Effectiveness of prenatal lactation counseling on breastfeeding practices, breast engorgement, and newborn feeding behavior among postnatal mothers at a teaching institution

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ABSTRACT

Context: Breastfeeding is the best way of providing nutrients to young infants for their healthy growth and development. World Health Organization (WHO) and UNICEF recommend that breastfeeding should be initiated as early as possible after delivery and exclusive breastfeeding should be continued till 6 months of age. The proper positioning of the baby and mother makes breastfeeding effective.

Aim: The study aimed to determine the effect of lactation counseling on breastfeeding practices, breast engorgement, and newborn feeding behavior among postnatal mothers.

Methods: A quasi-experiment posttest-only control group research design was used and the setting of the study was antenatal OPD and postnatal ward at a teaching institution. A sample of 60 primigravidae in the age group of 18–35 years with gestational age ≥ 36 weeks seeking antenatal care at antenatal OPD were selected by consecutive sampling technique. The experimental group received two lactation counseling sessions of 30 min each 1 week apart (in person/video call), whereas control group received routine care. Breastfeeding practices, breast engorgement, and newborn feeding behavior were assessed on the 3rd postnatal day using breastfeeding practices checklist, breast engorgement scale, and newborn feeding behavior assessment tool, respectively. Descriptive and inferential statistics were used to analyze the data.

Result: There was significant improvement in breastfeeding practices (t = 7.18, P = 0.00), breast engorgement (t = 2.41, P = 0.01), and newborn feeding behavior (t = 5.24, P = 0.00) in the experimental group, which proves that the prenatal lactation counseling was effective in improving breastfeeding practices, newborn feeding behavior, and reducing breast engorgement.

Conclusion: The study concluded that prenatal lactation counseling was effective in improving breastfeeding practices, breast engorgement, and newborn breastfeeding behavior among primigravidae. These findings suggest that if proper lactation counseling is provided to the mothers even at the primary health centers and periphery level it can contribute to improving the breastfeeding practices, newborn feeding behavior and can prevent breast engorgement.

Keywords: Breast engorgement, breastfeeding practices, newborn feeding behavior, prenatal lactation counseling

Introduction

Breastfeeding is the best way of providing nutrients to young infants for their healthy growth and development.[1] Colostrum is the first milk that is produced by the mother soon after birth and is ideal for the newborn as it is rich in antibodies. World Health Organization (WHO) and UNICEF recommend that breastfeeding should be initiated as early as possible after delivery and exclusive breastfeeding should be continued till 6 months of age. The baby should be breastfed on demand including day and night. Bottles, teats, or pacifiers should not be used and breastfeeding should be continued up to 2 years of age.[3]
According to the global breastfeeding scorecard 2018, globally, less than 50% of newborns start breastfeeding in the first hour of birth. In addition, 41% of infants under 6 months of age are exclusively breastfed, far short of the 2030 global target of 70%. Although over two-thirds of mothers continue breastfeeding for at least 1 year, by 2 years of age, breastfeeding rates drop to 45%.3

One of the important steps in breastfeeding technique is helping the baby to attach to the breast properly. A good latch eliminates the problem of sore nipples and proper breastfeeding reduces the chances of other breastfeeding complications.8

After delivery, there is an increment in milk production on the second and third days. At this time if the baby is not fed every 2 h and not well positioned on the breast then milk starts to accumulate in the alveoli that make the breast swollen, hard, warm, and painful and is termed as an engorged breast. The breast engorgement incidence is 1:8,000 globally, and 1:6,500 in India.8 Due to increased secretions, the enlarged alveoli causes damage to milk-secreting glands that leads to flattening of nipples or inverted nipples, making it difficult for the newborn to suck the milk that further adds to the engorgement.8

In Rajasthan, breastfeeding rates are low due to many factors like maternal mental makeup, awareness, and low education. So, mothers need help and support for successful breastfeeding. Counseling has been shown to be an effective intervention to extend rates of early initiation of breastfeeding, reduce rates of prelacteal feeding, and increase rates of exclusive breastfeeding.7

Therefore this study aimed to determine the effect of lactation counseling on breastfeeding practices, breast engorgement, and newborn feeding behavior among postnatal mothers. The findings of the study will be helpful in identifying lactation counseling as an important component of antenatal care even at the primary healthcare level to improve breastfeeding practices and newborn feeding behavior and also to prevent breast engorgement among postnatal mothers.

Methods

Study design and setting: A quasi-experiment posttest only control group research design was used.

Sample and sampling technique: The study population comprised of primigravidae women in the age group 18–35 years with gestational age ≥36 weeks seeking antenatal care at Antenatal OPD planning to deliver in the same teaching institution. The sample size was calculated through comparison of two means in cases and control formula.9

\[
\sigma = \left[ (SD_1)^2 + (SD_2)^2 \right]^{\frac{1}{2}} \left[ Z_{1\alpha/2} + Z_{1\beta} \right] \div d^2
\]

\(d = \text{difference in means of two group (effect size = 10.73)}\)

\(SD_1 = \text{SD of Group 1 (3.232)}\)

\(SD_2 = \text{SD of Group 2 (2.69)}\)

\(Z_{1\alpha} = \text{It is the desired power}\)

\(Z_{1\beta} = \text{Critical value and a standard value for the corresponding level of confidence. (At 95% CI it is 1.96).}\)

A sample of 60 primigravidae women was selected by nonprobability consecutive sampling technique and 30–30 primigravidae women were assigned to control and experimental group.

Allocation of study participants: Participants were allotted to the experimental group first and then the control group to avoid contamination of the study subjects. After explaining the purpose of the study, consent was obtained from participants who fulfilled the inclusion criteria of the study.

Intervention in the experimental group: Prenatal lactation counseling was provided to primigravidae women in the experimental group (n = 30). Individual counseling technique was used in which one mother was counseled at a time. The researcher counseled the mother in the experimental group regarding anatomy and physiology of the breast, importance of breastfeeding, breastfeeding practices, breastfeeding techniques including baby’s positioning, latching (attachment), and breastfeeding positions (sitting positions including cradle hold, cross-over hold, football hold), and side-lying position and newborn feeding behavior, prevention and management of breast engorgement (hot and cold application, application of cabbage leaves, massage and expression of milk) in two sessions of 30 min 1 week apart (in person/video call). After completion of the session, the opportunity was provided to each study participant in the experimental group to clarify their doubts.

Control group: The participants in the control group received a routine schedule of care.

Data collection tools and procedure: After delivery, mothers in the experimental and control group were assessed for breastfeeding practices, breast engorgement, and newborn feeding behavior on the 3rd postpartum day. A self-structured breastfeeding practices checklist was used to assess the breastfeeding practices by interview technique. It consists of 15 questions. The right answer was scored as 1 and the wrong answer was scored as 0. The maximum possible score was 15 and the minimum score was 0. The level of breastfeeding practice based on the practice scores was interpreted as good practice (12–15), fair practice (8–11), and poor practice (0–7). Standardized scales: Breast engorgement assessment scale and Infant breastfeeding assessment scale were used to assess breast engorgement and newborn feeding behavior, respectively. The observation technique was used to assess breast engorgement and newborn feeding behavior. Data collection were carried out from 22/09/2020 to 15/12/2020. Content validity of the tool: Self-structured breastfeeding practices checklist's content validity was determined by S-CVI/Avg (scale-level content
validity index), (validity 1), which means the tool was valid as validity S-CVI/Avg range from 0.9 to 1. Tools were found to be valid in terms of relevance, adequacy, and appropriateness. Reliability of tool: Self-structured expressed breastfeeding practice questionnaire tool’s internal consistency was determined by Kuder Richardson 20 (reliability 0.75), which means the tool was reliable as reliability ranged from 0.70 to 1. The inter-rater reliability of breast engorgement assessment scale (Hill P.D. And Humenick Breast Engorgement Scale) was 0.94[9] and newborn feeding behavior assessment (M. Kay Matthews IBFAT scale) scale’s inter-rater reliability was 0.91.[10]

Ethical consideration: Ethical approval was taken from the institutional ethical committee. (Certificate Reference No. AIIMS/IEC/2020-21/3003: Dated 01/06/2020).

Statistical analysis: The data were tabulated and summarized in the Microsoft excel sheets and analyzed and interpreted by employing descriptive and inferential statistics. The P value <0.05 was considered significant in the present study.

**Results**

Half of the samples in the experimental group and 60% samples in the control group belonged to the age group of 18–25 years [Table 1].

More than half of the samples (56.7%) in the experimental group were in the gestational age group 36–37 weeks and 60% of the samples in the control group were in the gestational age group 38–40 weeks, and mean gestation age score in the experimental and control group were 37.19 and 38.41, respectively [Graph 1].

More than 73% of mothers in the experimental group and 30% in the control group initiated breastfeeding within 1 h. No one had discarded the colostrum in the experimental group. All of the samples in the control group were in the gestational age group 38–40 weeks, and mean gestation age score in the experimental and control group were 37.19 and 38.41, respectively [Graph 1].

![Graph 1: Percentage distribution of primigravidae women's gestation age. N = 60](image-url)

| Demographic variables       | Experimental group | Control group | Chi-SQUARE | P     |
|-----------------------------|--------------------|---------------|------------|-------|
| Age (Years)                 |                    |               |            |       |
| 18-25                       | 15 (50)            | 18 (60)       | 0.606      | 0.43NS|
| 26-35                       | 15 (50)            | 12 (40)       |            |       |
| Means±SD                    | (25.63±3.24)       | (24.7±2.49)   |            |       |
| Education                   |                    |               |            |       |
| No formal education         | 1 (3.3)            | 1 (3.3)       | 6.535      | 0.08NS|
| Till Secondary              | 5 (6.7)            | 11 (36.7)     |            |       |
| Graduate                    | 9 (30)             | 12 (40)       |            |       |
| Postgraduate                 | 15 (60)            | 6 (20)        |            |       |
| Occupation                  |                    |               |            |       |
| Homemaker                   | 25 (83.4)          | 27 (90)       | 0.576      | 0.44NS|
| Job                         | 5 (16.6)           | 3 (10)        |            |       |
| Religion                    |                    |               |            |       |
| Hindu                       | 24 (80)            | 30 (100)      | -          |       |
| Muslim                      | 3 (10)             | -             | -          |       |
| Any other                   | 3 (10)             | -             | -          |       |
| Duration of marriage (years)|                    |               |            |       |
| <1                          | 5 (16.7)           | 3 (10)        | 1.1136     | 0.77NS|
| 1-3                         | 16 (53.3)          | 17 (56.7)     |            |       |
| 3-5                         | 7 (23.3)           | 9 (30)        |            |       |
| >5                          | 2 (6.7)            | 1 (3.3)       |            |       |
| Type of family              |                    |               |            |       |
| Nuclear                     | 3 (10)             | 2 (6.7)       | 0.887      | 0.64NS|
| Joint                       | 25 (83.3)          | 24 (80)       |            |       |
| Extended                    | 2 (6.7)            | 4 (13.3)      |            |       |
the mothers in the experimental group and 76% of mothers in the control group breastfed their baby every 2 h. More than 80% of mothers in the experimental group ensured the baby’s mouth was wide open and the majority of the areola is inside the baby’s mouth while breastfeeding. More than half of the mothers in the experimental group burped the baby immediately after breastfeeding. None of the mothers in both groups used artificial pacifiers or teats for their babies. All most of all babies (93.3%) in the experimental group were able to establish an effective sucking pattern on both breasts [Table 2].

More than half of the mothers had good breastfeeding practices, 33.3% mothers had fair breastfeeding practices, and 3.3% of mothers had poor breastfeeding practices in the experimental group, whereas in the control group, 53.4% of mothers had fair breastfeeding practices, 46.4% mothers had poor breastfeeding practices, and none of the mothers had good breastfeeding practices. The mean breastfeeding practices score is higher in the experimental group (11.83 ± 2.46) as compared with (6.7 ± 3.04) in the control group [Table 3].

In the experimental group, 73.4% of mothers had no breast engorgement, 26.7% of mothers had breast engorgement, whereas in the control group 56.7% of mothers had breast engorgement, 43.3% of mothers had no breast engorgement. The table shows that the mean score (1.4 ± 1.5 vs. 2.4 ± 1.7) is lower in the experimental group than in the control group. The mean breast engorgement score (2.4 ± 1.7) conclude that more mothers had breast engorgement in the control group [Table 4].

In the experimental group, 66.7% of newborns had vigorous feeding, 26.6% had moderate effective feeding, and 6.7% had poor effective feeding, whereas, in the control group, 63.4% had moderate effective feeding, 33.3% newborns had poor feeding, and 3.3% had vigorous effective feeding. The mean feeding behavior score in the experimental group (9.66 ± 2.24) is higher as compared with the mean feeding behavior score (6.43 ± 2.52) in the control group [Table 5].

In the experimental group, none of the demographic variables were significantly associated with breastfeeding practices and breast engorgement but gestation age was found significantly associated with newborn feeding behavior at $P < 0.05$ level of significance. In the control group, none of the demographic variables were significantly associated with breastfeeding practices and newborn feeding behavior except the type of family at $P$ value 0.03 and 0.02, respectively, whereas breast engorgement was significantly associated with duration of marriage at $P$ value 0.04.

### Discussion

The study presented that, half of the samples (50%) and 60% samples in the experimental and control group, respectively, belonged to the age group of 21–25 years and 83.3% samples

| Items                                                                 | Experimental (n=60) | Control (n=30) |
|----------------------------------------------------------------------|---------------------|----------------|
| Did you Initiate breastfeeding within 1 h?                           | 22 (73.3%)          | 13 (43.3%)     |
| Did you discard the colostrum?                                       | 0 (0.0%)            | 6 (20.0%)      |
| Did you give ghutti, honey, plain water, sugar water, or any other milk to your baby? | 6 (20.0%)          | 15 (50.0%)     |
| Do you remain calm and relaxed while breastfeeding your baby?        | 22 (73.3%)          | 21 (70.0%)     |
| Do you breastfeed your baby every 2 h?                              | 30 (100.0%)         | 23 (76.6%)     |
| Do you breastfeed your baby on demand during day and night?         | 29 (96.6%)          | 19 (63.3%)     |
| Do you allow the baby to feed on one breast till baby stops sucking and releases the breast? | 28 (93.3%)          | 19 (63.3%)     |
| Do you offer the other breast for the next feed?                     | 30 (100.0%)         | 29 (96.6%)     |
| Do you ensure the baby’s mouth widens and majority of areola is inside the baby’s mouth while breastfeeding? | 26 (86.6%)          | 10 (33.3%)     |
| Do you burp the baby immediately after breastfeeding?                | 23 (76.6%)          | 11 (36.7%)     |
| Do you clean your breasts each time before and after feeding the baby? | 5 (16.6%)           | 0 (0.0%)       |
| Do you keep the baby’s head, neck, and body in the same plane?       | 20 (66.6%)          | 13 (43.3%)     |
| Do you use artificial pacifiers or teats for your baby?              | 0 (0.0%)            | 0 (0.0%)       |
| Does the baby able to establish effective sucking pattern on both breasts (initial rapid sucks then slower sucks with pauses)? | 28 (93.3%)          | 16 (53.3%)     |
| Do you monitor the urine frequency and pattern of sleep after each feed to assess the adequacy of milk intake? | 18 (60%)            | 12 (40%)       |

### Table 3: Assessment and comparison of breastfeeding practices (n=60)

| Level of Breastfeeding practice (score) | Experimental group (n=30) | Control group (n=30) | df | t | P  |
|----------------------------------------|--------------------------|----------------------|----|---|----|
|                                        | f(%) Mean±SD             | f(%) Mean±SD         |    |   |    |
| POOR (<8)                              | 1 (3.3%) 11.83±2.46      | 14 (46.6%) 6.7±3.04   | 58 | 7.18 | 0.00* |
| FAIR (8-11)                            | 10 (33.3%) 16 (53.4%)    |                      |    |   |    |
| GOOD (>11)                             | 19 (63.4%) 0             |                      |    |   |    |
in experimental and 90% samples in the control group were homemaker, a similar study conducted in that 53.3% samples in the experimental group and 50% in the control group were in the age group of 23–27 years and 83.3% samples in experimental and 90% samples in the control group were homemaker. A similar study conducted by Misco et al. reported that the majority (93%) of the samples were in the age group of 21–30 years, 96.2% were Hindus and 93.1% were homemakers in the experimental group.

Present study findings reported that 73.3% of mothers initiated breastfeeding within one hour, all of them gave colostrum, only 20% gave prelacteal feeds, 86.6% had a good attachment, and 76.6% burped the baby immediately after feeding in the experimental group. A similar study conducted by Chethana et al. showed that 60.7% of mothers initiated breastfeeding within 1 h, 95.3% of mothers had given colostrum, 25.2% gave prelacteal feeds, 85% had a good attachment, and 84.1% practiced burping after feeding who received antenatal counseling.

Current study findings reported that 73.3% and 43.3% primigravidae in the experimental and control group, respectively, initiated breastfeeding within 1 h. These study results are consistent with a study conducted by Das et al. where 76.8% of mothers initiated breastfeeding early in the experimental group and 10.56% in the control group. Also, a similar study was reported by Patel showed that 78.28% of mothers initiated breastfeeding early. Kanniah et al. reported that early initiation of breastfeeding was observed in 88% of mothers in the intervention group compared to 67% in the control group.

The current study presented that 63.4% of mothers had good breastfeeding practices, 33.3% of mothers had fair, and 3.3% of mothers had poor breastfeeding practices in the experimental group. A similar study conducted by Thomas et al. showed that 85% had reported good breastfeeding practices, 14% had average breastfeeding practices, and no one had poor breastfeeding practices in posttest in interventional group.

Table 4: Assessment and comparison of breast engorgement (n=60)

| Breast engorgement Score (1-6) | Experimental group (n=30) | Control group (n=30) | df | t | P |
|-------------------------------|--------------------------|---------------------|----|---|---|
|                               | f (%) | Mean±SD         | f (%) | Mean±SD         |    |
| Free from breast engorgement (1) | 22 (73.4%) | 1.4±1.5 | 13 (43.3%) | 2.4±1.7 | 58 | 2.41 | 0.01* |
| With breast engorgement (2-6)  | 08 (26.6%) | 17 (56.7%) | | | |

Table 5: Assessment and comparison of newborn feeding behavior (n=60)

| Newborn feeding behavior | Experimental (n=30) | Control (n=30) | df | t | P |
|--------------------------|---------------------|----------------|----|---|---|
|                           | f (%) | Mean±SD | f (%) | Mean±SD |    |
| Poor feeding (0-6)        | 2 (6.6%) | 9.66±2.24 | 10 (33.3%) | 6.43±2.52 | 58 | 5.24 | 0.00* |
| Moderate effective feeding (7-9) | 8 (26.7%) | 19 (63.4%) | | | |
| Vigorous effective Feeding (10-12) | 20 (66.7%) | 1 (3.3%) | | | |

The present study showed that prenatal lactation counseling was effective in reducing breast engorgement (P = 0.00) and 56.7% of mothers had breast engorgement in the control group, whereas in the experimental group only 26.7% had breast engorgement, similar findings were reported by Padmasree et al. showed that the 63.3% of the mothers had breast engorgement in the control group, whereas in the study group was 13.3% that showed in experimental group significant decrease in the occurrence of breast engorgement (P = 0.00).

The present study findings state that 33.3% of newborns had poor feeding behavior in control, which is consistent with the findings of the study conducted by Devi et al. that showed 47.5% of babies had an inadequate feeding pattern.

The present study result concluded that prenatal lactation counseling was effective in reducing breast engorgement, newborn feeding behavior among postnatal mothers in the experimental group (P < 0.05). A similar study was conducted by Reena et al., which showed that all mothers were free from breast engorgement on the 3rd postnatal day (P = 0.000) and adequate newborn feeding behavior (P = 0.000) on the 3rd postnatal day in the experimental group.

Limitations: The limitation of the study was that expressed breastfeeding practices were checked by a checklist due to practice constraints it could not be observed directly.

Conclusion: The present study concluded that prenatal lactation counseling was found to be effective in improving breastfeeding practices, newborn feeding behavior, and reducing breast engorgement. So, if proper counseling is provided during the antenatal period then the breastfeeding practices can be improved and breastfeeding problems can be solved. These findings suggest that if proper lactation counseling is provided to the mothers even at the primary health centers and periphery level it can contribute to improving the breastfeeding practices, newborn feeding behavior, and prevent breast engorgement.

Recommendation: The study can be replicated on a large sample of primigravidae women coming to various hospitals in Jodhpur.
to make the generalizations. A similar study can be conducted to assess and compare the effectiveness of prenatal lactation counseling on breastfeeding practices, breast engorgement, and newborn feeding behavior in mothers who end up in normal vaginal delivery and LSCS.

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal.

Acknowledgments
We thank the participants for their continuous support with interest in the study.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

References
1. Breastfeeding. World Health Organization. Available from https://www.who.int/topics/breastfeeding/en/. [Last accessed on 2020 Aug 25].
2. Rastogi A. Breastfeeding facts and recommendations (Jul 26, 2018). Available from: https://www.nhp.gov.in/world-breastfeeding-week-2018_pg. [Last accessed on 2020 Aug 28].
3. Enabling women to breastfeed through better policies and programmes: Global breastfeeding scorecard 2018. World Health Organization, United Nations Children’s Fund. Available from: https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018/en/. [Last accessed on 2019 Dec 20].
4. Suniliga C, Kumar AS, Vanitha KA Descriptive study to assess the knowledge of breast feeding problems and its management among Postnatal mothers in a selected tertiary care hospital at Kelambakkam, Kanchipuram district, Tamil Nadu, India. JSRR 2019;8:2390-4.
5. Varghese B, Patwa A. Effectiveness of hospital based teaching programme on knowledge regarding home management for breast engorgement among postnatal mothers. Int J Res Rev 2020;7:486-93.
6. Development of infant feeding skills. Infant nutrition and feeding. Available from: https://wicworks.fns.usda.gov/wicworks/Topics/FG/Chapter 2_ DevelopmentofFeedingSkills.pdf. [Last accessed on 2020 Aug 25].
7. Choudhary R, Meena C, Gothwal S, Sitaraman S, Sharma S, Verma DR. Effect of lactation counselling on breast feeding: Randomized control trial. Int J Contemp Pediatr 2017;4:1610-3.
8. Sharma SK, Mudgal SK, Thakur K, Gaur R. How to calculate sample size for observational and experimental nursing research studies? Natl J Physiol Pharmacol 2020;10:1-8.
9. Padmasree SR, Varghese L, Krishnan AS. Effectiveness of prenatal teaching on prevention of breast engorgement. Int J Reprod Contracept Obstet Gynecol 2017;6:3927-31.
10. Manna M, Podder L, Devi S. Effectiveness of hot fomentation versus cold compression on breast engorgement among postnatal mothers. IJNRP 2016;3:13-18.
11. MK Matthews. Developing an instrument to assess infant breastfeeding behavior in the early neonatal period. Midwifery 1988;4:154-65.
12. Reena, Rajeswari S, Sumathi R. Effectiveness of lactational counselling on breast engorgement and newborn feeding behavior among primigravidae at Sri ramachandra hospital. J Med Sci Clin Res 2015;3:7396-403.
13. Mise PJ, Mise AJ, Mise SJ, Siddappa M. Study of breastfeeding practices and problems among postnatal mothers: A hospital based study. Int J Reprod Contracept Obstet Gynecol 2017;6:3343-6.
14. Chethana K, Nellyyanil M, Anil M, Jayaram S. Role of mother's education and antenatal counselling on breast feeding practices among women in coastal Karnataka: A community based cross sectional study. Int J Community Med Public Health 2020;7:122-7.
15. Das G, Eske GS, Rai PL, Gautam S. Effect of educational intervention on breast feeding practices in tertiary care hospital, Gwalior Madhya Pradesh. Int J Pediatr Res 2018;5:7-12.
16. Junaid M, Patil S. Breastfeeding practices among lactating mothers of a rural area of central India: A cross-sectional study. Int J Community Med Public Health 2018;5:5242-5.
17. Kannaiah B, Radha Mohan M, Snigdha, Sharada. Impact of lactation counselling to mothers on breast feeding practices. IAIM 2019;6:13-22.
18. Gupta A, Dadhich JP, Ali MS, Thakur N. Skilled counselling in enhancing early and exclusive breastfeeding rates: An experimental study in an Urban population in India. Indian Pediatr 2019;56:114.
19. Thomas S, Mohanty N, Dasila PK. Effect of antenatal lactation counselling on knowledge and breastfeeding practices among mothers. Int J Health Sci Res 2018;8:138-48.
20. Devi S, Siddiqui A, Sheoran P, Kaur S. Knowledge and newborn feeding pattern assessment regarding breast feeding among postnatal mothers: A cross sectional descriptive study. IJSHR 2018;3:68-72.