



Maternal Perception for Improper Breastfeeding

Shila Samuel¹, Dr. Reshmi Siby²

¹research Scholar, Department Of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan

²professor, Department Of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan

Abstract:

Exclusive breastfeeding is a cornerstone of child survival and child's health because it provides essential, irreplaceable nutrition for a child's growth and development. Despite the proven benefits of exclusive breast feeding during the first 6 months of life, the rate of early initiation of breastfeeding is very low. Hence a study was undertaken to assess the maternal perception of improper breastfeeding techniques. Shape of breast such as small nipple, flat nipple, sore nipple, or retracted nipple were cited by majority(79.7%) of mothers as reason for improper breastfeeding. 76.6% of mothers were intending to top feed the babies hence were not interested to breastfeed. Use of pacifiers, nipple confusion were some of the reasons the mothers cited for improper breastfeeding in newborns. Most mothers need practical help in learning how to breastfeed. Antenatal preparedness should include breastfeeding aspects. Mothers should receive practical support to enable them to initiate and maintain breastfeeding and manage common breastfeeding difficulties.

Keywords: Breastfeeding, Maternal perception

Introduction:

"It is Judgement Time.

The milk flow is less.

The baby is not latching properly.

The nipples are either too big or too small."

A host of problems suddenly come rushing to a postpartum mother's mind.

Breastfeeding is the first vaccine shot providing protection from respiratory infections, diarrheal diseases and other life threatening diseases. WHO and UNICEF recommend early initiation of breastfeeding within 1 hour of birth; exclusive breastfeeding for the first 6 months of life; and introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond. However, many infants and children do not receive optimal feeding. WABA (World Alliance for Breast feeding Action) and BPNI aims to raise awareness and galvanize action on themes related to breastfeeding by celebrating Breastfeeding week from 01 Aug to 07 Aug.

Breastfeeding is widely tackled SDG intervention in efforts to mitigate death rates of new babies and kids' under-5 (Sankar et al., 2015). While nursing is a physiological process, certain mother-Infant pairs may have challenges in establishing successful Breastfeeding, particularly in the early postpartum period (Feenstra et al., 2018). Inadequate Breastfeeding technique has the potential to cause insufficient feeds, resulting in severe weight loss, hypernatremic dehydration, jaundice, and the need for hospitalization. The available evidence indicates that commencing breastfeeding early and exclusively breastfeeding upon leaving the hospital are linked to higher rates of exclusive Breastfeeding until the infant reaches six months of age and a longer overall duration of BF (van Dellen et al., 2019).

It is very important for the well-being of the child as well as mother to adopt right Breastfeeding practices. Therefore, it is imperative to evaluate breastfeeding practices, provide instruction on proper Breastfeeding procedures, and enhance maternal confidence in breastfeeding. There exists a necessity for the implementation of a SC methodology to assess the efficacy of breastfeeding, detect any issues pertaining to same, and promptly implement suitable remedial measures.



Despite the proven benefits of exclusive breast feeding during the first 6 months of life, the rate of early initiation of breastfeeding is very low. In spite of all such efforts, only 54.9% of infants under the age of 6 months are exclusively breastfed. Mother requires active support for establishing and sustaining appropriate breastfeeding practice. So a study was undertaken to assess the mother's perception about improper breastfeeding.

Materials and Methods

The present investigation was carried out in tertiary care hospitals in Maharashtra during April 2022 and December 2022, encompassing all newborn babies. The neonates who needed admission to the neonatal intensive care unit, mothers with multiple deliveries, and moms who were ill were excluded from the study.

Demographic and clinical information pertaining to both the mother and the babies were gathered using a pretested form. The study included a sample size of 350 mother-Infant dyads. A purposive sample of 350 mothers/infant dyads from Tertiary care hospitals of Pune, Maharashtra was drawn from the population of mothers/infant dyads for the present study. As there were no previous study done on the same topic, a pilot study was conducted to calculate the sample size for the main study. Ethical clearance from the institution was obtained. Written informed consent was taken from

Analysis and Results

To assess the perception of moms for improper BF techniques admitted to Tertiary Care Hospitals, the data has been collected from two angles (i) moms' reason for improper BF techniques; (ii) baby's reason for improper BF techniques.

The moms' reasons for improper BF techniques are as follows:

Table 1: Moms' reasons for improper BF techniques (N=350)

Moms' reasons for improper BF techniques		Frequency	%
Initiation of prelacteal feeds	Yes	47	13.4
	No	303	86.6
Breast problem—Small nipple, Flat nipple, Sore nipple, Retracted nipple	Yes	279	79.7
	No	71	20.3
Lack of Knowledge about breastfeeding	Yes	197	56.3
	No	153	43.7
Not enough milk in breast	Yes	238	68.0
	No	112	32.0
Difficult to have enough time to lactate	Yes	201	57.4
	No	149	42.6
Fear of beauty conscious/breast sagging	Yes	112	32.0
	No	238	68.0
Planning for top feeds	Yes	268	76.6
	No	82	23.4
Stopped due to relative advice	Yes	84	24.0
	No	266	76.0
No interest in Feeding	Yes	21	6.0
	No	329	94.0
Pain over breast while suckling	Yes	103	29.4
	No	247	70.6
Poor attachment and poor position	Yes	135	38.6
	No	215	61.4
Due to Conception / Pregnant	Yes	15	4.3
	No	335	95.7
	Total	350	100.0



Table 1 indicates that out of 350 moms, very few moms (13.4%) found initiation of prelacteal feeds as reason for improper breastfeeding whereas 86.6% did not consider it as a reason for poor breastfeeding.

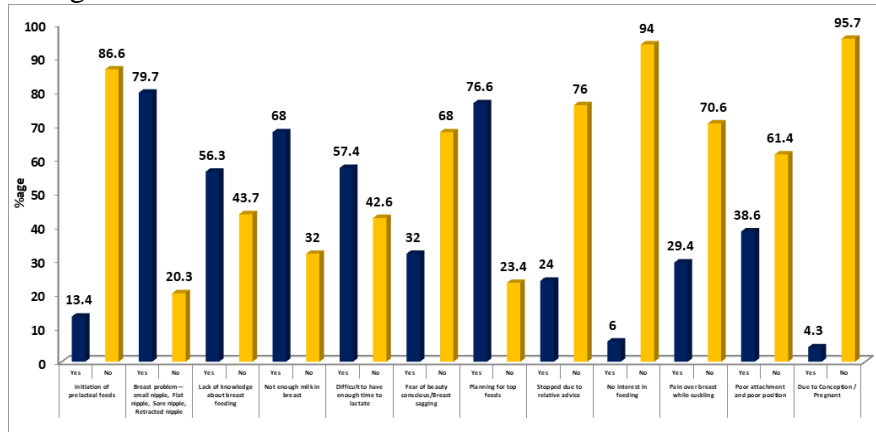


Fig. 1: Moms' reasons for improper BF techniques (N=350)

The data revealed that out of 350 moms, most of the moms (79.7%) found shape of breast such as small nipple, flat nipple, sore nipple, or retracted nipple as reason for improper breastfeeding whereas 20.3% did not consider it as a reason for poor breast feeding. Out of 350 moms, 56.3% moms found lack of knowledge about breastfeeding as reason for poor feeding whereas 86.6% did not consider it as a reason for adopting wrong breastfeeding technique. Not enough milk in breast was found the prime reason for improper breastfeeding by 68% moms whereas 32% did not face this difficulty. Difficult to have enough time to lactate was found the prime reason for poor breast FD by 57.4% moms whereas 42.6% moms did not have this difficulty. 32% moms found fear of beauty conscious/breast sagging as prime reason for poor breastfeeding whereas 68% did not agree with it.

Most of the moms now-a-days are working; therefore top feed becomes necessity for them. Moreover, there is a positive perception towards top feed. The data also revealed that 76.6% moms were planning for top feeds and hence adopt improper techniques of breastfeeding. In Indian culture, elderly persons/relatives play significant role in educating/advising new-moms about child rearing and breastfeeding. Thus 24% moms reportedly stopped breastfeeding due to relatives' advice. However, 76% moms did not fall for such advice on breastfeeding their baby.

A very small proportion i.e., 6% moms reported that they were not interested in breastfeeding their baby whereas majority i.e., 94% moms had not shown such inclination.

The pain perceived by mothers during breastfeeding is a common phenomenon. 38.6% moms found it as the reason for their poor breastfeeding.

Sometimes moms got pregnant during the breastfeeding phase of their baby which causes difficulty in breastfeeding their newborns. 4.3% moms became pregnant during breastfeeding and hence had poor breastfeeding practices.

Mom's perception for improper BF techniques in babies are as follows:

Table 2: Baby's reasons for improper breast-FD techniques (N=350)

Baby's reasons for improper breast-FD techniques	Frequency	%	
Refuse to suck the breast	Yes	77	22.0
	No	273	78.0
Baby becomes sick after breast feed	Yes	89	25.4
	No	261	74.6
Use of pacifier	Yes	198	56.6
	No	152	43.4
Nipple confusion due to bottle	Yes	138	39.4



feeding	No	212	60.6
Improper sucking	Yes	101	28.9
	No	249	71.1
Improper latching	Yes	182	52.0
	No	168	48.0
Vomiting after breastfeeding	Yes	68	19.4
	No	282	80.6
Feeling hungry after breast feed	Yes	184	52.6
	No	166	47.4
Total		350	100.0

Table 2 indicates that out of 350 babies, moms reported that 22% of the babies refused to suck the breast which causes improper breastfeeding whereas 78% mothers did not find it as a reason for poor breastfeeding of baby.

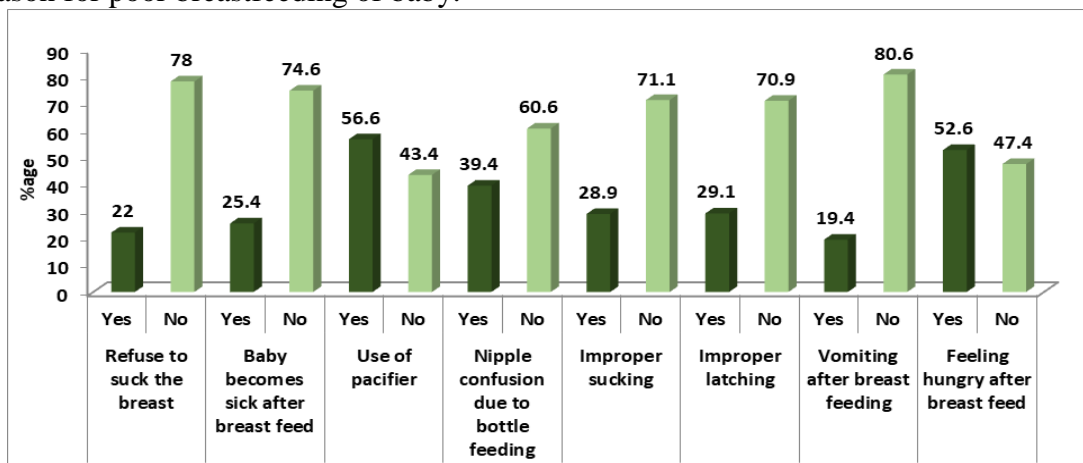


Fig. 2 Baby's reasons for improper BF techniques (N=350)

The data revealed that out of 350 moms, moms reported that 25.4% of the babies became sick after breast feed which causes poor breastfeeding on the part of mother whereas 74.6% did not find it as a reason for poor breastfeeding. 56.6% moms reported that the babies were given pacifier which can be the cause of improper breastfeeding. Nipple confusion among babies due to bottle feeding was found the prime reason for improper breastfeeding among 39.4% babies. Improper sucking by babies was found one of the reasons for poor breastfeeding by 28.9% moms. Similarly improper latching by babies was found to be one of the reasons for poor breast FD by 29.1% moms. 19.4% moms reported that their baby vomits immediately after breastfeeding and hence, they refrain from breast feed their babies. 52.6% moms felt that their baby felt hungry even after breast feed and hence they give top feed along with breast feed to their babies.

Discussion

Ozturk R et al (2022) conducted a quasi experimental study among 80 pregnant women to assess the effectiveness of antenatal educational interventional on maternal breastfeeding self efficacy and breastfeeding success and concluded that the mean breastfeeding self efficacy and LATCH scores were higher in the intervention group as compared to the control group. Antenatal mothers should be taught about the importance of breastfeeding on the importance of early initiation of breastfeeding, the importance of rooming-in, the basics of good positioning and attachment, recognition of feeding cues.

Conclusion:

While breastfeeding is a natural human behaviour, most mothers need practical help in learning how to breastfeed. Even experienced mothers encounter new challenges with breastfeeding a newborn. Postnatal breastfeeding counselling and support has been shown to



increase rates of breastfeeding up to 6 months of age. Early adjustments to position and attachment can prevent breastfeeding problems at a later time. Frequent coaching and support helps build maternal confidence. Mothers should receive practical support to enable them to initiate and maintain breastfeeding and manage common breastfeeding difficulties.

"The infant has just three needs. They are security in knowing that their mother is there, warmth in her arms, and sustenance from her breasts. All three are satisfied by breastfeeding."

References:

- Fadiloglu, E., Karatas, E., Tez, R., et al. (2021). Assessment of factors affecting breastfeeding performance and latch score: A prospective cohort study. *Zeitschrift für Geburtshilfe und Neonatologie*, 225, 353-360.
- Feenstra, M. M., Jørgine Kirkeby, M., Thygesen, M., et al. (2018). Early breastfeeding problems: A mixed method study of mothers' experiences. *Sexual and Reproductive Healthcare*, 16, 167-174.
- Sankar, M. J., Sinha, B., Chowdhury, R., et al. (2015). Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis. *Acta Paediatrica*, 104, 3-13.
- Dellen, S. A., Wisse, B., Mobach, M. P., & Dijkstra, A. (2019). The effect of a breastfeeding support programme on breastfeeding duration and exclusivity: A quasi-experiment. *BMC Public Health*, 19, 993.
- World Health Organization. (2021)
- Horta BL, Victoria CG.(2013), Long term effects of breastfeeding: A systematic review. Geneva. World Health Organization
- D Jensen, S Wallace, P Kelsay.(1994), LATCH: A breastfeeding charting system and documentation tool. JOGNN.doi:10.1111/J.1552-6909. 1994. TB01847X
- Jakaite V et al. (2021). Predictors of exclusive breastfeeding in the first six months: four consecutive surveys in a tertiary hospital in Lithuania. *International Breastfeeding Journal*, 16(22)1-9.
- Shah MH, Roshan R, Parikh T, Sathe S, Vaidya U, Pandit A. (2021), LATCH Score at Discharge: A Predictor of Weight Gain and Exclusive Breastfeeding at 6 Weeks in Term Healthy Babies. *J Pediatr Gastroenterol Nutr*. Feb 1;72(2):e48-e52. doi: 10.1097/MPG.0000000000002927. PMID: 32868667.
- Mokhtari Sorkhani T, Namazian E, Komsari S, Arab S. (2021), Investigating the Relationship between Childbirth Type and Breastfeeding Pattern Based on the LATCH Scoring System in Breastfeeding Mothers. *Rev Bras Ginecol Obstet*. Oct;43(10):728-735. English. doi: 10.1055/s-0041-1735985. Epub 2021 Nov 16. PMID: 34784628.
- Kumar PS, Mooney R, Weiser LJ, Havstad S.(2006), The LATCH scoring system and prediction of breastfeeding duration. *J Hum Lact* 22(4).391-397.

