

**A Study to Assess the Effect of Structured Teaching Programme on the Prevention and Management of Breast Engorgement Among the Postnatal Mothers Admitted in The Postnatal Ward, in a Selected Tertiary Hospital, Kanchipuram District, Tamil Nadu, India**



**Nursing**

**KEYWORDS :** Breast Engorgement among Postnatal mothers, Structured Teaching

**E. J. P. Pavithra**

Final year B.Sc (N) student, Chettinad College of Nursing, Tamil Nadu, India.

**Poojamol. K. B**

Final year B.Sc (N) student, Chettinad College of Nursing, Tamil Nadu, India.

**Prof Veena M Joseph**

Vice Principal, Chettinad College of Nursing, Tamil Nadu, India

**ABSTRACT**

*A study to assess the effect of structured teaching programme on the prevention and management of breast engorgement was carried out among the postnatal mothers in a selected tertiary hospital, Tamil Nadu, India. A convenience sampling technique was used to select 30 postnatal mothers. A structured questionnaire was used to assess the knowledge on the prevention and management of breast engorgement among postnatal mothers. The mean pre test score was  $10.43 \pm 3.191$  and the mean post test score was  $19.50 \pm 0.682$ . The difference between the pre and post test scores was highly significant at  $P < 0.05$  level (2 tailed). Thus the study revealed that the structured teaching was effective in improving the level of knowledge on the prevention and management of breast engorgement among the postnatal mothers. The study also demonstrated that there was no significant association of the Pretest level of Knowledge with the demographic variables of the postnatal mothers.*

**INTRODUCTION**

“Motherhood is.... Difficult and ....Rewarding”

- Gloria Estafan

An exclusive breastfeeding culture is one of the practices that have been associated with tremendous positive health outcomes for the baby and mother (Rossman L et al 2012). Though breast feeding is a natural phenomenon, it is not a successful experience for most of the postnatal mothers due to many factors. Breast engorgement being one of the most common factor affecting breast feeding and it is the most often cited reason for cessation of breast feeding in the first 2 weeks of postpartum.

Breast engorgement may occur due to excessive production of milk, obstruction to outflow of milk or poor removal of milk by the baby. It usually manifests after the milk secretion starts. (Jacob Annamma.2012).

The incidence of breast engorgement all over the world is 1:8000 and in India it is 1:6500. Engorgement symptoms occur most commonly once lactation is established generally between postnatal days 3 and 5, with more than two – third of women with tenderness on day 5 but some as late as days 9 – 10. (Liebert A.M.2009).

Education towards initiation of breast feeding, feeding in correct position and avoidance of pre lacteal feeds creates awareness to avoid the occurrence of breast engorgement. Early identification of symptoms of breast engorgement may help to prevent further complications in the breast, and thus helps the mother to establish her developmental tasks of parenting.

**TITLE**

A study to assess the effect of structured teaching programme on the prevention and management of breast engorgement among the postnatal mothers admitted in the postnatal ward in a selected tertiary hospital, Kanchipuram district, Tamil Nadu, India.

**OBJECTIVES OF STUDY**

- Assess the pretest level of knowledge on the prevention and management of breast engorgement among the postnatal mothers.
- Assess the post test level of knowledge on the prevention and management of breast engorgement among the postnatal mothers.

- Evaluate the effectiveness of structured teaching programme on prevention and management of breast engorgement among the postnatal mothers.
- Associate the pretest level of knowledge on the prevention and management of breast engorgement among postnatal mothers with selected demographic variables of the postnatal mothers.

**METHODOLOGY**

**RESEARCH APPROACH**

The research approach was Quantitative and Evaluative in nature, as it evaluated the effect of structured teaching programme on the prevention and management of breast engorgement among the postnatal mothers.

**RESEARCH DESIGN**

One group pre -test and post-test design was used in the study.

01	x	02
Pretest	intervention	posttest

**01:** Pretest level of knowledge on the prevention and management of breast engorgement, assessed during the initial contact with the postnatal mothers

**X:** The intervention was structured teaching on prevention and management of breast engorgement given on a one-to-one basis to the postnatal mothers,

**02:** Post test level of knowledge on the prevention and management of breast engorgement among postnatal mothers, assessed after 15 days following the structured teaching.

**RESEARCH SETTING:**

The study was conducted in the postnatal ward of Chettinad Hospital and Research Institute (CHRI) , Kelambakkam, Kanchipuram district, Tamil Nadu, India.

**POPULATION:**

All the postnatal mothers admitted in the postnatal ward, CHRI, during the period of the study were the population for the study

**SAMPLE:**

The postnatal mothers with the following inclusion criteria were selected for the study.

**INCLUSION CRITERIA**

Postnatal Mothers

- Willing to participate in the study.
- Able to speak and understand Tamil or English.
- In their 2<sup>nd</sup> postnatal / postoperative day.

**SAMPLE SIZE:** 30

**SAMPLING TECHNIQUE:**

Convenience sampling technique was used to select the samples.

**TOOL FOR THE STUDY**

I .A structured interview was carried out to elicit the demographic data

The demographic data elicited were age, religion, education, occupation, income of the family, type of family, exposure of information on the prevention and management of breast engorgement among postnatal mothers .

II. A Structured questionnaire was used to elicit knowledge on the prevention and management of breast engorgement among postnatal mothers. It contained 20 questions with 4 options out of which one is the correct answer.

**SCORING AND INTERPRETATION:**

S.NO	LEVEL OF KNOWLEDGE	PERENTAGE %
1	Inadequate knowledge	0-50
2	Moderate knowledge	51-75
3	Adequate knowledge	76-100

**ETHICAL CLEARANCE**

Ethical clearance for the study was obtained from the Institutional ethical committee, Chettinad Academy of Research and Education.

**RESULTS & DISCUSSION**

The study revealed that majority of the postnatal mothers, nearly 57% were in the age group of 20-25 years, Almost 53% of postnatal mothers were Hindus, 37.% of the postnatal mothers were graduates . With regard to occupation, majority of the postnatal mothers, nearly 90% were unemployed, 60% of the postnatal mothers had a monthly income of Rs. 5001-10000, 63% of the postnatal mothers belonged to nuclear family.

The mean pretest knowledge score was 10.43 ± 3.191 and the mean post test knowledge score was 19.50± 0.682. This reveals a significant increase in the mean post test knowledge score which was statistically significant at P < 0.05.

A non significant association among the demographic variables of the postnatal mothers with the post test level of knowledge at P < 0.05.

**Figure 1: Frequency and percentage distribution of pretest and post test level of knowledge on prevention and management of breast engorgement among postnatal mothers**

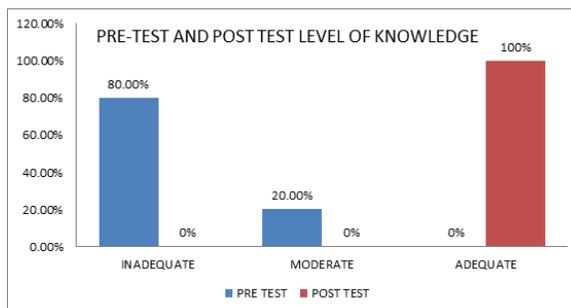


Figure 1, describes that in the Pretest, majority of postnatal mothers; nearly 80% had inadequate level of knowledge. 20% of the postnatal mother had moderate level of knowledge . However, in the post test all the Post natal mothers ( 100 %) had adequate level of knowledge on the prevention and management of breast engorgement. There was a significant difference in the post test level of knowledge which was statistically significant at P < 0.05.

**CONCLUSION**

The result of the study reveals that the postnatal mothers lacked awareness on the prevention and management of breast engorgement during the postnatal period as nearly 80% of the postnatal mothers had inadequate knowledge on the same during the pre assessment. However a one time teaching helped to improve their knowledge .The knowledge gained will support the postnatal mothers to prevent development of breast engorgement as well help them in the early identification of breast engorgement, thus preventing further complications. This will enable them to have a successful lactation and a positive breast feeding experience which will go a long way in promoting maternal and neonatal health and wellbeing.

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