

Effectiveness of supportive educative program on breast milk donation behavior among postnatal mother at selected hospital Vijayapur.

Ms Donur Megharani Siddhappa¹, Mrs Anita Kambale²

¹ B.Sc Nursing IV year, BLDEA's Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

²Nursing Tutor (PG) Child Health Nursing, BLDEA's Shri B M Patil Institute of Nursing Sciences, Vijayapur-Karnataka

ABSTRACT

Background:

Breastfeeding is the process of feeding a baby with mother's breast milk. It is the natural & essential act that provides optimal nutrition & health benefits for infants. Breast milk donation is the process of donating breast milk to help feed vulnerable infants, such as preterm or critically ill babies who are in need of human milk.

Aim:

The aim of the study was to assess the effectiveness of supportive educative programme on knowledge and attitude regarding breast milk donation among postnatal mothers.

Methodology:

A pre-experimental study was chosen, one group pre-test, post-test design, non-probability purposive sampling technique was used. Sample size consists of 60 postnatal mothers self-administered knowledge questionnaires were used to assess mothers' knowledge and attitude. The collected data were analysed using descriptive and inferential statistics based on predefined objectives of the study.

Results:

Present study shows that Mean score of the pretest knowledge of mothers was (4.15), after intervention (supportive educative programme) the mean of post-test knowledge score was increased to (7.83), Mean score of the pretest attitude of mothers was (5.03), after intervention the mean of post-test attitude score was (8.43) there was a significant difference in level of knowledge in pre-test and post-test. Study reveals the proper education enhances post-test knowledge among postnatal mothers regarding breast milk donation.

Conclusion:

Preterm or critically ill babies are in need of human milk. Supportive educative programme was an effective method for creating awareness about breast milk donation.

Key Words:

Preterm, critically ill babies, Breast milk donation, supportive educative programme

1. Introduction and need for study

Mother's milk is the best food for growth and development of an infant. Every mother should breastfeed her infant. However, if, under certain circumstances, she is unable to feed her infant directly, her breast milk should be expressed and fed to the infant, particularly in preterm and other high-risk infants. At times, when mother's own milk in any form (direct or expressed) is not available or is insufficient, then pasteurized donor human milk is the next best alternative as feeding the babies with breastmilk can significantly reduce the risk of infection, especially necrotizing enterocolitis.

It is reported that the babies who were never breastfed faced extra visits to doctors, extra days of hospitalization, and extra prescriptions in the 1st year of life as compared to those exclusively breastfed. As per 2013 Census, India has the highest number of low-birth-weight babies and neonatal mortality rate, where 28 deaths/1000 live births were reported. Reducing neonatal mortality rate is the key goals of the National Health Mission, Government of India. Donor mother's milk fed through human milk bank can have great impact on reducing the neonatal mortality rate. Human milk banks (HMB) play an essential role by providing human milk to infants who would otherwise not be able to receive mother's milk. There is currently no donor milk bank in Turkey. For any new health intervention to be successful, determining its acceptability is a vital first step.

2. Objective:

1. To assess the pretest level of knowledge and attitude regarding breast milk donation among postnatal mother.
2. To assess the effectiveness of supportive educative program on milk donation among postnatal mothers.
3. To find out the correlation between pretest knowledge and attitude regarding milk donation among postnatal mothers.
4. To find out association between pre-test knowledge and attitude score of postnatal mothers with their selected demographic variable.

Materials and methods

Research Approach: Quantitative approach

Research Design: Pre - Experimental

Hypothesis: Will be tested at 0.05 level of significance

H1: There will be significant difference between pre-test level of knowledge and attitude with post post-test level of knowledge and attitude

H2: There will be a significant correlation between knowledge and attitude

H3: There will be a significant association between knowledge and attitude with their selected demographic variables

Variable:

1. Independent variable: Knowledge and attitude
2. Dependent variable: Supportive Educative Program

Setting of the study: Selected Hospitals of Vijayapur.

Study Population: Postnatal mothers

Sampling Technique: Purposive Sampling Technique.

Sample size: 60

Inclusion criteria:

The subjects who meet the inclusion criteria will be selected for the study. Those who are:

1. All the postnatal mothers
2. Willing to participate in the study.

Materials and methods

Research Approach: Quantitative approach

Research Design: Pre - Experimental

Hypothesis: Will be tested at 0.05 level of significance

H1: There will be significant difference between pre-test level of knowledge and attitude with post post-test level of knowledge and attitude

H2: There will be a significant correlation between knowledge and attitude

H3: There will be a significant association between knowledge and attitude with their selected demographic variables

Variable:

3. Independent variable: Knowledge and attitude
4. Dependent variable: Supportive Educative Program

Setting of the study: Selected Hospitals of Vijayapur.

Study Population: Postnatal mothers

Sampling Technique: Purposive Sampling Technique.

Sample size: 60

Inclusion criteria:

The subjects who meet the inclusion criteria will be selected for the study. Those who are:

3. All the postnatal mothers
4. Willing to participate in the study.
5. Present at time of data collection

Exclusion criteria:

The subjects who will not meet the exclusion criteria will be excluded from the study. Those who are:

1. Postnatal mothers with breast anomalies and breast cancer
2. Post natal mothers with comorbid diseases.

Instrument to be used:

- Semi structures knowledge and attitude questionnaires

Ethics:

Informed consent: Informed written consent will be obtained from the subjects for participation in the study.

Institutional approval: The study approval will be taken by the selected Hospitals at Vijaypur

Steps of Data Collection:

Step 1: The Investigator obtains a written permission from the concerned authority to conduct the study.

Step 2: Selection of Subjects using purposive sampling technique.

Step 3: The investigator introduces himself to the subjects and notifies about the objectives, purpose and steps of the study and obtains an informed consent from the subjects.

Step 4: Assess the pre test knowledge and attitude

Step 5: Find out the effectiveness of Supportive Educative Program

Step 6: The data will be analyzed and interpreted using descriptive and inferential statistics.

Result and Discussion

1. Demographic Variable of Participants

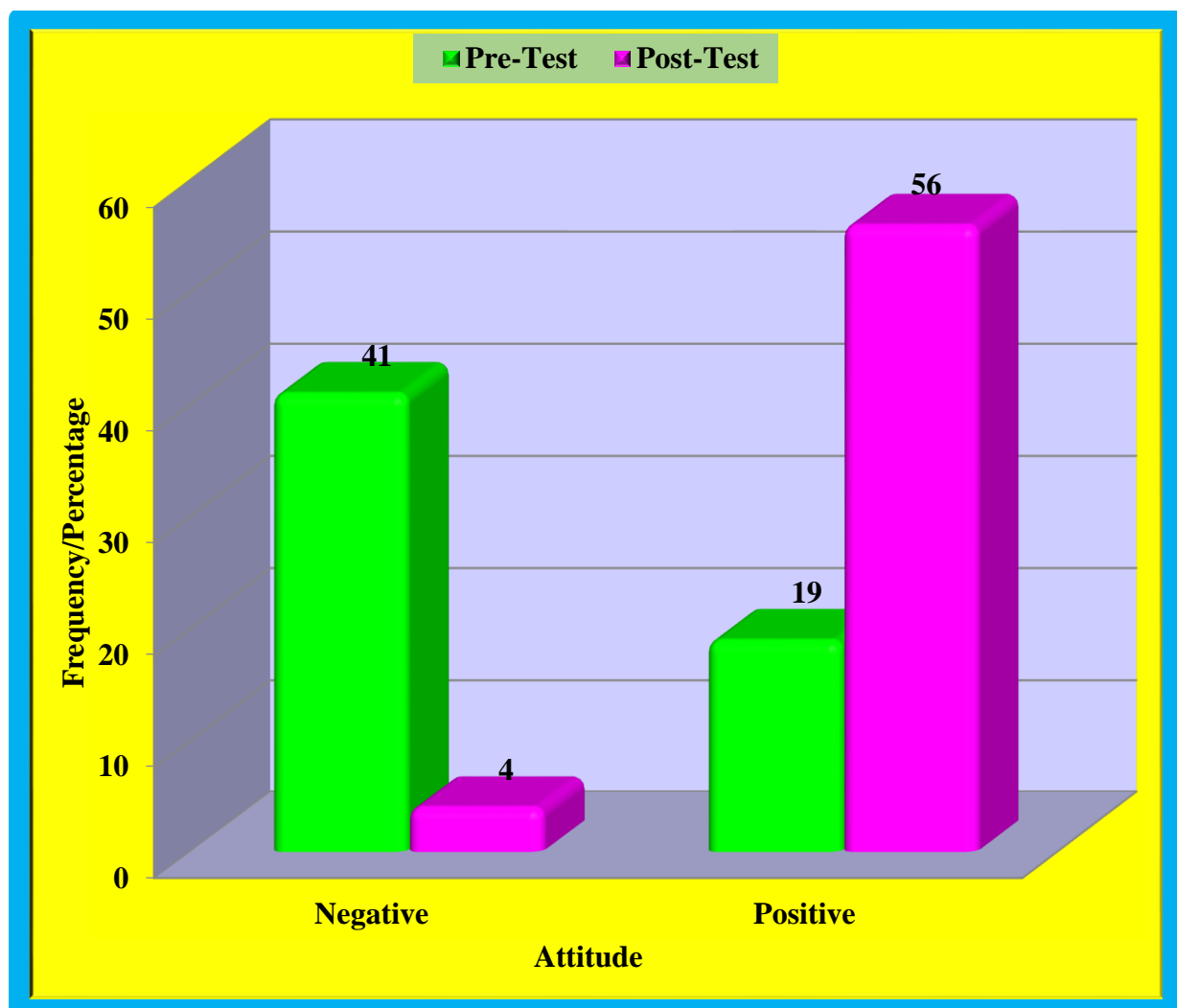
The majority of participants out of 60 were aged between 28 and 32 years (41.7%), were aged between 24 and 28 years (38.3%), were 32-36 years (10%), and were aged between 36 and 40 years (10%). Out of 60 majority had completed higher secondary education: 22 (36.7%); 18 participants completed graduate education: 18 (30%); 13 participants completed secondary education: 13 (21.7%); 4 (6.7%) participants completed primary education; and 3 (5%) participants completed postgraduate education.

Out of 60, the majority, 42 (70%) participants, were housewife, 11 (18.3%) were in private jobs; 5 (8.3%) were self-employed; and 2 (3.3%) were in government jobs. Out of 0, the majority, 39 (65%), were having 3 children; 13 (21.7%) were having 1 child; and 8 (13.3%) were having 3 children. Out of 60, the majority, 34 (56.7%), were staying in rural areas, and 26 (43.3%) were staying in urban areas. The majority, 44 (73.3%), belonged to nuclear families; 14 (23.3%) belonged to joint families; and 2 (3.3%) belonged to extended families. Out of 60, the majority, 49 (81.7%), participants had normal vaginal delivery were as only 11 (18.3%) had caesarean sections.

2. Assessment of pretest and posttest knowledge of participants

| SINO | Pre-test Knowledge | Pre-Test | | Post-Test | |
|------|---------------------|----------|-------|-----------|-------|
| | | N | % | N | % |
| 1 | Inadequate | 37 | 61.7 | 09 | 15.0 |
| 2 | Moderately adequate | 23 | 38.3 | 08 | 15.0 |
| 3 | Adequate | 00 | 0.0 | 42 | 70.0 |
| | Total | 60 | 100.0 | 60 | 100.0 |

3. Assessment of Pretest and post-test attitude of women regarding breast milk donation



4. Effectiveness of supportive educative program on attitude among the study participants regarding breast milk donation

| Attitude | Mean | N | Std. Deviation | Difference | t-value | df | p-value |
|-----------|------|----|----------------|------------|---------|----|-------------|
| Pre-test | 5.03 | 60 | 1.26 | 3.36 | 15.01 | 59 | < 0.0001(S) |
| Post-Test | 8.40 | 60 | 1.41 | | | | |

5. The correlation between knowledge and attitude of post natal mothers regarding breast milk donation

| | Measures | Pretest knowledge | Pretest Attitude |
|-------------------|---------------------|-------------------|------------------|
| Pretest knowledge | Pearson Correlation | 1 | .483(**) |
| | Sig. (2-tailed) | | 0.0001 |
| | N | 60 | 60 |
| Pretest Attitude | Pearson Correlation | 0.483(**) | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 60 | 60 |

6. Association between the selected demographic variable and the level of knowledge and attitude

There was no association between the pre-test knowledge of women with selected demographical variables such as age (0.832), education (0.329), occupation (0.338), number of children (0.999), place (0.98), types of family (0.325) and mode of delivery (0.88). The findings suggest that these demographic factors do not influence the level of knowledge women possess prior to testing. Consequently, it may be beneficial to explore other variables that could contribute to pre-test knowledge in future studies. There was no association between the pre-test attitude of women with selected demographical variables such as age (0.834), education (0.235), occupation (0.129), number of children (0.236), place (0.322), types of family (0.358) and mode of delivery (0.711).

RECOMMENDATIONS

Nursing research is a widely expanding area with need for validating conservative, interventions and development of new knowledge.

This study recommends the following for achieving this end.

- Conduct a comparison study to identify variables driving the adoption of human milk banking among the general public and healthcare staff.

- Planned teaching programme on human milk banking can benefit from bigger sample sizes for improved generalisation.

CONCLUSION

Human milk banking is a new concept in maternal and child health care. People in rural areas will have little knowledge and attitudes about human milk banking. So ASHA personnel will raise awareness about human milk banking in rural areas. This study increased understanding and attitudes about human milk banking.

BIBLIOGRAPHY

1. World Health Organization. Global targets 2025. To improve maternal, infant and young child Nutrition. Assessed on 23/06/2020.
2. Bharadva K, Tiwari S, Mishra S, et al. Human milk banking guidelines. Infant and Young Child Feeding Chapter. Indian Paediatr 2014;51(6):469-474.
3. Arslanoglu S, Moro GE, Bellu R, et al. Presence of human milk bank is associated with elevated rate of exclusive breastfeeding in VLBW infants. J Perinat Med 2013;41(2):129-131.
4. Rea MF. The Brazilian National Breastfeeding Program: a success story. Int J Gynaecol Obstet 1990;31(Suppl 1):79-82.
5. Updegrave KH. Donor human milk banking: growth, challenges and the role of HMBANA. Breastfeed Med 2013;8(5):435-437.
6. Arnold LDW, Borman LL. What are the characteristics of the ideal human milk donor? J Hum Lact 1996;12(2):143-145.
7. Kumar P, Kumaravel KS, Satheeshkumar D, et al. Human milk banking: one year experience from a tertiary care centre. Indian
8. Meghwal B, Balai M, Jain B. Experience of human milk banking from tertiary care centre of South Rajasthan. Int J Biomed Res 2018;9(1):32-35.
9. Brownell EA, Lussier MM, Herson VC, et al. Donor human milk bank data collection in North America: an assessment of current status and future needs. J Hum Lact 2014;30(1):47-53.
10. Colomina SG, Lara GN, Vieco ED, et al. Profile of human milk bank donors and relationship with the length of the donation. Anales De Paediatrica 2014;80(4):236-241.