



AN EXPERIMENTAL STUDY TO ASSESS EFFECTIVENESS OF COLD CABBAGE LEAVES V/S HOT WATER BOTTLE APPLICATION ON BREAST ENGORGEMENT AMONG POSTNATAL MOTHERS ADMITTED IN POSTNATAL WARD OF SELECTED GOVT. HOSPITALS OF MOHALI, PUNJAB.

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Abstract

In the present study Pre experimental one pre and posttest design was used. This study is conducted selected Govt. Hospitals phase 6 Mohali, Punjab. The population in the present study included 60 Post natal mothers at selected hospitals, the sample were drawn by Purposive Sampling Technique. The data was collected by a structured demographic sheet and self-structured questionnaire. The findings show that in Experimental Group I 13.3% (4) mothers had mild breast engorgement, 86.7% (26) had moderate breast engorgement in pretest and 73.3% (22) had no breast engorgement, 26.7% (8) had mild breast engorgement in posttest. The findings show that in Experimental Group II 13.3% (4) mothers had mild breast engorgement, 86.7% (26) had moderate breast engorgement in pretest and 13.3% (4) had no breast engorgement, 60% (18) had mild breast engorgement, 26.7% (8) had moderate breast engorgement in posttest. There was a significant difference ($P < 0.05$) on level of breast engorgement and pain between experimental group I and II. The mean post test score of breast engorgement among experimental group I was $1.8(\pm 1.73)$, whereas in Experimental group II it was $6.53(\pm 3.47)$. The mean post test score of pain among experimental group I was $0.67 (\pm 0.69)$, whereas in Experimental group II it was $3.23(\pm 0.49)$. There was a significant association between level of breast engorgement and pain with age, postnatal day and type of delivery of

experimental group II. The findings of the study shows that cabbage leaves are more effective than hot water bottle application on breast engorgement and pain among postnatal mothers. These findings provided Statistical evidence supporting that application of Cabbage leaves and hot water bottle application may be used as an effective technique in the management of breast engorgement. By using these nurses can handle breast engorgement problems more effectively in primary care and hence help patients both physically and psychologically.

Introduction

The breast increase in size and become more tender, especially in the first half of pregnancy. The most rapid period of breast grows in decrease first eight weeks of pregnancy. As the pregnancy progresses, the breast become firmer and more modular to prepare for lactation. The Montgomery's gland surrounding the areole (the pigmented region grand the nipple) becomes darker and more prominent, and the areole itself darkens. The nipples also become larger and more erect as they prepare for milk production. The blood vessels with in the breast enlarger as surges of estrogen stimulate the growth of the ducts and surges of progesterone cause to glandular tissue to expand. Prolactin, a hormone produced by the pituitary gland, starts the growth after mammary gland & triggers production of milk. In any family, the birth of a child is a significant occasion. In order for a woman to produce a healthy kid, she must provide the greatest nourishment possible. Breast milk is the healthiest meal for newborns since they are typically healthier than babies who are fed formula. In 1991, UNICEF/WHO developed the Baby-Friendly Hospital Initiative in recognition of the importance of breastfeeding. Breastfeeding improves cognitive development and reduces disorders including obesity, hypertension, and insulin-dependent diabetes. Given the solid evidence of breastfeeding's advantages for women and infants, the WHO advises that newborns be exclusively breastfed for the first six months in all regions of the world "to ensure optimum growth, development, and health. In today's obstetric practice, breastfeeding is strongly recommended. While its benefits to both mother and child are widely understood, it is not without its drawbacks. Breast engorgement is a frequent condition that makes breastfeeding difficult to continue. Breast engorgement happens when the infant takes less milk from the breast than the mother produces during feeding. Breast engorgement is the overflowing of breast milk that gives the mother discomfort and anguish, whereas non-infectious mastitis is the inflammation of the breast caused by a blockage in the milk duct.

When an infant suckles at the mother's breast it brings milk out of nipple. This section signals the body to make more milk and deliver more milk. The body also produces a variety of other hormones (insulin, thyroid, cortical) that are useful to the infant. If the baby has problems like cleft lip, cleft palate, premature baby, fetal distress, IUD means the baby cannot suck properly and also the mother has problem like retracted ripple, cracked ripple, medical disorders such as cardiac failure, hepatitis, HIV means the mother cannot give breast feeding. In this condition there was stasis of breast milk, so it leads to a problem to the mother. In India 72% to 85% of women suffering with this problem.

Objectives of the study:

- To assess the breast engorgement before and after cold cabbage leaves and hot application among postnatal mothers.
- To determine the effectiveness of cold cabbage leaves application on breast engorgement among postnatal mothers of experimental group 1&2.
- To determine the effectiveness of hot application on breast engorgement among postnatal mothers of experimental group 1&2.
- To compare the effectiveness of cold cabbage leaves and hot application on breast engorgement among postnatal mothers of experimental group 1&2.
- To find an association between the pre-test and post-test breast engorgement level with selected demographic variables among postnatal mothers of experimental group 1&2.

Methodology:

In the present study Pre experimental one pre and posttest design was used. This study is conducted selected Govt. Hospitals phase 6 Mohali, Punjab. The population in the present study included 60 Post natal mothers at selected hospitals, the sample were drawn by Purposive Sampling Technique. The data was collected by a structured demographic sheet and self-structured questionnaire.

Data has been collected through forms within 10 days.

Findings of the Study: Major Findings are:

- The subjects 17(56.7%) were between 22-25 years of Experimental group I, 11 (33.3%) were between 26-29 years of Experimental group II. Regarding educational status subjects 14(46.7%) were with Higher secondary education of Experimental group I, 17(56.7%) were with Higher secondary education of Experimental II. Regard to Occupation 16 (53.3%) were home maker of Experimental group I, 12(40%) were of Experimental II.
- Most of the subjects 22 (73.3%) had family income between Rs.5001- Rs.10000 of Experimental group I, 13(43.3%) had family income between Rs.3001- Rs.5000 of Experimental II. Among them 23(76.7 %) were Christians of Experimental group I, and 16(53.3%) were Christians of Experimental II. Regarding the type of family 26 (86.7%) were living in nuclear family of Experimental group I and 25 (83.3%) were living in nuclear family of Experimental II.
- Regarding the type of gravida 24(80%) of women were second gravida mothers of Experimental group I, 16(53.3%) were second gravid mothers of Experimental group II. Among the subjects 21 (70%) were in second postnatal day of Experimental group I, 29 (96.7%) were in third postnatal day of Experimental group II. Regarding the type of delivery, 15(20%) were in Lower segment caesarian section of Experimental group I, 18 (50%) were in Lower segment caesarian section of Experimental group II.

- The findings show that in Experimental Group I 13.3% (4) mothers had mild breast engorgement, 86.7% (26) had moderate breast engorgement in pretest and 73.3% (22) had no breast engorgement, 26.7% (8) had mild breast engorgement in posttest.
- The findings show that in Experimental Group II 13.3% (4) mothers had mild breast engorgement, 86.7% (26) had moderate breast engorgement in pretest and 13.3% (4) had no breast engorgement, 60% (18) had mild breast engorgement, 26.7% (8) had moderate breast engorgement in posttest.
- There was a significant difference ($P < 0.05$) on level of breast engorgement and pain between experimental group I and II.
- The mean post test score of breast engorgement among experimental group I was $1.8(\pm 1.73)$, whereas in Experimental group II it was $6.53(\pm 3.47)$. The mean post test score of pain among experimental group I was $0.67 (\pm 0.69)$, whereas in Experimental group II it was $3.23(\pm 0.49)$.
- There was a significant association between level of breast engorgement and pain with age, postnatal day and type of delivery of experimental group II. The findings of the study shows that cabbage leaves are more effective than hot water bottle application on breast engorgement and pain among postnatal mothers.

LIMITATION OF STUDY

- The study is limited to the patients of the civil hospital Mohali, Punjab.
- The study is limited to the post-natal mothers of the civil hospital Mohali, Punjab

CONCLUSION

These findings provided Statistical evidence supporting that application of Cabbage leaves and hot water bottle application may be used as an effective technique in the management of breast engorgement. By using these nurses can handle breast engorgement problems more effectively in primary care and hence help patients both physically and psychologically.

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