

UTILIZATION OF SELF CARE GUIDELINE ON PROMOTING EARLY INITIATION OF BREAST FEEDING AMONG MOTHERS IN THE DELIVERY ROOM

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Abstract:

Aim of the study is to investigate the utilization of self care guideline on promoting early initiation of breastfeeding among mothers in the delivery room. **Research design** Quasi experimental study design was used. **Sample:** A purposive sample included 100 pregnant mother. **Setting:** the study was conducted at antenatal and labor units at Benha University Hospital. **Tool of data collection;** an interviewing questionnaire sheet, observational checklist, follow up card and satisfaction sheet. **Results:** of the present study revealed that There was highly statistically significant difference in relation to all items concerning mother's knowledge pre and post intervention Majority of mothers were satisfied about self-care Guideline. There was a highly significant improvement of mother's practices in all self-care items during the postnatal period. Sixty five percent of mothers were initiated breastfeeding immediately after delivery. There was a highly significant difference between mother's knowledge and educational levels of mothers in the pre and post intervention period. Also, this study showed that, highly significant difference between mother's self-care practice regarding initiation of breastfeeding and their residence, correct knowledge pre and post intervention and their satisfaction in the post intervention period. **Conclusions:** utilizing self-care guideline is significantly improves mother's knowledge and practices regarding early initiation of breastfeeding during the postnatal period, the majority of mothers were satisfied with utilization of self-care guideline. **Recommendations:** Integrated self care concept into the maternal and newborn health nursing under and post graduate student faculty of nursing Benha university and distributing brochure about self care for early initiation of breast feeding during antenatal care to all pregnant mothers.

Key words: Breast milk, early initiation of breastfeeding, satisfaction

Introduction:

Breastfeeding is critical for sustaining newborn infant health and well being. Infants who are properly breast-fed grow better and experience less sickness and fewer

deaths than other infants who are not breast-fed ⁽¹⁾. Each year, more than 10 million children under the age of five years die, mainly from one of a short list of causes, and the

majority live in low-income countries ⁽²⁾. Millennium development goal number 4 is to reduce child mortality by two thirds by 2015 ⁽³⁾. Under-nutrition is estimated to be the underlying cause of 53% of under five mortality ⁽⁴⁾.

Breast milk contains lactose, which is a disaccharide composed of a galactose and glucose molecule, that provides energy for the grow with baby. Also, whey proteins in breast milk are easier to digest than the proteins found in formula. Many essential amino acids and fatty acids that are indispensable for the growth and function of healthy brain and nervous tissue are not found in formula. Breast milk also provides a more balanced amount of vitamins and minerals compared to formula ⁽⁵⁾.

Exclusive breastfeeding is an essential part of optimal breastfeeding practices, which also includes the initiation within one hour of life and continued breastfeeding for up to two years of age or beyond. Exclusive breastfeeding provides optimal nutrition for an infant, boosts immunity, and prevents ingestion of pathogens from liquids and foods ⁽⁶⁾.

Self-care behavior is a key concept in health promotion, which refers to decisions and actions that

an individual can take to cope with a health problem or to improve his or her health. Examples of self-care behaviors include seeking information, e.g., reading books or pamphlets, searching the Internet, attending classes, joining, exercising, seeing a doctor on a regular basis, getting more rest, lifestyle changes, following low fat diets, monitoring vital signs, and seeking advice through lay and alternative care networks, evaluating this information, and making decisions to act or even to do nothing. Self-care is generally viewed as a complement to professional health care for persons with chronic health conditions ⁽⁷⁾.

One of the most important aspects of midwifery care is providing accurate and consistent advice that promoting early initiation of breastfeeding. Guideline isn't distributed in obstetric department in Benha university hospital In Egypt there are very views previous studies conducted about self-care concepts that focusing on mother self-care during the early postnatal period. No previous study was conducted at maternal, neonatal department faculty of nursing Benha University. Therefore, this study will be undertaken to investigate the early initiation of breast feeding immediately post-delivery. Therefore, this prompted us to investigate the utilization of self

care guideline on promoting early initiation of breastfeeding among mothers in the delivery room

Research hypothesis

Mother self care guideline will positively promote early initiation of breastfeeding in the delivery room

Subjects and Method

Study Design: quasi-experimental design was utilized.

Study Setting: The study was conducted at the Antenatal Clinic and labor unit at obstetrics and gynecology department of Benha University Hospital.

Subjects: A purposive sample of 100 pregnant primipara women who were attending the study setting during a period of nine months starting from august 2013 to the end of April 2014.with the following criteria.Age from 18-30 years old,no medical diseases ,obstetric disorder or breast problem, normal vaginal delivery,single fetus , cephalic presentation and free from any congenital anomalies.

Tools of Data Collection: four tools were used for data collection;

Tool I: Interviewing questionnaire Sheet: Designed by the researcher and was in Arabic form and consisted of multiple choice questions as well as close

ended questions. It entails three parts as the following:

Part 1: General characteristics of pregnant mothers as: age, level of education, occupation, residence, family income and housing condition.

Part 2: Follow up visits during pregnancy

Part 3: Assessment of women's knowledge regarding self-care concept for early initiation of breastfeeding and their misconceptions regarding breastfeeding:

Tool II: Observational checklist

Observational Checklist was developed to assess the mother self-care practices regarding self-care during antenatal period was applied using baby model pre intervention and the same format was used post intervention during the first day of labor, after one week and finally after two weeks. An observation checklist covered the evaluation of breastfeeding technique. The observation checklist contains the following parts (baby position, mother position, signs of good suckling, attachment technique, attachment behavior, initiation of breastfeeding and who terminate the feed include 27 items.

Tool III: "Follow up card copy"

Follow up card was given to each mother participated in the study. It includes the following items mother name, gestational age, expected date of delivery, the mother's telephone number, the researcher telephone number and mother's address, date and time of follow up visit.

Tool III: Satisfaction sheet

A satisfaction sheet was used to assess the mother's satisfaction toward utilization of self-care brochure and evaluated in the first 2 hours post delivery as follows satisfied, uncertainly and dissatisfied

Ethical Considerations

- Each woman was informed about the aim of the study at the starting interview and time throughout the study.
- An oral consent was obtained from each woman before starting data collection.
- Confidentiality was ensured throughout the study process, where personal data were most disclosed, and the women were assured that all data were used only for research purpose.
- Each woman was informed that, participation is voluntary and her withdrawal will not affect her care.

Pilot Study

The pilot study involved ten percent of the total sample (10 mothers) to test the clarity and applicability of the study tools as well as estimations were done in the form of omission of some questions. Women involved in the pilot study were excluded from the study.

Field Work

- Firstly the researcher introduced herself to each mother, explained the purpose of the study (purpose, duration and activities) and obtained oral consent from the selected mothers and the pregnant mothers were interviewed individually in the antenatal clinic..
- Secondly the researcher designed guideline about self-care for early initiation of breastfeeding This guideline was implemented through four sessions. Each session concluded five to six mothers. Duration of each session was half an hour. At the end of each session, five minutes were devoted to permit participants to ask questions to clarify the session contents.
- Methods of teaching were lectures, group discussion, brainstorming and role playing. Media of teaching were a laptop, posters and flip chart.

- At the end of the sessions each mother obtained self-care guideline which was written in a simple Arabic language and provided by illustrated pictures.
- At the end of last session, mothers were interviewed to assess their gained knowledge regarding the self-care guideline.
- Also observational checklist to assess mother's self-care practices in the first day after delivery, one week and two weeks post intervention

Statistical analysis

Data were verified prior to computer entry. The statistical package for social sciences (SPSS version 15.0) was used for that purpose, followed by data analysis and tabulation. The following statistical measures were used, Descriptive analysis included frequency, percentages, means standard deviation. A test of significance (Chi-square test) was applied to test the study hypothesis. The Wilcoxon signed rank test was used for comparison within the group. A significant level value was considered when $p < 0.05$. And a highly significant level value was considered when $p < 0.001$.

Results

Table (1) Distribution of mothers according to their early initiation of breastfeeding in the delivery room.

This table illustrates that, more than half of the study sample (65%) was initiated breastfeeding immediately after delivery.

Figure (1) Illustrates distribution of the pregnant mothers, according to their age. Data revealed that, that near half of the sample (46%) aged from 18-22 years, with mean age 24.6 ± 5.6 years

Figure (2) Distribution of mothers according to their residence. Data showed more than two third (78%) of mothers lived in a rural area.

Figure (3) Distribution of mothers according to their educational level. This table revealed that near half of mothers (46%) had secondary education,

Figure (4): Distribution of mothers according to their employment. Data showed that More than two third (76%) of mothers were house wife

Table (2) shows Relation between mother's area of residence and their initiation of breastfeeding in delivery room post intervention this table reveals that, there was highly statistically significant difference between mother's self-care practices regarding initiation of breastfeeding and their residence in the post intervention period ($p < 0.001$).

Table (3) shows Relation between mothers correct knowledge and their initiation of breastfeeding in delivery room post intervention This table reveals that, there was a highly significant difference between mother's self-care practices regarding initiation of breastfeeding and correct knowledge pre and post intervention.

Table (4) Relation between mothers satisfaction and their initiation of breast feeding in delivery room post intervention .This table revealed that there was highly significant difference between mother's self care practice regarding initiation of breastfeeding in the delivery room and their satisfaction in the post intervention period

Result:

Table (1) Distribution of mothers according to their early initiation of breastfeeding in the delivery room (n-100)

Initiation of breastfeeding	Immediate post intervention	
	No.	%
Immediately	65	65.0
After 2 hours	20	20.0
3 - 6 hours	15	15.0

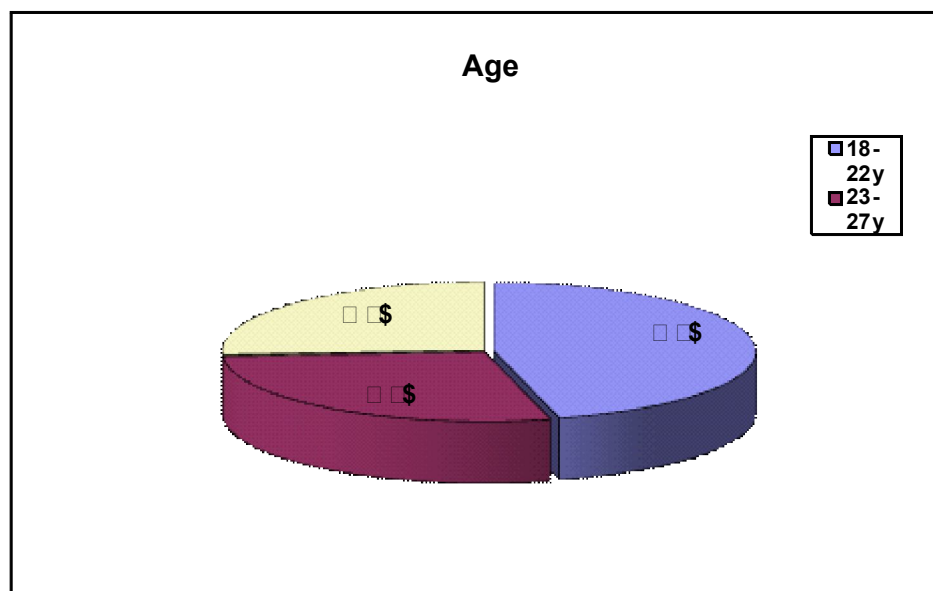


Figure (1): Distribution of the pregnant mothers' according to their age.

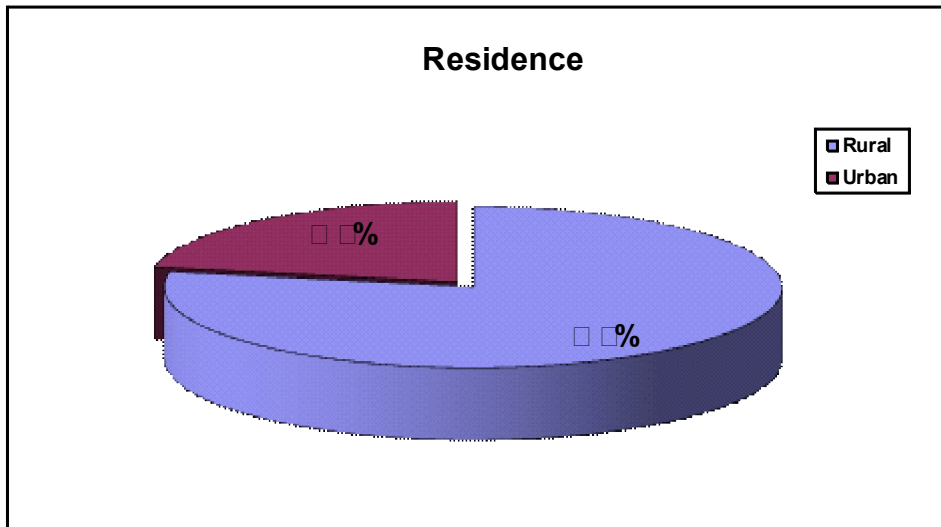


Figure (2): Distribution of mothers' according to their residence.

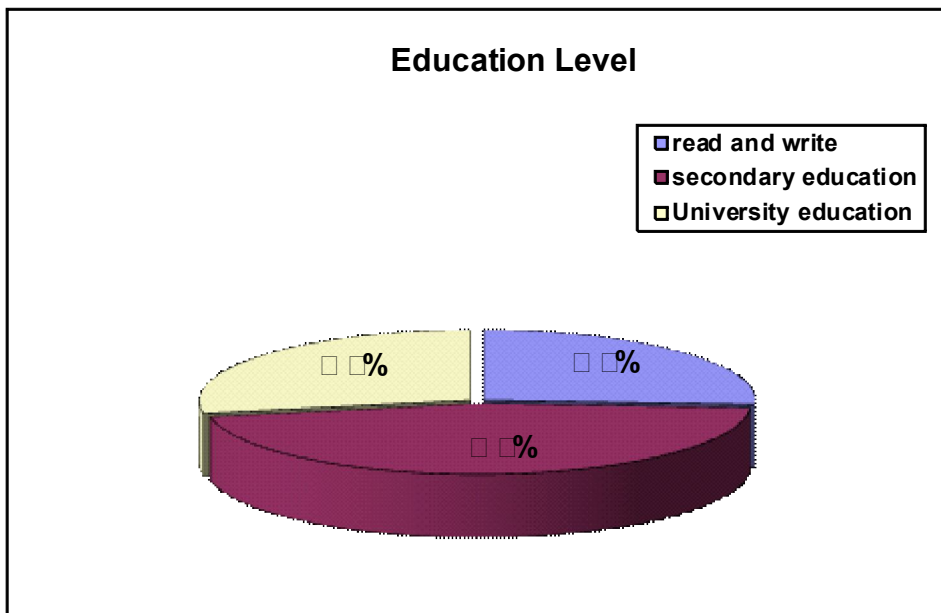


Figure (3): Distribution of mothers according to their educational level.

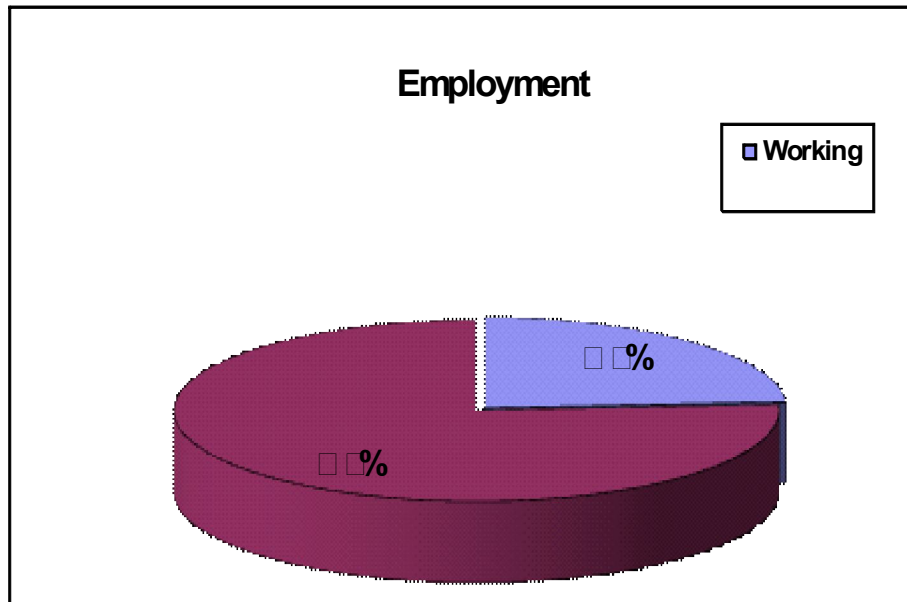


Figure (4): Distribution of mothers according to their employment.

Table (2) Relation between mother’s area of residence and their initiation of breastfeeding in delivery room post intervention (n=100)

Initiation of breastfeeding	Rural (n = 78)		Urban (n = 22)		P value
	No.	%	No.	%	
Immediately	60	76.9	5	22.7	< 0.001**
After 2 hours	10	12.8	10	45.5	
3 – 6 hours	8	10.3	7	31.8	

*Statistical significant difference(p≤0.05)

**Highly Statistical significant difference(p≤0.001)

Table (3) Relation between mothers correct knowledge and their initiation of breastfeeding in delivery room post intervention (n=100)

Initiation of breast feeding	Knowledge Pre		Knowledge Post	
	Correct (n = 6)		Correct (n = 78)	
	No	%	No	%
Immediately	1	16.7	55	70.5
After 2 hours	1	16.7	16	20.5
3 – 6 hours	4	66.6	7	9.0
P value	0.001**		0.006*	

*Statistical significant difference(p≤0.05)

**Highly Statistical significant difference(p≤0.001)

Table (4) Relation between mothers' satisfaction and their initiation of breast feeding in delivery room post intervention (N=100).

Items	Immediately		After 2 hours		3-6hours		P
	No.	%	No.	%	No.	%	
The benefits of breastfeeding	65	67.7	20	20.8	11	11.5	< 0.001**
Technique of breast feeding	65	85.5	7	9.2	4	5.3	< 0.001**
Breastfeeding positions	60	71.4	15	17.9	9	10.7	0.006*
Adequacy of breast milk to the baby	60	71.4	15	17.9	9	10.7	0.006*
Avoid formula or any other liquids after birth	60	73.2	14	17.1	8	9.8	0.001**
Breast care before breast feeding	62	72.1	14	16.3	10	11.6	0.004*
Fluids and food that increase milk production	65	67.7	19	19.8	12	12.5	0.002*
Self care practice for breast feeding problems	63	73.6	15	17	10	11.4	< 0.001**
Intention to utilize self care brochure in the next pregnancy	65	67.7	19	19.8	12	12.5	0.002*
Exclusive breast feeding (day and night)	65	67.7	18	18.8	13	13.5	0.018*
The language of the brochure is easy and clear	65	67.7	18	18.8	13	13.5	0.001**

*Statistical significant difference(p≤0.05)

**Highly Statistical significant difference(p≤0.001)

Discussion:

The current study aimed to investigate the utilization of self care guideline on promoting early initiation of breastfeeding among mothers in the delivery room. This aim was achieved by the present study finding.

The present study findings revealed that The findings of the present study revealed that less than half of the present sample was in the age group (18-22) with mean age 24.6 ± 5.6 years. Less than half of them finished their secondary education. In addition, more than

two thirds lived in rural areas. More than two thirds of mothers were housewives. This result was supported by **Craig et al (2010)**⁽⁸⁾ who study First Time Mother's Perceptions of Usefulness of antenatal breast feeding education ,mentioned that most of their sample were housewives (75%) and (47.7%) of them had secondary education.

It was evident from the present study finding regarding early initiation of breastfeeding, more than half of the studied mothers had initiated breastfeeding

immediately after delivery. The same finding is found in the study conducted by **Kotb ,S,(2012)** ⁽⁹⁾ who study Knowledge and Practices of Working Mother about Breastfeeding and Weaning in Assiut City reported that mothers initiated breastfeeding within the first half an hour after birth. This result is in contrast with **Al-Shoshan,aA,(2007)** ⁽¹⁰⁾ who study Factors affecting mother's choices and decisions related to breastfeeding practices and weaning habits reported that Saudi mother's initiated breastfeeding within first hour after delivery. This contradiction could be explained by many mother's belief that breast milk is secreted in the third day after labor and colostrum is not sufficient to be given as a feeding to the infant. This may explain the delay of initiation of breastfeeding.

Regarding the relation of mother's practice regarding initiation of breastfeeding post intervention and their residence, the present study revealed a highly statistically significant difference. This result in congruance with **Central Statistical Agency Ethiopia and ORC Macro (2005)** ⁽¹¹⁾ Survey finding where rural infants were more likely to breastfeed timely after birth than urban infants. The difference in the timely initiation of breastfeeding between urban and rural mothers or the difference

within the same country might be explained by the fact that early initiation of breastfeeding is more common among children whose mothers were assisted by trained traditional birth attendants.

Also, the relation of mother's practice regarding initiation of breastfeeding and their knowledge, the present study revealed a highly significant difference. This study was in accordance with **Ekambaram et al (2010)** ⁽¹²⁾ who study Knowledge, attitude and practice of breastfeeding among postnatal mother mentioned that exclusive breastfeeding by centering extra determinations to primipara on the importance and structuring self-confidence of breastfeeding technique.

Additionally, the relation of mother's practice regarding initiation of breastfeeding and their satisfaction towards self-care brochure, the present study revealed a highly significant difference. This result was in accordance with **Thomea et al (2006)** ⁽¹³⁾ who study relationship with depressive symptoms and parenting stress in Icelandic ,mentioned that, the primipara mother had great satisfaction watching her baby After delivery...

Conclusion

Based on the results of the present study, the following can be concluded.

Recommendations

Based on the findings of this study, the following recommendations are suggested:

Integrating self-care concept in the under and postgraduate course of maternal and newborn health nursing Faculty of Nursing Benha University.

Dissemination of the present study findings in all maternity department and MCH centers in Benha Governorate.

Distributing guideline about self-care for early initiation of breastfeeding during antenatal care to all pregnant mothers.

Further researches:

Reapplication of the present study finding on a large sample size and at different settings.

Study of the outcome of early initiation of breastfeeding on prevention of reproductive disorders.

References

1-Mossman, M., Heaman, M., Dennis, C.L., and Morris, M., (2008): The Influence of Adolescent Mothers' Breastfeeding Confidence and Attitudes on

Breastfeeding Initiation and Duration. *Journal of Human lactation*.

2-Bartick, M., Stuebe, A., Shealy, K., Walker, M. & Grummer-Strawn, L., (2009): Closing the Quality Gap: Promoting EvidenceBased Breastfeeding Care in the Hospital. *Official Journal of the American Academy of Pediatrics*. Available:<http://pediatrics.aappublications.org/content/124/4/e793.full.pdf+html>. Accessed 22 September 2012.

3-BFHI USA (2009): US Baby-Friendly hospitals and birth centers. Available: <http://www.babyfriendlyusa.org/eng/03.html>.

4-Brien, M., Buikstra, E., Fallon, T. & Hegney, D., (2009): Exploring the Influence of Psychological Factors on Breastfeeding Duration, Phase 1: Perceptions of Mothers and Clinicians. *Journal of Human Lactation* 25(1).

5-Mathur, N., & Dhingra, D. (2014). Breastfeeding. *Indian Journal of Pediatrics*, 81(2), 143-149. Retrieved from <http://link.springer.com/article/10.1007%2Fs12098-013-1153-1>

6-Brooks, E., Stehel, E., & Mannel, R., (2013): Core curriculum for lactation: International Lactation consultant: The IBLCE Code of professional conduct for IBCLC

- 7-Li, R., Rock, J., and Grummer-Strawn, L., (2007):** Journal of the American Dietetic Association: Research and professional briefs changes in public attitudes toward breastfeeding in the United States, 1999-2003.
- 8-Craig, J.H. & Dietsch, E., (2010):** First Time Mother's Perceptions of Usefulness of antenatal breastfeeding education. *Woman and health*.23, 160-165.
- 9-Kotb, S., (2012):** Knowledge and Practices of Working Mother about Breastfeeding and Weaning in Assiut City, *Life Science Journal*, 2012;9(1)
<http://www.lifesciencesite.com>.
- 10-Al-Shoshan, AA (2007):** Factors affecting mother's choices and decisions related to breastfeeding practices and weaning habits. *Pakistan Journal of Nutrition*; 6(4): 318-322.
- 10-Al-Shoshan, AA (2007):** Factors affecting mother's choices and decisions related to breastfeeding practices and weaning habits. *Pakistan Journal of Nutrition*; 6(4): 318-322.
- 11-Central Statistical Agency Ethiopia and ORC Macro Ethiopia Demographic and Health Survey (EDHS) 2005.** In Central Statistical Agency and ORC Macro. Addis Ababa, Ethiopia and Calverton, Maryland, USA; 2006.
- 12-Ekambaram, M., Bhat, VB and Ahamed, MA., (2010):** Knowledge, attitude and practice of breastfeeding among postnatal mothers *Current Pediatrics Res* 14 (2): 119-124.
- 13-Thomea, M., Alderb, E. & Ramelc, A., (2006):** A population-based study of exclusive breastfeeding in Icelandic women: is there a relationship with depressive symptoms and parenting stress? *International Journal of Nursing Studies* 43 (2006) 11–20.