

## **An Exploratory Study to Identify the Factors Affecting Breastfeeding Practices among Mothers with Caesarean Section Delivery**

**Neha Parmar<sup>a\*#</sup>, Aesha Macwan<sup>b≡</sup>, Jay Desai<sup>b≡</sup>, Aniruddhsinh Sodhaparmar<sup>b≡</sup>, Sifa Vahora<sup>b≡</sup>, Zalak Prajapati<sup>b≡</sup>, Khushbu Rana<sup>b≡</sup> and Nancy Patel<sup>b≡</sup>**

<sup>a</sup> Department of Obstetrics & Gynaecology, Dinsha Patel College of Nursing, Nadiad, India.

<sup>b</sup> Dinsha Patel College of Nursing, Nadiad Kheda District, Gujarat-387001, India.

### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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### **ABSTRACT**

**Introduction:** The study was conducted to explore the factors affecting Breastfeeding practices among mothers with Caesarean section delivery in selected maternity hospitals of Anand-Kheda district, Gujarat.

**Objectives:** 1) To identify the factors affecting breastfeeding practices among mothers with Caesarean section delivery. 2) To verify the existence of an association between breastfeeding practices and socio demographic variables.

**Research Methodology:** Research design of the study was Non-Experimental Descriptive Exploratory Design. The study employed Non-probability Consecutive sampling technique to recruit a sample of 100 women. The tool used in the study were demographic questionnaire, obstetric data, breastfeeding data and breastfeeding practice assessment by using standardized Jenson, Wallace, Kelsay's "LATCH SCALE." Validity of the tool was assessed by the 7 experts. Reliability of the tool was 0.76 and ascertained by using Karl Pearson's co-relation coefficient

<sup>#</sup> Assistant Professor;

<sup>≡</sup> Final year B.Sc. Nursing Students;

\*Corresponding author: Email: gops05@gmail.com;

formula. The result of the study is analysed on the basis of frequency as the values do not fit in the criteria of normal distribution, thus, the result is not generalized.

**Results:** On analyses, it was found that the factors which may affect the breastfeeding practice in mothers with caesarean section deliveries included preterm delivery of the baby (74%), mothers whose babies were admitted to NICU (28%), breastfeeding initiation in more than 6 hours (46%), mothers who had severe incision pain (21%). Moreover, babies who did not have skin to skin contact with their mother (15%) and also who were given pre-lacteal feed (26%) contributed to the factors that affected. Many factors which were found to improve the practice included the mothers who had proper antenatal care (48%), mother whose baby met her in less than 1 hour (46%) and initiated breastfeeding in that same time. Family support to breastfeed (75%) also lent towards good practice. The findings indicated that demographic variable paternal education (calculated value=23.33; table value=15.51) shows the significant association with breastfeeding practice.

**Conclusion:** The study suggests that, preterm delivered baby, admission of baby in NICU, more time in the recovery room, severe incision pain, lack of skin-to-skin contact, availability of pre-lacteal feed and lack of support from the maternity ward staff were perpetuated breastfeeding practices in mothers with Caesarean section delivery in this particular study.

*Keywords: Breastfeeding practice; caesarean section; latch scale; Gujarat; factors.*

## 1. INTRODUCTION

Breastfeeding is the process of feeding the infant, with the mother's milk either pumped or expressed [1]. Literatures suggest that breastfeeding protects babies from disease like diarrhoea and acute respiratory infections, stimulates the immune systems and improves response to vaccinations. Breastfeeding promotes a child's overall development including cognitive, psychosocial, and emotional development. Breastfeeding creates a special bond between mother and baby which offers unique interaction and stimulation, along with the balance of protein and energy and micronutrients which helps in growth and development and gives a sense of well-being and security. It also benefits the mother's health by helping the uterus to contract early after delivery which reduces chances of prolonged bleeding. Breastfeeding also reduces the mother's risk of ovarian and breast cancer [2]. The delivery through caesarean sections is an operative approach replacing the natural process of delivery. Most literature show that having a delivery by caesarean section is associated with non-initiation or delayed initiation of breastfeeding as well as with the discontinuation of exclusive breastfeeding. Previous researches shows that a number of factors have been associated with breastfeeding including socioeconomic variables of the mother, cultural environment and the support the mother gets from the family and community [3]. Caesarean sections(CS) are effective in saving lives of parturient women & perinatal infants under abnormal labour process. [4,5] However, also comes with challenges, one

of which is breastfeeding. Mothers with CS delivery not only have delayed breastfeeding after delivery but also have lower rate of exclusive breastfeeding and a shortened duration of breastfeeding [6-10]. Promoting breastfeeding has become one of the major initiatives for improving mother's and children's health, [7-11]. and therefore, it is necessary to understand the factors affecting breastfeeding, especially in mothers who have undergone CS delivery. A post-caesarean woman needs unique care and support for breastfeeding [12-16]. These care needs may vary from one woman to another depending on some specific factors.

### 1.1 Objectives

1. To identify the factors affecting breastfeeding practices among mothers with Caesarean section delivery.
2. To verify the existence of an association between breastfeeding practices and socio demographic variables.

### 1.2 Assumptions

1. Breastfeeding practices maybe affected by various factors in mothers with Caesarean section delivery.
2. There may be significant association of breastfeeding practices with selected demographic variables

## 2. MATERIALS AND METHODS

- **Research approach:** Quantitative approach

- **Research design:** Non-Experimental Descriptive Exploratory Study
- **Target population:** Mothers with Caesarean section delivery among selected maternity hospitals of Anand-Kheda district.
- **Sampling technique:** Non-probability consecutive sampling technique
- **Sample size:** 100 Mothers with Caesarean section delivery
- **Data collection tool:**

#### Section A:

- I. Demographic Data
- II. Obstetrical Data

#### Section B:

- **Breastfeeding Data**
- **Breastfeeding Practices Assessment:** Breastfeeding practices assessment will be done by using standardized Jenson, Wallace, Kelsay's "LATCH SCALE."
- **Delimitations of study:**
  1. The study is limited to mothers below 35 years and above 21 years of age, having no illness or complications.
  2. The study is limited to maternity hospitals of Anand-Kheda district only.
- **Data collection method:**

Written consent was taken from each participant to participate in the study after explanation of the study purpose and procedure. Questions were asked after proper build up of rapport. The questions were asked by the researchers and the responses were marked in the tool. Details from the mothers who had undergone Caesarean section and are admitted in the hospital were taken for the participation.

- **Data analysis:** Descriptive Statistics and inferential statistics
- **Criteria measured:** Identification of factors affecting breastfeeding practice in caesarean section mothers.

### 3. RESULTS

#### 3.1 Findings Related to Demographic Characteristics of Samples

Majority of mothers (35%) were within the age range of 30-34 years while small proportion (13%) were young mothers i.e., 18-21 years. The samples comprised of slightly above half (54%) from urban habitat. Most of the mothers (49%) belonged to Hindu religion and majority (83%) had some formal education. Almost half of the samples were housewives and half (50%) had mild work to do. Among the samples, (46%) had 1 child.

#### 3.2 Findings Related to Obstetrical Characteristics of Samples

Obstetric data showed that most (79%) of participants had planned their pregnancy and almost half (52%) of the mothers were primiparous. Most (67%) had visited private clinic for their ANC follow up and (48%) visited clinic for more than 4 times. Majority (72%) of samples received breastfeeding counseling during their pregnancy period. Most (62%) of the Caesarean sections were elective and some (28%) of the mothers' babies were admitted to NICU.

#### 3.3 Findings Related to Breastfeeding Characteristics of Samples

It was found that almost half (46%) mothers breastfed their baby. However, (44%) mothers initiated feeding in less than 1 hour after delivery. Among the mothers who had delayed initiation of breastfeeding, the factors responsible were found to be separation of mother from baby, baby admitted to NICU, failure of breasts to produce breast milk. Most (85%) of mothers succeeded in maintaining skin to skin contact with their baby. Most (74%) did not give any kind of Pre-lacteal feed and 79% mothers had correct practice of Breastfeeding. 75% mothers had support of their family in breastfeeding and 35% mothers fed their baby 1 hourly.

**Table 1. Frequency and percentages wise distribution of sample based on demographic characteristics**

(N=100)			
Sr. No	Demographic variables	Frequency(f)	Percentage (%)
1	Age of mother		
	<input type="checkbox"/> 18-21	13	13%
	<input type="checkbox"/> 22-25	25	25%
	<input type="checkbox"/> 26-29	27	27%
	<input type="checkbox"/> 30-34	35	35%
2	Residence of mother		
	<input type="checkbox"/> Rural	46	46%
	<input type="checkbox"/> Urban	54	54%
3	Religion		
	<input type="checkbox"/> Hindu	49	49%
	<input type="checkbox"/> Muslim	17	17%
	<input type="checkbox"/> Christian	30	30%
	<input type="checkbox"/> Other	04	04%
4	Maternal Education		
	<input type="checkbox"/> Not formal education	17	17%
	<input type="checkbox"/> Primary	24	24%
	<input type="checkbox"/> Secondary	23	23%
	<input type="checkbox"/> Graduate	25	25%
	<input type="checkbox"/> Post-graduate and/or higher	11	11%
5	Paternal Education		
	<input type="checkbox"/> Not formal education	06	06%
	<input type="checkbox"/> Primary	21	21%
	<input type="checkbox"/> Secondary	23	23%
	<input type="checkbox"/> Graduate	42	42%
	<input type="checkbox"/> Post-graduate and/or higher	08	08%
6	Maternal Occupation		
	<input type="checkbox"/> Government employed	13	13%
	<input type="checkbox"/> Self employed	14	14%
	<input type="checkbox"/> Daily labourer	13	13%
	<input type="checkbox"/> Housewife	51	51%
	<input type="checkbox"/> Other	09	09%
7	Type of work (Mother)		
	<input type="checkbox"/> Heavy work	20	20%
	<input type="checkbox"/> Moderate work	27	27%
	<input type="checkbox"/> Mild work	50	50%
	<input type="checkbox"/> Sedentary lifestyle	03	03%
8	Income of the family		
	<input type="checkbox"/> Less than 5000	12	12%
	<input type="checkbox"/> 5000-15000	30	30%
	<input type="checkbox"/> 15001-25000	30	30%
	<input type="checkbox"/> More than 25000	28	28%
9	Number of children		
	<input type="checkbox"/> 1	46	46%
	<input type="checkbox"/> 2	40	40%
	<input type="checkbox"/> 3	12	12%
	<input type="checkbox"/> ≥4	02	02%

### 3.4 Findings Related to Breastfeeding Assessment

On assessment of breastfeeding practice, 7(7%) had poor practice, 39(39%) had moderate practice and 54(54%) had good practice.

**Table 2. Analysis and interpretation of the obstetrical data**

			(N=100)
Sr no.	Obstetrical Data	Frequency(f)	Percentage (%)
1	Type of pregnancy		
	<input type="checkbox"/> Intended	79	79%
	<input type="checkbox"/> Unintended	21	21%
2	Parity		
	<input type="checkbox"/> Primipara	52	52%
	<input type="checkbox"/> Multipara	48	48%
3	Place of ANC follow up		
	<input type="checkbox"/> Public institution	17	17%
	<input type="checkbox"/> Private clinic	67	67%
	<input type="checkbox"/> NGO	5	5%
	<input type="checkbox"/> Maternity centre	11	11%
4	Number of ANC visit		
	<input type="checkbox"/> No visit	16	16%
	<input type="checkbox"/> Less or equal to 4	36	36%
	<input type="checkbox"/> Greater than 4	48	48%
5	Was Early Initiation of Breastfeeding counselling given during Antenatal visit?		
	<input type="checkbox"/> Yes	72	72%
	<input type="checkbox"/> No	28	28%
6	Length of Pregnancy		
	<input type="checkbox"/> 7 months	74	74%
	<input type="checkbox"/> 8months	22	22%
	<input type="checkbox"/> ≥9 months	4	4%
7	Type of Caesarean Section		
	<input type="checkbox"/> Elective	62	62%
	<input type="checkbox"/> Emergency	38	38%
8	Pain at incisional site		
	<input type="checkbox"/> Mild (1-3)	29	29%
	<input type="checkbox"/> Moderate (4-7)	50	50%
	<input type="checkbox"/> Severe (8-10)	21	21%
9	Number of simultaneous pregnancies		
	<input type="checkbox"/> Twin	19	19%
	<input type="checkbox"/> Singleton	81	81%
10	Baby admitted to NICU		
	<input type="checkbox"/> Yes	28	28%
	<input type="checkbox"/> No	72	72%

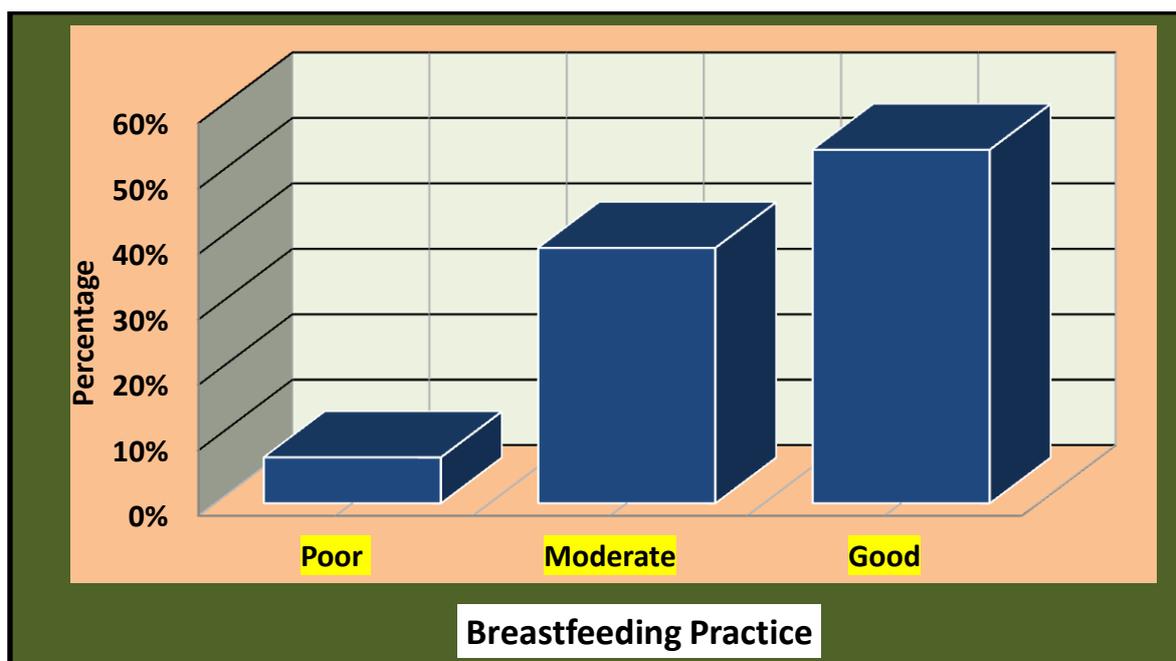
**Table 3. Analysis and interpretation of the breastfeeding data**

			(N=100)
Sr. no.	Breast feeding data	Frequency(f)	Percentage(%)
1	Breastfeeding given?		
	<input type="checkbox"/> Yes	46	46
	<input type="checkbox"/> No	54	54
	If no – <input type="checkbox"/> Expressed	2	2%
	<input type="checkbox"/> Formula	22	22%
	<input type="checkbox"/> Any other	5	5%
	<input type="checkbox"/> None	27	27%
2	Baby met mother after Caesarean Section (hours)		
	<input type="checkbox"/> Less than 1	46	46%
	<input type="checkbox"/> 1-5	30	30%
	<input type="checkbox"/> 6-10	13	13%
	<input type="checkbox"/> Greater than10	11	11%

Sr. no.	Breast feeding data	Frequency(f)	Percentage(%)
3	Breastfeeding initiation after Caesarean section (hours)		
	<input type="checkbox"/> Less than 1	44	44%
	<input type="checkbox"/> 1-6	26	26%
	<input type="checkbox"/> 6-12	14	14%
	<input type="checkbox"/> Greater than 12	16	16%
	<input type="checkbox"/> Not given	0	0%
4	Reason for not initiating breastfeeding within an hour after delivery		
	<input type="checkbox"/> Mother was in recovery room	29	29%
	<input type="checkbox"/> Baby was in nursery	11	11%
	<input type="checkbox"/> Breast milk was not produced	10	10%
	<input type="checkbox"/> Mother had severe pain	4	4%
5	Skin to skin contact of mother and baby?	85	85%
	<input type="checkbox"/> Yes	15	15%
	<input type="checkbox"/> No		
6	Pre-lacteal feed?		
	<input type="checkbox"/> Yes	26	26%
	<input type="checkbox"/> No	74	74%
7	Liquids other than feed		
	<input type="checkbox"/> Other fluid	14	14%
	<input type="checkbox"/> Honey	4	4%
	<input type="checkbox"/> Nothing	82	82%
8	Did you need any kind of help from staff?		
	<input type="checkbox"/> Yes	43	43%
	<input type="checkbox"/> No	57	57%
9	Correct practice of Exclusive Breastfeeding?	79	79%
	<input type="checkbox"/> Yes	21	21%
	<input type="checkbox"/> No		
10	Position of breastfeeding usually followed		
	<input type="checkbox"/> Cradle	40	40%
	<input type="checkbox"/> Side-lying	44	44%
	<input type="checkbox"/> Laidback	10	10%
	<input type="checkbox"/> Others	6	6%
11	Support of family in Exclusive Breastfeeding?		
	<input type="checkbox"/> Yes	75	75%
	<input type="checkbox"/> No	25	25%
12	Frequency of breastfeeding		
	<input type="checkbox"/> On demand	31	31%
	<input type="checkbox"/> 1 hourly	35	35%
	<input type="checkbox"/> 2 hourly	28	28%
	<input type="checkbox"/> Others	9	9%

**Table 4. Analysis and interpretation of data related to association of breastfeeding practice with selected demographic variable in non-experimental group**

Sr. No	Demographic variables	Frequency (f)	X <sup>2</sup>		df	Association
			Calculated Value	Table Value		
1	Age of mother					
	<input type="checkbox"/> 18-21	13	7.55	12.59	6	Not Significant
	<input type="checkbox"/> 22-25	25				
	<input type="checkbox"/> 26-29	27				
<input type="checkbox"/> 30-34	35					
2	Residence of mother					
	<input type="checkbox"/> Rural	46	2.43	5.99	2	Not Significant
<input type="checkbox"/> Urban	54					
3	Religion					
	<input type="checkbox"/> Hindu	49	12.15	5.99	2	Not Significant
	<input type="checkbox"/> Muslim	17				
	<input type="checkbox"/> Christian	30				
<input type="checkbox"/> Other	04					
4	Maternal Education					
	<input type="checkbox"/> Not formal education	17	10.96	15.51	8	Not Significant
	<input type="checkbox"/> Primary	24				
	<input type="checkbox"/> Secondary	23				
	<input type="checkbox"/> Graduate	25				
<input type="checkbox"/> Post-graduate and/or higher	11					
5	Paternal Education					
	<input type="checkbox"/> Not formal education	06	23.33	15.51	8	Significant
	<input type="checkbox"/> Primary	21				
	<input type="checkbox"/> Secondary	23				
	<input type="checkbox"/> Graduate	42				
<input type="checkbox"/> Post-graduate and/or higher	08					
6	Maternal Occupation					
	<input type="checkbox"/> Government employed	13	12.58	15.51	8	Not Significant
	<input type="checkbox"/> Self employed	14				
	<input type="checkbox"/> Daily labourer	13				
	<input type="checkbox"/> Housewife	51				
<input type="checkbox"/> Other	09					
7	Type of work (Mother)					
	<input type="checkbox"/> Heavy work	20	7.17	12.59	6	Not Significant
	<input type="checkbox"/> Moderate work	27				
	<input type="checkbox"/> Mild work	50				
<input type="checkbox"/> Sedentary lifestyle	03					
8	Income of the family					
	<input type="checkbox"/> Less than 5000	12	6.34	12.59	6	Not Significant
	<input type="checkbox"/> 5000-15000	30				
	<input type="checkbox"/> 15001-25000	30				
<input type="checkbox"/> More than 25000	28					
9	Number of children					
	<input type="checkbox"/> 1	46	12.53	12.59	6	Not Significant
	<input type="checkbox"/> 2	40				
	<input type="checkbox"/> 3	12				
<input type="checkbox"/> ≥4	02					



**Fig. 1. Analysis and interpretation of breastfeeding practice using the latch scale**

#### 4. DISCUSSION

Questions were asked to mothers based on the tool and their response was marked. The study is limited to selected maternity hospitals of Anand-Kheda districts of Gujarat state.

A study conducted at Obstetrics and Gynaecology Department in the Obstetrics and Gynaecology Hospital at Minia University identified a good new-born status and having an antenatal care as positive predictors, while the negative predictors were higher level of mother education, higher gravidity, and giving glucose to new-born in accordance with the initiation of breastfeeding [17]. Another study conducted in South Gondar Zone Hospitals Northwest Ethiopia concluded that type of pregnancy, professional guidance, had four or more antenatal care and breastfeeding experience were significantly associated with early initiation of breast feeding among mothers who delivered by caesarean section [2]. A study conducted to explore the factors affecting breastfeeding behaviours in women after Caesarean section found that the challenges for breastfeeding after caesarean sections included physical discomfort, knowledge and skills deficit of breastfeeding, lactation deficiency, and lack of knowledge and coping skills in managing their depressive mood after caesarean sections [18].

All above research studies and also other studies, suggest that there are factors that affect the initiation of breastfeeding in mothers who have undergone Caesarean section delivery. This study reflects on this and is done to explore these factors in selected maternity hospitals of Anand-Kheda district of Gujarat state. The limitation of our study is that it includes only some of the maternity hospitals.

On analyses, it was found that the factors which may affect the breastfeeding practice in mothers with caesarean section deliveries included preterm delivery of the baby, mothers whose babies were admitted to NICU, breastfeeding initiation in more than 6 hours, mothers who had severe incision pain. Moreover, babies who did not have skin to skin contact with the mother and also who were given pre-lacteal feed contributed to the factors that affected.

#### 5. CONCLUSION

Many factors which were found to improve the practice included the mothers who had proper antenatal care, mother whose baby met her in less than 1 hour and initiated breastfeeding in that same time. Family support to breastfeed also lent towards good practice. Future large-scale studies can be conducted taking under consideration more maternity hospitals. Further more studies can also be conducted on

improvement of breastfeeding in mothers with Caesarean section delivery.

## 6. RECOMMENDATION

1. Similar study can be replicated on a larger sample to increase validity and generalization of findings.
2. A study can be conducted to compare the factors affecting breastfeeding practices in mothers with Caesarean section and vaginal delivery.
3. A Comparative study can be conducted to assess the factors affecting breastfeeding practices between primipara and multipara mothers.
4. A study can be conducted to find out the influence of mode of delivery on breastfeeding initiation.
5. An analysis can be conducted to understand breastfeeding behaviour and associated factors.

## CONSENT AND ETHICAL APPROVAL

The study was approved by the institutional ethical committee of Dinsha Patel College of Nursing, research committee. There is total 15 members in the committee from various departments. The Ethical approval reference number is DPCN/2<sup>nd</sup> IEC/2020-21/14 and a formal written consent was gathered from the authority of or Principal of Institute prior to data collection.

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## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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