



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

International Journal of Recent Scientific Research
Vol. 7, Issue, 10, pp. 13543-13546, October, 2016

**International Journal of
Recent Scientific
Research**

Research Article

EFFECTIVENESS OF INFORMATION EDUCATION AND COMMUNICATION ON KNOWLEDGE AND PRACTICE REGARDING LATCH ON TECHNIQUE FOR BREASTFEEDING AMONG PRIMIPARA MOTHERS AT SELECTED HOSPITALS, BANGALORE

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ARTICLE INFO

Article History:

Received 17th July, 2016

Received in revised form 12th August, 2016

Accepted 04th September, 2016

Published online 28th October, 2016

Key Words:

Information Education and Communication;
knowledge; practice; primipara mothers.

ABSTRACT

Breastfeeding is the feeding of babies and young children with milk from a woman's breast. Babies have a sucking reflex that enables them to suck and swallow milk. Breastmilk is the best food for the baby and baby can successfully get adequate feeding when mothers can properly latch on their babies to breast which prevents all the nipple sores, crack nipples, painful feeding which is the major obstacle for successful breastfeeding. Mothers could enjoy breastfeeding when they know proper latch-on technique for breastfeeding and make breastfeeding a wonderful experience.

The study attempts to assess the effectiveness of Information Education and Communication on knowledge and practice regarding latch on technique for breastfeeding among primipara mothers at selected hospitals, Bangalore. The research approach adopted for the study was True Experimental – Post Test Control Only design. Probability Simple Random Sampling technique was used. Among 60 primipara, 30 were assigned to experimental and 30 in control group. Information Communication and Education on the latch on technique for breastfeeding was administered among primipara mothers in the experimental group. After administration, posttest level of knowledge was assessed by using multiple choice questionnaire and post test level of practice was assessed by using standard breastfeeding assessment tool “LATCH” tool for both the experimental group and control group. The collected data was analyzed using descriptive and inferential statistics. The ‘t’ value ($t=18.79$) was computed between mean pre-test and post-test knowledge scores among experimental group and control group. Also ‘t’ value ($t=10.230$) was computed between mean pre-test and post-test practice scores among experimental group and control group. The results revealed that ‘t’ value was higher than the table value which shows that it was statistically significant ($p<0.05$) so the intervention was effective. The obtained correlation coefficient ‘r’ value was 0.365 which showed there was a positive correlation between knowledge and practice regarding latch on technique for breastfeeding. There was also a significant association between knowledge scores of primipara mothers and selected demographic variables like education. Thus the study concluded that the Information Education and Communication was effective in improving knowledge and practice regarding latch on technique for breast feeding among primipara mothers.

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INTRODUCTION

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e., via lactation) rather than using infant formula. Experts recommend that children be breastfed within one hour of birth, exclusively breastfed for the first six months, and then breastfed until age two with age-appropriate, nutritionally adequate and safe complementary foods. Under modern health care, human breast milk is considered the healthiest form of milk for babies.¹

Breastfeeding offers many benefits to the baby. Breast milk contains the right balance of nutrients to help an infant grow into a strong and healthy toddler. Some of the nutrients in breast milk also help protect the infant against some common childhood illnesses and infections. Breastfeeding is the ideal form of feeding in the neonate. Artificial feeding exposes the infant to infection and results in over a million deaths annually worldwide due to its ill effect. The care for a child needs to begin in the first few hours of life with exclusive breastfeeding and appropriate interventions at 4-6 months in the form of timely complementary feeding.²

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All New born who cry soon after birth and do not show any signs of illness must be kept close to their mother and put to the breast soon after birth. Breastfeeding should be initiated within the first hour after birth. Exclusive breastfeeding saves lives of many babies by preventing malnutrition, infection like diarrhea. 10th five year plan of Government of India had set a target to increase exclusive breastfeeding rate to 80% during first 6 months from the current level of around 40.5% and increased rate initiation of breastfeeding within one hour to 50% from the current level of about 15% and increased rate of complementary feeding from 33.5% to 75% to reduce infant and childhood mortality and improve health and development of infants and young children. There is a crucial window of opportunity that provides the support and information necessary for breastfeeding. One of the more commonly used breastfeeding assessment tool is called the "LATCH" tool. This tool is utilized to assess the mother and infant by further identifying areas where assistance is needed. The components of the tool are: L: The infants Latch, A: Audible swallowing, T: The mother's type of nipple, C: Comfort with breastfeeding, H: Hold, position.³

Latch on is the way the baby takes nipple and areola into her mouth to suckle. It is absolutely the most important aspect of breastfeeding. Without proper latching on, the baby will not get the milk she needs and the mother's breasts won't be stimulated to produce more initiating a vicious cycle of poor milk demand and poor milk supply. The proper latch encompasses both the nipple and the surrounding areola, the pinkish brown flat circle that became darker and developed goose bumps during pregnancy. Mother nature wisely designed them to serve as visual cues for the newborn so she'll close her mouth on the areola and not on the nipple alone. Though breast milk comes out of the numerous tiny openings in the nipple, baby's gums need to compress the areola and the milk sinuses located underneath it to actually start the flow. If not, milk won't let down and new milk will not be produced.⁴

The most difficult period of nursing is during the first few days and weeks as mothers are forming a relationship with their newborn. One of the best ways to prevent sore nipples is to get their baby positioned properly. There are several different positions, regardless of which position they choose; there is a need to be sure that both are in a comfortable position.⁵

A wide variety of things can cause nipple pain or discomfort. The most common culprits is the shallow latch. Women may develop sore nipples in the first few days or weeks of breastfeeding if baby is not getting enough of the breast into her mouth during nursing. This is known as a shallow latch. When this happens, the baby ends up sucking on the nipple rather than the breast, causing first pain and then damage to the nipple. If mothers notice that the nipple is shaped like a new tube of lipstick, it means baby needs to take in more of the breast. A midwife can help to figure out how to position the baby so she can get a better, deeper latch.⁶

The midwife plays an important role in delivering the health education regarding proper breast feeding using latch on technique among primipara mothers. Nurse can motivate primipara mothers to practice proper latch on technique for breastfeeding which can motivate mothers to maintain proper

latch on and can prevent nipple soreness, nipple pain. Hence, the investigator felt the need to administer Information Education and Communication on the latch on technique regarding breastfeeding among primipara mothers to make them understand and improve their knowledge and practice about breastfeeding.

MATERIAL AND METHODS

A true experimental posttest control only group design was adopted for the study. The sample consists of 60 primipara mothers with 30 each in experimental and control group at selected hospitals, Bangalore. The simple random sampling technique was used for the study. The conceptual framework adopted for the study was based on Roy's adaptation model. Data collection was done by using baseline proforma, structured knowledge questionnaire and standard latch tool. The pretesting and reliability of tool was done. Reliability of the knowledge questionnaire tool was found to be 0.84 and practice tool was found to be 0.90. The researcher obtained permission from the respective authority of the institution and ethical clearance from Ethics Committee. Informed consent was obtained from the participants. Information Education and Communication (IEC) was implemented among primipara mothers of the experimental group. It was given through pamphlets, video assisted teaching and role play on latch-on technique. After the intervention posttest, knowledge and practice were assessed in both experimental and control group. The data were analyzed by using both descriptive and inferential statistics.

Inclusion criteria

Primipara mothers who were

1. Admitted in postnatal ward at selected hospitals, Bangalore.
2. Who were willing to participate in the study.

Exclusion criteria

Primipara mothers

1. With major/minor associated health problems.
2. Who are not available at the time of data collection

RESULTS

Baseline characteristics of primipara mothers

The findings of the study revealed that the majority of the primipara mothers, 66.7% of them were in the age of 18-25 years in experimental group and 86.7% of them were of age 18-25 years in the control group. 60% of them were Hindu in the experimental group and 70% of mothers were Hindu in control group. 43.3% had secondary education and 26.7% had higher secondary education in experimental group and 40% had secondary education in control group. 53.3% were housewives in the experimental group and 43.3% were housewives in control group. 56.7% belonged to a joint family in experimental group and 73.3% of subjects belong to a joint family in control group. 40% in experimental group were having the income of Rs 5001-10000 and 46.7% in control group were having the income of Rs 10001-15000 and 43.3% had income of 5001-10000. In experimental group 80% had family support and in control group 90% had family support.

43.3% in experimental group got previous information from health professionals and 30 % got information from family and relatives. In control group 26.7% got information from health professionals. In the experimental group,80% of babies had Apgar score of 7-10 similarly 90% of babies in control group had Apgar score of 7-10. In experimental group 53.3% of the babies were males and remaining 46.7% were females. In control group 63.3% of the babies were males and 36.7% were females.

Level of knowledge and practice scores

Table-1 Frequency and percentage distribution of primipara mothers according to post test level of knowledge in both experimental and control group.

S.no	Level of knowledge	Post test level of knowledge			
		Experimental		Control	
		No. (30)	%	No. (30)	%
1.	Inadequate knowledge (<50%)	0	0	26	86.7
2.	Moderately adequate knowledge (50-75%)	12	40.0	4	13.3
3.	Adequate knowledge (>75%)	18	60.0	0	0
Over all		30	100	30	100

The table 1 depicts that in the post-test in the experimental group, 12 (40%) had moderately adequate knowledge, 18 (60%) had adequate knowledge and none of them had inadequate knowledge. Whereas in control group, 26 (86.7%) had inadequate knowledge, 4 (26.7%) had moderately adequate knowledge and none of them had adequate knowledge.

Table-2 Frequency and percentage distribution of primipara mothers according to post test level of practice regarding latch on technique for breastfeeding in both experimental and control group.

S.No	Level of practice	Post test level of practice			
		Experimental		Control	
		No. (30)	%	No. (30)	%
1.	Poor	0	0	11	36.7
2.	Average	9	30.0	19	63.3
3.	Good	21	70.0	0	0
Over all		30	100	30	100

The table 2 depicts that 9 (30%) of the experimental group had average level of practice, 21 (70%) had good practice level whereas none of them had poor practice. In control group, 11 (36.7%) had poor practice, 19 (63.3%) had average practice and none of them had good practice.

Table- 3 Comparison of posttest knowledge in both experimental and control group regarding latch on technique for breastfeeding.

S.no	Aspects of knowledge	Max. Score	Post test knowledge between groups			Unpaired t-test value	p-value
			Mean	SD of difference	% of difference		
			difference	difference	difference		
1.	Basic concept of breast feeding	9	3.30	0.30	36.7	10.83*	p<0.05
2.	Proper latch feeding	15	7.60	0.37	50.7	20.21*	p<0.05
Over all		24	10.90	0.58	45.4	18.79*	p<0.05

Note: *- denotes significant at 0.05 level at 59df (ie, p<0.05).

The table 3 shows that the unpaired ‘t’ test value was 18.79 which was highly significant at 5% level. Hence null hypothesis H₀ was rejected and hypothesis H₁ was accepted which showed that there was a significant difference in posttest knowledge regarding latch on technique for breastfeeding among primipara mothers between experimental and control group.

Table- 4 Comparison of posttest practice regarding latch on technique for breastfeeding among primipara mothers in both experimental and control group.

S.no	Groups	Max. score	Post-test practice of latch on technique for breast feeding		Unpaired t-test -value	p-value
			Mean	SD		
1.	Experimental	10	8.17	1.17	10.230*	p<.0.05
2.	Control	10	4.97	1.24		

Note: *-denotes significant at 0.05 level at59df (ie, p<0.05)

The table 4 shows that unpaired ‘t’ test value was 10.230* which was significant at 5% level. Hence the null hypothesis (H₀) was rejected and (H₂) was accepted which showed there was a significant difference in posttest practice regarding latch on technique for breast feeding among primipara mothers between experimental and control group.

Table- 5 Correlation between knowledge and practice regarding latch on technique for breast feeding among primipara mothers in experimental group.

Variables	Mean	SD	R	p-value
Knowledge	19.00	1.89	0.631*	p<0.05
Practice	8.17	1.17		

The table 5 shows the correlation coefficient ‘r’ value was 0.631* which shows a positive correlation between the knowledge and practice of latch on technique for breastfeeding among primipara mothers in the experimental group.

Table-6 Correlation between knowledge and practice regarding latch on technique for breast feeding among primipara mothers in control group.

Variables	Mean	SD	R	p-value
Knowledge	8.10	2.55	0.365*	p<0.05
Practice	4.97	1.24		

The table 6 depicts that the correlation coefficient ‘r’ value was 0.365* which shows a positive correlation between the knowledge and practice regarding latch on technique for breastfeeding among primipara mothers in control group. Hence null hypothesis H₀ was rejected and hypothesis H₃ was accepted which shows that there is a significant correlation between knowledge and practice regarding latch on technique for breastfeeding in experimental and control group and it signifies that as knowledge increases practice also increases.

The association between post test level of knowledge regarding latch on technique for breastfeeding with their selected demographic variables in the experimental group was done using chi square test. Out of which, education was significant with the level of knowledge of primipara mothers in the experimental group regarding latch on technique for breastfeeding. Hence null hypothesis was rejected and H₄ that there is a significant association of knowledge of primipara

mothers regarding latch on technique for breastfeeding with their selected demographic variables in both experimental and control group was accepted.

Association of posttest level of practice with selected demographic variables of primipara mothers was also done by using chi square test. Out of all the demographic variables education was found to be significant in the experimental group. None of the other variables were found to be associated. This showed that practice is also influenced by demographic variables. Hence the null hypothesis was rejected and the hypothesis(H5) was accepted which showed that there is a significant association of practice of primipara mothers on the latch on technique for breastfeeding with their selected demographic variables of both experimental and control group.

This study is consistent with a cross-sectional study which was conducted at rural health training centre in Nagpur in 2010 to assess the effectiveness of educational package regarding positioning and attachment initiative among postnatal mothers on prevention of breast engorgement. One hundred and four postnatal mothers with their infants were included in the study. Assessment of breastfeeding was done by using the IMNCI guideline before and after the health education. It was found that after the health education 90.38% of mothers found to keep their babies neck and body straight, 71.15% mothers kept their babies close to them, 70.19% babies bodies were found towards their mothers and 44.31% babies whole bodies were found to be supported with both hands of the mother. Assessment pertained to attachment of the babies revealed that 85.58% babies chin was touching the breast and 61.54% lower lip turned downwards and 86.54% babies' mouth was widely open. This study proved that educational package was effective in improving the knowledge of the postnatal mothers regarding positioning and attachment of the baby to the breast and prevention of breast engorgement.⁷

CONCLUSION

The study concluded that the Information Education and Communication improved the knowledge and practice regarding latch on technique for breastfeeding among primipara mothers in the experimental groups. Developing Information Education and Communication, sharing information regarding latch on technique for breastfeeding will help in promoting breastfeeding, comfort for the mother as well as the baby and prevents problems like nipple soreness, cracked nipple. Nurses can counsel primipara mothers about the advantages of maintaining proper latch-on technique for breastfeeding and educate them how can breastfeeding be joyful to the mother and baby.

Nurses have the role to support and create awareness regarding latch on technique for breastfeeding that promotes breastfeeding and maintains comfort for the baby as well as for the mother. Nurses have the responsibility to be aware of broader health concerns such as the promotion of health of babies and mothers by educating them.

Acknowledgement

I would like to express my sincere gratitude to Mrs. Mary Sasikala M.Sc (N), Assistant Professor, H.O.D, Dept. of Obstetrics & Gynecology Nursing, Padmashree College of Nursing, for her supportive guidance. I extend my heartfelt gratitude to my esteemed former guide Mrs. Dhanalakshmi M.Sc (N), Associate professor, Principal Dr. Fathima L. for her continuous support guidance, motivation, and encouragement. It is my proud privilege to express the deepest sense of gratitude and thanks to Principal Mr. Dinesh Selvam for their guidance and constant encouragement throughout the course of the study.

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How to cite this article:

Pooja Bhandari and Mary Sashikala.2016, Effectiveness of Information Education and Communication on Knowledge and Practice Regarding Latch on Technique For Breastfeeding Among Primipara Mothers At Selected Hospitals, Bangalore. *Int J Recent Sci Res.* 7(10), pp. 13543-13546.