

# Knowledge Regarding Breast Engorgement among Primi Postnatal Mothers Admitted in Amala Institute Medical Sciences, Thrissur

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## ABSTRACT

Breast feeding is an unequal way of providing ideal food for healthy growth and development of baby. It is also an integral part of the reproductive process with important implication for the health of the mothers. The main reason for considering the breast feeding as important is that, it is an essential time of bonding between mother and baby. Breast feeding provides close physical contact and help mother and baby become acquainted. Breast milk is the primary source of nutrition for newborn before they are able to eat and digest other foods. It contains enough nutrition needed for growth and development of the baby [1]. Breast engorgement is the commonest problem encountered during the early post natal periods. It occurs due to expansion and pressure exerted by synthesis and storage of breast milk in the collecting ducts. Engorgement changes the shape and curvature of the nipple region and making breast inflexible, flat, hard and swollen, this makes latching difficult. It can be exacerbated by insufficient breast feeding [1]. The National Family Health Survey conducted in 2015–2016 reports that the painful breast is the most common reason for giving up breast feeding in first two weeks after the birth. One factor that leads to such pain can be “breast engorgement”. It is reported that 72%–85% of mothers are affected by breast engorgement. It occurs within three-six days after delivery. Breast engorgement can occur any time during lactation when milk is not transferred from the breast. Not all babies are able to feed at the breast due to prematurity, illness, abnormalities, separation from their mothers, which can lead to breast engorgement. So, it is important to follow proper breast feeding techniques to prevent breast engorgement, the commonest problem in the early postnatal period. The high incidence rate of breast engorgement is due to poor knowledge regarding care of breast and breast engorgement, hence, it is important to assess the knowledge level of the postnatal woman regarding breast engorgement [2]. The present study

*was aimed to assess the knowledge regarding breast engorgement among primi postnatal mothers in Amala Institute of Medical Sciences, Thrissur. The objectives of study were to assess the knowledge regarding breast engorgement among primi para mothers, to determine the association of level of knowledge with selected baseline variables, and to prepare a leaflet on prevention and management of breast engorgement. The research approach was quantitative and the research design adopted was descriptive design. Thirty primi para mothers were selected by convenience sampling technique. Data was collected using structured questionnaire to assess the knowledge on breast engorgement and to assess the baseline line variables. The results showed that out of total 30 samples, 2(6.6%) had excellent knowledge level, 20(66.66%) had good knowledge level, 7 (23.33%) had average knowledge level, 1 (3.33%) had poor knowledge level.*

**Keywords:** *breast engorgement, primi post natal mothers*

## INTRODUCTION

Breast engorgement is a physiological condition during the first two weeks of child birth in which there is lymphatic and vascular congestion and pressure of new milk. It is associated with hard, painful, throbbing, aching, and tender breasts, which may result in women needing analgesia, developing mastitis or temporarily or permanently stopping breastfeeding. The incidence of breast engorgement all over the world is 1:8000 and in India it is 1:6500. Engorgement symptoms occur most commonly once lactation is established generally between post-natal days 3 and 5, with more than two - third of women with tenderness on day 5 but some as late as days 9–10. The nurse should understand the effect of breast engorgement on the mother and recognize its influence on the baby [2].

Breastfeeding can be emotionally demanding and physically exhausting. For many women, breastfeeding is not instinctive, but rather a learned process. Therefore, mothers need to begin the preparation for breastfeeding during

pregnancy. To breastfeed with success mothers needs to learn about proper breast feeding positions, latch, sucking and signs of milk transfer, and the infant's receptiveness to breastfeeding. Almost all mothers experience doubts about their ability to care for their newborns, particularly if they are breastfeeding. The lack of knowledge and confidence may jeopardize the success to breastfeeding. Studies have highlighted that a mother's knowledge and skills can increase the rate and duration of breastfeeding and are a relevant component of effective decisions and actions related to breastfeeding [3].

Breastfeeding is natural but first time mothers don't know the breast feeding properly. Proper education and encouragement provide knowledge and is helpful for mother and their child. After delivery engorgement of breast and breast swelling are two main causes which can lead to painful breast. After delivery there are various problems which affect mother's and baby's health so there is great need of giving attention and provide solution and treatment related to the breast

feeding. Feeding is the way which is helpful for the growth and development of the infant and prevent mothers from the breast related problems. Breastfeeding is the way to development and provide proper care to babies and helps baby from the disease and also provide full nutrition [4].

A study was conducted to assess the knowledge regarding prevention and management of breast engorgement among primi postnatal mothers at Christian College of Nursing, Neyyoor, Tamilnadu in August–October, 2018. Sixty primi postnatal mothers were selected for the study. The result showed that, 90% of mothers had inadequate knowledge, 10% postnatal mothers had moderately adequate knowledge. None of them had adequate knowledge during the pretest. In post-test, 18% had moderately adequate knowledge and 82% had adequate knowledge and none of them had inadequate knowledge regarding prevention and management of breast engorgement [2]. Education towards initiation of breast feeding, feeding in correct position and avoidance of pre lacteal feeds creates awareness to avoid the occurrence of breast engorgement. Early identification of symptoms of breast engorgement may help to prevent further complications in the breast, and thus helps the mother to establish her developmental tasks of parenting.

### Statement of the Problem

A descriptive study to assess the knowledge regarding breast engorgement among primi post natal mothers in Amala Institute of Medical Sciences, Thrissur.

### Objectives

- To assess the level of knowledge regarding breast engorgement among primi post natal mothers.
- To determine the association between level of knowledge and selected baseline variables.
- To prepare leaflet on prevention and management of breast engorgement.

### Assumption

Primi postnatal mothers will have inadequate knowledge regarding breast feeding and breast engorgement.

### METHODOLOGY

- **Research Approach:** Quantitative research approach.
- **Research Design:** Descriptive design.
- **Setting:** Amala Institute of Medical Sciences, Thrissur.
- **Sample:** Primi postnatal mothers admitted in Obstetrics and Gynaecology wards of Amala Institute of Medical Sciences, Thrissur.
- **Sample Size:** 30 samples.
- **Sampling Technique:** Convenience sampling technique.

### Inclusion Criteria

- Primi postnatal mothers who are admitted in Obstetrics and Gynaecology wards of Amala Institute of Medical Sciences, Thrissur.
- Those who are willing to participate in the study.
- Those who can understand Malayalam.

### Exclusion Criteria

- Those who have complications or seriously ill.
- Post-partum blues and postpartum depression.

### Tools and Technique

**Tool I:** Consists of two sections

Section A: Baseline variables.

Section B: Structured questionnaire to assess the knowledge regarding breast engorgement, its prevention and management

### Method of Data Collection

Data collection is the gathering of information from the sample unit. A formal permission was obtained from the Director, Amala Institute of Medical Sciences Thrissur District, Principal Amala College of nursing Thrissur District

to conduct the study. The samples were collected according to the inclusion criteria using convenience sampling technique. 30 samples were selected. The data was collected by using a structured questionnaire from primi postnatal mothers admitted in Obstetrics and Gynaecology wards of Amala Institute of Medical Sciences. The self introduction and need of study was explained to the samples. The subjects took around 15–20 minutes to answer the questions. The entire subjects co-operated well with investigators. The subjects were comfortable and cooperated well during the study. At the end of the data collection the investigators expressed their sincere gratitude for their co-operation and given a leaflet on breast engorgement, its prevention and management.

## RESULTS

The major findings of the study are as follows:

### Findings related to selected baseline variables of the study population:

- In the study population majority of women were of the age 21–25 years.
- Among them 36.66% subjects were Hindu, 33.3% were Christian, and 3.33% were Muslim.
- Regarding the education the majority of subjects [56.66%] were graduates and least of them have primary education.
- According to occupation majority of subjects [63.34%] were house wives.
- Regarding the place of residence majority of the subjects are [63.3%] residing in rural area and least of them [6.66%] in semi urban.
- According to the type of family majority of subjects belong to nuclear family.

### Knowledge level regarding breast engorgement among primi post natal mothers

**Table 1.** Distribution of subjects according to knowledge level regarding breast engorgement

Level of Knowledge		Frequency	Percentage (%)
Poor	Mark		
	0-5	1	3.33
Average	6-10	7	23.33
Good	11-15	20	66.66
Excellent	16-20	2	6.66

Table 1 shows that out of total 30 samples, majority (66.66%) of subjects had good

knowledge and least of them (3.33%) had poor knowledge.

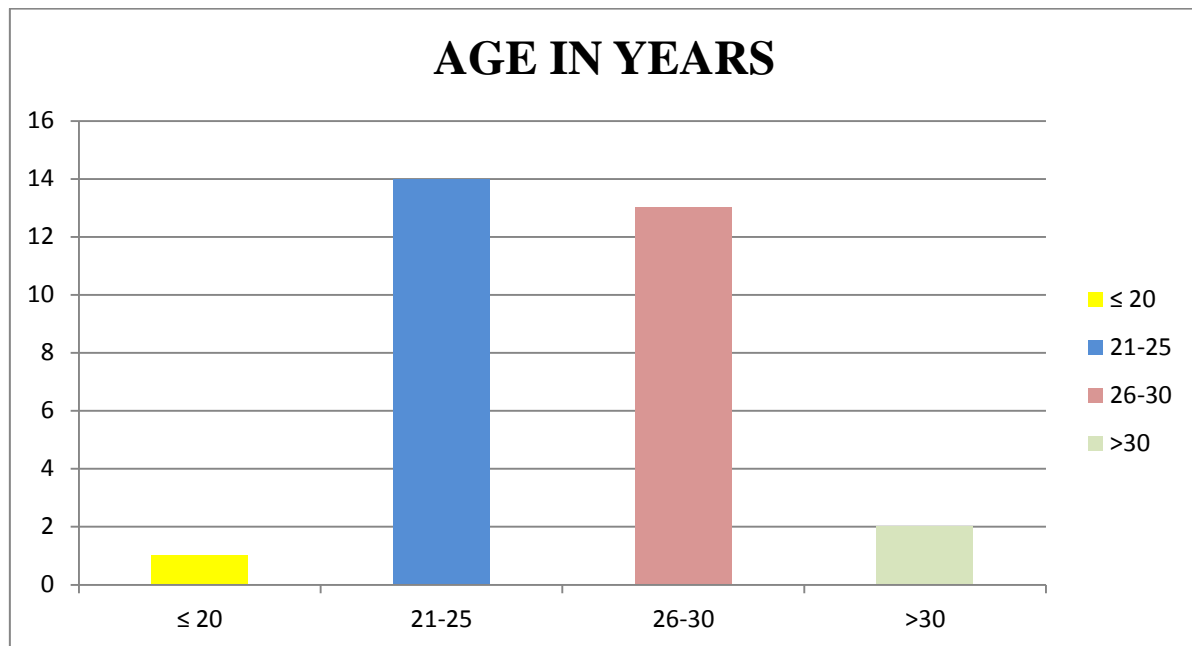
### Findings related to association of knowledge with selected baseline variables

**Table 2:** Association between age and knowledge. (N=30)

Age	frequency based on level of knowledge				Chi square value	p value
	Excellent	Good	Average	Poor		
≥ 20	-	-	1	-	6.27	0.713
21- 25	1	8	4	1		
26-30	1	10	2	-		
> 30	-	2	-	-		

Table 2 shows that chi square value of knowledge with age is 6.27 and p value is 0.713 hence the association between

knowledge and age is not statistically significant.



**Figure 1:** Distribution of subjects according to age.

**Table 3:** Association between education and knowledge. (N=30)

Education	Frequency based on level of knowledge				Chi square value	p value
	Excellent	Good	Average	Poor		
Primary education	-	-	-	1	3.53	0
High school	1	4	2	-		
Higher secondary	-	1	2	-		
Graduate	1	13	3	-		
Post graduate	-	2	-	-		

Table 3 shows that chi square value of knowledge with educational status is 3.53 and p value is 0 hence the

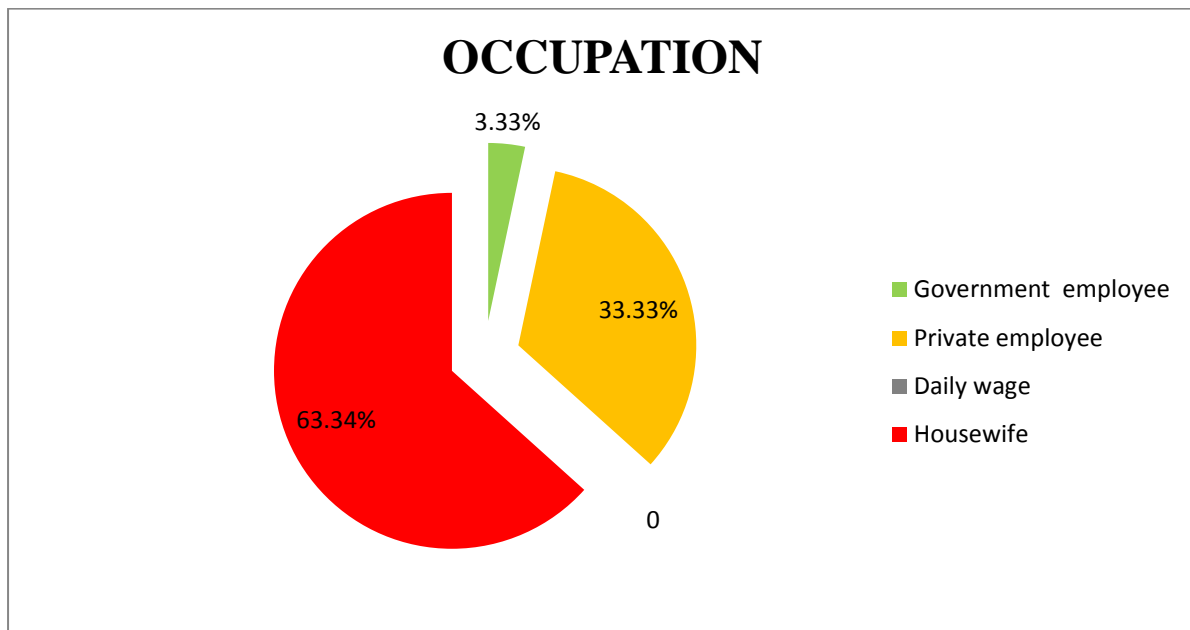
association between knowledge and educational status is not statistically significant.

**Table 4:** Association between occupation and knowledge. (N = 30)

Occupation	Frequency based on level of knowledge				Chi square value	p value
	Excellent	Good	Average	Poor		
Government employee	-	1	-	-	4.83	0.566
Private employee	-	9	1	-		
Daily wage	-	0	-	-		
House wife	2	10	6	1		

Table 4 shows that chi square value of knowledge with occupation is 4.83 and p value is 0.566 hence the association

between knowledge and occupation is not statistically significant.



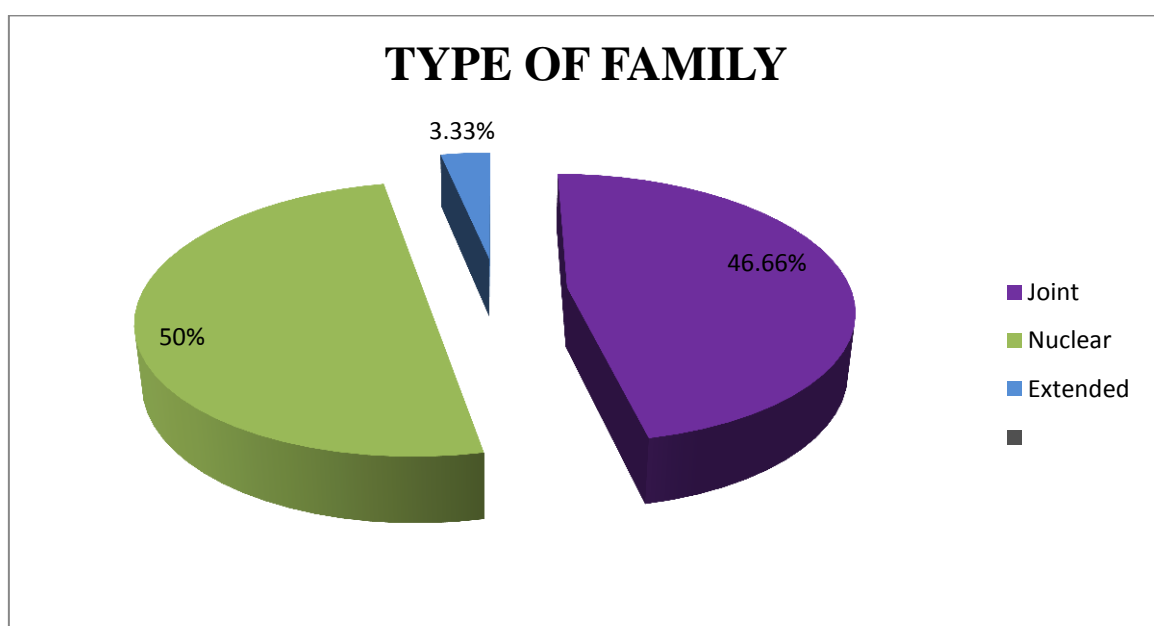
**Figure 2:** Distribution of subjects according to occupation.

**Table 5:** Association between type of family and knowledge.

Type of Family	Frequency based on level of knowledge				Chi square value	p value
	Excellent	Good	Average	Poor		
Nuclear family	1	10	3	0	4.40	0.623
Joint family	1	10	3	1		
Extended	0	0	1	0		

Table 5 indicates that chi square value of knowledge with type of family is 4.40 and p value is 0.623 hence the

association between knowledge and type of family is not statistically significant.



**Figure 3:** Distribution of subjects according to type of family.

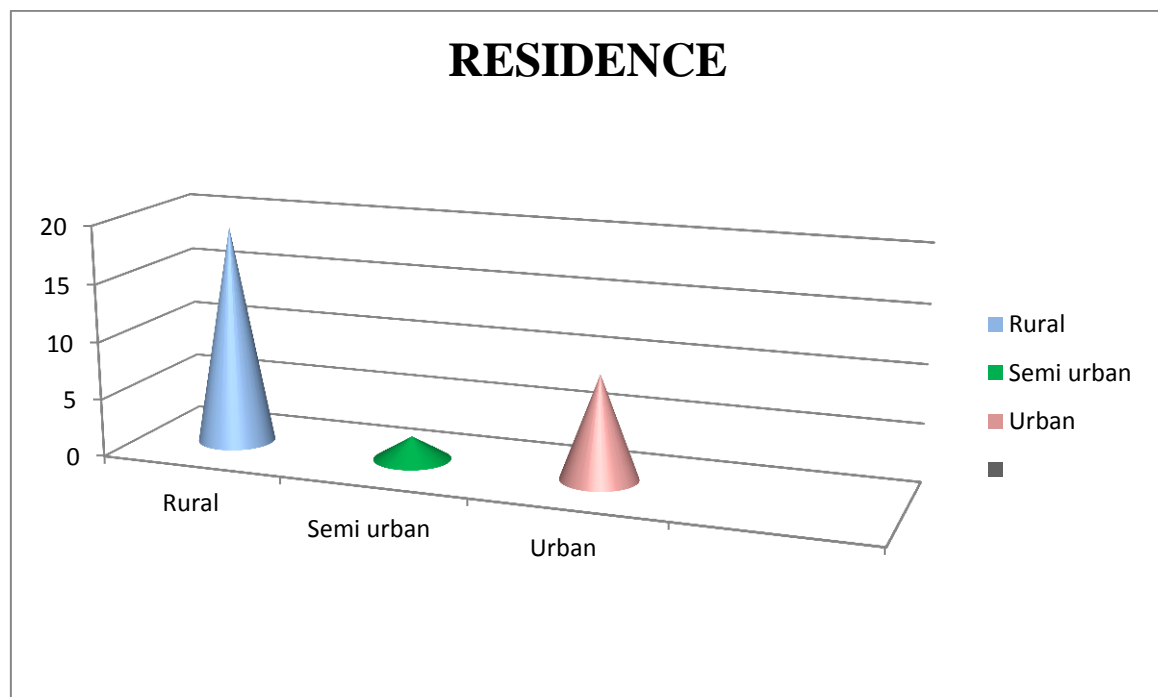


**Table 6:** Association between area of residence and knowledge.

Area of Residence	Frequency based on level of knowledge				Chi square value	p value
	Excellent	Good	Average	Poor		
Rural	-	15	3	1	7.88	0.247
Urban	-	1	1	-		
Semiurban	2	4	3	-		

Table 6 indicates that chi square value of knowledge with type of family is 7.88 and p value is 0.247 hence the

association between knowledge and area of residence is not statistically significant.



**Figure 4:** Distribution of subjects according to residence.

### Study findings revealed that

There is no association between age, education, occupation, type of family and area of residence with level of knowledge.

### Recommendations

- A survey can be conducted among large samples.
- Similar study can be conducted among multiparous mothers.
- Similar study can be conducted in community setting.

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