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## Breast Feeding Problems in Primipara Mothers in Early Postnatal Period

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### Abstract:

**Background:** Human milk is the ideal and unique food for infants'. It is the sole source of nutrition for the first six months of life with continued intake for the first year and as long as desired thereafter

**Aim of study:** To identify breast feeding problems in primipara mothers in early postnatal period.

**Subjects and methods:** Two hundred fifty one mothers, primipara in early postnatal period attending Al-Yermouk Teaching Hospital– Baghdad \ Iraq were enrolled in this study, during the period from June 2009 – March 2010, all the mothers were subjected to questions about their basic knowledge of breast feeding (BF) and any health education received during antenatal care visits Nursing mothers were observed for mistakes of mothers during BF their complaints.

**Results:** The age of the mothers in this study range between 15-40, most of them were house wives (85.4%), & from urban area( 83.7%), the results of this study showed lacking of antenatal education of primigravida about BF only 8% of mothers received BF education reflecting real BF problems especially in early postnatal period which is critical period in starting & continuation of BF. Among these problems, mother had no experience to put the baby in the right position or latch on (27.5%), refusal of baby to breast fed (21.9%) & believing that she has inadequate milk (19.5%).

**Conclusion:** : Lack of health education about BF during antenatal visits was very clear in this study & this represents problem which leading to failure of establishment & continuation of B.F ,in addition to different problems.

**Key Word:** Primipara postnatal problems breastfeeding

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### Introduction

Human milk is the most appropriate milk for Human infant. Mothers should be encouraged to breast -feeding, but shouldn't be coerced to do so. <sup>[1]</sup> Breast milk is the optimal choice of feeding for both full term & premature newborn infant. <sup>[2]</sup>

Retracted and/or inverted nipple are detractors but not contraindications to BF, retracted nipples usually benefit from daily manual breast & pump suction during the latter weeks of pregnancy <sup>[1]</sup>.

Other problems include mastitis which should be considered if lactating woman reports fever, chills, malaise, if untreated it may progress to a breast abscess ,in both conditions, BF shouldn't be stopped <sup>[3]</sup> . Twins & triplets are not BF problems because the mother can nurse twins & triplets & provide adequate nourishment for more than one infant <sup>[4]</sup>.

### Aim of study:

To identify the breast feeding problems in primipara mothers in early postnatal period.

### Subjects and method

Two hundred & fifty one mothers, primipara in early postnatal period (one to three days after delivery) were enrolled in this study, which was conducted during the period between June 2009- March 2010 in Alyarmook teaching hospital (maternity department) in Baghdad, Iraq, two hundred thirty-five women from inpatient & sixteen women from outpatient, one hundred ninety-two were delivered by cesarean-section & fifty-nine were delivered by vaginal delivery. Data were collected by direct interview with the mothers by investigator (each interview lasted for about thirty minutes); about one to three mothers per day, all mothers were subjected to questions about their age, educational level, occupation & place of residence.

The mothers were asked about antenatal care, number of visits & if she received any health

education about BF during visits. The questionnaires also include inquiry about knowledge of mothers about basis of BF (right positioning & latch-on), & the sources of these information. The mothers were asked about method of delivery, product of delivery & the time of first breastfeeding, & if the baby got anything other than breast milk, like artificial milk or water.

Most of the studied mothers in this work were observed during nursing to detect the Position & attachment of baby on the breast, & to find out the mistakes, complaints & problems of mothers during feeding.

### Statistical analysis:

Analysis of data was carried out using the available statistical package for social sciences (SPSS) version 17. Data was presented in simple measures of frequency and percentages.

### Results:

Two hundred fifty one primipara mothers included in this study ,range of mothers age (15-40 years), more than half of them were between 20-30 y of age (63%), less than twenty (30.3%), more than thirty (2.7%), most of them from urban area(83.7%), high percent of them are home wives(85.7%), government employee (7.6%), farmer (3.6%), & student(3.2%). Regarding the level of education of the mothers, the current study reveals that more than one third (35.5%) have primary education, (33.5%) in secondary level, (16.4%) have higher educational level, & (14.7%) are illiterate. Concerning antenatal visits of mothers during pregnancy, majority of them (88.4%) reported having antenatal visits.

The current study shows a great deficiency in the breastfeeding education received during antenatal visits, only 8% of nursing mothers received information about breastfeeding.

Less than 50% of respondents (42.9%) had information about BF. Concerning the knowledge of the nursing mothers about right positioning & latch-on, the current study shows about one third 69 (27.6%) have right information, & (43%) of nursing mothers know that both nipple & areola must be taken by the baby mouth during nursing.

Table (1) shows distribution of nursing mothers according to sources of BF information.

Regarding place of delivery the present study shows high percent of mothers were delivered in hospital (93.6%), & (6.4%) at home. About three quarters (76.5%) were delivered by cesarean section & (23.5%) were delivered by vaginal delivery.

About product of delivery 228(90.8%) were full term babies, multiple pregnancy 17(6.8%), 7(2.8%) premature babies, no baby with congenital abnormalities, 17(6.8%) of babies were tired & admitted to neonatal care unit, all other babies were well & beside their mothers.

(Table 2) shows the timing of first breast feeding.

Most neonates received first breastfeeding during first 24 hours (56.2%).

The study shows that 168(67.2%) of babies received fluid other than breast milk. Distribution of the sample according to fluid received in early postnatal period is shown in table (3).

**Tablet (1): Distribution of nursing mothers according to sources of BF information\*.**

Source of BF information	No.	%
Family & friends	78	31.1
Midwives	9	3.6
Media	7	2.8
Others like school, books	6	2.4
Doctors	5	2.0
Nurses	2	0.8

\* 144 mothers had no information about BF

**Tablet (2): The timing of first BF.**

Time of first BF	NO	%
First hour	18	7.2
2-3 hours	37	14.7
First day	141	56.2
Second day	14	5.6
Third day & more	7	2.8
No BF	34	13.5

**Table (3): Distribution of the sample according to oral intake in early postnatal period\*:**

Oral intake of neonates	NO.	%
Water	11	4.4
Water & sugar	23	9.2
Formula milk	134	53.4

\*83 babies received breastfeeding

The present work shows that more than half (51%) of nursing mothers had problems with breastfeeding, tablet (4) summarized these problems.

**Tablet (4): Breast feeding problems in primipara mothers in early postnatal period \*.**

Breastfeeding problems	NO.	%
Lacking of experience in B-F	69	27.5
Refusal of suckling	55	21.9
Mother believed she had inadequate milk	49	19.5
Pain & anxiety	47	18.7
Lack of family encouragement	22	8.8
Twin pregnancy	10	4%
Nipple soreness	10	4
Nipple retraction	8	3.2
Nipple size problems (Big, or small)	7	2.8
Breast engorgement	6	2.4
Big breast	3	1.2
Breast mass	1	0.4

\* More than one response \ mother.

**Discussion:**

Breastfeeding is natural but knowing how to breast feed doesn't always come naturally to Moms. It is a learnt skill. Most women, if encouraged, educated, and protected from discouraging experiences and comments while milk secretion is becoming established, can successfully breast-feed [1,5].

The present study covers various aspects of breastfeeding problems in primipara women in early post natal period. It shows that limited information & experience of primipara mothers about breast feeding is the most common problem, this finding may lead to viscous ring of problems which may end in failure of establishment & continuation of breast feeding, so advices & supports to mothers may be important in dealing with early problems [6].

Other subsequent problems is refusal of baby to the breast & this may be related to lack of experience of nursing mother due to poor positioning or latch-on, or from nipple confusion which results from early receiving of neonate to bottles and/or pacifiers, & this confusion can lead to diminish or discontinue nursing [7,8].

Although most women are capable of producing more milk than their infants require, more than half of breastfeeding mothers perceive that their milk supply is inadequate & that their infants are not getting enough milk & this is the most common reason of early stopping of breastfeeding & early introduction of bottle feeding & weaning [9,10,11]. This incorrect idea in mother mind (due to small amount of colostrums after birth) is the third most common problem (19.5%) in this study.

Breastfeeding should begin immediately after the postpartum period ideally in the first 30-40 minutes after delivery, clinical situation arise that preclude initiation of breast feeding (cesarean section, episiotomy, perineal repair) [12].

High percentage of mothers in this work delivered by cesarean-section (76%), (& this is because of early discharging of mothers with vaginal delivery), or had episiotomy (if they delivered by normal vaginal delivery because they are primi gravida), about (18.7%) of those mothers suffered from severe pain & complaint, which might interfere them with early establishment of breastfeeding.

The accompanying family member with mother plays a role in encouraging the breastfeeding, mothers are easily overwhelmed with information given by individuals who involved in postnatal care [9], the current study shows that those family members play a negative role in support & encourage the mother to start breastfeeding (8.8%).

Mothers don't need to worry about not having enough milk for their twin, the more babies suck & empty the breasts the more milk the breasts produce [12]. In this study; only (6.8%) of respondents had multiple pregnancies.

Many of the difficulties with breastfeeding result from improper latch-on, latch-on problems are often the source of multiple breastfeeding complaints among mothers from engorgement to sore cracked nipples, and many mothers discontinue breast-feeding secondary to these issues [13].

In this work, it was found that (7.6%) of respondents had sore nipples, & (2.4%) had breast congestion, poor or infrequent emptying of the breast causes & exacerbates the last condition [14]. so let baby suckles at breast whenever and as long as he or she wishes [14].

Abnormal morphological & anatomical features of breast detected in this study include retracted nipple (3.2%), abnormal nipple size (big or small nipple) (2.8%), abnormal breast size (big breast) (1.2%). All these are not serious problems & don't lead to failure of breastfeeding because the baby feeds from breast & not from the nipple whatever breast & nipple shape or size [9].

**Conclusion:**

Lacking of education of primigravida mothers about breastfeeding during antenatal care visits to primary health care centers, or private obstetrical clinics is very clear in this research, the limited information & experience of mother about BF will lead to other problems, so if the mother doesn't know how to put her baby in right position & the good attachment on the breast, mother will enter the field of all other critical problems like sore nipple, breast congestion, blocked milk duct, mastitis, and end in early introduction of bottle feeding & precluding the initiation & continuation of BF.

**Recommendation:**

Every effort must be taken to educate the primigravida mothers during pregnancy & give the mothers the help & assistance to start breastfeeding as early as possible after delivery.

It is very important to concentrate & increase education about BF during antenatal visits to primary health care centers & private obstetrical clinic. All Primary health care centers must be provided with booklets contain the bases of breastfeeding, to be given to pregnant mothers especially primigravida, who know reading & writing.

Other suggestion is to concentrate on education of female student about breastfeeding by introduction of information about these subjects in secondary school curricula, to prepare them as good mothers in future.

Also we can use mass media to increase the breastfeeding education

Nurses who work in contact with mothers & babies in the postnatal period should deliver help & assistance to mothers to start breastfeeding as early as possible.

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