

Original Article

SERVICES PROVIDED FOR LACTATING MOTHERS AT LACTATION MANAGEMENT CLINIC IN SELECTED TERTIARY LEVEL HOSPITALS

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ABSTRACT

Background: Children are the precious gift from the Almighty Allah and breast milk is an ideal product given to the human being by nature to fulfill all requirements of the offspring until they are matured enough to take adult food.

Objective: To assess the services provided for lactating mothers at lactation management centre in selected tertiary level hospitals.

Materials and Methods: This cross sectional study was conducted among 100 Lactating mothers who were selected conveniently and were interviewed by pre-tested semi-structured questionnaire and an observational checklist. Collected data were processed and analyzed using SPSS (Statistical Packages for Social Science) software.

Results: Lactation management centre (LMC) is supervised by a consultant and separate room is allotted in both out-patient and in-patient departments. Mothers came with lactation problems were more likely in the first month of the baby (73%) and feeling of not enough milk production was common (49%). Highly significant relationship was found between breast problems of lactating mother and age of child ($p < 0.001$). About 84% respondents received practical demonstration on position and attachment of the baby during lactation. About 91% respondents got dietary advice for enough breast milk production, 75% got dietary advice regarding their child's weaning food chart and 69% got health education. Maximum mothers were informed about LMC by doctor & nurse (82%).

Conclusion: Information about LMC services should be disseminated across the country. Lactating mothers should be familiarized with LMC and public awareness should be enhanced for effective management of breastfeeding problem to promote, protect and support the breastfeeding.

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Key words: Lactation Management Centre, Oketani Breast Massage, Breastfeeding services, Lactating Mothers

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INTRODUCTION

Early establishment of breastfeeding in neonates ensures proper weight gain and contributes to reduction of neonatal morbidity and mortality and child malnutrition. Though breastfeeding culture is present in Bangladesh, mothers easily deviate from nursing with breast milk when they face some problems and promptly switch over to top feeds. Adequate counseling about breastfeeding during antenatal care could significantly improve breastfeeding.¹

Mothers need practical support in initiation and establishing breastfeeding. Counseling and correcting position and attachment are recognized as management skill. Oketani breast massage also is used as management skill for breast feeding problems, breast problems like not enough milk, low milk production, partial breast feeding and engorgement of breast. When the mother and baby is treated by Oketani technique for augmentation of

breast milk, it provides great satisfaction and enthusiasm for both of them. Oketani breast massage is effective in relieving breast pain and increasing breast milk pH as well as the sucking speed of neonates.²

In 1994 Ahmed said that, this breast feeding support activities can best be achieved through establishing a Lactation Management Centre (LMC) in the outpatient department of the health care facility.³Lactation Management Centre is a part of the mother-baby unit and identify the problems on breastfeeding.⁴ It is possible to help majority of the mothers with lactation difficulties at the LMC. In “Lactation Management Centre” pregnant and lactating mothers are provided counseling on IYCF and lactating mothers are given a practical demonstration on proper breastfeeding techniques and help the mothers with breast feeding problems and promote, protect and support the breast feeding.

MATERIALS AND METHODS

A cross sectional study was conducted within a time

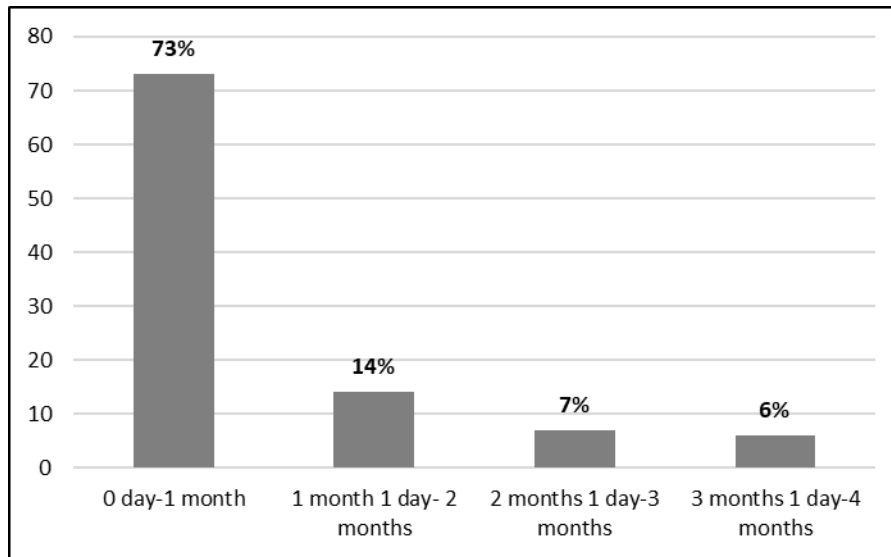
frame of 12 months, from January to December, 2017. Total 100 respondents (lactating mothers) were enrolled and face to face interview was conducted by pretested semi-structured questionnaire by maintaining privacy as far as possible.

An observational check list was used to collect the information regarding the services of LMC. After data collection, data were processed and analyzed by Statistical Package for Social Science (SPSS) version 24. The test statistics was used to analyze the data are descriptive statistics, Chi Square Test and Fisher’s Exact Test according to the demand of the study with 95.0% CI (Confidence Interval). Level of significance was set at 0.05. The results were expressed with tabular and graphical presentations. The study was started after taking ethical clearance.

RESULTS

Figure-1 shows that 73% of the breastfed child’s

Figure 1: Distribution of breast fed children by their age (n=100)



age were 0 day- 1 month age group and only 4% of child’s age was in between 3 months 1 day- 4 months

age group. Mean age of the breastfed children was 0.96±0.87.

Figure 2: Distribution of lactating mothers by breast problems (n=100)

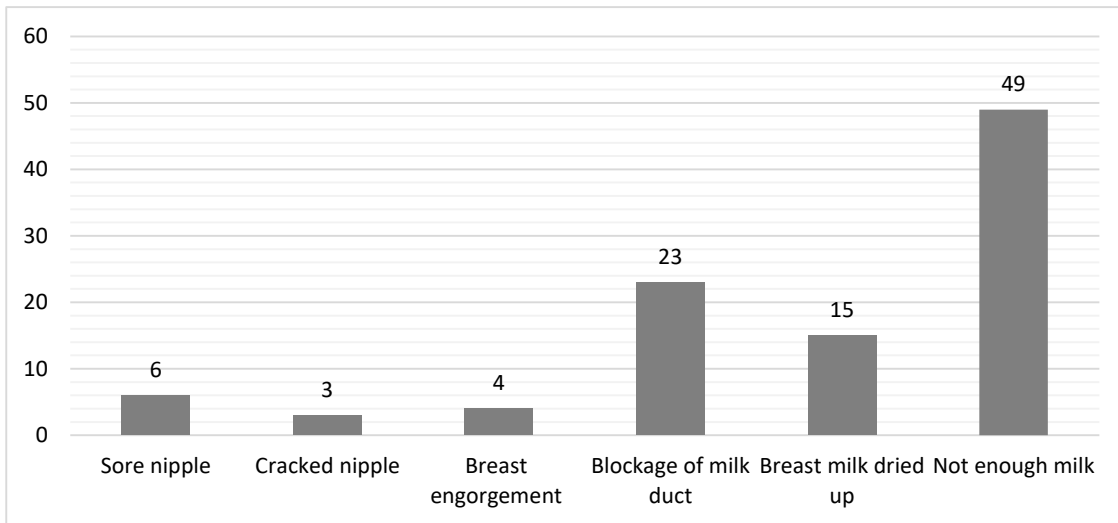


Figure-2 represents the types of breast problems the lactating mothers usually came with at LMC. 49% were come with problem of not enough milk, 23% with blockage of milk duct, 15% with Breast milk dried up, 6% with sore nipple, 4% with breast engorgement and 3% with cracked nipple at LMC.

Table 1 shows that 62% mother came with breast problem of not enough milk production and their child's age was 0day-1month, 31.3% came with sore nipple and 12.5% with breast engorgement whose child were in 1month 1day-2month age group, 28.6% mother came with cracked nipple whose child were

Table 1: Association between age of children and breast problems of lactating mothers (n=100)

Age of children (Month)	Breast problems of lactating mother					
	Sore nipple f (%)	Cracked nipple f (%)	Breast engorgement f (%)	Blockage of milk duct f (%)	Breast milk dried up f (%)	Not enough milk f (%)
<1 month	0(0%)	0(0%)	2(2.8%)	23(32.4%)	2(2.8%)	44(62%)
1- 2 months	5(31.3%)	1(6.3%)	2(12.5%)	0(0%)	6(37.5%)	2(12.5%)
2-3 months	1(14.3%)	2(28.6%)	0(0%)	0(0%)	2(28.6%)	2(28.6%)
3-4 months	0(0%)	0(0%)	0(0%)	0(0%)	5(83.3%)	1(16.7%)
Test statistics	Fisher's Exact Test = 73.592, p=0.000					

in 2 month 1day-3month age group, 28.6% came with breast engorgement whose child were in 2month 1day-3month age group and 83.3% came with complaint of breast milk dried up whose child were in 3month 1day-4month age group. So, the

differences between age of breastfed child and breast problems of lactating mother was significant ($p < 0.001$). To assess this differences Fisher's Exact Test was done because Chi Square Test was not valid.

Table 2: Distribution of lactating mothers by getting practical demonstration and health education

Services Received	Frequency	Percentage
Got practical demonstration on proper positioning and attachment		
Yes	84	84
No	16	16
Got dietary advice for mother		
Yes	91	91
No	9	9
Got dietary advice for child's weaning food		
Yes	75	75
No	25	25
Got health education		
Yes	69	69
No	31	31

Table 2 represents that, majority of the respondent's that means 84% lactating mothers received practical demonstration on proper positioning and attachment ,91% respondents said that they got dietary advice for

enough breast milk production, 75% respondents said that they got dietary advice regarding their child's weaning food chart and 69% lactating mothers got health education.

Table 3: Distribution of lactating mothers by sources of information regarding LMC (n=100)

Information source	Frequency	Percentage
Health worker	5	5
Hospital information desk	3	3
Doctor / Nurse	81	81
Neighbor / Relatives	11	11
Total	100	100

Table-3 shows that, majority of the respondents (81%) were informed by doctors & nurses that LMC provide solution for several kinds of breast problems and only 3% were informed by information desk.

DISCUSSION

In this study 73% of the breastfed child's age was between 0 day-1 month and only 4% of child's age was 3 months 1 day- 4 months which is similar to the study "Nutritional status and breast feeding practice among mothers attending Lactation Management Centre," conducted by Saria Tasnim, Syeda Nazia Akhtar and F M Anamul Haque in 2014, where most of the infants were below 6 months of age and 58.7% were <30 days old.⁵

In this study, first problem was- not enough milk (49%), second was blockage of milk duct (23%) and third was breast milk dried up (15%) 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 in this study only 6%.⁶ In my study the complaint was not enough milk production which was more prevalent among urban than rural mothers.⁷ A study shows that the common perception of not enough milk is the most important factor that hampers exclusive breast feeding and trigger the introduction of artificial milk.⁸ A study conducted at Rajshahi medical college, there it was found that 12% of the mothers had different types of breast problems. The most important problem was breast engorgement (46.6%), next was sore nipples (23.3%), flat nipple (13.3%), cracked nipple (13.3%) and breast abscess (3.3%).⁹ The most common problems listed in the study conducted in India (1994), were inadequate milk in 73.6%, which findings has similarity to the current study.

Based on age of breastfed child it is easy to say that, 62% mother came with breast problem of not enough milk production and their child's age was 0day-1month, 31.3% came with sore nipple and 12.5% with breast engorgement whose child were in 1month 1day-2month age group, 28.6% mother came with cracked nipple whose child were in 2month 1day-3month age group, 28.6% came with breast engorgement whose child were in 2month 1day-3month age group and 83.3% came with complaint of breast milk dried up whose child were in 3month 1day-4month age group. So, the differences between age of breastfed child and breast problems of lactating mother was significant ($p < 0.001$). To assess differences Fisher's Exact Test was done.

The study revealed that, 91% respondents got dietary advice for enough breast milk production, 75% respondents got dietary advice regarding their child's

weaning food chart and 69% lactating mothers got health education. Any other studies do not show such kind of findings.

In my study 84% of respondents received practical demonstration on proper positioning and attachment where as in the retrospective study of RMCH in 2004-2005, most of the mothers (95%) were practically helped by showing correct positioning and attachment of the baby to the breast.⁹ This finding of my study does not match with the study that is mentioned above. Because, among the two of my study place, in one study place service providers were not well trained, so they didn't give this practical demonstration to all mothers who attended the clinic & some of the mothers also refused to receive the demonstration.

In case of not enough milk, nurses manually expressed breast milk and ensured and built up the believe of mothers that the breast has enough milk. Hot compression is given for engorged breast and negative pressure stimulation exercise shown for flat nipple. In the treatment of cracked nipple or sore nipple, hind milk is applied and rubbed around the nipple and correct the attachment. The findings about treatment is similar to the study conducted at LMC of four institution-Dhaka Medical College, Shaheed Suhrawardy Medical College, Azimpur Maternity Hospital and Institute of Child and Maternal Health.

CONCLUSION

The services of LMC is provided in both OPD and IPD and each hospital's LMC supervised by a consultant. Majority of service providers were Senior Staff Nurse. Most of them were working in other departments like Cesarean post-natal ward, NVD post-natal ward, Eclampsia ward, Pediatric ward and Neonatal care unit including LMC rotationally. They got training from ICMH, BBF, DMCH and SSMCMH. LMC provide breastfeeding counseling, dietary advice for both lactating mother and child's weaning food, health education, birth control related advice, practical demonstration on proper positioning and attachment for lactating mothers. Lactating mothers comes at LMC with various kind of breast problems like flat nipple, inverted nipple, sore nipple, cracked nipple, breast engorgement, mastitis, breast abscess, nipple fissure, blockage of milk duct, not enough breast milk, breast milk dried up and small breast. Only a few percentages of mothers knew about LMC and they received this information from doctors & nurses. Mothers who has received the services at the LMC got satisfied both physically and psychologically. It is imperative that LMC-service should be spread out across the country, particularly in tertiary and district-level hospitals.

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