

# **Evaluation of Lactation Management Education Program among Attendants of a Primary Health Care Unit in Suez City**

*Thesis*

Submitted for Partial Fulfilment of Master Degree  
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## بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وَالْوَالِدَتُ يُرْضَعْنَ أَوْلَدَهُنَّ حَوْلَيْنِ كَامِلَيْنِ ۖ لِمَنْ أَرَادَ أَنْ يُنْمِ  
الرَّضَاعَةَ ۚ وَعَلَى الْمَوْلُودِ لَهُ رِزْقُهُنَّ وَكِسْوَتُهُنَّ بِالْمَعْرُوفِ ۚ لَا تُكَلَّفُ  
نَفْسٌ إِلَّا وُسْعَهَا ۚ لَا تُضَارَّ وَالِدَةٌ بِوَلَدِهَا وَلَا مَوْلُودٌ لَهُ بِوَلَدِهِ ۚ  
وَعَلَى الْوَارِثِ مِثْلُ ذَلِكَ ۚ فَإِنْ أَرَادَا فِصَالًا عَنْ تَرَاضٍ مِنْهُمَا وَتَشَاوُرٍ  
فَلَا جُنَاحَ عَلَيْهِمَا ۚ وَإِنْ أَرَدْتُمْ أَنْ تَسْتَرْضِعُوا أَوْلَادَكُمْ فَلَا جُنَاحَ  
عَلَيْكُمْ إِذَا سَلَّمْتُمْ مَا آتَيْتُمْ بِالْمَعْرُوفِ ۚ وَاتَّقُوا اللَّهَ وَاعْلَمُوا أَنَّ اللَّهَ بِمَا  
تَعْمَلُونَ بَصِيرٌ ﴿٢٣٣﴾

صَدَقَ اللَّهُ الْعَظِيمُ



*First of all, great thanks to **ALLAH** who enabled us to complete this work.*

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***Heba Emam***



## ***Dedication***

*This dissertation is dedicated to my mother, who is watching over me from heaven and my dad, the guiding force in my life. Nothing would have been possible without your blessings. I love you*

*my husband. Thank you for being a constant source of strength. I am incredibly appreciative of all of the sacrifices you have made in order to help me achieve my educational and professional goals. I am so grateful to have you by my side as we continue through life's journey together*

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## List of Abbreviations

<b>Abb.</b>	<b>Full term</b>
<b>AAP</b>	American Academy of Pediatrics
<b>BF</b>	Breast feeding
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>BM</b>	Breast milk
<b>CDC</b>	Centers for Disease Control
<b>EBF</b>	Exclusive breastfeeding
<b>EDHS</b>	Egypt Demographic and Health Survey
<b>IEM</b>	Inborn error metabolism
<b>IIFAS</b>	Iowa Infant Feeding Attitudes Scale
<b>LC</b>	Lactation consultants
<b>LME</b>	Lactation Management Education
<b>MOH</b>	Ministry of Health
<b>OM</b>	Otitis media
<b>PC</b>	Peer counsellors
<b>SIDS</b>	Sudden infant death syndrome
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WBTi</b>	World Breastfeeding Trends Initiative
<b>WBW</b>	World Breastfeeding Week
<b>WHO</b>	World Health Organization

## **Abstract**

### **Background**

Mothers' poor knowledge and negative attitude towards breastfeeding influence practices and constitute barriers to successful breast feeding. **Objectives:** To implement a breastfeeding education intervention in a primary health care unit, and to assess the effect of the intervention on knowledge, attitude and practice of nursing mothers. **Methods:** A health education intervention study was carried out on nursing mothers recruited from those attended compulsory immunization sessions in one of health care centers of Suez governorate. Sample size estimated to be 250, taken by systematic random sample. Completing a structured interview questionnaire to assess mothers' knowledge and attitude and practice was assessed by breastfeeding observational checklist. **Results:** Study was done on 211 mother-infant pairs. 21.8% of the mothers were exclusively breast feeding. (82%) of study subjects had previous breastfeeding experience. There was a significant improvement of mothers' knowledge about advantages of breastfeeding, mean score was (post  $13.8 \pm 0.9$  vs pre  $9.5 \pm 2.8$   $p < 0.001$ ). There was significant improvement of post -intervention mother attitude ( $p < 0.001$ ). A significant improvement in mothers' breastfeeding practice (post  $5.6 \pm 0.8$ , vs pre-mean  $\pm$  SD  $3.9 \pm 1.71$   $p = 0.001$ ). According to the mothers' wrong believes and barriers to exclusive breastfeeding, the majority (>80%) of them report pain was a major barrier. Followed by Fear of distorted breast shape, Poor prenatal and postpartum support, and Insufficient milk production. **Conclusion:** breastfeeding intervention was efficient to achieve improvement in mothers' knowledge, attitudes, and practice among attendants of primer health care unite in Suez governorate.

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**Keywords:** Breastfeeding, Knowledge, Attitudes, practices, nursing Mothers, lactation management.□

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# Introduction

**The Lactation Management Education (LME)** is the promotion of breastfeeding as a key contributor to optimal infant, maternal nutrition and health (*Audrey and Ruth, 2014*).

According to the WHO, breastfeeding is defined as the feeding of an infant or young child with breast milk including expressed breast milk or from wet nurse (*WHO, 2008*).

Full Breastfeeding: Exclusive breastfeeding and predominant breastfeeding together constitute full breastfeeding. Complementary feeding: The child has received both breast milk and solid or semi-solid food. Bottle-feeding: The child has received liquid or semi-solid food from a bottle with a nipple/teat (*UNICEF, 2007*). Weaning is process of introducing the infant to other food and reducing the supply of breast milk; the infant is fully weaned when it no longer receives any breast milk (*Dennis, 2002*).

Internationally agreed recommendations for optimal feeding of infants and young child advocate exclusive breastfeeding for the first six months of life, followed by complementary feeding and continued breastfeeding for up to two years or beyond (*WHO, 2002*). Feeding practices

which are not in accord with these recommendations (sub-optimal breastfeeding) may be responsible for 12% of deaths in children under 5 years. Almost a quarter of these preventable deaths 23% are due to lack of continued breastfeeding in the 6-24+ month age group (*Black et al., 2008*).

It is well known that breastfeeding is healthier than formula-feeding for both mothers and infants. Many influential organizations such as the World Health Organization, the American Academy of Pediatrics, and the Association of Women's Health, Obstetric, and Neonatal Nurses have issued statements recommending breastfeeding (*Dennis, 2002*).

Family physicians are in the ideal position to promote and support breastfeeding (*United States Breastfeeding Committee, 2008*). Protection, promotion, and support of breastfeeding are critical public health needs (*U.S. Department of Health and Human Services, 2000*). The goal of educating mothers is not only to increase their Breastfeeding knowledge and skills, but also to influence their attitudes toward breastfeeding.

According to EDHS, 2008, the results indicate that Exclusive breastfeeding is 79% among infants under two months of age who received only breast milk, however, the

proportion exclusively breastfed drops off rapidly among older infants. By age 4-5 months, around seven in ten babies are receiving some form of supplementation, with somewhat more than three in ten given complementary foods. breastfeeding continues for the majority of Egyptian children well beyond the first year of life. At age 12-17 months, around 80 percent of children are still being breastfed, and 35% of children 18-23 months continue to be breastfed (*EDHS, 2008*).

According to EDHS, 2014, Prevalence of exclusive breastfeeding in Egypt in First 6 month of life in 39.7 %, 12-15 month 80%, 12-23 month 50.55%, 20-23 month 20% (*EDHS, 2014*). Breastfeeding rates are decreasing, despite its well-known impact on reducing children under-5, infant and neonatal mortality rates.

Although (122) hospital in Egypt follows guidelines of baby friendly hospital initiative (*UNICEF, 2012*), prevalence of exclusive breastfeeding is still low.

There are many breastfeeding difficulties as barriers to breast feeding as routine separation of baby from mother, delayed breastfeeding initiation , medication and mod of delivery interfere with breastfeeding, frequently problems

with breastfeeding include; sore nipples, engorged breasts, mastitis, leaking milk, pain, and failure to latch on by the infant (*Cupul-Uicab et al., 2009*).

Furthermore, there is another reason due to lack of knowledge about the benefit of breastfeeding, and misconceptions like breastfeeding is insufficient, returned to the work (*Kristiansen et al., 2010*).

Difficulties related to mother as HIV infection severe illness of mother, epilepsy, breast abscess, mastitis, hepatitis B (*WHO, 2007*).

Women were struggling with the initiation and continuation of breastfeeding. The main reasons reported for stopping were: perceived insufficiency of milk supply 40 %, the baby no longer wanting to nurse 24 % , painfulness 15 % , time needed to breastfeed 14 % or to pump 7 % , need to go back to work 10 % and feeling awkward breastfeeding outside the home 9 % (*Cernadas et al., 2003*), this study try to prove how most of these barriers to breastfeeding for longer may be addressed through reinforcing existing postnatal support programs and an increased acceptance of breastfeeding in the workplace and in public.