



A STUDY TO ASSESS THE EFFECTIVENESS OF BREAST FEEDING TECHNIQUE IN PREVENTION OF NIPPLE SORENESS AMONG PRIMIPARA MOTHERS, CHENNAI .

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ABSTRACT

Breast-feeding is good for new mothers as well as for their babies. There are no bottles to sterilize and no formula to buy, measure and mix. It may be easier for a nursing mother to lose the pounds of pregnancy as well, since nursing uses up extra calories. Lactation also stimulates the uterus to contract back to its original. The aim of the study to evaluate the effectiveness of teaching programme regarding breastfeeding techniques on knowledge and practice in preventing nipple sore. Experimental Group –Primipara postnatal mothers who can give breast feeding and who do not have nipple soreness are selected. Breast feeding techniques taught 10 minutes before starting breast feeding, followed with 10 minutes demonstration and 10 minutes video. *Control Group* –Primipara postnatal mothers who are not provided interventions. This is an experimental study. the samples were selected by simple random sampling technique ,two group pre test post design was adopted the data was collected and analysed by SPSS statistical package .In this study, effectiveness of breast feeding technique assessed in prevention of nipple soreness .The study is conducted at the postnatal ward. Ayanavaram. The results revealed that breast feeding technique had a significant effect in preventing nipple soreness. Majority of the primipara postnatal mothers in the experimental group were prevented from nipple soreness than the patients in the control group who experienced breast feeding induced nipple soreness.

KEYWORDS: *Breast feeding technique, nipple soreness, methods of breast feeding*



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INTRODUCTION

Breast milk is the precious food by nature to the new born. Even though a nursing mother works up a big appetite and consumes extra calories, the extra food for her is less expensive than buying formula for the baby. Nursing saves money while providing the best nourishment possible. Breast fed kids are more intelligent, active, bold, and have good immunity. Sore nipples are probably the most common complaint after the birth. They are generally reported by the second day after delivery but improve within five days. Pain beyond the first week, severe pain, cracking, fissures or localized swelling is not normal. The mother should see a doctor for further evaluation. Sore nipples, a common cause of pain often comes from the baby if latching is not proper. One of the best ways to prevent sore nipples is to get their baby positioned properly. There are several different positions that they can choose from, the cradle hold, cross-cradle hold, the football or clutch hold or both are lying down. Regardless of which position they choose, there are some things mothers

need to do to be sure that both are in a comfortable position.

MATERIALS AND METHDOLOGY

After obtaining permission from the zonal officer ayanavaram the objectives were explained to the participants and written consent was also obtained from the participants. A quasi experimental design was used for this study. Samples were selected using simple random sampling technique. 60 post natal mothers 30 in experimental and 30 in control group were participated. The Independent Variable is teaching on breast feeding technique, Dependent Variable is Breast feeding induced nipple soreness. Inclusion criteria The primi para mothers who is willing to participate exclusion criteria multipara mothers who is having Nipple soreness The sample was selected according to the inclusion and exclusion criteria. The tools for the study had three sections A, B and C. section A has Demographic variables and Section B has Clinical variables about breast feeding, and Section C Nipple soreness rating scale.

Storrs nipple soreness rating scale

Table 1
Nipple Soreness Rating Scale

GRADE	
Grade 0	Nipple, color, tenderness
Grade 1	Nipple slightly red and /or tender for first 5-10 seconds of feeding.
Grade 2	Nipple red/tender longer than 5-10 seconds
Grade 3	Tender between feeding, makes grimace
Grade 4	Nipple crack, involuntary gasp
Grade 5	Nipple crack, sore

RESULTS

The pretest and posttest level of grade of nipple soreness among primipara mothers in experimental and control group was assessed. In pretest among experimental group all the primipara postnatal mothers (100%) are in grade 0 (no nipple soreness). In posttest (Day5) among experiment group 28(93.3%)primipara postnatal mothers are in grade0 (no nipple soreness), and 2(6.7%) of them are in grade1 (Nipple slightly red and/or tender) of nipple soreness descriptive Assessment Scale. Statistically there is no significant difference between pretest and posttest ($\chi^2=3.08$, $p=0.08$). Statistical significance was calculated using chi square test.

Statistical analysis

Comparison of experiment and control group nipple soreness score

Table 2
Comparison of pre and post test

		Nipple soreness score		Mean difference	Student independent t-test
		Mean	SD		
Pretest	Experimental	1.33	0.92	0.03	t=0.14 p=0.89 not significant
	Control	1.30	0.95		
posttest	Experimental	0.30	0.59	0.77	t=3.76 p=0.001*** significant
	Control	1.07	0.94		

The above Table 2 shows the comparison of overall pretest and posttest.

The data was analyzed by using descriptive and inferential statistics. The data were analyzed based on the objectives formulated by the researcher. Demographic variables in categorical/dichotomous were given in frequencies with their percentages. Nipple soreness score was given in mean and standard deviation. Association between nipple soreness reduction score and demographic variables were analyzed using chi square test. Difference between experiment and control group nipple soreness score was analyzed using independent t-test. Difference between pretest and posttest was analysed using student paired t-test. Differences between pretest and posttest score was analysed using proportion with 95% CI and mean difference with 95% CI. $P<0.05$ was considered statistically significant. All statistical tests are two tailed test. The SPSS package was used in this study.

In pretest the experimental group nipple soreness mean score is 1.33 and in control group nipple soreness mean score is 1.30. The mean difference is 0.03 and it is not statistically significant. In posttest the experimental group nipple soreness mean score is 0.3 and in control

group nipple soreness mean score is 1.07, The mean difference is 0.77, The difference between experimental and control group score is large and it is statistically significant. Differences between experiment and control score was analysed using Student independent t-test.

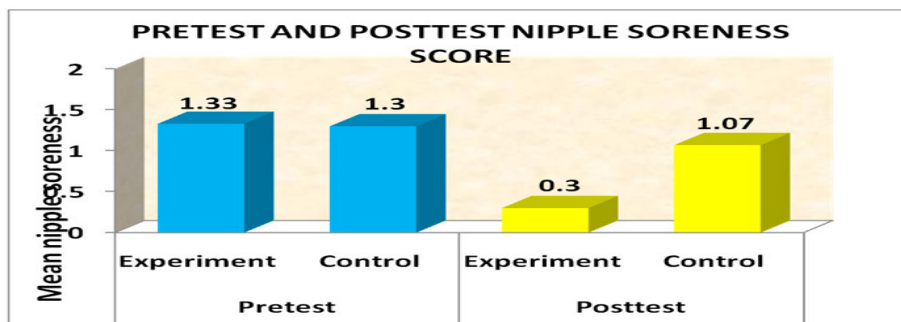


Fig .1 Effectiveness of study

Effectiveness of the study

Table III
Effectiveness Of Structure Teaching Programme Regarding Breast Feeding Technique On Knowledge And Practice In Prevention Of Nipple Soreness

		Max score	Mean nipple soreness score	Mean Difference in nipple soreness score with 95% Confidence interval	Percentage of nipple soreness score with 95% Confidence interval
Experiment	Pretest	5	1.33	1.03(0.65 – 1.42)	20.6 %(13.0% –28.4%)
	Posttest	5	.30		
Control	Pretest	5	1.30	0.23(0.02 – 0.45)	4.6 %(0.4% –9.0%)
	Posttest	5	1.07		

The above Table 3 shows the effectiveness of structure teaching programme regarding breast feeding technique on knowledge and practice in prevention of nipple soreness. On an average, experimental mothers are reduced 20.6% of nipple soreness score after structure teaching programme regarding breast feeding technique on knowledge and practice in prevention of nipple soreness. Among control group mothers, they are reduced 4.6% of score .This shows the effectiveness of structure teaching programme. Differences between pretest and posttest score was analysed using percentage with 95% CI and mean difference with 95% CI.

DISCUSSION

On an average, experimental group mothers are reduced 20.6% of nipple soreness score after teaching programme regarding breast feeding technique on knowledge and practice in prevention of nipple soreness. Among control group mothers, they are reduced 4.6% of score .This shows the effectiveness of teaching programme. The Jossanna Briggs Institute (2003) conducted a Randomized trial study conducted on nipple care, sore nipples and Breast feeding in Italy among 96 control group of mothers given routine nipple care including ointments and 123 intervention groups of mothers to avoid the use of nipple creams and other products. Breast-feeding duration also compared between the 2 groups. The study results shows that no difference was found between the control and the intervention group in the incidence of sore and crack

nipples and breast feeding duration. The study recommends that providing the mother and guidance and support on positioning and latching and modification of hospital practices may be more effective the reducing nipple problems. The association between level of symptoms reduction score and their demographic variables are Elder ($X^2=11.23$, $p=0.001$), more educated ($X^2=8.66$, $p=0.03$) and urban mothers ($X^2=5.00$, $p=0.03$) are reduced more score than others. Statistical significance was calculated using chi square test. The association between level of symptoms reduction score and their Obstetrics variables. Technique awareness of mothers are reduced more score ($\chi^2=3.96$ $P=0.05$) than others. Statistical significance was calculated using chi square test.

CONCLUSION

The present study assessed the effectiveness of breast feeding technique among primipara postnatal mothers. The results revealed that breast feeding technique had a significant effect in preventing nipple soreness. Majority of the primipara postnatal mothers in the experimental group were prevented from nipple soreness than the patients in the control group who experienced breast feeding induced nipple soreness.

CONFLICT OF INTEREST

Conflict of interest declared none.

REFERENCES

1. Aeikan O.N and Tomilson. Appraisal of patient training for child birth . American Journal of Obstetrics and gynecology. Vol: 102, 953: PP: 66-100
2. Avidson AB, Chintu K, Erikson B. Maternal and infant health problems after normal childbirth – a randomised controlled study in Zambia. Journal of Epidemiology and Community Health 1998;52:385-91.
3. Babu M. A study of the postnatal and neonatal health problems and home remedies used during puerperium in an urban community of New Delhi. The Indian Journal of Nursing and Midwifery 1998;1(3);49-52.
4. Ballard JL. Ankyloglossia assessment, incidence and effect of frenuloplasty on the Breast-feeding dyad. 2002 Nov; 110(5); P 63.
5. Benett RV, Brown LK. Myles textbook for midwives. 14th ed. Edinburgh: Churchill Livingston publication; 2003.
6. Centuori S. Nipple care, sore nipples, and Breast-feeding. 1999 June; 15 (2);p64
7. De oliveira LD. Effect of intervention to improve Breast-feeding. techniques on the frequency of exclusive breastfeeding and lactation related problems. 2006
8. Ingram J. Multi professional training for breast-feeding management in primary care. Center for child and adolescent Health. University of Bristol. UK. 2006.