

Chapter 6

Conclusion

The present study was carried out in two phases. Phase I included assessment of breastfeeding knowledge, practices and problems of the postnatal mothers. Phase II included effectiveness of the intervention in the form of Comprehensive Breastfeeding Promotion Program (CBPP) on breastfeeding self-efficacy, practices and outcomes of the primigravid mothers.

Following inferences can be made based on the study's findings:

1. The present study concluded that mothers had inadequate knowledge regarding breastfeeding. [99(24.8%)] mothers had poor breastfeeding knowledge, [266(63.7%)] mothers had average breastfeeding knowledge. Only [46(11.5%)] mothers had good breastfeeding knowledge.
2. 55.8% mothers initiated breastfeeding after 24 hours and 44% mothers initiated breastfeeding between 2-24 hours. 228(57.0%) mothers offered colostrum to their babies. 88(22.0%) mothers were giving only breast milk to the babies while 249(62.3%) mothers were offering mixed feeds and 63(15.7%) mothers were giving formula feeds to their babies. Inadequate breast milk production remained the identified cause for not following exclusive breastfeeding. Feeling of tiredness, latching difficulties and inadequate breast milk production were the major breastfeeding problems reported by the mothers at 6 weeks, 10 weeks and 14 weeks postpartum.
3. LSCS remained the major cause of initiating late breastfeeding.

4. Inadequate breast milk production remained the identified cause for not following exclusive breastfeeding.
5. Feeling of tiredness, latching difficulties and inadequate breast milk production were the major breastfeeding problems reported by the mothers from birth of the baby up to six months postpartum.
6. The breastfeeding self-efficacy among primigravid postnatal mothers was very good in experimental group [39(78%)] than in control group [4(8%)]. In experimental group, good breastfeeding self-efficacy was found among [9(18%)] mothers while in control group it was [24(48%)] among primigravid mothers. In the experimental group, the moderate self-efficacy for breastfeeding was [2(4%)] compared to [16(32%)] in the control group. Poor breastfeeding self-efficacy was reported by only control group mothers [6(12%)].
7. With regard to breastfeeding practices of the mothers at different intervals of time, the experimental group had better breastfeeding practices than control group.
8. The breastfeeding outcomes in terms of duration, exclusivity and continuity were considerably higher in the experimental group at six weeks and at six months.
9. The mothers in the experimental group [29(58%)] had very positive breastfeeding experiences than those in the control group [15(30%)]. The experimental group felt very positive regarding breastfeeding [24(48%)] than the control group mothers [16(32%)]. Majority of the mothers in both the groups believed that breastfeeding gives satisfaction to both the mother and

the baby [31(62%)] and [14(28%)] respectively. Mothers in both the groups described their breastfeeding experience as joyful, happy, peaceful and satisfactory; while on the contrary some of the mothers described it as uncomfortable, busy and disappointing. The reason for describing the experience negatively included less support from the family members, return to work and switching over to formula feeds at an early period as a result of inadequate lactation.

Therefore, the Comprehensive Breastfeeding Promotion Program was effective in improving the breastfeeding self-efficacy, practices and outcomes of the primigravid mothers as there was significant enhancement in the breastfeeding self-efficacy, practices and outcomes between the groups.

Implications of the Study

The following are some of the implications of the current study's findings:

Nursing Education

1. Nurses can educate mothers by identifying their specific needs during the antenatal visits.
2. By identifying the background information of the mothers, nurses can give health education to the mothers and also address their concerns and queries.
3. Nutritional assessment of the mothers can be done by the nurses and health education regarding the same can be given.
4. Nurses can mentally prepare the mothers for breastfeeding as they feel hesitant to talk about it. Demonstration of correct breastfeeding techniques and good

latch signs can be taught to the mothers by the nurses during the antenatal visits.

5. Nurses can alleviate anxiety and stress of the mothers related to the birth of the baby.

Nursing Practice

1. Child birth preparation classes for both the couples can be arranged by the nurses.
2. Assessment of breasts can be performed by the nurses in the antenatal area so as to address any breast related problem and rectify the same before the birth.
3. Nurses can help mothers in early initiation of breastfeeding and colostrum feeding.
4. Continuous breastfeeding guidance and support is necessary to maintain breastfeeding. Nurses can help achieve good breastfeeding practices in the ward.
5. Immediate breastfeeding problems can be addressed by the nurses and required intervention can be done in order to relieve the problem.
6. Nurses can follow-up the mothers after their discharge from the hospital through telephone and can help in rectifying their areas of concern.

Nursing Administration

1. Head nurse/ ward in-charges can collaborate with NGOs and involve social workers in helping those mothers who are in need.
2. Mothers from rural areas should be supported by ASHAs and ANMs. Their problems needs to be addressed and necessary interventions must be carried out.
3. Supply of formula feeds needs to be discouraged and active breastfeeding needs to be supported.
4. BFHI must be adopted and followed in the hospitals.
5. Late shifting of the mothers from labor room to the postnatal area should not be followed.

Nursing Research

1. Nurses must cater to the needs of the mothers during the antenatal visits and adopt prospective view in order to see the impact on the practices of the mothers.
2. Small comparative studies may be done to evaluate the effectiveness of one intervention over the other.

Recommendations

The following are some recommendations of the current study's findings:

1. Comparative studies can be undertaken to compare the breastfeeding knowledge among primigravid and multigravid mothers.

2. Qualitative studies can be done on mothers regarding their breastfeeding experiences.
3. Qualitative aspects on breastfeeding problems faced by the mothers can be explored more deeply.
4. Comparative studies on breastfeeding practices needs to be focused upon.
5. Self-efficacy in breastfeeding is a crucial component that can improve the breastfeeding practices; hence, more of the studies should focus on self-efficacy interventions.
6. Researches can be undertaken on providing breastfeeding intervention programs and test the effectiveness on breastfeeding outcomes.
7. The follow-up duration for the current investigation was six months. Similarly, a longitudinal study can be conducted for a period of two years to assess the exclusivity and continuity of breastfeeding.