

ORIGINAL ARTICLE

A study to assess the effect of nurse - led lactation counselling on knowledge, attitude and level of breast feeding among postnatal mothers in selected Hospitals, Bengaluru

Chandu Rana¹, Mary Rexline²

¹Department of Obstetrics & Gynaecology Nursing, Krupanidhi College of Nursing, Bengaluru, Karnataka, India.

²Department of Obstetrics & Gynaecology Nursing, St. Philomena's College of Nursing, Bengaluru, Karnataka, India.

ABSTRACT

Exclusive breastfeeding during an infant's initial six months of life is an essential human practice and a crucial factor in promoting the well-being of both the baby and the mother. The World Health Organization (WHO) strongly supports this recommendation, highlighting substantial economic advantages for both individual households and society as a whole. The study's primary objective was to assess the efficiency of lactation counselling conducted by nurses, while also investigating the connection between the knowledge, attitude, and breastfeeding behaviors of postpartum mothers within both the experimental and control cohorts. In this research study, a quantitative evaluative approach was employed, and the selected research design was a Quasi-Experimental Post-Test only control group design. The selection of participants for each group, consisting of 20 postnatal mothers, was done through a purposive sampling technique based on specific predefined criteria. The research instruments employed in this study included a demographic data collection form, a structured knowledge questionnaire, and a modified attitude rating scale. Most mothers in both the experimental and control groups (50%) were primiparous and had undergone lower segment cesarean sections. Within the experimental group, 45% of mothers in the postnatal stage were within the age bracket of 26 to 30 years, while in the control group, 55% of postnatal mothers were younger than 25 years old. The experimental group exhibited higher mean scores and a greater standard deviation (SD) in the post-test evaluations for knowledge, attitude, and breastfeeding level (knowledge: 28.6+3.1, attitude: 84.6+4.7, level of breastfeeding: 21.8+2.5) compared to those in the control group (knowledge: 13.9+3.8, attitude: 71.3+5.2, level of breastfeeding: 18.1+3.6). Statistical analysis using t-tests ($t=13.63$, $p<0.05$ for knowledge; $t=8.47$, $p<0.05$ for attitude; $t=3.84$, $p<0.05$ for the level of breastfeeding) indicated a significant difference between the experimental and control groups. In the experimental group, researchers noticed a slight positive connection between post-test knowledge and attitude, whereas they detected an even milder positive association between knowledge and breastfeeding levels, as well as between attitude and breastfeeding levels. On the contrary, within the control group, a relatively strong positive correlation was identified between post-test knowledge and attitude scores. Additionally, a weaker positive correlation was identified between knowledge and the extent of breastfeeding, along with between attitude and the extent of breastfeeding. **Conclusion:** The findings of the study suggest that the provision of lactation counselling conducted by nurses is indeed efficacious in enhancing the knowledge, attitude, and breastfeeding behaviors among postnatal mothers.

Keywords: Breastfeeding, Nurse led Lactation counselling, Knowledge, Attitude, Postnatal mothers

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INTRODUCTION

Breastfeeding holds tremendous significance for every mother, offering a distinctive and cherished experience. Regrettably, mothers frequently face relatively uncomplicated obstacles that may result in discontinuing breastfeeding or introducing artificial milk or commercial infant formula. These issues may include conditions such as flat or inverted nipples, breast engorgement, swelling, nipple pain, or insufficient milk supply. It's crucial to emphasize that with adequate preparation and assistance, it's possible to prevent these issues from arising [1]. Breast milk stands as the optimal source of nourishment

for infants. The cornerstone of successful breastfeeding is laid during the initial weeks after childbirth. Proficiency in the correct breastfeeding techniques is paramount. While certain elements of breastfeeding may occur instinctively, acquiring new skills through learning is equally essential [2]. Breastfeeding techniques involve the acquisition of knowledge and skills by both the mother and the newborn. Key aspects of these techniques include initiating breastfeeding, selecting suitable breastfeeding positions, achieving a proper latch when the baby attaches to the breast, guiding the baby to breastfeed effectively, and ensuring that the baby is burped as needed [3].

Human breast milk stands as an unparalleled and sustainable resource, impossible to replicate. It possesses unparalleled qualities, and the human breast serves as nature's means of providing nourishment to infants. Breastfeeding is not just a task but also an art that requires mastery. To underscore its immense importance, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) jointly introduced the Baby Friendly Hospital Initiative (BFHI) in 1991. Breastfeeding leads to a reduction in various issues, including infections and health concerns, both for the mother and the newborn [4].

Encouraging exclusive breastfeeding is recognized as one of the most cost-effective strategies for reducing both maternal and infant illness and mortality. It is approximated that insufficient breastfeeding is associated with approximately 8,23,000 deaths among children under the age of 5. Moreover, if breastfeeding were universally adopted, it is estimated that about 20,000 female breast cancer-related deaths could be prevented annually [5]. Various personal and cultural factors exert influence over the successful implementation of breastfeeding in mothers. These factors include individual attitudes towards breastfeeding, perceived benefits, knowledge, past experiences, self-confidence in breastfeeding, as well as emotional and social support. All of these elements play a substantial role in shaping the length of time mothers choose to breastfeed. [6]

Presently, in India, exclusive breastfeeding is practiced by only 55 percent of children. To align with the global target, India needs to attain a 65.7 percent exclusive breastfeeding rate by 2025, as outlined by the WHO tracking tool. Inadequate breastfeeding is a significant contributor to over 8,00,000 infant deaths in the country. [7] Initiating breastfeeding within the first six months of an infant's life is regarded as the ideal starting point. Breastfeeding provides significant advantages for both infant and maternal well-being, as well as cognitive development, in both developed and developing countries. It stands as the most crucial preventive measure for safeguarding children's lives. [8]

MATERIAL AND METHODS

Population and sample

The study focused on mothers who have given birth and have been admitted to postnatal wards following delivery. The criteria for inclusion in the study involved mothers who had recently given birth, expressed a willingness to participate in the research, had delivered full-term healthy babies, and were available in the hospital ward during the data collection period. Excluded from the research were postpartum mothers who, unfortunately, experienced the loss of their newborns or had infants necessitating admission to the Neonatal Intensive Care Unit (NICU). A total of 40 postnatal mothers were chosen for (20) each group through the utilization of a non-probability purposive sampling approach.

Study design and sampling technique

The research employed a quasi-experimental design in which only a post-test was conducted, with a control group as part of the study. A total of 40 postnatal mother's data was collected from 28th June 2021 to 11th July 2021. All dependent variables (Knowledge, attitude and level of breast feeding) were measured after the Nurse led counselling. The Nurse led Lactation counselling was administered to the postnatal mothers in Experimental group, twice a day (morning and evening) for three consecutive days and each session lasted for 30 to 40 minutes. The control group received only routine care. The study's sample was selected through a deliberate and non-random method known as purposive sampling.

STATISTICAL ANALYSIS

The reliability of the structured knowledge questionnaire, Modified Iowa Infant Feeding Scale, and Modified Breastfeeding Assessment Tool was assessed using the split-half method and Karl Pearson's Correlation Coefficient formula, resulting in reliability coefficients of 0.82, 0.88, and 0.94, respectively. The analysis of sample characteristics involved the utilization of frequency, percentage, mean, and standard deviation. To evaluate the effectiveness of Nurse-Led lactation counseling, an independent 't' test was employed. The correlation or relationship between knowledge, attitude, and the extent of breastfeeding was assessed using Karl Pearson's correlation coefficient formula. Chi square (χ^2) test was used for measuring the relationship between selected sample characteristics accompanied by knowledge, attitude and level of breast feeding among postnatal mothers.

ETHICAL CLEARANCE

Ethical approval for the study's ethical considerations was granted by the Institutional Ethical Review Board (IERB) at St. Philomena's Hospital and College of Nursing in Bengaluru (ref no: PGN/72/2020). Formal permission was obtained from the Administrator of JM Hospital, Nagawara, Bengaluru. Written, knowledgeable consent was obtained from the postnatal mothers who got involved in the study. Assurance was given to them that the anonymity of each individual would be maintained as well as the confidentiality of the information obtained.

Intervention

The researcher underwent training on Lactation Counselling. The researcher provided lactation counseling to the postnatal mothers in the experimental group, starting from the first day after delivery and continuing for three days. These counseling sessions occurred twice daily, each lasting for approximately 30 to 40 minutes, with the day of delivery being considered as day one. Day 1: Establishment of rapport, Collection of baseline variables and Session on Breastfeeding attachment techniques taught by using chart and doll, on Day 2: Reinforcement of sessions of day 1, Session on indicators of adequate breast milk was taught by using power point presentation, and on Day 3: Reinforcement of sessions of day 1 and day 2, Session on facts and myths about breastfeeding was taught by using power point presentation. Post test was conducted on day 3 by using Structured Knowledge Questionnaire, Modified Iowa Infant Feeding Attitude Scale (IIFAS) and Modified Breast-Feeding Assessment Tool.

Outcome Measures

A Structured Knowledge Questionnaire was validated and designed, comprising 30 questions aimed at assessing the breastfeeding knowledge of postnatal mothers. These questions were categorized into specific domains for organization and evaluation which includes Introduction, Physiology of lactation, Pre lacteals, Colostrum, Foremilk and hindmilk, Initiation of breastfeeding, Exclusive breast feeding, Breastfeeding techniques- hold & positions, Latch & burping, Properties of breastmilk, Breastfeeding benefits to mother and baby, General care during breastfeeding, Signs of adequate breastfeeding, Difficulties during breastfeeding and Myths and facts about breastfeeding. Each item in the questionnaire has 3 possible responses. Adequate knowledge consists of >26, Moderate knowledge consist 17-26 and Inadequate knowledge consist <17 scores. The Modified Iowa Infant Feeding Attitude Scale (IIFAS) is comprised of 20 questions, each designed to gauge respondents' level of agreement using a 5-point Likert scale, which spans from "strongly agree" to "strongly disagree." Modified Breast-Feeding Assessment Tool consists of 28 items to assess the level of breastfeeding arranged under two major categories as Signs that breastfeeding is going well and signs of possible difficulties. Ranging from Poor breastfeeding= <14, Good breastfeeding= 14-21 and Very Good breastfeeding = >21.

RESULTS

Description of Sample Characteristics

In the experimental group, approximately 45% of the postpartum mothers were within the age range of 26 to 30 years, while in the control group, a slightly higher percentage, specifically 55%, of the postpartum mothers were below the age of 25. In both the experimental and control groups, an equal % of mothers, accounting for 50%, were primiparous (first-time mothers). Regarding the mode of delivery, in the experimental group, around 50% of the postpartum mothers underwent a Lower Segment Cesarean Section (LSCS), whereas in the control group, a slightly higher percentage, specifically 55%, had a lower segment cesarean section. In the experimental group, 35 % of the postpartum mothers had finished their high school education, whereas in the control group, 40% had no formal/primary education. In the experimental group, 45% of the postpartum mothers had one child, whereas in the control group, 50% of the postpartum mothers had one child.

The Chi-square test revealed that experimental and control groups were homogenous in the demographic variables.

Table 1: Description of post-assessment scores for knowledge, attitude, and breastfeeding outcomes after Nurse-Led Lactation Counseling among postnatal mothers in both the Experimental and Control groups

| LEVEL OF KNOWLEDGE | Experimental Group | | Control Group | |
|----------------------|--------------------|-------------|---------------|-------------|
| | Frequency | Percentage | Frequency | Percentage |
| Inadequate knowledge | 0 | 0% | 15 | 75% |
| Moderate knowledge | 3 | 15% | 5 | 25% |
| Adequate knowledge | 17 | 85% | 0 | 0% |
| Total | 20 | 100% | 20 | 100% |

Table 1 shows the level of breastfeeding knowledge among postnatal mothers in the experimental and control groups. In the experimental group, a majority (85%) of the postnatal mothers had adequate breastfeeding knowledge. In the control group, most (75 %) had insufficient breastfeeding knowledge.

Table 2: Frequency and percentage distribution of postnatal mothers based on their post-test attitude levels toward breastfeeding

| LEVEL OF ATTITUDE | Experimental Group | | Control Group | |
|-------------------------------|--------------------|-------------|---------------|-------------|
| | Frequency | Percentage | Frequency | Percentage |
| Moderately Favorable Attitude | 0 | 0% | 17 | 85% |
| Favorable Attitude | 20 | 100% | 3 | 15% |
| Total | 20 | 100% | 20 | 100% |

Table number 2 shows attitude towards breastfeeding among postpartum mothers in the experimental and control groups. In the experimental group, all (100%) the postnatal mothers had a favorable attitude towards breastfeeding. Although in the control group majority (85 %) of them experienced a moderately favorable attitude towards breastfeeding.

Table 3: The distribution of postnatal mothers according to their posttest breastfeeding levels is presented in terms of frequency and percentage

| LEVEL OF BREASTFEEDING | Experimental Group | | Control Group | |
|-------------------------|--------------------|-------------|---------------|-------------|
| | Frequency | Percentage | Frequency | Percentage |
| Poor breastfeeding | 0 | 0% | 4 | 20% |
| Good breastfeeding | 7 | 35% | 14 | 70% |
| Very Good breastfeeding | 13 | 65% | 2 | 10% |
| Total | 20 | 100% | 20 | 100% |

Table 3 displays the following information level of breastfeeding between postpartum mothers in experimental and control groups. In the experimental group, much more than half (65%) of the postpartum mothers had very good breastfeeding. In the control group, most (70 %) of them had good breastfeeding.

Table 4: Overall Mean, SD, and independent 't' Value of post-test knowledge, attitude, and level of Breastfeeding scores on breastfeeding between experimental and control group

| Variables | Experimental group | Control group | t value | df | p value |
|---------------|--------------------|---------------|---------|----|---------|
| | Mean ± SD | Mean ± SD | | | |
| Knowledge | 28.6±3.1 | 13.9±3.8 | 13.63 | 38 | 0.0001 |
| Attitude | 84.6±4.7 | 71.3±5.2 | 8.47 | 38 | 0.0001 |
| Breastfeeding | 21.8±2.5 | 18.1±3.6 | 3.84 | 38 | 0.0002 |

The Post test scores in experimental group for knowledge (28.6±3.1), attitude (84.6±4.7), and level of breast feeding (21.8±2.5) was higher than the control group scores knowledge (13.9±3.8), attitude (71.3±5.2), and level of breastfeeding (18.1±3.6) and the computed independent t test revealed the significant difference between knowledge (t-13.63,<0.05), attitude (t-8.47,<0.05), and level of breastfeeding (t-3.84,<0.05) of the mothers in experimental and control group. Hence H₁ is statistically significant.

Table 5: Aspect-wise knowledge Mean, SD, independent t-value, df, and p-value of post-test scores in experimental and control group

| Aspect-wise (Knowledge) | Maximum score (35) | Group | Mean | SD | Independent t-value | p-value |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------|------|---------------------|---------|
| Introduction, physiology of lactation, pre lacteals and myths and facts about breastfeeding | 7 | Experimental Group | 5.55 | 1.47 | 6.802 | 0.001* |
| | | Control Group | 2.55 | 1.32 | | |
| Colostrum, foremilk and hindmilk | 5 | Experimental Group | 3.70 | 0.73 | 5.548 | 0.001* |
| | | Control Group | 2.25 | 0.91 | | |
| Initiation of breastfeeding, exclusive breastfeeding and properties of breastmilk | 5 | Experimental Group | 4.50 | 0.69 | 5.107 | 0.001* |
| | | Control Group | 2.70 | 1.42 | | |
| Breastfeeding technique- hold and position and latch and burping | 8 | Experimental Group | 6.65 | 0.81 | 7.467 | 0.001* |
| | | Control Group | 3.55 | 1.67 | | |
| Breastfeeding benefits to mother and baby general care during breastfeeding, signs of adequate breastfeeding and difficulties during breastfeeding | 10 | Experimental Group | 8.10 | 1.65 | 10.831 | 0.0001* |
| | | Control Group | 2.80 | 1.44 | | |

Table 6: Aspect-wise Mean, SD, independent t-value, df, and p-value of post-test Breastfeeding scores in experimental and control group

| Aspect-wise (Level of Breastfeeding) | Maximum score (28) | Group | Mean | SD | Independent t-value | p-value |
|--------------------------------------|--------------------|--------------------|------|------|---------------------|---------|
| Baby position and anatomy | 9 | Experimental Group | 8.20 | 1.11 | 2.871 | 0.003* |
| | | Control Group | 6.80 | 1.88 | | |
| Responses and emotional bonding | 10 | Experimental Group | 7.35 | 1.18 | 2.367 | 0.011* |
| | | Control Group | 6.30 | 1.59 | | |
| Suckling and time spent suckling | 9 | Experimental Group | 6.20 | 1.28 | 3.357 | 0.0009* |
| | | Control Group | 4.90 | 1.17 | | |

Table 5 and 6 shows that aspect-wise analysis of knowledge of postnatal mothers with regards to breastfeeding, revealed significant difference in the aspects of Introduction, physiology of lactation, pre lacteals and myths and facts about breastfeeding ($t_{38} = 6.802$), Colostrum, foremilk and hindmilk ($t_{38} = 5.548$), Initiation of breastfeeding, exclusive breastfeeding and properties of breastmilk ($t_{38} = 5.107$), breastfeeding technique- hold and position and latch and burping ($t_{38} = 7.467$), and breastfeeding benefits to mother and baby, general care during breastfeeding, signs of adequate breastfeeding and difficulties during breastfeeding ($t_{38} = 10.831$), calculated independent 't' value for the aspects baby position and anatomy ($t_{38} = 2.871$), responses and emotional bonding ($t_{38} = 2.367$) and suckling and time spent suckling ($t_{38} = 3.357$). Hence H_1 is statistically significant.

Table 7: Correlation between knowledge, attitude and level of breastfeeding in the experimental and control groups

| Variables | Experimental Group (n ₁) | | Control Group (n ₂) | |
|--------------------------------------|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | r-value | Inference | r-value | Inference |
| Knowledge and Attitude | 0.40 | Moderately Positive Correlation | 0.54 | Moderately Positive Correlation |
| Knowledge and level of Breastfeeding | 0.20 | Low Positive Correlation | 0.38 | Low Positive Correlation |
| Attitude and level of Breastfeeding | 0.13 | Negligible Positive Correlation | 0.37 | Negligible Positive Correlation |

Table 7 data shows the correlation across variables: knowledge, attitude, and level of breastfeeding. Hence H₂ is statistically significant.

Relationship between the study participants' characteristics and their post-test knowledge scores among postnatal mothers in both the experimental and control groups.

The calculated chi-square values (adjusted with Yate's correction) for the association between post-test knowledge scores and sample characteristics were lower than the corresponding values in the table. Hence H₃ will not be sufficient.

Association between sample characteristics and posttest attitude scores among postpartum mothers in the experimental and control group

All (100%) postnatal mothers in the experimental group had favorable attitude. The association between sample characteristics and posttest attitude scores among postnatal mothers was not computed. Whereas in Control group the computed chi square (with Yate's correction) value between the posttest attitude scores and sample characteristics were lesser than their corresponding table values.

Association between sample characteristics and posttest breastfeeding scores between postpartum mothers in the experimental and control group

The computed chi-square (accompanied by Yate's correction) value between the level of breastfeeding and sample characteristics was lesser than their corresponding table values.

DISCUSSION

The results reveal that the knowledge, attitude and level of breastfeeding between postpartum mothers in experimental group had superior outcomes compared to the control group, following Nurse led Lactation Counselling.

The average post-test knowledge scores in the experimental group were notably higher at 28.6, in contrast to the control group's mean post-test knowledge scores, which stood at 13.9. The mean variance is 14.7. The calculated independent 't' value (13.63) is significantly greater than the table value ('t₃₈' =2.002) at 0.05 level of Significance.

The findings mentioned were substantiated by a descriptive cross-sectional study conducted among 120 postpartum women from four primary healthcare centers in Erbil City, Iraqi Kurdistan. The study revealed that 61.7% of the mothers lacked sufficient awareness about breastfeeding, even though they expressed a high level of confidence and positivity (96.7%) in their attitudes toward breastfeeding. This underscores the fact that holding a positive attitude towards breastfeeding does not necessarily translate into adequate knowledge on the subject [9]. A descriptive cross-sectional study was conducted to assess Knowledge, attitude and practice on exclusive breastfeeding (EBF) among mothers of childbearing age. The study result showed that 331(94.3%) respondents knew what EBF meanwhile 298(85%) don't think BF limit activity and 197(56.1%) had fed EBF for the first 6 months. The study revealed that most mothers in the childbearing age had a high level of Knowledge, attitude and practice towards exclusive breastfeeding [10].

The average posttest attitude scores within the experimental group were determined to be (84.6) are greater than the mean posttest attitude scores in the control group (71.3). The mean difference is 13.3. The calculated independent 't' value (8.47) is significantly higher than the table value ('t₃₈=2.002) at 0.05 level of Significance.

A study was conducted in the postnatal ward of Rajarajeswari medical college and hospital, Bangalore. Majority of the mothers knew about the importance of breast feeding for babies and themselves. Only 17% of the mothers were working. Majority had resigned their jobs as there was no option of maternity leave and baby friendly work environment at their working places. Sixty nine percent intended to

breastfeed upto six months. 23% mothers discarded colostrum and 11% gave prelacteal feeds to their babies. The findings conveyed that mothers should be encouraged and reinforced about the benefits of breastfeeding for both baby and them. The study also assists the health care providers and community workers to understand the attitude and practice in the area [11]. Another study supported video assisted teaching programme on knowledge regarding breast self-examination and was found to be effective ($t=12.679$ $p<0.05$) at 0.05 level of significance [12].

The mean post-test breastfeeding scores in the experimental group were higher, with an average of 21.8, when compared to the mean post-test breastfeeding scores in the control group, which were 18.1. This resulted in a mean difference of 3.7 between the two groups. The calculated independent 't' value (3.84) is significantly higher than the table value.

A cross-sectional study was carried out to assess the attitudes and behaviors of mothers regarding breastfeeding. The mothers expressed positive opinions about breastfeeding, with 96.3% considering it healthy for their babies, 79.8% finding it easier than bottle-feeding, 51% believing it didn't affect their spousal relationship, and 61.1% perceiving it as cost-effective. A small percentage of respondents indicated discontinuing breastfeeding in a previous child due to fever/cold (6%), diarrhea (18%), or vomiting (26%). Most mothers recognized the benefits of breastfeeding, but some held misconceptions that require correction through health education [13]. A pre-experimental pretest-posttest designed supportive study was carried out. After intervention statistically significant improvement was seen in overall body positioning status (43.3%) and attachment (42.1%) during breast feeding respectively. The findings indicate that educating and supporting the mothers regarding correct breast-feeding techniques is important to help them establish breast feeding [14].

LIMITATIONS

The research was only limited into postnatal mothers who delivered at term (37-39 weeks of gestation) and assessment was done only once on the third postnatal day.

CONCLUSION

A similar study can be replicated on a larger sample for the generalization of the findings. A comparative study can be conducted among postnatal mothers admitted in urban and rural hospital settings, between primiparous and multiparous mothers and among postnatal mothers on the effect of individual lactation counselling versus group lactation counselling. An experimental study can be conducted on knowledge regarding breastfeeding among pregnant women during their antenatal visits.

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