Appraisal of Mothers Experience in a designated Baby Friendly Hospital Initiative in terms of exclusive breastfeeding

Fakher Abobaker Ahmed Geli [1], Dr. Aveen Fattah HajiMam [2], Dr. Bestoon M. Ahmed[3]

1.Researcher & lecturer at College of Nursing – University of Kirkuk- Iraq, MSc Pediatric Nursing gliahmed@uokirkuk.edu.iq
2. College of Nursing / Hawler Medical University
3. Researcher & lecturer at College of Nursing - University of Kirkuk, Iraq

ABSTRACT

Background and objective: Despite the fact that the Baby Friendly Hospital Initiative (BFHI) has been in place since 1992 in Azadi teaching hospital in Kirkuk, Iraq. The initiation of exclusive breastfeeding remains low according to UNICEF (2011). This study aimed to investigate mothers experience about exclusive breastfeeding.

Methods: A descriptive study was applied and 100 participants of mothers who attended pediatric ward at Azadi teaching hospital in Kirkuk, Iraq were involved during 1st March to 30th April 2022. All participants were informed of their rights and the study's aim, and they understood why they were participating. Data analyzed through measurement of central tendency and inferential statistics by using SPSS (V.23).

Results: According to the socio-demographic features of the research participants, the age group (21-30) was the most prevalent (68.9%), (MS=2.1, SD= 54). There was a significant relation between elements linked to anxiety and pain during breastfeeding ($\chi 2$ (2, N =100 = 6.119, $p < 0.05$), and item associated with birth of twins ($\chi 2$ (2, N =100 = 14.553, $p < 0.05$), and retraction of the nipples ($\chi 2$ (2, N =100 = 9.232, $p < 0.05$).

Conclusion: Many factors play a role in encouraging breastfeeding, including the appropriateness of the workplace. Where breastfeeding prevalence is low, critical steps can be taken in developing exclusive breastfeeding policies, and in raising mothers' awareness of breastfeeding success and overcoming health barriers.

Keywords: Baby Friendly Hospital Initiative, exclusive breastfeeding, Mothers Experience

INTRODUCTION

Despite the fact that the Baby Friendly Hospital Initiative (BFHI) has been in place since 1992 in Azadi teaching hospital in Kirkuk, Iraq. The initiation of exclusive breastfeeding remains low according to UNICEF (2011) [(1)]. The types of support provided to mothers are critical in initiating and maintaining exclusive breastfeeding for the first six months of a child's life, whether the support is professional, practical or social.

The type and timing of this support is critical to the success of exclusive breastfeeding [2]. Education levels among mothers positively influence their exclusive breastfeeding practices [3] . The workplace plays an important role for mothers in making the decision to exclusively breastfeed their children. Improving their suitability for breastfeeding can contribute to supporting policies to support working mothers in their desire for exclusive breastfeeding [4] .

Pain in the breast during breastfeeding, whether or not accompanied by nipple pain, has been associated with transmission of infection with Candia albicans, although the literature does not provide strong evidence for this, that Candida albicans is a cause of breast pain in nursing mothers [5] . Breastfeeding is influenced by several factors throughout the mother's stay in the hospital, including approved prenatal preparations, skin-to-skin contact immediately after birth, rooming-in, time of the first breastfeeding, and postpartum support provided to the mother [6]. Breast abscess and breast cancer are common breast disorders. Breast mass, fistulas, and fluid buildup in the breast can follow. This may lead to breast deformity with nipple areolar complex and (NAC) inversion. This greatly affects lactation [7] . This study aimed to investigate mothers experience about exclusive breastfeeding.

Methods

A descriptive study was applied and 100 participants of mothers who attended pediatric ward at Azadi teaching hospital in Kirkuk, Iraq were involved during 1st March to 30th April 2022. All participants were informed of their rights and the study's aim, and they understood why they were participating. Data analyzed through measurement of central tendency and inferential statistics by using SPSS (V.23). The hypothesis has been tested using a cross-classification table to look at the nature of the link between the variables and a chi-square test for independence of two variables.

DOI: https://doi.org/10.15218/crewh.2022.06

RESULTS

Table 1: Demographic characteristics of the sample

Items		F	%
Mothers' age	less than 20 years	14	13.6
	21-30 years	71	68.9
	31-40 years	15	14.6
MS= 2.01 SD= .54			
Mothers' occupation	housewife	69	67.0
	student	18	17.5
	governmental employer	13	12.6
MS=1. SD= .71			
level of education	unable to read and write	14	13.6
	primary school	24	23.3
	intermediate school	9	8.7
	high school (secondary school)	34	33.0
	Diploma	13	12.6
	BSc	6	5.8
MS= 3.2 SD=1.4			
Number of children	one child	27	26.2
	two children	23	22.3
	3-5 children	40	38.8
	more than 5	10	9.7
MS=2.3 SD=.98			
Age of youngest child	birth - one month	22	21.4
	two months	11	10.7
	three months	20	19.4
	four months	9	8.7
	five months	24	23.3
	six months	14	13.6
MS=3.4 SD=1.7			
Type of feeding	exclusive breastfeeding	53	51.5
	bottle feeding	23	22.3
	mixed feeding	24	23.3
MS= 1.7 SD=.83			

Table 1: According to the socio-demographic features of the research participants, the age group (21-30) was the most prevalent (68.9%), (MS=2.1, SD= 54). Most of the were housewife (67%), (MS=1, SD= .71), graduated from the high school (secondary school) (33 %), (MS= 3.2, SD=1.4), have three to five children (40 %), (MS=2.3, SD=.98), five months was the highest age of youngest child (24 %), (MS=3.4, SD=1.7), and the exclusive breastfeeding was the type of feeding for their babies as reported by (51.5 %) of the sample (MS= 1.7, SD=.83).

DOI: https://doi.org/10.15218/crewh.2022.06

Table 2: Group disparities in mothers' ages and breastfeeding problems.

	Items	x^2	df	P-value	Sig.
1	Inexperience with breastfeeding.	.727	2	.695	NS
2	Unwillingness to sucking.	2.836	2	.242	NS
3	Mother thought she didn't have enough milk.	.538	2	.764	NS
4	Anxiety and pain	6.119	2	.047	Sig.
5	A lack of familial support	1.258	2	.533	NS
6	Birth of twins	1.652	2	.438	NS
7	Soreness in the nipples	.235	2	.889	NS
8	Retraction of the nipples	.995	2	.608	NS
9	Size issues with nipples (big or small)	.834	2	.659	NS
10	Engorgement of the breasts	.871	2	.647	NS
11	A large breast size	.413	2	.814	NS
12	Breast mass	1.263	2	.532	NS

Table 3: Group disparities in mothers' occupation and breastfeeding problems

	Items	x^2	df	P-value	Sig.
1	Inexperience with breastfeeding.	1.148	2	.563	NS
2	Unwillingness to sucking.	2.091	2	.351	NS
3	Mother thought she didn't have enough milk.	2.591	2	.274	NS
4	Anxiety and pain	.884	2	.643	NS
5	A lack of familial support	.610	2	.737	NS
6	Birth of twins	14.553	2	.001	Sig.
7	Soreness in the nipples	.453[a]	2	.797	NS
8	Retraction of the nipples	9.232	2	.010	Sig.
9	Size issues with nipples (big or small)	1.533	2	.465	NS
10	Engorgement of the breasts	4.001	2	.135	NS
11	A large breast size	4.602	2	.100	NS
12	Breast mass	5.042	2	.080	NS

DOI: https://doi.org/10.15218/crewh.2022.06

Table 4: Group disparities in mothers' level of education and breastfeeding problems.

	Items	x^2	df	P-value	Sig.
1	Inexperience with breastfeeding.	5.040	5	.411	NS
2	Unwillingness to sucking.	8.978	5	.110	NS
3	Mother thought she didn't have enough milk.	5.491	5	.359	NS
4	Anxiety and pain	8.018	5	.155	NS
5	A lack of familial support	4.425	5	.490	NS
6	Birth of twins	5.171	5	.395	NS
7	Soreness in the nipples	4.968	5	.420	NS
8	Retraction of the nipples	4.730	5	.450	NS
9	Size issues with nipples (big or small)	3.962	5	.555	NS
10	Engorgement of the breasts	2.760	5	.737	NS
11	A large breast size	1.961	5	.855	NS
12	Breast mass	3.593	5	.609	NS

Table 5: Group disparities in number of children that mother have and breastfeeding problems.

	Items	x^2	df	P-value	Sig.
1	Inexperience with breastfeeding.	3.043	3	.385	NS
2	Unwillingness to sucking.	3.758	3	.289	NS
3	Mother thought she didn't have enough milk.	1.849	3	.604	NS
4	Anxiety and pain	2.887	3	.409	NS
5	A lack of familial support	6.950	3	.074	NS
6	Birth of twins	1.115	3	.773	NS
7	Soreness in the nipples	.587	3	.899	NS
8	Retraction of the nipples	6.675	3	.083	NS
9	Size issues with nipples (big or small)	1.453	3	.693	NS
10	Engorgement of the breasts	2.825	3	.419	NS
11	A large breast size	1.515	3	.679	NS
12	Breast mass	1.838	3	.607	NS

Tables 2,3,4,5: A Chi-square analysis for independence of two variables was applied to test the hypothesis. Breastfeeding problems were grouped verses sociodemographic characteristic of the sample (age groups, occupation, level of education and number of children that the mother have). The Null hypothesis (H0) stated that there were no groups difference. The alternative hypotheses (H1) stated that there were group differences for each of the outcome variables. The likelihood that it would be a barrier to breastfeeding were reported as there was a significant relationship at (P 0.005) in items related to anxiety and pain during breastfeeding (2 (2, N =100 = 6.119, p 0.05) and item associated with the birth of twins (2 (2, N =100 = 14.553, p 0.05).

Additionally, there was a statistically significant difference (P 0.005) at the nipple retractions (2 (2, N = 100 = 9.232, p 0.05).

Discussion

Numerous health benefits for breastfeeding women and their infants are expected from breastfeeding, despite this, studies have confirmed that the demand for and duration of breastfeeding is low in many countries [(8)] . Globally, only 41% of babies are exclusively breastfed in the first half of their first year [(2)] . Mothers have the desire to breastfeed, but are negatively affected by hospital policies, and the lack of social support, stopping breastfeeding early is a complex decision for most mothers and they are determined to succeed with their next child [(9)].

A significant relationship was found in our study in items linked to anxiety and pain during breastfeeding. Breastfeeding practices were not ideal as there were difficulties that mothers experienced in breastfeeding including anxiety. Therefore, healthy nutrition and social and psychological support will help them adapt to breastfeeding [(10)]. Skilled breastfeeding professionals should provide support and assistance with positioning, attachment, and what physical barriers may hinder successful breastfeeding. Consultants should be aware that breast-feeding uncertainty is likely to be explained to some extent as breast symptoms in mothers [(5)].

Additionally, our data find a significant relationship related to birth of twins. Unhindered efforts on early breastfeeding should be encouraged, in order to improve breastfeeding rates among mothers of twins. Furthermore, an individual approach that addresses factors affecting breastfeeding for each newborn case may help improve breastfeeding rates during their hospital stay [(6)].

CONCLUSION

Many factors play a role in encouraging breastfeeding, including the appropriateness of the workplace. Where breastfeeding prevalence is low, critical steps can be taken in developing exclusive breastfeeding policies, and in raising mothers' awareness of breastfeeding success and overcoming health barriers.

Competing interests: Nil

Funding Source: Self-funded.

References

1. Gli FAA, Spence D, Johnston L, Lynn F, Tubman R, Sadiq ZM. Evaluation of the baby friendly hospital initiative programme in two hospitals designated "baby-friendly" in kirkuk city, iraq. Indian J Public Heal Res Dev. 2019;10(9).
2. Theodorah DZ, Mc'Deline RN. "The kind of support that matters to exclusive breastfeeding" a qualitative study. BMC Pregnancy Childbirth. 2021;21(1):1–8.
3. Laksono AD, Wulandari RD, Ibad M, Kusrini I. The effects of mother's education on achieving exclusive breastfeeding in Indonesia. BMC Public Health. 2021;21(1):1–6.
4. Abekah-Nkrumah G, Antwi MY, Nkrumah J, Gbagbo FY. Examining working mothers' experience of exclusive breastfeeding in Ghana. Int Breastfeed J. 2020;15(1):1–10.
5. Kaski K, Kvist LJ. Deep breast pain during lactation: A case-control study in Sweden investigating the role of Candida albicans. Int Breastfeed J. 2018;13(1):1–9.
6. Kim BY. Factors that influence early breastfeeding of singletons and twins in Korea: A retrospective study. Int Breastfeed J [Internet]. 2017;12(1):1–10. Available from: http://dx.doi.org/10.1186/s13006-016-0094-5
7. Kornfeld HW, Mitchell KB. Management of idiopathic granulomatous mastitis in lactation: case report and review of the literature. Int Breastfeed J. 2021;16(1):23.
8. Beake S, Pellowe C, Dykes F, Schmied V, Bick D. A systematic review of structured versus non-structured breastfeeding programmes to support the initiation and duration of exclusive breastfeeding in acute and primary healthcare settings. JBI Libr Syst Rev. 2011;9(36):1471–508.
9. Murad A, Renfrew MJ, Symon A, Whitford H. Understanding factors affecting breastfeeding practices in one city in the Kingdom of Saudi Arabia: an interpretative phenomenological study. Int Breastfeed J. 2021;16(1):1–9.
10. Nabatanzi M, Seruwagi GK, Tushemerirwe FB, Atuyambe L, Lubogo D. "Mine did not breastfeed", mothers' experiences in breastfeeding children aged 0 to 24 months with oral clefts in Uganda. BMC Pregnancy Childbirth. 2021;21(1):1–9.