

**A STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAM ON
KNOWLEDGE REGARDING EXCLUSIVE
BREASTFEEDING AMONG PRIMI MOTHERS AT
SELECTED HOSPITAL IN CHENNAI.**



**SATHYABAMA INSTITUTE OF SCIENCE AND
TECHNOLOGY**

(Deemed to be university at Chennai Tamilnadu, India)

SATHYABAMA COLLEGE OF NURSING

Rajiv Gandhi Salai, Chennai, Tamilnadu

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EXCLUSIVE BREAST FEEDING AMONG PRIMI
MOTHERS AT SELECTED HOSPITAL IN CHENNAI**



BY

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**A PROJECT WORK SUBMITTED TO SATHYABAMA
INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY) CHENNAI**

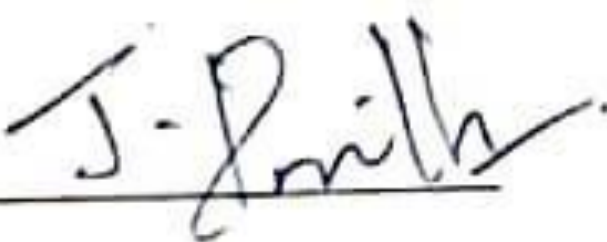
**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF BACHELOR OF SCIENCE IN NURSING**

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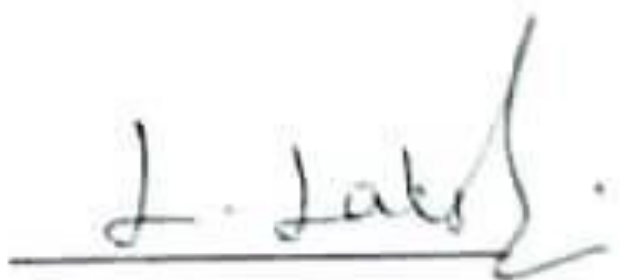
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CHENNAI
2019 – 2023**

RESEARCH GUIDE



DEAN



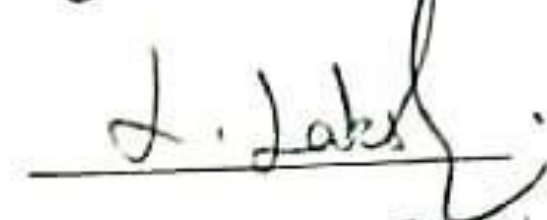
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BONAFIDE CERTIFICATE

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Bachelor of Science in Nursing under the Sathyabama Institute of Science and
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College seal

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ENDORSEMENT BY THE RESEARCH GUIDE

This is to certify the project work entitled "A study to assess the effectiveness of structured teaching programme on knowledge regarding exclusive breast feeding among primi mothers at selected hospital in Chennai." is a bonafide research work done by Midubala.B and Mohith sam. H in partial fulfilment of the requirement for the degree of Bachelor of Science in Nursing.


**SEAL AND SIGNATURE OF
THE RESEARCH GUIDE**

DECLARATION

We hereby declare that the present project report entitled “**a study to assess the effectiveness of structured teaching programme on exclusive breast feeding among primi mothers at selected hospital in chennai**”. Is the outcome of the original research work undertaken and carried out by us under the guidance of Ms. Precilla Msc (N), Sathyabama College of Nursing, Chennai. We also declare that the material of this project report is not formed anywhere, the basis for the award of any degree in this university or any other university.

BY

(Sathyabama college of nursing)

Midubala

Mohil

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ABSTRACT

Breast feeding is an extra ordinary gift of nature for both babies and mothers in many aspects. It is globally accepted to be the best and complete food for the new born as it satisfies the specific nutritional needs. Widespread evidences are there to support advantages of breast feeding to the infants, mothers, families and society which is also including physical, emotional, psychological, developmental, nutritional, immunological, social, economic and environmental benefits.

A study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among primiparous mothers in selected hospital Chennai. The objectives of the study was, to assess the level of knowledge regarding exclusive breastfeeding among primiparous mother's, to assess the effectiveness of structured teaching program on knowledge regarding exclusive breastfeeding among primiparous mother's, to associate post test level of knowledge regarding exclusive breastfeeding among primiparous mother's and to create

awareness regarding importance of exclusive breastfeeding among primi mother' s.

A quantitative research approach was used for the study, the study was conducted in Kamakshi Hospital, Chennai, Non probability sampling technique was used to collect the study object. Data was collected from 30 Primi antenatal mothers were selected as the samples. Pre and post Data was collected using structured questionnaire, and results were analysed using both descriptive and inferential statistics.

The mean posttest knowledge score (23.00 ± 3.464) was greater than mean pretest knowledge score (18.03 ± 5.170). It was found there is significant association between education of mother, occupation of mother, previous exposure to teaching and preexisting knowledge score.

It was concluded that structured teaching program was effective and had more impact on Primi antenatal mothers regarding exclusive breast feeding. This knowledge will help them to improve the practice of exclusive breast feeding.

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INTRODUCTION

CHAPTER-1

INTRODUCTI ON

Breast feeding is an extra ordinary gift of nature for both babies and mothers in many aspects. It is globally accepted to be the best and complete food for the new born as it satisfies the specific nutritional needs. Widespread evidences are there to support advantages of breast feeding to the infants, mothers, families and society which is also including physical, emotional, psychological, developmental, nutritional, immunological, social, economic and environmental benefits.

WHO defines exclusive breastfeeding as the practice of feeding milk (including expressed milk) and allows the baby to receive vitamins, minerals and medicine. Water, breast-milk substitutes, other liquids and solid food are excluded.

World Health Assembly in 2001 resolved that exclusive breastfeeding for the first six months is the most appropriate infant feeding practice. The government of India recommends the initiation of breast-feeding should begin immediately after childbirth, preferably

within one hour. Early initiation of breast feeding is encouraged for a number of reasons. It is also beneficial for mothers because it stimulates breast milk production and facilitates the release of oxytocin, which helps in contraction of uterus and reduces postpartum blood loss. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all the nutrients necessary for children in the first few months of life. In addition the mother's antibodies in breast milk give immunity to the child

Early supplements discouraged for several reasons. First it exposes infants to pathogens and increase the risk of infections, especially diseases infant's intake of breast milk, and therefore suckling, which breast milk production. Third, in a harsh socioeconomic environment, supplementary food is often nutritionally inferior.

The universally recommended breast feeding is from birth to the age of six months exclusive breast feeding and it constitutes appropriate feeding for the infant development. The introduction of breast milk is especially encouraged immediately after birth and until the third day, when the mother secretes colostrum. Colostrum provides all the nutrients that are needed by the infant in this early period.

It is compositionally distinct with concentration of protein, vitamin A and B12 being Higher than the mature milk. Colostrum also contains a high concentrate of Immunoglobulin's especially immunoglobulin A (IgA) which has protective role against pathogens ingut.

Need of the study:

Breast milk is the best source of nutrition for the baby and appropriate feeding practice is very much important for survival, growth,

development, and nutrition of infant and children. Inappropriate feeding practice leads to a crucial issue of infant's mortality due to malnutrition and diarrheal problem. So the best way to come out from this problem is promotion of adequate practice of breast feeding. Breast feeding saves many lives by preventing malnutrition and decrease risk of infection. Approximately

1.45 million lives each year by reducing deaths mainly due to diarrheal disorders and lower respiratory tract infections in children

Khammal D (2012) conducted a study on knowledge and practices of exclusive breast feedings in the sub urban setting in Sri Lanka. Sample size was 217 mothers with a baby aged less than 1 years. The result of this study shows that 72% of the study sample had exclusive breast feed to their children for 6 months. The 5 mother indicated that having to return to work (50%) and their opinions regarding amount of milk being inadequate (44%) and nutrients being inadequate (18%) as reason for not exclusively breastfeeding up to the recommended age.

The primary cause of neonatal deaths are: neonatal infection (52%), asphyxia (20%), and low birth weight (17%). Most of the infectious deaths are diarrhea and pneumonia. These all the risks can be reduced by exclusive breast feeding.

Hence the investigator planned to conduct the study to assess the effectiveness of exclusive breastfeeding among primi mothers

Problem statement:

A study to assess the effectiveness of structured teaching program on knowledge regarding exclusive breast feeding among primi mother' s at selected hospital, Chennai.

Objectives:

- To assess the level of knowledge regarding exclusive breastfeeding among primi mothers
- To assess the effectiveness of structured teaching program on knowledge regarding exclusive breastfeeding among primi mothers.
- To associate post test level of knowledge regarding exclusivebreastfeeding among primi mother' s.
- To create awareness regarding importance of exclusive breastfeedingamong primi mother' s.

Assumption:

Primi mothers may not have enough knowledge regarding exclusivebreast feeding.

Primi mothers may not be aware of techniques of breast feeding

OPERATIONAL DEFINITIONS

Assess:

It refers to evaluation of knowledge of primi mothers what they exactly know about exclusive breastfeeding which will be analyzed by using structured questionnaire

Effectiveness:

It refers to the measurement of difference of knowledge score regarding exclusive breastfeeding before and after structured teaching program.

Structured teaching program:

It refers to a systematically developed instructional program using instructional aids, designed to provide information about exclusive breastfeeding to primi mothers

Exclusive breastfeeding:

It refers to the breast milk that from birth to the six month of age. Primi mothers

It refers to the mothers, those who got pregnant for the first time.

Hypothesis:

H1 - There would be significant difference between pre test and post test level of knowledge regarding exclusive breastfeeding among primimothers.

H2 -There would be significant association between post test knowledge score regarding exclusive breastfeeding among the primi mother' s with their selected demographic variables.

Delimitation

The study is delimited to:

- o Only 30 samples were used for the study
- o Mothers from selected hospital

Conceptual framework

A conceptual frame work is a term that abstractly describe a phenomenon or an object thus providing it with a separate identify or meaning. Concepts are the basic elements of theories and conceptual models. A theory offers a systematic explanation about how phenomena perspective regarding interrelated phenomena but are more loosely structured then theories.

A conceptual framework is the conceptual underpinning of a study including overall rationale and conceptual definition of key concepts. It provide a clear description of variables suggesting methods to conduct the study and guiding the interpretation, evaluation and integration of finding. In the present study, researcher considered hospital as system and the primi gravida mother.

Input

Input is considered as an assessment of knowledge regarding exclusive breast feeding. The component of the exclusive breast feeding need to be assessed with the structured interview schedule.

Through put

Throughput is activity phase. Here researcher give the structured teaching programme to the primi gravida mothers.

Output

Output is post-test and it is the outcome of the study. In this researcher reassessed the knowledge after 7 days of implementing the STP and revealed that the sample gained the knowledge after structured teaching program through post-test.

Feedback

It refers to output that is returned to the system that allows it to monitor itself overtime in an attempt to move closer to a steady state. Feedback may be positive or neutral after the structured teaching program will be obtained by testing hypothesis

Review of Literature

CHAPTER- 2REVIEW OF LITERATURE

A review of related literature gives an insight in to various aspects related to study, which in turn develops the link between the previous existing knowledge and current study and enables to study the various

problems encountered during course of the study and helps by its direction in finding ways to increase the effectiveness of data analysis and their interpretation

In this study, the review of literature was presented under the following headings:

1. Literature related to prevalence of exclusive breastfeeding
2. Literature related to exclusive breastfeeding knowledge and practices

Studies related to prevalence of exclusive breastfeeding

Kok L Tan (2011) conducted a cross-sectional study to identify factors associated with exclusive breastfeeding in government health clinics. Sample size was 682. Data were collected by face-to-face interviews using a pre-tested structured questionnaire. It was found that the prevalence of exclusive breastfeeding among mothers with infants aged between one and six months was 43.1 percent. In multivariate model exclusive breastfeeding was positively associated with rural residence. It was concluded that multiparous mothers were strongly associated with exclusive breastfeeding.

Tiras E Nkala ,Sia E Musy (2010) conducted a cross-sectional study on prevalence and predictors of exclusive breastfeeding among women in Kigoma region, Western Tanzania. A sample of 402 consenting women were selected and structured questionnaire was used to collect data. It was found that the prevalence of EBF among women was 58 percent. Knowledge of EBF was relatively higher (86percent) compared to the practice. It was concluded that women with adequate knowledge of EBF were more likely to exclusively breastfeed as compared to others.

Radhakrishnan S and Balamurga SS (2012) conducted a study to assess the prevalence of exclusive breastfeeding practices at Attyampati Panchayat Union, Salem district, Tamil Nadu. Sample size was 291 children. The result was only 34 percent children were exclusively breastfed for six months. The majority of women (60 percent) initiated breastfeeding within half an hour after delivery. It was concluded that various demographic factors had a direct influence on exclusive breastfeeding.

Patil Sapna (2009) conducted a study on prevalence and the factors influencing exclusively breastfeeding. Sample size was 200. Data was collected using a pre-tested, structured questionnaire on breastfeeding practices. It was found that prevalence of exclusively breastfeeding reported by the participants was 61 percent. Maternal age <30 yrs, parity, education of mother, initiation of breastfeeding within half of birth were associated with exclusive breastfeeding ($p < 0.001$). It was concluded that practices are still widely practices

Liqian Qiu et al (2009) conducted a study on initiation of breastfeeding and prevalence of exclusively breastfeeding at hospital discharge in urban, suburban and rural areas of Zhejiang China. A sample of 150 mothers were selected. It was found that 50.3 percent of the mothers were exclusively breastfeeding their infants out of 96.9 percent of the mothers who had earlier initiated breastfeeding. It was concluded that exclusive breastfeeding was positively related to various demographic factors.

Chudasama et al (2009) conducted a study with the objectives to estimate the prevalence of exclusive breastfeeding during first 6 months of life of babies and to identify factors that interfere with the practices in the area at maternity unit of Government Medical College

and Hospital, Rajkot. Sample size was 462 women. Data collection was done at hospital as well as during home visits of babies at 1, 3, and 6. It was found that 13 prevalence of exclusive breastfeeding reported at 3 months was 97 percent which declined to 62 percent by 6 months of age of infants. It was concluded that various factors interfere the exclusive breastfeeding of the newborns.

Studies related to exclusive breastfeeding knowledge and practices

Hammaldhamika et al (2012) conducted a study on knowledge and practices of exclusive breastfeeding in the sub urban setting in Sri Lanka. Sample size was 217 mothers with a baby aged <1 year . The data collection method was structured interview schedule. The result of this study shows that, 72 percent of the study sample had exclusively breastfeed them for 6 months. The mothers indicated that having to return to work (50%) and their opinions regarding amount of milk being inadequate (44%) and nutrients being inadequate (18%) as the reason for not exclusively breastfeeding up to the recommended age. It was concluded that knowledge of the mother affects the exclusive breastfeeding of the newborn.

Maheswari E, Bhatt V, Mohamed A (2011) conducted a study to assess the exclusive breastfeeding practices in the Neonatal Division, Department of Pediatrics at a tertiary care hospital in South India. Sample size was 100. Data collected by structured interview. The result was found that the knowledge of the mothers was inadequate in areas of time of initiation of breastfeeding (92%), colostrum feeding (56%), duration of exclusive breastfeeding (38%), knowledge on expressed breast milk (51%) and continuation of breastfeeding while baby is sick. It was concluded that better scores of the exclusive breastfeeding is correlated with the various demographic factors.

Nayaksunit et al (2010) conducted a study with the objective to evaluate the breastfeeding practices adopted by women in urban community in surat city. Sample size was 200. Data collection was done by interview with the semi structured questionnaire. The result of the study shows that 70% of mothers were able to start breast feeding within first hour of life after normal delivery. It was conclude that exclusive breast feeding is correlated with the various practices.

Aslam, Sultan, Akram(2010) conducted a cross-sectional study to study the duration and factors influencing exclusive breast feeding practices. Setting of the study was primary care hospital Gilgit, northern area of Pakistan. Sample size was 125 mothers. The result was that eighty one (64.8%) babies were exclusively breast fed (EBF) for first 6 months of life and only five (4%) infants were not given breast milk at all. Among 76 male infants 52 (68.4%) were EBF for six months in comparison to 66 (74.2%) out of 89 not first born ($p < 0.05$). It was concluded that various factors influence the exclusive breast feeding.

Naheed P, Rehana M, Mansoor AK (2009) conducted a study on evaluation of feeding practices in Isra university of Hyderabad, Pakistan. Sample size was 285 women. A pre-designed questionnaire was filled by interviewing these women. It was found that more percentage of the mothers were practiced breast feeding (97.54%). Only 44.5% of the women were known about the benefits. Only 3.2% of the women were fully aware of the benefits. It was concluded that better scores correlated significantly with the various practices.

Research Methodology

CHAPTER-3

RESEARCH METHODOLOGY

The methodology of a research design is defined as the way of pertinent information is gathered to answer the research question or analyse the research problem. It helps to project a blue print of the research. Research methodology involves a systematic procedure by which the researcher starts from the initial identification of the problem to its final conclusion.

The present study conducted to assess the effectiveness of structured teaching program on exclusive breast feeding among primiparous mothers in selected hospital in Chennai. This chapter deals with different steps, which were undertaken by the investigator for gathering and organizing the data which includes the description of research approach, research design, setting of the study population, sampling technique, criteria for selection of the sample, sample size, limitations, method of data collection and development of tool, ethical consideration, validity, pilot study, reliability, the data collection procedure and plan for data analysis.

RESEARCH APPROACH

Quantitative approach was used for this study

RESEARCH DESIGN

Research design chosen was quasi experimental pre test and post test design.

PRE TEST	INTERVENTION	POST TEST
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01	X	02
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KEY

01 = Pre assessment of knowledge regarding exclusive breast feeding
X = Structured teaching programme regarding exclusive breast feeding
02 = Post assessment of knowledge regarding exclusive breast feeding

Variables under study

Independent variables:

In the present study structured teaching program on exclusive breastfeeding is independent variable.

Dependent variables:

In present study knowledge levels on exclusive breast feeding is dependent variable.

Setting of the Study:

The study was conducted in Kamakshi Hospital, Chennai; it is 300bedded hospital,which provides all the facilities to the patient.

Population

In the present study population was primi antenatal mothersadmitted in Kamakshi Hospital

Sample

In the present study sample were primi antenatal mothers who were admitted inKamakshi Hospital and who fulfilled the inclusion criteria.

Sample size:

Sample size for the present study was 30 primi antenatal mothers.

Sampling technique:

Purposive sampling technique was used to select primi antenatalmothers at selected hospital in Chennai.

Criteria for selection of samples:Inclusion
criteria:

➤ Primi antenatal mothers who were able to understand English and Tamil languages.

Exclusion criteria:

➤ Primi antenatal mothers who were unwilling to participate in the study.

Description of the Tool

Tool consists of two
sections

Section A: Socio-Demographic data of primi mothers

Section B: Structured questionnaire to assess the knowledge regarding exclusive breastfeeding

Tool 1: Demographic data:

Demographic data include items to collect background of the mother which include age of mother, religion of the mother, education status of the mothers, occupation of mother, type of family, monthly income, area of residence, number of children.

Tool 2: Structured knowledge Questionnaire:

This tool includes multiple choice questions to assess knowledge regarding exclusive breastfeeding which includes 30 items. Each correct answer was awarded as one mark. Total maximum score was 30.

A score of one was allotted correct answers; the structured questionnaire had four alternated responses. The correct response was given a score of 'one' and incorrect was scored as zero. An arbitrary classification of knowledge score was done, which was classified as Adequate knowledge - 75% to 100%

Moderately adequate - 51% to 74% Inadequate knowledge - 50% and below
Ethical consideration:

The study objectives, structured teaching program and the data collection procedure were approved by ethical committee of the institution.

Content validity:

Content validity is an important research methodology. It is defined as how well a test measures the behaviour for which it is intended. The tool and structured teaching program was developed in English and then translated into Tamil language and the content validity was done by the experts in both languages.

Data collection procedure

Data collection procedure is the procedure in which we gathered the information needed to address the research problem. The formal permission was taken from the authorities of the Kamakshi Hospital Chennai. The investigator obtained the consent from the participants by

explaining the purpose of the study. The investigator collected data from 4/07/2022 to 24/07/2022. After the pre test, the structure teaching program was conducted. The duration of teaching program was 45 minutes. After 7 days gap, post test was conducted to the same clients to evaluate the effectiveness of the structured teaching program.

Plan for data analysis:

Data analysis enables the investigator to reduce, summarize and evaluate, interpret and communicate the findings. The data collected from the client were edited, compiled and analysed by using both descriptive and inferential statistics.

Percentage distribution was used to summarize the sample characteristics. Mean and standard deviation was used to calculate the knowledge level of the primi antenatal mothers. Paired t test was used to compare the knowledge level of pretest and posttest. Chi square value was used to find the association between the knowledge and selected variables of primi antenatal mothers.

Analysis

s&

Interpretation

CHAPTER 4

ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 30 Primi antenatal mothers in kamakshi hospital Chennai Tamilnadu . Data was analyzed on the basis of the objectives of the study. The term analysis refers to a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing in such a manner that they answer the research questions.

Organization of study findings

Analysis of the study findings are organized under the following headings:

Section A: Descriptive analysis of demographic variables.

Section B: Assessment knowledge of primi mothers regarding exclusive breastfeeding prior to implementation of structure teaching programme.

Section C: Comparison of pretest, posttest knowledge scores of the primi mothers regarding exclusive breast feeding

Section D: Association between the selected demographic variables with the levels of knowledge among primi mothers.

SECTION A

Table No.1: Descriptive analysis of demographic variables.

S.NO	SAMPLE CHARACTERISTICS	F	%
1	AGE		
	a) 20-30	17	56.7
	b) 31-35	8	26.6
	c) 36-40	5	16.7
2	EDUCATION		
	a) No formal education	4	13.3
	b) Primary education	8	26.6
	c) Secondary education	6	20
	d) Higher secondary education	7 5	23.3 16.7
	e) Graduation and above		

3	OCCUPATION <i>a)</i> House wife <i>b)</i> Working	12 18	40 60
4	FAMILY MONTHLY INCOME <i>a)</i> less than Rs 5000 <i>b)</i> Rs 5001-10000 <i>c)</i> Rs 10001-20000 <i>d)</i> Above Rs 20000	3 11 10 6	10 36.7 33.3 20
5	TYPES OF FAMILY <i>a)</i> Nuclear family <i>b)</i> Joint family <i>c)</i> Extended family	18 10 2	60 33.3 6.7
6	RELIGION OF MOTHER <i>a)</i> Hindu <i>b)</i> Muslim <i>c)</i> Christian <i>d)</i> Others	19 11 00 00	63.3 36.7
7	EXPOSURE TO PREVIOUS TEACHING <i>a)</i> Not <i>b)</i> Yes	4 18	13.3 60
8	AREA OF RESIDENCE		

	a) Urban	10	33.3
	b) Rural	20	66.7

Table 1 shows the Descriptive analysis of demographic variables.

Regarding age,17(56.7%)of respondents are in the age group of below 20 years,8(26.6%)of respondents are in the age group of 31-35 years, 5(16.7%) of respondents are in the age group of36-40 years.

Considering the education of the primi mothers, 4(13.3%)are not educated ,8(26.6%)are primary education ,6(20%) are secondary education ,7(23.3%)are higher secondary and 5(16.7%) are Graduated .

Regarding to their occupation 12(40%) are house wife and 18(60%)are working women according to the income 3(10%)are below 5000 RS ,11(36.7%)are below 10000RS ,10(23.3%)are below 20000RS and 6(20%) are above 20000 RS .

Regarding to the family type 18(60%)are nuclear family ,10(33.3%)arejoint family ,2(6.7%) are extended family.

Regarding to the religion 19(63.3%)are Hindu and 11(36.7%) are Muslims

Regarding to previous exposure 18(60%) has previous knowledge and 4(13.3%)has no knowledge

Considering to residency 10(33.3%) are urban and 20(66.7%) are rural.

SECTION B

Table no:2 Assessment knowledge of primi mothers regarding exclusive breastfeeding prior to implementation of structure teaching programme.

N=30

LEVEL OF KNOWLEDGE	PRETEST		POST TEST	
	F	%	F	%
Adequate	5	16.7	18	60
Moderately	8	26.6	10	33.3

adequate				
Inadequate	17	56.7	-	-

Table No 2 shows that level of knowledge regarding exclusive breast feeding among primi mothers reveals that, in pre test 5(16.67%) of the mother have adequate knowledge, 8(26.6%) of mothers have moderately adequate knowledge and 17(56.7%) of the mothers have inadequate knowledge. Whereas in post test after implementation of structured teaching program 18(60%) of the mothers have adequate knowledge, 10(33.3%) of the mothers have moderately adequate knowledge and none of the mothers have inadequate knowledge, which shows that structured teaching program has increased the knowledge level of the mothers regarding exclusive breastfeeding.

SECTION C

TABLE NO 3: Comparison of mean & standard deviation of pretest and posttest knowledge scores of primi mothers regarding exclusive breastfeeding.

Score	Mean +-SD		Mean difference +- SD	t value	P value
	Pre test	Post test			
Knowledge score	18.03±5.170	23.00±3.464	4.97±2.803	14.842	<0.001*

Table No 3: shows that mean of post test knowledge score (23. 00±3. 464) of mothers was higher than mean pretest knowledge score (18. 03 ±5. 170) . The mean difference was 4. 971± 2.80. The Paired sample ‘ t’ test was used to compare mean of pretest and posttest knowledge score. The calculated ‘ t’ value was 14. 842 which is more than tabulated ‘ t’ value of 1.98 at p<0.05 level of significance and d f is 59. Therefore null hypothesis was rejected and research hypothesis was accepted.

SECTION D

TABLE NO 4: Association of the selected demographic variables with the levels of knowledge among primi mothers

Demographic variables		Level of knowledge						Chi square value
		Inadequate		Moderate		Adequate		
		F	%	F	%	F	%	
Age	Below 25	9	30	9	30%	0	0	X ² =13.88 DF=4 P>0.05(N S)
	26-30	4	13.3	5	16.6%	1	3.33%	
	30-40	0	0	1	3.33%	1	3.33%	
	Above 40	0	0	0	0	0	0	
Religion	Hindu	1	3.33%	6	20%	6	20%	X ² =14.58 DF= 4 P>0.05(N S)
	Muslim	0	0	1	3.33%	1	1.33%	
	Christian	2	6.66%	5	16.66%	5	16.66%	
	Any others	0	0	0	0	0	0	
Educationa l status of mothers	illiteracy	0	0	3	10%	0	0	X ² =27.25 DF= 10 P>0.05(N S)
	Primary school	0	0	5	16.66%	1	3.33%	
	Middle school	1	3.33%	2	6.66%	1	3.33%	

	Secondary school	2	6.66%	2	6.66%	2	6.66%	
	Higher secondary	1	3.33%	2	6.66%	1	3.33%	
	degree	1	3.33%	4	13.3%	2	6.66%	
Occupation of the mothers	Housewife	0	0	9	30%	9	30%	$X^2=37.49$ DF=8 P>0.05(S)
	coolie	0	0	3	10%	3	10%	
	Private job	1	3.33%	2	6.66%	1	3.33%	
	Government job	0	0	2	6.66%	0	0	
	business	0	0	0	0	0	0	
Type of family	Nuclear family	5	16.66%	7	23.3%	5	16.66%	$X^2=23.51$ DF=6 P>0.05(S)
	Joint family	3	10%	4	13.3%	2	6.66%	
	Extended family	0	0	2	6.66%	1	3.33%	
	Others	0	0	1	3.33%	0	0	
Family income per month (rup)	Below 10000	0	0	6	20%	5	16.66%	$X^2=18.2$ DF=6
	15000-20000	0	0	4	13.3%	2	6.66%	

ee)	20000-25000	1	3.33%	2	6.66%	1	3.33%	P>0.05(N S)
	Above 25000	0	0	6	20%	2	6.66%	

Table No 4: shows that Independent sample ‘ t’ test was calculated based on occupation of mother, Area of residence and exposure of previous teaching. It was found that there was statistically significant difference in knowledge score of mother and occupation of mother, area of residence and previous exposure of One Way Anova test was used to compare mean knowledge score of three or more than three groups based on their socio demographic variables. It was found that there was statistically significant difference between knowledge of mother and education of mother . It was also found that there was no significant association between knowledge score of mother and type of family and religion of mother .Hence it can be interpreted that there was statistically significant association of knowledge score with educational status, occupation of mother , area of residence and exposure to previous teaching but there was no statistical significant association of knowledge score with family income, type of family and religion of mother .

Discussion

CHAPTER-V

DISCUSSION

N

DISCUSSION

The promotion of breastfeeding is a key component of child survival strategies. If all infants were breastfed exclusively during the first six months of life one and a half million deaths among infants could be avoided each year and has the capability to prevent 13 percent of all under five deaths in developing countries. The present study was taken up in an effort to assess the existing knowledge of primiparous antenatal

mothers on exclusive breastfeeding through the one group with pretest

and posttest. Health education was carried out through structured teaching program on exclusive breastfeeding. A posttest was conducted to identify the effectiveness of the structured teaching program. It was observed on that the knowledge level of the primi antenatal mothers regarding exclusive breast feeding in the posttest.

Objective 1

To assess the knowledge regarding exclusive breast feeding among primi mothers in selected hospital in Chennai

Findings of the present study showed that The mean age of mother was 22.71 with standard deviation of 3.30 years and the minimum age of mother is 20 years, maximum age of mother is 26 years. Regarding educational status, only 11.6% mothers were graduated, 46.6% were primary educated and 08.3% had no formal education. Most (78.3%) of the mothers were not exposed to previous teaching. Most (90.0%) of the mothers were housewife. Approximately half of the family (43.3%) belong to joint family. Mostly (33.3%) of families had monthly income less than Rs 10000. Mostly family (73.3%) were Hindu family.

Objective 2

To evaluate the effectiveness of structured teaching programme on knowledge regarding exclusive breast feeding among primi mothers

Findings of the present study showed that that mean of post test knowledge score (23.00 ± 3.464) of mothers was higher than mean pre test knowledge score (18.03 ± 5.170) . The mean difference was 4.971 ± 2.80 . The Paired sample 't' test was used to compare mean of pretest and posttest knowledge score. Therefore null hypothesis was rejected and research hypothesis was accepted. So there is significant improvement in knowledge score can be attributed to the structured teaching program provided as an intervention administered by pretest and posttest assessment

Objective 3

To find out the association between knowledge regarding Kangaroo mother care among postnatal mothers with selected socio demographic variables. Findings of present study shows that there was statistical significant association of knowledge score with educational status, occupation of mother, area of residence and exposure to previous teaching but there was no statistical significant association of knowledge score with family income, type of family and religion of mother. These Findings were consistent with study conducted by Radhakrishnan S in Tamil Nadu which revealed that various demographic factors like the education of the mother, type of delivery, type of family, occupation, number of children, monthly income, family size, age at marriage and religion had a direct influence on exclusive breast feeding. Result were consistent with study conducted by Patil S was found that maternal age < 30 years, level of education of mother, parity, receiving infant feeding advice, initiation of breastfeeding within one hour of birth and administration of colostrum to the baby were associated with exclusive breastfeeding ($p < 0.001$).

**SUMMARY, CONCLUSION,
IMPLICATIONS,
RECOMMENDATION
ANDLIMITATION**

CHAPTER 6

SUMMARY, CONCLUSION, IMPLICATIONS,RECOMMENDATION AND LIMITATION

SUMMARY

Summary was derived from findings and a synthesis of findings. Forming these conclusions requires a combination of logical reasoning, creative formation of meaningful whole from the pieces of information obtained through data analysis and findings from previous studies receptivity to subtle calves in the data and the use of open context in considering alternative of the data. The following conclusions were drawn on the basis of present study to assess the effectiveness of structured teaching program on exclusive breastfeeding among the primi mothers in Kamakshi Hospital chennai .In the pretest, majority of the mothers had low knowledge regarding exclusive breastfeeding.After the implementation of structured teaching program in posttest half of the mothers gained high knowledge.

There was a significant association was found between the knowledge ofthe primi antenatal mothers regarding exclusive

breastfeeding with the selected demographic variables like age, educational status, occupation, type of family, income, area of residence and previous information.

NURSING IMPLICATIONS AND RECOMMENDATIONS

The findings of the study have implications in the following areas

- *Implication for nursing practice
- *Implication for nursing education
- *Implication for nursing administration
- *Implication for nursing research

Nursing Practice

The nurses are playing the vital role among all the health team members in educating the mothers about exclusive breast feeding. They can create better awareness among the mothers and family members. They have used the special variety of audio visual aids to create the awareness among the mothers and family members. Nurses can include the other member of the family also to be involved along with the mother in learning about breastfeeding. They can also provide the demonstration session for breast feeding positions.

The teaching strategies used by the nurses should be simple, clear and understandable to follow by the mothers. Community educational program has to be planned to enrich the community awareness. The nurses and health care system should focus on the problems related to breastfeeding.

Strengthening the breastfeeding program and policies for infants as well as mothers

Nursing Education

Nursing curriculum should focus on the improving the strategies to strengthen the breastfeeding practices. The nursing curriculum should consists of knowledge related to teaching strategies and various modalities. So that nursing students can use different teaching methods to impart the appropriate knowledge on exclusive breast feeding to the focus group. The students learning experience should provide an opportunity to conduct health education campaigns and supervised nursing practices.

The nursing curriculum should be explained with the evidence based practice about the benefits of exclusive breastfeeding. The students need to be directed towards changing the attitude of the mothers regarding the misconceptions regarding breastfeeding. Nursing workshops and conferences to be conducted to update the knowledge about the breast feeding Research activities to be carried out on various aspects of breastfeeding. Educational materials can be prepared based on the special need of the primi antenatal mothers of communities.

Nursing administration

The nurse administrator should organize in service education program for the staffs to get update with the strategies in breast feeding education. The nurse administrator should motivate the health care professionals to organize the awareness campaigns to the

antenatal mothers and the postnatal mothers by providing adequate information about the development of healthy breast feeding advantages and techniques .Nurse administrator should also involve the mass media to take part in the educational program regarding breastfeeding. The nurse administrator should plan for the education for the working and non- working group. The teaching sessions can be videotaped and played for the mothers who are waiting at the outpatient department .Nurse administrator should also motivate and develop interest in the primi antenatal mothers for breastfeeding.

Nursing Research

This findings of the study recommends to have structured educational programmes for the mothers regarding exclusive breastfeeding. The research can be focused on the large sample for identifying issues in breastfeeding. This study will be motivating factor for the beginning researcher to conduct the study on the same theme with the different variables.The nursing research should focus on the attitude of the family members as well as the mothers in giving exclusive breastfeeding. The research can be focused on various intervention focused program to aim for the achievement of successful breastfeeding.

Limitations

- *Sample size was small, hence the generalization of the findings is limited.
- *Study was conducted in only one hospital, thereby restricting the generalization of the findings.

Recommendations

Based on the findings of the study, the following recommendations are put forward for the further research.

- *A similar study can be undertaken with a large sample to generalize the findings.
- *The similar study can be conducted in the different set up like private hospitals and health centers, district level communities centers etc.
- *The experimental study can be conducted with different teaching methods to know the effectiveness of each teaching method on the awareness of exclusive breastfeeding.
- *A similar study can be conducted by using true experimental research.
- *A study can be conducted to identify the issues responsible for delayed initiation of breastfeeding.
- *A study can be undertaken to determine the knowledge as well as practice among the postnatal mothers.
- *A comparative study can be done between the urban and rural setting for finding issues in initiation of breastfeeding.
- *A study on identifying the causes of failure of breastfeeding.
- *A comparative study can be conducted between the working and non-working mothers regarding exclusive breastfeeding.

Conclusion

Based on the findings of present study, it was concluded that the mostly mother had low level of knowledge regarding exclusive

breastfeeding. From findings of the study it can be concluded that the Awareness program was necessary to increase in the knowledge level of mothers and improve in practice of exclusive breastfeeding... REFERENCES

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ANNEXURE I

Letter seeking expert's opinion for validation of the tool.

From,

B.sc Nursing 3rd year students

Sathyabama University,

Chennai Tamil Nadu

To,

Respected Sir/Madam,

Subject: Letter seeking expert's opinion for establishing validity of the research tool.

We would like to request you to kindly go through the tool enclosed for the purpose of research as a part of our B.sc program under school of nursing, Sathya University and give us your expert opinion and suggestion with regard to the same in terms of relevance, appropriateness, accuracy and organization of the content in relation to the problem and objectives formulated. Your valuable suggestions will be of great help in betterment of quality of the study. Expecting a positive response, in anticipation,
Thanking you.

Yours sincerely,

B.sc Nursing 3rd years Students.

Encl:

1. Research Statement, objectives and operational definitions.
2. Criterion checklist for validation
3. Blueprint o

ANNEXURE

STRUCTURED QUESTIONNAIRE

INSTRUCTIONS

SECTION: A:

It consists of socio demographic variable of post-natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

SECTION: B: -

It consists of knowledge questions (30) regarding Kangaroo mother care kindly give your answer () in appropriate space. It will be kept confidentially.

ANNEXURE VI

Tool no 1: Socio Demographic data

Code... ..

1) Age of mother in years... ..

2) Religion of the mother

a) Hindu

b) Muslim

c) Christian

d) Others

3) Education status of the mother

- a)* No formal education
- b)* Primary education
- c)* Secondary education
- d)* Higher secondary education
- e)* Graduate and above

4) Occupation of the mother

- a)* Housewife
- b)* Working

5) Type of family

- a)* Joint family
- b)* Nuclear family
- c)* Extended family

6) Family Monthly income

- a)* Less than Rs.5000
- b)* Rs.5001-10000
- c)* Rs.10001-20000
- d)* Above Rs.20001

7) Area of residence

- a)* Rural
- b)* Slum Area

8) Any exposure to previous teaching related to breast feeding?

a) Yes

b) No

If yes, then specify the source of information... ..

TOOL NO: 2

Structured Knowledge Questionnaire

INSTRUCTIONS: Dear participants, given below are the questions related to exclusive breastfeeding. Each question has four alternatives among which only one is correct answer. Kindly answer the following questions for best suitable for each question.

1. What is the meaning of exclusive breastfeeding?

- a) Feeding the baby with only breast milk
- b) Feeding the baby with breast milk and cow's milk
- c) Feeding the baby with breast milk and powder milk
- d) Feeding the baby with breast milk and water

2. What are the physiological changes take place in the breast during milk secretion?

- a) Bluish in colour
- b) Red in colour
- c) Swollen
- d) Tense and warm

3. What is the initial fluid to be given to the new born?

- a) Breast milk
- b) Honey
- c) Sugar water
- d) Water

4. When does the mother should initiate the breast feeding?

- a) After 12 hours
- b) Between 2-4 hours after birth

- c) Between 5-8 hours after birth
- d) Immediately after birth to within one hour

5. What is colostrum?

- a) First breast milk
- b) Thick unhealthy milk
- c) Unwanted secretions from the breast
- d) Watery secretions from the breast

6. What is the colour of colostrum?

- a) Brown
- b) Green
- c) Lemon yellow
- d) Red

7. Why colostrum is needed for the baby?

- a) As a food for infant
- b) Since the baby is in demand
- c) To maintain immunity
- d) To promote growth of the baby

8. How long child should be on exclusive breastfeeding?

- a) Up to 9 months
- b) Up to 6 months
- c) Up to 12 months
- d) Up to 2 years

9. What is the advantage of exclusive breastfeeding to the baby?
- a)* Protect the baby from infection
 - b)* Reduce the weight of the baby
 - c)* To increase the hunger of baby
 - d)* To protect childhood obesity
10. What is the benefit for lactating mother?
- a)* Increase the body weight
 - b)* Natural contraception
 - c)* Promote sleep
 - d)* Reduce infections
11. What is the colour of baby's stool during exclusive breastfeeding?
- a)* Brown colored
 - b)* Green colored
 - c)* Golden yellow colored
 - d)* Shaw colored
12. What is the effect of giving mixed feeding to the baby before 6 months?
- a)* Allergies and diarrhea
 - b)* Facilitate to stop breast feeding easily
 - c)* Good growth
 - d)* Leads to weight gain
13. When the mother should put baby on the breast for feeding?
- a)* Before and after sleep
 - b)* Five to six times a day

- c) Whenever the mother wants to feed
- d) Whenever the baby is demanded

14. Which of the following activity can increase the breast milkproduction?

- a) Frequent feeding
- b) Good hygiene
- c) Proper exercise
- d) Taking self-medication

15. Which type of nutrition is best for lactating mother?

- a) Protein rich diet only
- b) Iron rich diet only
- c) Calcium rich diet only
- d) Iron, calcium and protein rich diet

16. When does the mother should clean the breast?

- a) After feeding the baby
- b) At the time of bathing
- c) Before and after feeding the baby
- d) Before feeding the baby

17. What is the best position for normal delivery mother while breast feeding?

- a) Prone position
- b) Standing position

- c) Side lying position
- d) Sitting position

18. Which position is best for caesarean delivery mother to feed the baby?

- a) Lying position
- b) Side lying position
- c) Sitting position
- d) Standing position

19. What is the sign of poor attachment of the baby during feeding?

- a) Baby chin is away from the breast
- b) Baby mouth is wide open
- c) Baby chin is close to the breast
- d) More areola is visible above the baby's mouth

20. Why we have to break the wind in the middle of the feed?

- a) To promote the sleep
- b) To prevent vomiting
- c) To increase hunger
- d) To increase weight

21. What should the mother do after each feed to prevent swallowing of air?

- a) Allow the baby to sleep immediately
- b) Burp the baby
- c) Give a sip of water to the baby
- d) Make the baby to active for some time

22. How do you burp the baby after each feed?

- a)* Lifting the baby in both hands and tapping on chest
- b)* Put the baby on the bed and tap on the chest
- c)* Put the baby on shoulder and tap gently the back from bottom to top
- d)* Put the baby on the cradle

23. What do you mean by breast engorgement?

- a)* Insufficient milk in breast
- b)* Infection of mammary glands
- c)* Leakage or milk from nipples
- d)* Swelling and fullness of breasts

24. Which of the following measure is best to prevent breast engorgement?

- a)* Giving frequent feeding
- b)* Maintaining good diet
- c)* Taking timely medications
- d)* Maintaining good hygiene

25. What measure is advised to reduce the breast engorgement?

- a)* Apply warm compress and express milk
- b)* Apply cold pack
- c)* Taking rest
- d)* Taking medications

26. What do you mean by mastitis?

- a)* Fullness of breast
- b)* Inflammation of the nipples
- c)* Infection of mammary glands
- d)* Tenderness of breast

27. What is the preventive measure of mastitis?

- a)* Application of ointment
- b)* Balanced diet
- c)* Discontinuing breastfeeding
- d)* Emptying the breast by continuous breast feeding

28. What is the cause of leakage of milk from nipples?

- a)* Big nipples
- b)* Flat nipples
- c)* Hormonal stimulation
- d)* Over fullness

29. How the leakage of milk can be stopped effectively?

- a)* By frequent sucking
- b)* By massaging the breast
- c)* By applying ointments
- d)* By stopping breastfeeding

30. How the mother should feed in case of breast infections?

- a)* Feed from the affected breast
- b)* Feed from the unaffected breast
- c)* Feed from both breast
- d)* Don' t know

ANNEXURE VII

Structured teaching program regarding exclusive breast feeding.

Topic	: Exclusive Breast Feeding
Group	: Primi Antenatal Mothers
Venue	: kamakshi Hospital Method
of teaching	: Lecture cum discussion
Duration of teaching	: 1 hour
Medium of teaching	: Tamil ,english
Teaching Aids	: Pamphlets, Charts, Posters, flash cards

General objective: At the end of Teaching Program, mothers will be able to gain knowledge regarding exclusive breast feeding thereby they can apply this knowledge while feeding their babies.

Specific objectives: At the end of teaching Program mothers will be able to explain:

- What is exclusive breast feeding?

- What is colostrum?
- What are the importance of mother's milk to baby?
- What are the benefits of breastfeeding to the baby and to the mother?
- Explain the components of mother's milk.
- What are various breast feeding techniques?
- Describes the breast feeding problems.

SELF INTRODUCTION :

I am V. Aarthi studying BSc (N) III year in V.H.S- M.A.Chidambaram College of Nursing. I am going to explain the impact of digital dependency on quality of sleep and healthy habits of handling electronic gadgets. I request you to clarify doubts at the end of the session.

INTRODUCTION TO THE TOPIC:

Digital addiction is over use or excessive use of technology related devices to an extent that living without them is not possible. This type of effect is covering both types of addiction psychological and mental, because of the pleasurable nature of the substance used.

S.no	Time	Objective	Content	Teaching learning activities	Av aids	Evaluation
1	5 mins	Introduc exclusive breastfeeding	INTRODUCTIO N Breastfeeding isa natural gift ofgod to the babyand the mother.” Breastfeeding is the normal way of providing young infants with the nutrients for their healthy growth and development. All mothers can breastfeed, provided that they have accurate information, and the support of their family, the health care system and	Introduce the topic with the help o f picture.	Flash card	What is exclusive breastfeeding?

			society.			
2	5 mins	State the meaning and concept of exclusive breastfeeding	EXCLUSIVE BREASTFEEDING Exclusive breastfeeding means when a baby receives only breast milk and no other food or drink. Only prescribed drops and syrups are allowed. Early start ensures success	Explain the meaning of exclusive breastfeeding with the help of poster.	Flash cards	What is the meaning of breastfeeding? When to initiate the breastfeeding?

			of exclusive breastfeeding. A			
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			healthy baby should be placed on to skin touch with the mother’ s breast with in hour after birth for feeding. The baby should be breastfeed before any routine procedure likeBathing, becauseit brings downbaby’ stemperature. The recommende dperiod of			
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			Exclusive breast feeding is for			
--	--	--	--	--	--	--

3	5mins	Recognize the disadvantages of Prelacteal Feeds	6months. PRELACTEAL FEEDS “ There is no perfect substitute for breast milk” Prelacteal feeds: Giving prelacteal feeds such as sugar water, honey, water or butter etc. leads to sickness and reduce baby’s desire for feedings.	Explained with the help of pamphlets.	Flash cards	What is the effect of prelacteal feeds on breastfeeding?
4	5mins	Explain the importance of Colostrum	COLOSTRUM A thick yellowish secretion from the breast is colostrum. It starts from the middle of the	Verbally.	Flash card	What are the benefits of giving colostrum?

			pregnancy. It has more protein, vitamin A and more antibodies. It helps to strengthen the immune system of the baby.			
5	5mins	State the Components of breast milk	COMPONENTS OF BREAST MILK Breast milk has the perfect combination of carbohydrates, protein, fat, vitamins and minerals. Breast milk consists of balanced digestible Protein.	Explain with the help of PowerPoint presentation.	Chart	What are the components of breast milk?
6	5mins		ADVANTAGES OF BREASTFEEDING	Explain with the help of		What are the advantages of breastfeeding?

			G			
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			Benefits for the baby • It is good for digestion: • It helps in growth and development. • It helps in neurological development of the baby. • It contains water soluble vitamin D which protects the baby against rickets. • It helps preventing the inflammation of the stomach and intestine. • It contains protective antibodies which give passive immunity to the baby. • Protection against infection and	charts.		
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			deficiency states. • It protects the baby from diseases. The breastfeed babies had less reported diarrhoea, respiratory infections, intestinaldiseaseand other infections. • Breast milk is sterile and readily available. • It is given to the baby directly at body temperature. • It is most convenient as it requires no preparation and cost nothing. • It helps to increase the weight.Benefits for the mother			
--	--	--	--	--	--	--

7	10mins	Describe the	• It helps to reduce bleeding and prevent anaemia after delivery. • It helps the uterus to return its previous size. • It reduces the mother's risk of ovarian cancer and breast cancer. • It helps to maintain the bone health of the mother. • It helps in to return the pre-pregnant weight more quickly. • It helps in establishing healthy mother– child relationship • It acts as a natural contraception.	Explain		What are the disadvantages of formula feeding or feeding with cow
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		disadvant ages of other feeding before 6 months	DISADVANTAGE OF GIVING OTHE R FEED BEFORE 6 MONTHS Do not give cow' s milk, goat' s milk, formula, cereal, or extra drinks. REASONS: • It reduces the amount of breastmilk taken. • It does not contain enough Vitamin A. • Iron is poorly absorbed from cow' s and goat' s milk. • Protein from the animal milk is not digestible which	verbally.		milk?
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8	15mins	Describe the preparation for Breastfeeding	leads to allergies, difficulty in digestion, diarrhoea, rashes, respiratory and intestinal infections. • The germs in it cause infection. • It causes malnourishment • Nipple confusion: The baby refuses the mothers nipple because of immediate flow of milk from the bottle nipple. PREPARATIONS FOR BREASTFEEDING	Explain with the help of chart and flash cards.	Flash cards and charts\	When the mother should clean the breast?
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			CLEANLINESS : The mother should wash her hands before breastfeeding. The breast should be cleaned before and after feeding. DEMAND FEED : The baby is put to the breast as soon as the baby becomes hungry. . There is no restriction of the number of feeds and duration of suckling time. TIME OF FEEDING : During the first 24 hours, the mother can feed the baby at regular interval of 2-3 hours and gradually becomes 3-4 hours.			
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			FEEDING DURATION : During each feeding session, the milk that comes out of the breast first is called foremilk and it is quite watery. The left over milk from the previous feeding. Milk coming out later is called hindmilk and it is creamier and may have 50% more fat, which supplies more calories to the baby. So the mother should feed the baby from one breast completely for 5-10mts. Hence the baby gets balanced milk. INCREASE TH WAYS OF			
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			BREAST MILK: Mother’ s milk is available to the babies on ‘ demand and supply principle’ , and is produced depending upon the baby needs. Frequent suckling ofbaby will producemore milk. Mother‘ s can drink plenty of fluids. Mother also needs tomaintain good nutritional status. She required additional intake of calcium, iron and protein. BREAKING TH EWIND (Burping): All babies swallow varied amount of air during suckling. To break up			
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9	10mins	Identify the correct positioning and attachment for Breastfeeding	the wind, the baby should be held up right against the chest and the back should be gently patted till the baby belches out the air. It is better to break up the wind in the middle of suckling so as to enabling the baby to take more milk. TECHNIQUES OF BREASTFEEDING The mother should feed her baby in any comfortable position such as sitting or lying position with good eye contact.	Explain with demonstration and slides.	Project or	What are the signs of good positioning?
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			SIGNS OF GOOD POSITIONING: - • Baby’ s neck is straight or bent slightly back, • Baby’ s body is turned towards the mother and wholebody is supported by mother for maintaining eye to eyecontact. Signs ofcorrectm good attachment : • Baby’ s mouth is widely open that the lower lip is turned outwards and the chin touches the breast. • More areola and nipple into the			
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			mouth for effective			
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10	15mins	Describe the breast problems and the Management	milk transfer. CRADLE HOLD : This position is very good for the mother after vaginal delivery . Because this causes much pressure after caesarean section. CROSS CRADLE HOLD : This is much suitable for the small babies. FOOTBALL HOLD : Good for the cesarean section to avoid pressure on the abdomen. It also works well for women who have large breasts or flat nipples, and for mothers of twins. LYING DOWN: Preferred in case of	Discussion with		What are the causes of breast engorgement?
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			Caesarean section. mothers COMMON BREAST PROBLEMS • Flat or inverted nipples : This causes difficulty in attaching to the breast. The nipple should be everted with fingers before the baby is put on the breast. • Cracked and Sore nipples: Faulty attachment causes sore nipples. The mother should be advised on		
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			positioning. Mother can apply breast milk on the nipple. Mother can continue the feeding. If there is no sign of healing, visit to the doctor. Breast engorgement : Breast engorgement is the painful overfilling of the milk with the breast. This is usually caused by delayed initiation and less frequent or small feeding which makes the breast to swollen, firm, heaviness and makes painful feeding. Mother can encourage the baby to suck. If the baby cannot suckl			What are the contraindications
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			effective, the mother			
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11	5 mins	contra-indications of breastfeeding o mother in m Breastfeeding	can give expressbreast milk. War m compresses can be provided to relieve pain. Advice the mother to wear a comfort brassiere with support.	Explain with the help of PowerPoint presentation		s of the mother inbreastfeeding?
12	10 mins	To summarize the Topic	• Breast abscess: It is due to the untreated breast engorgement. The mother should be encouraged to feed from the unaffected breast and referred to doctor. CONTRA INDICATIONS OF THE MOTHER • Viral infections. • Taking any drugs like chemotherapy or			

			radio active drugs.			
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13	5 mins	To conclude the topic	SUMMARY Mother's milk is uniquely suited to meet the nutritional needs of the baby. There is no perfect substitute for the breast milk. So, all the mothers should understand the benefits, techniques and the preparatory role in breast feeding. This helps in feeding the baby effectively. So we can form the "Strong Youth for tomorrow's india with the today's effective breastfeeding			
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14			CONCLUSION Breastfeeding is veryimportant for infant development and family wellbeing. So, the breastfeeding promotion and support is a health initiative for the communities. Infantshould not be given bottle feeding, artificial teats or pacifiers up to first six months. Mother should immediately report the breastfeeding problems to the health care professionals.			
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