A Comparative Study to Assess The Effectiveness of Breast Crawl on Infant Delivery among mothers who underwent Cesarean Delivery Vs Spontaneous Vaginal Delivery

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ABSTRACT

Breast crawl has been described as an instinctive postpartum behavior for full-term children after vaginal birth. The present aim was to assess the effectiveness of breast crawl on infant delivery among postnatal mothers who underwent cesarean delivery vs spontaneous vaginal delivery at Saveetha Medical College and Hospital. A quantitative approach with comparative research design was adopted for the present study. A total of 60 samples among which in spontaneous vaginal delivery (n=30) and cesarean delivery (n=30) were selected by using a non-probability convenient sampling technique. A self-structured questionnaire method was used to collect the demographic data followed by that breast crawl was initiated between infant delivery by vaginal delivery and cesarean delivery among mothers. Among 60 samples, the mean score on the intensity level of pain among mothers delivery infant by vaginal delivery was 3.70 ± 1.29 and the mean score on the intensity level of pain among mothers delivered infant by cesarean delivery was 6.13 ± 1.25. The calculated student independent ‘t’ test was 7.412, which was found to be effectively significant. This clearly infers that breast crawl was found to be effective in minimizing the intensity level of pain among the mother’s delivered infant by spontaneous vaginal delivery than the mother’s delivered infant by cesarean delivery.

INTRODUCTION

The world well being association (WHO) suggests elite breastfeeding with no food or fluid for the initial a half year of life and kept breastfeeding as long as 2 years old. (WHO, 2003; Jones et al., 2014). Selective breastfeeding is the absolute most financially savvy mediation to diminish baby mortality in agricultural nations. (Fjeld et al., 2008) 16% of neonatal passing can be forestalled by breastfeeding newborn children from day 1, ascending to 22% if breastfeeding starts inside 1 hour of birth. (Edmond et al., 2006) Fewtrell in an audited article proposed that breastfeeding had a few beneficial impacts on later cardiovascular danger factors, including circulatory strain and plasma lipid profile, diminishes the danger of youth corpulence, improves psychological turn of events, and decreases the frequency of familial atopy. (Fewtrell, 2004)

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Infants finishing the 'Bosom slither' with unconstrained connection is intuitive and right around as standard with not many needing help. The Breast slither related to an assortment of tactile, focal, engine and neuro-endocrine segments, all legitimately or in a roundabout way helping the child to move and encourage her endurance in the new world. The advancement of early commencement of bosom taking care of has incredible potential: 16% of neonatal passings could be spared if all babies were breastfeed from day 1 and 22% if breastfeeding were begun immediately after birth. (Regan et al., 2013) Every one of these preferences will clearly be maximally tapped with Breast creep. In 2006, specialists of the WHO/UNICEF and infant cordial medical clinic activity added a discretionary part to the infant well-disposed evaluation instruments, which analyzes mother-accommodating consideration. Every nation will decide if it will coordinate this module as it refreshes evaluation models and instrument to the new guidelines. Executing 'Ten soaks of mother neighbourly consideration' will encourage fruitful inception (Breast creep). Henceforth, every maternity administration ought to consider actualizing this means. (Taha et al., 2019)

The scent of bosom goes about as a solid upgrade to drive the infant towards areola in light of the fact that the smell of a substance discharged by bosom is like the smell of a substance in an amniotic liquid. Areola rub by infant causes it to extend improving connection and assists with delivering oxytocin in mother along these lines lessening draining and maternal sickness. The infant begins to make mouthing developments. The amniotic liquid in an infant’s grasp guides it to the areola. The infant at that point arrives at areola, raises head and gets pleasantly appended onto the areola with the mouth fully open to take a significant piece of bosom. The main skin-to-skin contact must proceed until the child completes her first bosom milk. (Erbaydar and Erbaydar, 2020)

The purpose of the present study was,

1. To assess the intensity level of pain on breast crawl on infant delivery among mothers who underwent cesarean delivery vs spontaneous vaginal delivery.

2. To compare the intensity level of pain on breast crawl on infant delivery among mothers who underwent cesarean delivery vs spontaneous vaginal delivery.

3. To associate the intensity level of pain on breast crawl on infant delivery among mothers who underwent cesarean delivery vs spontaneous vaginal delivery.

MATERIALS AND METHODS

The quantitative approach with comparative research design was adopted for the present study. After obtaining ethical clearance from the Institutional Ethical Committee (IEC) of Saveetha Institute Of Medical And Technical Sciences and formal permission from the Head of the Obstetrics & Gynecological Department of Saveetha Medical College and Hospital, the study was conducted. A total of 60 mothers, among which cesarean delivery (n=30) and spontaneous delivery (n=30) who meet the inclusion criteria, was selected by using a non-probability convenience sampling technique as the study participants. The inclusion criteria for the study participants were the mothers between the age group of 20-35 years. Who are available during the study period who were willing to participate and are able to read, write and understand Tamil and English. The exclusion criteria for the study participants were postnatal mothers who underwent assisted vaginal delivery, including forceps delivery and vacuum delivery. The purpose of the study was explained by the investigator to each of the study participants and written informed consent was obtained from them. The demographic data were collected by using the self-structured questionnaire and the intensity level of pain was assessed by using a numerical pain rating scale and the collected data were tabulated and analyzed by using descriptive and inferential statistics.
RESULTS AND DISCUSSION

Section – A: Sample Characteristics
Among 60 study participants, 30 belong to spontaneous delivery, with regards to age 12(40%) were in the age group of 25 – 30 years and 31– 35 years. With regards to marital status, 30(100%) were married. With regards to educational qualification, 16(53.3%) had higher secondary education. With regards to occupation, 10(33.3%) were farmers and factory workers. With regards to family type, 18(60%) belonged to the nuclear family.

Fig. 1: Percentage distribution on the intensity level of pain on breast crawl on infant delivery among mothers with spontaneous vaginal delivery and cesarean delivery

Remaining 30 study participants belongs to cesarean delivery, with regards to age 13(43.3%) were in the age group of 25-30 years. With regards to marital status, 30(100%) were married. With regards to educational qualification, 13(43.3%) had higher secondary education. With regards to occupation, 10(33.3%) were factory workers. With regards to family type, 16(53.3%) belonged to the nuclear family.

Section - B: Intensity level of pain on breast crawl on infant delivery among mothers with spontaneous vaginal delivery and cesarean delivery

The intensity level of pain shows that most of the mothers who had spontaneous delivery 16(53.33%) had mild pain and 14(46.67%) had moderate pain, whereas in the who had cesarean delivery 17(56.67%) had moderate pain, and 13(43.33%) had severe pain. [Table 1 & Figure 1].

The present study findings were supported by Vevila Ronald Fernandes conducted a study to assess the effectiveness of breast crawl on the intensity of episiotomy pain among women during episiotomy suturing. The study findings revealed that there is a significant difference in the mean score reduction in the intensity level of pain of mothers during suturing between the experimental and control group (t>2.042). Hence, it can be concluded that there is a favorable reduction in the intensity level of pain among women who received breast crawl during episiotomy suturing. (Fernandes, 2017)

Section-C: Comparison of intensity level of pain on breast crawl of infant delivery among mothers with spontaneous vaginal delivery and cesarean delivery

In the present study, the mean score on the intensity level of pain among mothers delivered infant by spontaneous vaginal delivery was 3.70±1.29 and the mean score on the intensity level of pain among mothers delivered infant by cesarean section was 6.13±1.25. The calculated student independent ‘t’ test was 7.412, which was found to statistically significant. This clearly infers that breast crawl was found to be effective in minimizing the intensity level of pain among mothers delivered the infant by spontaneous vaginal delivery than the mother’s delivered infant by cesarean delivery. [Table 2].

The present study findings are supported by Mohammad Heiderzadeh et al. conducted a comparative study to assess the breast crawls between infants delivered by vaginal delivery and cesarean section. Data show that babies delivered through vaginal delivery had significantly more success in breast crawl than babies born through the cesarean delivery (88.01% versus 11.21%). Moreover, babies in the caesarean section group used significantly less time to achieve breast crawl (45 versus 28 minutes). (Heidarzadeh et al., 2016)

Section – D: Association on the intensity level of pain on breast crawl on infant delivery among mothers with spontaneous vaginal delivery with selected demographic variables

None of the demographic variables had shown statistically significant association with an intensity level of pain among women who had a spontaneous vaginal delivery.

Section - E: Association on the intensity level of pain on breast crawl on infant delivery among mothers with cesarean delivery with selected demographic variables

None of the demographic variables had shown a statistically significant association with an intensity level of pain among women who had a caesarean delivery.
Table 1: Frequency and percentage distribution on the intensity level of pain on breast crawl on infant delivery among mothers with spontaneous vaginal delivery and cesarean delivery. N = 60(30+30)

| The intensity level of Pain       | Spontaneous Vaginal Delivery | Cesarean Delivery |
|----------------------------------|-----------------------------|-------------------|
| No pain (0)                      | 0                           | 0                 |
| Mild pain (1 – 3)                | 16                          | 0                 |
| Moderate pain (4 – 6)            | 14                          | 17                |
| Severe pain (7 – 9)              | 0                           | 13                |
| Worst possible pain (10)         | 0                           | 0                 |

Table 2: Comparison of intensity level of pain between mother son infant delivered by spontaneous vaginal delivery and cesarean delivery. N = 60(30+30)

| The intensity level of Pain       | Mean  | S.D.  | Student Independent ’t’ Test |
|----------------------------------|-------|-------|------------------------------|
| Vaginal delivery                 | 3.70  | 1.29  | t = 7.412                    |
| Cesarean section                 | 6.13  | 1.25  | p = 0.0001, S***             |

***p<0.001, S- Significant

CONCLUSION

The present study findings revealed that the breast crawl was found to be effective in minimizing the intensity level of pain among mothers who had spontaneous vaginal delivery than those mothers who underwent cesarean delivery.

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Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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