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A COMPARATIVE STUDY TO ASSESS THE FACTORS AFFECTING OF BREASTFEEDING AND LATCH SCORE AMONG PRIMARY GRAVID MOTHERS WHO DELIVERED PER VAGINAL AND CESAREAN SECTION AT DR. BHIM RAO AMBEDKAR MEMORIAL HOSPITAL RAIPUR CHHATTISGARH

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ABSTRACT

Breast feeding is first natural food for baby, it provides all the energy and nutrient that the infant needs for the first month of life and it continues to provide up to half or more of child's nutritional needs. Same factors such as knowledge psychological myths factors social and practice factors affected the breastfeeding pattern among mothers. Nurses most often use a subjective "well/fair/poor" system to assess and document breastfeeding. LATCH is a breastfeeding charting system that provides a systematic method for gathering information about individual breastfeeding session and if in need we can educate the mothers for proper breastfeeding practice. METHOD :For the main study sample size was 100 (50 primary per vaginal delivery mothers and 50 caesarean section delivery mothers) and purposive sampling is adopted to select the subject from the population .The tool used for the study is a self- structured questionnaire to collect socio-demographic data and to assess the factors affecting of breastfeeding check list for the LATCH score assessment of breast feeding among primary gravid mothers who delivered per vaginal and caesarean section. RESULTS:-It reveals that regarding the factors affecting breast feeding, practical factors is mostly affected in per vaginal and caesarean deliveries. For mothers who delivered per vaginally, the mean LATCH score for breastfeeding was 6.88, with a standard deviation of 1.27199 and a standard error mean of 0.179. The t-statistic was calculated as 4.578 with 49 degrees of freedom, resulting in a significant p-value of 0.0001. For mothers who delivered via caesarean section, the mean LATCH score for breastfeeding was 5.62, with a standard deviation of 1.53716 and a standard error mean of 0.217.The comparison indicates a statistically significant difference in the LATCH scores for breastfeeding between mothers who delivered per vaginally and those who delivered via caesarean section. It shows there is a Positive relationship between LATCH SCORE on per vaginal delivery. So the caesarean mothers need a counselling regarding the breastfeeding practices.

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INTRODUCTION

Exclusive breastfeeding an infant with only breast milk for the first six months of life. Subsequently, complementary breastfeeding is one where the mother continues to breastfeed as a supplement to increasing amounts of solid food for at least the first two years of life. According to UNICEF report, only 38 percent of 0 to 5 month old babies in the developing world are exclusively

breastfed, just over half of 6 to 9 month old babies are breastfed and given complementary foods, and 39 percent of 20 to 23 month old babies are provided with continuedbreastfeeding. Objective measurement of feeding at the breast is difficult because complex interactive behaviors are acquired of two individuals. Generally rooting, active suckling, signs of swallowing, maternal milk ejection, signs of satiety, adequate infant "positioning" (grasps sufficient areolar tissue), and maternal verbalization of satisfaction with breastfeeding have served as global components of effective breastfeeding. [1] Breast feeding is the first natural food for babies, it provides all the energy and nutrients that the infant needs for the first month of life and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year & up to one third during the second year of life. Breast feeding is the fundamental right of child. It is said that breast feeding is the best natural food for baby. [2]

A multivariable logistic regression model was created to examine the association between modes of birth on breastfeeding duration to 12 weeks postpartum. Result had more women who delivered by planned C-section had no intention to breastfeed or did not initiate breastfeeding (7.4 % and 4.3 % respectively), when compared to women with vaginal births (34% and 1.8%, respectively) and emergency C-section (2.7% and 2.5%, respectively). Women who delivered by emergency C-section were found to have a higher proportion of 17 breastfeeding difficulties (41 %), and used more resources before (67%) and after (58%) leaving the hospital, when compared to vaginal delivery (29%, 40%, and 52%, respectively) or planned C-sections (33 %, 49%, and 41 %, respectively). Women who delivered with a planned C-section were more likely (OR=1.61; 95% CI: 1.14, 2.26; p=0.014) to discontinue

The encouragement and support needed by the mother in breastfeeding, places important responsibilities on the shoulders of the health team and on nurses in particular. Nurses are the members of the health team they be with the mother and baby most often and are the professionals to whom problems will be directed. [3] Today, at a time when caesarean births are increasing and hospital stays are decreasing, nurses can increase breastfeeding rates, especially in the first six months, by making use of the LATCH charting system to systematically assess breastfeeding patterns in the hospital environment. The aim of this study is to assess and compare the breastfeeding patterns of mothers who were delivered through caesarean delivery and normal vaginal delivery.

OBJECTIVES OF THE STUDY

To assess the factors affecting of breastfeeding and LATCH SCORE among primary gravid mothers who delivered per vaginal.

To assess the factors affecting of breastfeeding and LATCH SCORE among primary gravid mothers who delivered cesarean section.

To compare the factors affecting of breastfeeding and LATCH score breastfeeding among primary gravid mothers who delivered per vaginal and cesarean section.

Hypothesis of the Study

H0:- There is no significant difference in the factors affecting of breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal than cesarean section.

H1:- There is significant difference in the factors affecting breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal than cesarean section. [4]

Conceptual Framework Based On Health Belife Model

In the 1950s, Rosenstock proposed a health belief model intended to predict which individuals would or would n use preventive measures against the diseases. Becker modified this model and included other components like-individ perceptions, modifying factors and variables likely to affect the initiating action. [5] It attempted to explain and predict a given health-related behavior from certain patterns of belief about the recommended.

METHODOLOGY

Methodology research refers to investigations of the ways of obtaining, organizing and analyzing the data. This chapter describes methodology used to assess the factors affecting of breast feeding and LATCH score of per vaginal delivery mothers and caesarean section delivery mothers. [6] It includes the brief presentation of research approach, research design, variables, setting of the study, population, sample, sampling technique and criteria of sample selection and development of the research tools,description of the tools, content validity, pilot study, and plan for data analysis

Data analysis and Interpretation Organization and Presention of data

Analysis and interpretation was done as per the objectives of the study. Descriptive and inferential statistics were used for the analysis of the data. The data and findings have been organized and presented under the following section

SECTION –A

Frequency and percentage distribution ofprimary gravid per vaginal delivery mothers and caesarean section delivery mothers are according to socio-demographic variables.

SECTION- B-

Assess the factors affecting of breastfeeding among primary gravid per vaginal delivery mothers and caesarean section delivery mothers.

SECTION- C

Assess the breastfeeding of LATCH SCORE among primary gravid per vaginal delivery mothers and caesarean section delivery mothers.

SECTION –D

Mean standard deviation and calculation to find out the comparison the factors affecting of breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal and caesarean section

SECTION -A

Demographic Variables Are

This section deals with the percentage-wise distribution of participant with regard to demographic variables. A convenient sample of 100 subjects was drawn from the study population, who were from selected area.

SECTION –B

Assess the factors affecting of breastfeeding among primary gravid mothers who delivered per vaginal & caesarean section deliveries.

The cylindrical diagram representing the distribution of subject according Factors affecting of breastfeeding among primary gravid mothers who delivered per vaginal and caesarean section in both practical factors are more affected to the mothers.

SECTION - C

Assess the LATCH score of breastfeeding among primary gravid mothers who delivered in pre vaginal delivery and caesarean section delivery. [7]

The cylindrical diagram representing the distribution of subject according LATCH score of breastfeeding among primary gravid mothers who delivered in per vaginal and caesarean section in both mothers had average practice of latch score.

SECTION - D

Compare the factors affecting of breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal and caesarean section.

The cylindrical diagram representing the distribution of subject according Compare the factors affecting Of breastfeeding among primary gravid mothers who delivered per vaginal and caesarean section

Table 4.20 compares the factors affecting of breastfeeding scores among primary gravid mothers who delivered per vaginal and caesarean section. For mothers who delivered per vaginally, the mean factors affecting breastfeeding score was 20.52, with a standard deviation of 2.26 and a standard error mean of 0.321. [8] The t-statistic was calculated as 4.904 with 49 degrees of freedom, resulting in a significant p-value of 0.001.

On the other hand, for mothers who delivered via caesarean section, the mean factors affecting breastfeeding score was 22.56, with a standard deviation of 2.32 and a standard error mean of 0.328.

The comparison suggests a statistically significant difference in the factors affecting breastfeeding scores between mothers who delivered per vaginally and those who delivered via caesarean section. [9] The positive relationship between factors affecting and caesarean section this section H1 hypothesis is accepted. It shows there is a Positive relationship between LATCH SCORE on per vaginal delivery. So the caesarean mothers need a counselling regarding the breastfeeding practices.

Table 01: Demographic Variables Are

Sample characteristics	Prevaginal delivery mothers(n1)		ean section deliverymothers(n2)	
	Frequency	Percentage	Frequency	Percentage
Initiation of breastfeeding				
>1 hours	24	48	16	32
<1 hours	26	52	34	68
Age (in year)				
20-25	18	36	5	10
25-30	24	48	28	56
< 30	8	16	17	34
Education of mothers				
Illiterate	5	10	2	4
Primary /secondary	9	18	6	12
Higher secondary	20	40	18	36
Graduate/post graduate	16	32	24	48
Religion				
Hindu	34	68	32	64

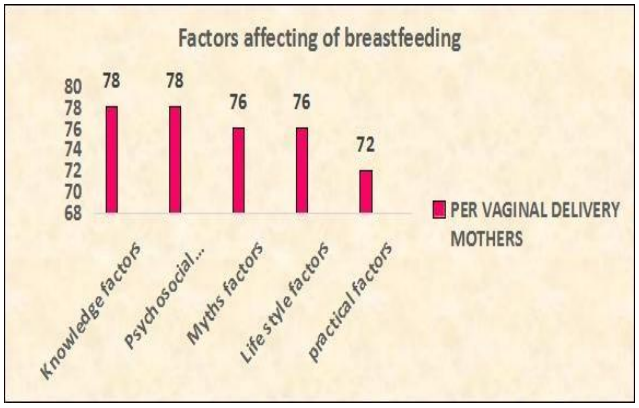
Muslim	8	16	9	18
Christian	3	6	2	4
Sikh	0	0	1	2
Other	5	10	6	12

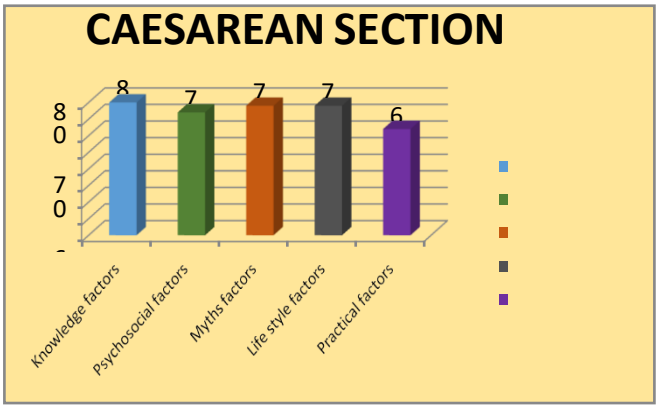
Occupation of mothers				
Working	16	32	22	44
Non-Working	34	68	28	56
Family income (in Rs.)				
5001 to10000	6	12	4	8
10001 to 15000	18	36	24	48
15001 to 20000 and more	26	52	22	44
Type of family				
Nuclear family	28	56	30	60
Joint family	20	40	16	32
Extended	2	4	4	8
Place of Residence				
Rural	30	60	18	36
Urban	20	40	32	64
Type of diet				
Vegetarian	35	70	29	58
Non-Vegetarian	15	30	21	42
Source of information				
Internet	28	56	34	68
Health worker	8	16	4	8
Mass media	10	20	10	20
Other	4	8	2	4

Table 02: Compare the factors affecting of breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal and caesarean section N=100

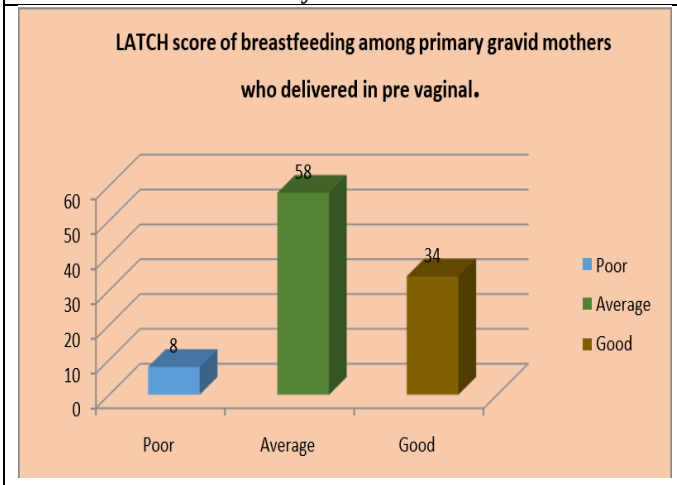
Factors Affecting of Breastfeeding							
Comparison	**Mean**	**Mean%**	**Std. Deviation**	**Std. Error Mean**	**t**	**DF**	**Sig.**
Prevaginal delivery	20.52	68	2.26	0.321	4.904	49	0.001**
Caesarean section delivery	22.56	75	2.32	0.328			

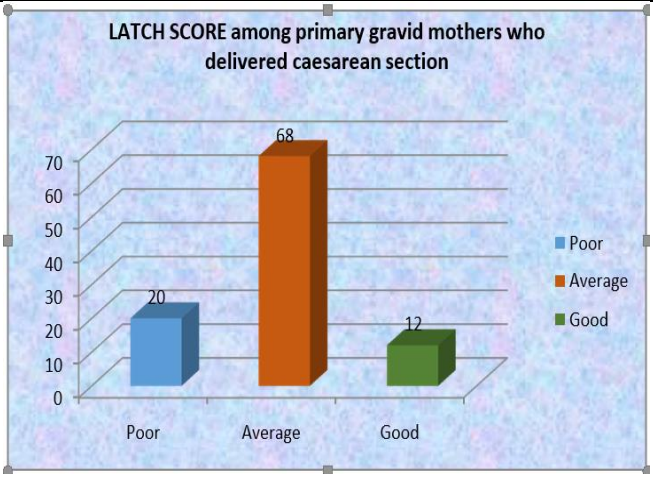
Assess the factors affecting of breastfeeding among primary gravid mothers who delivered per vaginal & caesarean section deliveries n=50+50)

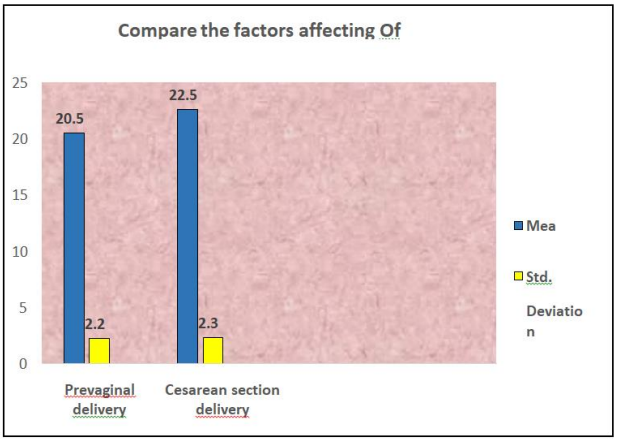




Assess the LATCH score of breastfeeding among primary gravid mothers who delivered in pre vaginal delivery and caesarean section delivery







DISCUSSION

In the discussion the investigator ties together all the loose ends of the study. The findings of the present study have been discussed in accordance with

objective of the research and literature reviewed. [10] The present study has been undertaken to assess the factors affecting of breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal and cesarean section at Dr. Bhim Rao Ambedkar Memorial Hospital Raipur Chhattisgarh''.

The majority, comprising 58%, fell into the Average LATCH score category, with scores ranging from 5-7. Additionally, 34% were categorized as having a Good LATCH score, scoring between 8-10.The total percentage distributions sums up to 100%, indicating that all participants who Factors affecting breastfeeding among primary gravid mothers who delivered per vaginal maximum subject (100)Severe Affected (15-20) 50%Mild Affected (21-25) 48% Mordent Affected (26-30) 2% and mean 20.52,mean % 68%,SD 2.26. [11-12]

Factors affecting breastfeeding among primary gravid mothers who delivered caesarean section maximum subject (100)Severe Affected (15-20) 20%Mild Affected (21-25) 68% Mordent Affected (26-30) 12% and mean 22.56,mean %75%,SD 2.32 L Li • 2021 among a total of 389 articles identified, 18 papers met our inclusion criteria, which reported that the C-section was associated with the initiation of breastfeeding and the duration of exclusive breastfeeding. [13] Furthermore, these studies also discussed factors and experiences related to breastfeeding difficulties in mothers who have a C-section. Besides, several studies investigated effective initiatives that support breastfeeding in mothers who have a C-section.

C-section is thought to be related to the initiation and duration of breastfeeding. In comparison with natural childbirth, C-section can delay the start of breastfeeding and shorten the duration of exclusive breastfeeding. Moreover, the planned C-section is considered the most critical factor affecting breastfeeding. [14] Also, breastfeeding initiatives are highly recommended to support mothers who have a C-section.

Mothers underwent vaginal delivery were included in the respective LATCH score categories. The mean LATCH score for factors affecting breastfeeding in this group was calculated to be 6.88, with a standard deviation (SD) of 1.27. The mean score provides an average representation of the overall LATCH scores, while the standard deviation reflects the variability of individual scores around the mean [15]

Compare the factors affecting of breastfeeding and LATCH score among primary gravid mothers who delivered per vaginal and caesarean section The positive relationship between factors affecting and caesarean section this section H1 hypothesis is accepted. It shows there is a Positive relationship between LATCH SCORE on per vaginal delivery. So the caesarean mothers need a counselling regarding the breastfeeding practices.

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