Breastfeeding Pattern in Mothers Who had Problems in Breastfeeding

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ABSTRACT

Objective: The main purpose of this study was to determine the exclusive breastfeeding rate in mothers who had problems in breastfeeding and were closely taken care by the well-trained breastfeeding team. The second purpose was to define the causes of non-exclusive breastfeeding. The third purpose was to compare the exclusive breastfeeding rate with the previous study of routine postpartum care.

Methods: A prospective observational study was conducted. From January to July 2005, there were 4,344 mothers delivered at Siriraj Hospital. 847 of them, mothers (19.5%) had the problems in breastfeeding, therefore, they were cared and supported to breastfeed their babies by well-trained clinicians either at a service ward or at a Lactation clinic. To obtain the data of method of feeding and the problems in breastfeeding, the subjects were contacted by phone during 7 days, 1, 4 and 6 months postpartum period.

Results: The rates of the exclusive breastfeeding in 7 days, 1, 4 and 6 months during postpartum period in this study were 84.6%, 76%, 41% and 27.7%, respectively. The important problems of the breastfeeding were tongue tie of the infants and the short maternal nipples (57.5% and 31.6%, respectively). Compared with the previous study, in this study, breastfeeding lasted longer and had a higher rate.

Conclusion: Successful breastfeeding would be achieved if mothers receive the continuous support from the care team and their families in detecting and solving the problems of breastfeeding in early period.

Keywords: Breastfeeding support; Exclusive breastfeeding

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Nowadays, the breastfeeding is increasingly promoted more than the past because of, as known, being the breast milk is the best nutrition for infants. The breastfeeding offers many advantages for both mothers and babies[1] such as supporting immunity, making the relationship between them and economizing money as well. Therefore, many hospitals and medical units set up various projects to support and promote the breastfeeding by the preparedness of mothers for both bodies and minds since antenatal period until postpartum period.[2] When some mothers have breastfeeding problem in the postpartum period with no help and support, they will lose intention and interest in breastfeeding, so that, finally, they would fail in breastfeeding. As the result, the rate of breastfeeding decreases. The reasons for stopping breastfeeding come from the problems of mothers, infants and economic state which forces mothers to work.[3-4] Giving consultation and encouragement to mothers in postpartum period are important things to support mothers' confidence and ability to breast-feed eventually. Thus, this program will study the mothers having breastfeeding problem in postpartum period, including giving medical assistance and monitoring continuously by medical teams. After that, the results from monitoring will be analyzed and compared with the study of mothers who receive routine care in postpartum duration in order to study the changing rate of breastfeeding in each situation.

MATERIALS AND METHODS

Of the 4,344 mothers who delivered at Siriraj Hospital between January 2005 and July 2005 and stayed at the hospital about 48 to 72 hours during postpartum and 847 were evaluated whether they could breast feed or they had problems in breast-feeding and would be cared by the

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TABLE 1. Percentage of methods of infant feeding during follow-up period.

Postpartum period	7 days		1 month		4 months		6 months	
	n	%	n	%	n	%	n	%
Breastfeeding	445	84.6	370	76	85	41.0	26	27.7
Breastfeeding + Artificial milk feeding	79	15	107	22	37	18.0	18	19.1
Artificial milk feeding	2	0.4	10	2.0	85	41.0	50	53.2
Total	526	100	487	100	207	100	94	100

n = number of infants

well-trained breast feeding team. If there were problems that took longer time to solve, Lactation Clinic took the responsibility for the ways of solution. The babies were evaluated by the pediatric surgeon if tongue tie interfere breastfeeding. Frenulotomy was done to correct this problem. After discharge from the hospital, the mothers were followed up about the problems of breastfeeding and/or artificial feeding by phone at 7 days, 1, 4 and 6 months postpartum period, respectively.

RESULTS

From January to July 2005, there were 4,344 mothers delivered at Siriraj Hospital and 847 of who had the breastfeeding problems at the rate of 19.5% need to be closely assisted and taken care. For the results from continuous follow up, the care team could follow the mothers having breastfeeding problem during postpartum period, which were 526 cases (65.8%) at 7 days, 487 cases (70.8%) at 1 month, 207 cases (68.5%) at 4 months and 94 cases (79.0%) at 6 months. The rates of only breastfeeding at 7 days, 1, 4 and 6 months postpartum were 84.6%, 76%, 41% and 27.7%, respectively (Table 1). The rates of breastfeeding together with infant formula at the same postpartum periods above were 15%, 22%, 18% and 19.1% respectively. The rates of only infant formula feeding at the same postpartum periods were 0.4%, 2%, 41% and 53.2% respectively. There were many reasons for mothers feeding babies at the breast plus the artificial milk concerned on the different postpartum periods (Table 2). At 7 days postpartum, the causes of cessation of breastfeeding were insufficient milk production (62%), abnormal nipples

TABLE 2. The causes of feeding with breastfeeding combined with artificial milk feeding.

Postpartum period	7 days		1 month		4 months		6 months	
Cause	n	%	n	%	n	%	n	%
Insufficient milk Production	49	62	55	51.4	6	16.2	2	11
Babies' vexation	4	5.1	8	7.4	1	2.7	0	0
Babies' sickness	0	0	0	0	0	0	0	0
Abnormal nipples	22	27.8	22	20.6	2	5.4	4	22.2
Maternal sickness	0	0	0	0	0	0	0	0
Maternal necessity of return to work	4	5.1	22	20.6	28	75.7	12	66.7
Prevision of supplementary food	0	0	0	0	0	0	0	0
Total	79	100	107	100	37	100	18	100

TABLE 3. The causes of only artificial milk feeding.

Postpartum period	7 days		1 month		4 months		6 months	
Cause	n	%	n	%	n	%	n	%
Insufficient milk Production	1	50	2	20	1	1.2	0	0
Babies' vexation	0	0	1	10	1	1.2	0	0
Babies' sickness	1	50	2	20	0	0	0	0
Abnormal nipples	0	0	1	10	6	7.0	4	8
Maternal sickness	0	0	0	0	0	0	0	0
Maternal necessity of return to work	0	0	4	40	77	90.6	46	92
Provision of supplementary food	0	0	0	0	0	0	0	0
Total	2	100	10	100	85	100	50	100

(27.8%), maternal necessity of return to work (5.1%) and babies' vexation (5.1%). At 1 month postpartum, the reasons that mothers feed babies with breastfeeding combined with artificial milk were as follow: insufficient milk production (51.4%), abnormal nipples (20.6%), and maternal necessity of return to work (20.6%). At 4 months postpartum, the causes were maternal necessity of return to work (75.7%), insufficient milk production (16.2%), and abnormal nipples (5.4%). At 6 months postpartum, the reasons were maternal necessity of return to work (66.7%), abnormal nipples (22.2%), and insufficient milk production (11.1%). On the other hand, the reasons that mothers feed babies with only the artificial milk were shown as the following details (Table 3). At 7 days postpartum, the major reasons were babies' sickness (50%), and insufficient milk production (50%). At 1 month postpartum, the main reason was maternal necessity of return to work followed by babies' sickness and insufficient milk production. At 4 and 6 months postpartum, increase in percentage of maternal necessity of return to work was found to be a major cause. The problems of breastfeeding at admitted period (early postpartum period) were shown as the following, tongue tie as the rate of 57.5%, short maternal nipples as the rate of 31.6%, dimpled or inverted maternal nipples as the rate of 3.5% respectively. If breastfeeding problem is too serious to be solved in basic process by the team of service ward, Lactation Clinic will take care and take account of the problems. In addition, 53.9% of babies having tongue tie were undergone Frenulotomy. And another problem is the short nipple problem as the rate of 10.4% per the whole number of patients sent to the clinic.

DISCUSSION

Breastfeeding is the most important thing because breast milk gives health benefits for babies. Infant should be breastfed only at least 4 to 6 months. Breastfeeding problems always happen during antepartum and postpartum periods. Therefore, the preparedness of mothers by giving knowledge and breast preparing, correcting abnormal nipples since the period of antenatal care, including helping and instructing to breastfeed in postpartum period make the rate of breastfeeding be increased. From the study of exclusive breastfeeding at Siriraj Hospital between February to September 2003, it depicted that the rates of breastfeeding become 83.4%, 69.5%, 33.1% and 18.6% at 7 days, 1, 4 and 6 months postpartum, respectively.[5] Most problems which caused the breastfeeding

reduction were the problem of nipples (short, dimpled or inverted nipples), the problem of tongue ties of babies and the problem from necessity to work of mothers at 4 to 6 months postpartum. Therefore, when the problems from abnormal nipples, techniques to feed babies, quantity of breast milk production, tongue tie and sickness of the babies arise, patients need to be cared and assisted for both bodies and minds together with continuous follow up. So that, after these problems were solved, there was increase in the rate of breastfeeding. Compared to mothers in routine postpartum cared in the hospital,[5] this study shows there were the increasing rate of breastfeeding, especially for the group of mothers at 4 and 6 months postpartum. Taking care mothers closely and solving problems during both antepartum and postpartum for mothers enhance the success in breastfeeding,[6-8] which leads to the good health of babies as the study by Kramer et al.[9]

However, the success of breastfeeding support not only depends on mothers and babies, this is also up to the co-operation of doctors, nurses and patients' families as well. The doctor can detect abnormal maternal nipples and breasts and tongue tie of the babies in the early period and treats those problems appropriately. The care from well-trained nurses and also the enthusiasm of families are important parts for supporting breastfeeding. In addition, the government should perform the policy of prolonged maternal leave so that mothers can breastfeed longer than nowadays, those are important factors which impacts on the success of breastfeeding support.

CONCLUSION

Giving assistance and solving the problems of mothers during antepartum and postpartum as staying at hospital as well as giving support and consultation after back home would make more perfect confidence of mothers to succeed in breastfeeding. Apart from these things, the care team should have the knowledge and the understanding to indicate the way to solve basic problems to mothers. In addition, the serious problems should be passed along to other special clinic with more preparedness from the beginning period and the mothers should receive continuous support. Eventually, the promotion of breastfeeding will succeed absolutely.[10]

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บทคัดย่อ

การติดตามการเลี้ยงลูกด้วยนมแม่ในหญิงตั้งครรภ์ที่มีปัญหาในการเลี้ยงลูกด้วยนมแม่

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วัตถุประสงค์: จุดประสงค์หลักของการศึกษานี้คือ 1.การศึกษาอัตราการเลี้ยงลูกด้วยแม่ในกลุ่มแม่ที่มีปัญหาในการเลี้ยงลูกด้วยนมแม่และได้รับการดูแลแก้ไขปัญหาเหล่านั้นอย่างใกล้ชิดโดยทีมเจ้าหน้าที่ที่ได้ผ่านการอบรมการเลี้ยงลูกด้วยนมแม่มาแล้ว 2. เพื่อหาสาเหตุหรือปัญหาที่เกิดขึ้นในการเลี้ยงลูกด้วยนมแม่ 3. เพื่อเปรียบเทียบอัตราการเลี้ยงลูกด้วยนมแม่อย่างเดียวในกลุ่มการศึกษานี้กับการศึกษาก่อนหน้านี้ที่ศึกษาในกลุ่มแม่หลังคลอดที่ได้รับการดูแลตามปกติ

วิธีการ: เป็นการศึกษาแบบไปข้างหน้า โดยเก็บข้อมูลหญิงตั้งครรภ์ที่มาคลอดที่โรงพยาบาลศิริราชตั้งแต่ เดือนมกราคม- กรกฎาคม 2548 มีจำนวนทั้งหมด 4,344 คน พบว่ามี 847 คนที่มีปัญหาในการเลี้ยงลูกด้วยนมแม่ คิดเป็น 19.5% และได้รับการดูแลแก้ไขอย่างใกล้ชิดในการเลี้ยงลูกด้วยนมแม่โดยทีมเจ้าหน้าที่ที่ตึกประจำผู้ป่วยซึ่งได้ผ่านการอบรมเรื่องนมแม่มาแล้วหรือที่คลินิคนมแม่ และหลังจากนั้นมีการติดตามต่อทางโทรศัพท์ในช่วง 7 วัน, 1 เดือน, 4 เดือน และ 6 เดือนหลังคลอดถึงวิธีการเลี้ยงลูกด้วยนมประเภทใด ปัญหาหรือสาเหตุที่ทำให้ไม่ได้รับนมแม่อย่างเดียว หลังจากนั้นจึงรวบรวมข้อมูลมาทำการวิเคราะห์และศึกษาต่อไป

ผลการศึกษา: อัตราการเลี้ยงลูกด้วยนมแม่อย่างเดียวในกลุ่มการศึกษานี้ ในระยะเวลาหลังคลอด 7 วัน, 1 เดือน, 4 เดือน, 6 เดือน คือ 84.6%, 76%, 41% และ 27.7%, ตามลำดับ ปัญหาสำคัญในการเลี้ยงลูกด้วยนมแม่คือ ภาวะโคนลิ้นติดในทารกและหัวนมแม่สั้น คิดเป็น 57.5%, 31.6% ตามลำดับ เมื่อเปรียบเทียบกับการศึกษาก่อนหน้านี้ที่ศึกษาในกลุ่มมารดาที่ได้รับการดูแลหลังคลอดตามปกติพบว่า อัตราการเลี้ยงลูกด้วยนมแม่ในกลุ่มการศึกษานี้มีมากกว่าและนานกว่า

สรุป: การตรวจพบปัญหาในการเลี้ยงลูกด้วยนมแม่ทั้งจากแม่และทารกแล้วให้การดูแลแก้ไขตั้งแต่ระยะแรก ๆ การให้การดูแลอย่างใกล้ชิดต่อแม่หลังคลอดและการช่วยสนับสนุนทั้งจากทีมแพทย์ พยาบาล รวมทั้งครอบครัวอย่างต่อเนื่อง ก็จะช่วยทำให้อัตราการเลี้ยงลูกด้วยนมแม่ประสบความสำเร็จมากขึ้น