شبكة المعلومات الجامعية

بسم اللّه الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم باللّه العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

Assessment of Mothers Knowledge and Practice Regarding Breast Feeding Patterns for Neonates with Cleft Lip and Palate

Thesis

Submitted for Partial Fulfillment
of the Requirement of Master Degree in Pediatric Nursing

By

Haidy Fawzy Ammar

B.SC. 2012
Clinical Instructor
Faculty of Nursing - Al Azhar University

Faculty of Nursing
Ain Shams University
2021

Assessment of Mothers Knowledge and Practice Regarding Breast Feeding Patterns for Neonates with Cleft Lip and Palate

Thesis

Submitted for Partial Fulfillment of the Requirement of Master Degree in Pediatric Nursing

Under Supervision of

Dr./ Safy Salah ElDin Ibrahim AlRafay

Professor & Head of Pediatric Nursing Department
Faculty of Nursing – Ain Shams University

Dr./ Salma ElSayed Hassan Mohamed

Professor of Pediatric Nursing
Faculty of Nursing- Ain Shams University

Faculty of Nursing
Ain Shams University

2021

Acknowledgment

First and for most I feel always indebted to ***Allah****, The Most Kind and Most Merciful.*

I wish to express my deepest thanks and sincere appreciation to ***Dr. Safy Salah Eldin Ibrahim AlRafay,*** *Professor of Pediatric Nursing, Faculty of Nursing, Ain Shams University, for her great support and advice, her valuable remarks that gave me the confidence and encouragement to fulfill this work.*

I express my special gratitude and appreciation to ***Dr. Salma ElSayed Hassan Mohamed,*** *Professor & Head of Pediatric Nursing Department, Faculty of Nursing Ain Shams University, for her great support and advice, her valuable supervision, cooperation and direction that extended throughout this work.*

I wish to convey my thanks to all participants who gave their time to and participated in this work.

List of Contents

List of Tables

List of Figures

List of Abbreviations

CDC	Centre for disease and control
AAP	American Academy of Pediatrics
ACOG	American College of Obstetrics and Gynecology
AAFP	American Academy of Family Practice
WHO	World health organization
NPHS	National public health service
LBW	Low birth weight
sIgA	Secretory immunoglobulin
NEC	Necrotizing enterocolitis
VLBW	Very low birth weight
SNS	Supplemental nursing system
LF	Left foot
MAM	Moderate acute malnutrition
NUK	Nuklearmedizin
NICU	Neonates intensive care unit
CL	Cleft lip
CP	Cleft palate
CLP	Cleft Lip and Palate
UNICEF	United nations international children's emergency fund
BCLP	Boys with bilateral cleft lip and palate
NP	Nasal pit
MNP	Medial nasal process
LNP	Lateral nasal process
MAX	Maxillary process

Assessment of Mothers Knowledge and Practice Regarding Breast Feeding Patterns for Neonates with Cleft Lip and Palate

Abstract

Background: Cleft lip and palate are developmental defects or congenital malformations of the upper lip and roof of the mouth that are present at birth. **Aim:** This study aimed to assess mothers' knowledge and practices regarding breast feeding patterns for neonates with cleft lip and Clift palate CL/CP. **Design:** A descriptive design was utilized in carrying out this study. **Subject**: A purposive sample composed of sixty-eight mothers with neonates with CL/CP for six months at the NICU and the Inpatient Surgical Department and Outpatient Surgical Clinic affiliated to children's Hospital, Ain Shams University hospitals, Cairo. **Tools:** Interviewing Questionnaire to assess characteristics of the studied neonates as; age, gender, weight, diagnosis, mothers and family as; age, age, level of education, occupation and residence, assess feeding patterns of breast feeding among neonates with CL/CP, assessment of the studied growth parameters of neonates and levels of mothers' knowledge regarding breast feeding patterns for neonates with CL/CP as; illness history, feeding method, time for complete feeding, difficulty during feeding, nutritional supplement, kind of supplement, feeding position, neonates appetite and stress feeding. In addition, Observational Checklist to assess the mothers' reported practices of breast feeding methods. **Results:** almost one-third of studied neonates had unilateral cleft lip, and about half of them of them admitted to the hospital for surgical repair. Inaddetion Majority of mothers had unsatisfactory knowledge and practices regarding breast feeding patterns for the neonate with cleft lip and cleft palate. **Conclusion:** There were statistically significant differences between the levels of knowledge and practices of the studied mothers and their neonates' breast feeding patterns. **Recommendations:** Continuous educational programs and feeding guidelines designed and implemented for mothers having neonate with cleft lip and cleft palate.

Keywords: Cleft Lip, Cleft Palate, Breast feeding Patterns, Mothers. Knowledge, Practices, Neonates

Introduction

Cleft Lip (CL) and Palate (CP) are congenital malformation occurring between the 6th and the 10th week of intra-uterine live, period corresponding to the face development because of the lack of development of nasal and maxillary process, the bones and tissues of a neonate's mouth, upper jaw and nose come together. Most neonates who are born with a cleft palate also end up with a cleft lip **(Dixon et al., 2015)**.

Cleft is a gap or opening, and it happens when the neonate's lip or palate or both fails to fuse together completely during development in the uterus. The type and location of the cleft varies. A cleft lip can be unilateral (on one side of the mouth) or bilateral (on both sides) **(Sino et al., 2017)**.

Neonates with CL or CP or both tend to have more ear infections and breast milk helps protect against these infections. The mother's antibodies are passed on to the neonate in the breast milk. Breast milk is less irritating to the mucous membranes than formula, because it is a natural body fluid. Breast feeding refers to direct placement of neonate to the breast for feeding, and breast milk feeding refers to delivery of breast milk to neonate via bottle, cup, spoon, or any other means except breast. Neonates use both suction and compression to breastfeed successfully **(Vieira, 2018)**.

There is a relationship between the amount of oral pressure generated during feeding and the size/type of cleft and maturity of the neonate. For this reason, neonates with CL are more likely to breastfeed than those with CP or both some neonates with small clefts of the soft palate generate suction, but others with larger clefts of the soft and/or hard palate may not generate suction **(Papi et al., 2015)**.

Breast feeding patterns, by using breast or fingers to block the cleft to help neonate to get proper sucking. The soft palate may have a cleft. This is often hard to see, so it may only be found after a few hours or days if neonates seem unable to breastfeed. The neonate may make a clicking sound while breast feeding or slip off the breast. Breast feeding is most difficult for neonates with a cleft of the hard palate. Learning to breastfeed may take a long time and will most likely to require some assisted techniques and/or lactation aids **(Duarte et al., 2016)**.

Breast feeding patterns as: breast compression that is a method to stimulate an easy milk let down or ejection reflux, Breast feeding position that should make neonates head with cleft lip close to the breast in all of the positions cross over, cradle, rugby as well as lying position, Skin-to-skin contact that help neonate with cleft lip and cleft palate feel comfortable while obstruction of breast feeding and also

helps the neonate to grow and develop faster cause it stimulates the neonates feeding reflexes **(McGuire, 2017)**.

That pediatric nurses should upgrading the mother's knowledge, raising awareness of mothers about the importance of follow up care for promoting their neonates health condition and periodical meetings are to be held with all mothers having cleft lip and palate neonates to discuss prevention methods and early detection of problems associated with the defect and different ways of management **(Vlahovic and axhija, 2017)**.

However, evidence based practice shows that with intervention techniques, oral feeding can be successful and neonate can survive. Ideally, feeding interventions should reduce the stress experienced by the family and neonates, promote growth and development in the neonates and facilitate a normal feeding pattern. Early education combined with nutritional intervention protocol can improve outcomes including weight gain, feed velocity and fluid intake. Early nursing guidance on the best feeding techniques should be performed. Pediatric nurses encourage establishment of breast feeding and stimulated, observing the physiological, psychological and social limits involving the child and family **(Surendra, 2020)**.