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Exclusive breastfeeding practices among urban mothers and the barriers to breastfeeding: A descriptive study at South Mumbai

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Abstract

Introduction: Breast feeding is known as first immunization since it provides protection to children from communicable and noncommunicable diseases. Human breast milk is naturally balanced nutritious foods for infants. It is an ideal food for a child's growth and development. It reduces the occurrences of childhood diseases like asthma, cancer, obesity, diabetes mellitus and cardiovascular diseases.

Materials and Methods: A cross-sectional descriptive study was conducted at a tertiary care hospital in south Bombay. Totally, 50 participants were selected for the study by non-probability sampling method using semi structured questionnaire. Validated by experts from the field of obstetrics and pediatrics.

Results: Out of 50 mothers, majority of mothers 46% (23) breastfed exclusively for 4-6 months. Lactational barrier was the most significant barrier observed in which leaking milk (31%) was the common problem.

Conclusion: The findings of the current study highlight the need for developing good knowledge in order to identify the barriers of breastfeeding and enlighten mothers about methods to overcome them.

Keywords: Exclusive breastfeeding, barriers, mothers, tertiary hospital

Introduction

Exclusively breastfed infants for 6 months have less morbidity from a gastrointestinal infection and promotion of EBF could reduce the prevalence of chronic child undernutrition. Raising breastfeeding practice to a near-universal level could reduce 823,000 annual deaths in children younger than 5 years and 20,000 yearly deaths from breast cancer. Despite various global initiatives on breastfeeding, data showed that EBF rate has declined over the last decade and has become a concern worldwide due to the valuable benefit of breastfeeding [1]. Both WHO and UNICEF recommend early initiation of breastfeeding within 1 hour of birth, exclusive breastfeeding for the first 6 months of life and introduction of nutritionally adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age or beyond. Exclusive breast feeding is the ideal way and is universally recommended. Exclusive breastfeeding (EBF) means feeding a baby only breast milk for the first six months of life [4, 5]. Successful neonatal breastfeeding factors include proper latching and an alert neonate with intact rooting and suckling reflexes. Although lactation is a natural process, parental support and education for proper positioning and latching are often required. The ability of the neonate to empty the breast will determine the subsequent milk volume. Limiting factors like pain, anxiety, and emotional instability, among others, should be addressed before and after delivery. Lactation consultants or knowledgeable nurses can facilitate the successful initiation of breastfeeding. Non-breastfeeding parents and other supportive individuals, including physicians, also have an important role in education and support [6].

Background: Evidence shows that many factors such as maternal age, income, education, and culture, including support and guidance from family, friends, community, and healthcare professionals may have a significant impact on the starting and maintaining of EBF among postpartum women (Bevan & Brown, 2014; Brand *et al.*, 2011).

Exclusive breastfeeding practices can be achieved through the development of appropriate interventions based on the various identified barriers [2]. It has been recognized that socially excluded population groups face not just economic barriers but also social and cultural barriers to access health services [7]. Barriers for exclusive breast feeding are many and the most common barriers of breast feeding related to mothers were pain during breastfeeding, sore or cracked nipples, breast engorgement, perception of insufficient milk supply, embarrassment from breastfeeding in public places, cesarean section, immunosuppressant's, returning to work after delivery and breast cancer. Meanwhile the most common barriers related to infants were cleft lip, cleft palate, premature infants and breast refusal [8].

Materials and Methods

A cross-sectional descriptive study was conducted in the month of August – September 2023 at a tertiary care

hospital in South Mumbai. Total 50 participants were selected for the study by non-probability sampling method. The data was collected using semi structured questionnaire, validated by experts from the field of obstetrics and pediatrics. The questionnaire had 3 sections: Socio-demographic variables, assessment of exclusive breastfeeding practices [9, 10] and assessment of barriers to breastfeeding [8]. Study included mothers of children above 6 months and up to 2 years, who are willing to participate and can read and understand English. Mothers of children having congenital disorders were excluded.

Results

Out of 50 mothers, majority of mothers i.e. 23(46%) breastfed exclusively for 4-6 months followed by 21(42%) mothers breastfed exclusively for 6-12 months and 4(8%) mothers exclusively breastfed for 0-3 months and 2(4%) mothers exclusively breastfed for >12 months. (Fig 1).

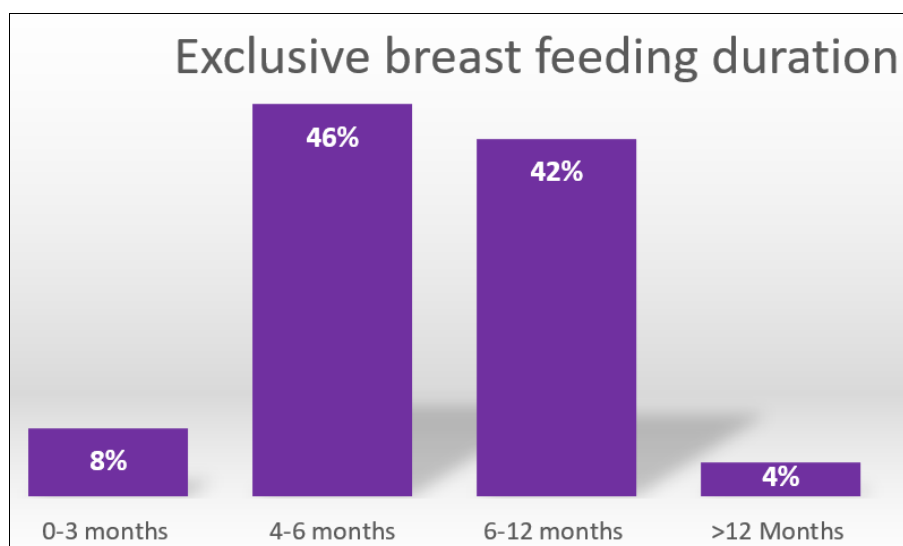


Fig 1: Distribution of sample based on exclusive breast-feeding duration (n=50)

The majority of subjects i.e. 26(31%) mothers faced leaking milk problems followed by 18(21%) mothers faced breast engorgement problem and 15(18%) mothers faced pain during breastfeeding and 13(15%) faced sore or cracked nipple and 12(14%) mothers faced low milk supply and 1(1%) mother faced inverted nipple problem. (Fig 2).

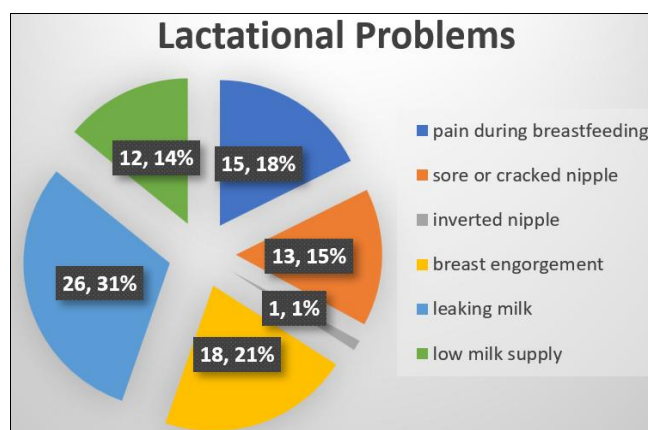


Fig 2: Lactational problems found among urban mothers of South Mumbai (n=50)

Out of 50 mothers, majority of mothers i.e. 18(27%) faced

embarrassment from feeding in public followed by 13(20%) mothers faced perception of insufficient milk supply, 11(17%) mothers faced signs of postnatal depression, 9(14%) mothers faced fear of distorted breast shape after breastfeeding, 6(9%) mothers faced lack of self-motivation, 3(5%) mothers faced unpleasant odor of breastmilk, 3(4%) mothers faced lack of social support and 3(4%) mothers faced lack of support from family. Out of 50 mothers, majority of mothers i.e. 25(34%) faced post-delivery fatigue followed by 18(25%) mothers had new pregnancy, 14(19%) mothers had episiotomy, 13(18%) mothers faced pain following C section, 3(4%) mothers were taking contraceptives and 0(0%) mothers had twin delivery. Out of 50 mothers, majority of mothers i.e. 14(30%) experienced lack of personal freedom due to breastfeeding followed by 13(28%) mothers had lack of knowledge of breastfeeding, 8(17%) mothers experienced lack of privacy, 7(15%) mothers faced improper positioning of breastfeeding and 5(10%) mothers faced the problem of returning to work after delivery.

Out of 50 mothers, majority of mothers i.e. 11(24%) faced problem because of breastmilk jaundice followed by 7(16%) mothers faced problem because of irritable and inconsolable child, 6(13%) mothers each faced problems because of breast refusal and poor latch on, 4(9%) mothers each faced

problems because of premature infants, use of any drugs and infection of breast, 3(7%) mothers faced problems due to insufficient weight gain of the child and 0(0%) mothers faced problem because of breast cancer.

Discussion

A descriptive study was carried out to assess the exclusive breastfeeding practices and to identify barriers related to breastfeeding among mothers attending OPD services of a tertiary care hospital in South Mumbai, in which a total of 50 samples were selected using convenience sampling technique. A semi-structured questionnaire tool was used.

The study was similar to another study which was conducted by Elham Atef Abdelazeem in the Department of Pediatric Nursing, Sohag University, Egypt and the result of the study was that the most common barriers of breastfeeding related to mothers were pain during breastfeeding, sore or cracked nipples, breast engorgement, perception of insufficient milk supply and embarrassment from breastfeeding in public places^[8].

The study result was congruent to our study which depicted that among lactational problems majority of subjects (31%) faced leaking milk problems 21% faced breast engorgement, 18% mothers faced pain during breastfeeding and 15% faced sore or cracked nipple. Whereas among the psychological problems majority of mothers i.e. 27% faced embarrassment from breastfeeding in public. There is no significant relationship between selected demographic variables and barriers of breastfeeding^[8].

Conclusion

In our role as a nurse, spreading awareness about importance of exclusive breastfeeding and enlightening the methods to overcome barriers of breastfeeding are essential for the proper development and healthy life of a baby. Therefore, it is very much essential for the nurses to have essential skills and consistency in assisting mothers in practicing exclusive breastfeeding. The findings of the current study highlight the need for developing good knowledge in order to identify the barriers of breastfeeding and enlighten mothers about methods to overcome them.^[5]

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