

Assessment of Mother's Knowledge about Newborn Breast-Feeding

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Abstract

A descriptive study was conducted on the mother's knowledge about the newborn breast feeding, for the period of Dec. 11th (2010) to March 21st (2011), at Al. Zahra Najaf- Teaching hospital, to identify the knowledge of the mother about the newborn health and breast feeding. Thirty mothers (30) with their newborns were interviewed randomly at the hospital using questionnaire formats to collect the fulfillment data of the involved sample at age grouped from (19 to 42 years). The study showed that the most age-group affected was (19-26) years (36.7%); (93.3%) of mothers were occupied; most of them (66.7%) were rural residents with primary level of education (40%). The mother's knowledge were rare about the newborn's breast feeding (66.7%); and most of them were young. A mass media survey must be hold in Iraq as a teaching program for mothers during the prenatal and postnatal periods.

Key words: Mother's knowledge, newborn, breast-feeding.

دراسة وصفية تم إجرائها في مستشفى الزهراء التعليمي للولادة و الأطفال في النجف للأمهات اللواتي يرضعن أولادهن حديثي الولادة، للفترة ما بين () كاتون أ () إلى () (٢) . تهدف الدراسة إلى تقييم معلومات الأمهات الوليدات عن الرضاعة الطبيعية وأهميتها الصحية للأم و الوليد. شملت الدراسة عينة عشوائية () أم مع وليدها تمت مقابلتهن في () في الزهراء التعليمي للولادة والأطفال في النجف للفئة العمرية (٢-٤ سنة) . أظهرت النتائج أن (١ %) للفئة العمرية (١١-٢٦) سنة هن الغالبية وان () (%) منهن يعملن (%) . الأريف. توصي الدراسة إجراء دراسة شامل و برنامج تعليمي للأمهات قبل و بعد الولادة.

Introduction

Breast-feeding is the first fundamental right of the child. It is greatly improves quality of life by providing unique nutritional, immunological, economic, ecological, psychological, and child spacing benefits. Breastfeeding also enhances maternal health¹. Exclusive breastfeeding for first 6 months of life is the most effective child survival intervention in developing countries¹. Scientific evidence has proved beyond any doubt that breastfeeding is the ideal form of feeding the newborn². It estimates that exclusive breastfeeding can reduce 13% of childhood deaths, the largest contribution in comparison to any other child survival intervention. Breastfeeding is advantageous for all-the baby, the mother and the society³. Initiate breastfeeding immediately after birth and positively within 30 minutes after normal delivery and within 4 hours after cesarean section for successful breastfeeding, it is essential to keep the baby with the mother all the time. The first feed should always be of mother's milk. No prelacteal feeds should

be allowed as this inhibits the establishment of successful lactation ⁴. Nerve impulses travel from the nipple to the hypothalamus to stimulate the production of prolactin-releasing factor. This factor stimulates further active production of prolactin. Other anterior pituitary hormones such as adrenocorticotrophic hormones, thyroid-stimulating hormone, and growth hormone, probably also play a role in growth of the mammary glands and their ability to secrete milk ⁵. Breast-feeding is the preferred method of feeding a newborn because it provides numerous health benefits to both, the mother and the infant; it remains the ideal nutritional source for infant through the first year of life ⁶. Colostrums, is the first nutrition that baby takes. It is called first vaccine characterized by a thin, watery, yellow fluid composed of protein, sugar, fat, water, minerals, vitamins and maternal antibodies, secreted by the laminar breast cells starting in the 4th month of pregnancy. For the first 3 or 4 days after birth, it provides adequate nutrition for the newborn and easy to digest ⁷. Breast milk provides the best nutrition for the infant ⁸; the American Academy of Pediatrics(AAP) and the American Dietetic Association recommended breast-feeding exclusively for the first 4 to 6 months of life and then in combination with infant foods until age 1 ⁹. Breast-feeding right after birth helps the uterus to contract and return to its former size and position ¹⁰. Breast milk contains the perfect balance of carbohydrates, proteins, and fats. It supplies essential nutrients in an easily digestible form. It is a rich source of linoleic acid (an essential fatty acid) and cholesterol, which are needed for brain development. It contains immune factors that protect infants from infection, such as antibodies (especially immunoglobulin A) and white blood cells. With exclusive breast-feeding, the mother has no bottles or nipples to wash and sterilize and no formula to buy ¹¹. An allergic reaction is less likely, and milk is always available. Night feedings are more convenient because there's no bottle to prepare. The infant benefits from the frequent direct physical contact, and the mother may feel that she has a More intimate bond with her baby ¹². Breast milk reduces anemia due to reduction in postpartum bleeding and reduced blood loss because of delayed menstruation ¹³. Breastfeeding is convenient, need no preparation and is available at right temperature ¹⁴. It helps the mother to regain figure, promotes early uterine involution ¹⁵. Breastfeeding has a protective effect against breast and ovarian cancer. Breastfeeding helps in delaying another pregnancy ¹⁶.

Benefits of breast feeding to the newborn

Lactoferrin is an iron binding protein in breast milk that interferes with growth of pathogenic bacteria. The enzyme lysozyme in breast milk apparently actively destroys bacteria by lysine dissolving their cell membranes. Leukocytes in breast milk provide protection against common respiratory infection invaders. The bifidus factor is specific growth promoting factor for bacteria lactobacillus bifidus. The presence of L. bifidus in breast milk interferes with colonization of pathogenic bacteria in the gastrointestinal tract, reducing the incidence of diarrhea. Breast milk is higher than cows milk in lactose, and easily digested. Sugar that provides ready glucose for rapid brain growth, contains the ideal electrolyte and mineral composition for human infant growth. The ratio of cysteine to methionine in breast milk also appears to favor rapid brain growth in early month. Breast milk is more readily digested and thus infant actually may receive more protein. It contains nitrogen in compounds with other protein so that the infant receives cells building materials from sources rather than just protein (this can result in better mental development), it contains more linoleic acid, an

essential amino acid for skin integrity does cow's milk ¹. It contains less sodium, calcium, and phosphorus than do many formulas. It has a better balance of trace elements such as zinc than formulas do. Babies who receive breast milk appear to have less difficulty regulating calcium-phosphorus levels than those who are bottle feed, and the formation of the dental arch ³

Benefits of breast-feeding to the society

Breast feeding is economical and hardly costs the family anything extra. It lowers health care costs to the society by reducing illness among children. It is ecofriendly and does not cause any environment pollution, ready used, sterile, and highly nutritional values ^{1,2}.

Steps to successful breast-feeding

Have a written breast feeding 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 breast feeding. Help mothers initiate breast feeding within a half-hour of birth. Show mothers how breast feed, and how to maintain lactation even if they should be separated from their infant. Give newborn infant no feed or drink other than breast milk, unless medically indicated. Practice rooming allows mother and infant to remain together throughout the day. Encourage breast feeding on demand. Give no artificial teats pacifiers (also called dummies or so others) to breast feeding infant. Foster the establishment of breast feeding support groups and refer mothers to them on discharge from the hospital or clinic ^{1,6}.

Materials and methods

A descriptive study design was applied on December 11th (2010)- to March 21st (2011), at Al- Zahra- teaching hospital in Najaf Province. A non- purposive sample of 30 adult females at age of (19- 40) years, consuming breast-feeding were randomly selected. Data were collected through interviewing and questionnaire format to mothers with breast feeding. The relevant format consisted of two parts. Part one includes (age, number or order of child, mother's education and occupation, and home address). While, part two was included the benefits of breast feeding to the mother, and to the newborn. The data were computerized and analyzed through the application of a descriptive method of data analysis.

Results:

The present data were distributed by three tables:

Table 1: Explains the distribution of sample's demographic data. The highest age was between (19-26) years (36.7%). 23.3% of women had (1-3) child; 13.3% of them had (4-5) children; whereas, 3.3% had 6 children. 93.3% were occupied (working). Most of the sample were lived in rural areas (66.7%); (40%) of them were primary educated.

Table 2: Shows the knowledge of mothers about breast feeding, was equal in (poor, moderate and high levels (33.3%).

Table 3: Indicates the association between the demographic data and mother's knowledge was non-significant (10%), with poor breast-feeding knowledge of the total sample.

Table 1: Distribution of sample dependent on demographic data

Item	Frequency	Percent	
Age	19 – 26	11	36.7
	27 – 34	10	33.3
	35 – 40	9	30.00
	Total	30	100%
No. of Child	1	7	23.3
	2	7	23.3
	3	7	23.3
	4	4	13.3
	5	4	13.3
	6	1	3.3
	Total	30	100 %
Occupation	Yes	28	93.3
	No	2	6.7
	Total	30	100 %
Address	Rural	20	66.7
	Urban	10	33.3
	Total	30	100 %
Education Level	Primary	12	40.0
	Secondary	11	36.7
	Institute	2	6.7
	Collage	4	13.3
	Other Study	1	3.3
	Total	30	100 %

Table (2) The Knowledge of mother about newborn breast feeding

		Frequency	Percent
Valid	High	10	33.3
	Moderate	10	33.3
	Poor	10	33.3
	Total	30	100 %

This table indicated that the knowledge of mother equal in poor and moderate and high.

Table (3) The association between Demographic data and mother knowledge

Age	19 – 26	Poor 6	Moderate 2	High 3	Total 11
	27 – 34	4	4	2	10
	35 – 40	-	4	5	9
	Total	10	10	10	30
χ^2 obs = 7.83, df = 4 χ^2 criteria 13.277 p < 0.01					
No. of Child	1	1	2	4	7
	2	5	2	-	7
	3	2	2	3	7
	4	2	1	1	4
	5	-	2	2	4
	6	-	1	-	1
χ^2 obs = 12.214, df = 10 χ^2 criteria 23.209 p < 0.01					
Occupation	Yes	10	10	8	28
	No	-	-	2	2
	Total	10	10	10	30
χ^2 obs = 4.286, df = 2 χ^2 criteria 9.210 p < 0.01					
Level of Education	Primary	6	4	2	12
	Secondary	4	4	3	11
	Collage Student	-	1	3	4
	Other study	-	-	2	2
	Total	10	10	10	30
χ^2 obs = 11.682, df = 8 χ^2 criteria 20.090 p < 0.01					
Address	Rural	6	7	7	20
	Urban	4	3	3	10
	Total	10	10	10	30
χ^2 obs = 3.00, df = 2 χ^2 criteria 9.210 p < 0.01					

Discussion

The study indicates, the highest age-group was (19-26 years); they had children between (1-3); and most of them lived in rural areas with primary level of education, these findings are supported by the results of (5 '16).

Knowledge of mothers was equal in poor, moderate and high levels, alternatively, as found in the study of (10). There was no significant association between the demographic data and mother's knowledge as mentioned by (13; 16). Their knowledge's about breast- feeding was poor. This finding was agreed with the findings of (2).

Conclusion

The study found that the involved mothers were young, with primary level of education. Their knowledge's about breast-feeding was poor. Most of them were house-wives and from rural settings.

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