

Research article**Assess the practice of breast feeding techniques among mothers undergone caesarean section in a selected hospitals at Puducherry****Meenatchi B and Manju Bala Dash***,

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Abstract

Introduction: Breastfeeding is a unique experience, which should be valued and supported by both maternity and neonatal caregivers. It is nature's most precious gift to the newborn. Mother's milk, beyond doubt, is unparalleled in nutritional value and is the best start to life. Breastfeeding is an unequaled way of providing ideal food for the healthy growth and development of infants. **Objective:** To assess the knowledge of the practice of breastfeeding techniques. **Methods:** The study was conducted on 30 caesarean section mothers admitted in selected hospitals at Puducherry. The study design was descriptive, purposive sampling technique was used. The instrument used for data collection was a standardized latch scale. Women practice of breastfeeding was assessed personally with the help of latch scale regarding their knowledge on breastfeeding practices. **Results:** Majority of 66.6% mothers having good knowledge, 13.3% having an average knowledge and 20% of mothers having poor knowledge on breastfeeding practice. **Conclusions:** It is desirable breastfeeding practice after the first week of the postpartum period to women who deliver via caesarean sections.

Keywords: Breastfeeding, caregivers, caesarean.

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1. Introduction

"There is no substitute for mother's love; there is no substitute for mother's milk"- William Gouge. Breastfeeding is the first step in life, which ensures that neonates get a healthy & nutritious start in life. Efforts made in past indicate that improved health care practices, early contact between mother and baby, early introduction to breast milk, demand feeding and rooming in practices enhance initiation of lactate.

WHO and UNICEF recommend: initiation of breastfeeding within the first hour of life, exclusive breastfeeding that is the infant only receives breast milk without any additional food or drink, not even water, breastfeeding on demand - that is as often as the child wants, day and night and no use of bottles, teats or pacifiers. [1]

Early initiation of breastfeeding is important for both the mother and the child. It is recommended that children be fed colostrums immediately after birth (within one hour) and that they continue to be exclusively breastfed even if the regular breast milk has not yet started to flow. Ninety-eight percent of children have been breastfed at some time, with negligible differences in background

characteristics. Less than half of children (45 percent) are breastfed within one hour of birth. The vast majority (85 percent) of children are breastfed within one day of birth. [2].

A caesarean delivery (also known as a caesarean section) is the birth of the baby through a surgical incision made in both the wall of the mother's abdomen and her uterus. Anesthesia (general or regional) is required for the procedure. It can be an emergency or elective [3].

Cesarean surgery is strongly associated with delayed lactogenesis, poorer infant sucking, delayed in early breastfeeding, decrease in the success of breastfeeding, more supplementation, and shorter duration of breastfeeding. So, mothers who delivery by caesarean section and their babies will need extended, intense, skilled, and knowledgeable to help from maternity care team to establish and maintain exclusive breastfeeding. [4]

The major cause of infant death is lack of exclusive breastfeeding leading to malnutrition, diarrhea, and infections. Many studies have found that mothers in India have inadequate knowledge and ill practices about breastfeeding and EBF. Findings of a study conducted in Pondicherry, India revealed that the knowledge of the

mothers was inadequate in areas of time of initiation of breastfeeding (92%), colostrum feeding (56%), duration of exclusive breastfeeding (38%), knowledge on expressed breast milk (51%) and continuation of breastfeeding while baby is sick. [5]

An observational study conducted in suburban, coastal town of South India depicted that 58.7% knew that breastfeeding should be initiated within one hour of childbirth but only 48% of the mothers who had delivered initiated breastfeeding within one hour and 71.6% of the mothers knew that exclusive breastfeeding should be practiced for six months. Both the studies concluded that still there is a lack of the knowledge of mothers regarding EBF and this condition may make mothers feed artificial food, which makes health personnel to stress the importance of EBF and breastfeeding.

The investigators during her clinical experience in the postoperative ward, observed that almost all the mothers find difficulty in proper technique of breastfeeding and problems of the cesarean mother while breastfeeding their babies. So, the study was conducted to assess practice related to breastfeeding among cesarean section mothers.

Objectives of study:

- To assess breastfeeding techniques using an observation checklist.
- To find an association between knowledge of practice with a demographic variable.

Hypotheses:

H1: There will be no significant association between the knowledge level of practice feeding among cesarean mothers and selected demographic variables such as age, education, socio-economic status, religion, parity, and region.

2. Methods and materials

A study with 30 postnatal cesarean section mothers was selected from selected hospitals at Puducherry for the study. The Study design was descriptive, purposive sampling technique was used. The instrument used for data collection was a standardized latch scale. Women practice of breastfeeding was assessed personally with the help of latch scale regarding their knowledge on breastfeeding practice. After obtaining informed consent, data were collected through objective assessment of latch scale. The latch is a breastfeeding charting system that provides a systematic method for gathering information about individual breastfeeding sessions." When the LATCH is used five important components of breastfeeding is assigned a numerical score of 0, 1, or 2 to determine how well the task was done. The LATCH score assess, "L" is for how well the baby latches onto the breast, "A" is if sucking can be

heard as the baby is feeding, "T" is for the type of nipple the mother has, "C" is for the comfort of the mother and the baby while breastfeeding, and "H" is for how much help did the mother need to get a proper latch. Total score is 10 that may vary from 0 to 10, (<6 =good latching, <5=poor latching). Statistical analysis: Descriptive Statistics (frequency, percentage) and inferential statistics (chi-square test) were used for analysis.

3. Result

The analysis and interpretation of data collected from 30 samples, to assess the practice of breastfeeding techniques among mothers undergone cesarean section in selected hospitals at Pondicherry.

Table No 4.1: Percentage distribution of demographic variables of the cesarean mother

S.N.	Demographical variables	Number of subjects	%
I	Age(Year)		
1.	21-25	16	53.3
2.	26-30	11	36.6
3.	31-35	3	10.0
II	Religion		
1.	Hindu	24	80%
2.	Muslim	3	10%
3.	Christian	3	10%
III	Occupational status		
1.	Unemployed	25	83.3
2.	Employed	05	16.6
IV	Educational Status		
1.	No formal education	1	3.3
2.	Primary education	12	40.0
3.	Secondary education	4	12
4.	Degree or Above	13	43.3

Table 4.1, shows that 16(53.3%) subjects were in the age group of 21-25 years, 11(36.6%) subjects were in the age group of 26-30 years and 3(10%) subjects were in the age group of 31-35 years. In religion a show that 24(80%) subjects belong to Hindu, 3(10%) subjects belongs to Muslim and 3 (10%) subjects belongs to Christian. In occupational status, results show that 25(83.3%) subjects were Unemployed, 05(16.6%) subjects were employed. In educational status shows that 1(3.3%) subjects belong to No formal education, 12(40%) subjects belong to Primary education, 4(13.3%) subjects belongs to Secondary education, and 13(43.3%) subjects belongs to a Degree or Above.

Table No 4.2: Percentage distribution of knowledge level on the practice of breastfeeding among cesarean mother.

S.N.	Knowledge level	Number of subjects	%
1.	<5 (Poor)	6	20
2.	5-7 (Average)	4	13.3
3.	8-10 (Good)	20	66.6

Table 4.2 shows that the knowledge on the practice of breastfeeding among cesarean mothers. The table depicts that 6(20%) subjects were had poor knowledge <5 (20%), subjects were had average knowledge 5-7 (13.3%), and subjects were had good knowledge 8-10 (66.6%).

Table No 4.3: Association of knowledge on practice score with age, religion, education, dwelling, and occupation

S.N.	Demographic variables	Chi square	P value
1	Age	1.8	P<0.01 S
2	Religion	14	P<0.01 S
3	Education	7.1	P<0.01 N.S
4	Dwelling	3.11	P<0.10 N.S
5	Occupation	1.37	P<0.05 S

P<0.05, S-significant, N.S-Not significant

Table 4.2 the results depict that there was no association between demographic variables of educational status and area of residence with the level of knowledge on breastfeeding practice among cesarean section mothers. Whereas there is an association between demographic variables of like age, religion, and occupation with the level of knowledge on breastfeeding practice among cesarean section mothers.

Majority of 66.6% mothers having good knowledge, 13.3% having the average knowledge and 20% of mothers having poor knowledge on breastfeeding practice.

4. Discussion

In this studies, efforts need to be made to help the mother to initiate feeding early especially in cesarean section. Similarly another study by Saeed G et al., the results for effect of cesarean section on infant feeding revealed following problems unable to position herself and the baby correctly (54.6%) followed by the problem

of not enough milk for the baby (21%) and mother not inclined to feed (15.2%). [6] The Women need to be made aware of benefits of breastfeeding and proper techniques. Health care providers and nursing staff should be encouraged to actively participate in proper counseling and training of mothers. The study results were supported by Chaudhary R et al, which revealed only 15% of the mothers had an idea regarding exclusive breastfeeding [7]. Cesarean section was a risk factor for not initiating breastfeeding and for breastfeeding for less than 1 month but was unrelated to breastfeeding duration among women who breastfed for 1 month or more. The similar results from a study by Kapil U et al revealed pain in stitches (52%), difficulty in sitting (44%) and pain in lower abdomen (16%) as major difficulties in feeding. [8]. The study results revealed that with higher education level, knowledge about breastfeeding increased, which was consistent with study findings by Ekambaram et al. [9] Breastfeeding section in both cesarean and vaginal delivery mothers. It was found that the pattern of delivery affected breastfeeding and that cesarean delivery mothers needed more support and help as compared vaginal delivery mothers. Cesarean delivery mothers were seen to need more support, particularly in positioning their babies for breastfeeding. The limitation of the study was small sample size and hence, study results couldn't be generalized

Conclusion

It is desirable to provide additional breastfeeding support during the early postpartum period to women who deliver via cesarean sections. It was found that the pattern of delivery affected breastfeeding and cesarean delivery mothers needed more support and help as compared vaginal delivery mothers. Cesarean delivery mothers were seen to need more support, particularly in positioning their babies for breastfeeding.

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