

Original Article

A Study on post partum breast problems of mothers attending at lactation management center (LMC)

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Abstract

Exclusive breast feeding is essential for the physical and mental development of the child. Post-partum breast problem may produce a obstacle on the way of successful breast feeding. So this study was conducted in ICMH, Matuail to find out common post-partum breast problems. All mothers attending at LMC after delivery with breast problems were included in the study. A total 114 samples were taken. All lactating mothers who gave their consent are to be included in the study and who are not willing to participate in the study were excluded. In our study, age distribution of mother shows, 35.96% of mothers were at the age of < 20 years, 58.77% were between 20-30 years and 5.26% were > 30 yrs of age. Among 114 patients, 91.22% of mothers were house wife and 8.77% were working Mother, timing of initiation of breastfeeding was, 12.28% initiated within 1 hours, 78.28% were within 1-12 hours, 4.38% were within 12-24 hours and exclusive breast feeding was given to 63.15% baby and first pre-lacteal feed was given to 36.84%, among them 71.42%. Common problem was, 46.49% mother suffered from not enough milk followed by, 20.17% for poor attachment, 17.54% suffered from breast engorgement and 7.89% suffered cracked nipple, inverted nipple was in 2.63% flat and sore nipple to 1.75% and nipple infection and breast abscess was present in 0.877% mothers. Among them, 100% mother were counseled about breast feeding, 78.95% mother were taught about proper position and attachment, hot or cold compression given to 35.09%, Oketani breast massage given to 30.7% and others to 13.16%. In our study all mothers were counseled on the benefit of breastfeeding at LMC. Further large long term cohort study should be carried out to see the postpartum breast problem during lactation.

Key words: Breast feeding, post-partum breast problem, lactation management centre.

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Introduction

Breastfed children are much less likely to die or become ill, especially when colostrums is given and breast feeding is exclusive for at least 6 months. For example, a review of nine studies from five countries in the early part of this century show a 9% to 25% increased survival rate from diarrhoea for breast fed infants in the first six months of life, compared with bottle fed babies and depending on whether the infants were exclusively or partially breastfed.¹ Breast milk contains elements that directly fight infection.² Non-infectious diseases, such as eczema, dental disease, lymphomas and diabetes seem to occur less often in children who are breastfed.³

Breastfeeding may reduce the risk to the mother of post partum haemorrhage.⁴ The risk of ovarian cancer is significantly lower among women who have breastfed.⁵ Researchers also note a decreasing risk of breast cancer associated with an increasing duration of breastfeeding.⁶ Breast feeding also save money, with an average cost for formula in developing countries like us \$ 22 per month for a 6 month old infant.⁷

Bangladesh was once thought to be one of the strongest breasts feeding culture of the world. Back in 1974-77, 100% babies were found to be breastfed and 85% were found to be continuing breastfeeding till 2 years.⁸ In 1997, 63% babies were found to be exclusive breastfeed upto 2 months, 47% upto 2 to 3 months and only 31% upto 4 to 5 months. In a survey conducted during 2004 found that median age of exclusive breastfeeding was 3.67 month (n=5068 mother child pairs) and supplementary feeding was given to 69.7% before 6 months and thus exclusive breastfeeding was very low.⁹ Working mother had lowest rate of exclusive breastfeeding. Only 20% of working women exclusively breastfed up to 1 month, 13% up to 2 month & 2% up to 5 month.¹⁰

Common problem related to breastfeeding includes breast engorgement, painful nipple, nipple infection, mastitis, breast abscess, poor milk production and incorrect techniques, infrequent feeding, breastfeeding on scheduled times and extra food from outside are important risk factor that can predispose to lactation problem.¹¹ The adequate management of these conditions is very important and if not treated, led to early weaning or improper feeding. So, early detection and

proper management of lactation problem and giving knowledge about importance of breastfeeding to nursing mother can contribute on good health of mother & baby.

Methods

This a cross sectional descriptive study conducted in ICMH from January, 2011 to July, 2012. All mothers attending at LMC after delivery with breast problems were included in the study. A total 114 samples were taken. All lactating mothers who gave their consent to be included in the study and who are not willing to participate in the study were excluded. Data were collected by a structured questionnaire. Ethical clearance was taken from local ethical review committee of ICMH. Informed consent was taken from the mothers. Data were analyzed by SPSS.

Results

The age distribution of mother shows, 35.96% of mothers were at the age of < 20 years, 58.77% were between 20-30 years and 5.26% were > 30 yrs of age (Table-I)

Table-I: Distribution of age of mother

Age (in years)	Frequency	Percentage
<20	41	35.96%
20-30	67	58.77%
>30	6	5.26%

Among 114 patients, 91.22% of mothers were house wife and 8.77% were working Mother (Table -II).

Table-II: Distribution of occupation of mother

Occupation	Frequency	Percentage
House wife	104	91.22%
Service holders	10	8.77%

Regarding the timing of initiation of breastfeeding, 12.28% were within <1 hours, 78.28% were within 1-12 hours, 4.38% were within 12hrs-24 hours and >24 hours. (Table-III).

Table III: Distribution according to reported time of initiation of breastfeeding

In hour	Frequency	Percentage
<1 hr	14	12.28%
1-12 hrs	40	78.94%
12-24 hrs	5	4.38%
>24hrs	5	4.38%

Exclusive breast feeding was given to 63.15% baby and first pre-lacteal feed was given to 36.84% . Among them 23.80% were given in 12-24 hours, 71.42% were given within 1-2 days and 4.76% were given >2 days. (Table –IV)

Table- IV: Distribution according to time of giving of first pre-lacteal feed

Item	Frequency	Percentage
First pre-lacteal feed	42	36.84%
Time of giving		
12-24 hrs	10	23.80%
1-2 days	30	71.42%
> 2 days	2	4.76%

Approximately 46.49% mother suffered from not enough milk, 20.17% from poor attachment, 17.54% were suffered from breast engorgement, cracked nipple present in 7.89% cases, inverted nipple in 2.63%, flat and sore nipple in 1.75% and nipple infection and breast abscess was present in 0.877%. (Table –IV)

Table IV: Distribution according to post partum breast problem of lactating mother

Breast problem	Frequency	Percentage
Not enough milk	53	46.49%
Poor attachment	23	20.17%
Breast engorgement	20	17.54%
Cracked nipple	9	7.89%
Inverted nipple	3	2.63%
Flat nipple	2	1.75%
Sore nipple	2	1.75%
Nipple infection	1	0.877%
Breast abscess	1	0.877%

Table VI: Distribution according to treatment given to mother

Treatment	Frequency	Percentage
Counselling	114	100%
Position attachment	90	78.95%
Cold/hot compression	40	35.09%
Oketani breast massage	35	30.7%
Others	15	13.16%

Discussion

It is now clear that the beneficiaries of breastfeeding are not only the infants but also the mothers, the family and the society as a whole. Current study was carried out to explore common problems encountered during lactation and the proper management of these problems for successful breastfeeding.¹²

In our study, most of the mothers (58.77%) were at the age group of 20-30 years. Whereas another study at LMC in RMCH from 2004 to 2005 found, most of the mothers (55%) were in the age group 15-20 years.¹³

Most of the mothers of current study were house wife about 91.22% and 8.77% were working mother, whereas in the study by Februhartanty et al, 87.4% mothers were working mother, which almost reverse to our finding. May be this result difference due to different socio-demographic status. Hajian-Tilaki KO, in his study on Factors associated with the pattern of breastfeeding in the north of Iran, found that being housewife mothers were associated with longer duration of breastfeeding.¹⁴ With the urbanization, more and more women entering into jobs and thus has a negative influence on breastfeeding. There is no facility for feeding in the work places. Mothers are not allowed adequate maternity leave. Many working women face obstacles such as long traveling distances to work, long or erratic working hours, few breaks, and unreliable infant caretakers. Studies in North Sumatra and Chile showed that the cessation of or scanty milk secretion as well as mothers working were the main reasons for terminating breastfeeding in the urban areas. On an average, a higher proportion of working mothers than their non working counterparts had already introduced artificial milk both as a substitute for, as well as a complement to breastfeeding when infants were three months old. Weaning foods were also introduced earlier in the diets of their infants.

A review by Giugliani, 2004 on problems during lactation found that it frequently includes breast engorgement, nipple pain /trauma, plugged milk duct, breast infection and poor milk production.¹⁵ In current study, first problem was poor milk production(46.49%),second was lack of knowledge (20.07%) and third was breast engorgement (17.54%) during lactation period. Februhartanty et al. series reported 33% of poor milk production that was their first problem and third problem was sore nipple 9% that was our only 1.75%.Giugliani(2004) explained the cause of sore nipple is related to improper position and latching on techniques. A "hands off" breastfeeding technique (based on physiology of sucking and clinical experience) was taught to midwives in hospitals who subsequently taught other's in their care

Bristol Hospital, UK . Significant increases were observed in the proportion of mothers exclusive breastfeeding at 2 wks and 6 wks and in any breastfeeding rates at 2 weeks after the technique interventions.¹⁵ In study by Februhartanty et al, the first two most common problems encounter during lactation were related to emotional state and tiredness, but in our study emotional and physical supports for the mothers were not explored.¹⁶

Incorrect positioning and latching on techniques, not frequent breastfeeding and breastfeeding on scheduled times, pacifiers and food suppliers as well as perception of insufficient breast milk are important risk factors that can lead to low rates of exclusive breastfeeding.¹⁷ In our study faults in position and attachment was noticed in most of the mother about 78.95% and those mothers were shown the correct technique of breastfeeding by nurses. Another study at Rajshahi Medical College Hospital (RMCH) from 2004-2005 at LMC 95% mothers were practically helped by showing correct positioning and attachment of baby to the breast.¹⁸

Oketani breast massage a special technique is practiced by Japanese midwives for increasing breast milk secretion and for better quality of milk. In our study Oketani breast massage given to 30.7% mothers. Another study at LMC of RMCH on an average 33.0% of mother required Oketani breast massage for improving lactation that is close to our studies.¹⁸

Hospital routines and other health care practices frequently influence a women's decision whether or not to breastfeed. They also can make it difficult for a woman to breastfeed successfully. Discourage breastfeeding by routinely separating infants from their mother immediately after birth, administering lactation suppressants, providing supplemental bottle-feeding and/or enforcing inflexible breastfeeding schedule. Incorrect information and practices concerning breastfeeding, such as in-hospital bottle-feeding that jeopardizes the early establishment of an adequate supply of breast milk, are far too common among health professionals .

In our study 63.15% baby were given exclusive breastfeeding among them 78.94% initiated breastfeeding within 1 to 12 hours and 36.84% baby were given pre-lacteal feed. Reasons behind given pre-lacteal feed, poor milk production is the main reason about 33.33%.A study from the Abhoynagar field site of ICDDRBR reported the prevalence of exclusive breastfeeding to be 15% only. In 2004 Bangladesh Demographic and Health Survey (BDHS) observed a rapid decline in exclusive breastfeeding during

the first six month of infants-from 63.5% in the first month to 30% during 4-5 months.¹⁹ The WHO estimated the promotion of exclusive breastfeeding for the first six months could avert the deaths of 1.3 million infants globally each year.²⁰

This study describes the function of LMC in a hospital setting. Mothers who were coming to this centre for various breast feeding and breast problems were managed with counseling, correction of position and attachment and also by applying Oketani breast massage technique, which could be helpful to continue exclusive breastfeeding and ensure proper nutrition of the babies. Further large long term cohort study should be carried out to see the postpartum breast problem during lactation.

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