



To Evaluate the Effect of an Educational Programme on Breast Care Attentiveness among Young Mothers after Childbirth

A. R. Bharathi^{1*}

¹*Department of Nursing, Bharath Institute of Higher Education and Research, Selaiyur, Chennai-600073 Tamil Nadu, India.*

Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/JPRI/2021/v33i46A32889

Editor(s):

(1) Dr. Paola Angelini, University of Perugia, Italy.

Reviewers:

(1) Legesse Tadesse Wodajo, Arsi University, Ethiopia.

(2) Syed Yousaf Shah, Lincoln University College, Malaysia.

Complete Peer review History: <https://www.sdiarticle4.com/review-history/73562>

Original Research Article

Received 10 August 2021

Accepted 14 October 2021

Published 15 October 2021

ABSTRACT

The postpartum period, also known as the puerperium and the "fourth trimester," refers to the time after delivery when maternal physiologic changes related to pregnancy return to the non-pregnant state. From the day of delivery to six-eight weeks after delivery is termed as the fourth trimester. A few days after birth, the mother's breast will swell with milk and become tender swollen, firm, and painful breasts. If the breasts are severely engorged, they are very swollen, hard, shiny, warm, and slightly lumpy to the touch. This is called engorgement. Breast care is necessary postnatally since this will avoid complications such as mastitis – infection caused due to trapped milk. Post natal education on breast care is much needed for all mothers. Mastitis, for example, is an infection that causes inflammation of the breast tissue. It's most commonly caused by milk trapped in the breast. Untreated mastitis can lead to complications such as a collection of pus in the clogged milk ducts. Often, even well educated women seem to know very less about breast care post childbirth. Hence the present study was framed to assess on how much knowledge the new mothers possess about breast care (sample size: 60). From the results obtained we conclude that all the new mothers post the awareness rendered about breast care acquired good or adequate knowledge regarding the same when compared to pre-test. This emphasizes the need for public health interventions and awareness programs to educate as well as minimize the related complications.

Keywords: Education; postpartum period; infection; clogging.

1. INTRODUCTION

A few days after birth, the mother's breast will swell with milk and become tender and painful. This is called engorgement. Breast care is necessary postnatally since this will avoid complications such as mastitis – infection caused due to trapped milk. Some ideas for after birth breast care are as follows - Using warm or cold compress for the pain, increasing the frequency of breastfeeding to prevent clogging, alternating feeding positions, choosing proper inner ware and massaging the breasts to avoid swelling and flat nipples [1]. If swelling with pain or fever persists one needs to see the doctor. To prevent sore nipples proper latching of baby on the breast, letting a few drops of milk dry on the nipples, not using alcohol, soap, or scented cleansers on your breasts, avoiding wearing plastic nursing pads, etc. can help [2]. Often, even well educated women seem to know very less about breast care post childbirth. In a study by Perez et al [3] the causal relationship between maternity ward practices and lactation success methods was studied and they concluded saying that hospital-based breast-feeding interventions can have a beneficial effect on lactation. Engorgement happened due to irregular feeding or improper milk usage and discontinuous feeding to the child. It resulted in more infection in the breast tissues [2].

Post natal education on breast care is much needed for all mothers. The World Health Organization along with United Nations Children's Fund Global Strategy for Infant and Young Child Feeding has proposed the BFHI - The Baby-friendly Hospital Initiative [4-5]. Mastitis, is a kind of infection that enhance the microbial growth in breast tissue due to engorgement. Untreated mastitis can lead to complications such as a collection of pus in the clogged milk ducts [6-8]. Several studies indicated the significance and prevalence of mastitis engorgement. But, there are only very few field studies [8-10]. Hence, the main objective of this initiative was to examine the impact of BFHI implementation on breastfeeding and child health outcomes worldwide. Considering this, the present study was framed to assess on how much knowledge the new mothers possess about breast care and how a small educational initiative on breast care would help improve their knowledge.

2. METHODOLOGY

The data was collected from 60 people (Female only age group 20-40 years, since the feeding habit, the old was limited to 40 years) and analyzed according to objectives of the study.

2.1 Research Approach

Quantitative research approach was used for this study.

2.2 Research Design

Descriptive design was adapted for the study.

2.3 Setting of the Studies

The study was conducted at a Government hospital, Chennai on 60 post natal mothers (20 to 40 years). The government hospital was selected for the study, due to the availability of the patients from different economic classes. This is simple and pilot- like study, hence, single study centre was chosen. The exclusion criteria was the women undergoing with any chemotherapy, hormonal therapy and un willing patients were excluded from the study.

2.4 Population

The samples consisted postnatal mother's (20 to 40 year's) at a Government hospital, Chennai.

2.5 Sample Size

The sample size was 60 mothers.

2.6 Sampling Technique

A non-probability purposive sampling technique was adapted to the selected samples in the study.

2.7 Description of the Tools

The tool consist of 2 sections.

Section 1: This section consists of an interview schedule to assess the demographic characteristic such as age, educational status, gravida and religion of the selected mothers.

Section 2: Multiple choice question to assess the knowledge on breast care.

Criteria for scoring

Section 1 -No scoring.

Section 2 - The knowledge questionnaire consist of 20 questions totally. Each question with a

correct answer will be given 1 mark & incorrect answer carries no mark the total scoring for over all knowledge was 20. To interpret the level of knowledge of breast care the score was converted to percentage and were classified.

3. RESULTS

Table 1. Comparing pre-test and post test knowledge on breast care mother among antenatal and postnatal mother

Knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Good	12	18	56	93
Adequate	44	73	4	6.7
Poor	5	8.3	0	0

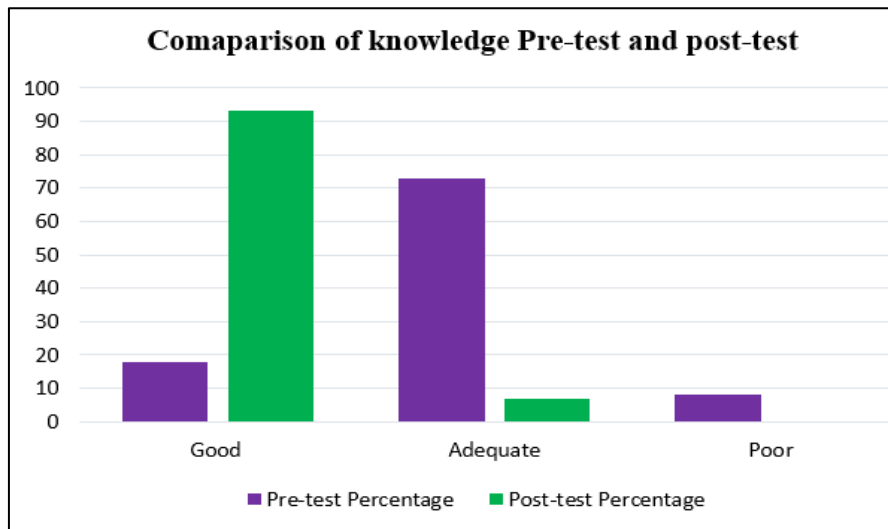


Fig. 1. Comparing pre-test and post test knowledge on breast care mother among antenatal and postnatal mother

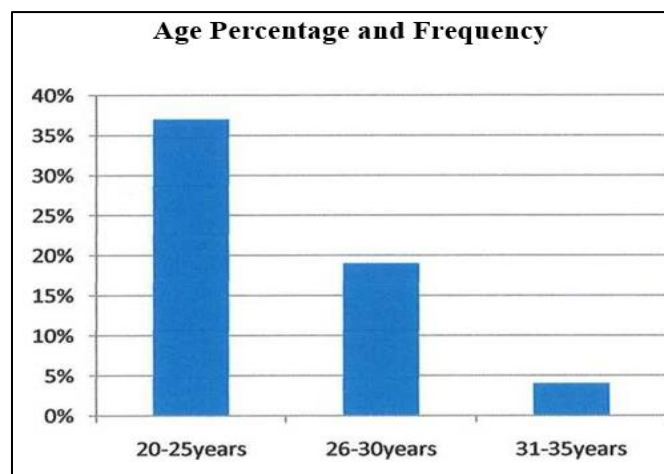


Fig. 2. Age group of women in this study

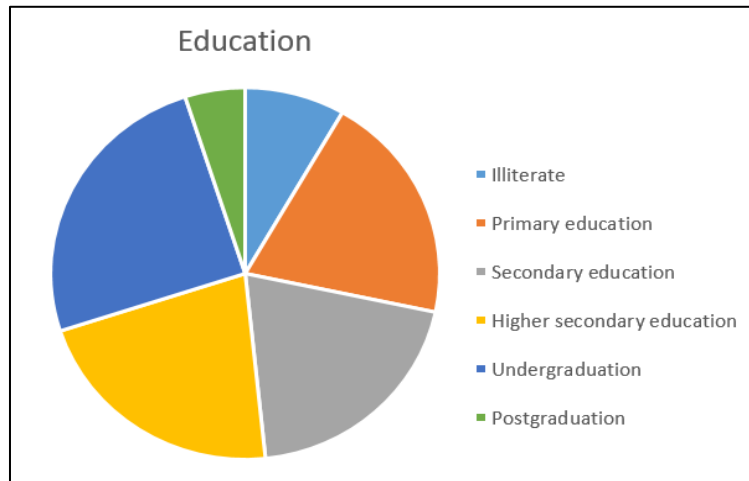


Fig. 3. Educational status of women in this study

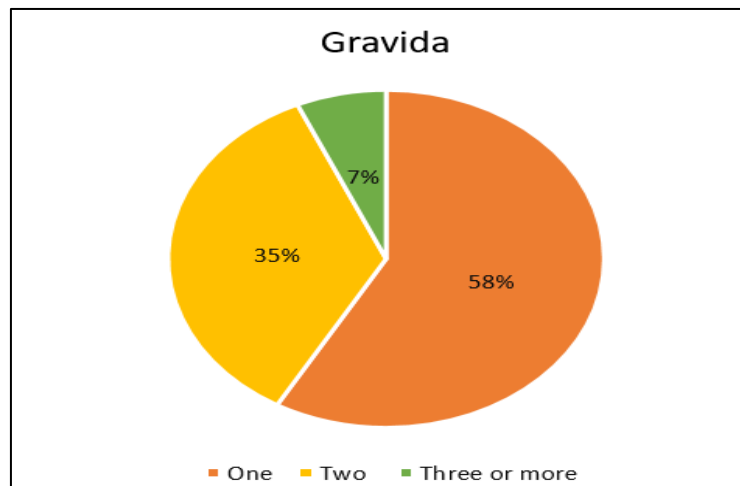


Fig. 4. Gravida of women in this study

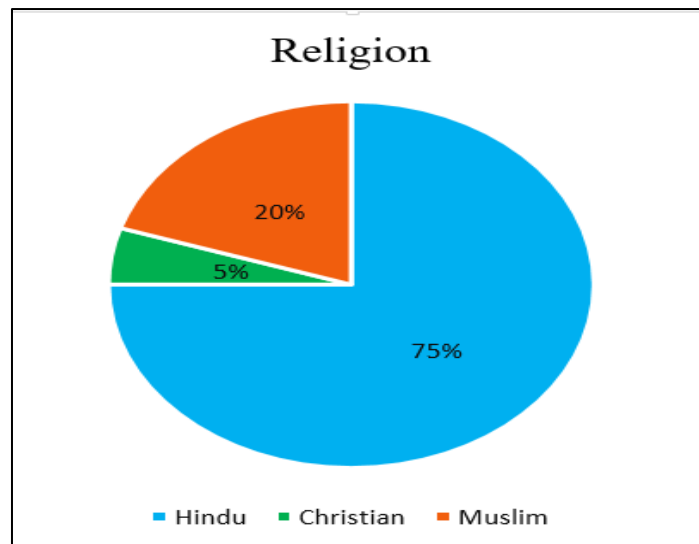


Fig. 5. Religion of women in this study

4. DISCUSSION

The study carried out by Dhandapany G (2008) on antenatal counselling on breast feeding and postnatal lactation support at Mahatma Gandhi Medical College and research institute, Pondicherry India, is in correlation with the present study [5]. Breast milk contains exactly the nutrients a baby needs and is easily digested and used by the baby's body. It also protects the baby against infection. A few days after birth, the mother's breast will swell with milk and become tender and painful. This is called engorgement. Breast feeding is recommended from the first hour of birth upto six month of child birth [6]. Dr. Henriette Moll, a professor of Pediatrics at Erasmus Medical Centre in Rotterdam insists on support health policy strategies to promote exclusive breast feeding for at least 4 month and preferably 6 months [6-7]. Breast care is necessary postnatally since this will avoid complications such as mastitis – infection caused due to trapped milk [11]. The awareness of proper breast care after childbirth seems to be very low among new mothers as shown in the present study [8-9]. In accordance with the present study, Perez et al. [3] concluded saying that hospital-based breast-feeding interventions can have a beneficial effect on lactation. The sample number is the major limitation of the study. The study was concentrated on limited sample size (n=60), but, it showed that the hospital management should focus more on the breast feeding women to inhibit the mastitis.

5. CONCLUSION

In conclusion, the results from the current study shows that all the new mothers post the awareness rendered about breast care acquired good or adequate knowledge regarding the same when compared to pre-test. This emphasizes the need for public health interventions and awareness programs to educate as well as minimize the related complications.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

ACKNOWLEDGMENT

The authors acknowledge the helping from BIER, Chennai.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Pamela Berens, MD. Overview of the postpartum period: Normal physiology and routine maternal care. Available: <https://www.uptodate.com/contents/overview-of-the-postpartum-period-normal-physiology-and-routine-maternal-care>
2. Hernandez AK. Post Natal Health: How to best care for our patients after childbirth; 2021.
3. Pérez-Escamilla R, Pollitt E, Lönnerdal B, Dewey KG. Infant feeding policies in maternity wards and their effect on breast-feeding success: an analytical overview. *Am J Public Health*. 1994;84(1):89-97. Doi:10.2105/ajph.84.1.89
4. Available: https://www.who.int/elena/titles/bc/implementation_bfhi/en/
5. Dhandapany, G., Bethou, A., Arunagirinathan, A. et al. Antenatal counseling on breastfeeding – is it adequate? A descriptive study from Pondicherry, India. *Int Breastfeed J*. 2008;3:5. Available: <https://doi.org/10.1186/1746-4358-3-5>
6. Pregnancy, Childbirth, Postpartum and Newborn Care: A Guide for Essential Practice. 3rd edition. Geneva: World Health Organization. K, Breastfeeding, Care, Preventive Measures and Treatment for The Newborn; 2015. Available: <https://www.ncbi.nlm.nih.gov/books/NBK326679/>
7. Romano M, Cacciatore A, Giordano R, La Rosa B. Postpartum period: three distinct but continuous phases. *J Prenat Med*. 2010;4(2):22-5.
8. Brown JS, Posner SF, Stewart AL. Urge incontinence: new health-related quality of life measures. *J Am Geriatr Soc*. 1999;47(8):980-8.
9. Bystrova K, Matthesen AS, Vorontsov I, Widström AM, Ransjö-Arvidson AB, Uvnäs-Moberg K. Maternal axillar and

- breast temperature after giving birth: effects of delivery ward practices and relation to infant temperature. Birth. 2007;34(4):291-300.
10. Nathan HL, El Ayadi A, Hezelgrave NL, Seed P, Butrick E, Miller S, Briley A, Bewley S, Shennan AH. Shock index: an effective predictor of outcome in postpartum haemorrhage? BJOG. 2015; 122(2):268-75.
11. Matthys LA, Coppage KH, Lambers DS, Barton JR, Sibai BM. Delayed postpartum preeclampsia: an experience of 151 cases. Am J Obstet Gynecol. 2004;190(5):1464-6. [PubMed]

© 2021 Bharathi; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<https://www.sdiarticle4.com/review-history/73562>