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Research Article

**A DESCRIPTIVE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE OF MOTHERS IN REGARD OF BREASTFEEDING INITIATION IN SGRH LABOUR ROOM WITH VITAMIN K DOSE**Aimen Mubashar<sup>1</sup>, Noor Dawood<sup>2</sup>, Ayesha<sup>3</sup><sup>1</sup>Government Tehsil Headquarter Hospital Manawan, Lahore<sup>2</sup>Rural Health Dispensary Dograi Khurd, Lahore<sup>3</sup>Doctors Hospital & Medical Center, Lahore

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**Abstract:**

*Breastfeeding is an instinctual and natural act but it is also an art that is learned day by day, it is almost always simply a matter of practical knowledge and not a question of good luck. Our study was undertaken to evaluate knowledge, attitude and practices of women regarding timely initiation of breast feeding in labour room. The current descriptive cross-sectional study was conducted in Department of pediatrics and gynecology (Sir Ganga Ram Hospital, Lahore). 200 mothers' delivering in labour room were the participants of this research study. They were selected through systematic random sampling and were interviewed through questionnaire. Through this study researchers found out that 95% of the participants were clearly aware of the importance of breast milk. Out of which 49% had a perception that breast feeding has positive impact on the growth and health of the baby, while 37% believed that it protects baby from diseases. Only 16% of the participants, timely initiated breast feeding in labour room. The analysis of the interviews led to the identification of the most imperative factors that played a key role in the improvement of timely initiation, which were counseling on breast feeding as well as maternal education. It was found out that CEsarian-section was one of the critical factors that delayed timely initiation. This research also assisted in finding out that only 24% of the participants were aware of the importance of vitamin K dose. Through this research it came forward that participants have poor knowledge of timely initiation of breast feeding in labour room and vitamin K dose postnatally. It is believed that this can be improved by creating awareness through electronic media, by holding seminars.*

**Key words:** breastfeeding initiation, knowledge, attitude, practices and vitamin K.

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**INTRODUCTION :**

Breastfeeding is an ultimate way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs [1]. It enhances sensory and cognitive development and reduces infant morbidity and mortality from diarrheal disease, respiratory disease, sepsis and other infections [2].

Breastfeeding contributes to the health and well-being of mothers; it helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment. To reduce infant mortality and ill health WHO(2013), World Health Organization (WHO) strongly recommends breastfeeding within half an hour after birth referred to as “early initiation of breastfeeding” [3].

World health organization (WHO) and United Nations international children’s fund (UNICEF) launched the Baby-friendly Hospital Initiative in 1992, to strengthen maternity practices to support breastfeeding. World health organization (WHO) and United Nations international children’s fund (UNICEF) developed the 40-hour Breastfeeding Counseling: A training course to train a cadre of health workers that can provide skilled support to breastfeeding mothers and help them overcome problems [4].

Early initiation of breast feeding can reduce neonatal mortality by 22% and thereby decrease the Infant Mortality Rate and contribute to the attainment of millennium development goals. Despite the benefits of breast feeding, women delay in initiation of breastfeeding. In developing countries, the rates of early initiation of breastfeeding are extremely low. In South Asia, only 24% - 26% of babies born in India, Pakistan and Bangladesh are breastfed [5].

Educational status and parity of mothers, various social, cultural and religious beliefs are important contributing factors .Keeping in mind the above mentioned facts the present study was carried out to learn about the incidence of early initiation of breast feeding in a tertiary level health institute [6].

**Objectives**

Objectives of this research study are as follows:

1. To assess breast feeding knowledge and practices, adopted by women in labour room.
2. Study the factors effecting the time of initiation of breast feeding in labour room and food given to the newborn beside breast milk.
3. To develop the knowledge and attitude of women in regard of breastfeeding initiation in labour room.
4. To identify the extent of awareness about the significance of vitamin K dose postnatally.

**MATERIALS AND METHODOLOGY:**

A sample of 200 mothers delivering in the labor room of SGRH were included in the study. Participants who were able to understand and speak Urdu, Punjabi or English, and also that only biological mother of the infant were included in the study. The Mothers who lost their babies were excluded from the study.

**Study Design**

Descriptive cross-sectional study design was used. This study design is chosen because it is inexpensive and useful in evaluation of KAP of mothers regarding breastfeeding initiation in labor room.

**Data Collection**

Ethical approval for the study was granted by Ethical Society of Fatima Jinnah Medical College. A validated questionnaire is designed (copy submitted). For participant’s convenience, appropriate understanding of questions and gaining in depth description of KAP of mothers, a face to face interview was done following the questionnaire design after gaining informed consent from the participant (the consent form will be read out to those who could not read in local language (Urdu). After which they were asked to thumb print the consent form.) Hospital records were viewed for details. Following data was collected: age of mother, religion, gestational age of baby (premature if <37 weeks), birth weight of baby(<2500 g considered less), child sex, educational level of mother, occupation, family income, parity, previous experience with breastfeeding, prenatal breastfeeding class and guidance regarding breastfeeding, source of their breastfeeding knowledge, importance of colostrum, time of initiation of breastfeeding, previous vaccination, any disease suffering(Hepatitis and HIV status), time of feeding initiation, socio-economic status, mode of delivery ( vaginal forceps, cesarean), reasons for adopting breast or formula feeding, intension to breastfeed.

**Test of significance**

Chi-square test and t-test was used to determine statistical significance. All tests were performed at  $\alpha=0.05$ .

**RESULTS**

After the evaluation of this study our research suggests that majority of the women have proper knowledge and make infant feeding decisions prior to contact with any health professionals. Some of the women received proper antenatal care which led them to good breastfeeding practices while others had past knowledge of their experience. Certain number of women were well aware of the importance of their milk for their newborn (95%, Table 2) and when interviewed said that it was nutritious for the baby (7.34%, Table 2), healthy for mother (2%, Table 2) and was a necessity for the proper growth and development of their baby (49.4%, Table 2). Those mothers who considered artificial or top milk alone (3%, Table 2) or supplemented with mother's milk (1.5%, Table 2) was due to poor secretions and lack of milk outcome from the mothers breast ( 48.3%, Table 3) to make child more healthier (0.5%, Table 3) or they were advised by the doctor (44.8%, Table 3).

Then they were interviewed on the knowledge and practices of appropriate breastfeeding methods .80.4% knew while 18.6% were unfamiliar (Table 4). 6.3% said that it should be done after sound hand washing. 8.1% said that the infants head should be properly elevated, lying position should be maintained 13.1% and there should be proper attachment of breast with the baby 1.9%. (Table 4).

**DISCUSSION:**

Breast feeding is a universal phenomenon common to all culture. Fortunately, the mothers of south Asian countries practice breast feeding on a large scale. According to our study which is conducted in Sir Gangaram hospital Lahore, most mothers are in age range of 21-25 that is 47.3 %. 99.5% of interviewed mothers are Muslims and and 96% are unskilled worker [7]. A fortunate result was that 95% of mothers perceived mother's milk alone as the best feed whereas 1.5% thought mother's milk along with top milk to be a complete diet.The percentage is higher as compared to a study carried out in 75 % of mothers in Ribeirao Preto, Brazil breastfeed their babies but it is discontinued earlier than recommended by WHO. 84.9% of mother's think that breastmilk is superior to all other types of milk [8]. It is in accordance with study carried out by Mayo hospital in urban areas of Lahore where 84% mothers were aware that breast milk is best diet for their

infants,81% initiated within half an hour and 44% had knowledge about exclusive breastfeeding.

Unluckily, according to our study, 47.7% of mothers think that breastfeeding should be stopped when mother is sick; this shows that a large percentage of population is unaware of the fact and importance of breastfeeding [9]. According to WICclinic Public health report, guiding mothers about breastfeeding during antenatal care also improved BF practice among women. But a good percentage of women i.e. 74.9% are aware that breastfeeding should be continued even when baby is sick. 36.7% of women supported the WHO recommendation of breastfeeding up to 2 years of age. 47.3% of women started breastfeeding between 2-6 hours, the most prevalent reason of delay more than 30 mins being the postpartum fatigue. 64.3% of women gave colostrum to their babies as the first feed [10-13].

**CONCLUSION:**

Although there is an increase in number of mother who were breast feeding, but still delay in the timely initiation of breast feeding in labor room exists, and pre- lacteal feed was in practice. Mothers have little knowledge of vitamin K importance. We believe that this scenario can be changed by creating awareness amongst females through electronic media or by holding educational seminars.

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## APPENDIX

Table:1 DEMOGRAPHIC PROFILE		N=200
1. AGE (in years)	FREQUENCY	PERCENTAGE (%)
≤ 20	15	7.5
21-25	94	47.3
26- 30	69	34.8
31-35	19	9.6
≥ 36	1	0.5
<b>Total</b>	<b>198</b>	<b>99.7</b>
<b>2. RELIGION</b>		
Muslim	197	99
Other	3	0.5
<b>Total</b>	<b>200</b>	<b>99.5</b>
<b>3. EDUCATION</b>		
Primary	79	39.7
Secondary	90	45.2
Graduate	22	11.1
Post graduate	7	3.5
<b>Total</b>	<b>198</b>	<b>99.5</b>
<b>4. OCCUPATION</b>		
Unskilled worker	191	96
Professional paid worker	3	1.5
<b>Total</b>	<b>194</b>	<b>97.5</b>
<b>5. MONTHLY INCOME</b>		
< 10,000	54	27
10,000 – 20,000	100	50.3
21,000 – 50,000	26	13
>50,0000	1	0.5
<b>Total</b>	<b>181</b>	<b>90.9</b>

**Table:2 PERCEPTION OF MOTHER WIY REGARD TO FOOD FOR THEIR NEW BORN**

N=200

<b>1. Best Food For Their New Born</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
Mother's milk alone	189	95.0
Top milk alone	6	3
Mother's milk supplemented with top milk	3	1.5
<b>Total</b>	<b>198</b>	<b>99.5</b>
<b>2. Is Mother Milk Superior to Other Sources of Milk?</b>		
Yes always	169	84.9
Only if secretions are good	12	6.0
Yes, but it requires additional water in warm climate	8	4
Don't know	8	4
<b>Total</b>	<b>197</b>	<b>99</b>
<b>3. Do you know about breastfeeding advantages?</b>		
Good for babies growth and health	75	49.4
Makes babies teeth and bone strong	9	6.1
Protects from diseases and germs	56	36.9
Helps in digestion and prevents upset stomach	3	2
Good for mother's health	2	0.14
Nutritious	13	7.34
Inexpensive	2	1.3
Increase emotional attachment between mother and child	1	0.7
No need to prepare milk	1	0.7
<b>Total</b>	<b>152</b>	<b>100</b>
<b>4. Should breastfeeding be continued if mother is sick</b>		
Yes	103	51.8
No	95	47.7
<b>Total</b>	<b>198</b>	<b>99.5</b>
<b>5. Should breastfeeding be continued if baby is sick?</b>		
Yes	149	74.9
No	49	24.0
<b>Total</b>	<b>198</b>	<b>99.5</b>
<b>6. Did you receive antenatal care?</b>		
Yes	188	94.5
No	4	2
<b>Total</b>	<b>192</b>	<b>96.5</b>
<b>7. Receive any counseling on breastfeeding in antenatal care?</b>		
Yes	98	52.1
No	86	45.7
<b>Total</b>	<b>184</b>	<b>97.8</b>

<b>8. Did you previously breastfeed your elder child?</b>		
Yes	115	51.8
No (baby didn't took it )( no milk produced)	13	6.5
<b><u>Total</u></b>	<b>128</b>	<b>64.3</b>

**Table:3 PERCEPTION OF MOTHER IN REGARD OF SUFFICIENCY IN BREAST FEEDING**  
N=200

<b>1. Thing were given in addition to breast milk</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (%)</b>
Water	2	3.6
Formula milk	2.9	51.8
Others	14	25.0
<b><u>Total</u></b>	<b>45</b>	<b>80.4</b>
<b>2. Reasons for artificial feed</b>		
Lack of breast milk	14	48.3
To make child healthy	1	0.5
Advised by doctor	13	44.8
<b><u>Total</u></b>	<b>28</b>	<b>96.5</b>
<b>3. For how long a child must be breast feed</b>		
As long as there are good secretions	22	11.1
Up to 4 – 6 months	3	1.5
Up to 1 year	19	9.5
Up to 2 years	73	36.7
<b><u>Total</u></b>	<b>117</b>	<b>58.8</b>

Table:4 PRACTICE OF MOTHER IN REGARD TO FEEDING A NEW BORN

N=200

1. Do you know appropriate method of breast feeding?	FREQUENCY	PERCENTAGE (%)
Yes	160	80.4
No	37	18.6
<b>Total</b>	<b>198</b>	<b>99.5</b>
<b>a. If yes than explain? (cont Q.1)</b>		
After washing hands	10	6.3
Baby head in elevated position	13	8.1
Lying down position	21	13.1
Proper attachment with breast	3	1.9
Sitting position	113	70.6
<b>Total</b>	<b>160</b>	<b>100</b>
<b>2. Initiation of breast feeding</b>		
Within 30 minutes of delivery	5	3.8
30 min- 1 hour after delivery	21	16
2 – 6 Hours after delivery	62	47.3
6 – 24 hours after delivery	24	18.3
After 24 hours of delivery	16	12.2
<b>Total</b>	<b>128</b>	<b>97.6</b>
<b>3. Reasons for not breast feeding within 30 minutes.</b>		
Fatigue	11	16.4
Baby was separated	10	14.9
Baby was sleeping	4	6
Was unconscious	2	3
C-section	24	35.8
Poor Secretion	5	7.5
Baby was sick	1	1.5
<b>Total</b>	<b>57</b>	<b>75.1</b>