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"A STUDY TO ASSESS THE EFFECTIVENESS OF NURSE LED BREASTFEEDING SUPPORT ON **BREASTFEEDING KNOWLEDGE AMONG POSTNATAL MOTHERS IN SELECTED HOSPITAL DEHRADUN, UTTARAKHAND"**

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ABSTRACT:

Good nutrition during childhood increases improves growth and development. Infant feeding is not just providing nutrition. The best food for infants is human milk. Mother's knowledge is essential to decide for breastfeeding exclusively and advantage to the infant and herself. For motivating mothers to breastfeeding continuously it is essential to provide education and support. **Objectives:** To assess the knowledge regarding breastfeeding among postnatal mothers. To evaluate the effectiveness of nurse led breastfeeding support regarding breastfeeding on knowledge among postnatal mothers in the experimental and control group. Methods: A Quasi experimental study was conducted to assess the effectiveness of Nurse Led Breastfeeding Support on breastfeeding knowledge among sixty postnatal mothers, 30 each in the experimental and control group who were selected by using Total Enumeration sampling Technique. Data was collected by using Structured Knowledge Questionnaire regarding breastfeeding and analyzed by using descriptive and inferential statistics. **Result:** The study shows the overall mean post-test knowledge score of experimental group (27.70 ± 2.62) is higher than that of control group (20.93 ± 2.58) and mean difference was 6.77, t calculated value 10.05 which was higher than tabulated value. Which showed that Nurse Led Breastfeeding support was effective to enhance the knowledge regarding breastfeeding among experimental group than in control group. Conclusion: From the study findings it could be concluded that Nurse Led Breastfeeding support on breastfeeding found to be effective method in improving breastfeeding knowledge among postnatal mothers.

Key words: Nurse Led Breastfeeding Support, Breastfeeding Knowledge

1. INTRODUCTION:

Human milk is highly complex with anti-infective, nutritional constituent, growth elements, digestive, fats, which enhance brain enlargement and growth. Breast milk helps to creating a bonding between parents and child and it prevents from many complications occurring in both mother and baby. Breastfeeding is very important for health of infants, and it minimizes the hospitals cost and families expenditure. Breastfeeding enhances the intelligence, learning preparation, appearance, and also connected with better income in later years of life. It minimizes the chances of common carcinoma such as breast cancer. Continuation of breastfeeding for more than one year helps in maintaining a crucial nutritional requirements of infants, which provides them essential nutrients and a source of energy.

1.1 Objectives:

1. To assess the knowledge regarding breastfeeding among postnatal mothers.

- 2. To evaluate the effectiveness of nurse led breastfeeding support regarding breastfeeding on knowledge among postnatal mothers in the experimental and control group.
- **3.** To find the association between the level of knowledge of postnatal mothers with their selected demographic variables. **Hypotheses:**

1.2 Hypotheses:

- 1. There would be significant improvement in the knowledge regarding breastfeeding after nurse led breastfeeding support among postnatal mothers in the experimental than that of the control group.
- 2. There would be a significant association between pre-test levels of knowledge regarding breastfeeding of postnatal mothers with their selected demographic variables.

2. METHODOLOGY:

A Quasi experimental study was conducted to assess the effectiveness of Nurse Led Breastfeeding Support on breastfeeding knowledge among postnatal mothers, who were selected by using Total Enumeration sampling Technique. Data was collected by using Structured Knowledge Questionnaire.

Design of the study:

Group	Postnatal Day 1		Post-natal day 7
Experimental	O _K	X	O _K
Control	O _K		O _K

Keys:

OK: Pretest and posttest on breastfeeding knowledge X:Intervention

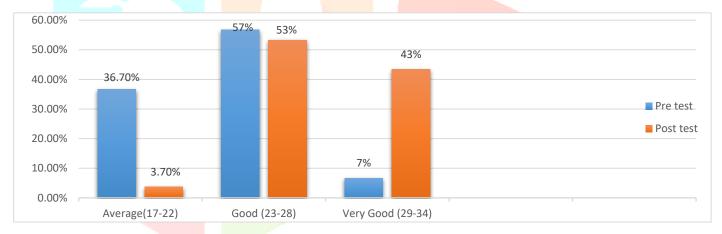
3. RESULTS:

Table 1: Frequency and percentage distribution of Socio-demographic profile of postnatal mothers. (n = 60)	Table 1: Frequ	Frequency and percenta	e distribution of So	<mark>cio-d</mark> emographic profile of	f postnatal mothers.	(n =60)
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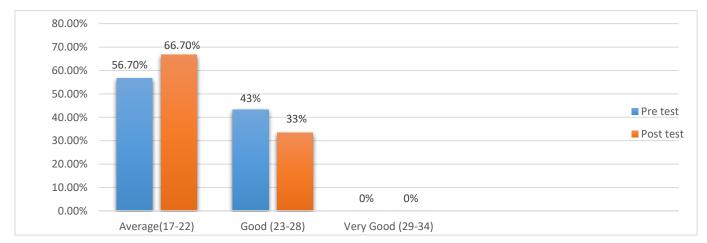
S.No	Socio-demographic Profile	Experin	nental (Group (n=30)	Contr	ol Group (n=30)	Homogeneity	
5.110	Socio-demographic i Tome	f		%	f	%	χ^2	p value
1	Age in years							
	a. 22-27	15		50%	16	<mark>53.3%</mark>		
	b. 28-33	14		46.7%	12	40%	0.51	0.771
	c. 34-39	01		<mark>3.3</mark> 4%	02	6.7%	0.51	0.771
2	Educational qualification							
	a. No formal Education	01		3.3%	02	6.7%		
	b. Primary Education	01		3.3%	03	10%		
	c. Secondary/ higher secondary education	11		36.7%	13	43.3%	3.82	0.430
	d. Graduate	11		36.7%	5	16.7%	5.02	0.450
	e. Post graduate and above	06		20%	07	23.3%		
3	Religion		1					
	a. Hindu	25	N	82.3%	24	80%		
	b. Muslim	05	-	16.7%	05	16.7%		
	c. Sikh	00		00%	01	3.3%	1.02	0.600
	d. Christian	00		00%	00	00%		
4	Occupation	•		0.0.001		0.004		
	a. Homemaker	28		93.3%	27	90%		
	b. Self employed	00		00%	02	6.7%		
	c. Government job	01		3.3%	00	00	3.01	0.389
	d. Private Job	01		3.3%	01	3.3%		
	e. Daily wages	00		00%	00	00%		
5	Type of family			0.0.001	•			
	a. Joint Family	25		83.3%	29	96.7%	• • • •	0.00 7
	b. Nuclear Family	05		16.7%	01	3.3%	2.96	0.085
	c. Extended Family	00		00%	00	00%		
6	Monthly Income of Family in rupees							
	a. Below 10000	08		26.7%	05	16.7%		
	b. 10001-20000	18		60.0%	23	76.7%	1.0.0	0.074
	c. 20001-30000	04		13.3%	02	6.7%	1.96	0.374
<u> </u>	d. 30001 and above	00		00	00	00		
7	Dietary Pattern	10		<u>(00/</u>	20			
	a. Vegetarian	18		60%	20	66.7%	1 5 2	0.464
	b. Non-vegetarian	12		40%	09	30%	1.53	0.464
	c. Eggitarian	00		00%	01	3.3%		
8	Place of residence	0		200/	10	52.204		
	a. Rural	9		30%	16	53.3%	0 27	0.015
	b. Urban	11		36.7%	02	6.7%	8.37	0.015
	c. Semi urban	10		33.3%	12	40%		

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9 Parity						
a. Primi para	12	40%	14	46.7%		
b. Multi para	17	56.7%	15	50%	0.27	0.870
c. Grand Multi para	01	3.3%	01	3.3%		
10 Term birth of baby						
a. Pre-term (Before 37 weeks)	04	13.3%	03	10%		
b. Early term (37-38 weeks)	08	26.7%	10	33.3%		
c. Full term (39-40 weeks)	18	60%	17	56.7%	0.39	0.821
d. Late term (41 weeks)	00	00%	00	00%	0.39	0.821
e. Post term (42 weeks and beyond)	00	00%	00	00%		
11 Delivery Type						
a. Normal vaginal delivery	05	16.7%	10	33.3%		
b. Instrumental delivery	00	00%	00	00%	2.22	0.126
c. LSCS	25	83.3%	20	66.7%	2.22	0.136
12 Condition of baby at birth						
a. Normal	30	100%	30	100%		
b. Asphyxia	00	00%	00	00%	-	-
13.a Previous knowledge regarding breastfeed	ling					
a. Yes	24	80%	29	96.7%		
b. No	06	20%	01	3.3%		
			_		4.04	0.044
13.b If yes, then source of information (n= 24)						
a. Television	01	4.2%	04	13.8%		
b. Family members	01	4.2%	06	20.6%	5.20	0.157
c. By hospital staff	04	16.6%	03	10.4%		
d. By previous pregnancy	18	75%	16	55.2%		



Comparing the pre and post-test level of knowledge regarding breastfeeding among postnatal mothers in experimental group according to arbitrary scoring.



Comparing the pre and post-test level of knowledge regarding breastfeeding among postnatal mothers in control group according to arbitrary scoring.

		Max. Pre T		Pre Test	re Test		Post To		
S.No	Group	score	Rang of score	Mean± SD	Mean %	Rang of score	Mean ±SD	Mean %	Mean Diff.
1.	Experimental Group (n-30)	36	18-33	23±3.25	63.8%	22-34	27.70±2.62	76.9%	4.7
2.	Control Group (n-30)	36	17-25	20.67±2.53	57.4%	17-25	20.93±2.58	58.1%	0.26

Table No. 2 Mean, SD and Mean percentage distribution of pre and post level of knowledge regarding breastfeeding among
postnatal mothers.(n=60)

Table no.2: Data in above showed comparison of knowledge scores between experimental and control group it depicts that in pretest mean knowledge score and SD was (23 ± 3.25) and mean percentage was 68.8% in experimental, whereas (20.67 ± 2.53) and 57.4% in control. In the post test mean knowledge score and SD was (27.70 ± 2.62) and mean % was 76.9% in experimental whereas (20.93 ± 2.58) and 58.1% in control group. Mean difference was 4.7 in experimental whereas 0.26 in control group.

Table no. 3: Comparison of nurse led breastfeeding support on knowledge regarding breastfeeding among postnatal mothersbetween experimental and control group.(n=60)

Groups	Experimental Group (Mean ± SD)	Control Group (Mean ± SD)	Mean Difference	t value	p value
Pre-test	23 ± 3.25	20.67 ±2.53	2.33	3.09	0.0031*
Post-test	27.70±2.62	20.93±2.58	6.77	10.05	0.0001*

t_{58 =} 1.672 at the level of p<0.005.

Data in above showed that experimental group post-test mean and SD (27.70 ± 2.62) was more than the control group post-test mean and SD (20.93 ± 2.58) and mean difference was 6.77, t calculated value 10.05 which was higher than tabulated value. As a result, giving nurse-led intervention can be credited with a considerable improvement in knowledge score.

Table no. 4: Comparison of nurse led breastfeeding support on pre and post-test knowledge regarding breastfeeding among postnatal mothers within experimental and control group. (n=60)

Groups	Pre-test (Mean ± SD)	Post-test (Mean ± SD)	Mean Difference	t value	p value
Experimental (n=30)	23 ± 3.25	27.70±2.62	4.7	15.09	0.0001*
Control (n=30)	20.67 ±2.53	20.93±2.58	0.27	2.5041	0.018*

t₂₉₌ 1.699 at the level of p<0.05.

Data in above revealed that experimental group pre-test mean and SD was (23 ± 3.25) whereas in post-test mean and SD was (27.70 ± 2.62) , mean difference was 4.7 and t calculated value 15.09 which was higher than tabulated value. In control, pre-test mean and SD was (20.67 ± 2.53) whereas in control group post-test mean and SD was (20.93 ± 2.58) , mean difference was 0.27 and t calculated value. As a result, giving nurse-led intervention can be credited with a considerable improvement in knowledge score. Hence the research hypothesis was accepted.

S.No.	Variables		ntal group (n=30)	χ^2	p value	
5.1NO.	variables	Below Median	At and above median	X	p value	
	Age of mother in years					
1	a. Below 30	12	16	0.349#	0.554	
	b. Above 30	1	1	0.549	0.554	
	Educational status					
2	a. No formal Education	1	0	0.019 ^{\$}	0.433	
	b. Educated	12	17	0.019*	0.455	
	Religion					
3.	a. Hindu and Sikh	11	14	0.000#	1.000	
	b. Muslim	2	3	0.000	1.000	
	Occupation					
4.	a. Homemaker	12	16	0.000#	1.000	
	b. Employed	1	1	0.000	1.000	
	Type of family					
5.	a. Joint Family	11	14	0.000#	1.000	
	b. Nuclear Family	2	3	0.000	1.000	
	Monthly income of family in rupees.					
6.	a. Below 10,000					
0.	b. Above 10,000	6	2	$2.870^{\#}$	0.090	
	0. Above 10,000	7	15			
	Dietary Pattern					
7.	a. Vegetarian	9	9	0.277#	0.599	
	b. Non vegetarian	4	8	0.277	0.399	
	Place of residence					
8.	a. Rural	5	4	0.000#	0.620	
	b. Urban	8	13	0.233#	0.630	
	Parity					
9.	a. Primi para	4	8	2.260#	0 200	
	b. Multipara	9	9	2.269#	0.388	
	Term birth of baby					
10.	a. Pre-term	7	5	- 0.956	0.328	
	b. Full term	6	12	0.950	0.528	
	Type of delivery		///			
11.	a. Normal vaginal delivery	2	3	0.000#	1.000	
	b. LSCS	11	14	0.000"	1.000	
	Previous Knowledge regarding breastfeeding	10				
12.	a. Yes	10 3		0.000#	1.000	
	b. No	3	3			

 Table 5: Association between pre-test levels of knowledge regarding breastfeeding with their selected demographic variable in experimental group.
 (n = 60)

df₁= 3.84 at the level of p<0.05. Fisher exact test (\$), Yates correction (#)

Data in above depicts that description of association between level of knowledge with their selected demographic variables among experimental group. It revealed that there was no significant relationship between level of knowledge scores and the demographic characteristics.

		Contr	ol group (n=30)		
S.No.	Variables	Below Median	At and above median	χ^2	p value
	Age of mother in years				
1	a. Below 30	13	12	0.000#	1.000
	b. Above 30	2	3	0.000	1.000
	Educational status				
2	a. No formal Education	2	0	0.536\$	0.483
	b. Educated	13	15	0.550	0.405
	Religion				
3.	a. Hindu and Sikh	13	12	0.000#	1.000
	b. Muslim	2	3	0.000	1.000
	Occupation				
4.	a. Homemaker	14	13	0.000#	1.000
	b. Employed	1	2	0.000	1.000
	Type of family				
5.	a. Joint Family	14	15	0.000\$	1.000
	b. Nuclear Family	1	0	0.000*	1.000
	Monthly income of family in rupees.	4	1		
6.	a. Below 10,000	4 11	14	0.960#	0.327
	b. Above 10,000	11	14		
	Dietary Pattern				
7.	a. Vegetarian	10	10	0.000#	1.000
	b. Non vegetarian	5	5	0.000*	1.000
	Place of residence				
8.	a. Rural	11	5	3.348#	0.067
	b. Urban	4	10	5.546	0.067
	Parity				
9.	a. Primi para	8	6	1.252	0.509
	b. Multipara	7	9	1.352	0.509
	Term birth of baby				
10.	a. Pre-term	8	5	1 222	0.200
	b. Full term	7	10	1.222	0.269
	Type of delivery	Α			
11.	a. Normal vaginal delivery	4	6 9	0.150#	0.699
	b. LSCS	11	9		
	Previous Knowledge regarding				
10	breastfeeding	14		0.000\$	1.000
12.	c. Yes	14	15	$0.000^{\$}$	1.000
	a. No	1	0		

 Table 6: Association between pre-test levels of knowledge regarding breastfeeding with their selected demographic variable in control group.

 (n =60)

df₁= 3.84 at the level of p<0.005. Fisher exact test (\$), Yates correction (#)

Data in above depicts that description of association between level of knowledge with their selected demographic variables among control group. It revealed that there was no significant relationship between level of knowledge scores and the demographic characteristics.

4. DISCUSSION:

In experimental group 50% and 53.3 % in the control group, were between the ages in 22 and 27. In educational status most of the participants 36.7% were having higher secondary education. Regarding religion most of the participants were having Hindu religion. Maximum participants were homemaker, living in joint family, had monthly income between 10,001 to 20,000 rupees/month and were taking vegetarian diet. Regarding place of residence most of the participants 36.7% in experimental group were in urban area and 53.3% of participants of control were in rural area. Most of the participants were multi para and were having a birth of a full term baby (39-40 weeks) and had L.S.C.S. In both group, maximum number of the postnatal mothers had previous knowledge regarding breastfeeding. The research report outcomes were interpreted that postnatal mother's level of knowledge was increased after nurse led breastfeeding support and this finding was supported by **Ravindra et al. (2018)** study on health supporting program effectiveness in knowledge and attitude regarding exclusive breastfeeding on Primigravida and mean post-test knowledge score was 22.281.94, which was higher than the mean pre-test knowledge score of 9.852.48. The derived "t" test value of 30.48 is significant at the 0.05 level. This finding demonstrates that the health education program is effective. 63.4% of mothers initiated breastfeeding within the first hour after delivery, and 81% of mothers offered colostrum to their babies after delivery.

5. CONCLUSION:

From the study findings it could be concluded that Nurse Led Breastfeeding support on breastfeeding found to be effective method in improving breastfeeding knowledge among postnatal mothers. Individualized teaching plan can be prepared for the postnatal mothers. Regular awareness program can be organized in the area. Knowledge can be assessed as a routine basis for all postnatal mothers. Nurses and nursing students can be educates the postnatal mothers regarding the breastfeeding knowledge. Health education and information program can be arranged to provide awareness about the breast feeding problems and their management among postnatal mother. The nursing administration can play an essential role in arranging nurse education programmes and motivating nurses to educate postnatal women on breast feeding knowledge. Antenatal care program can be arranged for the pregnant women in the health care institutions. Study's outcome serve as a foundation for professionals and learner to undertake subsequent studies, emphasizing the importance of research in nursing in building the body of knowledge. Health care professionals can use research to establish a systematic problem-solving strategy to enhance and develop methods to support the health of postpartum mothers.

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