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"A Descriptive Study To Assess The Knowledge Of Postnatal Mothers Regarding Breast Engorgement And It's Intervention In Selected Hospital Of Moodbidri Taluk With A View To Develop An Information Booklet."

1Prof. Kavitha Dsilva, 2Mrs. Raina Mary Crasta

1Professor and HOD of OBG Dept, 2Assistant Professor

1Alvas college of Nursing Moodbidri,

2Alvas college of Nursing Moodbidri

BACKGROUND

Breast feeding is necessary for the physical and mental well-being of the child and mother[1]. Breastfeeding is one of the initial bonding experiences between the mother and baby. It is natural but mother might have a problem in breastfeeding. Thus, some women have difficulties with breastfeeding during the initial phase of lactation[2].

Breast engorgement is a normal condition within the first two weeks of child birth when there is vascular and lymphatic congestion and compression of new milk. It is accompanied by hard, painful, throbbing, aching and tender breast which may lead to women requiring analgesia to develop mastitis or temporarily or even permanently abandoning breastfeeding[3].

The most common reasons of engorged breasts are delayed initiation of breastfeeds, early separation of the baby from the breast, bottle feeding and any restriction in breastfeeding[4]. Severe engorgement can hinder to latch on to the breast well and feed adequately. Engorgement can even increase the body temperature and is also referred as milk fever[5].

Engorgement process is activated by accelerated lactogenesis causing due to decreases blood level of steroids hormones among postpartum women and with higher concentration of prolactin[6]. Relief of Breast engorgement is obtained through release of excess milk from the breast either by manual milk expression, removal by breast pump, massage over the breast, sole breastfeeding, cabbage leaves application and pain killer medication to ease pain[7].

A rise in blood supply to the breasts and surge in milk supply routinely tend to make breast too full of the breast milk if not expressed, then body will slowly stop producing more. Therefore, it is important to inform as well as motivate mothers to nurse routinely.

Materials and Methods:

This research used a **descriptive survey research design** to a evaluate knowledge about breast engorgement and its interventions among postnatal mothers. The design was **non-experimental descriptive in nature**

The research was carried out at **Alva's Health Centre, Moodbidri**, among postnatal mothers. A **purposive sampling** was adopted to pick a sample of **40 postnatal mothers** who fulfil the inclusion criteria, like being willing to participate, hospital stay of 3 to 7 days, and having undergone either vaginal or caesarean delivery. Mothers who were unable to read English or Kannada or had delivery complications were excluded from the study.

The data were gathered using two tools: a **Demographic Performa** (age, type of family, religion, education, occupation, type of delivery, and obstetric history) and a 20-item multiple-choice **structured knowledge questionnaire** on breast engorgement and how to manage it. The questionnaire was pre-tested for clarity and validated by experts ($r = 0.92$).

Data were collected between July 28 and August 11, 2023, after informed consent has been obtained. Collected data were summarized using descriptive statistics (frequency, percentage, mean, standard deviation), and Chi-square tests were used to test associations between knowledge scores and demographic variables with significance set at $p < 0.05$

Arbitrary classification

Knowledge score

Grading	**Knowledge score**	**Percentage (%)**
Poor	0-7	≤ 35%
Average	8-13	36-65%
Good	14-20	66-100%

Results:

A descriptive study was conducted to evaluate the postnatal mother's knowledge concerning breast engorgement and its intervention in a selected hospital of Moodbidri Taluk, with the aim to create an information booklet. The study utilized a descriptive design and included postnatal mothers as samples. The results indicated that 45% of the mothers had poor knowledge, 50% had average knowledge, and only 5% had good knowledge. The mean score of knowledge was 40.63% and the standard deviation was 3.611. Among demographic variables, 32.5% of mothers were aged between 22–25 years group, 65% were joint families, 47.5% were Muslim religion, and 72.5% had a vaginal delivery. Additionally, 52.5% of the study participants were multiparous. The results of the study show the enhanced awareness and education strategies are required to bridge the knowledge gap. Preparation of an information booklet can be useful tool to educate postnatal mothers on identification, management, and prevention of breast engorgement. The research highlights the need for organized postnatal education to improve maternal health and breastfeeding outcomes.

Table 1: Frequency and percentage distribution of subjects on the basis of selected demographic variables

n = 40

Sl No.	Demographic variables	Frequency(f)	Percentage
1.	**Age in years**		
a.	18 – 21	3	7.5%
b.	22 – 25	13	32.5%
c.	26-29	11	27.5%
d.	30 &above	13	32.5%
2.	**Type of the family**		
a.	Nuclear	13	32.5%
b.	Joint	26	65%
C	Extended	1	2.5%
3.	**Religion**		
a.	Hindu	15	37.5%
b.	Christian	6	15%
c.	Muslim	19	47.5%
d.	Others	0	0%
4.	**Educational status**		
a.	Primary schooling	0	0%
b.	Secondary schooling	12	30%
c.	Higher secondary schooling	16	40%
D	Degree& above	12	30%
5.	**Occupational status**		
a.	Government employee	3	7.5%
B	Private employee	7	17.5%
C	Self employee	1	2.5%
d.	Home maker	29	72.5%
6.	**Type of delivery**		

a.	Vaginal	31	77.5%
b.	abdominal	9	22.5%
7. Obstetric score			
a.	Primipara	19	47.5%
b.	Multipara	21	52.5%

Data presented in the table 1 depict the distribution of subjects according to their age, type of family, religion educational status, occupational status, type of delivery and obstetric score.

Table 2: Frequency and percentage distribution of subjects according to their levels of knowledge

n=40

Level of knowledge	Frequency	Percentage(%)
Poor	18	45%
Average	20	50%
Good	2	5%

Table 2 shows that 45% subjects acquired poor knowledge, 50% acquired average knowledge, 5% had good knowledge.

Table 3: Mean, Median, Mean percentage and Standard deviation of knowledge score.

n = 40

Knowledge score	Max. possible score	Min. score obtained	Max. score obtained	Mean	Median	Mean percentage	SD
1-18	20	01	18	8.125	8	40.63%	3.611

The data presented in table 3 shows that the mean percentage of knowledge score was 40.63% with standard deviation of 3.611.

Table4: Association between knowledge score and the selected demographic variables.

n = 40

Sl. No.	Demographic Variables	Knowledge Score		x^2 (Chi-square)
		<median	≥median	
1.	**Age in years**			
a.	18-21,22-25	7	10	**0.175 (1)**
b.	26-29 & above 30years	11	12	
2.	**Type of Family**			
a.	Nuclear	17	22	**0.716 (1)**
b.	Joint and Extended	0	1	
3.	**Religion**			
a.	Hindu & Christian	7	12	**0.973 (1)**
b.	Muslim & Others	11	10	
4.	**Educational Status**			
a.	Primary Schooling, Secondary Schooling	10	6	**3.299 (1)**
b.	Higher Secondary Schooling, Degree and above	8	16	
5.	**Occupational Status**			
a.	Government Employee, Private Employee, Self Employed	8	9	**0.051 (1)**
b.	Home maker	10	13	
6.	**Type Of Delivery**			
a.	Vaginal	18	22	**1***
b.	Abdominal	0	0	
7.	**Obstetric Score**			
a.	Primipara	18	22	**1***
b.	Multipara	0	0	

Table value $\chi^2(1)=3.84$; $p<0.05$,* = fisher's exact<0.05 P calculated 1

The data presented in table 4 shows that there was no significant association between knowledge score and selected demographic variables such as age ($\chi^2(1)=0.175$, table value $\chi2(1)=3.84$; $p<0.05$), type of family ($\chi^2(1)=0.716$, table value $\chi^2(1)=3.84$; $p<0.05$), religion ($\chi^2(1)=0.973$, table value $\chi^2(1)=3.84$; $p<0.05$), educational status ($\chi^2(1)=3.299$, table value $\chi^2(1)=3.84$; $p<0.05$), occupational status ($\chi^2(1)=0.05$, table value $\chi^2(1)=3.84$; $p<0.05$), delivery type ($\chi^2(1)=1$, table value fisher's exact;($P<0.05$ P calculated 1), obstetric score ($\chi^2(1)=1$, table value fisher's exact;($P<0.05$ P calculated 1). Which indicates there is no significant relationship between knowledge score and chosen demographic variables. Null hypothesis is therefore accepted and research hypothesis is rejected.

Conclusions:

This current research unveiled that a large percentage of postnatal mothers have poor knowledge about breast engorgement and how to manage it, and only a few had good awareness.

These observations point out an urgent requirement for increased postnatal education. As the knowledge deficit was observed to be most prevalent among multiparous mothers and those belonging to joint families, the creation and circulation of an educational booklet could be a viable and practical way to empower mothers with basic knowledge. Augmenting teaching strategies through organized interventions is essential towards better maternal health outcomes and enabling effective breastfeeding techniques.