EARLY BREAST FEEDING IN THIRD STAGE OF LABOUR

Medical Science

Mrs. Neeta Bhide  
Ph. D. Scholar, SRK University, Bhopal.

Dr. Bharti Batra*  
Ph. D. Guide, SRK University, Bhopal. *Corresponding Author

ABSTRACT

The study was conducted to assess the effect of early breast feeding on the duration of third stage of labour and blood loss in third stage of labour. A quantitative research approach. Using random sampling technique using lottery method 60 intranatal mothers of selected hospitals at Indore, 30 for each control and experimental group. The independent variable was early breastfeeding. Dependent variable was reduction in duration and blood loss in third stage of labour. The conceptual framework used in this study is based on the Orlando's Nursing Process Theory. A post test only type of true experimental research design was adopted in the study. Based on the objectives the data was analyzed and by using various statistical tests i.e. percentage and 't' test. The findings of the study showed that the mean duration of third stage of the labour in experimental group was 7.4 (min) with standard deviation of 1.0699 and of the control group was 12.66(min) and standard deviation 32.188 and mean of control group was 241.17 (ml) with standard deviation of 28.69829 mean difference was 121.966 which was found to be significant (at t= 14.189, p=0.001).

In conclusion, initiation of breastfeeding by well-trained delivery room staff, usually within the first hour, provides important benefits for early placental delivery thus reducing the duration of third stage of labour leading to reduced blood loss and minimizing the risk of PPH.

KEYWORDS

Early breast feeding, Third stage of labour, Intranatal mothers

INTRODUCTION:

Breast feeding is as old as human kind. Breast milk is accepted as the unique, natural and nutritious food, provided by the nature to newborn. It is universally acknowledged to be the best and complete food for infants including sick and preterm neonates as it fulfills specific nutritional needs. Human milk is unequivocally considered as the best food for neonate due to its unique physical, biochemical and immunological qualities (C Tawiah-Agyemang, BR Kirkwood, K Edmond, A Bazzano and Z Hill, 2008). The World Health Organization (WHO) and United Nations Children’s Emergency Fund (UNICEF) recommend that breast-feeding be initiated within 1 hr of birth because early initiation stimulates breast milk production, increases uterine activity and may thus reduce the risk of heavy bleeding and infection. It also fosters mother–child bonding and increases the duration of breastfeeding (WHO 1998)(UNICEF 2002).

Number of studies mentioned health benefits of breast feeding for mothers also. It is documented that breast feeding increases level of oxytocin, resulting in less postpartum bleeding and more rapid uterine involution. Lactational amenorrhea causes less menstrual blood loss over the months after delivery (C Tawiah-Agyemang, BR Kirkwood, K Edmond, A Bazzano and Z Hill 2008).

OBJECTIVES

1. To assess the duration of third stage of labour among Intranatal mothers of control group and experimental group.
2. To compare the amount of blood loss in third stage of labour among Intranatal mothers of experimental and control group.
3. To assess the effectiveness of early breast feeding on duration of third stage of labour among Intranatal mothers of experimental group.

1.5 HYPOTHESES

RH1: Early breast feeding reduces the duration of third stage of labour in experimental group than that of control group at the level of p<0.05.

RH2: Early breast feeding reduces the blood loss in third stage of labour in experimental group than that of control group at the level of p≤0.05. The study adopted a quantitative research approach. The sample comprised of 60 intranatal mothers of selected hospitals at Indore. A random sampling technique was used to select the samples.

The independent variable was early breastfeeding. Dependent variable was reduction in duration and blood loss in third stage of labour.

The reliability of the tool was tested on 10 samples by inter-rater reliability test in labour room of a selected hospital. Reliability for each item was established by Karl Pearson correlation coefficient formula and each item was found to be reliable, which proved the effectiveness and efficiency of the tool for the final data collection.

The conceptual framework used in this study is based on the Orlando’s Nursing Process Theory.

A post test only type of true experimental research design was adopted in the main study. The population of the study consisted of all intranatal mothers admitted in the selected hospitals of Indore. Random sampling technique was utilized to select 60 intranatal mothers based on certain predetermined criteria. Randomly by lottery method 30 mothers were assigned each to control and experimental group. Based on the objectives the data was analyzed and by using various statistical tests i.e. percentage and ‘t’ test.

Section 1: This Section Deals With The Socio Demographic Profile Of The Mothers In Experimental Group And Control Group Frequency And Percentage Distribution Of Subjects According To Demographic Variables

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Demographic variables</th>
<th>Experimental group N=30</th>
<th>Control group N= (30)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Frequency(n)</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>≤ 20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>21-25</td>
<td>19</td>
<td>63.3%</td>
</tr>
<tr>
<td></td>
<td>26-30</td>
<td>8</td>
<td>26.7%</td>
</tr>
<tr>
<td></td>
<td>31-35</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>2</td>
<td>Gravid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>8</td>
<td>26.7%</td>
</tr>
<tr>
<td></td>
<td>More than 3</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>3</td>
<td>Para</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>9</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>More than 3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>Nature of case</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Booked</td>
<td>30</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Unbooked</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
The study reveals that in experimental group out of 30 Intranal mothers, 19(63.3%) belonged to the age group of 21-25 yrs. Whereas in control 21(70%) out of 30 belong to the age group of 21-25 yrs. In experimental group majority were 2nd gravid i.e. 21(70%) and in control group 18 (60%) were second gravid. In experimental group 21(70%) were 1 yr and in control group 19(63.3%) of them were 1 yr. Para. All of the 60 mothers had ANC registration. All of the mothers of experimental group were literate whereas only 19(63.3%) of mothers were literate, in control group. The gap between two pregnancies was 2yrs in 28(93.3%) mothers of experimental group and 3yrs in 16 mothers of control group.

Section II- Comparison of the duration of third stage of labour among intranal mothers of experimental and control group

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean (min)</th>
<th>Std. Deviation</th>
<th>Mean Difference</th>
<th>Std. Error Mean</th>
<th>df</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>12.6667</td>
<td>1.72877</td>
<td>5.26667</td>
<td>.31562</td>
<td>58</td>
<td>14.189***</td>
</tr>
<tr>
<td>Experimental</td>
<td>7.4000</td>
<td>1.06997</td>
<td>5.26667</td>
<td>.19535</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p≤0.05*; p≤0.01**; p≤0.001*** df=degree of freedom

Section III - Comparison of the amount of blood loss in third stage of labour among intranal mothers of experimental and control group

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean (ml)</th>
<th>Std. Deviation</th>
<th>Mean Difference</th>
<th>Std. Error Mean</th>
<th>df</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>241.17</td>
<td>28.69829</td>
<td>121.96667</td>
<td>5.35957</td>
<td>58</td>
<td>14.189***</td>
</tr>
<tr>
<td>Experimental</td>
<td>118.67</td>
<td>32.18838</td>
<td>121.96667</td>
<td>5.87677</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p≤0.05*; p≤0.01**; p≤0.001*** df=degree of freedom

The findings of the study showed that the mean duration of third stage of the labour in experimental group was 7.4(min) with standard deviation of 1.0699 and of the control group was 12.66(min) and standard deviation 1.72873 mean difference was 5.266 and df is 58 which is found to be significant (at t= 14.189, p<0.001). Therefore, the RH is accepted.

The findings of the study indicates that the mean blood loss in third stage of the labour in experimental group was 118.67(ml) with standard deviation 32.188 and mean of control group was 241.17 (ml) with standard deviation of 28.69829 mean difference was 121.96667 which was found to be significant (at t= 14.189 , p<0.001). Therefore, the RH is accepted.

In conclusion, initiation of breastfeeding by well-trained delivery room staff, usually within the first hour, provides important benefits for early placentation delivery thus reducing the duration of third stage of labour leading to reduced blood loss and minimising the risk of PPH.

REFERENCES: