

**Actual and perceived problems in lactation among primi and multipara mothers**

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**Abstract:** *The present study was conducted to assess the actual and perceived problems in lactation among primipara and multipara mothers and to compare between them. A non-experimental comparative research design was adapted to assess the actual and perceived problems in lactation among primipara and multipara mothers at selected areas' tirupati. 100 subjects (50 primipara mothers + 50 multipara mothers) were selected by Non-probability 'convenient' sampling method. The study revealed that there will be a difference in level of actual problems in lactation between primipara and multipara mothers, independent t-value 2.645\*\* statistically significant at 0.01 level and there will be a difference in level of perceived problems in lactation between primipara and multipara mothers, independent t-value 3.422\*\* statistically significant at 0.01 level. The study findings revealed that there was a statistically significant difference in actual and perceived problems in lactation between primipara and multipara mothers*

**I. INTRODUCTION**

“A new born baby has only three demands. They are warmth in the arms of its mother, food from her breasts and security in the knowledge of her presence. Breast feeding satisfies all three.”

Exclusive breast feeding is the practice of feeding the infant for the first six months of life on breast milk only, without any other types of food, not even water. Exclusive breast feeding i.e., recommended as the best feeding alternative for infant up to six month and has a protective effect against mortality and morbidity

During the breastfeeding period many women experiences lactational problem that leads to cessation of breast feeding. The common actual lactation problems related to breastfeeding are breast engorgement, plugged duct, breast infection and insufficient milk supply, originate from conditions that lead the mother to inadequate empty the breasts. Some other breast problems are sore and damaged nipples, anatomical variations (long nipples, short nipples, abnormally large nipples, inverted and flat nipples). Breast feeding problems are abscess, blocked ducts, ductal opening is obstructed by a white granule or epithelial overgrowth.

The common concern about having adequate amounts of breast milk or the quality of their breast milk. Concerns that the mother could potentially harm her infant through her breast milk, inherited inability to produce milk, having bad milk and transmission of abdominal cramps to infants through breast milk, worried about impact of their diet on the quality of milk.

Many problems in lactation may be avoided by correct breastfeeding practices. Causes of lactational failure are psychological stress, lack of self confidence and incorrect breastfeeding practices include pre lacteal feeds, delay onset of breastfeeding, painful breast or nipple conditions, weak or preterm baby, schedule feeding, positions are attachment and physical causes include extreme maternal under nutrition, extremely sick mother .

**II. BACKGROUND**

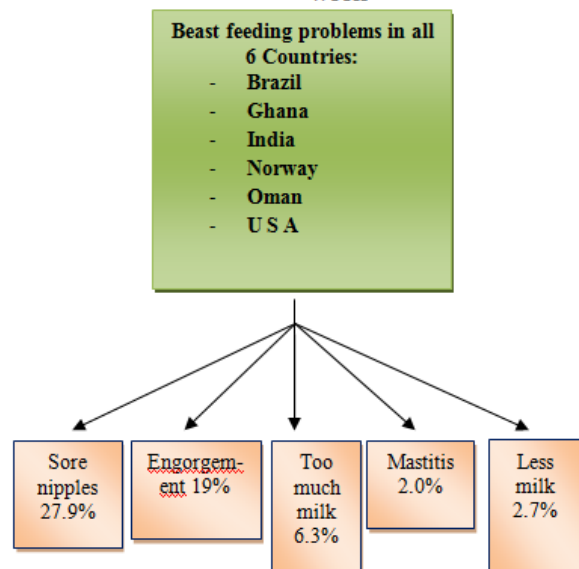
Breastfeeding currently saves 6 million infant lives each year by preventing diarrhoea and acute respiratory infections alone, and is alone responsible for 1/4th – 1/3rd of the observed fertility suppression, and further can provide high-

quality nutrition at a fraction of the cost of high-risk substitutes.

In many parts of the world, the rates of early initiation of breastfeeding are extremely low 17% in Eastern Europe and Central Asian countries, breast feeding rate in Sri Lanka is 75% and 33% in Asia-Pacific . The highest rates (about 50%) are in Latin America, the Caribbean, East and North Africa. In South Asia, 24%–26% of babies born in Bangladesh, India and Pakistan are breastfed within the first hour of birth, The effect of these breastfeeding patterns is reflected in the neonatal mortality rates for these countries:

WHO Multi Growth Reference Study done on 1743 mothers-infant pairs from the birth to 24 months in six countries (Brazil, Ghana, India, Norway, Oman, USA).The results shown regarding breast feeding problems in this countries are as stated like this.

**Fig1: Average prevalence of breast feeding problems in six countries of World during 1<sup>st</sup> week**



Optimal breast feeding of an infants under two years of age has the greatest potential impact on child survival with a reduction of 1.4million deaths in developing countries.

Women, infants and children- infant feeding practices study done on 1095 Women infant children in a 43 Women infant children clinics in 48 contiguous United States including the District of Columbia, and the 33 Indian Women infant children state agencies.

**Table -1 Reported nursing problems by mothers (Women, infants and children) at the time of the 1<sup>st</sup> Month 1, 3<sup>rd</sup> Month and 5<sup>th</sup> Month interviews**

NURSING PROBLEMS	INTERVIEW MONTHS		
	1 <sup>st</sup> month	3 <sup>rd</sup> month	5 <sup>th</sup> month
<b>Problems with breast feeding</b>	55	29	16
• Sore nipples	38	10	7
• infant chocks while breast feeding.	20	19	8
• Cracked nipples	17	4	3
• Breasts are too full	12	6	2
• Breast infection	2	2	0
<b>Problems with milk</b>	36	27	16
• Milk is not enough for the infant .	34	25	15
• Something is wrong with the milk	10	4	2
	<b>198</b>	<b>163</b>	<b>143</b>

In 1<sup>st</sup> month, almost two-fifths of the mothers (38%) report having sore nipples and more than one-third (34%) report not having enough milk for the infant. Problems with sore or cracked nipples affect relatively few mothers after 3<sup>rd</sup> month and this rates rapidly declines and 7% at 5<sup>th</sup> month. The prevalence of the maternal perception that her milk is insufficient (25%) also declines but not as quickly and by 3<sup>rd</sup> month.

Amir LH et al., (2001) conducted a randomized control trial and survey method on “incidence of breast abscess in lactating women” among 1311 (91%) primiparous at 6 month postpartum in at Australia .Results shown that 207 women experienced mastitis and 5 women developed a breast abscess: 0.4% of women who commenced breast feeding. The study concluded that 3% of women with mastitis and develop a breast abscess.

Hauck YL et al .,(2011)“ conduct a cross sectional study on association between women’s perception of professional support and problems experienced on breast feeding cessation in Western Australian women(N = 2669)”. Primiparous women(75.8%) experienced significantly more problems than

multiparous women (52.6%) and Differences in breastfeeding cessation were associated with parity.

Colin WB et al., (2002) conducted a study on “Breastfeeding reasons for starting, reasons for stopping and problems among 556 breastfeeding mothers at Western Australia”. Results shown that 83% of breast feeding women started that they had experienced one or more problems related to breast feeding and the prevalence of problems continued to decline, reaching 13% at six months. Mothers concerns about stopping breast feeding was that their baby was unsettled; insufficient milk supply. Anxiety over the sufficient of breast milk supply (23%) is the most serious problems is often related to cessation of breast feeding.

H.B. Mallikajuna et.al(2002) conducted a study on “breast feeding problems encountered in rural community among 420 mothers infant pairs in 224 villages of central Karnataka”. The results shown that out of these 338 (80.5%) were practicing exclusive breast feeding, 82(19.5%) had started on top feeds. The onset of breast feeding problems occurred in 31.7% of cases in first month and 76.9% occurred in 1<sup>st</sup> week of life, 7.7% in 2<sup>nd</sup> week and 15.4% in 3<sup>rd</sup> week. Not enough milk was responsible for starting top feeds in 44 (53.6%) and 19(23.1%) mothers had other problems like sore nipple, mastitis, breast engorgement, breast abscess and other illness.

Many women are suffering from lactational problem which can be prevented by proper treatment and the previous experiences also help the mother to take proper remedies for the problems. But the cultural beliefs, practices, lack of experiences regarding lactation may have impact on effectiveness of breast feeding for saving the lives and improving the health of infant..Primipara mothers have many doubts and belief about lactational problems and caring for their young ones than multipara mothers. During the clinical posting in MCH center and in Govt maternity hospital the researcher observed actual and perceived problems in lactation among primipara and multipara mothers. So the researcher feels the need to compare actual and perceived problems in lactation that leads cessation of breastfeeding among primipara and multipara mothers, which will give an insight into more appropriate issues of breast feeding.

### III. METHODOLOGY

Non-experimental comparative research design was selected. A total number of 100 subjects (50 primipara + 50 multipara mothers ) from selected areas of Tirupati by ‘convenient’ sampling method. The subjects who fulfilled in the inclusion criteria (Primipara and multipara mothers who were in the lactation period,Whose infants not contraindicated for breastfeeding,Mothers those were not contraindicated to breastfeed and Willing to participate in the study)were selected. Written consent was taken from the subjects and the purpose of the study was explained.

The **instrument** was organized into two sections.

**Section-I:** consists of questions related to demographic data. The scoring key was prepared for section-1 by coding the demographic variables

**Section-II:** It is organized as part-A and part B.

**Part-A:** Checklist to assess the actual problems in lactation among primipara and multipara mother which includes structural related problems of breast, problems related to nipple, breast feeding related problems.

**Part-B:** Checklist to assess the perceived problems in lactation among primipara and multipara mothers which includes structural problems related to breast, problems related to breastfeeding, baby and drugs, nipple problems, diet related perceived problems

**Score interpretation**

**Actual problems in lactation score is given as**

Severe	-	2-22	(>9.09%-100%)
Moderate	-	1-2	(4.5%-9.09%)
Mild	-	0	(0%)

**Perceived problems in lactation score is given as**

Severe	-	>23	(57.5%-100%)
Moderate	-	14-23	(32.5%-57.5%)
Mild	-	0-13	(<32.5%)

The pilot study was conducted and the findings of the study revealed that tool was reliable, feasible to conduct the main study. The obtained reliability for observational checklist instruments is  $r=0.8$  and self reported checklist instrument reliability is  $r=0.88$ .

The data was analyzed by using descriptive statistics such as frequency and percentage distribution and inferential statistics such as Chi-square test for the strength of the association between two categorical variables and T-test for difference between two variables.

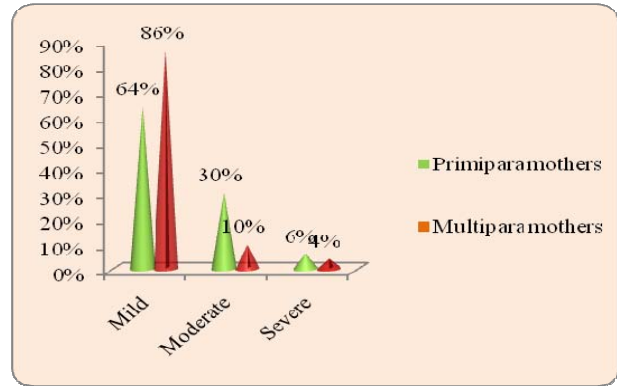
**IV. EXPERIMENTS AND RESULTS**

The actual and perceived problems in lactation among primipara and multipara mothers was depicted under the following tables:

- Among 50 primipara mothers 64% had mild, 30% had moderate and 6% had a severe actual problems in lactation. Among 50 multipara mothers 86% had a mild, 10% had moderate and 4% had severe actual problems in lactation.
- Related to perceived problems among 50 primipara mothers 10% had mild, 72% had moderate and 18 percent had a severe perceived problems in lactation. Among 50 multipara mothers 42% had, 58% had moderate and there is no severe perceived problems in lactation among this mothers.
- The present study which clearly shows that there was a difference in level of actual problems in lactation between primipara and multipara mothers. It reveals a significant difference in level of perceived problems in lactation between primipara and multipara mothers.

Level of actual problems in lactation	Primipara mothers		Multipara mothers	
	F	%	F	%
Mild	32	64%	32	64%
Moderate	15	30%	15	30%

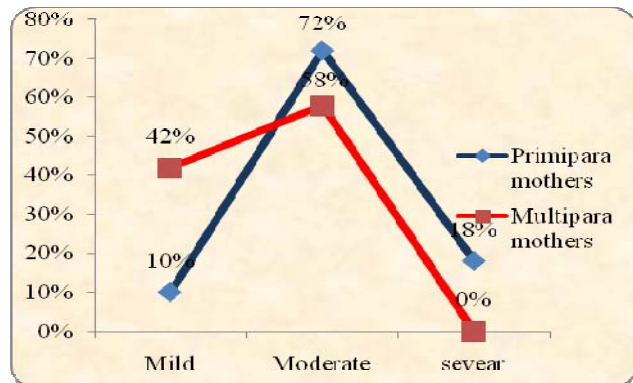
Table-2 depicts that among 50 primipara mothers 64 percent had mild actual problems in lactation and 30 percent had moderate, 6 percent had a severe actual problems in lactation. Among 50 multipara mothers 86 percent had a mild level, 10 percent had moderate and 4 percent had severe actual problems in lactation.



**Table-3 Assessment of level of perceived problems in lactation among primipara and multipara mothers**

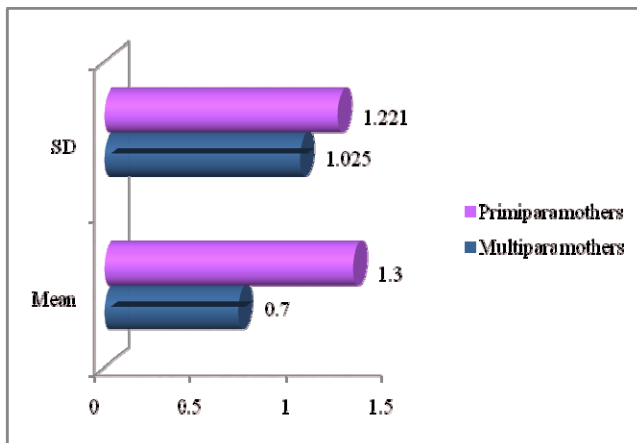
Level of perceived problems in lactation	Primipara mother		Multipara mothers	
	F	%	F	%
Mild	5	10%	5	10%
Moderate	36	72%	36	72%
Severe	9	18%	9	18%

Table-3 depicts that among 50 primipara mothers 10 percent had mild perceived problems in lactation and 72 percent had moderate ,18 percent had a severe perceived problems in lactation Among 50 multipara mothers 42 percent had mild level, 58 percent had moderate and there is no severe perceived problems in lactation among this mothers.



S. NO	Problems in lactation	Primipara mother		Multipara mother		t-value
		Mean	SD	Mean	SD	
1	Actual Problems	1.30	1.2	0.70	1.02	2.645**

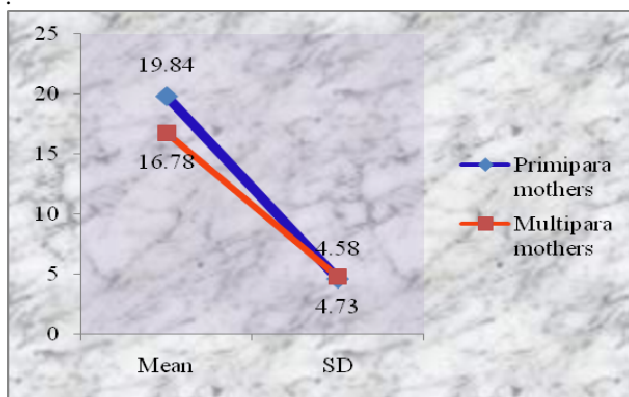
In primipara mother the mean 1.30(65%) and SD 1.221 were obtained, where as in multipara mothers the mean 0.70 (35%) and SD 1.025 were obtained respectively. The independent t-value 2.635\*\* statistically significant at 0.01 level.



Mean & Standard deviation of actual problems in lactation between primipara and multipara mothers

S. NO	Problem in lactation	Primipara mother		Multipara mother		t-value
		Mean	SD	Mean	SD	
1	Perceived problems	19.84	4.58	16.78	4.73	3.422**

In primipara mother the mean 19.84(54.17%) and SD 4.58 were obtained, where as in multipara mothers the mean 16.78(45.82%) and SD 4.73 were obtained respectively. The independent t-value 3.422\*\* statistically significant at 0.01 level



Mean & Standard deviation of perceived problems between primipara and multipara mothers

## V. CONCLUSIONS

The present study aimed at comparing the actual and perceived problems in lactation among primipara and multipara mothers in selected areas of Tirupati. A descriptive research method was adapted for the present study with a sample size of 100. And the study findings supported This study was supported by Chan SM et al., (2000) a longitudinal study on “Breast feeding failure in post partum in first 6 months and associated factors” among 44 breast feedings women at Hong Kong. Results show that continuation of breast feedings was noted in 30 (77%), 22 (57%), 16 (41%) and 12 (31%) mothers at 2 and 6 weeks and 3 and 6 months postpartum respectively. Perceptions of insufficient milk (44%), breast problems (31%) and being too tired (28%) were the main reasons stated for stopping breast feeding or for providing supplements to babies

And the findings also supported Hauck YL et al (2011) a cross sectional study on association between women’s perception of professional support and problems experienced on breast feeding cessation with Western Australian women (N = 2669). Primiparous women (75.8%) experienced significantly more problems than multiparous women (52.6%). Differences in breastfeeding cessation were associated with parity.

The study findings revealed that there was significant difference in actual and perceived problems in lactation between primipara and multipara mothers. Nurse working in clinical and community area should engage themselves in assessing actual and perceived problems of mother and provide necessary education in order to prevent breastfeeding problems and promote exclusive breastfeeding.

- The study reveals that there is a need for extensive research to find out problems in lactation and need to take steps for preventing further complications.
- There is a great need for nursing research in the areas of client education particularly about simple techniques to manage problems in lactation.

Disseminate the findings through conferences, seminars and publications in professional, national, international journals

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### Short Biodata for the Authors



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