MISCONCEPTIONS TOWARDS BREASTFEEDING AMONG LACTATING MOTHERS

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ABSTRACT

Background: *Scientific research studies conducted during the last three decades have clearly proved that breastfeeding provides the most suitable nutrition for an infant. However in Egypt, BF is inadequately practiced due to prevailing misconceptions and cultural taboos.*

Aim of the Work: *This study was to assess the socio-cultural beliefs influencing breastfeeding practices among postnatal mothers in urban and rural areas of Cairo and Banha governorates respectively.*

Subjects and methods: *This descriptive comparative study was conducted in Cairo Governorate (represented by Al Hussein University hospital (AHUH)) as urban residents and Qaliubya Governorate represented by Banha University hospital (BUH)) as rural residents (residents of villages of Banha area), comparing the misbelieves regarding breast feeding among lactating mothers. The study population was 200 lactating healthy mothers whose babies are healthy and who were willing to participate and to come back during the study period.100 of them in Cairo at AHUH and the other 100 in Qaliubya Governorate at BUH. They were enrolled by simple random method from outpatient Pediatrics and BF clinics at AHUH (on Sunday& Wednesday weekly) and BUH (on Saturday & Tuesday weekly) during the period between December 2018 and October 2019.The research design selected for the study is descriptive comparative design. The tool used for data collection was an interview questionnaire written in local language consisting of both open and closed ended items. After obtaining the verbal consent from mothers, the validated interview questionnaire was administered to collect their socio-demographic data and to assess their socio-cultural believes on breastfeeding. The questionnaire was answered by all selected mothers individually without any support from the examiner (pre-intervention stage). Supporting correction for each misconception was declared. By the end of each session, the questionnaire was checked by the BF consultant and the professor of psychiatry who did help in counseling the mothers, and a group discussion was conducted to declare the correct answers (intervention stage). Same mothers were asked to come back after two months to assess the effect of correcting their misbelieves towards BF that influenced their knowledge, attitude and practice regarding BF by answering the same questionnaire (post-intervention stage).*

Results: *Total breast feeding score was improved from 57.5 in pre intervention to 76.1 in post intervention stage in rural areas, and improved from 65.6 to 76.4 in urban areas.*

Conclusion: *It is evident that counseling on BF is not given its importance as part of antenatal visits; Breastfeeding clinic is not a routine outpatient clinic and no mother support groups to support lactating mothers after discharge.*

Recommendations: *All ante-natal women should be informed about the benefits and management of BF. Health care providers also need education training on BF support and management, including pediatricians. Obstetricians should be trained well to assure fruitful antenatal education for pregnant women to practice successful BF. All post-natal mothers should be counseled based on their answers and given advice regarding BF. More support to BF outpatient clinic. Both AHUH and BUH should establish and encourage these mother support groups.*

Key words: *Breastfeeding, Colostrum, Primi postnatal mothers, Prelacteal feeding, Socio-cultural beliefs.*

INTRODUCTION

Breastfeeding (BF) is the normal and most appropriate method for feeding infants and is also called life fluid for the baby, and is closely related to immediate and long-term health outcome **(Dietary Guidelines for Children and Adolescents in Australia, 2003)**.

Breastfeeding is the first food experience for most babies. Breast milk has all the nutrients a baby needs, and is the only food required until around six months. Ideally, babies will continue to enjoy and benefit from breastfeeding until at least 12 months, or longer if the mother and baby wish. The fourth guideline of the Australian Dietary Guidelines is 'Encourage, support and promote breastfeeding'. Australia's breastfeeding initiation rate in 2010 was high at 96%, however only 15% of infants were exclusively breastfed (EBF) around six months **(The Infant Feeding Guidelines (2012)** and **the Australian Dietary Guidelines (2013)**).

Clinicians know that breast feeding is crucial to infant health in developing countries, but they may be less aware of the potential longer term health benefits for mothers and babies in developed countries, particularly in relation to obesity, blood pressure, cholesterol, and cancer. The World Health Organization (WHO) recommends exclusive breast feeding (breast milk only, with no water, other fluids, or solids) for six months, with supplemental breast feeding continuing for two years and

beyond. **(Pat Hoddinott et al., 2008)**.

A review of interventions in 42 developing countries estimated that exclusive breast feeding for six months, with partial BF continuing to 12 months, could prevent 1.3 million (13%) deaths each year in children under 5. In comparison, Haemophilus influenza type b vaccine could prevent 4% of all child deaths and measles vaccine 1% of such deaths **(Jones G et al., 2003)**.

There are truths and myths about BF. Many of the myths about BF keep women from breastfeeding their infants. BF is the recommended method of infant feeding **(www.unco.edu/nhs/infanet April 5, 2014)**.

Research Question:

Does the correction of the prevailing socio-cultural beliefs towards the breastfeeding improve the practice of breastfeeding and infant feeding during the first two years of life?

Aims of the Work

This study aimed to highlight on the socio-cultural beliefs influencing breastfeeding practices experienced by lactating mothers and to improve the attitude and practice towards breastfeeding.

SUBJECTS AND METHODS

This descriptive comparative study was conducted in Cairo Governorate (represented by Al Hussein University hospital (AHUH)) as urban residents and Qaliubya Governorate represented by Banha University hospital (BUH)) as rural residents (residents of villages of Banha area), comparing the misbelieves regarding breast feeding among lactating mothers. The study population was 200 lactating healthy mothers whose babies are healthy and who were willing to participate and to come back during the study period.100 of them in Cairo at AHUH and the other 100 in Qaliubya Governorate at BUH. They were enrolled by simple random method from outpatient Pediatrics and BF clinics at AHUH (on Sunday& Wednesday weekly) and BUH (on Saturday & Tuesday weekly) during the period between December 2018 and October 2019.The research design selected for the study is descriptive comparative design. The tool used for data collection was an interview questionnaire written in local language consisting of both open and closed ended items (attached). After obtaining the verbal consent from mothers, the validated interview questionnaire was administered to collect their

socio-demographic data and to assess their socio-cultural believes on breastfeeding. The questionnaire was answered by all selected mothers individually without any support from the examiner (pre-intervention stage). Supporting correction for each misconception was declared. By the end of each session, the questionnaire was checked by the BF consultant and the professor of psychiatry who did help in counseling the mothers, and a group discussion was conducted to declare the correct answers (intervention stage). Same mothers were asked to come back after two months to assess the effect of correcting their misbelieves towards BF that influenced their knowledge, attitude and practice regarding BF by answering the same questionnaire (post-intervention stage). Total BF score was calculated for each participant according to the answer of the questions in the questionnaire, and tabulated with the socio-demographic characteristics.

Total breast feeding score:

We encoded the answers of mothers where the right answers were given 1 and the wrong answers were given 0. For questions with multiple choice answers, the best answer was given 3 and the next answer given 2 and the worst given 1.At the end of the study, we collected the scores of the whole mothers in pre-intervention and post-intervention questionnaire and calculated the mean value. We tabulated the total breastfeeding score to the socio-demographic characteristics.

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Ethical consideration:

1. A written informed consent was obtained from all participants (parents) before participation in the study.
2. The objectives of the study, the expected benefits and types of information to be obtained were explained to them.
3. An approval by the local ethical committee was obtained before the study.
4. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.
5. All the data and results of the study are confidential and the participants had right to keep it.

At the start of the study, an explanation of the study was provided, to ensure the potential participant had adequate information to provide informed consent.

6. The participant has the right to withdraw from the study questionnaire at any time.

Statistical analysis:

Data will be analyzed using IBM SPSS software package version 22.0. Qualitative data will be described using number and percent. Quantitative data will be described using mean and standard deviation for parametric data after testing normality using Kolmogrov-Smirnov test. Significance of the obtained results will be judged at the (0.05) level. Data analysis will be carried out as Quantitative data between two groups was analyzed using parametric tests, as:

- Student t-test.
- One Way ANOVA test with Post Hoc Tukey test.
- Paired t test to compare between 2 studied periods.

RESULTS

Table (1): Relation between total breastfeeding score and socio-demographic characteristics of the whole studied mothers

Risk factors	Total score		test of significance (paired t test)
	Pre-intervention	post intervention	
Age/years			
- <28	53.19±7.38	76.31±1.17	t=27.69, p<0.001*
- ≥28	58.73±6.9	76.28±1.39	t=28.1, p<0.001*
Student t test	p=0.01*	p=0.86	
Residence			
- Rural	57.50±6.87	76.15±1.39	t=29.26, p<0.001*
- Urban	65.60±7.62	76.44±1.17	t=25.81, p<0.001*
Student t test	p=0.92	p=0.11	
Education level			
- Illiterate	54.0±7.64	76.38±1.07	t=14.29, p<0.001*
- Middle	56.09±6.89	76.25±1.40	t=33.97, p<0.001*
- Above middle	60.02±6.29	76.38±1.13	t=18.69, p<0.001*
- Higher education	64.94±4.18	76.24±1.25	t=11.84, p<0.001*
One Way ANOVA test	p<0.001*	p=0.93	
Occupation			
- House wife	56.20±6.76	64.33±5.63	t=40.79, p<0.001*
- Working	76.23±1.30	76.61±1.19	t=13.06, p<0.001*
Student t test	p<0.001*	p=0.13	
Marital status			
- Married	58.23±7.25	76.26±1.33	t=34.63, p<0.001*
- Divorced	53.39±5.85	76.22±1.11	t=17.96, p<0.001*
- widow	53.82±5.93	76.91±0.83	t=14.10, p<0.001*
One Way ANOVA test	p=0.005*	p=0.27	
Type of Delivery			
- Vaginal	63.03±6.47	76.19±1.34	t=25.9, p<0.001*
- CS	56.22±7.47	76.34±1.27	t=30.28, p<0.001*
Student t test	p=0.04*	p=0.48	

Table (1): Relation between total breastfeeding score and socio-demographic characteristics of the whole studied mothers (continued)

Risk factors	Total score		test of significance (paired t test)
	Pre-intervention	post intervention	
Baby age			
- <4 months	61.06±6.99	76.23±1.69	t=13.36, p<0.001*
- 4-8 months	58.80±7.63	76.32±1.38	t=16.23. p<0.001*
- 8-12 months	55.89±7.24	76.21±1.17	t=23.66, p<0.001*
- > 12 months	56.69±6.49	76.4±1.14	t=24.92, p<0.0018
One Way ANOVA test	p=0.005*	p=0.85	
Order of baby			
- 1st	52.68±7.61	76.42±1.47	t=16.85, p<0.001*
- 2nd	57.52±7.38	76.06±1.22	t=21.26, p<0.001*
- 3rd	55.85±6.60	76.24±1.26	t=26.25, p<0.001*
- >3rd	57.65±6.85	76.90±0.91	t=13.22, p<0.001*
One Way ANOVA test	p=0.04*	p=0.07	
Breast feeding of previous babies			
- No	56.57±6.99	76.20±1.25	t=35.27, p<0.001*
- Yes	60.07±7.29	76.54±1.36	t=18.33, p<0.001*
Student t test	p=0.002*	p=0.10	
Age of husband (years)			
- 20-30ys	54.30±5.19	76.55±1.42	t=16.98, p<0.001*
- 30-40ys	61.47±6.98	76.13±1.26	t=29.52, p<0.001*
- >40ys	56.73±7.20	76.38±1.15	t=27.87, p<0.001*
One Way ANOVA test	p<0.001*	p=0.14	
Social class			
- Low	56.69±6.49	76.4±1.14	t=16.85, p<0.001*
- Middle	61.06±6.99	76.20±1.25	t=23.66, p<0.001*
- high	76.23±1.30	76.61±1.19	t=13.06, p<0.001*

* statistically significant (if p<0.05).

Table 1 shows that post intervention BF score was better with mothers who were >28 years age, urban residents, high education level, working mother, married and had delivered vaginally, and who breastfed her previous babies, and of high social class. Also BF was better whit babies who were < 4 months old and > 3rd order among siblings. BF score was better when the husband was 30-40 years old.

Table (2): Comparison of pre and post intervention regarding misconceptions and misbelieves among studied mothers in Al_Hussein & Banha University Hospitals

Misconceptions and misbelieves	Al_Husein University Hospital				Test of sign.	Banha University Hospitals.				Test of sign
	Pre		post			Pre		Post		.
	N=100	%	N=100	%		N=100	%	N=100	%	
1-Most of mothers have insufficient breast milk.	78	78	0	0	<0.001*	86	86	0	0	<0.001*
2-BF is painful.	65	65	0	0	<0.001*	76	76	0	0	<0.001*
3-There is no sufficient milk during first 3 or 4 days after delivery.	62	62	1	1	<0.001*	75	75	1	1	<0.001*
4-Baby should breast feed on each breast at least for 20 minutes.	55	55	0	0	<0.001*	55	55	0	0	<0.001*
5-Breast fed infants need water during summer.	65	65	1	1	<0.001*	83	83	0	0	<0.001*
6-Mothers should eat large amount of food to increase milk production	73	73	1	1	<0.001*	82	82	0	0	<0.001*
7-Mothers should clean her nipples before every time BF her baby.	43	43	0	0	<0.001*	48	48	0	0	<0.001*
8-Milk expression is the best way to know if BM is sufficient or not.	24	24	0	0	<0.001*	35	35	0	0	<0.001*
9-Artificial feeding is easier than BF.	65	65	1	1	<0.001*	66	66	0	0	<0.001*
10-BM doesn't contain enough iron that meets baby requirements	64	64	1	1	<0.001*	70	70	0	0	<0.001*
11-BF prevents mothers to do their work.	51	51	0	0	<0.001*	54	54	0	0	<0.001*
12-New milk formula are similar to BM	51	51	0	0	<0.001*	46	46	0	0	<0.001*

Table (2): Comparison of pre and post intervention misconceptions and misbelieves among studied mothers in Al_Hussein & Banha University Hospitals (Continued)

Misconceptions and misbelieves	Al_Husein University Hospital.				Test of sign.	Banha University Hospitals.				Test of sign.
	Pre		post			Pre		Post		.
	N=100	%	N=100	%		N=100	%	N=100	%	
13-If mother has common cold, she should stop BF.	64	64	0	0	<0.001*	61	61	0	0	<0.001*
14-Mother taking drugs, she should stop BF.	64	64	0	0	<0.001*	55	55	0	0	<0.001*
15-If baby has diarrhea or vomiting, mother should stop BF	48	48	1	1	<0.001*	54	54	0	0	<0.001*
16-The baby shouldn't have shower before one week of his life.	57	57	0	0	<0.001*	67	67	1	1	<0.001*
17-Increase baby sleep duration helps to increase his body wt.	76	76	1	1	<0.001*	76	76	0	0	<0.001*
18-Artificial feeding increases baby weight reflecting good health.	65	65	0	0	<0.001*	52	52	0	0	<0.001*
19- Menstruating women, shouldn't visit lactating mothers.	64	64	0	0	<0.001*	74	74	0	0	<0.001*
20-Women wearing gold shouldn't visit lactating mothers.	32	32	2	2	<0.001*	40	40	0	0	<0.001*
21-Sad mothers shouldn't breast feed her infant. (Laban nakad)	76	76	2	2	<0.001*	99	99	0	0	<0.001*
22-BF shouldn't be in front of other women.	55	55	0	0	<0.001*	76	76	0	0	<0.001*
23-Feeding baby with herbal solutions (Anise) clean babies' intestine.	63	63	1	1	<0.001*	86	86	0	0	<0.001*
24-Breastfed babies for more than 2 yrs is more vulnerable to be stupid.	47	47	0	0	<0.001*	46	46	0	0	<0.001*
25-One breast can make the baby happy and the other can make him sad	21	21	0	0	<0.001*	35	35	0	0	<0.001*

Used tests: MC Nemar test, Stewart Maxwell test, * statistically significant (p<0.05)

Table (2) shows that the percentage of expression of all misconceptions (1-25) regarding BF among studied mothers (during pre-intervention stage) was significantly decreased (during post-intervention stage) in both AHUH and BUH.

Table (3): Comparison of pre and post intervention knowledge among studied mothers in Al Hussein & Banha University Hospitals

Knowledge questions	Al-Hussein University Hospital				Test of sign.	Impr. %	Banha University Hospitals.				Test of sign.	Impr. %
	Pre intervention N=100		Post intervention N=100				Pre intervention N=100		Post intervention N=100			
	N. of W.As	%	N. of W.As	%			N. of W.As	%	N. of W.As	%		
1-Number of mothers who don't believe that every mother should breast feed her baby.	59	59	3	3	<0.001*	56	46	46	0	0	<0.001*	46
2-When should you start breast feeding? A-First hour. B-First day. C-First week.	 35 60 5	 35 60 5	 85 13 2	 85 13 2	<0.001*	 50 47 3	 29 59 12	 29 59 12	 97 3 0	 97 3 0	<0.001*	 68 56 12
3-Skin to skin contact after birth is not important.	81	81	5	5	<0.001*	76	71	71	0	0	<0.001*	71
4-Colostrumis not important.	31	31	0	0.0	<0.001*	31	38	38	0	0	<0.001*	38
5-You do not Know the meaning of exclusive breast feeding?	87	87	6	6	<0.001*	81	66	66	1	1	<0.001*	65
6-You do not Know the importance of rooming in?	76	76	2	2	<0.001*	74	48	48	0	0	<0.001*	48
7-You do not know how to express your breast milk?	51	51	4	4	<0.001*	47	44	44	0	0	<0.001*	44
8-You do not Know how to store expressed breast milk?	89	89	1	1	<0.001*	88	91	91	1	1	<0.001*	90

NB: W.As = wrong answers
Answers of q-2 (A and B) are not wrong answers.

Table (3) shows that all Knowledge questions (from 1 to 8) significantly improved during post intervention (with P < 0.001) in both Al Hussein and Banha University hospitals.

Table (4): Comparison of mother's attitude towards breast feeding during pre and post intervention stages among studied mothers in Al Hussein & Banha University Hospitals

Attitude questions	Al_Husein University Hospital.				Test of sign.	Improv. %	Banha University Hospitals.				Test of sign	Improv. %
	Pre		post				Pre		Post		.	
	N=100	%	N=100	%			N=100	%	N=100	%		
1-Number of mothers who will practice skin to skin contact in next delivery.	11	11.0	88	88.0	<0.001*	77%	11	11.0	64	64.0	<0.001*	53%
2-Number of mothers who will feed colostrum to her next baby.	67	67.0	98	98.0	<0.001*	31%	53	53.0	93	93.0	<0.001*	40%
3- Number of mothers who will start BF her next baby directly after birth.	29	29.0	100	100	<0.001*	71%	23	23.0	97	97.0	<0.001*	74%
4-Number of mothers who will practice rooming in after delivery of the next baby.	97	97.0	100	100	0.2	3%	82	82.0	100	100	<0.001*	18%

Table (4) shows that the percentage of correct answers of Attitude questions was significantly improved (during post-intervention stage) in AHUH (questions 1-3) and BUH (questions 1-4).

Table (5): Comparison of pre and post intervention regarding breast feeding practice among studied mothers in Al Hussein & Banha University Hospitals

Practice questions	Al_Hussein University Hospital.				Test of sign.	Impro v. %	Banha University Hospitals.				Test of sign	Impro v.%
	Pre		post				Pre		Post		.	
	N=100	%	N=100	%			N=100	%	N=100	%		
1-Number of mothers who did not practice skin to skin contact after birth.	89	89	89	89	1.0	0	89	89	89	89	1.0	0
2-Number of mothers who did not Breast feed her infant colostrum.	33	33	33	33	1.0	0	47	47	47	47	1.0	0
3-When did you start breast feeding? - Direct after birth - first day - after that	 29 59 12	 29 59 12	 29 59 12	 29 59 12	1.0	0	 23 47 30	 23 47 30	 23 47 30	 23 47 30	1.0	0
4-Number of mothers who did not practice exclusive breast feeding.	78	78	61	61	0.001	17	51	51	39	39	0.005	12
5-Number of mothers who did not breast feed her infant on demand.	6	6	1	1	0.06	5	10	10	3	3	0.01	7
6-Number of mothers who did not practice rooming in after delivery.	3	3	3	3	1.0	0	18	18	18	18	1.0	0
7-Number of mothers who used pacifier or teats for her baby.	20	20	15	15	0.06	5	40	40	34	34	0.03	6
8-Number of mothers who did not express her breast milk?	56	56	46	46	0.002	10	64	64	55	55	0.06	9

Table (5) shows that the percentage of wrong answers of Practice question no. 4 was significantly and insignificantly decreased in AHUH (from to 78 to 61) and BUH (from 51 to 39) respectively. Regarding Qs number 5-8 improvement was insignificant in both AHUH and BUH.

Table (6): Comparison of pre and post intervention regarding total breastfeeding score among studied mothers

	Pre-intervention N=200	Post-intervention N=200	
Total breast feeding score Mean ± SD	57.55±7.23	76.29±1.29	t=39.84, p<0.001*

* Statistically significant (p<0.05)
t: Paired t test, MC:MC Nemar test

Table (6) compares the BF total score in pre and post intervention among studied sample which is improved from 57.55 to 76.29.

DISCUSSION

Our study shows that the root cause for the poor feeding practices are related to traditional misbelieves and malpractices that separate and prevent the baby and mother from experiencing their early breastfeeding patterns and interfere with the establishment of breastfeeding.

Our findings showed that many of these mothers, especially the primi ones, did not have experience in caring for their child or in breastfeeding and depended on more experienced people in their social network as their mothers, older sisters or mother-in-law to get advice and guidance. This permitted the misbelieves and malpractices to be more easily disseminated. This is obvious from the total breast feeding score where it was 52.6 in the primi mothers in the pre intervention stage, and improved to 76.4 in the post intervention stage and this is agree with the results of the study done by **(Azza MAM, 2015)**.

The most common misbelieves disseminated as shown by our study was that Sad mothers shouldn't breast feed her infant LABAN NAKAD (87.5%) followed by Most of mothers have insufficient breast milk (82%) followed by Mothers should eat large amount of food to increase milk production (77.5) followed by Increase sleeping duration for baby helps increasing his body weight (76.0%).

Azza MAM, 2015 reported that a women's milk becomes no good when she is in grief, or that her milk stops when exposed to the evil eye or that some women in some families just don't have milk or that some mothers have thin milk. The first two myths were the most commonly

mentioned (40.7% and 21.9% respectively).

Bader Ebrahim, 2011 shows less than 5% of the participants in his study thought that infants who are formula fed are more likely to have better intelligence or have good general health in comparison to infants who are breastfed in contrast to findings of our study 58.5% of mothers believed that formula fed infant has good general health.

Bader Ebrahim, 2011 shows that Less than one third of them others knew that mothers should start breastfeeding in the first few hours of delivery. This is lower than that reported from India and Hong Kong, where more than 90% of the mothers agreed that mothers should start breast feeding as soon as possible after the baby is born and in our study 32% of mothers only knew this information.

Our study show other prevailing misbelieves for example: There is preference to feed on one side as there is abreast that gives joy and another that makes the baby sad (28%). Moreover, if a mother develops a fever or is any medication, she should stop breastfeeding (62.5%). Other practices as washing breasts before every feed (45.5%), emphasis on intake of liquids to increase milk were also common practice (77.5%).

Dyah AI et al., 2012 reported that 17% of mothers discarded colostrum's compared to our findings (40%). The reasons given for not feeding colostrum to newborns is that colostrum's is not milk and some mothers believed that it is a secretion from the breast and milk will come after few days.

Our findings are similar to the findings of the study conducted by **Ahmed A. A Shoshan (2007)** on "Factors Affecting Mother's Choices and Decisions Related to Breast Feeding Practices and Weaning Habits" at King Saudi University, Riyadh, Saudi Arabia. Regarding sources of knowledge of breastfeeding in the present study, about 45.2 per cent of mothers said that they received knowledge of breastfeeding from family members. And similar to the findings of the study conducted by Sangole and Durge in 2002. Due to prevalence of certain socio-cultural beliefs and practices, mothers in the study area face problems in initiation of breastfeeding. There are certain beliefs and practices that do not encourage early initiation of breastfeeding, thus creating opportunities to give artificial feed to the newborn baby.

CONCLUSION

It is evident that counseling on BF is not given its importance as part of antenatal visits. Existing antenatal counseling on BF is inadequate in the population studied and needs strengthening .Breastfeeding clinic is not a routine outpatient clinic .No mother support groups to support lactating mothers after discharge. Medical experts themselves may not possess sufficient knowledge on breastfeeding.

RECOMMENDATIONS

All ante-natal women should be informed about the benefits and management of BF. **Health care providers** also need education training on BF support and management, including **pediatricians**. **Obstetricians** should be trained well to assure fruitful antenatal education for pregnant women to practice successful BF. **All post-natal mothers** should be counseled based on their answers and given advice regarding BF. More support to **BF outpatient clinic**. Both AHUH and BUH should establish and encourage these mother support groups.

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المفاهيم الخاطئة نحو الرضاعة الطبيعية بين الأمهات المرضعات

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المقدمه: حليب الأم هو الغذاء المثالي للطفل فهو مصمم ليوفر له جميع العناصر الغذائية من أجل نمو صحي، يتكيف حليب الثدي مع نمو الطفل لتلبية احتياجاته المتغيرة، كما يحميه من الالتهابات والأمراض، بالإضافة أنه سهل الحصول عليه ومتاح كلما احتاج إليه الطفل.

حيث تساهم الرضاعة الطبيعية في خلق علاقة حميمية قوية بين الأم والطفل وإشعاره بالحنان والدفء.

الهدف من العمل: تنتشر بعض المفاهيم الخاطئة عن الرضاعة الطبيعية بين الأمهات المرضعات مما يؤدي إلي تقليل نسب الرضاعة الطبيعية وحرمان الطفل من فوائد الرضاعة الطبيعية. وهذه المفاهيم الخاطئة منتشرة بين الأمهات اللاتي ليس لديهن خبره مع الرضاعة الطبيعية ويعتمدن علي النصائح المأخوذة من الجدات أو الأخوات الأكبر منهن مما يؤدي إلي انتشار هذه المفاهيم الخاطئة في المجتمع.

وفي هذا البحث تمت مناقشه بعض من هذه المفاهيم الخاطئة مع الأمهات المرضعات تحت إشراف استشاري

رضاعه طبيعية وأستاذ طب نفسي لمحاوله تصحيح هذه المعتقدات الخاطئة ومعرفه تأثير تصحيح هذه المفاهيم علي ممارسه الرضاعة الطبيعية.

طريقه البحث: تم عمل البحث علي 100 أم مرضعة من محافظه القليوبيه (من مناطق ريفيه فقط) و100 أم مرضعة من محافظه القاهرة (منطقه مدنيه) ممن تنطبق عليهم بعض الشروط, ثم أجابت الأمهات علي اسئله متعلقة بالرضاعة الطبيعية وممارستها والأفكار المغلوطة عنها (اسأله ما قبل التدخل) وبعد الانتهاء من اجابه الاسئله تم عمل مناقشه جماعية بمساعده أستاذ طب الأطفال واستشاري رضاعه طبيعيه وأستاذ طب نفسي لمحاوله تصحيح المفاهيم المغلوطة عن الرضاعه الطبيعية.

بعد الانتهاء من المناقشة تم الطلب من الأمهات الحضور مره أخري بعد شهرين للمتابعة وللاجابه عن نفس الاسئله (اسئله ما بعد التدخل) ولمعرفه مدي تصحيح المفاهيم المغلوطة علي ممارسه الرضاعه الطبيعية.

النتائج: تحسن مجموع نقاط المعرفة عن الرضاعة الطبيعية فيما قبل الدراسة من 57,5 إلي 76,2 فيما بعد الدراسة وكذلك تحسنت ممارسه الرضاعة الطبيعية لدي الأمهات بعد الدراسة, علي سبيل المثال, انخفض عدد الأمهات اللاتي يرضعن أطفالهن علي فترات زمنيه محدده من 16 أم من مجموع 200 أم إلي 4 أمهات فقط.

كذلك كان هناك تحسن ملحوظ في سلوك الأمهات نحو الرضاعة الطبيعية حيث زاد عدد الأمهات اللاتي سوف يبدأن الرضاعة الطبيعية مباشره بعد الولادة في المرة القادمة من 52 أم إلي 197 أم وذلك بعد معرفه أهميه بدء الرضاعة الطبيعية مباشره بعد الولادة وأهميه لبن السرسوب (المسمار).

كما تحسنت ممارسه الأمهات للرضاعة الطبيعية الحصريه حيث زاد عدد الأمهات اللاتي يمارسن الرضاعه الطبيعية الحصريه من71 أم فيما قبل الدراسة إلي 100 أم فيما بعد الدراسة وكذلك تحسن عدد الأمهات اللاتي يمارسن تعصير الثدي من 80 أم إلي 99 أم فيما قبل وبعد الدراسة.

التوصيات:

1- يجب تزويد الامهات في مرحله ما قبل الولاده بمعلومات كافيه عن فوائد وكيفيه الرضاعه الطبيعيه.

2- التدريب الجيد للعاملين في المجال الطبي علي فوائد الرضاعه الطبيعيه وبالاخص اطباء الاطفال.

3- اطباء النساء والتوليد يجب تدريبهم تدريبا جيدا لتوعيه الامهات عن فوائد وكيفيه الرضاعه الطبيعيه في مرحله ما قبل الولاده.

4- تصحيح المفاهيم الخاطئه المنتشره بالمجتمع عن الرضاعه الطبيعيه.