ORIGINAL RESEARCH

A retrospective study to analyze the breast feeding difficulties in immediate post partum period in a Tertiary Care Hospital

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Abstract:

Background: Breast feeding is an important aspect in the life of new mothers as well as new born. It does help to establish a bond between mother and baby as well as carries a lot of health benefits to both. But because of lack of knowledge and lots of social stigmas attached, feeding of new born suffers invariably throughout the developmental period of the child, whose after effects are witnessed later in life.

Objective: The present study was conducted to analyze the issue associated with breast feeding in immediate post partum.

Materials and Methods: The present study was a retrospective study which was conducted over a period of 3 monthsin Obstetrics &gynaecology ward of Peoples Hospital, Bhanpur, and Bhopal. The sample size was 153 post partum patients. A prestructured pre-validated questionnaire was used for data collection. Observations were made in the postnatal ward while participants were breastfeeding. The data were analyzed.

Results:In primigravida and multigravida mothers, both vaginal delivery and LSCS, unawareness was the major difficulty faced by mothers in breastfeeding during immediate postpartum period. In maximum primigravida (n=18) and multigravida (n=25) with vaginal delivery, establishment of feeding occurs in between 1-4hrs and in maximum primigravida(n=37) and multigravida (n=27) with LSCS establishment of feeding occurs in >4hrs.

Conclusion: The study concluded that unawareness was an important cause which leads to delayed establishment of breastfeeding in both primigravida as well as multigravida mothers.

Keywords: Breast feeding, primigravida, multigravida, vaginal delivery, LSCS.

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Introduction:

Breast milk is the natural first food for neonates, providing all the energy and nutrients neonates need in the first few months of life. It continues to provide up to half or more of a child's nutritional needs during the second half of the first year and up to onethird during the second year of life.

Breast milk is the ideal, safe, and clean food for infants, containing antibodies that help protect against many common childhood illnesses.¹

The World Health Organization (WHO) recommends "breastfeeding within one hour of birth (timely initiation), and exclusive breastfeeding (EBF) during

the first six months of an infant's life with continued breastfeeding along with appropriate complementary feeding, to two years of age or beyond". Breastfeeding is associated with a decrease in a woman's risk of breast cancer, ovarian cancer, diabetes mellitus, and hypertensive heart disease. New mothers commonly describe the first few weeks of breastfeeding as surprisingly difficult, with many unanticipated problems arising. 4.5

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The WHO outlines a number of measures to contribute to the initiation, establishment, and continuation of breastfeeding, both within the health system and at the community level, in which multiple physical, DOI: 10.69605/ijlbpr_13.12.2024.172

psychosocial and emotional factors can influence the type of feeding the mother offers to the baby. Common breastfeeding related problems, including breast engorgement, painful nipple, nipple infection, mastitis, breast abscess, poor milk production and incorrect techniques, infrequent feeding, breastfeeding on scheduled times and extra food from outside, are important risk factors that can predispose mothers to lactation problems.

The present study was conducted to analyze the issue associated with breast feeding in immediate post partumin a Tertiary Care Hospital.

Material and Methods:

The present study was a retrospective study which was conducted over a period of 3 months from 1 December, 2013 to 28 Feb, 2014. Post partum patients admitted in Obstetrics &gynaecology ward of Peoples Hospital, Bhanpur, and Bhopal was included in the study. Before starting the study ethical clearance was taken from the Ethical Committee of the institute.

The sample size was 153 post partum patients. This was a new system enrolled in our hospital and we were trying to study problems encounter by new mothers in immediate postpartum.

The following inclusion criteria were considered: being admitted to the postpartum/postnatal ward, having either vaginal/cesarean delivery in<1 hr to >4hrs hours, and willingness to participate in the study. All postnatal mothers whose newborns had very low birth weight (i.e., less than 1500 grams), congenital malformation, or any other medical/surgical complications which hampered breastfeeding during the immediate postpartum period, and the mothers who did not give consent to participate were excluded from the study.

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A prestructured pre-validated questionnaire containing information on the sociodemographic profile, obstetric history, and feeding practices was used for data collection. Observations were made in the postnatal ward while participants were breastfeeding. The data were analyzed in SPSS software (version 17).

Results:

In the present study out of 153 postpartum mothers, 64 were primigravida and 89 were multigravida. In primigravida, 26 patients had vaginal delivery and 38 had lower segment cesarean Section (LSCS). In multigravida, 42 patients had vaginal delivery and 47 had lower segment cesarean Section (LSCS).

Table 1: Difficulties faced by mothers in breastfeeding during immediate postpartum period

Cause	Primigrav (n=64)		Multigravida (n=89)	
	Vaginal delivery (n=26)	LSCS (n=38)	Vaginal delivery (n=42)	LSCS (n=47)
Unawareness	11(42%)	13(34%)	21(50%)	21(44.6%)
Pain in abdomen	3(11%)	6(15.7%)	4(9.5%)	5(10.6%)
NICU	5(19%)	8(21.0%)	9(21.4%)	7(14.89%)
Retracted nipples	2(7.6%)	5(13.1%)	1(2.3%)	2(4.25%)
Decrease milk production	2(7.6%)	1(2.6%)	1(2.3%)	6(12.7%)
Difficulty in latching	2(7.6%)	2(5.2%)	3(7.14%)	2(4.25%)
Social stigma/ Taboo	1(3.8%)	3(7.8%)	2(4.76%)	4(8.50%)
Proper feeding	1(3.8%)	-	6(14.2%)	-

In primigravidamothers, both vaginal delivery (42%) and LSCS (34%),unawareness was the major difficulty faced by mothers in breastfeeding during immediate postpartum period. In multigravida mothers, both vaginal delivery (50%) and LSCS (44.6%), unawareness was the major difficulty faced by mothers in breastfeeding during immediate postpartum period. Overall (n=153), leading factor was unawareness

(n=66) i.e. 43.13%.Out of all the witnessed factors Unawareness had came out to be the primary cause 43.3%, where as NICU admission is the 2nd most common cause (29 cases) 18.9%. However, retracted nipple was more common in primigravida (10.9%) as compared to multigravida(3.3%). Out of 153 cases only 7 cases (4.57%) has reported proper breast feeding which was established within 1 hr of birth.

Table 2: Time for establishment of breastfeeding

	Primigravida		Multigravida					
	(n=64)		(n=89)					
Time	Vaginal delivery	LSCS	Vaginal delivery	LSCS				
duration	(n=26)	(n=38)	(n=26)	(n=38)				
<1 hr	1	-	7	-				

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1-4 hrs	18	10	25	27
>4hrs	7	37	10	11

In maximum primigravida with vaginal delivery (n=18), establishment of feeding occurs in between 1-4hrs and in maximum primigravidawith LSCS (n=37) establishment of feeding occurs in >4hrs.In maximum multigravida with vaginal delivery (n=25), establishment of feeding occurs in between 1-4hrs and in maximum multigravida with LSCS (n=27) establishment of feeding occurs in >4hrs.

Discussion:

The World Health Organization emphasizes the importance of immediate skin-to-skin contact after birth, starting breastfeeding within the first hour, and continuing exclusively for the first 6 months, followed by appropriate complementary feeding up to 2 or more years.⁸

In primigravidaand multigravida mothers, both vaginal delivery and LSCS, unawareness was the major difficulty faced by mothers in breastfeeding during immediate postpartum period. In maximum primigravida (n=18) and multigravida (n=25) with vaginal delivery, establishment of feeding occurs in between 1-4hrs and in maximum primigravida(n=37) and multigravida (n=27) with LSCS establishment of feeding occurs in >4hrs.

DaMota et al concluded that new mothers commonly lack understanding about the breastfeeding process; thus, the misinterpretation of appropriate newborn behaviors often leads to maternal requests for infant formula.⁹

Wagner EA et al (2013) found that the most predominant breastfeeding concerns being difficulty with infant feeding at breast (52%), breastfeeding pain (44%), and milk quantity (40%).¹⁰

Caroline et al., in their descriptive research, also found that painful nipples/breasts, low milk supply, and latching difficulties were the three most frequent major breastfeeding problems identified by women.¹¹

Dave V et al (2022) found that breast pain was the most common difficulty reported (47.52%), followed by less secretion of milk (25.07%). Other difficulties reported were sore nipples, breast heaviness, inverted nipples, backache, giddiness, as well as headache and perineal pain at the site of stitches. "Good attachment" and "good positioning" were found in 62.16% and 60.96% of participants, respectively. The majority of participants (52.08%) had the perception that their newborn was not sucking effectively. 12

Conclusion:

As we have found that in the above study that unawareness has surfaced as an important cause which leads to delayed establishment of breastfeeding in both primi as well as multi paras, hence proper counseling regarding breast feeding is needed in Antenatal clinics during antenatal checkups of the patients. Care for retracted nipples should begin in the end of third trimester and patient needs to be advised for the nipple care in the post natal period as well.

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In Post natal period Obstetrician, Pediatrician and health worker must work together to educate new mothers and make them aware about the health benefits associated with breast feeding and its importance in a newborn's life and to establish it as early as possible.

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