بسم الله الرحمن الرحيم

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Department of Nursing

Assessment of Mothers AwarenessRegarding Breast Feeding Practice in Atbara Teaching Hospital 2022

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الاية الكريمة

بسم الله الرحمن الرحيم

قال تعالى:
(فاصبر صبرا جميلا)

سورة المعارج (5)

Dedication:

To my parents, my sisters,
My brother, my friends
and my teachers

Acknowledgement:

Thank the teacher: Nagia Mohammed Shams Adeen

Thank to each of the cities with help from the medical staff and the mothers in Atbara hospital . Also thank the university especially *Department* of Nursing Sciences.

Finally, great thank to our self with achievement the project.

Abstract:-

Exclusive breastfeeding is the situation where the infant has received only breast milk from his or her mother ,exception of drop or syrups conctant of vitamins ,minerals supplement ,or medicines for the first six month .this study is to assess mother awareness about breastfeeding practice in Atbara city , this study was conducted in Atbara teaching hospital .

The study include convenience sample of 100 mothers from Atbara teaching hospital.
The tool in this study is questionnaire formation about two part, first part information about (demographic data of mother), second part about (breastfeeding practice).
This study is the cross sectional study in Atbara teaching hospital include 100 mothers their child age range between (1day - 2years)
The mothers have awareness about breastfeeding practice.

The study is recommended to increase awareness of mother about breast feeding practice through health centers.

الخلاصة:

الرضاعة الطبيعية الحصرية هي الحالة التي يحصل فيها الطفل على لبن الام فقط من امه، باستثناء القطرات او الشراب المحتوي على فيتامينات او معادن او ادوية خلال الاشهر الستة الاولى، وتهدف هده الدراسة إلى تقييم وعي الأم بالرضاعة الطبيعية الممارسة في مدينة عطبرة.

اجريت هده الدراسة في مستشفى عطبرة التعليمي، تضمنت عينة ملائمة من 100 ام من مستشفى عطبرة التعليمي.

الاداة في هده الدراسة هي تكوين إستبيان حول جزئين، الجزء الاول معلومات حول(البيانات الديمغرافية للام)، الجزء الثاني حول(ممارسة الرضاعة الطبيعية).

هده الدراسة عبارة عن دراسة مقطعية في مستشفى عطبرة التعليمي شملت 100 ام لاطفالهن تتراوح اعمارهم بين(يوم_سنتان) لدى وعي الامهات حول ممارسة الرضاعة الطبيعية.

نوصي بزيادة توعية الامهات عن ممارسة الرضاعة الطبيعية خلال المراكز الصحية.

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List of abbreviation

Abbreviation	Mean
IgA	Immunoglobulin A
USA	United States American
WHO	World Health Organization
EBF	Exclusive Breast Feeding
IQ	Intelligence Quotient
UNICEF	United National International Children Emergency Fund
HIV	Human Immunodeficiency Virus
UNFPA	United National Population fund
HBsAg	Hepatitis B surface Antigen
RNA	Ribo-Nucleic Acid
SPSS	Statistical Package for the Social Sciences
ICU-CCU	Intensive Care Unit- Cardiac Care Unit
ENT	Ear, Nose and Throat
TB	Tuberculosis

1-1 Introduction

Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to households and societies [1] .

Breast feeding has been recognized as the optimum way to nurture view of this , the world health organization recommend s that infant young children .it has proved to be the most cost effective health promoting ,and disease preventing activity mothers can do because it is pivotal to infant growth ,development, immunization and spacing .
During the first year of life ,infant undergo rapid rate of growth and development that is unsurpassed at any other period in their lives. .in should exclusively breastfeed for first 4-6month and weaning should occur in the second year of life in disadvantaged society event in to third year of life [2].

Breastfeeding defined process feeding and infant or young child with milk from mother breast .babies have sucking urge the enables them to take in milk .provided there is a good lactic a normal frenulum and milk supply .

Practice of breastfeeding and important role in determining nutritional status ,grows and development imprinting physiologic

Physiological and metabolic mechanisms that lower the risk for infectious diseases [3] and overweight associated co morbidities [4]

Optimal breast feeding: Optimal 0newborn and infant feeding practices are major determinant of short and long term health out comes in individuals and social development .children who are not breastfeed properly have repeated infections ,grow less and are more likely to die by the age of one month than children who receive at least some breast milk (5-6) . Recently, early initiation of breastfeeding was ranked as the most equitable maternal, newborn, and child health intervention, with the greatest potential to reach families of all economic backgrounds [7 } Policymakers, program leaders, and healthcare providers have clear and specific actions that they can take to protect, promote, and support optimal breastfeeding practices. By doing so, we can help improve a child's future

growth, development, educational achievement, and even economic status. When mothers have the support and resources they need to make the best feeding choices, countries get the human resources they need for a prosperous future.

Optimal breastfeeding includes initiating breastfeeding within an hour of birth, breastfeeding exclusively (not even water) for up to 6 months of age, and continuing to breastfeed a child up to 2 years of age. Appropriate complementary foods should be introduced at 6 months of age .

Mal practice of breastfeeding associated with poor knowledge and lack of mother confidence [9-10] inadequate skills of appropriate breastfeeding techniques (positioning, latching on) and management of common problems during lactation (breast engorgement ,perception of insufficient breast milk ,sore nipple) [11-12] lack of physical and psychological support received during the lactation period (from family members ,peers health professionals[13-14]

1.2 Research problem

Mal practice breast feeding affecting infant by defect in vitamen sand mineral s and low immunity about infectious disease-metabolic disease and lo wi n neurodevelopment .Low in emotional bounding between mother's and baby

.

1.3 Research justifications

We are observe lack in mothers awareness regarding breast feeding practice in Atbara teaching hospital

1.4 Research Objectives

1.4.1 General objective

To assessment of mothers awareness about breast feeding practices.

1.4.2 Specific objectives

1- To identify the mothers practices regarding optimal breastfeeding practices .

2- To assess mother knowledge about optimal breast feeding

Chapter Two

2-1 Literature Review

Breastfeeding is a basic human activity, vital to infant and maternal health and of immense economic value to households and societies [1] .

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Breastfeeding is defined as the process feeding an infant or young child with milk from mother breast .Babies have a sucking urge the enables them to take in milk. Provided there is a good latch a normal frenulum and milk supply.

Practice of breast feeding an important role in determining nutritional status, growth and development, imprinting physiological an metabolic mechanisms that lower the risk for infectious diseases [3] and overweight/obesity- associated co-morbidities [4] .

Optimal breastfeeding for the first two years of life is the single most effective intervention to prevent child deaths worldwide [5] . It can also be one of the most cost-effective interventions to improve child health [6] . Recently, early initiation of breastfeeding was ranked as the most equitable maternal, newborn, and child health intervention, with the greatest potential to reach families of all economic backgrounds [7] . Policymakers, program leaders, and healthcare providers have clear and specific actions that they can take to protect, promote, and support optimal breastfeeding practices. By doing so, we can help improve a child's future

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2-2Contains of human milk

-Fat, carbohydrate , protein, vitamins and minerals.

Contains of breast feeding It contains bacterial and viral antibodies , including relatively high concentrations of secretary immunoglobulin (IgA) that prevents microorganisms from adhering to the intestinal mucosa . It also contains substances that inhibit growth of many common viruses such as rotavirus , norovirus and adenovirus . Antibodies in human milk are thought to provide local gastrointestinal immunity against organisms entering the body via this route .

2-3 Practices support the success of exclusive breast feeding :

There are several practices that support the success of exclusive breastfeeding . Antenatally , giving mothers information about the benefits of breastfeeding might influence those who have already ade the decision to breastfeed or not . This also

builds their confidence . Kistin et al in 1990 , as cited by WHO , did a study on the effects of antenatal education on breastfeeding rates . In that study , it was found that mothers who attended the antenatal classes started breastfeeding more than those who did not attend the classes (45 % compared to 22 %) Also Kurinij et al in 1984 , USA , as cited by WHO , found that infants who received water in the hospital were significantly more likely to stop breastfeeding by 4 months of age than those who did not receive water . Early skin to skin contact increases breastfeeding success both soon after delivery and two to three months later . It was established that as little as 15-20 minutescontact in the first hour will be beneficial . And it is in this first one hour that mothers should initiate breast feeding . Mothers and infants should not be separated after birth unless for an unavoidable medical reason (15) In a randomized control study done in Belguam , India on the effect of peer counselors on exclusive breastfeeding practices , it was found that the prevalence of exclusive breastfeeding at six months was 66.67 % in the intervention group and 36.6 % in control group . Also more number of mothers in the intervention group administered colostrum and initiated early breastfeeding (16)

In a study done in Ghana , breast milk during pregnancy was believed to be warm and could cause diarrhea to the baby . There was also the existence of pakopilla mago or the use of herbal concoction to bath the baby with this herbal substance was also being given to the baby to drink . In that work it was demonstrated that infant feeding and for that matter exclusive breastfeeding was heavily influenced by families of the breastfeeding women (17) .

In a study done in Mauritius , it was found that only 17.9 % of women exclusively breastfed for 6 months , with mean duration of exclusive breastfeeding 2.1 months . Addition of water was the main reason for not exclusively breastfeeding) . In Kenya , a study done by Danjel Ganu showed that 42 % of mothers exclusively breastfed (18) , 64 % initiated breastfeeding within two hours of

delivery , 66 % strongly agreed that colostrum should be discarded and 28 % agreed that breast milk alone is inadequate for their babies up to 6 months of age (19).

A similar study done in Sudan found that almost all mothers , 99.9 % initiated breastfeeding on the first day mostly (83.2 %) between 1-5 hours following delivery . The presence of sore or retracted nipples had a negative effect on the duration of breastfeeding . The majority (89.2 %) thought that a new pregnancy contraindicated the continuation of breastfeeding and 67.1 % reduced or stopped breastfeeding when the baby had diarrhea (20) .

In Africa several studies were conducted to assess mothers ' knowledge on exclusive breastfeeding. In Nigeria it was found that 71.35 of the mothers had good knowledge on breastfeeding. In that study . 46 % of mothers reported that breastfeeding is a contraceptive method , while 76 % knew that it promotes mother , baby bond and 70 % knew that it maintains mothers weight . (21)

Another study done in a different state in Nigeria showed that only 18.2 % knew that breastfeeding promotes bonding between mother and baby . , 27 % of mothers gave correct definition of EBF (22) , while Ogbonnac in Jos , Nigeria found a higher response rate for the correct definition of EBF which was 82.3 % (23) Literature has confirmed that proper positioning of the baby positvely affects the success of EBF . Studies were done to assess mothers ' knowledge on proper techniques of breast feeding . Ajibuah in his study (Nigeria , 2013) reported that 52.8 % of the mothers couldn't properly position their babies to breastfeed "(24)

In a study done in Ethiopia , it was found that unemployment and age of an infant less than two months were independently associated with EBF , and the median duration of EBF was 3 months , so working mothers were found to be more likely not to exclusively breastfeed their babies compared to unemployed ones (25) While in Cape Coast , Ghana , it was found that infant feeding practice was associated with age of baby , marital status of the mother . Level of education

and employment of mother , and the person who assists the mother in taking care of the baby were also found to influence the mother's choice in infant feeding practice (26). Maternal education , age and marital status were found to be associated with exclusive breastfeeding (27)

Violet Nannyu (Kenya 2008) also found that exclusive breastfeeding is more in mothers with higher age (28). Mode of delivery also has an impact on exclusive breastfeeding . It was found that cesarean section has been associated with reduced rates of breastfeeding initiation and breastfeeding at six months (29)

2-4 Nutritional benefits of breast feeding

Fat : Breast milk has energy density of approximately 280kj (67kcl) | 100ml fat represent around 50 % of its total energy content the foremilk , at the beginning of each feed , is more watery and higher in lactose and has relatively low fat concentration , which rises so that the most energy dense milk is secreted at the feed this hindmilk therefore makes vital contribution to the end infant's energy intake the fat - rich milk flows more flow more slowly but provides important energy and nutrition , so feeds should not be ended when the infant sucking becomes less vigorous (30)

Carbohydrate: the main carbohydrate in human milk is lactose , which account for about 40 % of its total energy , and is efficiently (90 %) digested and absorbed in the small intestine under the influence of lactate from the epithelium unabsorbed lactose passes to the large bowel where it is fermented by colonic bacteria to short chain fatty acids and lactate , these are absorbed and make a contribution to energy intake and reduce colonic PH , enhancing the absorption of calcium human milk contain significant concentrations of oligosaccharides (31)
Protein : The protein content of breast milk is appropriate for the nutritional needs of infant .it is the less than a third that of cow's milk .
Vitamins and minerals : Although women of marginal status can produce milk of adequate quantity for normal infant grow optimal micronutrient quality of human milk and therefore optimal micronutrient status to predict the risk of infant or maternal micronutrient deficiencies and the potential impact of maternal

supplementation on breast milk composition and to plan appropriate intervention it is useful to classify micronutrient in breast milk into two groups (32)

Vitamin : Vitamin A is vital for growth and for the development and differentiation of tissues , particularly the epithelia of the gastrointestinal and respiratory tracts . Human milk , and particularly colostrum , represents a good source of vitamin A. Breastfed infants rarely show signs of deficiency even at low intakes , but may have subclinical deficiency if maternal vitamin A status is poor.

Vitamin D : Vitamin D is primarily obtained through photosynthesis in the skin by the action of ultraviolet radiation . The vitamin D status of the newborn is dependent on the vitamin D status of the mother during both pregnancy and lactation . If it is poor , infant stores will be low and vitamin D levels in the breast - milk will be inadequate unless the infant receives sufficient exposure to ultraviolet light .

Iron : Despite the relatively low concentration of iron in human milk (which is nevertheless highly bioavailable) there is little risk of iron deficiency anemia before 9 months of age in infants of normal birth weight who are breastfed exclusively for at least 4 months and who continue to be breastfed on demand (33)

Iron concentrations in human milk are not correlated with maternal iron status and are relatively unaffected by the iron content of the maternal diet . Low hemoglobin levels or anemia in the mother are not a contra indication to breastfeeding . In fact , maternal iron losses through milk during breastfeeding are less than those during menstruation . Thus ,breastfeeding helps to prevent anemia . and anemic mothers should be recommended to continue breastfeeding . Like that of iron , the concentration of zinc in breast - milk is relatively low , but it is highly bioavailable and is much better absorbed than zinc in commercial infant formula or cow's milk . The zinc requirement of formula - fed infants may thus be about one third greater than that of exclusively breastfed infants . Zinc deficiency is rare in exclusively breastfed infants before 6 months of age . During the first 6

months of lactation , the zinc concentration in human milk is unaffected by variations in dietary zinc intake (including supplements) or maternal zinc status in well - nourished women . Consumption of non - breast - milk foods by an infant can significantly reduce the bioavailability of zinc and iron in breast milk .

Iodine : There is little information on the iodine content of breast - milk in regions where dietary intakes of iodine are low . It is possible that in iodine deficiency the mammary gland sequesters enough iodine from maternal plasma to prevent breast - milk levels from falling significantly (34).

2-5 Maternal - infant bonding and infant development :

Breastfeeding favours early bonding between mother and infant , and this is likely to play a key role in the development of optimal parental caring behavior (35). Breastfeeding mothers may be more closely attuned and responsive to their infants than those who feed- bottle .Furthermore, it is possible that a young woman at risk of abusing her child might establish a more favorable relationship if given early support for breastfeeding, and this area deserves . exploration (37).

Beneficial effects of breastfeeding on long - term development and IQ have been reported in both preterm and full - term infants , but it is very difficult to distinguish the effects of feeding from those of other factors , including the parenting skills , IQ and education of the parents . A child that is not breastfed may receive less attention from and stimulation by his or her mother. Mothers who have chosen not to breastfeed should be encouraged to interact with their babies to the same extent as those who have , so as to facilitate bonding and to stimulate the infant's language and psychosocial development .

2-6Lactational amenorrhea : Lactational amenorrhea refers to the inhibitory .effects of breastfeeding on ovulation during the postpartum period . The duration . of postpartum infertility is extended by breastfeeding in proportion to the frequency and duration of infant suckling . Suckling increases the secretion of prolactin and inhibits that of gonadotrophin releasing hormone . The interaction between prolactin and gonadotrophin - releasing hormone prevents the

resumption of the normal pre - ovulatory surge in luteinizing hormone , thereby suppressing ovulation . Reducing maternal fertility extends the intervals between successive pregnancies and leads to a decrease in the number of births , if other forms of contraception are not used . Increasing the space between births so that infants are conceived 18-23 months after a previous live birth (38) is strongly associated with improved child health and survival and has a number of positive effects on maternal health . The contraceptive effect of breastfeeding is estimated to be 98 % for the first 6 months postpartum , in women who are amenorrheic and either fully or nearly fully breastfeeding on demand (39)

Exclusive , on - demand breastfeeding therefore represents a valuable method of contraception where other methods are not readily available or acceptable . It should therefore be promoted not only for the direct advantages it confers to the infant in terms of nutrition and protection from disease , but also for the indirect effects it exerts on maternal fertility and consequently on child spacing , and the health and survival of future children (40)

2-7 Practical Aspects of Breastfeeding :

Establishing breastfeeding : Immediately after birth the healthy baby instinctively searches for food . In the first couple of hours of life outside the womb , the baby is alert , active and ready to feed , and ideally breastfeeding should begin within the first hour . To facilitate this process , the baby should remain in skin - to - skin contact with the mother from immediately after birth until the end of the first feed . Mothers should be encouraged and helped to have skin to - skin contact with their babies as much as possible during the first days after delivery , and mother and baby should be accommodated together .

Good positioning of the baby's body is a prerequisite for good attachment at the breast and thereby adequate milk production and intake . Most difficulties can be avoided if good attachment and positioning are achieved during the first few feeds . Fig . 15 illustrates the difference between a well attached and poorly attached baby at the breast . The WHO / UNICEF training course on breastfeeding

provide counseling (41) and WHO's practical guide for health workers (42) valuable information on attachment and positioning , and on breastfeeding in general . Breast feeding on demand is the key to establishing and maintaining optimum lactation . As long as the baby is adequately positioned and attached at the breast , and the mother breastfeeds frequently (8-12 times in 24 hours) , the infant is likely to consume an adequate amount of breast - milk .

Babies have different feeding patterns and rigid feeding schedules are therefore not recommended . In hospital , truly unrestricted , on - demand feeding is only possible when the mother and baby are accommodated together , thus enabling the mother to respond when her infant shows readiness to feed .

Infants do not suckle continuously , and it is common for mothers to misinterpret pauses in suckling as a sign that the baby has stopped feeding , when in fact this means that the milk is flowing and feeding is going well . Baby – led feeding , in which the infant is allowed to spontaneously come off the breast when he or she is satisfied and chooses not to re - attach when offered the breast a few minutes later , will ensure the best milk production . Taking the infant off the breast prematurely , a custom in some places , can lessen milk intake , produce hungry babies , and needlessly lead mothers to doubt the adequacy of their milk production .

Allowing the baby to drain the first breast before the second is offered will ensure that he or she receives optimal quantities of energy - rich hind milk . Breast - milk output is finely tuned to meet the demands of the infant , and a number of studies have demonstrated a positive correlation between breastfeeding frequency and milk output during partial lactation (43) . The frequency and completeness of milk removal are important local signals of the regulation of milk production , acting independently of systemic hormones such as prolactin .

The build - up of a recently identified milk protein (feedback inhibitor of lactation hormone) is thought to inhibit milk secretion . Thus , frequent breastfeeding should stimulate milk production by limiting the accumulation of this inhibitory protein , whereas infrequent feeding allows its buildup in the circulation and thereby a reduction in milk output and possibly breast engorgement (44)

2-8 Ten steps to successful breast feeding :

- Have a written breastfeeding policy that is routinely communicated to all health care staff.

-Train all health care staff in skills necessary to implement this policy

- Inform all pregnant women about the benefits and management of initiate breastfeeding within a half hour of birth .

- Show mothers how to breastfeed , and how to maintain lactation even if they should be separated from their infants .

Available scientific evidence of transmission through breast - milk and which promotes the fully informed choice of infant feeding methods by HIV - positive women . In 1998 these three agencies produced a set of guidelines (45) .

Intended to help decision - makers define what action should be taken in their own countries or local areas . Above all , health care professionals must ensure that the policies developed comply with human rights agreements .

In October 2000 , UNFPA , UNICEF , WHO and UNAIDS held a Technical Consultation on mother - to - child transmission of HIV , and made the following recommendations : When replacement feeding is acceptable , feasible , affordable , sustainable and safe avoidance of all breastfeeding by HIV - infected mothers is recommended . Otherwise , exclusive breastfeeding is recommended during the first months of life . To minimize HIV transmission risk , breastfeeding should be discontinued as soon as feasible , taking into account local circumstances , the individual woman's situation and the risks of replacement

feeding (including infections other than HIV and malnutrition) . When HIV - infected mothers choose not to breastfeed from birth or stop breastfeeding later , they should be provided with specific guidance and support for at least the first 2 years of the child's life to ensure adequate replacement feeding . Programs should strive to improve conditions that will make replacement feeding safer for HIV - infected mothers and families . (WHO / RHR / 01.28)

2-9 Environmental contamination : Concerns have been raised about the risks to infants from breast - milk contaminated by environmental pollutants . However , the risks of continued exposure to a chemical through breastfeeding have to be balanced against the risks of infection or nutritional deprivation when breastfeeding is curtailed or discontinued (46) Thus , despite the presence of polychlorinated biphenyls , dioxins and furans in human milk , breastfeeding should be encouraged and promoted because of the convincing evidence of the benefits of human milk to the overall health and development of infants (47) Furthermore , no major studies have demonstrated that pesticides at the concentrations found in breast - milk lead to adverse health outcomes in children exposed through breastfeeding (48)

2-10 Therapeutic drugs : Most therapeutic drugs given to a lactating mother are excreted in her milk . While in general drugs should be avoided if not necessary . there are only a few drugs for which it is necessary to stop or postpone breastfeeding . Among these are anticancer drugs (antimetabolites) and radioactive (49)

Tuberculosis : Women with tuberculosis who choose to breastfeed should receive a full course of chemotherapy . Timely and properly used chemotherapy is the best way to prevent transmission of tubercle bacilli to the baby . All anti tuberculosis drugs are compatible with breastfeeding and a woman taking them can safely breastfeed her baby . The exception is in women with newly diagnosed active tuberculosis infection , who should be advised to discontinue breastfeeding until they have received at least 2 weeks of chemotherapy . The baby should receive isoniazid prophylaxis and BCG immunization (50)

Hepatitis B and C : Breast - milk can contain hepatitis B surface antigen (HBsAg) , and it has been suggested that breastfeeding represents a route by which infants may acquire hepatitis B virus infection . There is no evidence , however , that breastfeeding increases the risk of transmission to the infant (51)

Hepatitis C : vaccine will substantially reduce perinatal transmission , and could eliminate risk of transmission through breastfeeding . Even when hepatitis C virus has been detected in breast - milk , breastfed infants have not been infected and mothers positive for hepatitis C virus RNA should be advised to breastfeed (52)

2-11 Benefits of breast feeding for the baby

Breast milk provides the ideal nutrition for infant. It has a nearly perfect mix of vitamins, protein and fat-everything your baby needs to grow**.** And its all provided in a form more easily digested than infant formula. Breast milk contains antibodies that help your baby fight off virus and bacteria.

Breast feeding lowers your baby risk of having asthma or allergies. Plus, babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infection, respiratory illness, and diarrhea.

2-12 Benefits of breast feeding for the mother

Breast feeding burns extra calories, so it can help you lose pregnancy weight faster. It releases the hormone oxytocin, which helps your uterus return to its pre-pregnancy size and may reduce uterine bleeding after birth.

Breast feeding also lowers your risk of breast and ovarian cancer. It may lower your risk of osteoporosis, too.

Since you do not have to buy and measure formula, sterilize nipples, or warm bottles, it saves you time and money. It also gives you regular time to relax quietly with your newborn as you bond

2-13 Positions for breast feeding

The best position for you is the one where you and your baby are both comfortable and relaxed, and you dont have to strain to hold the position or keep nursing. Here are some common positions for breast feeding your baby:

-**cradle position:** Rest the side of your baby head in the crook of your elbow with their whole body facing you.

-**Football position:** line your baby back along your forearm to hold your baby like a football, supporting the head and neck in your palm.

-**Side-lying position:** This position is great for night feeding in bed

-**cross cradle hold:** Sit straight in comfortable chair that has armrests. Hold your baby in the crook of your arm that opposite the breast you will use to feed them. Support their head with your body so your tummies face each other. Use your other hand to cup your breast in a U-shaped hold. Bring your baby mouth to your breast and cradle them close, and dont lean forward.

2-14 Attachment of Baby to the Breast

A baby who is poorly attached does not get the breast milk easily, he suckles ineffectively. The consequence of this is that the baby may not get enough milk and fail to gain weight. He may also want to be breastfed frequently and for a very long time at each feed to get enough milk and most often cry which some mothers uses as an excuse for not continued breastfeeding [53] In order for baby to obtain a good catch at the breast.

2-15 four main principles which need to be followed;

The baby's head and body should be in a straight line, the mother should hold the baby's body close to hers, the baby should face the breast with his nose opposite the nipple.
And the position should be sustained be sustainable for both mother and baby.

2-16 According to UNICEF, the following are important in helping the baby to attach to the mother's breast properly.

Put the baby to your breast within the first hour of birth, good attachment helps you to produce a good supply of breast milk.

Good attachment helps to ensure that your baby suckles well, good attachment helps to prevent sore and cracked nipples.

To ensure your baby is attached well:

Touch baby's lips with your nipple, wait until your baby's mouth opens wide, quickly bring onto your breast from below, aiming your nipple up towards the roof of the
baby's mouth and baby should take a big mouthful of breast.

2-17 The four signs of good attachment are:

Baby's mouth is wide open, you can see more of the darker skin (areola) above the baby's mouth than below, baby's lower lip is turned outwards and baby's chin is touching your breast [54].

2-18 According to Manual of Federal Ministry of Health (2012), the signs of effective suckling are:

The baby takes slow, deep suckles, sometimes pausing, you may be able to see or hear your baby swallowing after one or two suckles, suckling is comfortable and pain free for you, your baby finishes the feed, releases the breast, and looks contended and relaxed and the breast is softer after the feed.

2-19 benefit of breastfeeding

short term benefit

Helps infants fight disease _and illness, including ‹diarrhea, pneumoniaasthma,

ear infections, and respiratory infections

Composition of breastmil –changes over time to meet a child's growing needs

Fewer hospital visits or –prescriptions

Long term benefit

Decreased risk of childhood –obesity, types I and II diabetes, hypertension, and cardiovascular disease associated with an increase in IQ scores and school performance

‹Improved cognitive –linguistic, and motor skills

Benefit for mother

‹Lower risk of type II diabetes –breast cancer, ovarian cancer, and postpartum depression

Faster rate of weight loss –after giving birth Supports birth spaci –

2-20 Economic benefits of breastfeeding:

In addition to the specific health advantages for infants and mothers, breastfeeding also benefits society by reducing health care costs, parental employee absenteeism and associated loss of family income . As breastfeeding benefits the health of infants and mothers, it decreases the cost to families, employers, society and health care systems by reducing the costs of buying infant formula, parental employee absenteeism and the expenses of medical care (duration of hospitalization and health service use).

2-22 Early breastfeeding:

In the half hour after birth, the baby's suckling reflex is strongest, and the baby is more alert so it is the ideal time to start breastfeeding. Early breastfeeding is associated with fewer night time feeding problems .

2-23 Time and place for breastfeeding:

Breastfeeding at least every two to three hours help to maintain milk production. For most women, eight breastfeeding or pumping sessions every 24 hours keeps their milk production high. Newborn babies may feed more often than this: 10 to 12 breastfeeding sessions every 24 hours is common, and some may even feed 18 times a day. Feeding a baby “on demand”(sometimes referred to as “on eue”, means feeding when the baby shows signs of hunger; feeding this way rather than by the clock helps to maintain milk production and ensure the baby's needs for milk and comfort are being met. However, it may be important to recognize whether a baby is truly hungry, as breastfeeding too frequently may mean the child receives a disproportionately high amount of foremilk, and not enough hind-milk. Experienced breastfeeding mothers learn that the sucking patterns and needs of babies vary. While some infants sucking needs are met primarily during feedings, other babies may need additional sucking at the breast soon after a feeding even though they are not really hungry. Babies may also nurse when they are lonely, frightened or in pain. Comforting and meeting sucking needs at the breast is nature’s original design. Pacifiers (dummies, soothers) are literally a substitute for the mother when she could not be available. Other reasons to pacify a baby primarily at the breast include superior oral-facial development, prolonged lactation amenorrhea, and avoidance of nipple confusion and stimulation of an adequate milk supply to ensure higher rates of breastfeeding success .Most US states now have laws that allow a mother to breastfeed her baby any where she is allowed to be in hospitals rooming-in care permits the baby to stay with the mother and improves the ease of breastfeeding. Some commercial establishments provide breastfeeding rooms, although laws generally specify that mothers may breastfeed any area without requiring them to go to special area .

Chapter three

Methodology

3-1 Study design:

descriptive cross sectional study.

3-2 Study setting:

Atbara teaching hospital consist the following department (medicine, surgery, pediatric, obstetric and gynecology, ICU, CCU, clinical refer for ENT, pharmacy, laboratory, x-ray, echo, ultrasound, renal unit.

3-3 Study population:

Any lactating mother in Atbara hospital except that have serious illness during study time.

3-4 Study sample size:

Total coverage (100) lactated mother in Atbara teaching hospital.

3-5 Data collection tools:

Data collected by questionnaire.

3-6 Data collection technique:

Data was collected through face to face interview using questionnaire during study

3-7 Data analysis:

By excel program and SPSS data P value consider to be significant if P value 0,05 calculate interval will use other biostatical test T test and CH sample technique the data will present in table and graphs.

3-8 Ethical consideration:

The research conducted after approval taken from university of Elshaikh Abdallah Elbadri and Atbara hospital and consent from women

Chapter Four

Results

Part One: Demographic data:

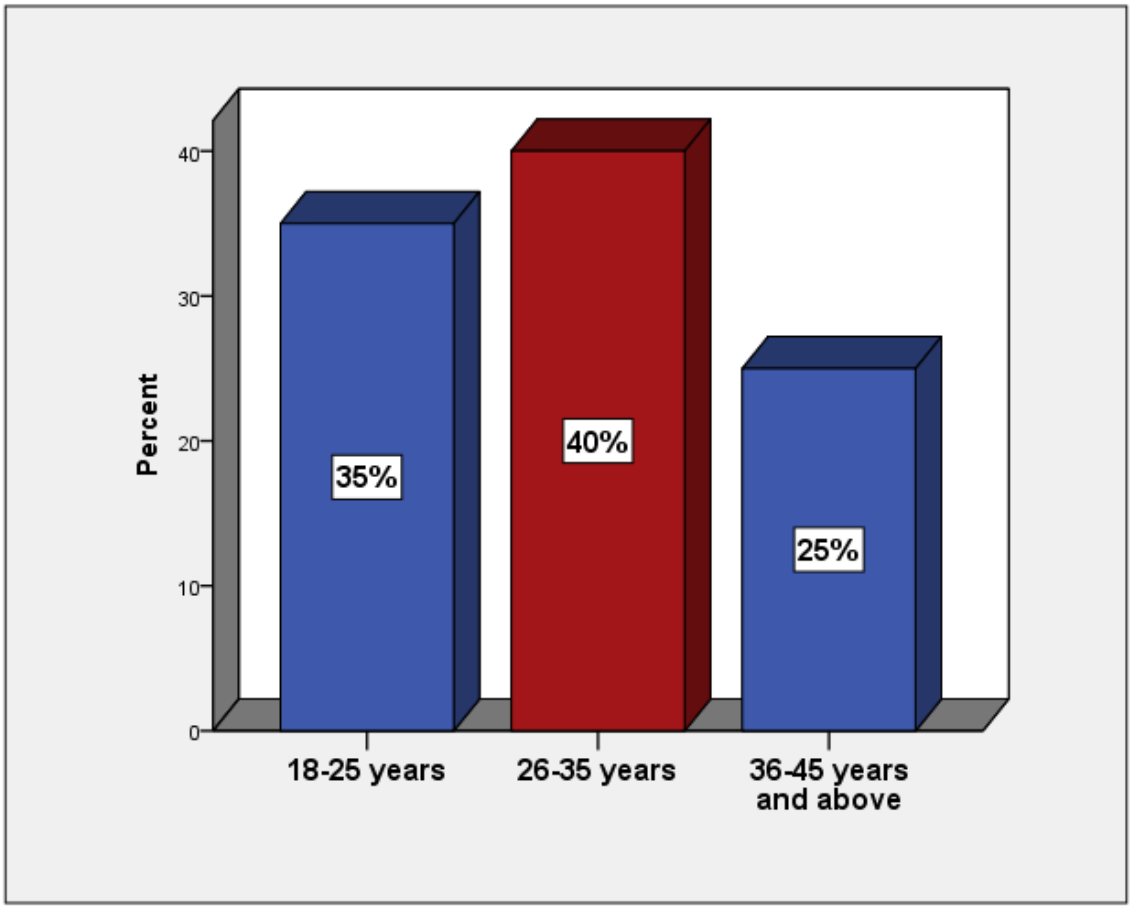

Figure (4-1): Distribution of study group according to age

The study showed that the mothers age (40%) are more than third and (25%) are quadrant.

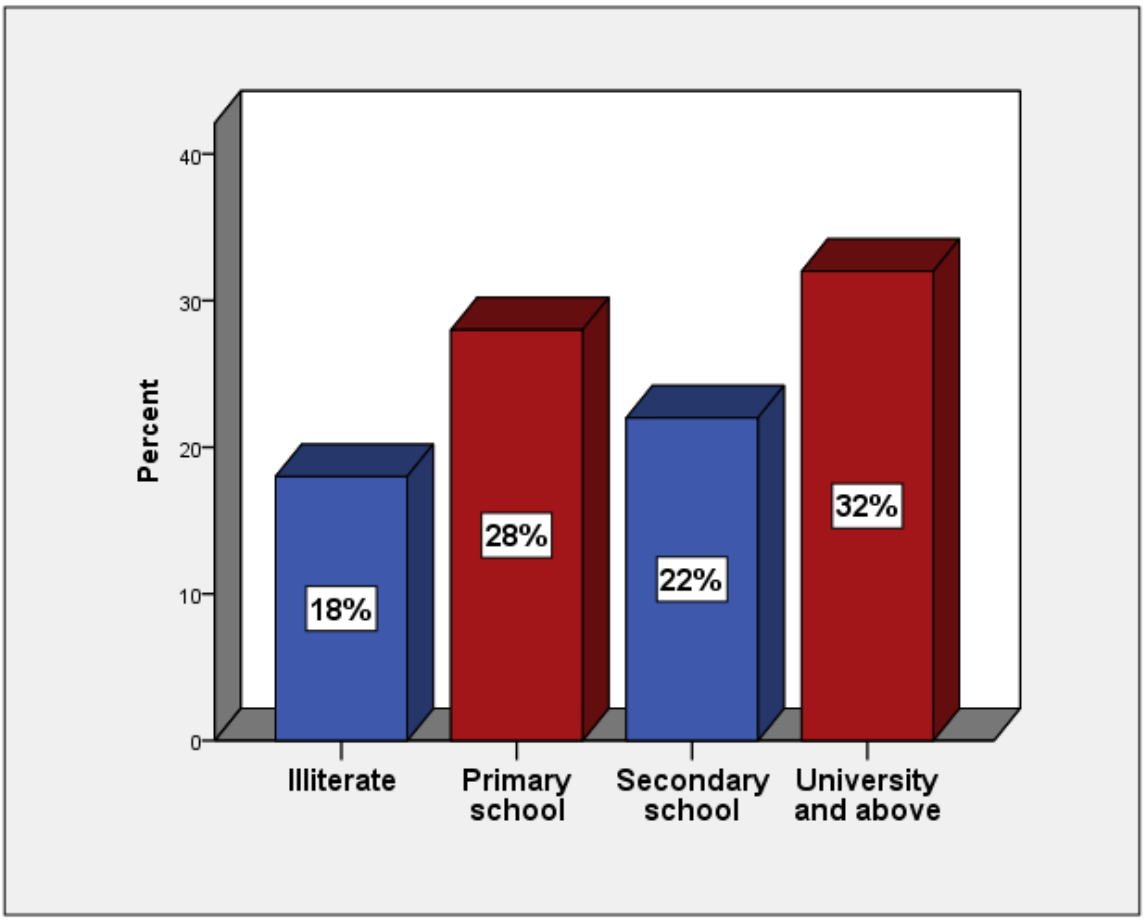

Figure (4-2): Distribution of study group according to educational level

The study showed that educational level of mothers (32%) is third and (18%) is less than quadrant.

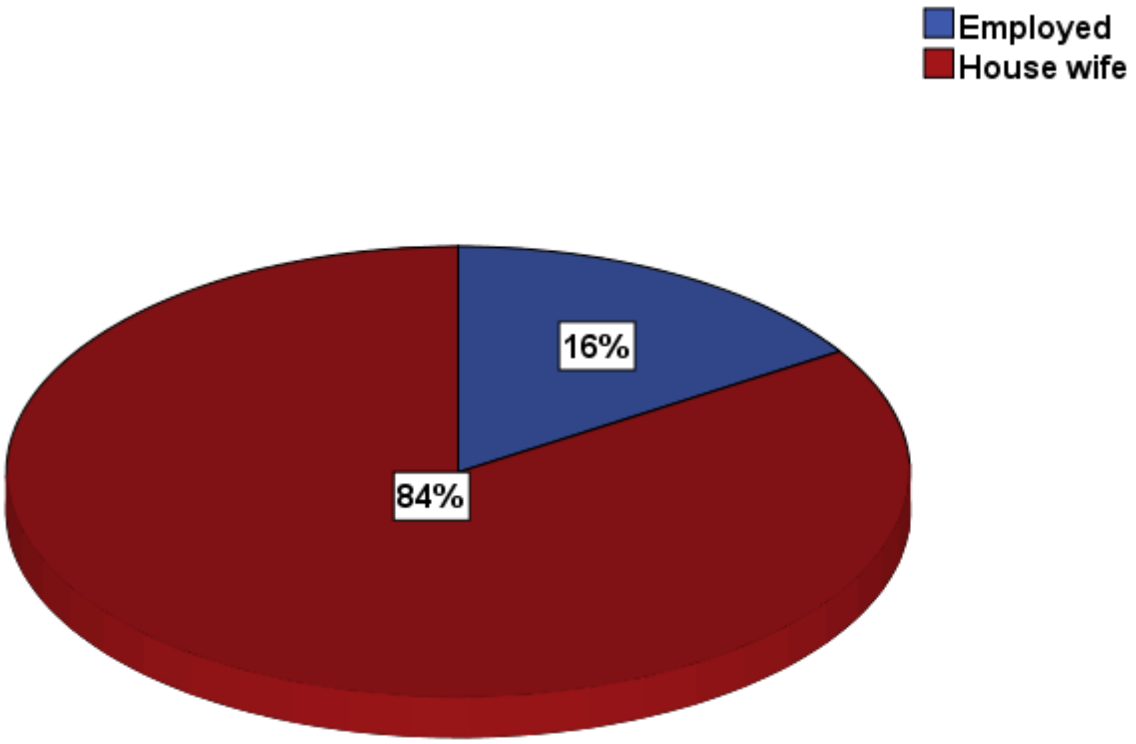

Figure (4-3): Distribution of study group according to mother occupation

The majority (84%) of mother house wife and (16%) are employed.

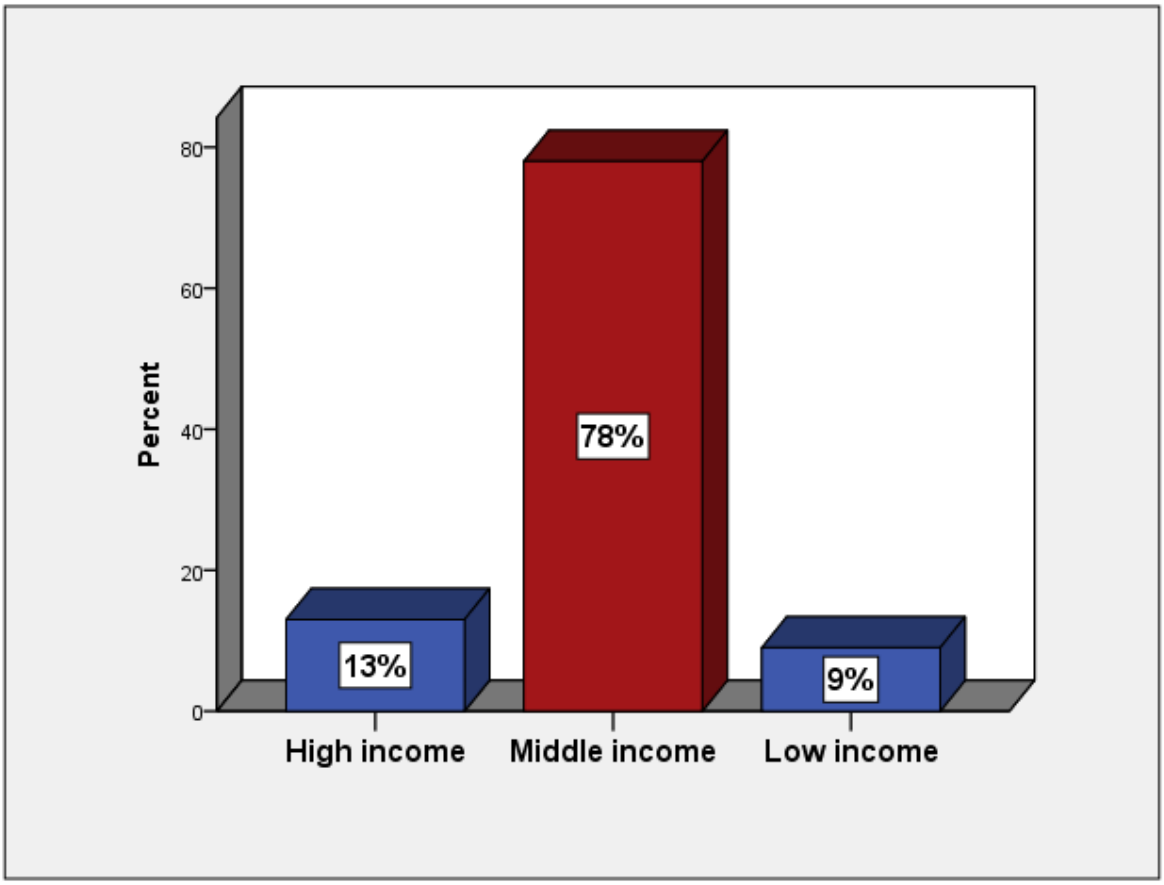

Figure (4-4): Distribution of study group according to socio-economic status

More than half (78%) of mothers of socio-ecnomic status are middle income and low income (9%).

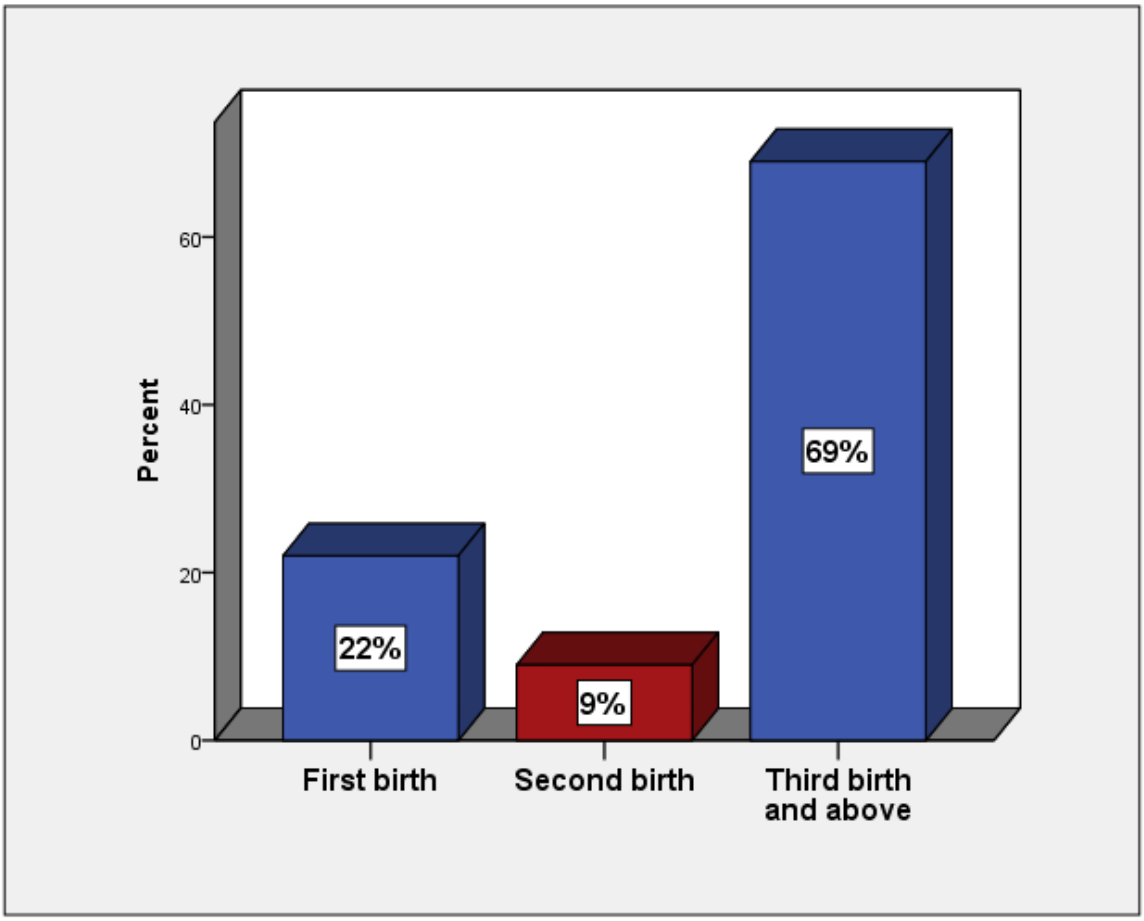

Figure (4-5): Distribution of study group according to parity status

More than half (69%) of mothers parity status are third birth and above , (9%) are second birth.

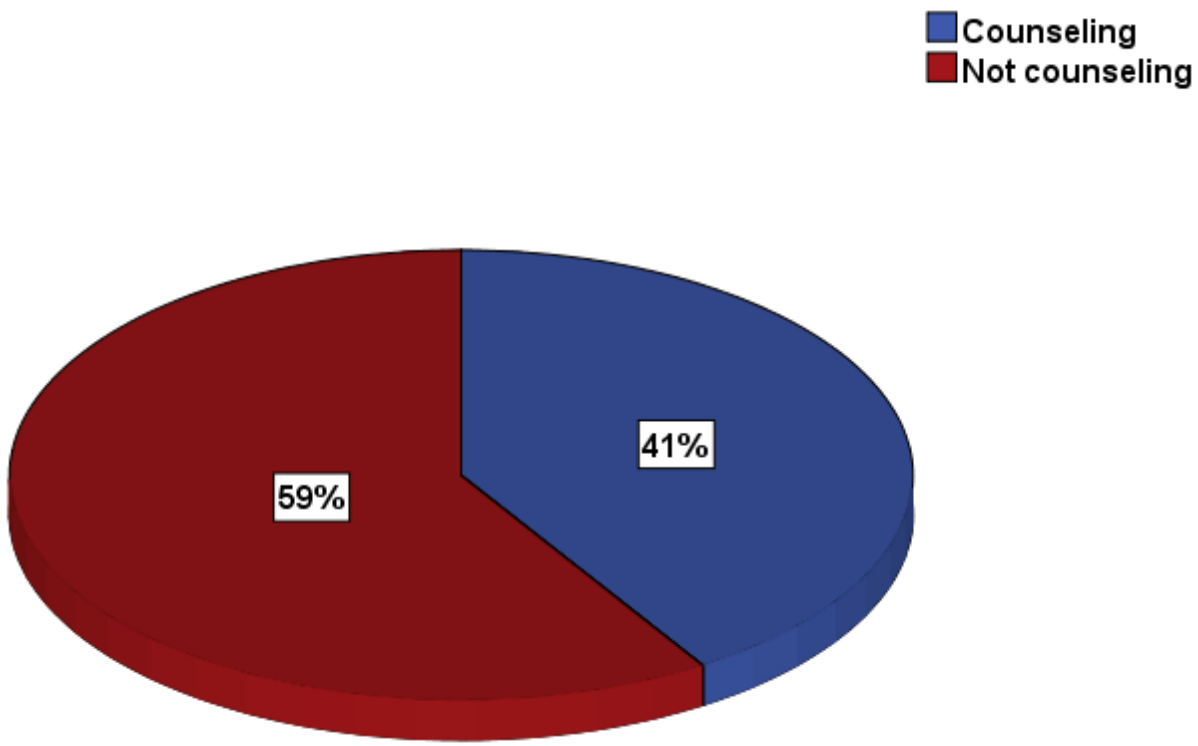

Figure (4-6): Percentage of mother who counseling about breast feeding practice during antenatal care among study group

More than half (59%) are mother counseling and (41%) more than third are not counseling.

Part Two: Breast feeding practice:

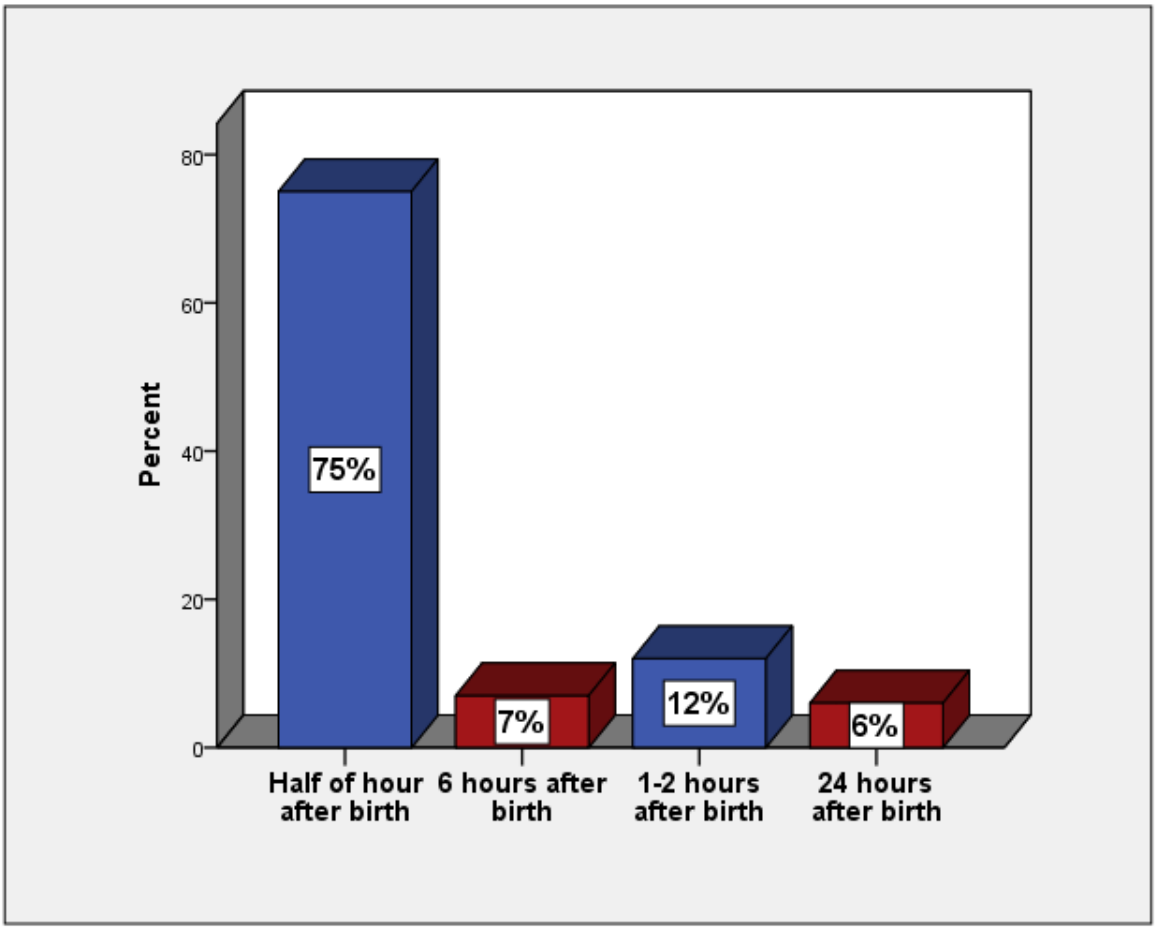

Figure (4-7): Distribution of study group according to initiation of breast feeding practice

Two third (75%) mothers intiation of breast feeding practice half hour after birth and (6%) less than quadrant are 24 hours after birth.

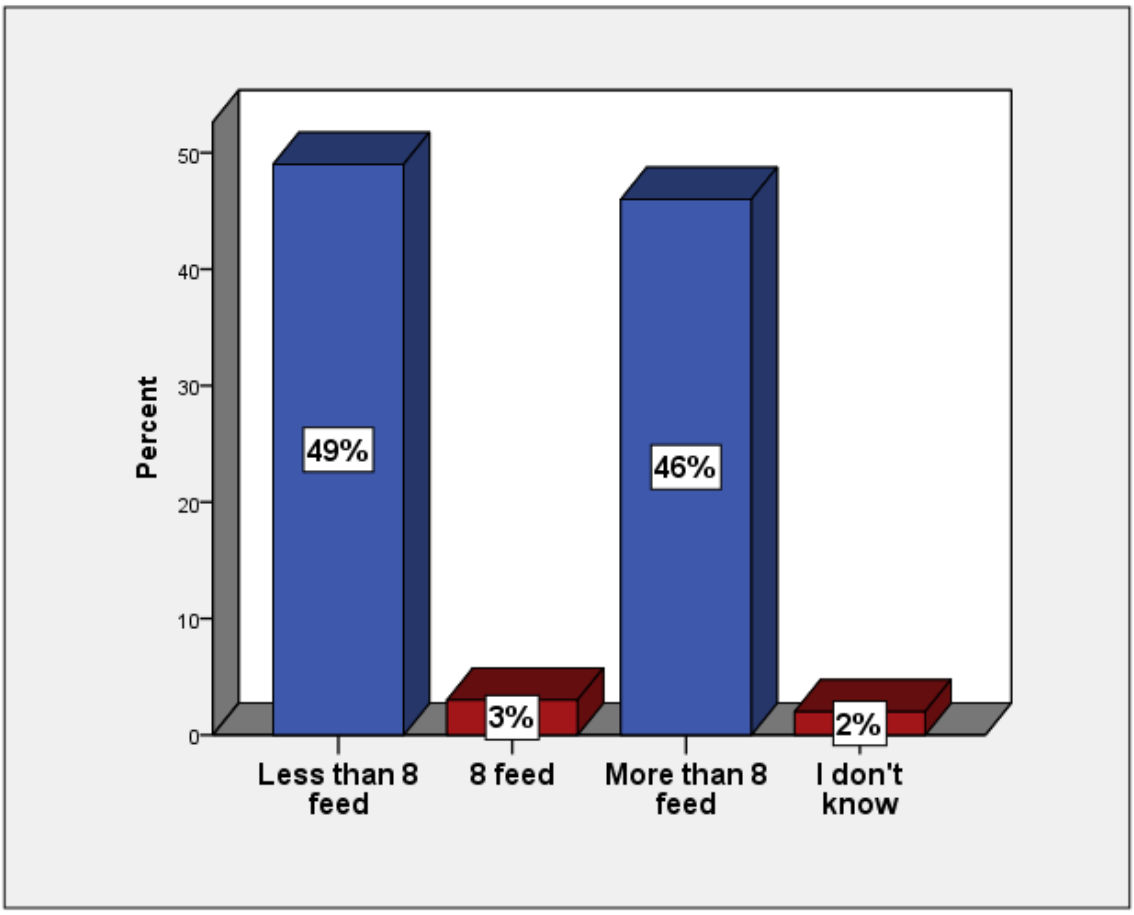

Figure (4-8): Distribution of study group according to frequency of breast feeding/ 24 hours

Half (49%) mothers frequency of breast feeding are less than 8 feed and (2%) less than quadrant are I do not know.

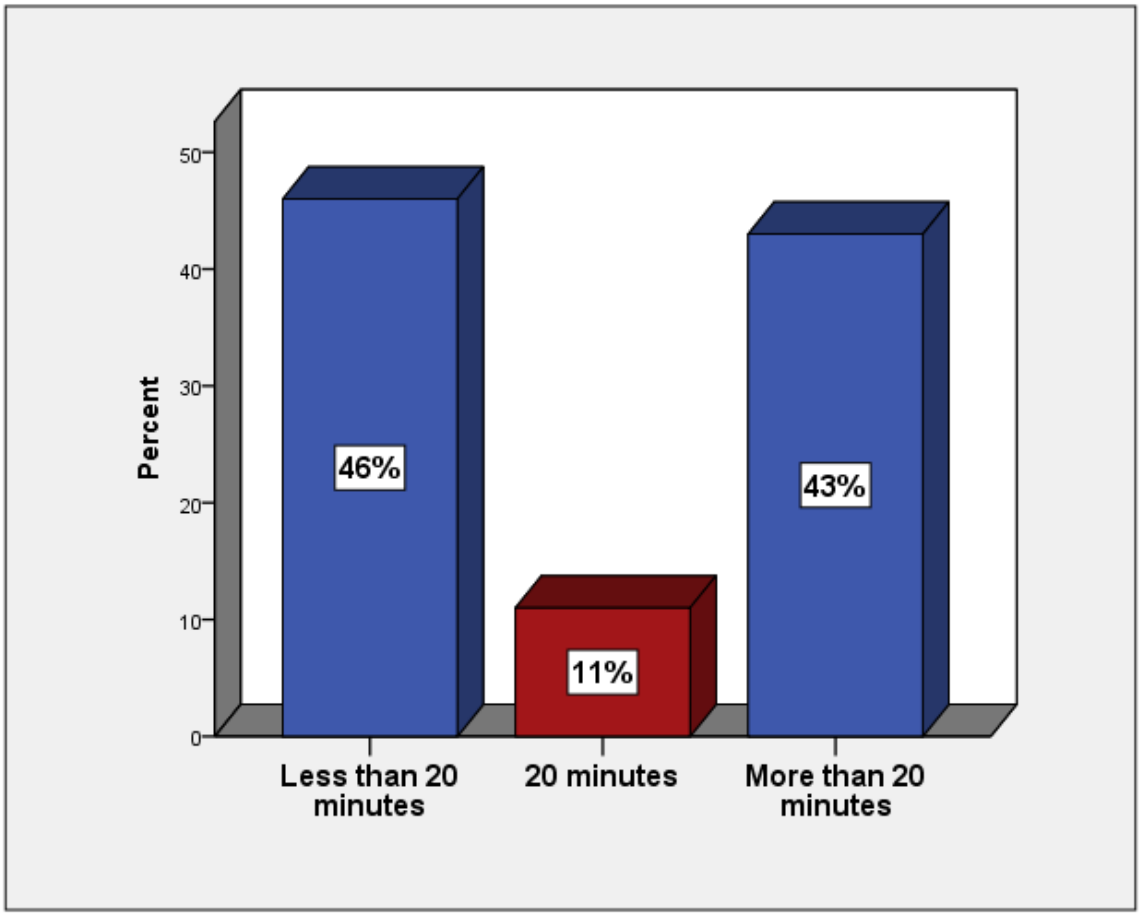

Figure (4-9): Distribution of study group according to feeding time at each feed

Less than half (46%) of feeding time at each feed are less than 20 minutes and (11%) less than quadrant are 20 minutes.

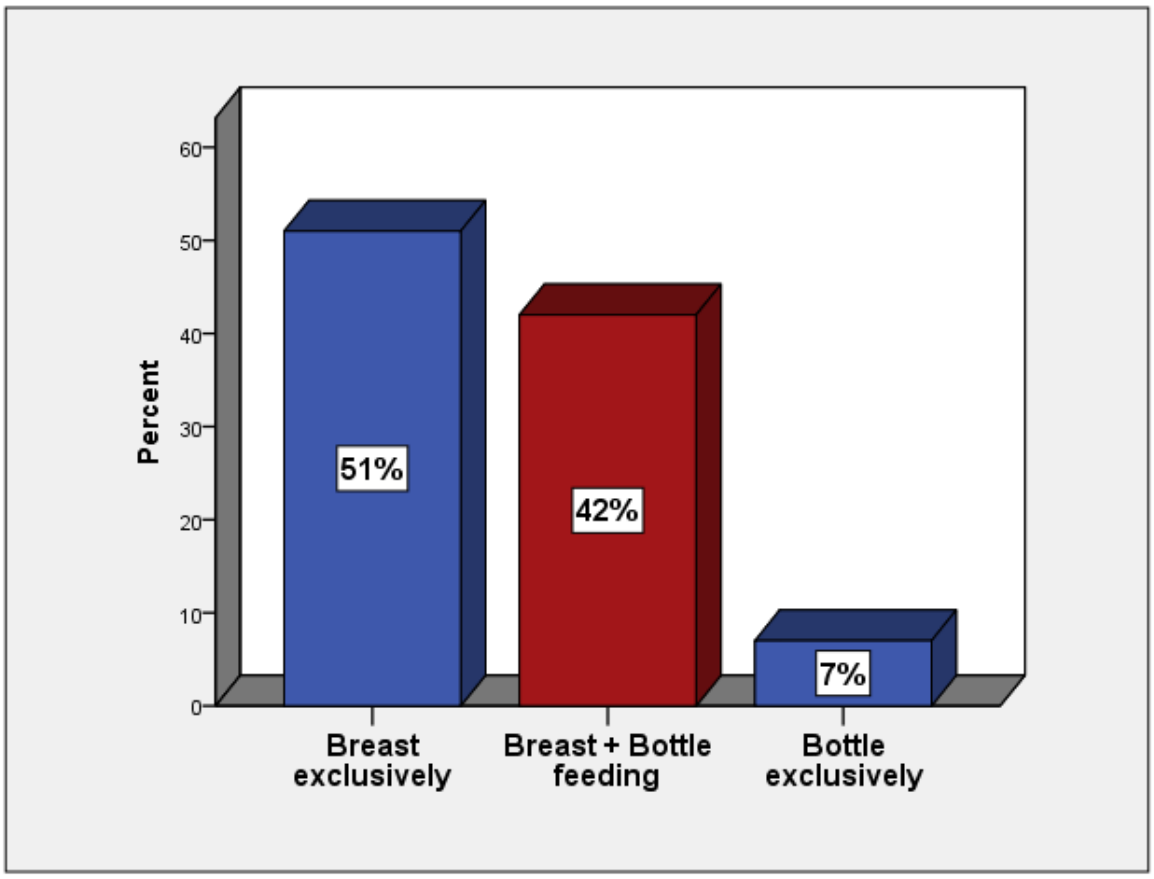

Figure (4-10): Distribution of study group according to type of feeding

Half (51%) type of feeding are breast exclusively and (7%) less than quadrant are bottle exclusively.

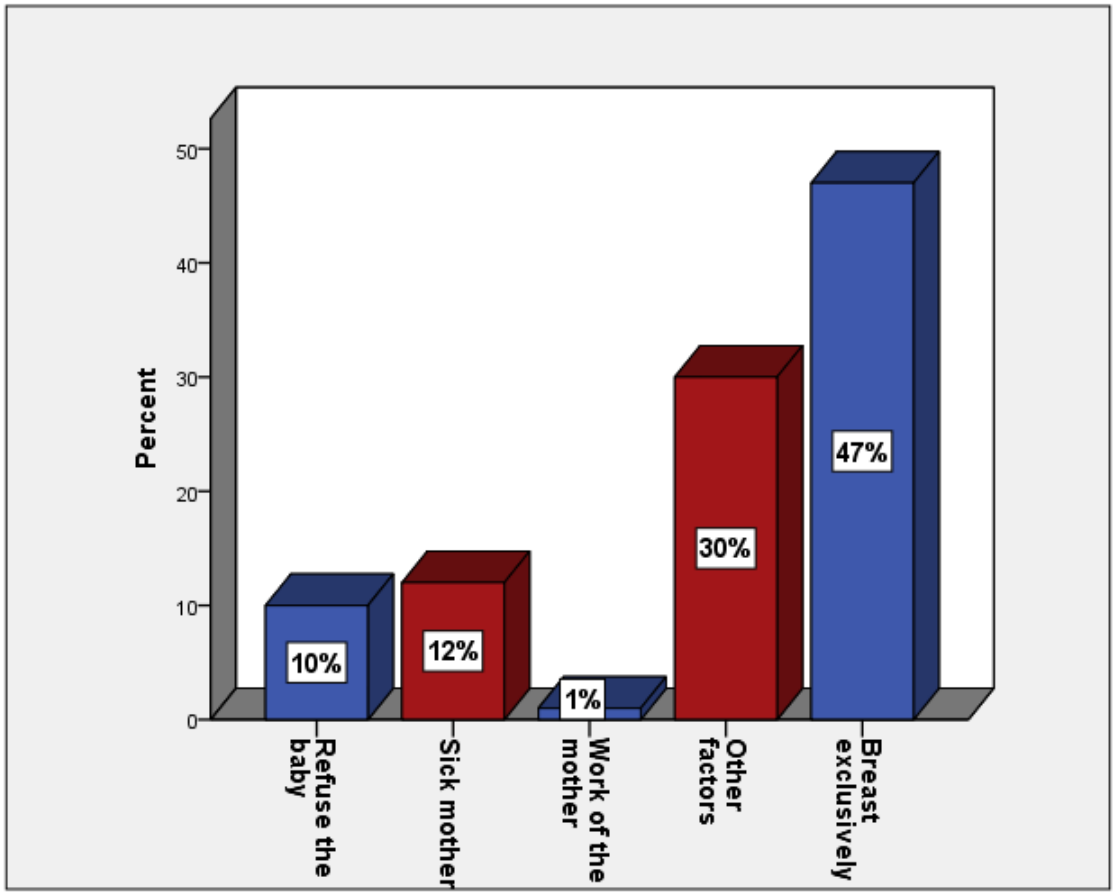

Figure (4-11): Distribution of study group according to reason for artificial feeding

Less than half (47%) mother reason for artificial feeding are breast exclusively and (1%) less than quadrant are work of the mother.

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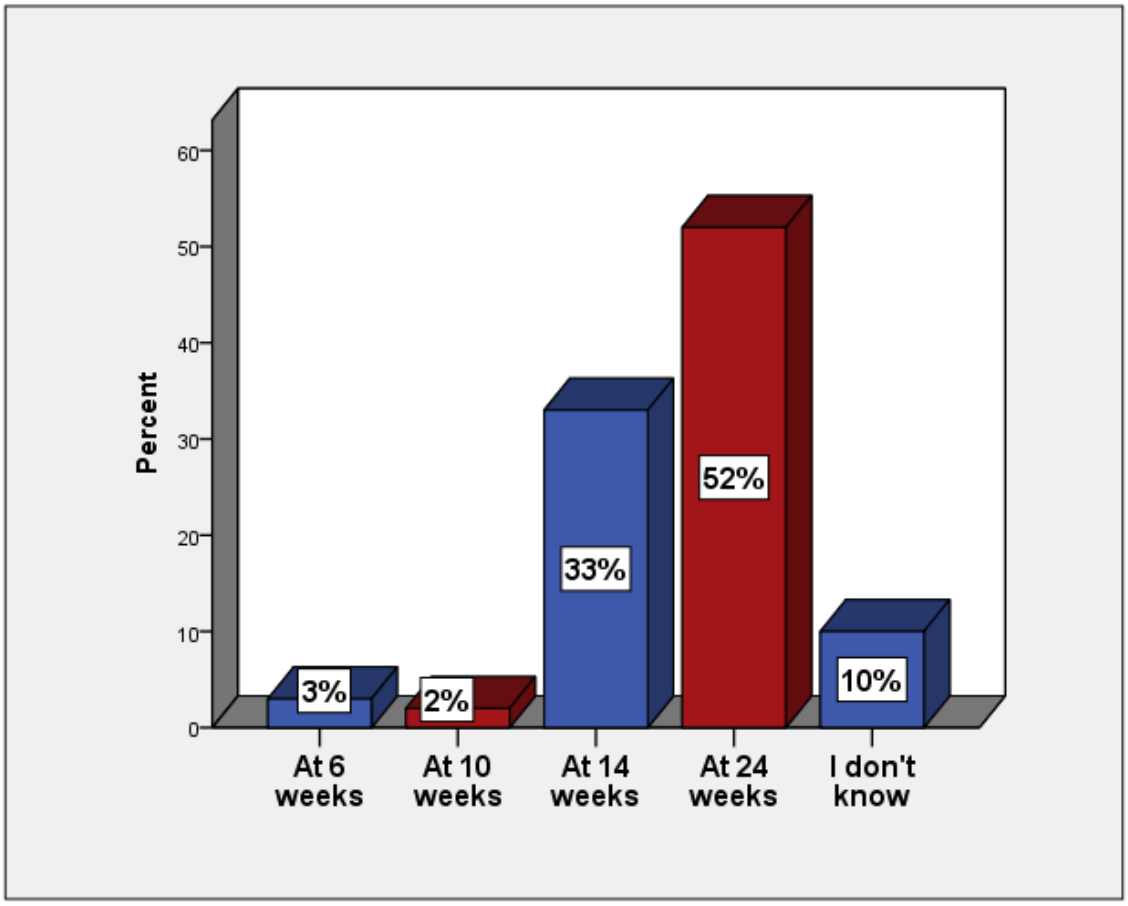

Figure (4-12): Distribution of study group according to exclusive breast feeding

More than half (52%) of mother breast feeding are only six months and (2%) less than quadrant are at 10 weeks

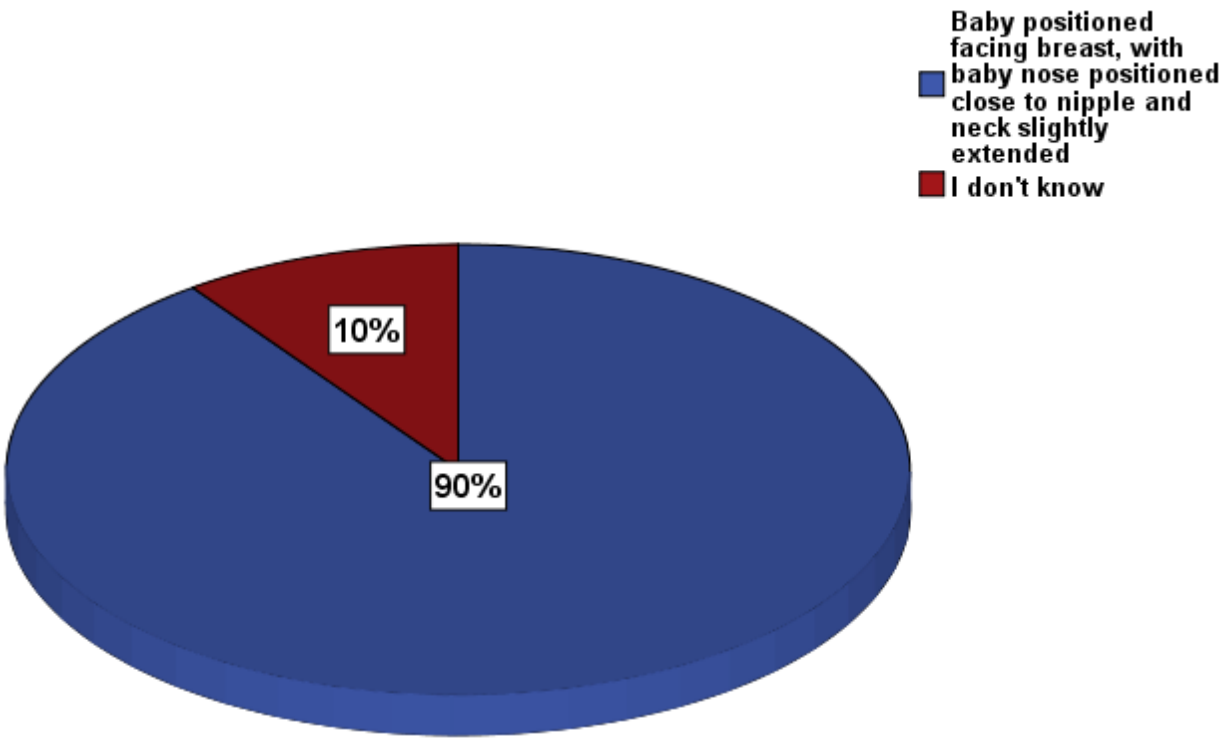

Figure (4-13): Distribution of study group according to effective position of breast feeding

The majority (90%) of the mother of effective position of breast feeding is know and (10%) is do not know.

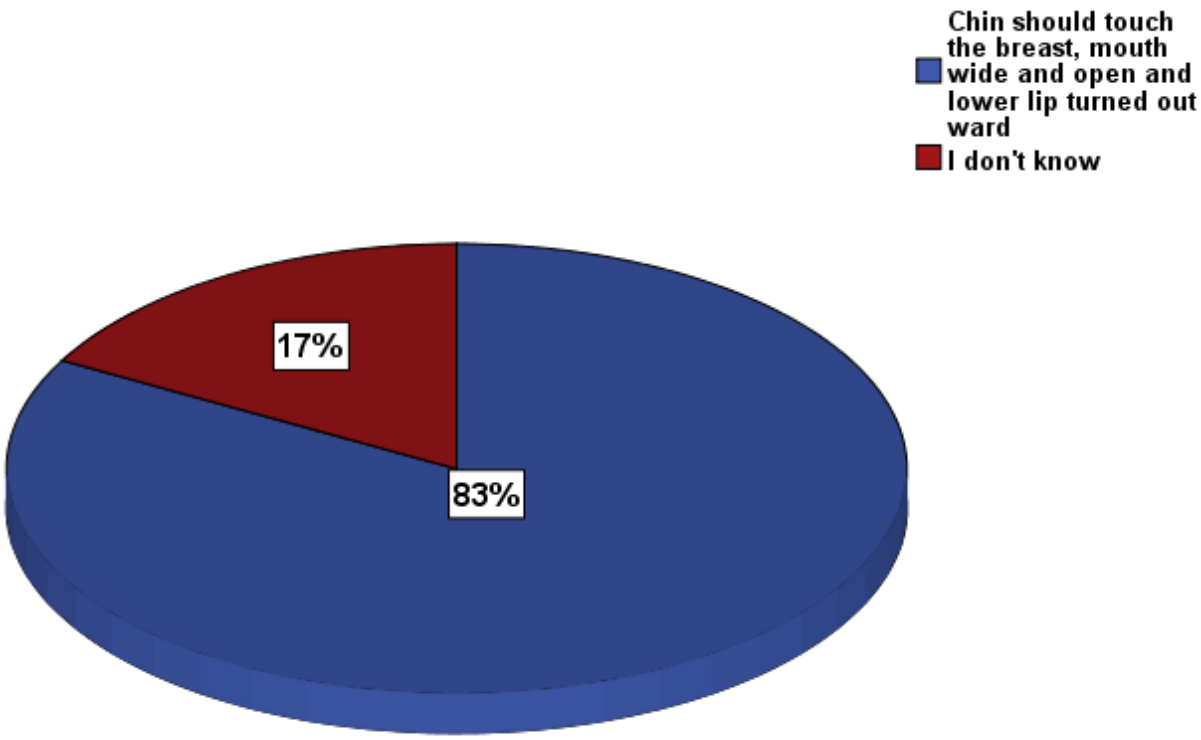

Figure (4-14): Distribution of study group according to effective attachment of breast feeding

The majority (83%) of the mother of effective attachment of breast feeding and (17%) is do not know.

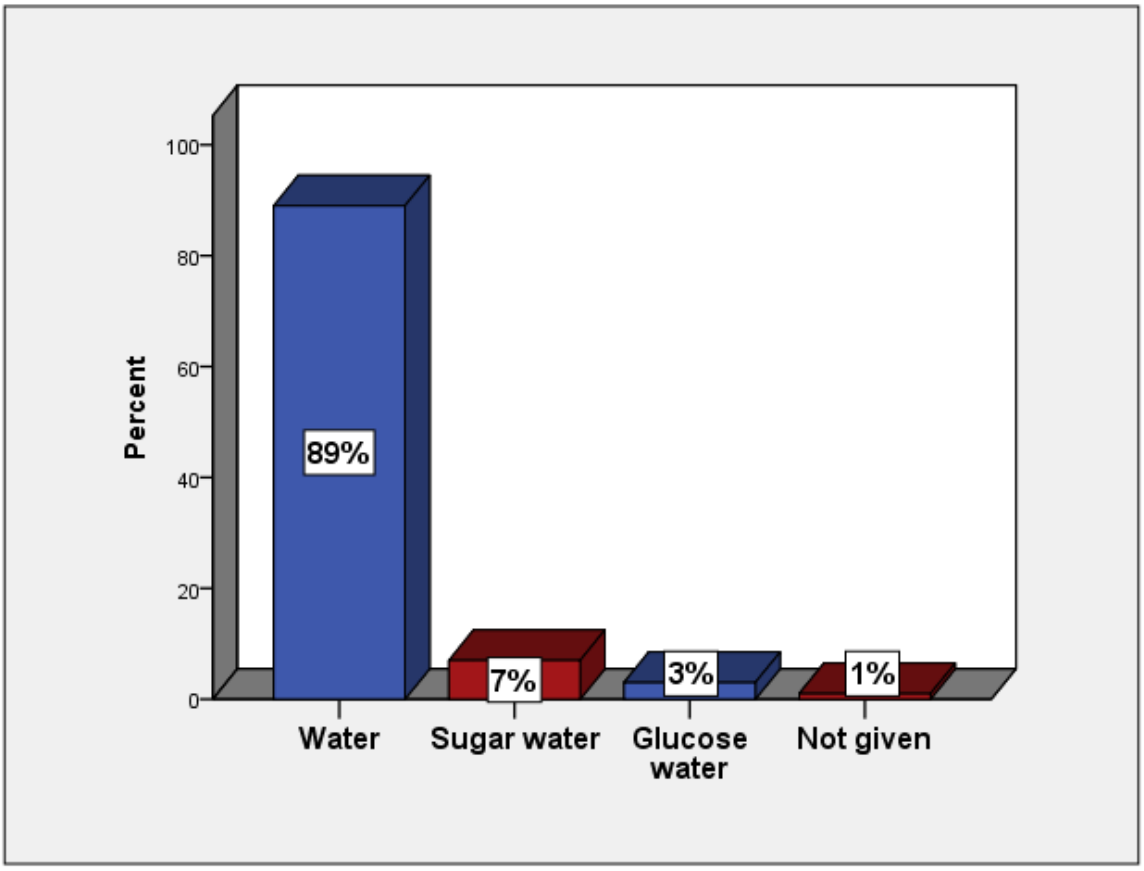

Figure (4-15): Distribution of study group according to pre-lactated food to be given during first 6 month of the age

The majority (89%) of baby pre-lactated food to be given during first six months of the age are water and (1%) less than quadrant are not given.

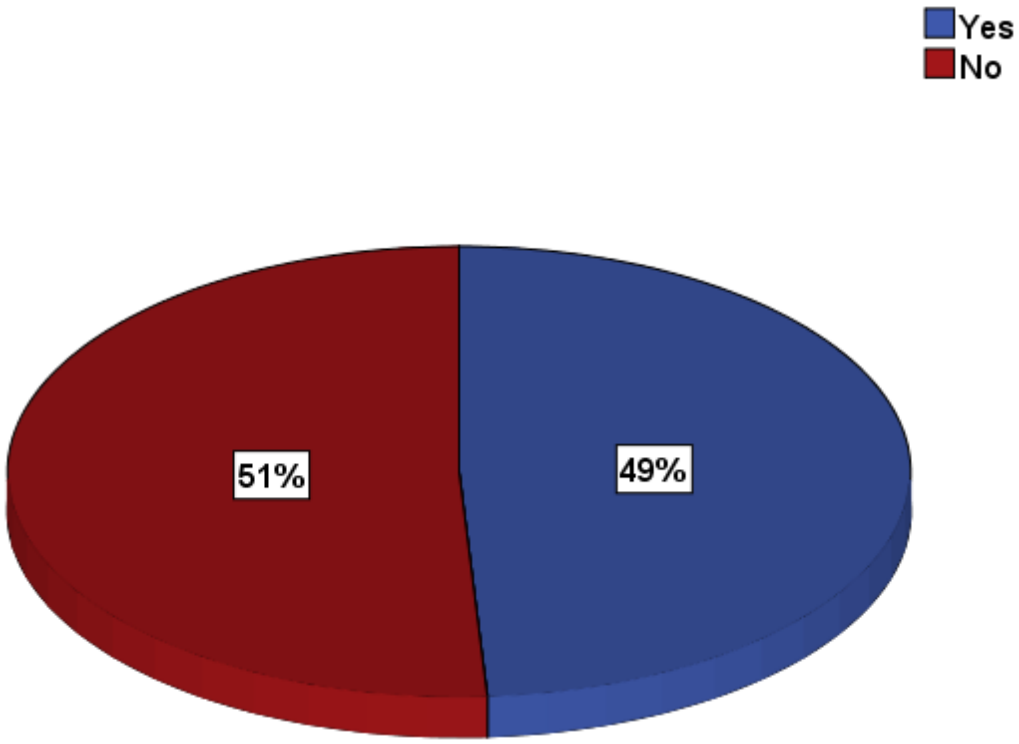

Figure (4-16): Distribution of study group according to breast feeding continuous up to 2 years of the age

More than half (51%) of mothers breast feeding continuous to 2 years of the age are no and (49%) less than half are yes.

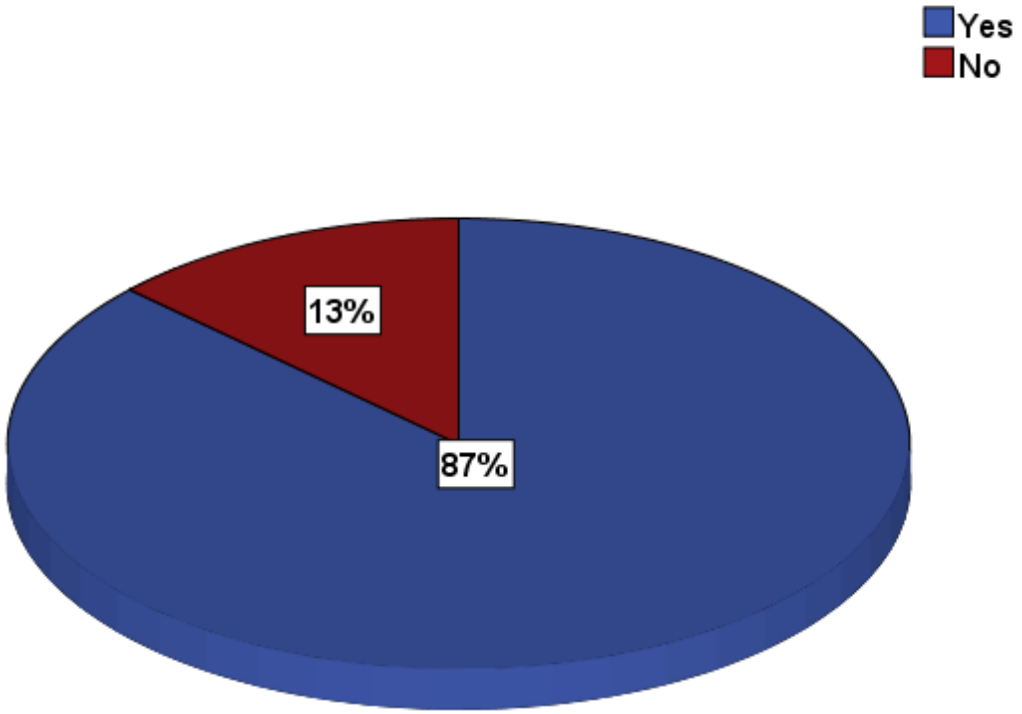

Figure (4-17): Distribution of study group according to colostrum feeding to the child

The majority (87%) of colostrum feeding to the child are yes and (13%) less than quadrant are no.

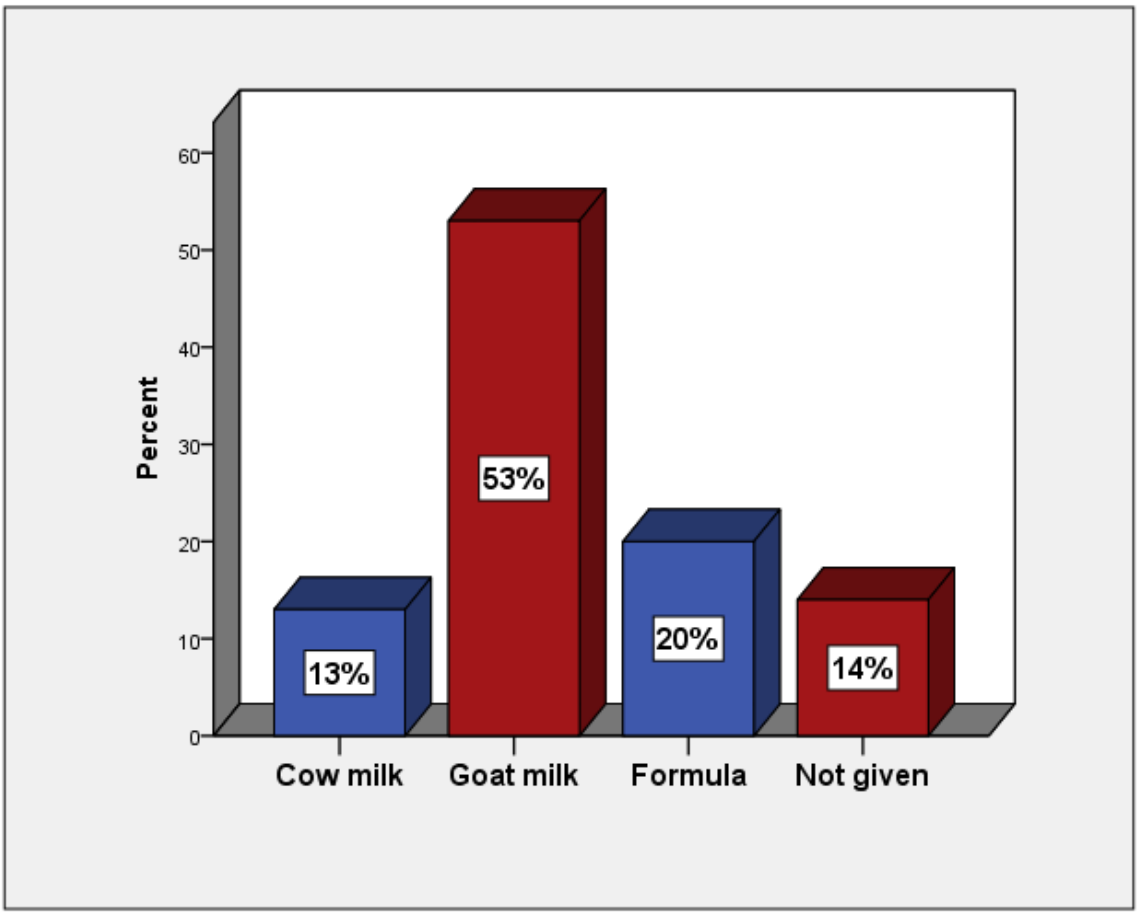

Figure (4-18): Distribution of study group according to type of milk given

More than half (53%) of type of milk given are goat milk and (13%) less than quadrant are cow milk.

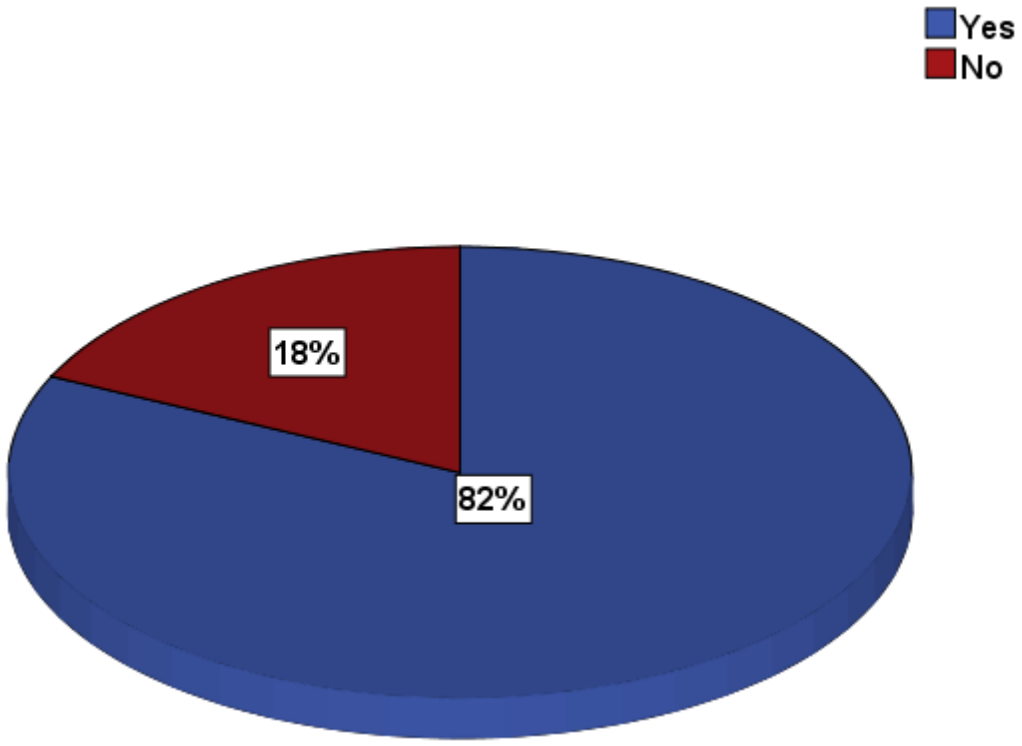

Figure (4-19): Distribution of study group according to breast hygiene

The majority (82%) of breast hygiene are yes and (18%) more than quadrant are no.

Chapter Five

Discussion:

The study is cross sectional study in Atbara teaching hospital included 100 mothers their child age range between (1 day -2 years).

This study show that mothers who have good awareness to ward breast feeding practice about colostrum (87%) because they are high educational level which is agree to study conducted in Ethiopia (89%)(5-6).

This study show that the majority of effective attachment of breast feeding(83%) because they are high educational level is agree to study conducted in south American.(84.6%).

The study show that tow third(75%) of mothers initiation of breast feeding practice within one hour after birth disagree to study that conducted in Pakistan(29%).

The study show that one third (34%) of mothers that counseling about breast feeding practice disagree to study that conducted in Pakistan (41%).

Conclusion:

The study conclude that the mothers have high awareness about breast feeding practice because the majority of effective position (90%), effective attachment (83%) and breast hygiene (82%).

Also conclude the mothers have low awareness because the majority of pre-lactated food to be given during first six months of the age which water (89%).

Recommendation:

_ Recommended the government to increase health education through health programs

_The study is recommended provide information and sensitizing about breast feeding practice to mothers specific lactated mothers.

_Educated lecture aims to health sensitize and distributing booklets, prints to deploy right conceptions about breast feeding practice.

_Improve the mother awareness through hospital and mass media.

Chapter Six

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