

Postpartum breast problems and breastfeeding practices

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Abstract

Background: Breastfeeding has been linked to better postpartum recovery for mothers as well as a lower incidence of breast and postpartum issues.

Aim of this study: is to determine the prevalent postpartum and breastfeeding problems that moms of young children face in the first six months of their lives.

Patients and methods: At Sohag General Hospital, case-control research was carried out between September 1st, 2017 and September 1st, 2019. Soon after being released from maternity hospitals, 150 mother-infant pairs were enlisted and followed up with over a period of six months. The mother's sociodemographic details, the difficulties she had breastfeeding problem and after giving birth, and details on the child's eating were all included in the data.

Results: The findings of the study revealed that the development of breast problems is higher among those with non-exclusive breastfeeding (63.8%) than those of exclusive breastfeeding (34.6%) with a statistically significant difference, P-value (0.0001*). puerperal bleeding is more frequent among those with non-exclusive breastfeeding (50.7%) than those with exclusive breastfeeding (30.9%) with a statistically significant difference, P-value (0.013*).

Conclusion: Exclusive breastfeeding plays an important role in decreasing breast problems.

Recommendation: It is recommended that an educational programme be created to educate parturient mothers on the advantages of early suckling and exclusive breastfeeding for the first six months.

Introduction

Giving breast milk to a newborn straight from a female human breast as opposed to a baby bottle or other container is known as breastfeeding. Breast milk shields the infant against chronic illnesses and viruses while promoting sensory and cognitive development. Breastfeeding increases family and national resources, helps women space out their children, lowers the incidence of ovarian and breast cancer, is a safe way to feed, and is good for the environment [1]. It also enhances mothers' health and well-being. For many children in developing countries, it is essential to their survival and well-being. The United Nations Children's Emergency Fund (UNICEF) and the World Health Organisation (WHO) define exclusive breastfeeding as providing an infant with just breast milk for six months, devoid of any other food or liquids, including water. After then, babies should continue to be breastfed and eat adequate complementary meals until they are two years old or older [2]. For the first six months of a baby's life, exclusive

breastfeeding is the recommended feeding method everywhere and is regarded as one of the most natural and efficient forms of preventative medicine [2]. It is commonly known that early and exclusive breastfeeding is a successful strategy that decreases neonatal, infant, and child mortality while maintaining the core components of child survival metrics. Additionally, breastfeeding has been linked to a mother's improved postpartum recovery and decreased risk of diabetes and cancer [3].

The aim of the research

Is to determine the postpartum and breastfeeding issues that nursing moms often deal with in the first six months of their practice.

Patients and methods

At Sohag General Hospital, a case-control research was carried out between September 1st, 2017 and September 1st, 2019. 150 mother-child pairs in all were enlisted soon after

being released from maternity facilities and conducted a six-month follow-up.

Tools were used in this study

I): A structured interviewing questionnaire that asked about the following topics: the prevalence of exclusive breastfeeding among the mothers in the study, the difficulties the mothers faced with breastfeeding and the postpartum period, information on child feeding, and demographic data about the mothers and infants.

II): Breastfeeding assessment tool.

Following birth, all patients were checked on three separate occasions: two weeks, six weeks, and six months. Patients underwent evaluation (using a unique questionnaire and history).

Results

Table (1) demonstrates that there is a statistically significant difference in the history of breast problem development

between those who breastfed exclusively (34.6%) and those who did not (63.8%). P-value (0.0001*). Additionally, a statistically significant difference in the frequency of breast engorgement between those who breastfeed exclusively (10.7%) and those who breastfeed non-exclusively (50.0%) is seen in this table. P-value (0.001*). Breastfeeding exclusively causes a statistically significant increase in the frequency of breast fissures (85.7%) compared to non-exclusive breastfeeding (45.5%). P-value (0.001*).

There is a statistically significant difference in the percentage of people with exclusive breastfeeding (50.0%) compared to non-exclusive breastfeeding (22.7%) who use artificial nipples to manage their problems with breastfeeding. P-value (0.017*). There is a statistically significant difference in the percentage of people who deal with breast difficulties by stopping breastfeeding—59.1% of non-exclusive breast feeders and 25.0% of exclusive breast feeders. P-value (0.005*).

Table (1): Comparison between exclusive and non-exclusive breastfeeding as regards breast problems developed during breastfeeding.

	Exclusive (n= 81)		Non-exclusive (n= 69)		P-value
	No.	%	No.	%	
Development of breast problems	28	34.6%	44	63.8%	0.0001*
Type of breast problems:					
Breast engorgement	3	10.7%	22	50.0%	0.001*
Mastitis	1	3.6%	2	4.5%	1.000
Nipple fissures	24	85.7%	20	45.5%	0.001*
Management of breastfeeding problems					
Express breast milk	7	25.0%	16	36.4%	0.313
Stoppage of breastfeeding	3	10.7%	14	31.8%	0.040*
Artificial nipple	14	50.0%	10	22.7%	0.017*
Soothing agents	4	14.3%	4	9.1%	0.703
Stoppage of breastfeeding during the breast problem	7	25.0%	26	59.1%	0.005*

Table (2): puerperal complications in exclusive and non-exclusive breastfeeding

	Exclusive (n= 81)		Non-Exclusive (n= 69)		P-value
	No.	%	No.	%	
Puerperal bleeding	25	30.9%	35	50.7%	0.013*
Duration of bleeding					
Mean ± SD	4.88 ± 2.57		4.51 ± 1.79		0.518
Puerperal pyrexia	21	25.9%	27	39.1%	0.084

Table (2) demonstrates that there is a statistically significant difference, P-value (0.013*), between the frequency of puerperal haemorrhage in those who are exclusively nursing (30.9%) and those who are not (50.7%).

Discussion

Non-exclusive breastfeeding was associated with a greater incidence of breast issues (63.8%) compared to exclusive nursing (34.6%). Breast engorgement was more common in non-exclusive breastfeeding (50.0%), but nipple fissures were more common in exclusive breastfeeding (85.7%). A research conducted in Sudan discovered that virtually all moms, 99.9%, began nursing on the first day, with the majority (83.2%) starting between 1 and 5 hours after birth. The presence of painful or retracted nipples reduced the length of nursing.

Stopping nursing to treat breast difficulties was more common in non-exclusive breastfeeding (59.1%) than in exclusive breastfeeding (25.0%). Furthermore, non-exclusive breastfeeding was more likely to be managed during breast issues by expressing breast milk and to be discontinued than exclusive nursing.

Studies in Ghana, Pakistan, and Tanzania concluded that breast issues, including aching breasts, breast abscesses, mastitis, and cracked or irritated nipples, are substantial obstacles to EBF [4].

Many women begin nursing, however many stop owing to challenges faced rather than the mother's decision. Breastfeeding women want information on how to avoid complications, as well as assistance in overcoming any difficulties they may have. Mothers have picked healthcare practitioners as their top source of breastfeeding information [5]. Thus, the former might help moms prevent or manage breastfeeding issues. As a result, healthcare practitioners should be aware of typical difficulties seen by nursing moms and when they are most likely to arise. [6].

A prospective cohort research conducted in Kinshasa found that the most prevalent difficulties faced by nursing moms were cracked or irritated nipples, low milk supply, and breast engorgement. The difficulties occurred primarily in the first week (17.1%; 95% CI 13.7-21.1) and the remainder of the first

month (16.2%; 95% CI 12.8-20.3). Breastfeeding issues are more likely to emerge during the first month following delivery. Mothers should be helped as soon as possible after birth to increase their breastfeeding performance and be instructed on how to preserve breast milk production [7].

These data strengthen the notion that the first month following childbirth, particularly the first week, is important for the development and continuation of breastfeeding. [8]. Developed countries have reported a higher proportion of breastfeeding issues (40-80%) within the first week [9]. Breast engorgement occurs when the breasts do not drain properly [10]. Early breastfeeding initiation, spending more time nursing within the first 48 hours after childbirth, and emptying one breast at a time by rotating the breast that is first provided may assist to prevent this issue [11]. Cracked or painful nipples are typically caused by inadequate nursing technique [12]. That may be avoided with proper posture, excellent attachment of the infant, and gentle removal from the breast when the baby is content [9,10,13]. As a result, midwives should examine and teach each woman breastfeeding practices at least once while she is in the maternity centre, and correct them as required [11].

This study found that non-exclusive breastfeeding resulted in more severe puerperal bleeding, longer bleeding durations, and puerperal problems than exclusive breastfeeding.

The lactational amenorrhoea method (LAM) was more common in exclusive breastfeeding (59.3%) than in non-exclusive breastfeeding (4.3%).

Early beginning and nursing frequency shortly after birth will minimise vaginal blood loss and enhance uterine involution [14]. A retrospective cohort research done in New South Wales (NSW) Australia (2015) found that breastfeeding and skin-to-skin contact shortly after giving delivery may be useful in lowering PPH in women at any degree of risk [15].

A quasi-experimental study done at Benha University Hospital in Egypt found that early breastfeeding had a statistically significant influence on postpartum blood loss [16]. Another study conducted in Indonesia (2015) found a link between early breastfeeding and postpartum haemorrhage [17].

Conclusion

Women who practice early suckling after birth would be expected to experience a short duration of the third stage of labor and be affected positively in reducing postpartum bleeding. Also, exclusive breastfeeding plays an important role in decreasing breast problems.

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