Original Article

Knowledge Regarding Breast Feeding Practices among Nurses in Maternity Units of Health Care Facilities in Islamabad

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Objective: To assess the knowledge level of nurses working in maternity units regarding breast feeding practices in health care facilities.

Study Design: A cross sectional survey

Materials and Methods: A cross sectional survey of nurses in maternity units of public and private health care facilities in Islamabad was conducted on a self administered questionnaire. Nurses were included in this study from four different hospitals.

Result: Total 150 questionnaire were filled by nurses from different hospitals who were selected on specified selection criteria. All the participants 150 (100%) were females, among them, 100 (66.7%) were from public sector hospital and 50 (33.3%) from private sector. Amongst all 148(98.7%) nurses responded that optimal time to initiate breast feeding is within 6 hrs of birth and 2 (1.3%) thought that it should be after 72 hours of birth. 143 (95.3%) nurses were of the view that Health professional should actively encourage all mothers in their practices to try breast feeding, 5 (3.3%) responded No and 2 (1.3%) participants did not know. 118 (78.7%) replied that Health professionals have little influence on women's decision to continue breast feeding, 29 (19.3%) were against this and 3 (2.0%) participants did not know.

Conclusion: The overall knowledge of health professional was good. It is concluded that the mixed pattern is the commonest type of feeding. Most of the mothers and Health professionals are still unaware about benefits of breast feeding and we need to adopt more organized measures to promote breast feeding.

Keywords; Breast Feeding, Maternity Units, Health Professional.

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Introduction

Nursing profession is a healthcare profession which is committed with 24 hours care of patients and is focused on individuals as well as families so that they may maintain or recover optimal health and quality of life. With the increased trend on Maternal Child Health (MCH) to decrease Maternal Mortality Rate (MMR), it is the focus of Millennium Development Goals (MDGs) to train Nurses and other health care providers to deal with various aspects of maternal care. Maternity nursing is a form of intensive, informative and knowledgeable care provided by a maternity nurse. The maternity nurse helps the mother and the family during and after the pregnancy. Breastfeeding is extremely important for the healthy growth and development of infants and young children, it is the best initial food for babies and is the fundamental right of every child.[1] The United Nation International Children Education Foundation/World Health Organization (UNICEF/ WHO 2009) estimates that breastfed children have at least six times greater chance of survival in the early months than non-breastfed children.[2] This is the greatest reason why breastfeeding is strongly recommended to mothers all over the world.[3] The global goal for optimal maternal child health and nutrition support that woman should exclusively breastfeed their infants for the initial six months of life.[4] Of the 9.7 million under-five deaths globally 2.1 million are in India alone. In India and Pakistan, 27 million births occur every year and out of which 1.7 million children die before one year of age and 1.08 million new born die within one month of age. Health-care professionals and traditional birth attendants also have a little knowledge about breastfeeding.[5] The major reason for newborn deaths is that mothers do not get skilled care during pregnancy and childbirth.[6] Lack of breastfeeding is also associated with increased risks for the mother.[7] Hospitals that perform evidence-based best practices related to breastfeeding can improve breastfeeding initiation rates, rates of exclusive breastfeeding at time of hospital discharge, and possibly breastfeeding duration rates.[7]

This study was conducted to assess knowledge regarding breast feeding practices among nurses.

Materials and Methods

The nurses were selected according to the specified inclusion and exclusion criteria. Nurses who were working in maternity and nursery units were selected; student nurses were excluded in this study. Informed consent was taken prior to the study.

A specially designed questionnaire was used as a tool for the data collection. This structured questionnaire was distributed among the selected participants.

The completely filled questionnaire was returned to the data collector. The provided responses were not allowed to be manipulated by the researcher or any other person.

The data was entered into computed software Statistical Package for the Social Sciences (SPSS) version 17 for storage and analysis.

Results

Total 150 health professionals were inducted in this study. Results from the participants regarding optimal time to initiate breast feeding is shown in Table- I.

Table I: Optimal time to initiate breast feeding (n=150)

Optimal time of breast feeding	No. of Participants	Percentage
Within 6 hours after birth	148	98.7
72 hours after birth	2	1.3

Results regarding the duration of exclusive breast feeding is shown in Table II.

Table II: Duration of exclusive breast feeding

Duration of exclusive breast feeding	No. of Participants	Percentage
1 month	5	3.3
4 Months	33	22.0
6 Months	112	74.7

As already discussed 143 (95.3%) responded that Health professional should actively encourage all mothers in their practices to try breast feeding whereas 5 (3.3%) responded No and 2 (1.3%) participants did not know. (Figure-1). Graphical representation of results regarding the question that “Health professionals have little influence on women's decision to continue breast feeding” is also shown in (Figure 1)

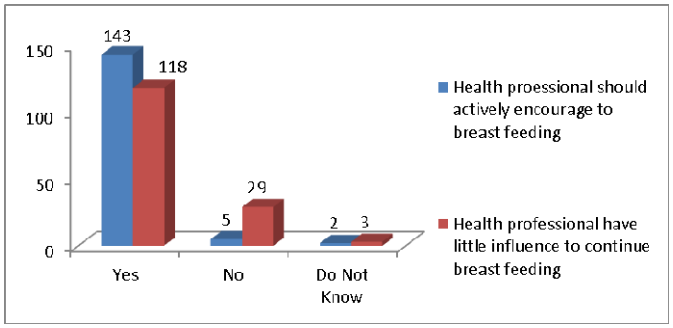

Figure 1: Health professional should actively encourage all mothers to try breast feeding & have little influence on women's decision to continue breast feeding

15 (10.0%) considered Lithium, 7 (4.7%) Chloramphenicol, 23 (15.3%) Anti T.B drugs and 16 (10.7%) Tetracycline as contraindicated drugs during breastfeeding, and 89 (59.3%) thought all of these drugs are contraindicated. 16 (10.7%) participants recommended to feed the baby with same nipple if a mother has sored/cracked nipple, 39 (26.0%) recommended to apply cream and then breast feed with same breast and 95(63.3%) recommended to feed baby from unaffected breast. 29 (19.3%) were of the opinion to stop breast feeding immediately if a mother discovers that she is pregnant while breast feeding her baby, 68 (45.3%) recommended to continue breast feeding for few weeks and 53 (35.3%) for few months.

Discussion

The aim of this study was to assess knowledge regarding breast feeding practices among nurses. The overall knowledge of health professional was good. Most of the participants were in favour of initiating breast feeding within 6 hours after birth while small numbers of participants were in favour of breast feeding after 72 hours of birth. A study carried out in Pakistan that overall optimal time of onset of breast feeding rate was 69% which is low in comparison of our study.[4]

74% percent participants replied that exclusive breast feeding should be continued for at least 6 months. In another similar study the 43% participants said that the exclusive breast feeding time must be continued for 4-6 month.[4] In another similar study only 38% of the mothers knew that exclusive breast feeding should be given for 6 months.[8]

Ninety five percent health professional agreed that we should actively encourage all mothers in their practices to try breast feeding. 78.7% health professionals have little influence on women decision to continue breast feeding. In various studies it is analyzed that all health professionals providing care to mothers and/or infants should complete at least 18 hours of education on

human lactation and infant feeding.[9] More efficient and cost-effective education methods need to be sought to enable employees to take professional responsibility for maintaining and improving their knowledge and practice.[8-10]

Various studies presented by different authors have measured the influence of personal breastfeeding experience on knowledge and practice of caretakers.[11,12] A similar study reported that midwives who had difficult personal breastfeeding experiences were less knowledgeable about lactation and infant feeding matters. Midwives with previous successful breastfeeding experience take a keen interest in supporting other women to breastfeed and keep their knowledge and practice updated.[13]

Breastfeeding management is an important part of a multi-faceted approach towards improving breastfeeding rates. A study done by Ingram et al have also reported that the opportunity of talking about the benefits and management of breastfeeding with mothers and other family members can help to improve breastfeeding continuation rates.[14]

Conclusion

The knowledge regarding breast feeding practices among nurses in maternity units of Government sector was good. The declining trend was seen due to different reasons in different regions. The focus must now be on implementing adequate early postpartum support programs, both in the Government hospital, private hospitals or clinics and after the mother goes home, to enable mothers to continue breastfeeding for as long as possible. It is concluded that the mixed pattern is the commonest type of feeding. Most of the mothers and Health professionals are still unaware about benefits of breast feeding and we need to adopt more organized measures to promote breast feeding.

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