complementary therapy like Gua she therapy on reducing the level of breast engorgement.

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Appendix I

B.D.M. College of Nursing

Permission Letter Pilot Research Study

From:-

Ms. Arti

M.sc. Nursing Final year (Batch 2018-2020)

BDM College of Nursing,

Chhuchhawas Jhajjar Haryana

To,

The Principal

BDM College of Nursing,

ChhuchhawasJhajjar Haryana

Subject:- Request For permission to conduct pilot study.

Respected Sir/Madam,

I am a final year M.Sc. Nursing student Obstetries and Gynecological Nursing of BDM College of Nursing, Chhuchhawas Jhajjar Haryana. I have selected the topic as mentioned below for the dissertation to be submitted to the Pt. B.D. Sharma University Rohtak Haryana as a partial fulfillment for the award of Master of Science of Nursing.

"As Experimental Study to Assess the Effectiveness of lactational counselling on breast engorgement and new born feeding behaviour among primi gaviade mothers in civil hospital, jhajjar (Haryana).

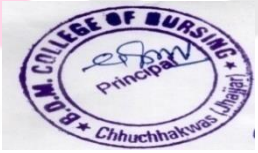
I request you to kindly give me permission to conduct pilot study.

Kindly do the needful action and oblige me.

Thanking you,

Your's sincerely

Arti



Appendix II

BDM COLLEGE OF NURSING

Permission Letter For Main Research Study

From:-

Ms. Arti

M.sc. Nursing Final year (Batch 2018-2020)

BDM College of Nursing,

Chhuchhawas,Jhajjar (Haryana)

To,

The Principal

BDM College of Nursing,

ChhuchhawasJhajjar Haryana

Subject:- Request For permission to Conduct Main Study.

Respected Sir/Madam,

I am a final year M.Sc. Nursing student Obstetries and Gynecological Nursing of BDM College of Nursing, Chhuchhawas Jhajjar Haryana. I have selected the topic as mentioned below for the dissertation "A Pre experimental study to assess the knowledge of lactational counselling on breast engorgement and new born feeding behaviour among primi gravidae mothers civil hospital , jhajjar (Haryana)." to be submitted to the Pt. B.D. Sharma University Rohtak,Haryana as a partial fulfillment for the award of Master of Science of Nursing.

"I request you to kindly give me permission to conduct main study.

Kindly do the needful action and oblige me.

Thanking you,

Your Faithfully

Arti

B.D.M. COLLEGE OF NURSING Principal Chhuchhakwas Jhajjar

Appendix III

Primi Gravidae Mother's Information Sheet

Title of the research project:-

"**A pre experimental study to assess the effectiveness of lactational councilling on breast engorgement and new born feeding behaviour among primi gravidae mother's in civil hospital Jhajjar (Haryana)".**

Investigator
Arti
M.Sc. Nursing Final Year
Obstetrics and gynaecology Nursing
B.D.M. College of Nursing
Chhuchhukwas,Jhhajjar

GUIDE:

Mrs. kavita

Assist. Proffessor

Dept.Obestetrics & gynaecolog

BDM College of Nursing

Chhuchhakwas,Jhajjar

Co-Guide:

Mr.Sunil gurjar

Assist. Proffessor

Dept. Obestetrics & gynaecology

BDM College of nursing

ChhuchhakwasJhajjar

Study plan:-

You will be given to questionaire:

1. Structured questionaire to assess socio demographic variables.
2. Structured questionaire to assess the effectiveness of lactational councilling on breast engorgement and new born feeding behaviour.

You are requested to attmept all questions and put right mark at the appropriate answer. It will take approximate 30 minutes of your time.

Risk of Study

There is no risk to you asociated with the study.

Potential Benfits

The finding of the study may assist in finding the effiectiveness of lactational councilling regarding breast engorgement and new born feeding behaviour among primi gravidae mother as it will definitely help in improving the health status of both mother and new born baby.

Alternatives

The study is for research purpose. You are free to decide for the participation in the study.

Confidentiality

I assure you that information given by you will be kept confidential and will be used only for the purpose of the study.

Financial Consideration

Neither you will be charged nor awarded prize for inclusion in the study.

QUESTION

I will try to answer your entire questions regarding study up to your satisfaction before you give your consent for participation in the study.

Voluntary consent

You have the freedom to participate or withdraw from the study anytime without penality or loss of benefits.

Thanking you for co-operation,

yours faithfully
Arti
Msc nursing final year
Obstetrics & gynaecology nursing
BDM College of nursing
chhucchakwas, Jhajjar

APPENDIX- IV

CONSENT FORM

Iagree to participate in the study " A pre experimental study to assess the effectiveness of lactational counselling on breast engorgement and new born feeding behaviour among primi gravidae mothers in civil hospital ,jhajjar".

- I have had the study expalained to me.
- I have been given opportunity to ask questions and have been answered to my satisfaction.
- I voluntarily given consent to participate in this study.

I. Name of the hospital - Civil hospital, jhajjar

II. Signature of the mothers ----------

III. Address civil hospital ,jhajjar

IV. Date ----------

V. Name of the witness----------

VI. Signature of the witness ----------

VII. Address----------

VIII. Name of the investigator ----------

IX. Signature of the investigator----------

X. Address ----------

XI. Date----------

APPENDIX - V

LIST OF EXPERTS

Mrs. Anuradha vyas
Associate professor,
BDM College of Nursing,
Chhuckwas,jhajjar

Mrs. Kavita
Assist. professor,
BDM College of Nursing,
Chhuchakwas, jhajjar

Mr. Sunil jurgar
Assist. professor,
BDM College of Nursing,
Chhuckwas, jhajjar

Mrs. Santosh Hooda
Professor,
college of Nursing,
PT. B.D. Sharma university of Health science

Mrs. Aahuti Mehta
Associate professor,
National college of Nursing
Barwala, Hisar

Mrs. Garima Sharma

Associate professor,

Governement Nursing Insititute

Saphido jind

Mrs. Kavita Malik

Kailash institute of paramedical

Noida, UP

Mrs. Jaya Shree Dass

Associate professor

RPIMS

Karnal

Mrs. Anupma sethi arora

M.S. (Obestetrics & gynaecology)

Tulip hospital sonipat

APPENDIX - VI

CERTIFICATE FOR ENGLISH EDITING

This is to certify that dissertion " **A per-experimental study to assess the effectiveness of lactational counselling on breast engorgement and new born feeding behaviour among primi gravidae mothers in civil hospital ,jhajjar".** conducated by Arti M. Sc Nursing student BDM College of Nursing, Chhuckwas,jhajjar. Research tool is editing for English language accuracy and appropriateness by **Mr. Aanad,Engish lecturer of BDM Senior Seconday School chhuckwas Jhajjar.**

date:15-03-2020

Place: Jhajjar (Signature)

APPENDIX- VII

Letter seeking expert's opinion and suggestion

Validity of the tool used for the study.

From,

Arti

M.Sc Nursing 2nd year

BDM College of Nursing

Chhuckwas, Jhajjar.

To

Forwarded through

Dr. Chanderprakash Sharma

Principal , B.D.M. College of Nursing,

Chhuchakwas, Jhajjar.

Subject: Expert opinion for content validation of reseaech tool.

Respectede Sir /madam,

I,Arti a post graduate student of B.D.M. College of Nursing, anticipate your valuable self; if you would accept to validate my research tool on the topic "A pre exeprimental study to assess the lactational counselling on breast engorgement and new born feeding behaviour among primi gravidae mothers in civil hospital Jhajjar."It would

be highly appreciable if you would kindly affirm your acceptance to endorse your valuable suggestion on this topic. I had attached the details of the study along with the research tool.

Thanking you,
yours faithfully,
Arti
M.Sc Nursing 2nd year

APPENDIX VIII

Certificate of validation of the tool

ACCEPTANCE OF THE VALIDATION OF THE TOOL

I----------

Would/would not agree upon in validating the tool of the above mentioned study.

NAME:----------

DESIGNATION:----------

SIGNATURE: ----------

REMARKS:----------

DATE:----------

APPENDIX - IX

TOOL

INSTRUCTIONS FOR RESPONDENTS

- Dear respondents this structured questionnaire is related to assessing the knowledge on breast engorgement and new born breast feeding.
- You are requested to respond all the questions.
- Your anonymity will be kept confidential.
- This data collected will be used only for research purposed.
- Section A: deals with socio demographic variables and Section B: deals with breast engorgement & breast feeding counselling.
- In section B have options are given. You have to choose one of them according to your opinion and put (right) marks on that.

SOCIO DEMOGRAPHIC VARIABLES

It include:

- **Questions related to Breast feeding.**
- **Questions related to Breast engorgement.**

1. Maternal age

a.Below 20

b.21-30

c.31-40

d. Above 40

2. Baby age

a. Below 2 months

b.2-4 months

c. Above 4 months

D. None

3. Area of family

a. Urban

b. Rural

4. Socio economic status

a. Upper class

b. Middle class

c. Iower class

5. Type of family

a. Nuclear

b. Joint

6. Religion

a. Hindu

b. Muslim

c. Sikh

d. Other

7. Education

a. Illitrate

b. 10^{th}

c. 12^{th}

d. Graduate

8. Maternal occupation

a. House wife

b. Worker

c. Student

9. Language

a. Hindi

b. English

c. Panjabi

d. Local

10. Type of food

a. Vegetarian

b. Non vegetarian

11. Source of information about breast feeding?

a. A friend

b. Family members

c. Phone

d. Health care worker

12. Mode of delivery

a. Vaginal

b. Caesarean

13. Gestational age

a. 36-37 weeks

b. 37-39 weeks

c. Above 40 weeks

14. Place of delivery

a. Home

b. Private hospital

c. Government hospital

15. Received antenatal counseling

a. Yes

b. No

BREAST FEEDING

16. Do you have adequate knowledge about breast feeding?

a. Yes

b. No

17. After delivery initiation of first breast feeding at?

a. Within 2 hours

b. Within 2-4 hours

c. Within 4-10 hours

d. Above 10 hours

18. Mother has given colostrum to the baby?

a. Yes

b. No

19. What is the timing of breast feeding every day?

a. Schedule time

b. On demand

20. What Is the duration of each breast feeding?

a. Less than 15 minutes

b. 15 minutes

c. More than 15 minutes

21. The position of baby during breast feeding?

a. Lying

b. Standing

c. Sitting

d. none

22. Do you know about burping?

a. Yes

b. No

23. Do you know about the importance of providing colostrum to new born?

a. Yes

b. No

24. Do you agree with that breast feeding promote mother –baby bonding and prevents baby from infection?

a. Yes

b. no

25. Do you know about the benefit of breast feeding to the baby?

a. Yes

b. No

26. Do you know about the benefit of breast feeding to the baby?

a. Yes

b. No

27. Do you feel any discomfort and pain during breast feeding?

a. Yes

b. No

28. Any abnormality in breast and nipple?

a. Yes

b. No

29. Quantity of milk production?

a. Normal

b. Less than normal

c. More than normal

30. Problem related to baby in during breast feeding?

a. Poor sucking

b. Cleft lip

c. Others

d. None

31. What is the barrier during breast feeding?

a. Lack of experience

b. Lack of time

c. Feel anxiety/ agitation

d. Lack of privacy

e. none

32. Which points should be in mind during breast examination?

a. Dry nipple

b. Sore/ cracked nipple

c. Pus discharge

d. Short breast

e. Large breast

f. All of above

33. Do you know how to prevent breast related problem?

a. By exclusive breast feeding

b. By clean and dry the nipple before and after breast feeding

c. By proper latching and positioning during breast feeding

d. All of above

34. How to prevent colic pain to baby while breast feeding?

a. Mother avoid intake of cow's milk

b. Mother avoid intake of spicy food, cauliflower

c. All of above

d. none of above

BREAST ENGORGEMENT

35. Do you know about breast engorgement problem?

a. Yes

b. No

36. What is the breast engorgement?

a. Overfilling of breast

b. Swelling in breast

c. Pain and redness in breast

d. All of above

e. None of above

37. Are you aware about symptoms of breast engorgement?

a. Pain in breast

b. Fever

c. Shivering

d. All of above

e. None of above

38. According to mother what is the reason of breast engorgement?

a. Feed on demand

b. Gap between feeding

c. Working mother

d. Feed from one breast

e. All of above

39. Can a mother breast feed a baby with painful breast?

a. Yes

b. No

40. Can a mother who suffer from HIV infection, breast feed a baby?

a. Yes

b. No

41. How to prevent overfilling of breast?

a. Warm compress

b. Oil massage

c. Manually express the milk

d. All of above

e. None of above

MASTER SHEET

	PRE TEST	POST TEST
1.	14	22
2.	10	18
3.	12	18
4.	12	16
5.	12	16
6.	10	15
7.	9	18
8.	10	18
9.	10	18
10.	11	20
11.	12	18
12.	11	20
13.	11	20
14.	9	20
15.	10	19
16.	10	19
17.	9	18
18.	9	18
19.	10	20
20.	11	22
21.	14	22
22.	10	20
23.	12	20
24.	13	22
25.	10	19
26.	10	19
27.	9	12
28.	9	12
29.	11	23
30.	10	24

31.	10	20
32.	11	20
33.	11	19
34.	14	23
35.	14	24
36.	14	24
37.	10	20
38.	10	22
39.	9	18
40.	11	23
41.	11	23
42.	11	23
43.	11	20
44.	12	22
45.	10	21
46.	11	21
47.	10	20
48.	10	20
49.	10	20
50.	12	22
51.	10	20
52.	10	20
53.	9	18
54.	9	18
55.	9	18
56.	10	24
57.	10	24
58.	9	20
59.	9	20
60.	10	20

MASTER SHEET

Sample no.	A	b	c	d	e
1.	30	28	2	0	
2.	20	30	5	5	
3.	60	0			
4.	0	40	20		
5.	30	30			
6.	60	0	0	0	
7.	3	45	7	5	
8.	50	7	3		
9.	10	0	0	50	
10.	60	0			
11.	0	45	5	10	
12.	40	20			
13.	15	43	2		
14.	0	15	45		
15.	40	20			
16.	20	40			
17.	20	35	5		
18.	50	10			
19.	35	15			
20.	5	20	35		
21.	35	0	25	0	
22.	55	5			
23.	30	30			
24.	40	20			
25.	50	10			
26.	10	50			
27.	40	20			
28.	15	45			
29.	8	50	2		
30.	40	0	15	5	
31.	55	0	3	2	0

32.	20	10	0	10	20
33.	0	50	0	10	
34.	0	0	0	60	
35.	5	55			
36.	0	0	0	5	55
37.	0	0	0	3	57
38.	3	2	0	55	0
39.	2	58			
40.	0	60			
41.	3	50	2	5	0

स्तनपान

अंतर्राष्ट्रीय स्तनपान चिह्न

एक नवजात शिशु स्तनपान करते हुए

मां द्वारा अपने शिशु को अपने स्तनों से आने वाला प्राकृतिक दूध पिलाने की क्रिया को **स्तनपान** कहते हैं। यह सभी स्तनपाइयों में आम क्रिया होती है। स्तनपान शिशु के लिए संरक्षण और संवर्धन का काम करता है। नवजात शिशु में रोग प्रतिरोधात्मक शक्ति नहीं होती। मां के दूध से यह शक्ति शिशु को प्राप्त होती है। मां के दूध में लेक्टोफोर्मिन नामक तत्व होता है, जो बच्चे की आंत में लौह तत्त्व को बांध लेता है और लौह तत्त्व के अभाव में शिशु की आंत में रोगाणु पनप नहीं पाते।[1] मां के दूध से आए साधारण जीवाणु बच्चे की आंत में पनपते हैं और रोगाणुओं से प्रतिस्पर्धा कर उन्हें पनपने नहीं देते। मां के दूध में रोगाणु नाशक तत्त्व होते हैं। वातावरण से मां की आंत में पहुंचे रोगाणु, आंत में स्थित विशेष भाग के संपर्क में आते हैं, जो उन रोगाणु-विशेष के खिलाफ प्रतिरोधात्मक तत्व बनाते हैं। ये तत्व एक विशेष नलिका थोरासिक डक्ट से सीधे मां के स्तन तक

पहुंचते हैं और दूध से बच्चे के पेट में। इस तरह बच्चा मां का दूध पीकर सदा स्वस्थ रहता है।

अनुमान के अनुसार 820,000 बच्चों की मौत विश्व स्तर पर पांच साल की उम्र के तहत वृद्धि हुई जिसे स्तनपान के साथ हर साल रोका जा सकता है। [1] दोनों विकासशील और विकसित देशों में स्तनपान से श्वसन तंत्र में संक्रमण और दस्त के जोखिम को कमी पाई गयी है। [2] [3] स्तनपान से संज्ञानात्मक विकास में सुधार और वयस्कता में मोटापे का खतरा कम हो सकती है।[4]

जिन बच्चों को बचपन में पर्याप्त रूप से मां का दूध पीने को नहीं मिलता, उनमें बचपन में शुरू होने वाले डायबिटीज की बीमारी अधिक होती है। उनमें अपेक्षाकृत बुद्धि विकास कम होता है। अगर बच्चा समय पूर्व जन्मा (प्रीमेच्योर) हो, तो उसे बड़ी आंत का घातक रोग, नेक्रोटाइजिंग एंटेरोकोलाइटिस हो सकता

है। अगर गाय का दूध पीतल के बर्तन में उबाल कर दिया गया हो, तो उसे लीवर का रोग इंडियन चाइल्डहुड सिरोसिस हो सकता है। इसलिए छह-आठ महीने तक बच्चे के लिए मां का दूध श्रेष्ठ ही नहीं, जीवन रक्षक भी होता है।

स्तनपान के लाभ

Play media

शुरूआती एवं विशिष्ट स्तनपान का महत्त्व[2]

मां का दूध केवल पोषण ही नहीं, जीवन की धारा है। इससे मां और बच्चे के स्वास्थ्य पर सकारात्मक प्रभाव

पड़ता है। शिशु को पहले छह महीने तक केवल स्तनपान पर ही निर्भर रखना चाहिए। यह शिशु के जीवन के लिए जरूरी है, क्योंकि मां का दूध सुपाच्य होता है और इससे पेट की गड़बड़ियों की आशंका नहीं होती। मां का दूध शिशु की प्रतिरोधक क्षमता बढ़ाने में भी सहायक होता है। स्तनपान से दमा और कान की बीमारी पर नियंत्रण कायम होता है, क्योंकि मां का दूध शिशु की नाक और गले में प्रतिरोधी त्वचा बना देता है। कुछ शिशु को गाय के दूध से एलर्जी हो सकती है। इसके विपरीत मां का दूध शत-प्रतिशत सुरक्षित है। शोध से प्रमाणित हुआ है कि स्तनपान करनेवाले बच्चे बाद में मोटे नहीं होते। यह शायद इस वजह से होता है कि उन्हें शुरू से ही जरूरत से अधिक खाने की आदत नहीं पड़ती। स्तनपान से जीवन के बाद के चरणों में रक्त कैंसर, मधुमेह और उच्च रक्तचाप का खतरा कम हो जाता है। स्तनपान से शिशु की बौद्धिक क्षमता भी बढ़ती है। इसका कारण यह है कि स्तनपान

करानेवाली मां और उसके शिशु के बीच भावनात्मक रिश्ता बहुत मजबूत होता है। इसके अलावा मां के दूध में कई प्रकार के प्राकृतिक रसायन भी मौजूद होते हैं।[3]

मां को स्तनपान के लाभ

नयी माताओं द्वारा स्तनपान कराने से उन्हें गर्भावस्था के बाद होनेवाली शिकायतों से मुक्ति मिल जाती है। इससे तनाव कम होता है और प्रसव के बाद होनेवाले रक्तस्राव पर नियंत्रण पाया जा सकता है। मां के लिए दीर्घकालिक लाभ हृदय रोग, और रुमेटी गठिया का खतरा कम किया है। स्तनपान करानेवाली माताओं को स्तन या गर्भाशय के कैंसर का खतरा न्यूनतम होता है। स्तनपान एक प्राकृतिक गर्भनिरोधक है। स्तनपान सुविधाजनक, मुफ्त (शिशु को बाहर का दूध पिलाने के लिए दुग्ध मिश्रण, बोतल और अन्य खर्चीले सामान की

जरूरत होती है) और सबसे बढ़ कर माँ तथा शिशु के बीच भावनात्मक संबंध मजबूत करने का सुलभ साधन है। मां के साथ शारीरिक रू प से जुड़े होने का एहसास शिशुओं को आरामदायक माहौल देता है।

प्रक्रिया

स्तन पान विधि

शिशु के जन्म के फौरन बाद स्तनपान शुरू कर देना चाहिए। जन्म के तत्काल बाद नग्न शिशु को (उसके शरीर को कोमलता से सुखाने के बाद) उसकी मां की गोद में देना चाहिए। मां उसे अपने स्तन के पास ले जाये, ताकि त्वचा से संपर्क हो सके। इससे दूध का बहाव ठीक होता है और शिशु को गर्मी मिलती है। इससे मां और शिशु के बीच भावनात्मक संबंध

विकसित होता है। स्तनपान जल्दी आरंभ करने के चार प्रारंभिक कारण हैं

- शिशु पहले 30 से 60 मिनट के दौरान सर्वाधिक सक्रिय रहता है।
- उस समय उसके चूसने की शक्ति सबसे अधिक रहती है।
- जल्दी शुरू करने से स्तनपान की सफलता की संभावना बढ़ जाती है। स्तन से निकलने वाला पीले रंग का द्रव, जिसे कोलोस्ट्रम कहते हैं, शिशु को संक्रमण से बचाने और उसकी प्रतिरोधक क्षमता को मजबूत करने का सबसे अच्छा उपाय है। यह एक टीका है।
- स्तनपान तत्काल शुरू करने से स्तनों में सूजन या प्रसवोत्तर रक्तस्राव की शिकायत नहीं होती।
- शल्यचिकित्सा से शिशु जन्म देनेवाली माताएं भी स्तनपान करा सकती हैं। यह शल्य क्रिया आपकी

सफल स्तनपान की क्षमता पर असर नहीं डालती है।

- शल्य क्रिया के चार घंटे बाद या एनीस्थीसिया के प्रभाव से बाहर आने के बाद आप स्तनपान करा सकती हैं।
- स्तनपान कराने के लिए आप अपने शरीर को एक करवट में झुका सकती हैं या फिर अपने शिशु को अपने पेट पर लिटा कर स्तनपान करा सकती हैं।
- सीजेरियन विधि से शिशु को जन्म देनेवाली माताएँ पहले कुछ दिन तक नर्स की मदद से अपने शिशु को सफलतापूर्वक स्तनपान करा सकती हैं।

कब तक

साधारणतया कम से कम छह महीने तक शिशु को स्तनपान कराना चाहिए और उसके बाद दो साल या उसके बाद तक भी स्तनपान कराया जा सकता है। माता के बीमार होनेपर भी शिशु को स्तनपान कराना

जरूरी होता है। आमतौर पर साधारण बीमारियों से स्तनपान करनेवाले शिशु को कोई नुकसान नहीं पहुंचता। यहां तक कि टायफायड, मलेरिया, यक्ष्मा, पीलिया और कुष्ठ रोग में भी स्तनपान पर रोक लगाने की सलाह नहीं दी जाती है।

आवृत्ति

एक नवजात एक बहुत छोटे से पेट की क्षमता है। एक दिन की उम्र में यह 5 से 7 मिलीलीटर, एक संगमरमर के आकार के बरा-बर होत है,तीन दिन में यह 0.75-1 आस्ट्रेलिया, एक "शूटर" संगमरमर के आकार का और सात दिन में यह है 1.5-2 या एक पिंगपांग की गेंद के आकार तक विकसित हो जता है।[5] मां के दूध का उत्पादन पहले दूध, कोलोस्ट्रम, केंद्रित होता है,शिशु की जरूरतों को पूरा करने के लिए मुखय भूमिका निभाता है, जो केवल बहुत कम मात्रा में धीरे-धीरे शिशु के पेट

क्षमता के विस्तार के आकार के साथ बढ़ता जाता है। मे दिन के समय दोनों स्तनों से कम से कम १०-१५ मिनट तक हर दो या ती घन्टे के बाद कराना चाहिए। दिन में हो सकता है कि बच्चे को जगाना पड़े (डॉयपर बदलने या बच्चे को सीधा करने अथवा उस से बातें करने से बच्चे को जगाने में मदद मिलती है)। जब बच्चे की पोषण परक जरूरतें दिन के समय ठीक से पूरी हो जाती हैं तो फिर वह रात को बार बार नहीं जगता। कभी कभी ऐसा भी होता है कि स्तन रात को भर जाते हैं और शिशु सो रहा होता है, तब मां चाहती हैं कि उसे जगाकर दूध पिला दें। जैसे जैसे बच्चा बड़ा होता है, दूध पिलाने की अवधि बढ़ती जाती है।[4]

स्तनपान कराने की स्थितियां

ही स्थिति और latching आवश्यक तकनीक से निपल व्यथा कि रोकथम और बच्चे को पर्याप्त दध

प्राप्त करने के लिए स्तनपान कराने की स्थितियां महतवपूण है। [5]

"पक्ष पलटा" बच्चे की स्वाभाविक प्रवृत्ति मुंह खुला के साथ स्तन की ओर मोड़ करने के लिए है; माताओं कभी कभी धीरे उनकी निप्पल के साथ बच्चे के गाल या होंठ पथपाकर एक स्तनपान सत्र के लिए स्थिति में ले जाते हैं, तो जल्दी से स्तन पर ले जती है,बच्चे को प्रेरित करने के द्वारा इस का उपयोग करते हैं जबकि उसके मुंह खुला हुआ है।

Breastfeeding - Cradle hold.

Breastfeeding - Football hold.

[6] निपल व्यथा को रोकने और बच्चे को पर्याप्त दूध प्राप्त करने के लिये स्तन और परिवेश का बड़ा हिस्सा बच्चे के मुह के अन्दर होना ज़रुरी है। विफलता अप्रभावी स्तनपान मुख्य कारणों में से एक है और शिशु स्वास्थ्य संबंधी चिंताओं को जन्म दे सकते है। इसलिये चिकित्सक का परामर्श आवश्य लें।

Breastfeeding - Incorrect vs correct latch-on.

Breastfeeding - Semi-reclining position.

Standing mother breastfeeding her baby, Canjambari, Guinea-Bissau, 1973

Breastfeeding - Side-lying position.

स्तनों में लंप

स्तनपान के दौरान स्तनों में लम्प सामान्य बात है जो कि किसी छिद्र के बन्द होने से बन जाता है। दूध पिलाने से पहले (गर्म पानी से स्नान या सेक) सेक और स्तनों की मालिश करें (छाती से निप्पल की ओर गोल गोल कोमलता से अंगुली के पोरों से करें या

Breastfeeding - Supine position.

पम्प द्वारा निकाल दें। बन्द छिद्र या नली को खोल लेना महत्वपूर्ण है नहीं तो स्तनों में इन्फैक्शन हो सकता है। यदि इस सब से लम्प न निकले या फ्लू के लक्षण दिखाई दें तो चिकित्सक का परामर्श लें।[4]

Breastfeeding - Tease lips or cheek.

Breastfeeding - Twins, cross cradle position I.

सन्दर्भ

1. *स्तनपान जरू री है । पत्रिका. कॉम*
2. *"प्रथम दूध, सर्वश्रेष्ठ दूध - स्तनपान" . हेल्थफोन. 21 जून*

स्तन अधिरक्तता

स्तन अधिरक्तता महिलाओं के माँ बनने के बाद होने वाला वह स्तन रोग हैं, जिसमें बहुत अधिक स्तन दूध से ठोस, सूजन, दर्दनाक स्तनों का विकास होता है। स्तन अधिरक्तता बहुत ठोस, गांठ, गंदे, और निविदा बन सकते हैं। यह स्तन से बगल तक फैलती है, और स्तनों की नसें सतह पर और अधिक दिखाई दे सकती है या यहां तक कि बाहर निकल सकती है। यह निप्पल क्षेत्र के आकार और वक्रता को लचीला, सपाट, कड़ा और सुजा हुआ बना देता है। यह निपल्स को फ्लैट या उल्टा बना देता हैं। कभी-कभी यह निप्पल पर लकीरों का कारण बन सकता है और यह मुख्य रूप से सेप्टेशन मास्टिटिस का एक पूर्व लक्षण भी हैं। [1]जब

स्तन कोलोस्ट्रम, परिपक्व दूध में बदलता हैं तब स्तन अधिरक्तता उतपन्न होती है। हालांकि, यह माँ बनने के बाद में भी हो सकती है जब स्तनपान कराने वाली महिलाओं को उचित नर्सिंग या फिर स्तनों से बच्चे को पर्याप्त दूध नहीं दिया जाता। यह बच्चे के जन्म के पहले या दो सप्ताह के भीतर स्तनों में देखि जा सकती हैं। स्तनों की आपूर्ति में वृद्धि के साथ-साथ स्तनों में रक्त प्रवाह में वृद्धि के कारण स्तन बहुत भारी और पूर्ण होते हैं। यह स्तनपान करवाने से यह चरण कुछ दिनों के भीतर बेहतर हो जाना शुरू हो जाता है क्योंकि आपका दूध उत्पादन आपके बच्चे की जरूरतों को पूरा करने के लिए समायोजित होता है। परन्तु स्तनपान अगर समय पर नहीं किया जाता, तो वह स्तन उत्थान का कारण बन जाता हैं।

स्तन अधिरक्तता

संकेत और लक्षण

- इस रोग में स्तन में सूजन और ओडेमेटस दिखाई देती हैं।
- स्तन की त्वचा चमकदार और विचित्र लाल पढ़ जाती है।
- दोनों स्तन प्रभावित और वे दर्दनाक होते हैं।
- निप्पल तंग और सपाट हो जाते है, जिससे बच्चे को संलग्न करने और दूध को हटाने में मुश्किल होती हैं।
- बुखार होना आई लक्षण है।[2]
- दूध का बहाव कम हो जाता हैं।[3]

कारण

जब भी स्तन दूध आपके स्तनों में बनता है, और इसे नियमित रूप से या पूरी तरह से हटाया नहीं जाता है, सूजन और दृढ़ता विकसित हो सकती है। स्तन परिसंचरण अक्सर निम्नलिखित स्थितियों में से एक के कारण होता है:

- महिलाएं अक्सर स्तनपान नहीं कर रही होती।
- स्तन नर्सिंग या पंप करने के बीच बहुत लंबे समय तक इंतजार हुआ हैं।
- अत्यधिक मात्र में स्तन दूध का बनना।
- आप एक बीमार बच्चे को स्तनपान कर रहे हैं, जो एक भरी नाक, दर्दनाक कान संक्रमण, या अन्य बीमारी के कारण नर्सिंग में परेशानी कर रहा है।
- जब बच्चा स्तन से इंकार कर देता है।

चिकित्सा और चिकित्सा पद्धतियों में विभाजित किया जा सकता है। गैर-चिकित्सीय तरीकों में गर्म / ठंडे गुआ-शा (स्क्रैपिंग थेरेपी), एक्यूपंक्चर और गोभी के पत्ते शामिल हैं और चिकित्सा पद्धति प्रोटीलाइटिक एंजाइम होते हैं जैसे सेरारेप्टेस, प्रोटीज़, और उपकुशल ऑक्सीटॉसिन।[5]

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