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Nurturing the First Latch: Breastfeeding Assessment and Practice among First Time Mothers – A Quantitative Study

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Abstract

Breastfeeding is a critical aspect of neonatal care, providing essential nutrients and antibodies that promote infant health and development forprimi (first-time) mothers, effective breastfeeding practices can be challenging due to a lack of experience and knowledge. Assessing breastfeeding practices and providing targeted support is crucial to ensure both mother and child benefit from optimal breastfeeding. Understanding breastfeeding assessment and practices among primi mothers is vital to identify gaps in knowledge and practice. This study aims to evaluate the effectiveness of breastfeeding education and support programs, highlight areas needing improvement, and ultimately enhance breastfeeding outcomes. By focusing on primi mothers, the study addresses a vulnerable group that can significantly benefit from tailored interventions and professional guidance.

Title: "A study to assess the breastfeeding assessment and practices among primi mothers admitted in the postnatal ward"

Materials and Methods: In the present study, using a non-probability purposive sampling technique, the researcher adopted a non-experimental descriptive research design with 60 samples. The tools include Socio-Demographic Data, Bristol breastfeeding assessment tool and Breastfeeding observation checklist for practices.

Results: The study revealed that 55% of mothers had moderate breastfeeding assessment scores, 45% had poor scores, and none scored well. For breastfeeding practices, 61.7% scored moderately, 38.3% poorly, with no good scores. The Bristol Breastfeeding Assessment Tool and Observation Checklist showed a strong positive correlation (r = 0.98). Significant associations were found between breastfeeding assessment scores and previous knowledge, source of information, antenatal visits, breastfeeding counselling, and professional guidance. Similarly, education, family income, previous knowledge, source

of information, antenatal visits, breastfeeding counseling, and professional guidance were significantly associated with breastfeeding practice scores.

Conclusion: This study underscores the multifaceted nature of breastfeeding practices and the various factors that influence them. By addressing educational, socio-economic, and healthcare related factors, we can enhance breastfeeding practices among primi mothers, ultimately improving infant health outcomes. Further research and targeted interventions are essential to support and promote successful breastfeeding practices.

Keywords: Breastfeeding assessment and practices, Primi mothers, Postnatal ward

INTRODUCTION:

Breastfeeding is universally recognized as the optimal method of feeding infants, providing unparalleled nutritional benefits and fostering a strong bond between mother and child. The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding along with appropriate complementary foods for up to two years or beyond. Despite these recommendations, many mothers face challenges that hinder successful breastfeeding, particularly primi (first-time) mothers who may lack experience and confidence. Primi mothers often encounter unique challenges in breastfeeding due to their inexperience and the physical and emotional adjustments required postpartum. These challenges can include difficulties with latching, concerns about milk supply, and managing breastfeeding alongside other postpartum responsibilities. Additionally, societal pressures, lack of support, and misinformation can further complicate the breastfeeding journey for these mothers.

Assessing breastfeeding practices among primi mothers is crucial for several reasons. Firstly, it helps identify common issues and barriers that these mothers face, allowing healthcare providers to offer targeted support and interventions. Secondly, understanding the effectiveness of current breastfeeding education and support programs can highlight areas needing improvement. Lastly, promoting successful breastfeeding practices among primimothers can have long-term health benefits for both mothers and their infants, including reduced risks of infections, chronic diseases, and improved maternal mental health. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommended that the ideal breastfeeding techniques are exclusive breastfeeding (EBF) throughout the first six months of life, early nursing starting within the first hour of life, and continued breastfeeding until the child reaches age two or older. Effective breastfeeding practices reduce newborn and child mortality and morbidity from diarrhoea, otitis media, necrotizing enterocolitis, sudden infant death syndrome, and other illnesses.Assessing breastfeeding practices among primi mothers is crucial for several reasons. Firstly, it helps identify common issues and barriers that these mothers face, allowing healthcare providers to offer targeted support and interventions. Secondly, understanding the effectiveness of current breastfeeding education and support programs can highlight areas needing improvement. Lastly, promoting successful breastfeeding practices among primi mothers can have long-term health benefits for both mothers and their infants, including reduced risks of infections, chronic diseases, and improved maternal mental health. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommended that the ideal breastfeeding techniques are exclusive breastfeeding (EBF) throughout the first six months of life, early nursing starting within the first hour of

life, and continued breastfeeding until the child reaches age two or older. Effective breastfeeding practices reduce newborn and child mortality and morbidity from diarrhoea, otitis media, necrotizing enterocolitis, sudden infant death syndrome, and other illnesses.According to studies, the rate of issues increases the longer the beginning breastfeeding is postponed. Similar to this, frequent nursing (about every 2-3 hours) throughout the first day is crucial for promoting the influx of mature milk. Breastfeeding issues during hospitalization include difficulties latching on, posture issues, the belief that a Lack of milk production, sore and injured nipples, dermatitis, mastitis, breast engorgement, and inverted nipples are some of the symptoms. Early breastfeeding would reduce typical breastfeeding issues while being hospitalized

MATERIALSANDMETHODS:

AQuantitative,Descriptive study design was used to assess the breastfeeding assessment and practices among primi Mothers conducted at the institute of obstetrics and Gynecolog (IOG) In the present study, using a non-probability purposive sampling technique, the researcher adopted a non-experimental descriptive research design with 60 samples. The tools include Socio-DemographicData, Bristobreastfeeding assessment tool and breastfeeding observation checklist for pratices

SAMPLE SIZECALCULATION:

The sample size was calculated based on Rajak P. et. al.'s (2023),previous study,Primi mothers resorted to exclusive breastfeeding practices were 53% with a 95% confidence limit and 25% relative precision of estimate using the following formula.

$$\text{The formula for Sample Calculation} = \frac{(Z)^2 X (1-p)}{(p) X (e)^2}$$

Z=1.96 =95

P = 53.00%

e = 25%

Sample size (N) = (1.96)2 x (1-0.53)/0.53x (0.25)2

= 3.84(0.47)/0.53x0.0625

= 1.81/0.03

= 60 Primi mothers

STATISTICAL ANALYSIS:

Demographic variables in categories were given in frequencies with their percentages. Breast feeding

assessment score and practice score were given in mean and standard deviation. Association between demographic variables and Breastfeeding assessment score and practice score were analyzed using the Pearson chi-square test. The correlation between Breastfeeding assessment score and practice score was analyzed using the Karl Pearson correlation methods .Simple bar diagram, Multiple bar diagram, and scatter diagram were used to represent the data. $P<0.05$ was considered statistically significant. All statistical ttest is two tailed tests. Statistical analysis was carried out using the statistical Package of Social Science Software.

ETHICAL CONSIDERATIONS:

Ethical approval was obtained from the Institutional Ethics Committee, Madras Medical College (IEC-MMCApproval and permission was granted by the Director of IOG, Chennai. Informed consent was obtained from all participants and the Rights and Confidentiality of Participants were safe.

RESULT :

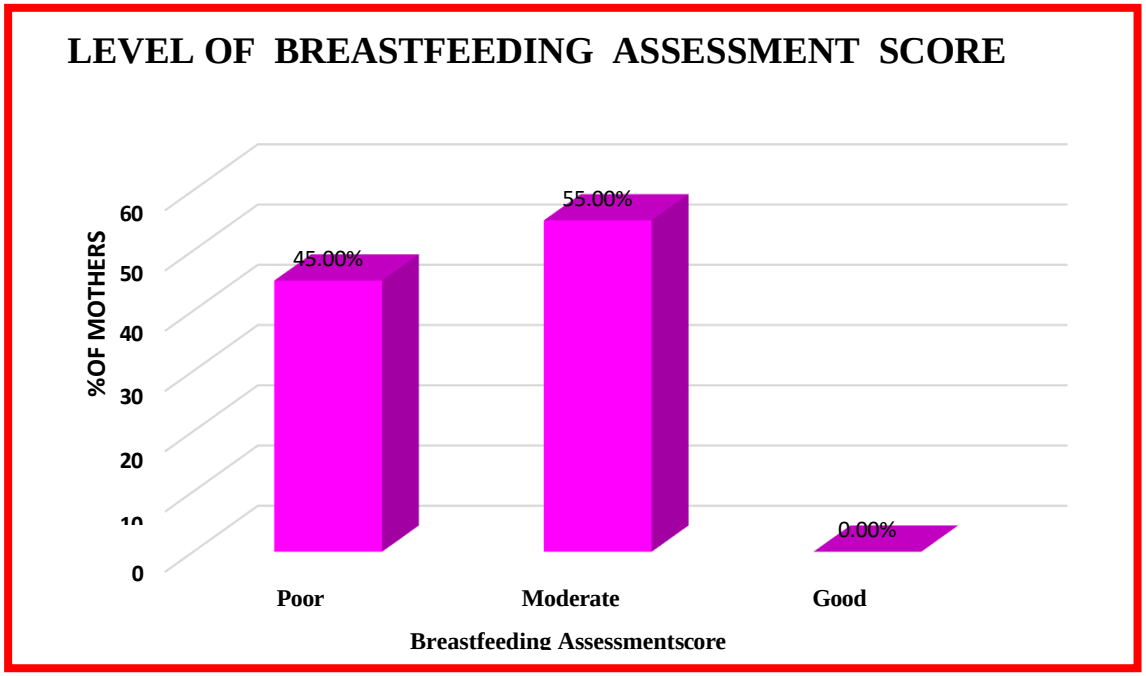
FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES:

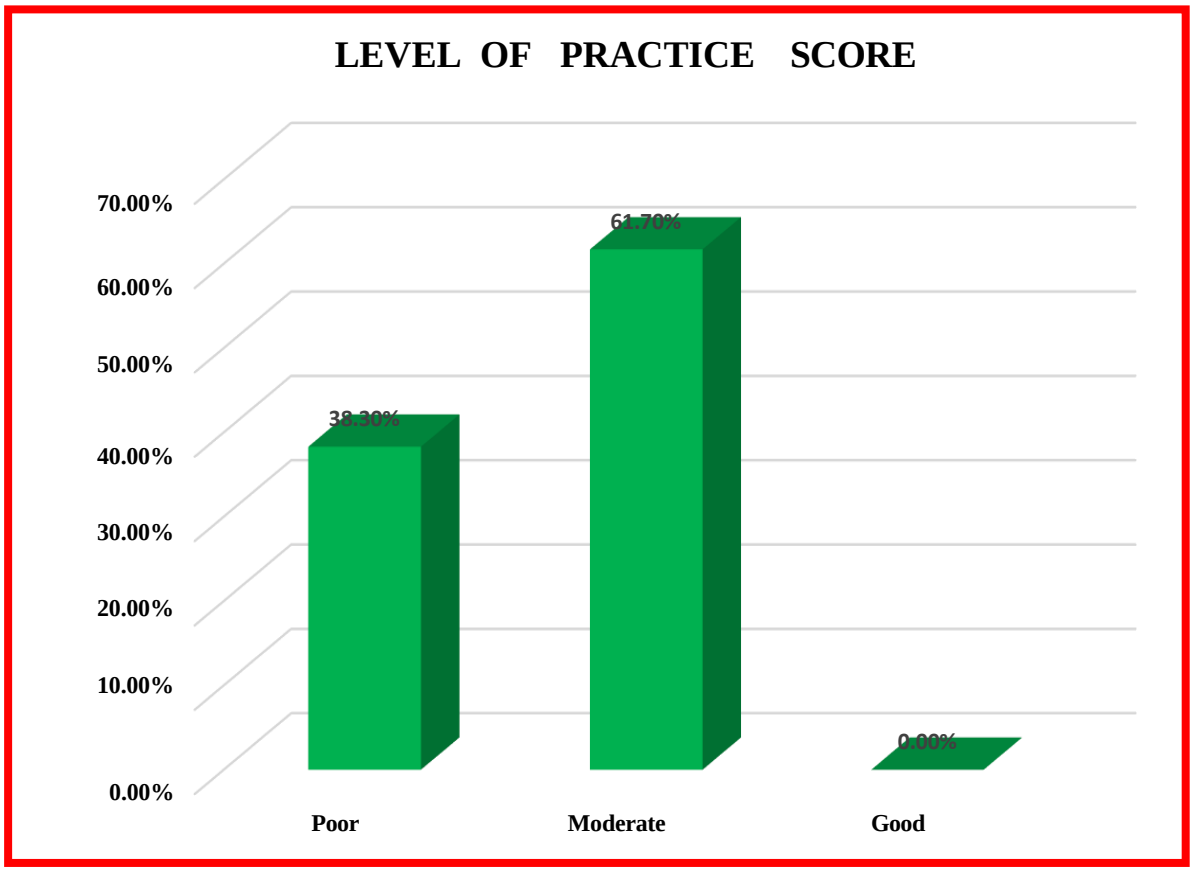
DEMOGRAPHIC VARIABLES OF THE PRIMI POSTNATAL MOTHERS

DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY (N)	PERCENTAGE (%)
Age of the mothers	21-25 years	15	25
	26-30 years	20	33.3
	31-35 years	15	25
	Above 35 years	10	16.7
Education	Informal education	5	8.3
	Primary	10	16.7
	Secondary	15	25
	Higher Secondary	20	33.3
	Graduate and above	10	16.7
Religion	Hindu	30	50
	Christian	15	25
	Muslim	10	16.7
	Others	5	8.3
Marital Status	Married	50	83.3
	Single	5	8.3
	Divorced	3	5
	Widowed	2	3.3
Occupation	Homemaker	25	41.7
	Daily wages	10	16.7
	Private employee	15	25
	Govt. employee	10	16.7
Family Income	< Rs.9000	10	16.7
	Rs.9001 - 27000	20	33.3
	Rs.27001 - 46000	20	33.3

	Rs.46001 - 68000	10	16.7
Residence	Rural	20	33.3
	Sub Urban	20	33.3
	Urban	20	33.3
Types of Family	Nuclear family	30	50
	Joint family	20	33.3
	Extended family	10	16.7
Types of Marriage	Consanguineous	15	25
	Non-Consanguineous	45	75
Previous Knowledge	Yes	40	66.7
	No	20	33.3
Source of Information	Media	10	16.7
	Healthcare workers	20	33.3
	Relatives	10	16.7
Antenatal Visits	Less than 4	25	41.7
	4 and above	35	58.3
Place of Follow-up	Public	30	50
	Private	20	33.3
	NGO Maternity Centre	10	16.7
Breastfeeding Counselling	Yes	35	58.3
	No	25	41.7
Professional Guidance	Yes	40	66.7
	No	20	33.3

LEVEL OF BREASTFEEDINGASSESSMENT SCORE





ASSOCIATION BETWEEN LEVEL OF BREASTFEEDING ASSESSMENT SCORE AND THEIR SELECTED DEMOGRAPHIC VARIABLES

Marital Status	Married	30	50	20	33.3	50	2.34	0.50	NS
	Single	3	5	2	3.3	5			
	Divorced	2	3.3	1	1.7	3			
	Widowed	1	1.7	1	1.7	2			
Occupation	Home maker	15	25	10	16.7	25	6.78	0.08	NS
	Daily wages	5	8.3	5	8.3	10			
	Private employee	10	16.7	5	8.3	15			
	Govt. employee	5	8.3	5	8.3	10			
FamilyIncome	<Rs.9000	5	8.3	5	8.3	10	7.12	0.07	NS
	Rs.9001-27000	10	16.7	10	16.7	20			
	Rs.27001-46000	10	16.7	10	16.7	20			
	Rs.46001-68000	5	8.3	5	8.3	10			
Residence	Rural	10	16.7	10	16.7	20	4.56	0.10	NS
	Sub Urban	10	16.7	10	16.7	20			
	Urban	10	16.7	10	16.7	20			
Typesof Famil	Nuclear family	15	25	15	25	30	5.23	0.07	NS
	Joint family	10	16.7	10	16.7	20			
	Extended family	5	8.3	5	8.3	10			
Typesof Marriage	Consangui neous	10	16.7	5	8.3	15	3.45	0.18	NS

Previous Knowledge	Yes	25	41.7	15	25	40	4.89	0.03	S*
	No	10	16.7	10	16.7	20			
Source Information	Media	5	8.3	5	8.3	10	6.34	0.04	S*
	Healthcare workers	10	16.7	10	16.7	20			
	Relatives	5	8.3	5	8.3	10			
Antenatal Visit	Lessthan4	15	25	10	16.7	25	5.67	0.02	S*
	4 and above	20	33.3	15	25	35			
Place of Follo	Public	15	25	15	25	30	4.78	0.09	NS
	Private	10	16.7	10	16.7	20			
	NGO Maternity Ce	5	8.3	5	8.3	10			
	No-Cnaginos	20	33.	25	41.7	45			
Breastfeeding Counselling	Yes	20	33.3	15	25	35	6.89	0.01	S*
	No	10	16.7	15	25	25			
Professional Guidance	Yes	25	41.7	15	25	40	5.34	0.02	S*
	No	10	16.7	10	16.7	20			

The above table represents that the association between the level of breastfeeding assessment score with their selected demographic variables. Previous Knowledge, Source of Information, Antenatal Visits, Breastfeeding Counselling, and Professional Guidance show significant associations than other variables. It was tested using the chi-square test.

IMPLICATIONS OF THE STUDY:

The study's findings on breastfeeding practices among primiparous mothers highlight critical areas for improvement in nursing education, research, practice, and administration, aiming to enhance maternal and infant health outcomes.

LIMITATIONS:

Small sample size may limit the generalizability of the findings.Self-reported data could introduce bias and affect accuracy.Self-reported data could introduce bias and affect accuracy.Potential recall bias in mothers' reporting of breastfeeding practices.

RECOMMENDATIONS:

Future research should explore the long-term effects of breastfeeding education on maternal and infant health outcomes.Assess the effectiveness of community-based interventions in promoting breastfeeding. Study the influence of cultural beliefs and practices on breastfeeding behaviours.

CONCLUSIONS:

This study provides a comprehensive evaluation of breastfeeding practices among primi mothers, utilizing the Bristol Breastfeeding Assessment Tool and an Observation Checklist. The findings reveal that a significant proportion of mothers scored moderately on both tools, indicating

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