World Bulletin of Public Health (WBPH)
Available Online at: https://www.scholarexpress.net
Volume-14, September 2022
ISSN: 2749-3644

EVALUATION OF NURSES' / MIDWIFES' PRACTICES ABOUT BREASTFEEDING DISORDERS IN LACTATION WOMEN AT HOSPITAL IN HOLY KARBALA CITY

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Article history:

Received: June 30th 2022
Accepted: July 30th 2022
Published: September 7th 2022

Abstract:

Objectives: To evaluate the nurses' / midwifes' practice regarding managements of breastfeeding disorders among women during lactation.
Methods: A cross-section design. The study was conducted in Holy Karbala City. A probability sample consisted of (27) nurses / Midwifes. The instrument validity was determined through content validity, by a panel of experts. Reliability of the instrument was determined through pilot study. Analysis of data was performed through the application of descriptive statistics) and inferential statistics.
Results: The results of the study indicated that the majority of nurses \ midwifes who participated in the study were between the ages of (35 - 41) years and accounted (74.1 %).In addition, the study sample had a higher percentage of married nurses\midwifes (74.1 %). There is no statistically significant difference between the study sample in terms of (age, marital status, residence, and level of education, Experience years, Training courses, self-education, and sources of self-education).
Conclusion: There is a significant relationship between nurses' and midwifes' practice about breastfeeding disorders and its management and their age group, marital status, education level, years of hospital experience, and source of self-education during the testing period

Keywords: *Nurses | midwifes, breastfeeding disorders*

I. INTRODUCTION

Breastfeeding is the natural way to nourish a child, and human milk has no replacement. Attachment parenting is an art form. The Baby - friendly hospital Initiative was established in 1991 by United Nations International Children's Emergency Fund. (UNICEF) / World Health Organization (WHO) in recognition of the critical role that breastfeeding plays in a child's healthy development. Breastfeeding lowers the risk of illness and other medical complications. Feeding at the breast is a significant milestone in the development of a mother and child's relationship (WHO, 2018).

Cancer of the breast is the leading cause of death worldwide. Postpartum complications, such bleeding, are less likely to occur when moms breastfeed. Children who are breastfed, especially those who receive colostrum and continue breastfeeding for the first six months of life, have a significantly lower risk of contracting an illness than children who are not. Breast engorgement, nipple discomfort, nipple infection, mastitis, breast abscess, lactation failure, low milk supply, and improper feeding practices are just a few of the most prevalent breastfeeding challenges. As reported by Dadhich et al. (2016)

II. METHODOLOGY

A cross sectional design was conducted to assess the nurses' / midwifes' practice about managements of breastfeeding disorders among women during lactation. It was carried out in order to achieve the early stated objectives. The study took place in the Holy Karbala Governorate / the Karbala Health Directorate / Maternity & Delivery Teaching Hospital. The interview was conducted with the nurses / midwifes from (26th August 2021 to 21th February 2022), after obtaining official permission from the hospital director. A non-probability (Purposive) sample of (64) nurses who work in Maternity & Delivery Teaching Hospital were chosen based on the study's criteria and after obtaining their consent.

Validity and Reliability: The content validity of the instrument was established through a panel of (10) experts, the reliability of the items were based on the internal consistency of the checklist was assessed

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Volume-14, September 2022
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by calculating Cronbach s' Alpha which as= 0.972. Statistical analysis: The statistical data analysis approach by using (SPSS-ver.24) is used in order to analyze and evaluate the data of the study. A descriptive statistical data analysis approach used to describe the study variables: Frequencies and Percentages

III. RESULTS

Table (1): Distribution of the Demographical Characteristics of the sample

Variables	Groups	Freq.	%
Age	21 – 27	4	14.8
	28 – 34	1	3.7
	35 – 41	20	74.1
	42 – 48	1	3.7
	49 – 55	1	3.7
	Total	27	100.0
	Mean ± SD	38.22 ± 7.143	
Marital status	Single	6	22.2
	Married	20	74.1
	Divorcee	1	3.7
	Widow	0	0.0
	Total	27	100.0
Residence	Urban	22	81.5
	Suburban	2	7.4
	Rural	3	11.1
	Total	27	100.0
Education level	Graduated from nursing school or midwifery	5	18.5
	Graduated from high school nursing or midwifery	5	18.5
	Graduated from nursing institute or midwifery	14	51.9
	Nursing college graduate or more	8	29.6
	Total	27	100.0

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Variables	Groups	Freq.	%
Experience years	1 – 6 Years	21	77.8
	7 – 12 Years	3	11.1
	13 – 18 Years	2	7.4
	≥ 19 Years	1	3.7
	Total	27	100.0
Training courses	Yes	6	22.3
	No	21	77.7
	Total	27	100.0

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Self-education	**Yes**	**25**	**92.6**
	No	2	7.4
	Total	**27**	**100.0**
Sources of self - education	**None**	2	7.4
	Internet & Social media	**9**	**33.3**
	Books & lectures	6	22.2
	Library	1	3.7
	All	1	3.7
	Total	**27**	**100.0**

Freq.: Frequencies, %: Percentages, ≥: more Than or Equal.

This Table shows that the majority of the nurses and midwives who took part in the sample were aged between 35 and 41 (Mean ± SD 38.22 ± 7.143) and made up 74.1% of the sample. Additionally, there were more married nurses in the research population (74.1%). The vast majority of the sample's nurses (81.5%) resided in metropolitan regions.

The majority of nurses and midwives in the sample had graduated from a nursing or midwifery institute (51.9%), according to educational attainment data. The bulk of the nurses in the study (77.2%) had experience years between 1 and 6 years.

In terms of training programs, the majority of nurses in the research group (77.7%) did not participate in any. The bulk of the sample engages in self-education, with their proportion being (92.6%), in this regard. In terms of sources of self-education, Internet & Social Media accounted for the bulk of responses for the survey sample (33.3%)

Table (2): Evaluating of nurses' \ Midwifes' practice related to managements of breastfeeding disorders during the lactation period for the study sample

No.	Main Domains Related to Nurses\midwifes' Practice about:	M.S	RII	Ass.
1.	First axis: Breast engorgement	1.14	0.3762	-
2.	Second axis: obstruction of the ducts and mastitis	1.19	0.3927	-
3.	Third axis: inverted or flat nipples	1.16	0.3828	-
4.	Fourth Axis: Breast abscess	1.21	0.3993	-
5.	Fifth Axis: Cracked and ulcerated nipples	1.11	0.3663	-
6.	Sixth Axis: Candidiasis (fungi)	1.17	0.3861	-
Total mean		1.163	L.M.S	

No.: Number of sample, M.S.: Mean score, L.M.S: low mean score (1 - 1.66), M M.S: moderate mean score (1.67 - 2.33), H.M.S: high mean score (2.34 – 3.00). RII: Relative Important Index, Ass.: assessment, , L: low (RII = 0% – 0.33%), M: moderate (RII= 0.34%-0.66%), H: high (RII= 0.67% – 1%).

In accordance with Table (4.2), the study sample's mean score and relative important index grades for all items related to nurses' and midwives' practice were low and moderate, respectively (low, moderate, high)\

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Volume-14, September 2022
ISSN: 2749-3644

Table (3): Evaluating of nurses \ midwives Practice about measures for breastfeeding disorders during the lactation period of study sample as measured by mean score, standard deviation, and Relative Important Index (cutoff point 2).

No.	Domains and questions	M.S	S.D	Ass.
First axis: Breast engorgement: The nurse informs and educates the mother that the following:				
1.	Giving the mother confidence that she will be able to breastfeed properly	1.48	0.580	F
2.	It is necessary to empty the breast in the treatment of engorgement. It is not recommended to give rest to the breast. Rather, squeeze a little milk to encourage the child to suck the breast.	1.11	0.320	F
3.	If the child is able to breastfeed, he should be breastfed frequently	1.07	0.267	F
4.	If the child is unable to breastfeed, the breast should be manually drained by squeezing with two hands or by a milk pump	1.22	0.424	F
5.	Helping the mother to choose the appropriate position for her infant so that it attaches well to the breast.	1.11	0.320	F
6.	Not specifying a period for breastfeeding. Giving the child as much time as possible with good attachment to the nipple to empty the breast.	1.07	0.267	F
7.	Analgesics and anti-inflammatory drugs can be used after consulting a doctor, such as ibuprofen and parasitol to reduce pain..	1.11	0.320	F
8.	Wearing a suitable not tight bra to relieve pain and keep milk ducts open	1.19	0.396	F
9.	Putting warm compresses to help soften the breast and express milk	1.19	0.396	F
10.	Helping the mother to rest and relax for 24 hours	1.11	0.320	F
11.	Putting cold compresses on the breasts after breastfeeding, which reduces the severity of the swelling.	1.22	0.424	F
Second axis: obstruction of the ducts and mastitis: Telling the patient of the following, which:				
1.	Excessive breastfeeding because it represents the best way to treat mastitis (the mother stays with her baby so that she can respond to it and breastfeed it whenever he wants)	1.52	0.700	F
2.	Gently massage over the blocked area during breastfeeding while directing the massage towards the nipple, which helps to remove the blockage from the canal.	1.26	0.447	F

Continue...

No.	Domains and questions	M.S	S.D	Ass.
Second axis: obstruction of the ducts and mastitis: Telling the patient of the following, which:				
3.	Excessive breastfeeding because it represents the best way to treat mastitis (the mother stays with her baby so that she can respond to it and breastfeed it whenever he wants)	1.52	0.700	F
4.	Gently massage over the blocked area during breastfeeding while directing the massage towards the nipple, which helps to remove the blockage from the canal.	1.26	0.447	F
5.	Putting warm compresses on the breast before feeding to facilitate the flow of milk	1.19	0.396	F
6.	Start breastfeeding from the healthy breast if the pain disrupts the effect of the oxytocin reflex	1.07	0.267	F
7.	Taking different positions with each feeding, as this helps to empty the milk from different parts of the breast	1.22	0.424	F
8.	Helping the mother express milk from the affected breast in case of severe pain or the infant's refusal to breastfeed	1.11	0.320	F

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Volume-14, September 2022
ISSN: 2749-3644

9.	Use antibiotics and analgesics to relieve inflammation and pain after consulting a doctor.	**1.07**	**0.267**	**F**
Third axis: inverted or flat nipples: Tell the patient about the following:				
1.	Enhancing the mother's confidence that she is able to succeed in breastfeeding	**1.33**	**0.620**	**F**
2.	Massage the nipple for 30 seconds before starting to breastfeed.	**1.26**	**0.526**	**F**
3.	Feeding in different positions	**1.11**	**0.320**	**F**
4.	Use a hand pump if breastfeeding is not possible	**1.15**	**0.362**	**F**
5.	Use the Huffman technique to help adjust the position of the nipple before starting each feeding.	**1.26**	**0.526**	**F**
6.	We advise the mother not to use a pacifier or cannula so that the infant does not get used to the method of holding the artificial nipple and it becomes difficult for him to hold the breast nipple (nipple confusion).	**1.26**	**0.526**	**F**
7.	In the event of failure of the attempts, the mother must be taught how to express milk directly in the infant's mouth, continue with skin contact, and let the infant pick up the breast by himself.	**1.04**	**0.192**	**F**
Fourth Axis: Breast abscess: Telling the patient about the following:				
1.	Continue to breastfeed from the healthy and infected breast, if possible	**1.00**	**0.000**	**F**
2.	Tell the patient that breastfeeding does not pose a risk in this case	**1.00**	**0.000**	**F**
3.	If breastfeeding is very painful, the mother should be taught how to express milk from the breast	**1.00**	**0.000**	**F**
4.	Take appropriate antibiotics and analgesics.	**1.04**	**0.192**	**F**
Fifth Axis: Cracked and ulcerated nipples: teach patient about the importance of the following:				
1.	Emphasis on the mother's correct posture during breastfeeding	**1.04**	**0.192**	**F**
2.	Proper attachment of the baby during feeding (the largest part of the areola inside the baby's mouth)	**1.07**	**0.267**	**F**
3.	Tell the mother not to stop breastfeeding and express milk when necessary to maintain adequate urine	**1.22**	**0.424**	**F**
4.	Wash hands before each feeding	**1.11**	**0.320**	**F**
5.	Wash the nipple once with warm water	**1.07**	**0.267**	**F**
6.	Dry the nipple after feeding and expose it to the air	**1.19**	**0.396**	**F**
7.	Stay away from tight bras, and they must be cotton	**1.19**	**0.396**	**F**
Sixth Axis: Candidiasis (fungi) Informing the patient of the importance of the following points:				
1.	Continue to breastfeed	**1.04**	**0.192**	**F**
2.	Good attachment of the infant with the appropriate position of the mother	**1.56**	**0.506**	**F**
3.	Wash your hands before and after each feeding	**1.04**	**0.192**	**F**
4.	Expose the breasts to the air as much as possible	**1.11**	**0.320**	**F**

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Volume-14, September 2022
ISSN: 2749-3644

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No.	Domains and questions	M.S	S.D	Ass.
Sixth Axis: Candidiasis (fungi) Informing the patient of the importance of the following points:				
5.	Change the bra daily and wash it with hot water and soap	**1.19**	**0.396**	**F**
6.	Boil daily all breast pumps that come into contact with the milk or breast	**1.04**	**0.192**	**F**
7.	Reducing sugars in daily food	**1.15**	**0.362**	**F**
8.	Eat yogurt to promote the growth of good bacteria	**1.26**	**0.447**	**F**
9.	Take an antifungal orally and continue for two weeks (seven days for the ulcer to subside)	**1.19**	**0.396**	**F**
10.	If the mother suffers from a vaginal infection, it must be treated	**1.19**	**0.396**	**F**
11.	Treating fungi that may be present in the infant's mouth	**1.22**	**0.424**	**F**

MS: mean score, S.D. = Standard deviation, Ass: assessment, P: pass. F: fail.

This table displays the respondent's usage of interventions for lactation-related nursing issues. The findings show that the research sample had low level scores and that the majority of participants did not pass the test

IV. DSCUSSION

4.1. Discussing the Demographic Characteristics of the Study sample.

The bulk of the research group, according to the study's findings in Table (3.1), was between the ages of 30 and 39. And they represent (74.1%). This result is in line with research done by Folami F, et al. (2018), who discovered that the majority of respondents (54.4%) fell within the 30-to-39-year-old age range. This result supports a research by AL-Nuaimi K, et al. (2019), which found that 25.6% of the participants were between the ages of 31 and 35. This result contrasts with a research by Barbara J et al. (2014) that found that the majority of nurses' staff (42%) were between the ages of (25 – 40).

More than 80% of the participants in another research by Elena Antoanzas, et al. (2020) were older than 36 years. In a research by Stephen Dajaan Dubik and colleagues (2021). The average (SD) age of the nurses and midwives was 30.3 (7.3) years. According to the researcher, these data imply that the age of nurses is significant in terms of boosting their knowledge and practice. Younger nurses are more driven, work harder, are in better physical shape, and have more original ideas on how to accomplish their nursing duties. On the other hand, senior nurses with more years of experience have higher knowledge of the research topic.

The majority of nurses are midwifery or nursing school graduates, as shown in table (3.1). This result conflicts with a research by AL-Nuaimi K, et al. (2019), which revealed that 25.6% of nurses had a diploma and that only 18.75% of nurses had a bachelor's degree in nursing. The findings of Mahmood & Mohammed's (2016) study, which discovered that 50% of staff nurses were graduates of nursing schools, are likewise at odds with this one.

Additionally, the table (3.1) demonstrates that a ratio of (77.8%) of nurses have years of experience ranging from (1-6) years. The majority of them (79%) had more than five years of experience dealing with BF women, according to a research by Antonanzas, et al. (2020), which concurs with a study by AL-Nuaimi K, et al. (2019) that revealed the majority had less than five years of experience. Stephen Dajaan Dubik, et al. (2021) discovered that work experience longer than four years.

According to the researcher, these findings imply that the frequent unit switching that occurs inside the hospital may account for the short nursing tenure in areas with breastfeeding issues. On the other hand, compared to other nurses in the upper age group, nurses who are young will have a stronger readiness to enhance their abilities.

The findings, which represented (77.7%) of the study sample, showed that the majority of the study sample lacked training courses, as shown in table (3.1). This result is congruent with a research by Stephen Dajaan Dubik et al. (2021), who found that 64.4% of the study population lacked any prior service-related training.

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Volume-14, September 2022
ISSN: 2749-3644

4.2. Discussion of the assessment of nurses' \ Midwifes' practice related to main domains of breastfeeding disorders during the lactation period for the study sample.

The mean score and Relative Important Index of nurses' and midwives' practice for all items for the sample were moderate, even though Table (2) showed that the studied nurses had an unsatisfactory practice level regarding all items of practice related to main domains of breastfeeding disorders during the lactation period.

This finding is consistent with AL-Nuaimi K, et al(2019) .'s usage. Independent samples t-tests were performed to compare practice between the groups and before and after the session. The results demonstrated homogeneity of variance in the control group (n=40; M=8.98; SD=2.31; t=-1.79; P>0.05). The workshop was effective in enhancing participants' practice of breastfeeding, as evidenced by the findings, which revealed a substantially greater mean and standard deviation in the intervention group (M=11.73; SD=2.6) compared to the control group (M=8.38; SD=2.59) following the workshop (P=0.001).

4.3. Discussion of Assessment of nurses' practice related to all questions of fluid and electrolyte imbalance for hemodialysis patients as measured by mean score, standard deviation, and Relative Important Index (cutoff point 2):

Although Table (3) showed This table shows that the majority of the responses to the questions were simplistic and failed the tests, which suggests that the nurses' and midwives' practices regarding disorders of breastfeeding during the lactation phase are insufficient. This conclusion is supported by AL-Nuaimi K, et al. (2019), who found that the majority of nurses and midwives did not practice breastfeeding enough or know how to handle its issue. As a result, training programs must be created and put into place to improve participants' competencies and skills for the prevention and management of breastfeeding issues

V. CONCLUSIONS:

1. According to the study, the majority of the nurses and midwives who took part in the sample were between the ages of (35 and 41). Having (1-6) years of hospital experience and without having gone to any breastfeeding training sessions organized by hospitals, whether they were held within or outside of Iraq. The survey also showed that the majority of the nurses who took part were married, lived in cities, and relied on the internet and social media for their self-education.

2. For the research sample, the nurses' and midwives' level of practice for breastfeeding problems during the lactation phase was inadequate. The majority of participants struggle to respond to questions in the main domain.

3. The nurses' practice about breastfeeding difficulties throughout the lactation period is significantly correlated with their age group, marital status, educational attainment, number of years of hospital experience, and self-educational source

VI. RECOMMENDATIONS

1. Raise the knowledge and comprehension of nurses and midwives working in maternity hospitals with regard to breastfeeding, the right methods for its success, and how to handle its issues through the use of a course that covers everything related to breastfeeding.
2. Making available and giving to staff members in the restrooms a leaflet on breastfeeding, including advice on how to avoid and handle problems.
3. Making scientific literature available and emphasizing how important it is to motivate nurses to acquire the skills necessary to address breastfeeding difficulties as well as to teach mothers how to prevent and avoid them while they are nursing.
4. More research should be done on the implementation of educational initiatives that teach nurses and midwives how to properly practice and administer breastfeeding..

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