

A Hospital Based KAP Study Regarding Breastfeeding among Recently Delivered Women: A Cross Sectional Study

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Abstract

Aim: The aim of the present study was to assess the Knowledge, Attitude and Practices on Breastfeeding among recently delivered women in Bihar region.

Methods: It was a cross-sectional observational study. Women who delivered vaginally or by caesarean section in Department of Obstetrics and Gynaecology, were included in this study. 500 women were selected in the study.

Results: 94% women knew that areola should be inside the mouth and 96% women knew about the burping after feeds. 60% women had knowledge about early initiation of breastfeeding and its benefits and 96% knew that breastfeeding remains child healthy. 4% women thought that Breastfeeding is old fashioned and 90% women thought that Breast milk is best milk. 70% of women-initiated breastfeeding within 1 hour of delivery. Maternal Age, sex of child, religion, area of residence, and type of delivery (vaginal or caesarean section) are the factors which determines initiation of breastfeeding and to be eliminated, while maternal educational status, maternal employment status, socioeconomic status, number of ANC visits and antenatal counselling are the factors which are associated with initiation of breastfeeding and to be improved.

Conclusion: Our study concluded that targeted and well-coordinated breastfeeding policies and interventions by healthcare workers, eliminating myths regarding prelacteal feeds and promotion of EIBF will improve early initiation of breastfeeding practices for all Indian mothers.

Keywords: Knowledge, Attitude, Practice, Breast Feeding.

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Introduction

Breastfeeding is essential for the optimal growth and wellness of a child, and it should commence within the 1st hour of birth. This should continue exclusively for 6 months and actively for at least 1 year. [1] Exclusive breastfeeding (EBF) is the practice of feeding the infant for the first 6 months of life on breast milk only without any other type of food, not even water. It is recommended as the best feeding alternative for infants up to 6 months and has a protective effect against mortality and morbidity. [2] Research has shown that non-breastfed infants aged 0–5 months have a 5-fold increased risk of death from pneumonia and a 7-fold increased risk of death from diarrhea, compared with infants who are exclusively breastfed. [3] Thirteen percent of deaths in children under-five can be prevented when exclusively breastfed for 6 months and breastfeeding is continued until 11 months. [4] This child survival

intervention is the single most effective preventive intervention in reducing child mortality. [4]

Breastfeeding as an intervention was identified by the Lancet neonatal survival series that can reduce 55%–87% of all-cause neonatal mortality and morbidity. [5] Studies have reported that breastfeeding reduces neonatal deaths, particularly due to infections [6] such as diarrhea, [7] neonatal sepsis [8] and pneumonia. [9] Breastfeeding also has long-term benefits in the form of improved intelligent quotient, obesity, diabetes, and hypertension. [10] All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the 1st h after delivery. [11] Compared to infants who initiated breastfeeding within 1 h after birth, infants who initiated breastfeeding 2–23 h after birth had a 33% greater risk of neonatal mortality and infants who initiated breastfeeding

after 24 h after birth had a 2.19-fold greater risk of neonatal mortality. [12]

Despite various initiatives being taken world over, [13,14] to improve breastfeeding, it was noted that only 45% of world’s newborns and 42% of newborns in South Asia initiated breastfeeding within 1 h of birth. [15] In India, [16] only 41.6% of newborns were put to breast within 1 h of birth, whereas in Uttarakhand, [17] only 27.8% of children received breastfeeding within 1 h. Breastfeeding rates vary among regions in India. [18] The global breastfeeding recommendations are to place all newborns in skin-to-skin contact with their mothers immediately after birth, to support the initiation of breastfeeding within 1 hour after birth (defined as early initiation of breast feeding or EIBF) and to exclusively breastfeed the child until 6 months of age. [19]

The aim of the present study was to assess the Knowledge, Attitude and Practices on breastfeeding among recently delivered women in Bihar region.

Materials and Methods

It was a cross-sectional observational study .Women who delivered vaginally or by caesarean section in Department of Obstetrics and Gynaecology, were included in this study. 500 women were selected in the study.

Method of Data Collection

Women who delivered vaginally or by caesarean section in Department of Obstetrics and Gynaecology, Madhubani Medical College, Madhubani, Bihar, India and who fall in the inclusion criteria were selected for study before the discharge from hospital. Informed consent was taken. A face-to-face interview was conducted using a predesigned, standardized questionnaire regarding knowledge, attitude and practices of breastfeeding. The questionnaire included data

about maternal age, parity, type of delivery, education, employment status, socioeconomic status, religion, residence, sex of the child, time of initiation of breastfeeding and questions regarding knowledge, attitude and practice of breastfeeding. Health education was given to all the mothers who were interviewed regarding the advantages of breastfeeding.

Inclusion Criteria

Women who delivered a live baby at term by vaginal route or caesarean section and whose baby was given to mothers in immediate postpartum period in Department of Obstetrics and Gynaecology were included in study.

Exclusion Criteria

- Women with conditions where breastfeeding is contraindicated i.e. untreated active Tuberculosis, Psychosis, Cancer.
- Women who delivered IUD fetus
- Women with complicated delivery
- Women with baby who required neonatal resuscitation and NICU admission in immediate postpartum period
- Women with Baby having Gross Congenital anomaly

Statistical Analysis

The information was collected and analyzed using Microsoft Excel and Epi Info 7 software. Descriptive statistics like mean, frequency and percentages of various parameters were calculated, Chi-Square test was used to deduce the association and correlation between Early initiation of breastfeeding with different attributes and p values were calculated. The p value <0.05 was considered significant and p value <0.01 was considered highly significant.

Results

Table 1: Knowledge regarding technique of breastfeeding (Multiple Responses)

Knowledge regarding technique of breastfeeding	Number of women (n=500)
Nipple and most of areola should be inside 7the mouth	470 (94%)
Burping after feeds	480 (96%)
Knows placing the fingers between the gums and areola to release the suction after breastfeeding	175 (35%)
Complete emptying of one breast followed by other	200 (40%)
Complete emptying of both breast	180 (36%)
Knows about cleanliness of breast and handwashing before feeds.	250 (50%)

94% women knew that areola should be inside the mouth and 96% women knew about the burping after feeds.

Table 2: Knowledge regarding benefits of breastfeeding and knowledge regarding recent trends in breastfeeding (Multiple Responses)

Knowledge regarding benefits of Breastfeeding and knowledge regarding recent trends in breastfeeding	Number of women (n=500)
Knowledge about early initiation of breastfeeding and its benefits	300 (60%)
Child remains healthy	480 (96%)
More nutritious and hygienic	450 (90%)
Gives natural immunity	60 (12%)
Lactational amenorrhoea	200 (40%)
Mother milk is best milk	460 (92%)
Benefits of skin to skin contact	50 (10%)
Breast milk is pure and cost nothing	460 (92%)
Improves growth and development	570 (95%)
Prevents from allergy	5 (1%)
Knowledge of milk bank	0 (0%)
Knowledge of surrogate mothers and wet nursing	0 (0%)
Knowledge of feeding of twin babies	5 (1%)
Knowledge of fore milk and hind milk	20 (4%)
Knowledge of breast shield and nipple shield	0 (0%)
Knowledge of formula milk	260 (52%)

60% women had knowledge about early initiation of breastfeeding and its benefits and 96% knew that breastfeeding remains child healthy.

Table 3: Attitude towards breastfeeding

Attitude towards breastfeeding	Number of patients (n=500)
Breastfeeding leads to loss of figure	70 (14%)
Breastfeeding is old fashioned	20 (4%)
Breast milk is best milk	450 (90%)
Breastfeeding fosters close bond between mother and child	460 (92%)
Breastfeeding is embarrassing in public	300 (60%)
Breastfeeding prevents going to work	180 (36%)

4% women thought that Breastfeeding is old fashioned and 90% women thought that Breast milk is best milk.

Table 4: How soon was the baby breastfed after delivery

How soon was the baby breastfed after delivery	Number of Patients
<1 hour	350 (70%)
1-4 hour	50 (25%)
4 - 12 hour	20 (4%)
12 -24 hour	5 (1%)
Total	500 (100%)

70% of women initiated breastfeeding within 1 hour of delivery.

Table 5: Comparison of educational status of women and EIBF

Educational Status	EIBF	Breastfeeding after 1 hour of delivery	Total	P value
Informal Education	5	10	15 (3%)	< 0.00001
Primary School	35	40	75 (15%)	
Middle School	150	30	150 (30%)	
High School	157	68	225 (45%)	
Graduate	33	2	35 (7%)	
Total	350 (70%)	150 (30%)	500 (100%)	

Maternal Age, sex of child, religion, area of residence, and type of delivery (vaginal or caesarean section) are the factors which determines initiation of breastfeeding and to be eliminated,

while maternal educational status, maternal employment status, socioeconomic status, number of ANC visits and antenatal counselling are the

factors which are associated with initiation of breastfeeding and to be improved.

Discussion

Early initiation of breastfeeding (EIBF) is defined as the initiation of breastfeeding within 1 hour of birth. This is also the time when colostrum is secreted with its potential benefits. [20] Breastfeeding is a unique, valuable feeding practice in infancy that is associated with lower neonatal mortality and prevents morbidities such as diarrhoea, pneumonia, neonatal sepsis and may reduce obesity and diabetes later in life. [21-23] EIBF stimulates breast milk production, produces antibody protection for the newborn and reduces postpartum maternal haemorrhage and its practice determines the successful establishment and longer duration of breastfeeding. [24,25] In view of the benefits of optimal breastfeeding, the World Health Organization and the United Nations Children's Fund (WHO/UNICEF) [26] recommend early initiation of breastfeeding within the first hour of birth and exclusive breastfeeding (EBF) for the first 6 months of life, as well as continued breastfeeding until the child is 2 years of age. [27]

94% women knew that areola should be inside the mouth and 96% women knew about the burping after feeds. 60% women had knowledge about early initiation of breastfeeding and its benefits and 96% knew that breastfeeding remains child healthy. 4% women thought that Breastfeeding is old fashioned and 90% women thought that Breast milk is best milk. Keeping the baby skin to skin on mother's abdomen just after birth is a practice widely promoted by the WHO and UNICEF as part of newborn care package to create an optimal environment for breastfeeding the child. [28] However, this requires a skilled birth attendant in the labor room who can assist the mother to initiate early feeding. In our hospital also, it was a policy to keep the baby on mother's abdomen immediately after birth, but at times, multiple deliveries take place simultaneously, and with less nursing staff, adoption of this practice becomes difficult to be followed resulting in handing the baby to family members. In a recent systematic review and meta-analysis, it was seen that breastfeeding initiation after the 1st hour of birth doubles the risk of neonatal mortality. [29]

70% of women initiated breastfeeding within 1 hour of delivery. Maternal Age, sex of child, religion, area of residence, and type of delivery (vaginal or caesarean section) are the factors which determines initiation of breastfeeding and to be eliminated, while maternal educational status, maternal employment status, socioeconomic status, number of ANC visits and antenatal counselling are the factors which are associated with initiation of breastfeeding and to be improved. Mother's

health-related factors such as being unconscious after delivery [30,31] and fatigue [32] have been cited as potential factors in delaying breastfeeding. Various factors are known to influence breastfeeding practices. High age, education and economic status of mother have a positive effect on BF. Birth weight more than 3 kg and gestation more than 38 weeks have also been found to have positive effect on BF. [33-35] No significant association was noted in terms of working status of mother and initiation of breastfeeding, but working mothers were noted to discard colostrum as compared to those who were unemployed. Cesarean section is also seen as a hindering factor in early initiation of breastfeeding. [36]

Conclusion

Majority of women had good knowledge about overall breastfeeding practices and benefits of early initiation of breastfeeding most probably due to counseling regarding breastfeeding in antenatal period by healthcare workers starting from grass root level including Anganwadi worker, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA), Nursing staff and Medical staff and also due to positive change in attitude of women and relatives toward breastfeeding. Our study concluded that targeted and well-coordinated breastfeeding policies and interventions by healthcare workers, eliminating myths regarding prelacteal feeds and promotion of EIBF will improve early initiation of breastfeeding practices for all Indian mothers.

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