

Comparison of Breastfeeding Practices between Primigravida and Multigravida

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Abstract: ***Objective:** Breastfeeding experiences differ between those who have previously nursed an infant and those who are primiparous. This analysis contrasted breastfeeding outcomes between primiparous women and those with previous experience from maternity stay through 6 months postpartum. **Methodology and Materials:** A comparative study with mothers and newborns ≥ 34 weeks of gestation comparing two post-hospital discharge care models. Mothers completed in-person interview during the postpartum stay and surveys at 6, 10, 14 weeks and 6 months (during the course of vaccination) in a tertiary care hospital Chennai where questionnaires related to breastfeeding were completed. All participants intended to breastfeed. **Results:** Among 200 mothers available for analysis, 98 (49%) were primiparous and 102 (52%) were Multiparous. Longer intended breastfeeding duration was observed in multiparous. Following delivery, primiparous mothers had a longer time to first breastfeeding attempt and were more likely to have fewer feeding attempts in the first 24 hours. Primiparous women reported earlier breastfeeding problems during hospital discharge. Multiparous women were more likely to breastfeed through 6 months and had a significantly lower hazard of stopping breastfeeding than primiparous mothers. **Conclusions:** Pre- and post delivery breastfeeding support should differentially target primiparous women to improve breastfeeding outcomes. Women who have breastfed previously have significantly different breastfeeding experiences than primiparous women.*

Keywords: Breast feeding, primiparous and multiparous women, prenatal intension, postpartum depression

1. Introduction

Breastfeeding has widely recognised benefits for the infant, the mother, and even public health. Breastmilk is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life.

Breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers.

The World Health Organization (WHO) strongly recommends exclusive breastfeeding (EBF) which is defined as infant feeding only on breastmilk, without any additional food except vitamins and minerals, until six months of age. Epidemiological studies have shown that breastfeeding cessation has a deleterious impact on infant health in the short and long-term reported 15 times higher relative risk of infant death in children with non-EBF compared to infants on EBF. Besides, breastfeeding cessation can also negatively influence women's health, both physically and psychologically. Therefore, breastfeeding promotion would be the best cost-effective public health intervention to reduce infant morbidity and mortality, as well as to promote postpartum maternal care. However, worldwide breastfeeding rates are lower than recommended and they decline during the first six months postpartum. In the first month, EBF rates range between 68 and 84%, and by month six postpartum, only 13–20% of women maintain EBF. The challenge is to identify the mothers who are at risk of early breastfeeding cessation who may need additional support.

The short duration of maternity leave is one of the key factors in breastfeeding cessation it has been demonstrated that the largest drop occurs in parallel with the return of women to work. However, other factors have also been reported. Among them are early hospital discharge, low breastfeeding support, and receiving advice on formula feeding, maternal perception of having an insufficient amount of milk, infant growth failure or mastitis. In addition, maternal psychological factors have emerged as important aspects concerning breastfeeding. Mothers with poor mental or emotional health are less likely to exclusively breastfeed besides, breastfeeding has a positive psychological impact on the mother, improving her well-being, increasing her self-efficacy and her interaction with the infant. On the other hand, early EBF cessation was associated with an increased risk of postpartum depression although this association needs to be further explored. We hypothesize that maternal perceived stress, postpartum depression and dispositional optimism are associated with the breastfeeding pattern. We aimed to explore these relationships. Gaining knowledge on these factors may help to improve guidance for the development of effective breastfeeding intervention programs.

Previous Research on the Variation in breastfeeding experiences between primiparous and multiparous mothers has been limited. Differences in breastfeeding initiation have been observed by parity, with multiparous mothers more likely to initiate breastfeeding, and most studies have reported that multiparous mothers with prior breastfeeding experience have a longer breastfeeding duration compared with primiparous mothers.

These previous studies primarily focused on breastfeeding initiation and duration with few details about the experiences and other factors that may influence duration that occur during pregnancy and postpartum. We therefore

Volume 9 Issue 12, December 2020

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sought to evaluate differences in breastfeeding experiences between women with prior breastfeeding experience and primiparous women from birth to 6 months. We hypothesized that primiparous and multiparous mothers would have different breastfeeding expectations and preparations prenatally, as well as differing experiences during their hospital stay and postpartum, each of which could inform future breastfeeding promotion practices.

2. Subjects and Methodology

Study design - Comparative Study

Study area - A Tertiary Care Hospital, Chennai

Participants

A total of 200 mothers out of which 98 primi and 102 multiparous mothers.

Inclusion criteria:

Primiparous and multiparous women

Exclusion criteria:

Nulliparous

Twin pregnancy

Mother with Preterm baby

Data collection and outcome measures:

Name:

Age:

Education/Occupation:

Family income:

S/E status:

- 1) Normal vaginal delivery / caesarean-section?
- 2) Inverted / flat / cracked nipple?
- 3) Breast engorgement?
- 4) Incorrect latching?
- 5) Perception of insufficient amount of milk?
- 6) Mastitis?
- 7) Return to work?
- 8) Pain associated with breastfeeding?
- 9) Early initiation of breastfeed?
- 10) Colostrum given?
- 11) Exclusive breastfeeding?
- 12) Intending to breastfeed till 12 months?

3. Results

Summaries of breastfeeding difficulties during the postpartum hospital stay and future breastfeeding expectations are shown by parity group, Multiparous mothers had significantly less delay from time of delivery to time of first breastfeeding attempt. A majority of mothers planned to breastfeed exclusively with no difference by parity group. Multiparous mothers had longer median intended breastfeeding duration but did not place a significantly larger importance on breastfeeding.

200 mothers available for this analysis. Among this, 98 were primiparous (49%), and 102 were multiparous (51%) observation as follows;

Breastfeeding difficulties

Breastfeeding difficulties	Primiparous (n = 98)	Multiparous (n=102)
normal vaginal delivery	60	72
Caesarean section	38	30
Inverted / flat/cracked nipple	16	22
Breast engorgement	37	13
Incorrect latching	42	28
Perception of insufficient amount of milk	32	24
Mastitis	34	28

Pain associated with breastfeeding	28	34
Return to work	14	30
Postpartum blues	40	34

Summary of breastfeeding variables stratified by parity groups

	Primiparous (n=98)	Multiparous (n=102)
Postpartum feeding plan :		
Breastmilk only (EBF)	68	80
Breastmilk and formula	22	32
Colostrum given	68	98

Maternal rating of breastfeeding importance

Somewhat important	7	9
Very important	45	42
Extremely important	46	51

	Primiparous (n=98)	Multiparous (n=102)
Early initiation of breastfeeding	75	108
Problems feeding in hospital	34	20
Pumped and fed breast milk in bottle	22	18
Intending to breastfeed till 12 months	52	88

Primiparous mothers were more likely to report experiencing a breastfeeding problem during the postpartum stay.

Breastfeeding cessation

Mothers stopped exclusive breastfeeding at some point during the 6-month study period. Primiparous mothers were more likely to report the following reasons for stopping breastfeeding: "my baby had trouble sucking and latching on" "I had trouble getting my milk flow to start" and "I didn't have enough milk" The last reason was the most common reason given for breastfeeding cessation in each

group. Other common reasons included “breastfeeding was too inconvenient” “I could not or did not want to pump or breastfeed at work”.

4. Discussion

The results of this analysis demonstrate that women who have breastfed previously have significantly different breastfeeding experiences than primiparous women. Significant differences begin with prenatal intentions and goals and extend through the hospital experience and into the postpartum period. Primiparous women had a shorter intended breastfeeding duration, had a greater delay from delivery to first breastfeeding attempt and had more breastfeeding problems during their maternity stay. These variables likely contributed to the finding that primiparous women had increased mixed formula and breastmilk feeding at hospital discharge, delayed lactogenesis, and decreased likelihood to reach their intended breastfeeding goal, as well as shorter breastfeeding duration.

Prior breastfeeding experience does appear to predict breastfeeding continuation, perhaps by strengthening a mother's breastfeeding intention, determination, and self-efficacy to meet her goal or by providing a more realistic understanding of her breastfeeding intentions and expectations. It is interesting that primiparous mothers did report lower pain scores at 1 week than their multiparous counterpart; this is consistent with prior observations that the intensity of lower abdomen, low back, and breast pain increases with increasing parity.

Breastfeeding intention is a significant variable impacting actual breastfeeding initiation and duration. Our analysis is one of the few to demonstrate the impact of parity on breastfeeding intention. Multiparous mothers who planned to breastfeed for 12 months had a significantly lower hazard of stopping breastfeeding compared with primiparous mothers intending to breastfeed 12 months. Primiparous mothers may be overly optimistic about their breastfeeding goals, especially those who reported >6 months of planned duration, without understanding the challenges that can be associated with breastfeeding. Primiparous and multiparous mothers failed to meet their initial breastfeeding goal, highlighting the importance of postpartum support and provider education for both parity groups.

5. Conclusions

Prenatal and postpartum breastfeeding support should differentially target primiparous women to improve breastfeeding outcomes, including prenatal education and parity-specific lactation support during the hospital stay and after discharge. Careful discussion and education during the postpartum period may prevent or limit many of the concerns that may ultimately lead to breastfeeding failure. Mothers should be counselled at feeding behaviours and potential breastfeeding challenges, such as return to work, and they should be provided with tools and resources to address these anticipated events.

Reference

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