

Original Research Article

A Study of Knowledge, Attitude and Practices of Breast Feeding among Primi Para in a Tertiary Care Hospital

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Abstract: Breast feeding is a natural reflex in mammals with innumerable benefits but the not much addressed domain in pregnancy. This becomes more important in a primiparous woman, hence this study was undertaken to assess the knowledge, attitude and practices of primipara at Vani Vilas Hospital attached to Bangalore Medical College and Research Institute, Bangalore. The Knowledge was assessed by a questionnaire; attitude and practices were assessed by interview and observations. Out of the 400 mothers, none were formally educated about breast feeding, 95% gave colostrums feeds, and 3% had given pre lacteal feeds. Knowledge and attitude did not match with practices though the attitude towards breast feeding was encouraging. Relatives played a major role in the postnatal period for initiation, technique and continuation of feeding. Exclusive breast feeding concept was lacking in majority of the mothers. The study found the need for an effective antenatal education policy through medical and paramedical personnel, media and educative sessions. Post natally the mothers need to be supervised and educated regarding type of feeding, technique, benefits, exclusive feeding necessity and an effort towards this is worth as it can play a major role in reducing the infant mortality and morbidity.

Keywords: Breast Feeding, Tertiary Care Hospital.

INTRODUCTION

Breast milk is the specially conferred benefit for a mammalian baby, man being the highest evolved mammal in the animal kingdom, is not exempt from this nature's gift. The breast feeding practice confers a lot of benefits to the baby, to the mother and also to the mother child bonding. Though it is a reflex in the lower mammals, in human beings misconceptions, wrong information, false beliefs, convenience, confusions have led to a situation where in the newborn many a times is deprived of this gift. This could be seen in the initiation of breast feeding, colostrum feeding, pre lacteal feeding, supplementary feeding, frequency and duration of feeding and continuation of feeding. These aspects entirely depend on the knowledge a pregnant mother has about the importance, technique of breast feeding, attitude towards it and of course the practical aspects of breast feeding.

Breast milk provides proper nutrition, immunological protection, and behavioural, economic

benefits and helps to build mother-infant bonding [1] for infants to ensure health and survival. Breast milk reduces the risk of gastrointestinal infections, respiratory infections, diarrheal diseases, celiac disease [2, 3]. Inflammatory bowel disease, childhood diabetes [4] childhood cancers [5]. It also enhances cognitive development [6]. It prevents the adult onset of diseases like coronary artery disease, diabetes and hypertension [7].

Colostrum is the first milk produced in first 3-4 days. It is regarded as the first vaccine; provides nutrients, immunological factors such as secretory immunoglobulin IgA [8] ,and thus protects against infections. According to the WHO recommendations, three factors are needed to reduce infant mortality rates such as initiation of breast feeding within 1 hour of birth, practicing exclusive breastfeeding for 6 months and proper supplementation at 6 months. Globally less than 40% of infants under the age of six months are exclusively breastfed [9]. But misconceptions among

mothers have made it difficult to execute the same at the [10] community level. In a study conducted in Tertiary Care Hospital in South India, 82% of the subjects believed that they should give colostrum to the newborn. 58.7% of the subjects knew that breastfeeding should be initiated within 1 hour of the child birth, but only 48% of the mothers who had delivered initiated breastfeeding within 1 hour. 71.6% of the mothers knew that exclusive breastfeeding should be practiced for 6 months [12].

Breast fed infants grow normally and their average weight, height, head and chest circumference are all upto ICMR standards. [13] Most under-five deaths in developing country like India can be prevented by early initiation of breastfeeding and exclusive breastfeeding up to 6 months of age [9] The major causes of death among under five children in India is neonatal sepsis, diarrhea and pneumonia and breast milk is protective [1] against all the three diseases. The risk of all-cause mortality was higher in predominantly (RR 1.5), partially (RR 4.8) and non-breastfed (RR14.4) infants compared to exclusively breastfed infants 0–5 months of age [14].

Breast feeding offers mutual protection for survival and good health of infants and mothers. It reduces risk of long term and short term complications in mothers. Breastfeeding >12 months reduces risk of breast carcinoma, ovarian carcinoma and type 2 diabetes by 26%, 37% and 32% respectively.

Exclusive breastfeeding and predominant breastfeeding increases the duration of lactational amenorrhoea [14].

Hence there was a need felt to conduct a study among admitted patients at tertiary level hospital to analyse knowledge, attitude and practices towards breast feeding and see if any interventions can improve the shortcomings.

Objectives

1. To assess knowledge, attitude and practices of Primi Parous women regarding breast feeding.
2. To evaluate importance of breast feeding in decreasing adverse perinatal outcome.
3. To improve the rate of breast feeding in Primis.

METHODOLOGY

400 Primi Parous Women delivered at Vanivilas Hospital attached to BMC&RI Bangalore, during the study period were included in the study. The nature and objectives of the study was explained to the

participants in a language which they could clearly understand. A written informed consent was taken from the subjects before their recruitment in the study. Their demographic details like age, religion, socioeconomic status, how long married were obtained. The duration of gestation at delivery, route of delivery were noted. Information about history of abortions, history of infertility, Use of any contraceptive method, Nature of antenatal care, NICU admission for Baby, ICU Admission for mother, Breast examination during antenatal period, Preexisting Breast problems were obtained. A questionnaire was given to them to assess their knowledge about breast feeding. During their hospital stay, their practices about colostrum feeding, feeding initiation, frequency, type of feeding (Demand/Interval), prelacteal feeds, top feeds were analysed and the same situation was used for creating awareness regarding the right practices, its benefits and also to counsel regarding family planning.

Study Type

It is a Cross Sectional study.

Inclusion criteria

All Primis delivered at Vanivilas Hospital, Bangalore during the period of 4 months either by cesarean or by vaginal delivery with live babies.

Exclusion criteria

1. Multiparous women.
2. Any other contraindications for breastfeeding or unable to feed for various reasons.
3. All Retro positive mothers.
4. Women with IUDs, Stillbirths.
5. Women with multiple pregnancy
6. Not willing to answer to the queries.

RESULTS

Out of the 400 primiparous women who participated in this KAP study, majority was in the age group of 21-25 years (187 women), 71% were Hindus and 77% were married for 1-5 years. Just 22 of them were illiterates and 70% of them were educated upto 10th standard or beyond. 320 participants were home makers. 208 of them were from rural area. 67.25% of them lived in a joint family mainly composed of the couple with the husband's parents and unmarried siblings. The details are shown in Table 1

Majority of them had a vaginal delivery (295) and most of the participants had the delivery at term (376). The details are shown in table 2. 99% of the patients were booked antenatally at one or the other hospital, few of them gave a few years of infertility

history, and some of the participants were pregnant for the second time with abortion earlier. A very small group of them had used barrier method of contraception

for some period before conception. These details are shown in table 2.

Table 1: shows Socio demographic data

| AGE | % |
|-------------------------------------|-------|
| 18 – 20 yrs | 37.25 |
| 21 – 25 yrs | 46.75 |
| 26 – 30 yrs | 14.75 |
| >30 yrs | 1.25 |
| RELIGION | |
| Hindu | 71 |
| Muslim | 27 |
| Christian | 2 |
| MARITAL LIFE | |
| < 1 yr | 15.25 |
| 1 - 5 yrs | 77 |
| 6 - 10 yrs | 6.5 |
| >10 yrs | 1.25 |
| EDUCATION | |
| Illiterate | 5.5 |
| Less than 10 th standard | 24 |
| 10 th standard | 44 |
| Pre university | 19.25 |
| Graduate | 7.25 |
| OCCUPATION | |
| Housewife | 80 |
| Working | 20 |
| AREA | |
| Rural | 52 |
| Urban | 48 |
| FAMILY COMPOSITION | |
| Nuclear | 29 |
| Joint | 67.25 |
| Extended Joint | 3.75 |

Table 2: Pregnancy & Delivery details

| | Yes (%) | No (%) |
|---------------------------------|---------|--------|
| History of abortions | 6.75 | 93.25 |
| History of infertility | 13.5 | 86.5 |
| Use of any contraceptive method | 2.3 | 97 |
| Case booked | 99 | 1 |
| MODE OF DELIVERY | | |
| Vaginal | 73.75 | |
| Caesarean | 26.25 | |
| GESTATIONAL AGE | | |
| <37 wks | 5 | |
| >=37wks | 94 | |
| >42 wks | 1 | |

Table 3:

| Other information | Yes (%) | No (%) |
|--|---------|--------|
| NICU admission for Baby | 38.5 | 61.5 |
| ICU Admission for mother | 2.5 | 97.5 |
| Breast examination during antenatal period | 7.5 | 92.5 |
| Breast problems | 0.75 | 99.25 |

Though 95% of the study population were literates, most of them were unaware of the information regarding the details of breastfeeding during antenatal period. They got to know about these details about breastfeeding only after delivery. The details regarding knowledge of breastfeeding in our study population is shown in Table 4. Relatives played major role in imparting knowledge to patients accounting for about 74.5% and Health personnel 49 %. But due to lack of information for themselves the quality of information provided by relatives was found to be far inferior to the one provided by health personnel. Table 3 shows that only 7.5% of pregnant mothers had breast examination and 3 women had breast problems in the form of retracted nipples and cracked nipples. Pre lacteal feeds, delayed feeding after cesarean delivery, frequency of feeding, top feed practices were the common misconceptions strongly imparted by the relatives most often the mother. Though 52% participants were from

rural areas, the anganwadi workers have not played a good role in imparting knowledge regarding breast feeding. When the knowledge regarding colostrum, frequency, initiation, advantages, and adequacy was assessed, many of them were aware of the right practices except about continuation of feeding during maternal illness and the concept of storage possibility of breast milk. The knowledge regarding the concept of exclusive breast feeding and its advantages was not robust in our study population.

The attitude assessment showed that 90% showed interest and reasoned out that the breast milk is the best and good for the newborn's health. Only 11% of them felt that breast feeding is embarrassing, but none felt that the breast feeding is old fashioned or that will spoil their beauty or charm. The details are shown in Table 5.

Table 4: Knowledge about breast feeding

| | |
|--|-------|
| Information given about Breastfeeding after delivery | (%) |
| Relatives/family | 74.5 |
| Media (Newspaper, Books, Television, Any Other) | 4.75 |
| Anganawadi worker | 1.5 |
| Health Personnel (Doctors, Nurse) | 49 |
| *None of the patients were informed about breastfeeding during antenatal period by any of the agencies. | |
| Colostrum feeding | |
| 1st yellow breast milk (colostrum) | 61.25 |
| Advantages | 43.75 |
| Breastfeeding | |
| Timing of initiation | 41.2 |
| Advantages | 89 |
| Frequency (On Demand or Intervals) | 73.5 |
| Positioning | 94 |
| Adequacy | 25 |
| Breastfeeding during mother's sickness | 30 |
| Breastfeeding during child's sickness | 44 |
| Storage of breast milk | 10 |
| Exclusive breastfeeding | |
| Duration: | 30 |
| Advantages | 28.5 |

Table 5: Attitudes and beliefs about breast feeding

| | |
|--|-------|
| Interest in Breastfeeding | 90 |
| Breast feeding protects child from infection | 70 |
| Breast milk is best milk | 95 |
| Breastfeeding is healthiest for infant | 90 |
| Breast feeding is old fashioned | None |
| Breast feeding is embarrassing | 11.75 |
| Will spoil the image | None |

Table 6: Breast feeding practices

| | |
|--|-------|
| Breastfeeding initiated within stipulated time | 36.25 |
| Colostrum given | 95.75 |
| Prelacteal feeds given | 3 |
| Breastfeeding given adequately (Satisfied) | 78.25 |
| Frequency of breastfeeding (Intervals) | 67 |

Only 36.25% had initiated breastfeeding within 1 hr of birth, Breastfeeding was delayed due to lack of knowledge, cesarean delivery, and NICU admission for the baby being the major reasons. About 3% of them gave prelacteal feeds and all of them were Muslims in our study and 78.25% of the mothers were satisfied with the practice of breast feeding. Mothers, who had lactation failure, initial two days after delivery, complained of unsatisfaction, apprehension and had a feeling of guilt. About 67% of mothers fed breast milk at intervals of 2-3 hours.

DISCUSSION

Though literacy rate was quite high knowledge regarding the breast feeding was not satisfactory. Most of the participants were home makers, and majority lived in a joint family comprising mainly of the husbands parents and siblings. The knowledge was mainly imparted by the mother in law, but unfortunately none of the women answered that they were discussed about the breast feeding details either by their relatives or by healthcare professionals during the antenatal period. This practice needs to be looked into and should become a part and parcel of the antenatal care. 41% mothers answered that breast feeding needs to be initiated within 1 hour, but 36.25% had actually initiated. A few issues like, baby shifted to NICU for observation (38.5%), mother seriously ill (requiring ICU care-2.5%), post cesarean cases were the ones who had not initiated the feeding. Only 30% of them were aware of the exclusive breast feeding duration and its advantages.

According to study conducted in tertiary hospital in Mangalore, 52.3% of the subjects received advice on breastfeeding during antenatal visits, out of which only 19.3% had a breast examination. 58.7%

knew that breastfeeding should be initiated within 1 hour of child birth but only 48% of the mothers who had delivered initiated breastfeeding within 1 hour. 71.6% of the mothers knew that exclusive breastfeeding should be practiced for 6 months. [12] In the present study only 7.5% (30 women) had breast examination and though the breast problem detection was only in 3/400 women, the fact that only 30 women were examined puts the rate of breast problems to be around 10%. This stresses the need for breast examination by the health personnel during the antenatal period so that attending to it would prevent problems of feeding after delivery.

And 54.8% participants were not aware of correct position of baby during feeding [15] 86.6% (n=161) were aware of the fact that the colostrum should be fed to the newborn[15]. In the present study the practise regarding colostrum feeding was remarkably high (95%). According to study conducted in Nimhans, mothers (88.5%) were breastfeeding their infants, merely 27% of the mothers were exclusive breast feeders and 36.9% initiated breastfeeding within an hour of delivery [16].

According to study in rural tertiary hospital, Prelacteal feeds were given by 16% and colostrum was discarded by 8% of mothers. In the present study pre lacteal feeds in the form of sugar water, honey or cow’s milk was given only by 3% mothers which was incidentally found only in Muslim participants. Still this aspect needs to be addressed and the goal should be 0%. No mother gave history of discarding the colostrum; this probably could be attributed to peer counseling. In the NIMHANS study, about 80% of mothers were knowledgeable and likely to exclusive breast feed their babies. Antenatal counselling was received by 93.3% of

mothers and majority of them by doctor 45.91%. Significant association is seen with antenatal counselling (pvalue<0.03) and good breast feeding practices in post-natal mothers [17]. In the present study attitude towards breast feeding practices was very good and in fact only 11% felt the practice to be embarrassing, this could probably be the opinion of the working mothers, or could be related to the lack of adequate privacy in the wards in the place of this study. None expressed apprehension over the loss of body image which is a very good development.

CONCLUSION

Knowledge about breastfeeding among primipara is inadequate. Without knowledge, practices can never be met. Guidance should be given to primiparae during ANC visits by Health Personnel. Initiative has to be taken through media. For the development of an individual, infancy plays a major role. Since the rural population may get access to Anganawadi worker, she should give information regarding this and follow up of practices should be done. Thai card (Mother's card) should contain more image based information and patients should be insisted to see it. The antenatal clinic should have an educative session where in breast feeding, institutional delivery, birth preparedness, contraception needs to be addressed.

This may help in reducing unwanted births (through contraception) and Infant mortality too (prevented by exclusive breastfeeding. Hence health personnel (Obstetrician, Pediatrician, Nurses), media, Anganawadi worker should work as a unit or in continuity and educate, strengthen and reinforce the information on breast feeding.

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