"A Descriptive Study To Assess The Cognizance Regarding Breast Crawl Among Post-Natal Mothers''

Mrs. Priyadarshini Dehariya[1]*, Dr. Naziya Khan [2]

[1]*Ph.D Scholar, People's University, Bhopal, Madhya Pradesh & Assistant Professor, Govt college of nursing GMC Bhopal, Bhopal
[2]Research Supervisor, People's University, Bhopal, Bhopal, Madhya Pradesh

*Correspondence Author: - Mrs. Priyadarshini Dehariya
*Ph.D Scholar, People's University, Bhopal, Madhya Pradesh & Assistant Professor, Govt college of nursing GMC Bhopal, Bhopal

Abstract-
The current study has been undertaken to assess the pre-test Knowledge score regarding breast crawl among post-natal mothers in Chhay Chikitsalaya, Bhopal. The research design used for study was descriptive in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess the pre-test knowledge score regarding breast crawl among post-natal mothers. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 80.0% subjects have poor knowledge, 20.0% have average knowledge score while 0.0% post-natal mothers were having good knowledge score.

Keyword- Breast crawl and post-natal mothers.

I. Introduction
The breast crawl describes what occurs when a newborn baby is placed on their birth parent's chest or belly immediately after birth and given time to find the parent's nipple and begin to feed on their own. This phenomenon was first described Trusted Source in 1987 in Sweden at the Karolinska Institute. As long as your baby arrives healthy and vigorous, it's safe for them to go directly to the birth parent's chest and stay there for the first few hours after birth. Early assessments and procedures can be done with the baby on the parent, or they can be delayed. Although it's safe and there's copious evidence on the benefits of immediate and prolonged skin-to-skin care after birth, it frequently doesn't happen in hospitals. The Baby Friendly Hospital Initiative, developed by the World Health Organization and UNICEF, recommends that all babies have access to immediate skin-to-skin contact (SSC) following vaginal or Caesarean section birth. Immediate SSC after a Caesarean that used spinal or epidural anesthesia is achievable because the mother remains alert; however, after the use of general anesthesia, the newborn should be placed skin to skin as soon as the mother becomes alert and responsive. If the mother is not immediately able to begin SSC, her partner or other helper can assist or place the infant SSC on their chest or breast. It is recommended that SSC be facilitated immediately after birth, as this is the time when the newborn is most likely to follow its natural instincts to find and attach to the breast and then breastfeed.

II. Objective of the study
1. To assess the pre-test knowledge scores regarding breast crawl among post-natal mothers.
2. To find out association between pre-test knowledge score regarding breast crawl among post-natal mothers with their selected demographic variables.

III. Hypotheses:
RH_0: There will be no significant association between pre-test score on breast crawl among post-natal mothers with their selected demographic variables.
RH_1: There will be significant association between pre-test score on breast crawl among post-natal mothers with their selected demographic variables.

IV. Methodology
A descriptive research design was used to assess the pre-test knowledge score regarding breast crawl among post-natal mothers residing in Chhay Chikitsalaya, Bhopal. The study was carried out on 30 post-natal mothers selected by convenience sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the pre-test Knowledge score regarding breast crawl by survey method.

V. Analysis and interpretation
SECTION-I

Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 30

S. No	Demographic Variables	Frequency	Percentage
1	**Age in Years**		
a.	Less than 21	7	23.3
b.	Greater than 21	23	76.7
2	**Living area**		
a.	Rural	22	73.3
b	Urban	8	26.7
3	**Educational qualification**		
a.	Primary	1	3.3
b.	Higher secondary	15	50.0
c.	Graduate & above	14	46.7
4.	**Previous knowledge regarding breast crawl**		
a.	Yes	4	13.3
b.	No	26	86.7
5.	**Types of family**		
a.	Nuclear	10	33.3
b	Joint	20	66.7
c	extended	0	0.0

SECTION-II-

Table- 2.1.1- Frequency and percentage distribution of knowledge score of studied subjects:

Category and test Score	Frequency (N=30)	Frequency Percentage (%)
POOR (1-10)	24	80.0
AVERAGE (11-20)	6	20.0
GOOD (21-30)	0	0.0
TOTAL	30	100.0

The present table 2.1.1 concerned with the existing knowledge regarding breast crawl among post-natal mothers were shown by pre-test score and it is observed that most of the post-natal mothers 24 (80.0%) were poor (01-10) knowledge, 6 (20.0%) were have average (11-20) knowledge score and rest of the post-natal mothers have 0 (0.0%) were from good (21-30) category.
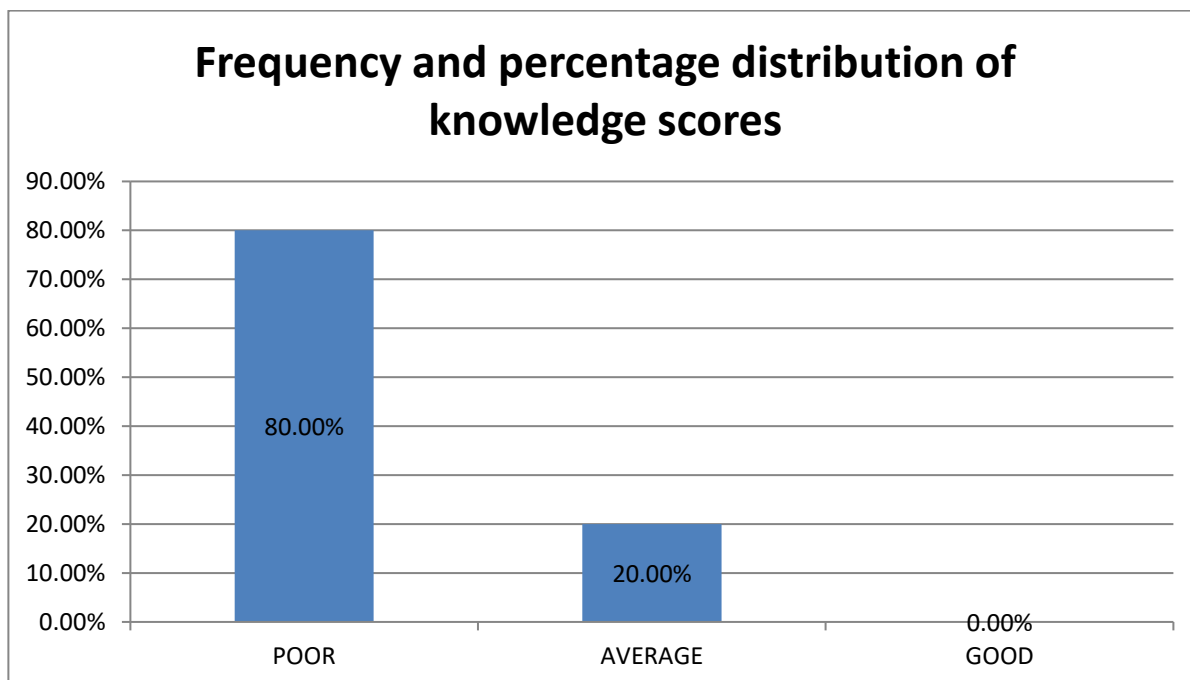

FIG.-2.1.1- Frequency and percentage distribution of Knowledge score of studied subjects

Table-2.1.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

Knowledge Pre –test	Mean ($\overline{X}$)	Std Dev (S)
Pre-test score	8.76	2.07

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 8.76 ± 2.07 while in knowledge regarding breast crawl among post-natal mothers in Chhay Chikitsalaya.
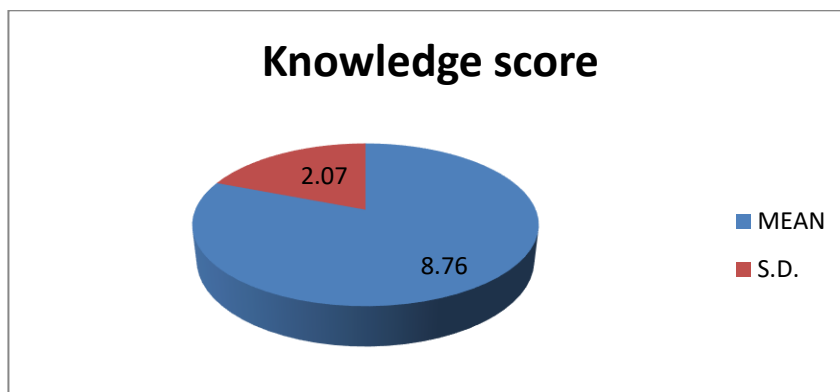

Figure no.-1 Mean and SD of knowledge score of post-natal mothers.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of post-natal mothers with knowledge score:

Age	Test scores			Total
(In years)	**POOR (1-10)**	**AVERAGE (11-20)**	**GOOD (21-30)**	
Less than 21	6	1	0	**7**
Greater than 21	18	5	0	**23**
Total	**24**	**6**	**0**	**30**
X= 0.18	p>0.05 (Insignificant)			

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.18 for 1 DF which indicated insignificant value (p>0.05). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of living area with knowledge score:

Living area	Test scores			Total
	POOR (1-10)	**AVERAGE (11-20)**	**GOOD (21-30)**	
Rural	17	5	0	**22**
Urban	7	1	0	**8**
Total	**24**	**6**	**0**	**30**
X= 0.38	p>0.05 (significant)			

The association of living area & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.38 for 1 df which indicated living area & test scores. Moreover, it is reflected that living area is influenced with current problem.

Table- 3.3 Association of educational qualification with knowledge score:

Educational qualification	Test scores			Total
	POOR (1-10)	**AVERAGE (11-20)**	**GOOD (21-30)**	
Primary	1	0	0	**1**
Higher sec.	12	3	0	**15**
Graduate & above	11	3	0	**14**
Total	**23**	**6**	**0**	**30**
X= 0.26	p>0.05 (Insignificant)			

The association of educational qualification & test score is shown in present table 3.3. The probability value for Chi-Square test is 0.26 for 2 degrees of freedom which indicated educational qualification and test scores. Moreover, it is reflected that educational qualification isn't influenced with present problem.

Table- 3.4 Association of previous knowledge with knowledge score:

Previous knowledge	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Yes	2	2	0	4
No	22	4	0	26
Total	24	6	0	30
X= 2.59	p>0.05 (Insignificant)			

The association of previous knowledge & test scores is shown in present table 3.4. The probability value for Chi-Square test is 2.59 for 1 degrees of freedom which indicated previous knowledge & test scores. Moreover, it is reflected that previous knowledge isn't influenced with current problem.

Table- 3.5 Association of types of family with knowledge score:

Types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Nuclear	10	0	0	10
Joint	14	6	0	20
Extended	0	0	0	0
Total	24	6	0	30
X= 3.75	p>0.05 (Insignificant)			

The association of types of family & test scores is shown in present table 3.5. The probability value for Chi-Square test is 3.75 for 1 degrees of freedom which indicated types of family & test scores. Moreover, it is reflected that types of family isn't influenced with current problem.

VI.Results
The findings of the study revealed that 80.0% subjects have poor knowledge, 20.0% have average knowledge score while 0.0% post-natal mothers were having good knowledge score towards breast crawl. The mean knowledge score of subjects was 8.76 ± 2.07. The association of knowledge score of post-natal mothers was found to be statistically significant with Living area. ($p<0.05$).

VII. Conclusion
It was concluded that majority of Postnatal mothers had poor knowledge score regarding breast crawl. Postnatal mothers should also educate regarding breast crawl.

VIII. Limitations
• This was limited to Chhay Chikitsalaya, Bhopal.
• This was limited to 30 post-natal mothers.

IX.Reference
1. Marchlewska-Koj, Anna; Lepri, John J.; Müller-Schwarze, Dietland (2012-12-06). Chemical Signals in Vertebrates 9. Springer Science & Business Media. p. 419. ISBN 9781461306713.
2. Desai, Daftary & (2008-01-01). Selected Topics in Obstetrics and Gynaecology-4: For Postgraudate and Practitioners. BI Publications Pvt Ltd. p. 281. ISBN 9788172253066.
3. "Breastfeeding after Cesarean Birth". Le Leche League.
4. Indrio F, Martini S, Francavilla R, Corvaglia L, Cristofori F, Mastrolia SA, et al. Epigenetic matters:the link between early nutrition, microbiome, and long-term health development. Front Pediatr. (2017) 5:178. 10.3389/fped. 2017.00178 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
5. Wang XB, Li J. China Development research foundation. Surv Factors Influencing Breastfeed China. Meeting report of the National Development Fund Committee. (2019), p. 14–15. Available at:
https://www.cdrf.org.cn/jjhdt/4853.jhtml34-36 [Google Scholar]
6. Brahm P, Valdes V. The benefits of breastfeeding and associated risks of replacement with baby formulas. Rev Chil Pediatr. (2017) 88(1):7–14. 10.4067/S0370-41062017000100001 [PubMed] [CrossRef] [Google Scholar]
7. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? Lancet. (2016) 387(10017):491–504. 10.1016/S0140-6736(15)01044-2 [PubMed]

[CrossRef] [Google Scholar]
8. Gangal P. Breast crawl: Initiation of breastfeeding by the breast crawl. BPNI Maharashtra. UNICEF India. Available at: http: //www.breastcrawl.org/index.shtml (2007).
9. Widström AM, Brimdyr K, Svensson K, Cadwell K, Nissen E. Skin-to-skin contact the first hour after birth, underlying implications and clinical practice. Acta Paediatr. (2019) 108(7):1192–204. 10.1111/apa.14754 [PMC free article] [PubMed] [CrossRef] [Google Scholar]