



## A Descriptive Study to Assess the Knowledge and Practices Regarding Lactational Cues Among Post Natal Mothers in a Selected Hospital in View of Developing an Informational Pamphlet

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### Abstract

**Background:** In India, prevalence of effective breastfeeding techniques was only 55.0% [1]. It's because of no formal education and not receiving counselling during the pregnancy or postnatal period. Even though breast feeding has become more prominent with the proposals of WHO, UNICEF, and other NGOs, studies shows that only 41.5% of Indian mothers-initiated breastfeeding within 1 hour post birth [2].

**Objectives:** The Primary objectives of this study was to assess the knowledge of postnatal mothers on lactational cues and to assess the practices among postnatal mothers regarding lactational cues. The secondary objective is to provide informational pamphlet on lactational cues among postnatal mothers

**Methods:** The descriptive study was conducted among 50 postnatal mothers from selected institutions in Kannur district. A Structured questionnaire on knowledge regarding lactational cues and a self-reported observation checklist on breast-feeding practices was used to assess the knowledge and practices regarding lactational cues. Then the data was collected, analyzed and entered into Excel.

**Results:** Majority 35(70%) of post-natal mothers have good knowledge, 8(16%) of post-natal mothers have very good knowledge, 7(14%) have average knowledge and none of the mothers have poor knowledge and practice regarding lactational cues. There was no significant association between the level of knowledge and demographic variables.

**Conclusions:** The study revealed that the postnatal mothers have good knowledge regarding lactational cues.

**Keywords:** knowledge, lactational cues, breast-feeding practices, post-natal mothers

## INTRODUCTION

Breastfeeding is one of the most effective ways to ensure child's health and survival. It is the ideal food for infants as it is safe, clean, and contain antibodies which helps to protect against many common childhood illnesses. As a new mother, many wonders how often and how much to feed the baby. Many

mothers think that crying is the only sign for baby's hunger. But it is actually a sign of distress. Hungry babies will show signs of hunger before they begin to cry. Watching for and responding early to baby's hunger signs may prevent them from staying hungry for too long and crying.

Improper positioning, attachment and sucking are construct for ineffective breastfeeding techniques which results in poor weight gain, stunting, and declined immunity, and also it can cause postpartum breast problems. Getting the baby to latch on properly can take some practice. So, in order to maintain a good latch on, mothers need to know about common latch problems and how to deal with them. A mother and baby need time to find comfortable breastfeeding positions and a good latch.

Latching on is how the baby attaches to mother's breast to feed [3]. Lots of people assure that this comes naturally. But, in reality, it is more of a skill that baby and mother need to learn together. Good attachment also prevents sore and cracked nipples, so it is important to get it right.

As babies can't speak, their body language can tell how they are feeling and what they need. Body language gives important cues about whether baby is tired, hungry, wide awake, ready to play or needing a break. When the mother notice and responds to the cues, baby feels safe and secure. This helps to build a strong relationship between mother and baby. Each baby may develop their own mix of signs to tell what they want. But there are many common cues made by the baby. Focusing on to hunger cues, baby may make sucking noises, turn towards breast, sucking the fingers etc. So, the mother with adequate knowledge about these cues can identify or look for these signs every 1 – 2 hours in new born and every 3 – 4 hours for an older baby.

In India, prevalence of effective breastfeeding techniques was only 55.0% [1]. It's because of no formal education and not receiving counselling during the pregnancy or postnatal period. Even though breast feeding has become more prominent with the proposals of WHO, UNICEF, and other NGOs, studies shows that only 41.5% of Indian mothers-initiated breastfeeding within 1 hour post birth [2]. Many cultural beliefs and practices are prevalent in postpartum period that, some mothers may not feed the baby, and they neglect colostrum. All these practices lead to suppression of lactation as prolactin gradually ceases and stops breast from secreting milk.

Today's children are tomorrow's promises, so it is necessary to provide adequate nutrition for children and it is achieved through proper breastfeeding techniques, latch on, and identifying hunger cues. So, the mothers need to be explained about the practices and outcomes of good breastfeeding and latching.

## METHODS

The descriptive design adopted by investigator conducted the study at selected institutions in Kannur district among post-natal mothers soon after delivery of baby up to 6 weeks after delivery. The study samples were selected using non-probability convenient sampling technique. The sample size was 50. Structured questionnaire on knowledge regarding lactational cues and self-reported observation checklist on breastfeeding practices was used to assess the level of knowledge and practices regarding lactational cues among postnatal mothers. It consists of 28 multiple choice questions. Each question has 3 choices. The correct

response was scored as 1 and the wrong answer was zero.

To establish the reliability of the tool, Karl Pearson's correlation coefficient formula for Test- Retest method was used. Correlation coefficient was found to be ( $r = 0.83$ ). Thus, the data was collected and entered into Excel. The data was collected between 21/1/23, 31/1/23 and 1/2/23. Ethical clearance was taken from institutional ethical committee board. The data was analyzed on the basis of objectives and hypothesis using descriptive and inferential statistics. The result was projected with appropriate tables and graphs.

## RESULTS

**Table 1.** indicates the distribution of respondents by demographic variables. Study shows that half of the subjects, 26(52%) belongs to age group 18 – 26 years. 21(42%) belongs to the age group of 27-35 years and 4 (8%) comes under 36-45 years old. The majority 22(44%) among the postnatal mothers belongs to Muslim religion, 21(42%) belongs to the Hindu and 7(14%) comes under other religions. Majority 36(72%) among the postnatal mothers have education of graduate level or above. 14(28%) have education of 1st -12th std and illiterate subjects were nil. Study shows that majority 24(48%) among postnatal mothers have an income of 20000-50000. 18(36%) have an income < 20,000 per month and 8 (16%) have income above 50,000 per month. The majority 28(56%) among post-natal mothers delivered through caesarean section. 21(42%) had a vaginal delivery and a minority of 1(2%) underwent instrumental delivery. In birth weight of new born, majority 40(80%) of new born have birth weight between 2.5-4 kg. 8(16%) have a birth weight less than 2.5 kg and a minority of 2 (4%) have birth weight above 4.0 kg. In status of new born, majority 42(84%) are full term babies. 7(14%) were preterm babies and a minority of 1(2%) were post term babies. Looking onto the source of knowledge, majority post-natal mothers 31(62%) got knowledge through relatives. 10(20%) gained knowledge through mass media and a minority of 9(18%) through books and magazines.

**Table 2** represents association between the knowledge and practices regarding lactational cues among post-natal mothers and their assessed demographic variables. The knowledge and practices of post-natal mothers regarding lactational cues were assessed by the score they have obtained. The findings of the study shows that 35(70%) of post-natal mothers have good knowledge, 8(16%) of post-natal mothers have very good knowledge, 7(14%) have average knowledge and none of the mothers have poor knowledge and practice regarding lactational cues.

**Table 3** shows association between the knowledge and practices regarding lactational cues among post-natal mothers and their assessed demographic variables. In this study, by associating age and knowledge of post-natal mothers,  $\chi^2$  value obtained was 2.83 which was less than table value at 0.05 level of significant ( $p=12.59$ ), associating between religion and knowledge of post-natal mothers,  $\chi^2$  value obtained was 11.84 which was less than table value at 0.05 level of significant ( $p=12.59$ ), associating between education and knowledge of post-natal mothers,  $\chi^2$  value obtained was 6.30 which was less than table value at 0.05 level of significant ( $p=12.59$ ), associating between monthly income and knowledge of post-natal mothers,  $\chi^2$  value obtained was 3.04 which was less than table value at 0.05 level of significant ( $p=12.59$ ). associating between mode of delivery and knowledge of post-natal mothers,

$\chi^2$  value obtained was 4.10 which was less than table value at 0.05 level of significant ( $p=12.59$ ), associating between birth weight of new born and knowledge of post-natal mothers,  $\chi^2$  value obtained was 0.81 which was less than table value at 0.05 level of significant ( $p=12.59$ ), by associating between status of new born and knowledge of post-natal mothers,  $\chi^2$  value obtained was 0.46 which was less than table value at 0.05 level of significant ( $p=12.59$ ), associating between source of knowledge and knowledge of post-natal mothers

about lactational cues,  $\chi^2$  value obtained was 1.03 which was less than table value at 0.05 level of significant ( $p=12.59$ ). So there were no significant association between demographic variables like, age, religion, education, monthly income, mode of delivery, birth weight of new-born, status of new-born and source of knowledge and knowledge and practices regarding lactational cues among post-natal mothers from selected institutions. Hence the research hypothesis H1 was rejected.

Table 1. Frequency and percentage distribution of demographic variables among post-natal mothers is shown below  $n=50$

Sl. No.	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	AGE OF MOTHER		
	a) 18 - 26 years	25	50%
	b) 27 - 35 years	21	42%
	c) 36 - 45 years	4	8%
2	RELIGION		
	a) Hindu	21	42%
	b) Muslim	22	44%
	c) Others	7	14%
3	EDUCATION		
	a) Illiterate	0	0%
	b) 1 <sup>st</sup> std-12 <sup>th</sup>	14	28%
	c) graduate or above	36	72%
4	MONTHLY INCOME OF FAMILY		
	a) Less than 20000 per month	18	36%
	b) 20000 - 50000 per month	24	48%
	c) above 50000 per month	8	16%
5	MODE OF DELIVERY		
	a) vaginal	21	42%
	b) caesarean section	28	56%
	c) Instrumental delivery	1	2%
6	BIRTH WEIGHT OF NEW BORN		
	a) less than 2.5 kg	8	16%
	b) 2.5 - 4 kg	40	80%
	c) above 4 kg	2	4%
7	STATUS OF NEW BORN		
	a) preterm	7	14%
	b) full term	42	84%
	c) post term	1	2%
8	SOURCE OF KNOWLEDGE REGARDING BREASTFEEDING		
	a) books or magazines	9	18%
	b) mass media	10	20%
	c) relatives	31	62%

Table 2. Frequency and percentage distribution of knowledge and practices regarding lactational cues among post-natal mothers is shown below

Sl. No.	Level of knowledge	Frequency	Percentage
1	Very good	8	16%
2	Good	35	70%
3	Average	7	14%
4	Poor	0	0%

Table 3. Association between the knowledge and practices regarding lactational cues among post-natal mothers and their assessed demographic variables

Sl. No.	Demographic variable	Sample	Percentage	Chi square	Degree of freedom	Inference
1	AGE (in years) a. 18- 26 years b. 27 – 35 years c. 36 – 45 years	26 20 4	52% 40% 8%	2.83	6	NS
2	RELIGION a. Hindu b. Muslim c. Others	22 22 6	44% 44% 12%	11.84	6	NS
3	EDUCATION a. Illiterate b.1 – 12 std c. Graduate /post graduate	0 16 34	0% 32% 68%	6.30	6	NS
4	MONTHLY INCOME a. Below 20000 b. 20000-50000 c. Above 50000	18 24 8	36% 48% 16%	3.04	6	NS
5	MODE OF DELIVERY a. Vaginal b. Caesarean section c. Instrumental delivery	21 28 1	42% 56% 2%	4.10	6	NS
6	BIRTH WEIGHT OF NEW BORN a. Less than 2.5 kg b. 2.5 – 4.0 kg c. Greater than 4.0 kg	8 40 2	16% 80% 4%	0.81	6	NS
7	STATUS OF NEW-BORN a. Preterm b. Full term c. Post term	7 42 1	14% 84% 2%	0.46	6	NS
8	SOURCE OF KNOWLEDGE a. Books or magazines b. Mass media c. Relatives	9 10 31	18% 20% 62%	1.03	6	NS

## DISCUSSION AND CONCLUSION

This chapter discuss the major findings of the study and review them in terms of results from other studies. The aim of the study is to assess the knowledge and practice among post-natal mothers regarding lactational cues. Discussion of the study was made under following headings:

1. Assess the demographic variables among post-natal mothers from selected institutions
2. Assess the knowledge and practices regarding lactational cues among post-natal mothers from selected institutions
3. Association between knowledge and practices regarding lactational cues among post-natal mothers from selected institutions and their assessed demographic variables

Objectives of the present study was to assess the demographic variables among post-natal mothers from selected institutions. One of the variables was the level of education of the post-natal mothers. It was noted that, the level of education did not have any influence on knowledge and breastfeeding practices. In contrast to that, a study conducted by Paulo A. R. Neves, Aluisio J. D. Barros, Chessa K .et. al on maternal education and equity in breast feeding concluded that women with no formal education have worsening breastfeeding indicators compared to women with primary and secondary or higher education[4].

In the present study, one of the demographic variables were the source of knowledge regarding breastfeeding. Result showed that most of the mothers (62%) relied on relative's advice, 20% on mass media and 18% in books and magazines for knowledge attainment. A study was carried out by M. Jane Heinig, Ishii K, Bañuelos J et al. on sources and acceptance of infant-feeding advice among low-income women. Their study revealed that the mothers primarily rely on experienced family and friend's advice and frequently use their own intuition to find solutions to solve real or perceived infant-feeding problems[5].

In this study, results shown that majority (48%) among postnatal mothers have an income of 20000-50000. And the minority (16%) have income above 50,000 per month. There is no significant relation between the income of mother and their knowledge regarding breastfeeding. But in contrast to that, a study conducted by Dian Shofiya, Sri Sumarmi and Faruk Ahmed on nutritional status, family income and early breastfeeding initiation as determinants to successful exclusive breastfeeding. Their study concluded that the family income is significantly related to the successful implementation of exclusive breastfeeding [6].

Another demographic variable taken into consideration was the mode of delivery. In this study, there was no significant relationship between the knowledge and practices regarding breastfeeding and the mode of delivery. Another study (comparative study) conducted by Sara N Kiani et al. on delivery mode and breastfeeding outcomes among new mothers in Nicaragua also found that there is no significant association between early initiation or exclusive breastfeeding practices [7].

In the present study, there is no significant relation between the religion of mother and their knowledge regarding breastfeeding. A study conducted by Patel S, K Nigam K, Babu G and Murty Kadali S among rural women found that, the religion of the mother is influencing their breastfeeding practices[8].

Another objective of this study was to assess the knowledge and practices of post-natal mothers regarding lactational cues. In the present study, knowledge and practice of post-natal mothers was assessed using structured questionnaire and self-observational check list. Result showed that 70% of mothers had good knowledge, 16% of mothers have very good knowledge, 14% of mothers had average knowledge and none of the mothers had poor knowledge regarding lactational cues.

A study was carried out by Menon Krishnendu and Gokhale Devaki on knowledge, attitude, and practice

towards breast feeding among lactating mothers in rural areas of Thrissur district of Kerala, India on 120 mothers. The results were a total of 70.8% of lactating mothers had average knowledge, 55% displayed good attitude and 79.2% had good breastfeeding practices [9].

A Survey-based study was conducted by Ashmika Motee, Deerajen Ramasawmy, Rajesh Jeewon to assess the breastfeeding practices and infant feeding pattern among 500 mothers in Mauritius. They found that only 35.7% of the participants had adequate knowledge on the meaning of exclusive breastfeeding. Factors such as type of delivery, parity, alcohol consumption, occupation, education, and breast problems are added to improper breastfeeding practices. While in the present study, none of the selected variables had significant influence on knowledge and practices regarding breastfeeding [10].

The association between knowledge and practices regarding lactational cues and demographic variables among post-natal mothers were not significant in present study, where as a study conducted by Mouna Habibi, Fathima Zahra Laamiri on Casablanca, Morocco; regarding the impact of maternal sociodemographic characteristics on breast feeding knowledge and practices showed that there is a significant relationship between breast feeding and mothers education, socio-economic status has been highlighted [11].

The findings of the study revealed that majority of post-natal mothers had good knowledge and practices regarding lactational cues. The sample comprised of 50 post-natal mothers. Sampling technique used for the study was, Non-Probability Convenience Sampling technique. A survey approach is used for conducting study, with the help of structured questionnaire and self-observational check list. The tool for collecting data was validated with the help of experts. The results of the study showed that the majority of post-natal mothers had good knowledge and practices regarding lactational cues.

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