



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF BREAST ENGORGEMENT AMONG POSTNATAL MOTHERS IN HARYANA

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ABSTRACT

Background: breast engorgement is occurs due to expansion and pressure exerted by the synthesis and storage of breast milk. Breast feeding is decreased many problems such as infections, breast engorgement and other medical problems. **Methods:** A Quantitative pre-experimental study was conducted to assess the knowledge regarding prevention of breast engorgement among postnatal mothers. Thirty postnatal mothers were selected by Non probability convenience sampling technique. Data was collected by using structured questionnaire (30) to assess the knowledge of postnatal mother. **Result:** Result showed that pretest mean score of knowledge regarding prevention of breast engorgement was 10.4 and post-test mean score was 21.4. It Shows that there was significant difference in the mean pre-test knowledge score and mean post-test knowledge score of postnatal mothers on prevention of breast engorgement as measured by 't' test (24.2) which was significant at 0.05 level of significance. There was not significant relationship between selected demographic variables with knowledge of postnatal mothers. **Conclusion:** The study concluded that structured teaching programme was effective which improve the knowledge of postnatal mothers.

KEYWORDS: KNOWLEDGE, STRUCTURED TEACHING PROGRAMME, BREAST ENGORGEMENT, POSTNATAL MOTHERS.

Introduction

Breast feeding is an art. It is easy for the infant to suckle and remove the milk. Human milk has no substitute and breast is nature's apparatus for feeding babies.¹ In recognition of the immense importance of breast feeding, the Baby - friendly hospital Initiative was launched by UNICEF/WHO in 1991. Breast feeding is one of the first bonding experiences between mother and child. ²Though it was an preferred practice by the postnatal mothers, it is not successful for all the mother due to many factors. A full breast feels hot, heavy and hard. There is no shininess, Oedema or redness. Engorgement usually occurs when breast switch from colostrum to mature milk. When engorgement occurs the breast may painful, swell, and feel warm and redness. The milk usually flows well and sometimes drip out spontaneously. Sometimes engorgement can make breast feel hard to touch. All the milk backed up in the breast tissue.if mothers wants to feed the baby its can make tough for baby to latch on or create a painfull and improper latch. Mother should use pump to remove out the milk from the breast, or manually express the milk. ³An exploratory study was conducted by using experimental methods of breast feeding on prevention of breast engorgement, mastitis, infantile colic. Sample of the study was conducted by experimental group(150) (emptying of one breast at each feed), and control group (both breast equally drained at each feed) (152) and both groups were followed prospectively to 6 months after delivery. The experimental group had a lower incidence of breast engorgement in the first week.⁴

In correct technique may contribute to breast engorgement. The most common problems associated with the breast feeding are breast engorgement, mastitis, cracked or sore nipple, inverted nipple etc. Out of these breast engorgement and mastitis are the most common and severe problem that the mother encounter with.⁵ The WHO recommends that, "All mothers should have access to skilled support to initiate and sustain exclusive breast feeding for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued breast feeding up to two years or beyond".⁶

NEED OF THE STUDY:

In breast engorgement the breast feeding of the baby is affected because of improper lactation which needs expressing breast milk by manually or by using breast pump. The birth of the baby is an important event in any family. It is therefore important that for a mother to have a healthy baby, she gives her baby the best nutrition. Breast milk is the best food for babies as breast fed babies are healthier than formula - fed babies.⁷ An engorged breast is enlarged, swollen and painful. It may be shiny and oedematous with diffuse red areas. The nipple may be stretched flat. The milk often does not flow easily, and it may be difficult for the infant to attach to the breast for suckle until the swelling is reduced. National surveys have shown that painful breasts are the 2nd most common reason that women give up breast feeding in the first two weeks after birth.⁸ One factor contributing to such pain can be breast engorgement.³ The medical dictionary defines engorgement as congestion, distension with fluid.⁴ Lactation literature refers to engorgement as the physiologic condition characterized by the painful swelling of the breasts associated with the sudden increase in milk volume, lymphatic and vascular congestion and interstitial edema during the first two weeks following birth. Correct breast feeding technique goes a long way in ensuring successful breast feeding and prevent from breast engorgement and many medical problems to the mothers.⁹

A study conducted to test the effectiveness of milk removal as method of reducing discomfort of post partum breast engorgement in non breast feeding women. A control group (N = 3) who experienced engorgement and followed standard management practice were compared to an experimental group (N = 4) who used a hand - operated pump to relieve engorgement symptoms. Results suggest that mechanical removal of milk is an effective way to increase the comfort and decrease the symptoms of engorgement.¹⁰

This research aimed to assess the effectiveness of structured teaching program on knowledge regarding prevention of breast engorgement among postnatal mothers who were admitted in PGIMS, ROHTAK, HARYANA.

OBJECTIVES OF THE STUDY:

- ❖ To assess the previous knowledge of the postnatal mothers regarding prevention of breast engorgement.
- ❖ To assess the post test knowledge of the postnatal mothers regarding prevention of breast engorgement.
- ❖ To find out the association between post test knowledge score with selected demographic variables.

HYPOTHESES

The hypotheses were tested at 0.05 level of significance.

H₁ There is a significant difference between pre-test and post-test knowledge scores of postnatal mother regarding prevention of breast engorgement.

H₂ There is a significant association between the mean post-test knowledge scores of postnatal mother regarding prevention of breast engorgement with their selected socio demographic variables.

OPERATIONAL DEFINITIONS

1. **Assess:-**In this study assess refers to a statistical measurement of knowledge of postnatal mothers regarding prevention of breast engorgement.
2. **Effectiveness:-**In this study 'effectiveness' refers to the desired outcome which measured by post -test knowledge score.
3. **Knowledge:-**In this study knowledge refers to correct responses of postnatal mothers to the knowledge items of a structured knowledge questionnaire regarding prevention of breast engorgement.
4. **Structured Teaching Programme:**In this study, 'structured teaching programme' refers to material prepared by the researcher to provide information regarding prevention of breast engorgement.
5. **Breast Engorgement:-** It refers to the sense of breast fullness experienced by postnatal women which assessed in terms of characters such as swelling, tenderness, warmth, throbbing pain, low-grade fever, hardness of breast tissue and heaviness.
6. **Postnatal mothers:-** In this study, postnatal mothers are the women who has given birth and admitted in MCH wards .

DELIMITATIONS

The study is delimited to:

- ❖ The postnatal mothers who admitted in MCH ward.
- ❖ Mothers who can speak and understand Hindi and English.
- ❖ Mothers who wants to participate in the study.

CONCEPTUAL FRAMEWORK

Conceptualization is a process of forming ideas, which are utilized and form conceptual framework for the development of research design. It helps the Researcher in knowing what data need to be collected and gives direction to the entire research process. The conceptual framework provides the organization scheme into which the finding of knowledge.

Conceptual framework of the present study was input, throughput and output which define by 'Ludwig Von Bertalanffy'.



RESEARCH METHODOLOGY:

Quantitative approach and pre- experimental research design was used to assess 30 postnatal mothers who were admitted in PGIMS, Rohtak, Haryana. Data were collected by Non probability convenient sampling technique. Questionnaire method was used to collect data from postnatal mothers by utilizing structured questionnaire (30) that include demographic variables (6) as well as knowledge related to prevention of breast engorgement. The demographic variables was age of the mother, education of the mother, occupation of mother, family type, family income and parity. The respondents had to choose an option which they felt was the most appropriate. This part deals with the analysis of postnatal mother's knowledge regarding prevention of breast engorgement. The respondents were given score 1 for the correct answer and 0 for the wrong answer. The knowledge score was categorized as inadequate, moderate and adequate. The collected data was summarized and tabulated by utilizing descriptive statistics which includes percentage, mean, standard deviation and inferential statistics includes t – test, chi square. Different diagrams were used to depict the findings.

Result:**Table I. Association between posttest knowledge score with demographic variables.**

N=30

Sample characteristics	F	Inadequ- ate	Moder- ate	Adeq- uate	X ²	Df	P value	Result 0.05
Age of the mother								
a)18-21 year	3	0	2	1	0.38	2	0.82	NS
b)22-25 year	21	0	10	11				
c)26-30 year	6	0	3	3				
d)31-35 year	0	0	0	0				
Education of mother								
a)illiterate	6	0	3	3	0.4	3	0.94	NS
b)primary	15	0	7	8				
c)middle	3	0	2	1				
d)secondary and above	6	0	3	3				
Type of family								
a)nuclear	12	0	6	6	0.31	3	0.95	NS
b)joint	6	0	3	3				
c)extended	9	0	5	4				
d)blended	3	0	2	1				
Occupation of the mother								
a) laborer	3	0	2	1	0.66	3	0.88	NS
b)Private employee	18	0	9	9				
c)Govt. employee	3	0	1	2				
d)Self employed	6	0	3	3				
Family income								
a)Rs. Less than 5000	3	0	2	1	0.31	3	0.95	NS
b)Rs. 5001-10000	6	0	3	3				
c)Rs. 10001-30000	12	0	6	6				
d)Rs. 300001 and above	9	0	5	4				
Parity								
a)Primipara	15	0	7	8				

b)Second para	9	0	3	6				
c)Multipara	3	0	1	2	1.22	3	0.74	NS
d)Grandpara	3	0	2	1				

Table shows a chi- square test is used to determine the association between the post- test knowledge with selected demographic variables. There was no association between Age (0.38), education of mother (0.4), Type of family (0.31), Occupation of mother (0.66), family income (0.31), parity(1.22), regarding prevention of breast engorgement. Hence there was not significant relation between selected demographic variables and knowledge of postnatal mothers regarding prevention of breast engorgement.

Table II. Comparison between Pre-test and Post-test knowledge score of the postnatal mothers.

	Pre test		Post test		Md	t value	Result
	Mean	S.D.	Mean	S.D.			
Knowledge	10.4	2.13	21.4	1.17	11	24.29	S

***Significant at 0.05 level of significance.**

The table shows that obtained mean value of pretest knowledge of postnatal mothers was 10.4 with a standard deviation of 2.13. The obtained mean value of posttest knowledge of postnatal mothers 21.4 with a standard deviation of 1.17. The difference between pretest mean score and posttest score was 11. The obtained t value is 24.29 is greater than the table value at 0.05 level of significance. So there is remarkable improvement in the knowledge of the postnatal mothers regarding prevention of breast engorgement. so the structured teaching programme was effective.

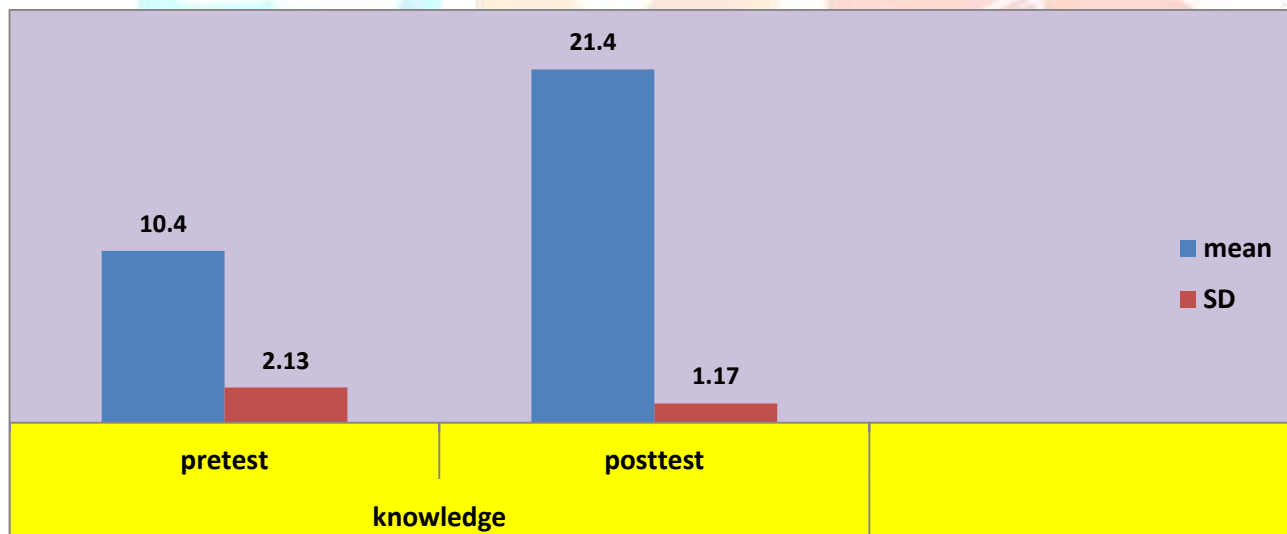


Figure 1. Diagrammatic Presentation of Pretest Mean is 10.4 and standard deviation is 2.13 and posttest Mean is 21.4, Standard deviation is 1.17 of the postnatal mothers prevention of breast engorgement.

DISCUSSION:

In present study Majority of mothers 56.6% had inadequate knowledge and 43.3% had moderate knowledge in pre test knowledge score. A similar study was conducted in Ludhiana (2013) majority of postnatal mothers (52%) had average knowledge regarding breast engorgement After structured teaching programme the postnatal mothers had 90% adequate knowledge regarding prevention of breast engorgement and remaining had moderate knowledge. The obtained t value was 24.29 which was significant at 0.05 level. There was remarkable improvement in the knowledge of the mothers..

CONCLUSION:

The study conclude that structured teaching programme regarding prevention of breast engorgement was effective which improve the knowledge of postnatal mothers.

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