

# Facilitators and Barriers in Initiation of Breastfeeding within One Hour of Child Birth among Women at Selected Community

Saraswathy K.<sup>1</sup>, Latha Venkatesan<sup>2</sup>

<sup>1</sup>Assistant Professor, <sup>2</sup>Principal, Apollo College of Nursing, Chennai, Affiliated to The Tamil Nadu Dr. M.G.R Medical University

## Abstract

**Introduction:** Most of the world's new-born are left waiting too long to begin breastfeeding. In 2017, 78 million new-borns were estimated to wait more than one hour to be put to the breast. This study aimed to assess the facilitators and barriers in initiation of breastfeeding within one hour of child birth.

**Methodology:** A retrospective study was conducted at selected community in Chennai with a sample size of 60 mothers through purposive sampling technique. Data was collected using demographic variable proforma, obstetrical variable proforma, checklist to assess the facilitators and barriers in initiation of breastfeeding within one hour of childbirth.

**Results:** In initiation of breastfeeding Majority of the mothers felt antenatal preparation (100%) and support from health professionals (54.4%) as Facilitators, 96% of the mothers considered Pain during labour and new-borns refused to feed as the barriers. There was significant association between initiation of breastfeeding within one hour of childbirth and selected Variables such as age of the mother ( $\chi^2 = 5.1428$ ), knowledge about breastfeeding ( $\chi^2 = 4.826$ ) and source of information from health professionals ( $\chi^2 = 4.343$ ,  $p > 0.50$ ).

**Conclusion:** This study helps in understanding the facilitators and barriers in initiation of breastfeeding. By analysing these factors, Nurses and nursing students can step up to empower mothers to promote early breastfeeding.

**Keywords:** *Facilitators, Barriers, Initiation of Breast feeding.*

## Introduction

The first hours and days after birth are one of the riskiest periods of a child's life — but getting an early start to breastfeeding offers a powerful line of defence. India ranks 56th among the 76 countries that were analysed. The report, released ahead of World Breastfeeding Week (August 1 to 7), says that only two in five newborns are breastfed within the first hour of life across the world.<sup>1</sup>

According to NFHS 2017, Mishra, Secretary, Ministry of Health and Family Welfare, stated that about 20% new-born deaths and 13% under-five deaths can be prevented by early initiation of breastfeeding. At about 99.9% in both urban and rural areas, Kerala has the highest institutional births in the country. Tamil Nadu is close to second position with 99.2% institutional births in urban areas and 98.7% in rural areas. Yet, In Tamil Nadu only 55% of them only were initiated to breastfeed within one hour of birth<sup>2</sup>.

Breastfeeding within the first hour of life has been shown to reduce high neonatal mortality by 22%. A Study was conducted on Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. The analysis was based on 10947 breastfed singleton infants born between

---

### Corresponding Author:

**Saraswathy K.**

Asst. Professor, Apollo College of Nursing, Chennai

e-mail: [contactsaras@gmail.com](mailto:contactsaras@gmail.com)

July 2013 and June 2014 who survived to day 2 and whose mothers were visited in the neonatal period. The results showed that breastfeeding was initiated within the first day of birth in 71% of infants and by the end of day 3 in all but 1.3% of them; 70% were exclusively breastfed during the neonatal period. Thus promotion of early initiation of breastfeeding has the potential to make a major contribution to the achievement of the child survival millennium development goal<sup>3</sup>.

Today, breastfeeding continues to play an important role in infant and child health. Skin-to skin contact immediately after delivery will help us in the promotion of early initiation of breast feeding which would save 1.45 million lives of new-born. Therefore the investigator has conducted this study to evaluate the facilitators and barriers in initiation of the breast feeding within one hour of childbirth that can enhance the initiation of breastfeeding at the earliest which is safe and can be easily practiced by the health personnel.

**Statement of the Problem:** A Community Based Retrospective Study on Facilitators and Barriers in Initiation of Breastfeeding within One Hour of Child Birth among Women in Selected Community.

**Objectives:**

1. To assess the facilitators and barriers in initiation of breastfeeding within one hour of delivery among mothers
2. To find out the association between the selected demographic variables and initiation of breastfeeding within one hour of delivery among mothers
3. To find out the association between the selected

obstetrical variables and initiation of breastfeeding within one hour of delivery among mothers.

**Null Hypotheses:**

**H01:** There will be no significant association between the selected demographic variables and initiation of breastfeeding within one hour of delivery among mothers.

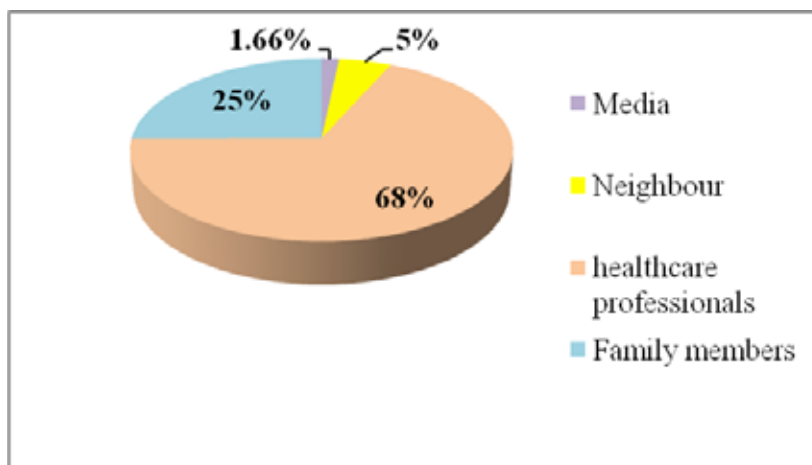
**H02:** There will be no significant association between the selected Obstetrical variables and initiation of breastfeeding within one hour of delivery among mothers.

**Materials and Method**

The study was conducted after obtaining ethical clearance from IEC of the institution and setting permission from concerned authorities. Rapport was established by explaining the research purpose to the participants. Sixty participants were selected using Purposive sampling technique. The sample includes mothers with babies of 6 months to 1 year of age. The data was collected using tools such as Demographic and Obstetric Variable proforma. Check List to assess the facilitators in initiation of breastfeeding consists of 10 items. Checklist to assess the barriers in initiation of breastfeeding consist of 15 items. The data was collected through interview method.

**Results**

The collected data was entered in excel and analysed with appropriate descriptive (frequency, percentage, mean and SD) and Inferential (chi-square) statistics using SPSS-20.



**Figure 1: Percentage Distributions on Source of Information on Initiation of Breastfeeding among Mothers.**

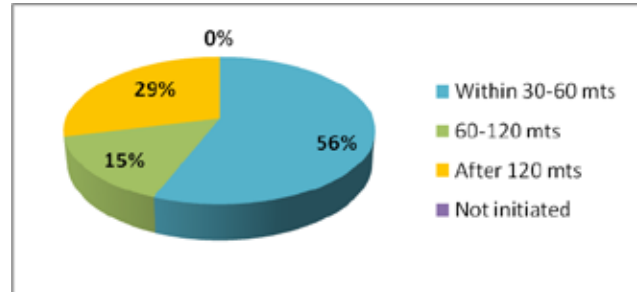
Results show that in the demographic variable proforma, majority of the mothers age were between 21 – 30 yrs. (63.33%). Nearly half of the mothers lived in nuclear family (48.33%) and in the urban (46.66%) and majority of the mothers responded that they were aware about early initiation of breastfeeding (73.33%).

Figure 1 Depicts that majority of the mothers’ source of information on breastfeeding was from health care professionals (68.33%).

**Table 1 Frequency and Percentage Distribution of Obstetrical Variables in Initiation of Breastfeeding within 30 to 60 mts of Delivery among Mothers (N=60)**

Obstetrical variables	f	%
<b>Parity</b>		
Primi para	38	63.33
Multi para	22	36.66
<b>Gestational age at birth</b>		
38- 40 weeks	49	81.66
41-42 weeks	11	18.33
<b>Mode of delivery</b>		
Normal vaginal delivery	25	41.66
LSCS	35	58.33
<b>Breast condition of the mother</b>		
Normal	59	98.33
Breast complications	1	1.66

Table 2 depicts majority of the mothers were primi mothers (63.3%), gestation age at the time of delivery was 38 to 40 weeks (81.6%), delivered through LSCS (58.3%), babies born were boys (66.6) and didn’t have any complications during labor (98.33%). More than half of the mothers had difficulty in promoting an effective latch of the baby (58.3%).



**Fig. 2. Percentage Distribution of Initiation of Breastfeeding after Delivery**

Figure 2 reveals that 56% of mothers initiated breastfeeding within 30 to 60 mts after child birth and 15% of them initiated within 60 to 120 minutes and 29% of them initiated after 120 minutes.

**Table 2: Item Wise Analysis of Frequency and Percentage Distribution of Facilitators in Initiation of Breastfeeding within 30 to 60 mts of Delivery among Mothers (N = 33)**

Item. No	Facilitators	f	%
1.	I was prepared during antenatal period	33	100
2.	I had consistent feedback and encouragement from health professionals	18	54.54
3.	My family members motivated me to feed	33	100
4.	I was interested to initiate early feeding as I know its benefits	28	84.84
5.	I wanted my baby to be healthy	33	100
6.	Breast feeding was the god gifted opportunity to bond with the baby	33	100
7.	I believe contribution of breast feeding to infant’s growth and wellbeing	33	100
8.	I feel I am normal, if I feed my baby early	33	100
9.	I can understand the feeding cues of baby	22	66.66
10.	Did the staff encourage you to look for signs your baby was ready to feed and offer you help with breastfeeding.	33	100

This table shows that all of the mothers (100%) responded that they were prepared during antenatal period, their family members motivated them to feed, they want their babies to be healthy, and they felt that breastfeeding was God gifted opportunity to bond with the baby. The mothers also assured that the

staffs encouraged to breastfeed early. More than half of the mothers (54.4%) had consistent feedback and encouragement from health professionals. Majority of the mothers were interested to initiate early feeding as they knew its benefits (84.4%) and understood the cues of the baby (66.66%).

**Table 3: Item Wise Analysis of Frequency and Percentage Distribution of Barriers in Initiation of Breastfeeding within 60 to 120 mts or > 120 mts among Mothers (N = 27)**

Item. No	Barriers	f	%
1.	I was having pain after labour process	26	96.29
2.	I had fear of distorted breast shape by breast feeding	2	7.40
3.	I had poor prenatal and postnatal support to initiate breast feeding within one hour of delivery	10	37.03
4.	I thought I would not have enough milk	15	55.55
5.	I was embarrassed to feed in front of health professionals/ family members	10	37.03
6.	I was upset on the sex of the baby	14	51.85
7.	I was tired or had to take medicine	4	14.81
8.	I believe that formula is as good as breastfeeding or formula is better	10	37.03
9.	I thought breast feeding is too in convenient	12	44.44
10.	I tried breast feeding before and didn't like it or it didn't work out	13	48.14
11.	I don't want to breastfeed since I am working	4	14.81
12.	Family members did not allow me to initiate breastfeeding within one hour after delivery.	10	37.03
13.	I thought disease could transfer to the kids through breast feeding.	4	14.81
14.	I was depressed because my child refused breast feeding	26	96.29
15.	I was not having enough knowledge on early initiation	15	55.55

It can be noted from Table 3 that majority of the mothers had pain during the labour process (96.29%). More than half of them thought that they wouldn't have enough milk (55.55%) and were depressed when the

child refused to feed (96.29%). More than half of the mothers were not having enough knowledge on early initiation of breast feeding (55.55%). Half of them were upset upon the sex of the baby (51.85%).

**Table 4 Association between Selected Demographic Variables and Initiation of Breastfeeding within 30 to 60 minutes among Mothers (N=60)**

Demographic Variables	Initiation of breastfeeding within 30 to 60 minutes		χ <sup>2</sup> & p Value
	Yes	No	
<b>Age in years</b>			
21- 30	38	12	5.1428*** P>0.50
31- 37	4	6	

Demographic Variables	Initiation of breastfeeding within 30 to 60 minutes		$\chi^2$ & p Value
	Yes	No	
<b>Educational Status of the mother</b>			
Illiterate	2	0	0.8865
Literate	40	18	
<b>Awareness about early initiation of breast feeding</b>			
Yes	42	16	4.826***
No	0	2	P>0.50
<b>If Yes, Source of Information is from</b>			
Health Professionals	26	15	4.343***
Others	17	2	P>0.50

**Note:** The categories were clubbed for the sake of chi- square analysis

\*\*\* (p>0.50): 98% confidence level

\*(p>0.50): 80% confidence level

Table 4 Shows that there was significant association between the initiation of breastfeeding within 60 minutes and selected demographic variable such as age of the mother ( $\chi^2= 5.1428$ ), knowledge about breastfeeding ( $\chi^2=4.826$ ) and source of information from health professionals ( $\chi^2= 4.343$ , p>0.50). Hence Null Hypothesis Ho1 ‘‘There will be no significant association between the selected demographic variables and initiation of breastfeeding within one hour of delivery among mothers’’ with regard to age of the mother, awareness about breastfeeding and sources of initiation of breastfeeding was rejected.

### Discussion

A significant number of mothers were between 22-30 years of age (63.33%) it could be interpreted that the public had adequate awareness about the opportune time for pregnancy. It was noted that none of them were above 30 years, and the findings suggest that they are less prone to develop a high risk pregnancy; this view was highlighted in a study that women older than 35 years have an increased incidence of sub fertility and inability to conceive<sup>4</sup>.

Most of them live in nuclear family (48.33%), in the urban residence (46.6%) and nearly half of the mothers were graduates (48%) which can be recognized as a facilitating factor to understand the importance of breastfeeding initiation within 60mts of birth. This view was emphasized by the study finding that the educational level of the people was a determining factor towards

the attitude and knowledge of the people on their own health<sup>5</sup>.

The source of information on breastfeeding was from health care professionals (68.33%) on a large scale. It showed that though female literacy rate is high, the mothers are not aware about initiation of breastfeeding within an hour of birth. So, the healthcare professionals need to have extensive knowledge about the same, to motivate the mothers through evidence based practice.

Majority of the mothers were Primi para (63.33%), their babies were 7 to 10 months of age (50%), more than half of them had delivered between 38-40 weeks (81.66%). The findings on gestational age can be interpreted that labour process in appropriate gestational age will promote positive labour outcome without any fetomaternal complications. This view was presented in a study stating that on an average, number of boy babies was higher than the number of girl babies in rural communities. The sex ratio at birth is the refined indicator of the extent of prenatal sex selection<sup>6</sup>. More than half of the mother underwent LSCS (58.3%). A significant number of mothers initiated breastfeeding within 30-60 mts of delivery and majority of the babies sucked well after delivery (76.66%) and felt peaceful and fell asleep (78.33%).

Majority of the mothers were prepared during antenatal period and their family members motivated them to feed. All mothers had desire to make their baby healthy and thought that breastfeeding was the God

gifted opportunity to bond with the baby which also contributes for the wellbeing and growth of the infant. More than half of the mothers understood the cues of the baby. (78.33%) Most of them were interested to feed their babies early as they know its benefits (91.66%). A study supported this finding, with the conclusion that through the expression of new mother's experiences towards motherhood, healthcare providers can reach a better perception of the emotional and psychological changes as well as the various aspects of mother's acceptance of their maternal role and helps a better preparation of effective training programs for mothers and families<sup>7</sup>.

A study stressed that New mother Breastfeeding Promotion Act, 2005, found that although breastfeeding has been recognized as a prerequisite for healthy child growth development in the modern urban setting, it was complicated by the increasing tendency of women to work in situations where they were separated from their infants and depend on the formulated feed<sup>8</sup>.

Majority of the mothers had pain during the labour process (83.33%). More than half of them thought that they wouldn't have enough milk (48.33%) and was depressed when the child refused to feed (68.33%). Less than half of the mothers had a previous experience where breastfeeding didn't work out (28.33%) as it was too inconvenient (26.66) and were not having enough knowledge on early initiation of breast feeding (31.33). Few of them were upset upon the sex of the baby. (33.33%)

This shows that the barriers in initiation of breastfeeding within 30 to 60 mts was self-perception, this view was highlighted in a study quoting that most mothers felt unprepared, lack of control over their lives, incomplete maternal feelings and unstable relationships with their husbands after delivery. By identifying these factors as barriers, we can eliminate these factors to promote early initiation of breastfeeding<sup>7</sup>.

There was significant association between initiation of breastfeeding within 60 minutes and the selected demographic variable such as age of the mother ( $\chi^2=5.1428$ ), knowledge about breastfeeding ( $\chi^2=4.826$ ) and source of information from health professionals ( $\chi^2=4.343$ ,  $p>0.50$ ). Hence Null Hypothesis  $H_0$  with regards to age of the mother, awareness about breastfeeding and sources of initiation of breastfeeding was rejected. Thus the initiation of breastfeeding within one hour

of childbirth depends on the factors such as age of mother, awareness about breastfeeding and source of information.

## Conclusion

This study shows antenatal preparation on benefits of breastfeeding and professional support as the facilitators and barriers such as self-perception that breastfeeding was inconvenient and will not be sufficient breast milk and pain during labour influence in the initiation of breastfeeding within half an hour of delivery. Nurses and nursing students should take initiative to empower mothers to promote early breastfeeding. Thus the mothers will be empowered to take the necessary steps to promote early breastfeeding

**Conflict of Interest:** Nil

**Source of Funding:** Self

## References

1. Prasad Ravindranath. Institutional delivery high but only 42% are breastfed in first hour of birth in India. *The Hindu*. 2017. March 12. (cited 2019 August 6) Available from <https://journalodiary.com/2017/03/12/breastfeeding-india/>
2. Special Correspondent. India ranks 56th in early initiation of breastfeeding, say UNICEF, WHO. *The Hindu*. 2018. August 2. (cited 2019 August 6) Available from <https://www.thehindu.com/news/cities/mumbai/india-ranks-56th-in-early-initiation-of-breastfeeding-say-unicef-who/article24576183.ece>
3. Edmond. K, Baker, Sahoo. T, Sarket, Das.P: Delayed breast eeding initiation increases the risk of neonatal mortality pediatrics. *Journal of Pediatrics and Neonates*. 2010.338-386
4. Martin, J.A. B.E.Hamilton, M.J.Osterman, S.C.Curtin, and T.J.MAthewa. Births: Final data for 2013. *National Vital Statistics Reports*. 2015. 64(1): 1-65
5. Ortigosa,C.E, Karchmer,K.S .Factors Related To The Recognition Of Alarm Signals during Pregnancy. *Ginecol Obstet Mex*. 1996. 64,90-95
6. Basanta M Hota, Naimisha Movva.Newborn birth weight in normal pregnancy in rural Telangana.*Journal of Dr.NTR University of health sciences*.2017. Volume6:232-5.

7. Nahid Javadifar. Fereshteh Majlesi, Alireza Nikbakht, Sahamaz Nedjat. AliMontazeri. Journal to Motherhood in the First Year after Childbirth. Journal Family Reproductive Health. 2016. Sep; 10(3): 146–153
8. Chang, Sharma, Bhalia, Kumar: Effectiveness of educational program on knowledge and attitude of breastfeeding, satisfaction and problems of breastfeeding and exclusive breastfeeding. Indian Journal of Breastfeeding. 2013.12-20