

# Assessment of the Problems Faced During Breastfeeding in Caesarean Delivery Women in Selected Hospital in a View to Develop Self Instruction Module

Pooja Devi

Department of Medical Surgical Nursing, Kailash Institute of Health and Medical Science Nursing, Panchkula Haryana, India  
bishlaypooja[at]gmail.com

**Abstract:** *Breastfeeding problems after cesarean delivery for women may require specific instructions and interventions for breastfeeding success. The objective of this study was To assess the level of problems faced during breastfeeding among women undergone caesarean delivery, to find the association between the pretest level of development on breastfeeding techniques, positions & tips with selected demographic variable, to develop self - instructional module based on problems of breast feeding among women undergone caesarean delivery, to identify the development of self - instructional module in terms of gain in development regarding problems faced during breastfeeding among women undergone caesarean delivery. Sixty cesarean delivery women aged 27 to 41 were recruited through a Selected hospital, Panchkula. The women were interviewed with a questionnaire exploring their breastfeeding experiences and support needs after delivery, and use of artificial infant milk. All women - initiated breastfeeding; 81% (n=13) breastfed their infant within 2 hours. Cesarean delivery was associated with specialized breastfeeding needs, but epidural anesthesia by itself was not. Eighty - two percent (n=9) of Women with Caesarean delivery facing breastfeeding problems, while only one of the women who had epidural anesthesia gave her infant artificial infant milk. Women who have Cesarean deliveries may require additional breastfeeding interventions. method: The setting selected was conducted in selected Hospital; Ambala. The instrument used for the study was a self - instructional Module. A total of 60 Women after cesarean delivery were select by using purposive sampling technique. Result: The results of the present study revealed that, in the pretest 60% women had inadequate development, 20% of the mothers had moderately adequate development. In the post test, only 33.3% have moderately adequate development and 66.7% had acquired adequate development, and no one had inadequate development in posttest. The pre test mean was 10.43 with 2.25 standard deviation and that of post test was 23.87 with 4.32 standard deviation. The calculated 't' value was 24.32, which is higher than the table 't' value 3.46 at 59df with 0.001 level of significance. It shows that there is significant difference ( $p < 0.001$ ) in pre test and post test development scores. There was significant association between post test development scores on Treatment of breastfeeding problems with age (11.33), occupational status (5.91), education (8.32), family income per month (9.34), type of house (6.68), religion (1.30), number of children (3.05), place of residence (1.18) and type of delivery (9.18)). Where the obtained chi square values were significant at 0.05 level of significance. Conclusion: The study concluded that the self - instructional module regarding Treatment of breastfeeding problems was effective in order to improve the development of women.*

**Keywords:** Assessment, Breastfeeding, cesarean Delivery, women, developments, self instruction module

## 1. Introduction

Health of the women has been considered as the vital importance to all societies because the women are the basic resources for the future of human kind. Women health depends up on breastfeeding. Majority of mother's facing breastfeeding problems after the cesarean delivery. Many women feel fulfillment and joy from the physical and emotional communion they experience with their child while nursing. These pleasant feelings may be one of the reasons so many women who have breastfed their first child choose to breastfeed the children who follow. Women are the primary caretakers of children's in every country of the world. Women who give birth naturally or via cesarean have the same hormonal shift that prompts a woman's breasts to start producing milk. Cesarean delivery (C - section) is a surgical procedure used to deliver a baby through incisions in the abdomen and uterus. A C - section might be planned ahead of time if you develop pregnancy complications or you've had a previous C - section and aren't considering a vaginal birth after cesarean (VBAC). Often, however, the need for a first - time C - section doesn't become obvious until labor is underway. World Health Organization in

(2009) Stated that caesarean section (c - section) rate in Canada is 27.1 %, well above the 5–15 % of deliveries suggested by the World Health Organization in 2009. Emergency and planned c - sections may adversely affect breastfeeding initiation, milk supply and infant breastfeeding and minor problems of the women, receptivity compared to vaginal deliveries. Our study examined mode of delivery and breastfeeding problems of the women, duration and difficulties reported by women after caesarean delivery. United Nations International Children's Emergency Fund (UNICEF) (2005) Stated that breastfeeding is a natural process with a gamut of beneficial effects on women. Breastfeeding (BF) is an art, and human milk has no another exact alternative for feeding babies. Breastfeeding assists in developing an indelible connection between the women and baby. Recently, women is facing problems during breastfeeding after the cesarean delivery and the promotion of BF has increased by health systems in line with United Nations International Children's Emergency Fund (UNICEF) policies, and there have been numerous efforts to support, promote and retain BF. Despite these efforts on BF, globally only 44% of women initiate BF within the first hour after birth and only 40% of all women should start

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breastfeeding to baby under six months of age and only 45% of women are facing problems after cesarean delivery. give the breastfeeding immunological effects of colostrums (the first breast milk, which provides protection against infection and disease). Self Instruction regarding start breastfeeding as soon as possible after your c - section, Breastfeed very frequently, use a breast pump, take your pain medication, take advantage of the extra time in the hospital. These practice helps to attain highest level of maintain proper breast feeding after cesarean delivery. Therefore the nursing practice should be patient centered rather than task centered to prevent complications and teach regarding breastfeeding techniques and positions (sideling & football hold).

**Objectives**

- 1) To assess the level of problems faced during breastfeeding among women undergone caesarean delivery.
- 2) To find the association between the pre test level of development on breastfeeding techniques, positions & tips with selected demographic variable
- 3) To develop self - instructional module based on problems of breast feeding among women undergone caesarean delivery
- 4) To identify the development of self instructional module in terms of gain in development regarding problems faced during breastfeeding among women undergone caesarean delivery.

**Hypothesis**

**H<sub>1</sub>:** There will be a significant mean association between problems faced during breastfeeding women undergone caesarean delivery and selected demographic variables

**H<sub>2</sub>:** There will be a significant association between post test scores regarding breastfeeding techniques, among breastfeeding women undergone caesarean delivery.

**2. Material and Method**

A study for assessment of the problems faced during breastfeeding in caesarean delivery women in selected hospital in a view to develop self instruction module, Panchkula, Haryana Method: The setting selected was conducted in selected Hospital, Panchkula Haryana. The instrument used for the study was a self - instructional Module. A total of 60 Women after cesarean delivery were select by using purposive sampling technique.

**Table 1:** Frequency and percentage of development scores of caserean delivery women according to the level of development scores in pre test and post test, (N=60)

S. No	Description	Level of Development					
		Inadequate Development		Moderately Adequate Development		Adequate Development	
		No	%	No	%	No	%
1	Pre Test	36	60	24	40	0	0
2	Post Test	0	0	20	33.3%	40	66.7%

Table; - 1 reveals that in the pretest 60% women had inadequate development 20% of the women had moderately

adequate development. In the post test, only 33.3% moderately adequate development and 66.7% had acquired adequate development and no one had inadequate development in post test.

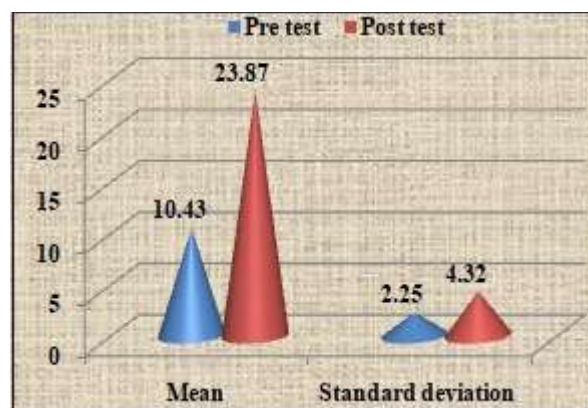
**Table 2:** Paired t test of significance for development scores of cesarean delivery women on treatment of breastfeeding problem in pre test and post test and comparing pre test and post test development scores, (n=60)

Development scores	Pre test	Post test
Mean	10.43	23.87
Standard Deviation	2.25	4.32
Standard error	0.41	0.79
Paired t - test	24.32*	

59df Table t - value 3.46 p<0.001

The table no.2 shows that the pre test mean was 10.43 with 2.25 standard deviation and that of post test was 23.87 with 4.32 standard deviation. The calculated' value was 24.32, which is higher than the table 't' value 3.46 at 59df with 0.001 level of significance. It shows that there is significant difference (p<0.001) in pre test and post test development scores.

Hence it concluded that after Self Instructional Module on Treatment of breastfeeding problems after cesarean delivery, t development scores of the women have been increased. The formulated hypothesis for present study H<sub>1</sub> "There will be significant mean difference between the pre - test and posttest development scores among women regarding managing breastfeeding problems" was accepted which is evident by the significant t value at 0.001 level of significance. Hence H<sub>1</sub> was accepted.



**Figure 1:** Mean and standard deviation of development of Women on Treatment of Breastfeeding problem

**Table 3:** Association between development scores of cesarean delivery women accordance with selected demographic variables, (n=60)

S. No	Demographic variables	Level of Development on Treatment of Breastfeeding problems						df	Chi Square.
		Inadequate		Moderate		Adequate			
		f	%	f	%	f	%		
1.	<b>Age of women</b>							3	11.33*
	18 - 21years	-	-	10	16.7	2	3.3		
	21 - 21years	-	-	10	16.7	8	13.3		
	21 - 27years	-	-	0	0	14	23.3		
	> 27Years	-	-	0	0	16	26.7		
2.	<b>Type of family</b>							1	0.28 NS
	Nuclear family	-	-	12	20	32	53.3		
	Joint family	-	-	8	13.3	8	13.3		
3.	<b>Occupational status</b>							1	5.91*
	Employed	-	-	7	11.6	18	30		
	Unemployed	-	-	13	21.7	22	36.7		
4.	<b>Education</b>							1	8.32*
	Illiterate	-	-	18	30	7	11.7		
	Literate	-	-	2	3.3	32	53.3		
5.	<b>Family income per month</b>							3	9.34*
	<Rs.6000/ -	-	-	18	30	2	3.3		
	Rs.6000 - 15000/ -	-	-	2	3.3	21	35		
	Rs.16000 - 25000/ -	-	-	0	0	10	16.7		
	>Rs.25000/ -	-	-	0	0	7	11.7		
6.	<b>Type of house</b>							2	6.68*
	Hut	-	-	6	10	9	15		
	Tiled house	-	-	10	16.7	0	0		
	Concrete	-	-	4	6.7	31	51.7		
7.	<b>Religion</b>							2	1.30 NS
	Hindu	-	-	8	13.3	0	0		
	Christian	-	-	12	20	28	46.7		
	Muslim	-	-	0	0	10	16.7		
8.	<b>Number of children</b>							2	3.05 NS
	One	-	-	6	10	3	5		
	Two	-	-	10	16.7	31	51.7		
	More than three	-	-	4	6.7	6	10		
9.	<b>Place of residence</b>							2	1.18 NS
	Urban	-	-	8	13.3	17	28.3		
	Rural	-	-	2	3.3	3	5		
	Tribal	-	-	10	16.7	20	33.3		
10.	<b>Type of delivery</b>							1	9.18*
	Emergency	-	-	12	20	0	0		
	Planned	-	-	8	13.3	40	66.7		

\* P < 0.05 level significant NS – Not significant

Above Table revealed that chi square analysis at 0.05 level of significance computed between posttest developments of women of with their selected demographic variables. The computed chi square value for age (11.33), occupational status (5.91), education (8.32), family income per month (9.34), type of house (6.68), religion (1.30), number of children (3.05), place of residence (1.18) and type of delivery (9.18) were more than the table value of chi square with 7.82 at 3df, 5.99 at 2df, 3.84 at 1df and 0.05 level of significance. It shows there was significant association between post test development scores on Treatment of breastfeeding problems with age (11.33), occupational status (5.91), education (8.32), family income per month (9.34), type of house (6.68), religion (1.30), number of children (3.05), place of residence (1.18) and type of delivery (9.18). Whereas there was no significant association between post test development women of cesarean delivery, where they obtained chi square values were not significant at 0.05 level of significance.

### 3. Summary

This chapter dealt with analysis and interpretation of the study by using the descriptive and inferential statistics. Demographic data was computed with the help of descriptive statistics. Analysis of the development scores of women is done with the help of frequency, percentage distribution, standard deviation and paired "t" test. The association between the post test development score on treatment of breastfeeding problems among the cesarean delivery women with selected demographic variables such as age, type of family, occupational status, education, family income per month, type of house, Religion, No of children, Place of residence, Type of delivery was computed with the help of chi square test.

### 4. Conclusions

The following conclusions were drawn on the basis of the

findings of the study:

- 1) Among 60 Women, in pretest 60% Women had inadequate development, 20% of the Women, had moderately adequate development. In the post test, only 33.3% moderately adequate development and 66.7% had acquired adequate development and no one had inadequate development in posttest.
- 2) There is significant difference ( $p < 0.001$ ) in pre test and post test mean development scores of Women. Hence Self Instructional Module was to improve the development among Women with Cesarean delivery.
- 3) There is significant association between posttest level of development among Women with cesarean delivery with demographic variables such as age (11.33), occupational status (5.91), education (8.32), family income (9.34), type of house (6.68), religion (1.30), number of children (3.05), place of residence (1.18) and type of delivery (9.18), where the obtained chi square values were significant at 0.05 level of significance.

## 5. Limitation

The following points were beyond the control of the investigator -

- 1) Since the sample size is only 60
- 2) The study was limited to the experience of the investigator.
- 3) The study was confirmed to only on Women of who are available.

## 6. Acknowledgement

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## Author Profile



**Pooja Devi**, Department of Medical Surgical Nursing, Kailash Institute of Health and Medical Science, Panchkula. bishlaypooja[at]gmail.com