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Common breast feeding problems in mothers in early postnatal period

Yogendra Prasad R.*, Chandrakala P., Manasa G.

Department of Pediatrics, KIMS, Bangalore, Karnataka, India

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*Correspondence: Dr. Yogendra Prasad R., E-mail: yp2475@gmail.com

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ABSTRACT

Background: Breast feeding is the optimal method of feeding in infants and provides improved short and long term health outcomes. The objective of this study was to identify common breast feeding problems in mothers in early postnatal period.

Methods: Four hundred and ninety-four mothers in early postnatal period admitted in Kempegowda Institute of Medical Sciences and Research Centre were enrolled in this study during the period from March 2016 to June 20016. All the mothers were questioned regarding about their knowledge of breast feeding, health education received during Antenatal visits, the problems during breast feeding and were also observed for any mistakes of mothers during breast feeding.

Results: In this study, the age of the mothers was in the range between 18-38 years. Out of them most were house wives (87.5%) and from urban area (78.4%). This study showed lacking antenatal education of mothers about breast feeding. Among the study group only about 13% had the knowledge about breast feeding, which reflects real breast feeding problems especially in the postnatal period which is critical period in starting and continuation of breast feeding. Among the problems encountered, majority of the mothers had no experience how to hold the baby in right position for breast feeding (16.5%), mothers believed that milk was not sufficient (13%) and the refusal of the baby to suckle (8.7%).

Conclusions: This study clearly shows that there is lack of knowledge regarding importance of breast feeding and its benefits to the baby by mothers, during antenatal visits which leads to all problems during breast feeding and hence has to be tackled earlier during pregnancy by educating them about breast feeding.

Keywords: Breast feeding, Infants, Postnatal period

INTRODUCTION

Breast milk is the natural food for an infant and it is species specific. Successful breast feeding is an important child rearing skill to be learnt and practiced. Breastfeeding is universally recognized as the best way to feed an infant because it protects mother and infant from a variety of health problems. Even so, many women who start breast feeding stop early before the recommended minimum of exclusive breastfeeding for six months. Often women stop breast feeding because common problems interfere with their ability to breastfeed.

The most common reason women stop breastfeeding is that they think they have insufficient amount of milk, but most the mothers have adequate milk for breast feeding. Other problems include inverted/retracted nipple, flat nipple, breast abscess. Twins and triplets are not breast feeding problems because the mother can nurse twins and triplets and provide adequate nourishment for more than one infant.²

The objective of this study was to identify common breast feeding problems in mothers in early postnatal period and educate and encourage breast feeding.

METHODS

Four hundred and ninety-four mothers in early postnatal period (1-3 days after delivery) admitted in Kempegowda Institute of Medical Sciences and Research Centre were enrolled in this study during the period from March 2016 to June 2016. Out of them 262 were delivered by caesarean section and 232 were delivered by vaginal delivery. Data were collected by direct interview with the mothers which was documented in the prepared questionnaire. All mothers were subjected to questions about their age, educational level, occupation and place of residence. The mothers were asked about antenatal care, number of visits and if she received any health education about BF during visits. The questionnaires also included inquiry about knowledge of mothers about basis of breast feeding (right positioning and good attachment and its importance) and the sources of these information. The mothers were asked about method of delivery, product of delivery, the time of first breastfeeding and if the baby got anything other than breast milk, like formula feeds or water. All mothers in this study were observed during nursing to detect the position and attachment of baby on the breast to find out the mistakes, complaints and problems of mothers during feeding.

Statistical analysis

Analysis of data was carried out using the available statistical package for social sciences (SPSS) version17. Data was presented in simple measures of frequency and percentages.

RESULTS

Four hundred and ninety four mothers enrolled in this study, of age (18-38years), more than half of them were between 20-30 y of age (62%), less than twenty (18%), more than thirty (20%), most of them from urban area (78%), high percent of them are home wives(87.5%). The present study regarding education status, reveals that more than half (61.5%) have primary education, (25.5%) in secondary level, (13%) have higher educational level. Regarding antenatal visits of mothers during pregnancy, majority of them (93.4%) reported having antenatal visits. The current study shows a great deficiency in the breastfeeding education received during antenatal visits, only 18% of nursing mothers received information about breastfeeding.

The current study shows that most of the mothers did not receive education about breast feeding during their antenatal visits.

The information about breast feeding in the mothers was just about 55%. Regarding the knowledge of the nursing mothers about right positioning and attachment 177 (36%) had right information and (52%) of nursing mothers knew that both nipple and areola must be taken by the mouth during breast feeding. Table 1 shows data

of nursing mothers according to sources of breast feeding information.

Table 1: Distribution of nursing mothers according to sources of breast feeding information.

Source of breast feeding information	No.	Percentage (%)
Family and friends	134	27.1
Doctors	68	13.7
Social worker	27	5.4
Nurses	22	4.4
Media	12	2.4
Books	9	1.8

Table 2: Timing of first breast feeding.

Time of first breast feeding	No.	Percentage (%)
First hour	35	7.08
2-3 hours	185	37.4
First day	209	42.3
Second day	21	4.2
Third day or more	44	8.9

Table 3: Breast feeding problems in mothers in early postnatal period.

Breast feeding problems	No.	Percentage (%)		
Lack of experience in breast feeding				
Knowledge about breast feeding	22	4.4		
About colostrum	42	8.5		
About positioning	317	64		
Mother believed she had inadequate milk	65	13.1		
Refusal of suckling	43	8.7		
Inverted nipple	39	7.8		
Nipple soreness	24	4.8		
Breast Engorgement	30	6.0		
Flat nipple	19	3.8		
Nipple size problems	10	2.02		
Twin pregnancy	10	2.02		
Breast mass	01	0.2		

All the mothers were delivered in KIMS hospital Bengaluru. Among them 53.03% were delivered by caesarian section and 46.07% were delivered by vaginal delivery. Most babies received first breast feeding during the first 24 hours 87% within one hour (7.08%) and within 3 hours (37.4%) Table 2 shows the data of first breast feeding.

Table 3 gives the data about the breast-feeding problems in the mothers. Most mothers believed they had inadequate milk (13.1%). Other problems included refusal of suckling (8.7%), breast engorgement (6%), flat nipple (4.6%), nipple size problems (2.02%), inverted

nipple (1.8%), nipple soreness (1.4%) and breast mass (0.2%).

DISCUSSION

Breast feeding is natural but knowing how to breast feed doesn't always come naturally to all mothers. It is a learnt skill. Most mothers, if educated and encouraged can successfully breast-feed.³ This study shows common breastfeeding problems in women in early post-natal period. It shows the lack of information and experience of mothers about breast feeding as the most common problem. This may lead various problems which may end in failure of establishment and continuation of breast feeding. Therefore, advices and supports to mothers may be important in dealing with early problems.⁴ One of the most common problem in this study was lack of knowledge in proper position of the baby while breast feeding (64%). Although most women are capable of producing more milk than their infants require, more than half of breast feeding mothers believe that their milk supply is inadequate and that their infants are not getting enough milk. This is the most common reason of early stopping of breastfeeding and early introduction of formula feeds, bottle feeding and weaning. This incorrect belief in mother's mind (due to small amount of colostrums after birth) is also one of the most common problem (8.5%) in this study.

Other common problems are refusal of baby to suckle the breast and this may be related to lack of experience of nursing mother due to poor positioning or latch-on or from nipple confusion and poor hygiene. This results in early receiving of neonate to bottles and\or pacifiers and this confusion can lead to diminish or discontinue nursing. Breastfeeding should begin immediately after the postpartum period ideally in the first 30 minutes after vaginal delivery and within 4 hours after caesarian section 1. In this study, most mothers gave their baby the first breast feed within 24 hours after 2-3 hours because more than half of them delivered through caesarian section and most of the mothers delivered vaginally had undergone episiotomy which could have caused them severe pain. The above reasons might have interfered them with establishment of early breast feeding.

The accompanying family member with mother plays an important role in encouraging the breastfeeding. Mothers are easily influenced with information given by individuals who are involved in postnatal care. This study shows that most of the family members play a negative role in support and encouraging the mother to start breastfeeding (18.2%). In case of twin delivery mothers don't need to worry about not having enough milk for their twin, the more the babies suck more milk the breasts produce due to the hormonal influence. In this study; only (2.02%) of respondents had multiple pregnancies. Many of the difficulties with breastfeeding result from improper latch-on, latch-on problems are often the source of multiple breastfeeding complaints among mothers from

engorgement to sore cracked nipples, and many mothers discontinue breastfeeding secondary to these issues.

In this work, it was found that (4.8%) had sore nipple problem and (2.02%) had nipple size problem. Around 6% of the mothers had breast engorgement and congestion, Poor or infrequent emptying of the breast causes exacerbates this condition so the baby should be let to suckle at breast frequently and as long as the baby wishes. Abnormal morphological and anatomical features of breast detected in this study include inverted nipple (7.8%), abnormal nipple size (big or small nipple) (2.02%) and breast mass (0.2%). All these are not serious problems and don't lead to failure of breastfeeding because the baby feeds from breast andnot from the nipple whatever breast and nipple shape or size.⁵

CONCLUSION

The limited information and experience of mothers about breast feeding clearly shows the lack of education of mothers about breast feeding during antenatal visits to Primary health centres, or private and Obstetrical clinics in this study. Lack of education of the mother about breast feeding can lead to other problems. So if the mother doesn't know how to put the baby in right position and good attachment during breast feeding mother will enter in to various other problems like sore nipple, breast engorgement mastitis and will end up in early introduction of bottle feeds, formula feeds which will lead to interruption in initiation and continuation of breast feeding.

Recommendation

All mothers must be educated during pregnancy and to help and assist the mother to start breast feeding as soon as possible after delivery. The most important aspect is to concentrate and increase education about breast feeding during antenatal visits to Primary health centres and private obstetrical clinics.

All Primary health centres should regularly conduct educational programmes about breast feeding and its importance through pictures or through talks on breast feeding. Nurses and ASHA s who work in contact with the mothers and babies in the community should help and deliver assistance in breast feeding. One more suggestion is to give education for high school female children in their school curriculum to prepare them as a good mother in future. The media (television)should take a role in telecasting health programmes of breast feeding and its importance.

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Institutional Ethics Committee

REFERENCES

- Nutrition and child development K E Elizabeth 5th edition; IAP Textbook of Pediatrics, Paras Medical Books Pvt Ltd; 2015;1:1.
- 2. Lawrence RA, Lawrence RM. Breastfeeding a Guide For The Medical Profession, 5th edition Mosby An. Affiliate of Elsevier; 1999:252-469.
- 3. Picciano M. Nutrient composition of human milk. Pediatr Clin North Am. 2001;48(1):53-67.
- 4. Tom Lissauer, Graham Clayden, Illustrated Textbook of Pediatrics 3rd Edition. Mosby elsevevi; 2009:189-191.
- 5. Galson S. Journal of the American Dietetic Association. 2008;108(7):1106.
- 6. Nelson Textbook of Pediatrics Chapter 45, 20th edition; 2015:286.
- 7. Kostka JF. Breastfeeding cited in Manual of Pediatric nutrition by Hendricks, Duggen, 3rd Edition, Walker; 2008:86-103.
- 8. Nancy KF. Laura PE. Pediatric nutrition and nutritional disorders, cited in NELSON Essential of Pediatrics, Karen J. Marcdante, Robert M. Kliegman Hal B. Jenson, Richard. Behrman, 2011 6th edition, Saunders Elsevier; 2011:103-105.
- 9. League LL. International, The Breastfeeding answer book 2002 Third Revised Edition Schaumburg Illinois. 2002;103-143.

- Paul I, Lehman E, Hollenbeak C, Maisels M. Preventable newborn readmissions since passage of the Newborns' and Mothers' Health Protection Act. Pediatr. 2006;118(6):2349-58.
- 11. Marasco L. Common breastfeeding myths. Leaven 1998;34(2):21-4.
- 12. What moms had to say? 2015. Available at http://www.fhs.gov.hk/english/reports/files/BF_surv ey_2015.pdf.
- 13. Grunberg R. Breastfeeding multiples: breastfeeding triplets. New Beginnings. 1992;9(5):135-6.
- 14. Jeannette E, Paul SS, Matheny SC, Lewis EL. Breastfeeding and infant nutrition, cited by Current Diagnosis and Treatment in Family Medicine first Edition, The MC Graw-Hill company; 2007
- 15. WHO. Thermal control of the Newborn: a practical guide in maternal health and safe motherhood program divition of family World Health Organization, Geneva; 1993:2.

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