

# ASSESSMENT OF PROPER POSITIONING AND GOOD ATTACHMENT OF THE BABY DURING BREAST FEEDING PRACTICES IN PRIMI-GRAVIDA AND MULTI-GRAVIDA

Hayat Muhammad Khan<sup>1</sup>, Hamid Iqbal Bangash<sup>2</sup>, Imran Ullah<sup>1</sup>, Kashif<sup>2</sup>, Saeed Ahmad<sup>1</sup>, Bilal<sup>2</sup>, Muhammad Iqbal<sup>3</sup>

<sup>1</sup>Community Medicine Department Khyber Medical College Peshawar

<sup>2</sup>Nursery department Khyber Teaching Hospital Peshawar

<sup>3</sup>Department of Statistics, University of Peshawar

## ABSTRACT

**Objectives:** To assess and compare Proper Positioning and Good Attachment practices in Primi-gravida and multi-gravida mothers during breast feeding.

**Materials and Methods:** It was a Cross sectional analytical study conducted on mothers whose babies were admitted in Nursery unit of Khyber Teaching Hospital Peshawar, Khyber Pakhtunkhwa, Pakistan between October and November, 2022. Total 100 mothers of age group 20-45 years were observed for proper positioning and attachment which were divided equally in primi-gravida and multi-gravida. These mothers were selected through consecutive convenient sampling technique. Informed verbal and written consent was taken. Ethical approval was granted by Institutional research and ethical review board, Khyber Medical College Peshawar. Chi2 test was applied for determining level of significance for each parameter. Data was analyzed on SPSS version 20.

**Results:** Of the total 100 mothers, only 60 % had signs of Good Positioning and Good Attachment. There was significant difference between primi-gravida and multi-gravida in two signs each in good positioning and good attachment based on chi2 test result; body well supported (P value 5.31), baby's body approximated to mother's body (P value 4.33), mouth wide open (P value 6.35), and lower lip rolled outward (P value 5.48). In signs of good positioning, highest frequency was found in baby's body in a straight line (91 %) while lowest found in baby's body approximating the mother (82 %). In signs of good attachment, highest frequency was found in chin touching the breast (87 %), while lowest found in lower lip rolled outward (76 %).

**Conclusion:** Most of the feeding problems are resulted from improper Positioning and attachment which can be rectified through health education during pregnancy.

**Key words:** Breast feeding, Positioning, Attachment, Malnutrition

## INTRODUCTION

Under-nutrition is a global problem appearing in children in the form of stunting, wasting and underweight mainly affecting underdeveloped nations of Africa and Southeast Asia<sup>1</sup>. Undernutrition is the starting point of a vicious cycle in which undernutri-

tion leads to infections and infections in turn causes undernutrition. Fifty percent of mortality in children is due to under nutrition<sup>2</sup>. In Sub-Saharan Africa the highest under-5 mortality rates globally are significantly associated with Non-exclusive breastfeeding<sup>3</sup>. In Nigeria everyday about 2300 under-five children die due to Non-exclusive breastfeeding practices<sup>4</sup>. One of the most suitable ways of preventing under-nutrition is exclusive breast feeding. Breast feeding is responsible for good health of both mother and baby<sup>5</sup>. WHO recommends exclusive breast feeding for six months. Exclusive breastfeeding has both so-

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### Correspondence:

Saeed Ahmad

Community Medicine Department, Khyber Medical College  
Peshawar

Cell: +923009006309

Email: Saeedahmad20@hotmail.com

cial and economic benefits especially in rural settings of the world<sup>6</sup>. Exclusive breastfeeding is responsible for strengthening immune system of the body<sup>7</sup>. In Pakistan, breast feeding is determined by certain demographic, economic, social, and biological factors<sup>8</sup>. Poverty, recurring disasters, and political and economic instability are some of the main factors leading to undernutrition and food insecurity in some areas of Pakistan. Prevalence of under nutrition in children younger than five years in Pakistan is about 20 % and 45 % are stunted<sup>9</sup>. Improper positioning and attachment of the baby to the mother breast is factor for low prevalence of breast feeding practices. Feeding problems in children can be minimized by proper positioning and attachment<sup>10</sup>. According to UNICEF guidelines in IMNCI module, a baby is well attached to mother breast when: Chin of the baby is touching the breast, mouth is wide open, lower lip is rolled outward and more areola is seen above than below. Signs of good positioning of the mother during breastfeeding are; baby facing the mother, baby's body in a straight line, whole body of the baby be well supported and baby's body near to the mother's body<sup>11</sup>.

Since limited studies have been conducted in Khyber Pakhtunkhwa province of Pakistan on frequency of good positioning & good attachment with comparison in primi-gravida and multi-gravida, therefore, our study will prove to be a pioneer step in this regard.

## MATERIALS AND METHODS

It was a Cross sectional analytical study conducted in Nursery unit of Khyber Teaching Hospital Peshawar, Khyber Pakhtunkhwa, Pakistan. Age limit was 20-45 years. Study participants were those mothers whose babies were admitted in nursery unit. Two categories of mothers, primi-gravida

and multi-gravida, were observed for correct breast feeding practices. We conducted the study between October and November, 2022. Consecutive convenient sampling technique was used. Total 100 mothers, 50 in each category, were observed for proper positioning and attachment during breast feeding. Individual mothers were observed by staff nurse in the nursery department. Only those mothers who could come to Nursery for feeding their babies were included in the study. Those mothers who had underwent C-Section or unwilling to participate in the study were excluded. Ethical approval was granted by the institutional research and ethical review board (IREB) of Khyber Medical College Peshawar (No.736/DME/KMC dated 07/10/2022). After taking verbal and written informed consent, data on positioning and attachment was collected and analyzed on SPSS version 20. Chi2 test was calculated to test the null hypothesis for each parameter.

## RESULT

Total 100 mothers who were feeding their babies were analyzed for positioning and attachment of the babies during feeding. Out of the total mothers, 50 were primi-gravida while 50 were multi-gravida. Signs of good positioning were recorded in both categories of the mothers and chi2 test was calculated for each parameter. Highest number was found in keeping baby body in a straight line (91 %) while lowest was in the last category of approximating the baby body to the mother (82 %). Categorical variables were presented as percentages in the following table. Chi2 test was calculated for each parameter.

The second category observed was signs of good attachment. Four signs of good attachment were recorded in both categories of mothers (primi-gravida and multi-gravida). Chi2 test was calculated for each parameter. Chin was touching the breast in 87 % of

**Table 1: Frequency of Signs of good Positioning with comparison in primi and multi gravida**

Signs of good positioning	Categories	Yes	No	Chi <sup>2</sup> Test	P value
1.Body of the baby in straight line	Primi-gravida	43 (86 %)	07 (14 %)	3.05	0.06
	Multi-gravida	48 (96 %)	02 (04 %)		
2. Body of the baby well supported	Primi-gravida	39 (78 %)	11 (22 %)	5.31	0.01
	Multi-gravida	47 (94 %)	03 (06 %)		
3. Baby facing the mother	Primi-gravida	44 (88 %)	06 (12 %)	0.44	0.012
	Multi-gravida	46 (92 %)	04 (08 %)		
4. Body of the baby approximating the mother	Primi-gravida	37 (74 %)	13 (26 %)	4.33	0.03
	Multi-gravida	45 (90 %)	05 (10 %)		

**Table 2: Frequency of Signs of good Attachment with comparison in primi and multi gravida**

Signs of good Attachment	Categories	Yes	No	Chi <sup>2</sup> Test	P value
<b>1 Chin touching the breast</b>	Primi-gravida	41 (82 %)	09 (18 %)	2.21	0.16
	Multi-gravida	46 (92 %)	04 (08 %)		
<b>2 Mouth wide open</b>	Primi-gravida	38 (76 %)	12 (24 %)	6.35	0.005
	Multi-gravida	47 (94 %)	03 (06 %)		
<b>3 Lower lip rolled outward</b>	Primi-gravida	33 (66 %)	17 (34 %)	5.48	0.03
	Multi-gravida	43 (86 %)	07 (14 %)		
<b>4 More areola is seen above than below</b>	Primi-gravida	39 (78 %)	11 (22 %)	0.58	0.18
	Multi-gravida	42 (84 %)	08 (16 %)		

mothers. Lower lip rolled outward in 76 % babies.

## DISCUSSION

Proper positioning and good attachment of the baby to the mother during breast feeding plays a vital role in preventing malnutrition in children. While improper positioning and attachment can lead to cracked nipple and mastitis<sup>12</sup>. In our study overall prevalence of individual signs was excellent but when combined all the signs in a single mother, the overall performance drops to 60 % which means that only 40 % of the lactating mothers were following all the signs of good positioning and good attachment which is compatible with the results of an international study<sup>13</sup>. The chi2 test for each parameter was calculated. For degree of freedom 1, chi2 test of more than 3.84 is considered significant. So in signs of good positioning, there was significant difference in supporting and facing of the baby towards the mother between primi-gravida and multi-gravida. As multi-gravida are more experienced than the primi-gravida, prevalence of good positioning and good attachment was better in multi-gravida than primi-gravida. Most feeding problems can be avoided by proper Positioning and good attachment practices in the first and early feeds<sup>14</sup>. Two signs of good attachment were significantly better in multi-gravida than primi-gravida (chi2 test of more than 3.84); these were moth wide open and lower lip rolled outward. Lack of proper Positioning and good attachment is observed in adolescent and first pregnancy<sup>15</sup>. Parental lack of knowledge on breastfeeding and unhealthy practices has ranked the developing countries, including Pakistan, to a high child mortality and malnutrition. Exclusive breastfeeding practices can improve child health status and decrease mortality<sup>16</sup>.

A 2013-2014 media campaign in Sindh Province,

Pakistan, there was prompt improvement in mother's information from television from 8.3% to 29.4% after the campaign<sup>16</sup>.

## CONCLUSION

Most of the breast feeding problems is observed during first pregnancy. So improper Positioning and attachment can be rectified through health education during antenatal visits especially during 1st pregnancy.

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