

# Effectiveness of Structure Teaching Programme on Practice Regarding Prevention of Breast Engorgement among Postnatal Mothers in Haryana

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**Abstract:- Breast feeding is the first bonding between mother and child, which improve psychological bond and prevent from breast engorgement. In This study a quantitative approach and research design was pre-experimental with one pretest group one posttest group was used to collect data. The data was collected by Non probability convenience sampling technique from (30) postnatal mothers. Data was collected using observational checklist (15) statement. Pretest mean score of practice regarding prevention of breast engorgement was 5.3 and post-test mean score was 11.2. It Shows teaching was effective which improve practice of mothers, and measured by 't' test (33.97). There was not significant relationship between selected demographic variables with practice of postnatal mothers.**

**Keywords:- Structured Teaching Programme, Practice, Breast Engorgement, Postnatal Mothers.**

## I. INTRODUCTION

From the 3rd to the 6th day after delivery, when the milk normally "Comes in" the breasts may be full. This is a physiological, and with effective suckling and removal milk by the infant, rapidly resolves. A full breast feels warm, hot, heavy and hard.<sup>1</sup> The milk usually flows well and sometimes drip out spontaneously. It is easy for the infant to suckle and remove the milk. An engorged breast is enlarged, swollen and painful. It may appear shiny, painful and oedematous with diffuse red areas.<sup>2</sup> The nipple may be stretched. The milk often does not flow easily, and it may be problem for the baby to attach to the breast for suckle until the swelling is reduced.<sup>3</sup> National surveys have shown that painful breasts are the 2nd most common reason that women give up breast feeding in the first two weeks after birth. One factor contributing to such pain can be breast engorgement.<sup>4</sup> Correct breast feeding technique goes a long way in ensuring successful breast feeding. In correct technique may contribute to breast engorgement. The most common problems associated with the breast feeding are infection, breast engorgement, mastitis, cracked nipple or sore nipple, inverted nipple other infection etc. Out of these breast engorgement and mastitis are the most common and severe problem that the mother encounter with.<sup>5</sup> Cessation of lactation is associated with moderate to severe engorgement and pain in 2/3rd of

women when no treatment is given.<sup>6</sup> Breast engorgement is responsible for puerperal fever in 13.3% of non - breast feeding mothers.<sup>7</sup> Although many medications are compatible with breast feeding, its always a good idea to minimize the use of medications when nursing.<sup>8</sup> The WHO recommends that, "All mothers should have start early breast feeding and continue exclusive breast feeding for 6 months and timely addup of adequate and safe complementary foods with continued breast feeding up to two years or beyond".<sup>9</sup> Breast feeding empowers women and may feel good and baby brings joy to the mother. The feeling of the mother gets happy and when she continue to nourish her baby at her breast and see the baby grow and thrive on breast milk is awesome.<sup>10</sup>

### ➤ Purpose of Study

The study purpose was improve the practice of postnatal mothers related to breast feeding and maintain hygiene and cleanliness which prevent from breast engorgement.

### ➤ Objectives

- To assess the previous practice of the postnatal mothers regarding prevention of breast engorgement.
- To assess the post test practice of the postnatal mothers regarding prevention of breast engorgement.
- To find out the association between post test practice score with selected demographic variables.

### ➤ Hypothesis

**H<sub>1</sub>:** There is a significant difference between pre-test and post-test practice scores of postnatal mother regarding prevention of breast engorgement.

**H<sub>2</sub>:** There is a significant association between the mean post-test practice scores of postnatal mother regarding prevention of breast engorgement with their selected socio demographic variables.

### ➤ Operation Definition

- **Assess:-** In this study assess refers to a statistical measurement of practice of postnatal mothers regarding prevention of breast engorgement.
- **STP:-** In this study STP was structured teaching programme prevention of breast engorgement has achieved the desired outcome as measured by gain in post test practice score.

- **Prevention:-** The steps which is undertaken to avoid the occurrence of breast engorgement.
- **Breast Engorgement:-** It refers to the sense of breast fullness experienced by postnatal women which will be assessed in terms of characters such as swelling, tenderness, warmth, throbbing pain, low-grade fever, hardness of breast tissue and heaviness.
- **Postnatal mothers:-** : In this study, postnatal mothers are the women who has given birth and admitted in MCH wards .
- **Practice :** the usual and expected way of doing which prevent from breast engorgement.

#### ➤ *Delimitations*

The study is delimited to:

- The postnatal mothers who admitted in postnatal ward.
- Mothers who can speak and understand Hindi and English.
- Mothers who wants to participate in the study.

#### ➤ *Conceptual Framework of the Study*

Conceptual framework is a process which form thought, idea and utilized in research design. Conceptual framework provide the direction to the researcher to collect data. Conceptual framework of the present study was input, process and output which define by '**Ludwig Von Bertalanffy**'.

$O_1 \rightarrow X \rightarrow O_2$

**O<sub>1</sub>**- Assess the previous practice of postnatal mothers

**X**- Structured teaching programme which improve practice

**O<sub>2</sub>**- Assess the posttest practice level of the postnatal mothers

## II. METHODOLOGY

#### ➤ *Research Approache*

Quantitative approache was used to assess the practice of postnatal mothers.

#### ➤ *Rresearch Design*

Pre experimental research design with one group pretest and one group post design was used to assess the practice level of mothers.

#### ➤ *Variables*

Independent variables: structured teaching programme on prevention of breast engorgement

- Dependant variable :-practice of postnatal mothers.
- Socio demographic variables: - Age, occupation, education, parity, type of the family, family income.

#### ➤ *Rsearch Setting*

The study was conducted in PGIMS, ROHTAK, HARYANA

#### ➤ *Population*

The population includes in this were who admitted and deliver a child in PGIMS, Rohtak, Haryana.

- **Target population:** in this study target population is postnatal mothers who were admitted in postnatal ward in PGIMS, Rohtak, Haryana.

- **Accessible population:** in this study accessible population is postnatal mothers who were admitted in PGIMS, Rohtak, Haryana.

#### ➤ *Sample*

This study includes 30 postnatal mothers who were admitted in postnatal ward in PGIMS, Rohtak, Haryana.

#### ➤ *Sample Size*

There were 30 postnatal mothers who fulfilled the inclusive criteria of the study.

#### ➤ *Sampling Technique*

Non-probability convenient sampling technique was used to collect the data from postnatal mothers.

#### ➤ *Development of Tool*

**Section A**-Distribution by demographic variables, it includes 6 questions.

It includes sample Age, Occupation , Education, Parity, Type of the family, family income

**Section b:** checklist regarding practice.

It consists of 15 statement, to assess the practice of postnatal mothers on selected aspects of prevention of breast engorgement.

The respondent was requested to tick (✓) mark against the correct responses.

**Scoring key** Each statement have one correct answer and will be given score of one if answer is yes .if answer is no then scoring is zero.

III. RESULT

sample characteristics	F	Inadequ-ate	Moder-ate	Adequ-uate	X <sup>2</sup>	df	P value	Result 0.05
<b>Age</b> a)18-21 year b)22-25 year c)26-30 year d)31-35 year	3 21 6 0	0 0 0 0	1 8 2 0	2 13 4 0	0.06	2	0.96	NS
<b>Education of mother</b> a)illiterate b)primary c)middle d)secondary and above	6 15 3 6	0 0 0 0	4 5 2 1	2 10 1 5	4.3	3	0.23	NS
<b>Type of family</b> a)nuclear b)joint c)extended d)blended	12 6 9 3	0 0 0 0	4 2 6 2	8 4 3 1	3.2	3	0.35	NS
<b>Occupation of mother</b> a) laborer b)Private employee c)Govt. employee d)Self employed	3 18 3 6	0 0 0 0	2 8 1 2	1 10 2 4	1.0	3	0.79	NS
<b>Family income</b> a)Rs. Less than 5000 b)Rs. 5001-10000 c)Rs. 10001-30000 d)Rs. 300001 and above	3 6 12 9	0 0 0 0	2 5 7 6	1 1 5 3	1.1	3	0.77	NS
<b>Parity</b> a)Primipara b)Second para c)Multipara d)Grandpara	15 9 3 3	0 0 0 0	9 5 1 2	6 4 2 1	0.85	3	0.83	NS

Table 1:- Association between post-test practice score with demographic variables N=30

Table shows a chi- square test is used to determine the association between the practice with selected demographic variables. There was not association between Age (0.06), Education of mother (4.3), Type of family (3.2), Occupation of mother (1.0), family income (1.1), parity (0.85), regarding prevention of breast engorgement.

Hence there was not significant relationship between selected demographic variables and practice of postnatal mothers regarding prevention of breast engorgement.

S.no	Practice Criteria	Pre-test			Post-test			t value	Result
		percentage	Mean	SD	percentage	Mean	SD		
1	Poor practice	63.3%	5.3	0.75	0%	11.2	0.58	33.97	Significant
2	Good practice	36.6%			6.6%				
3	Excellent practice	0%			93.3%				

Table 2:- Evaluation of the Effectiveness of STP on prevention of Breast engorgement among postnatal mothers. N=30

The difference between pre-test mean score and post-test score was 5.9. The obtained t value is 33.97 is greater than the table value at 0.05 level of significance. Therefore t value is found to be significant. There is remarkable improvement in the practice so the structured teaching programme was effective. **Hence H1 was accepted**

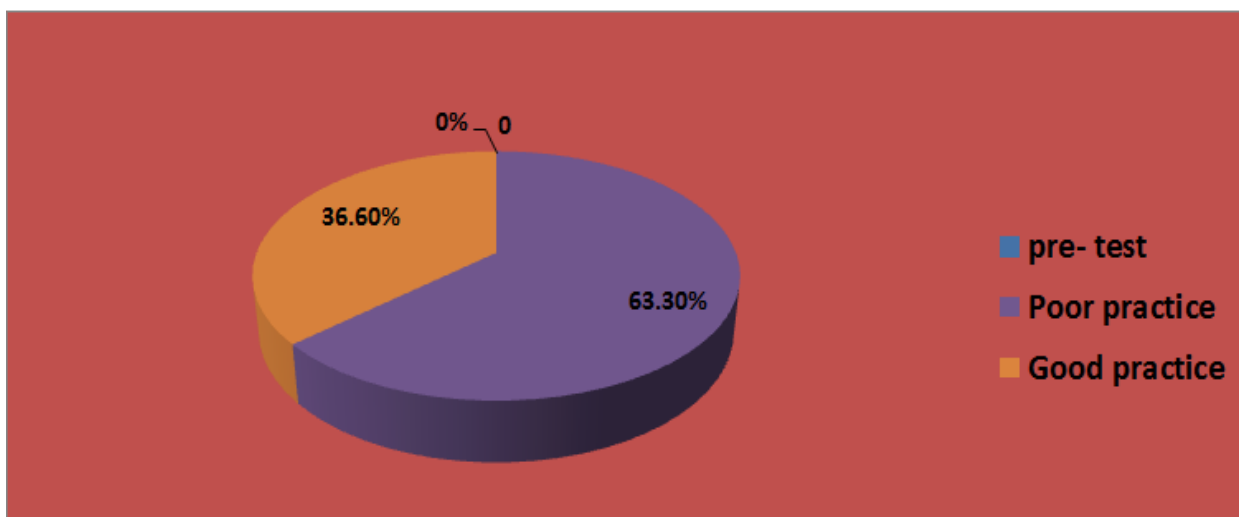


Fig 1:- Diagrammatic Presentation of score of previous (pre-test) practice regarding prevention of Breast engorgement among postnatal mothers.



Fig 2:- Diagrammatic Presentation of post-test score of practice regarding prevention of Breast engorgement among postnatal mothers.

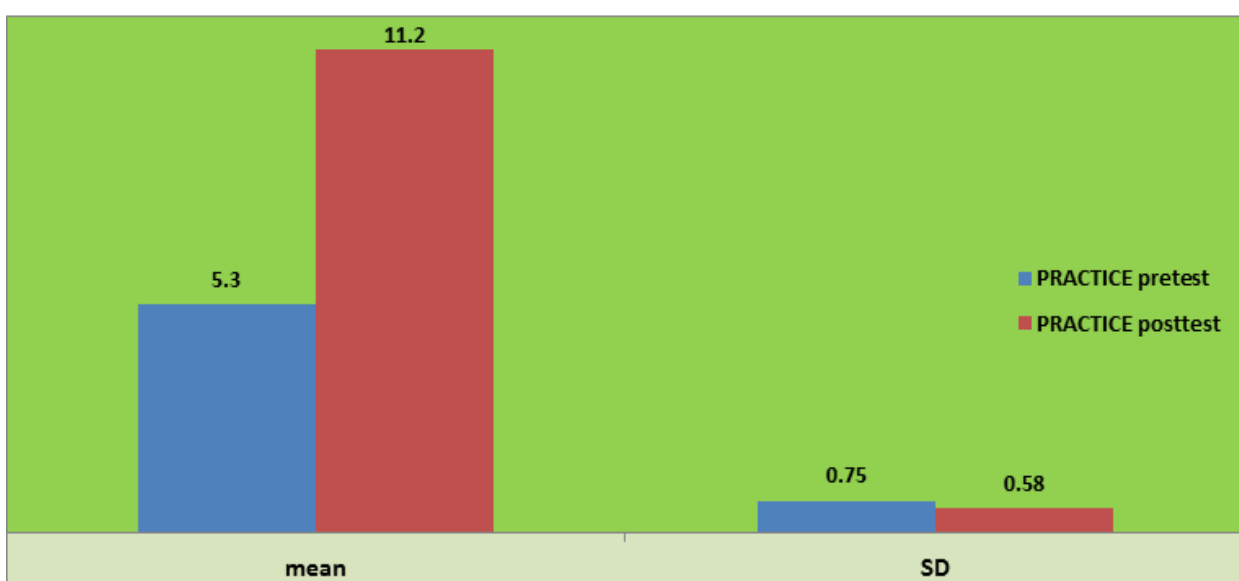


Fig 3:- Diagrammatic Presentation of Mean Score and Standard Deviation of practice regarding prevention of Breast engorgement among postnatal mothers.

#### IV. CONCLUSION

The study conclude that there is poor practice of postnatal mothers regarding prevention of breast engorgement. Health education and structured teaching programme improves the practice of mothers.

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