

Comparative analysis of informative support in lactation in lying-in women hospitalized in rooming-in system

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Abstract

Purpose: The aim of the study was to assess the expected and received informative support in lactation in hospitalized lying-in women. Such variables as the number of deliveries and participation in antenatal classes were taken into consideration.

Material and methods: The research was conducted from May to September 2005, and involved 202 lying-in women staying in maternity wards in Chair and Clinic of Obstetrics and Perinatology, Pomeranian Medical University (PAM) in Szczecin, and Obstetrics and Gynecology Unit in Independent Public Specialistic Health Care Centre Zdroje Szczecin. The diagnostic survey was carried out; it was based on the questionnaire of author's design.

Results: The obtained results suggest that primiparas significantly more frequently than multiparas show demand for all elements of informative support in lactation ($p < 0.001$), while women who did not attend antenatal classes considerably more often need information on the half of elements of informative support connected with lactation. Informative support that lying-in women receive does not satisfy the demand for it.

Conclusions: 1. Professional support provided by midwives/nurses should be particularly directed on primiparas and women who did not attend antenatal classes. 2. Participation of future parents in antenatal classes causes them to be better prepared to breastfeeding, and be less needing the mentioned information while their stay in a mother-baby ward. 3. It is necessary that midwives/nurses constantly perfect their professional skills in order to improve the quality of obstetrical care.

Key words: informative support, postpartum care, lactation, rooming-in system.

Introduction

Helena Sęk [1] defines social support as a kind of interaction which occurs in a difficult or problematic situation. Its aim is to cause one or both participants of the interaction to get closer to the possible solution of a problem, to overcome difficulties, reorganize the disturbed relation with environment and provide emotional support. Support is divided into several categories. One of them is informative support connected with teaching new skills and providing information and advice how to cope with particular situations. The provided information should concern breastfeeding technique, and signs of the proper breastfeeding as well as the most common lactation problems and ways of dealing with them. As many nursing theories state, for example these of Roy and Orem, social support is inseparable from nurse's/midwife's tasks. Its particular categories should be put into everyday practice, not forgetting that stay in a hospital is always a difficult situation [1]. Therefore, medical staff should make a special effort to lavish attention on a woman in puerperium and her family, and to make all the problems easier to cope with.

The aim of the study was to assess the expected and received informative support in lactation in hospitalized lying-in women. Such variables as the number of deliveries and participation in antenatal classes were taken into account.

Material and methods

The research involved 202 lying-in women hospitalized in maternity wards in the mother-baby system with the third reference level in Chair and Clinic of Obstetrics and Perinatology, Pomeranian Medical University in Szczecin, and Obstetrics and Gynecology Unit in Independent Public Specialistic Health

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Table 1. The expected informative support in lactation with reference to the number of pregnancies

No	Elements of informative support	Primiparas		Multiparas		p
		n=116	%	n=86	%	
1.	Mechanisms of milk production and secretion	108	93	38	44	<0.0001
2.	Signs of satiety of the neonate	106	91	50	58	<0.0001
3.	Signs of hunger of the neonate	108	93	50	58	<0.0001
4.	Contraindications to breastfeeding	99	85	24	28	<0.0001
5.	Effect of drugs on lactation	102	88	25	29	<0.0001
6.	The reflex of sucking	108	93	39	45	<0.0001
7.	Techniques for suppressing lactation	104	90	27	31	<0.0001
8.	Techniques for stimulating lactation	106	91	43	50	<0.0001
9.	Technique of milk collection	106	91	41	48	<0.0001
10.	Technique of milk storage	95	82	43	50	<0.0001
11.	Body position during breastfeeding	114	98	64	74	<0.0001
12.	Neonate position during breastfeeding	114	98	71	82	<0.0001
13.	Signs of correct neonatal positioning	112	97	60	70	<0.0001
14.	Signs of incorrect neonatal positioning	112	97	50	58	<0.0001
15.	Time and technique to terminate lactation	101	87	29	34	<0.0001
16.	Prevention of problems with breastfeeding	103	89	30	35	<0.0001
17.	Management of painful nipples	110	95	53	62	<0.0001
18.	Breastfeeding with small nipples	101	87	29	34	<0.0001
19.	Management of engorgement	106	91	38	44	<0.0001
20.	Management of insufficient lactation	104	90	44	51	<0.0001
21.	Prevention of complications of lactation	100	86	20	23	<0.0001
22.	Management of breast congestion	104	90	28	33	<0.0001
23.	Management of postpartum mastitis	100	86	18	21	<0.0001
24.	Management of breast ulcer	99	85	20	23	<0.0001

p – a chi-square independence test

Care Centre Zdroje Szczecin. They are highly specialistic centres realizing “10 steps to the successful breastfeeding”, and decorated with the distinction of “the child-friendly hospital” which is conferred by WHO and UNICEF. The research were carried out from May to September 2005. They involved lying-in women with physiological course of the early stage of puerperium. Women’s min. age was 16, max. 43 years, and median was 27.5 years. The diagnostic survey was carried out. It was based on the questionnaire of author’s design [2] consisting of 24 issues concerned with informative support in lactation provided for lying-in women staying in a mother-baby ward. Each patient included in the survey gave consent to use her data. The obtained material was subjected to statistical analysis with the chi-square independence test.

Results

Almost the half of surveyed women (47%) had a higher education, 37% – secondary education, 12% – vocational education, and only 4% – primary education. Most respondents (68%) – were married, 18% – lived together with a partner, and 14% of women were single. 55% of the surveyed were Szczecin dwellers, 16% – lived in the town with up to 100 thousand dwellers, 17% – in a town with less than 100 thousand dwellers, and 12% – lived in the country. Almost 21% of women declared being prepared for the labour and motherhood by their participation in antenatal classes, as much as 79% of the surveyed did not

received this type of education (antenatal classes were provided by hospitals in which the research were conducted). A midwife/nurse was mentioned as the main source of informative support by the surveyed women. Lying-in women’s demand for informative support in lactation was analyzed and the variable related to the number of deliveries was taken into account; primiparas were 57%, and multiparas – 43%. Analysis proved that primiparas significantly more frequently ($p<0.0001$) show demand for all elements of informative support (Tab. 1). Primiparas were particularly interested in information on the best positions for breastfeeding (98%), holding a baby during breastfeeding (98%), and signs of putting a baby to the breast properly or improperly (97%). In case of multiparas, the demand for information on lactation was very similar; 84% of the respondents wanted to know how to hold a baby during breastfeeding, 74% – what the best positions for breastfeeding are, 70% – signs of putting a baby to the breast properly, and 62% – how to cope with sore nipples.

Analysis of the obtained informative support in lactation revealed that primiparas significantly more often ($p<0.03$) received information on taking the position and holding a baby during breastfeeding, while multiparas considerably more often than primiparas ($p<0.04$) got information what to do when they have too little milk (Tab. 2).

The next examined variable was the participation in antenatal classes; 21% of the surveyed took part in this type of education, and 79% of the respondents did not. The analysis of lying-in women’s demand for informative support in lactation revealed statistically significant differences (Tab. 3). Women in

Table 2. The received informative support in lactation with reference to the number of pregnancies

No.	Elements of informative support	Primiparas		Multiparas		p
		n=116	%	n=86	%	
1.	Mechanisms of milk production and secretion	63	54	36	42	>0.08
2.	Signs of satiety of the neonate	68	58	49	57	>0.81
3.	Signs of hunger of the neonate	63	54	49	57	>0.70
4.	Contraindications to breastfeeding	23	20	23	27	>0.24
5.	Effect of drugs on lactation	29	25	24	28	>0.64
6.	The reflex of sucking	55	47	37	43	>0.53
7.	Techniques for suppressing lactation	38	32	26	30	>0.70
8.	Techniques for stimulating lactation	57	49	42	49	>0.96
9.	Technique of milk collection	50	43	40	47	>0.62
10.	Technique of milk storage	36	31	38	44	>0.0551
11.	Body position during breastfeeding	100	86	63	73	<0.03*
12.	Neonate position during breastfeeding	105	90	68	79	<0.03*
13.	Signs of correct neonatal positioning	90	78	59	69	>0.15
14.	Signs of incorrect neonatal positioning	79	69	49	57	>0.10
15.	Time and technique to terminate lactation	24	21	28	33	>0.0564
16.	Prevention of problems with breastfeeding	33	28	28	33	>0.52
17.	Management of painful nipples	67	58	52	61	>0.69
18.	Breastfeeding with small nipples	32	28	28	33	>0.44
19.	Management of engorgement	38	32	35	41	>0.24
20.	Management of insufficient lactation	38	32	41	48	<0.04*
21.	Prevention of complications of lactation	17	15	18	21	>0.21
22.	Management of breast congestion	31	26	26	30	>0.58
23.	Management of postpartum mastitis	17	15	16	19	>0.45
24.	Management of breast ulcer	13	11	16	19	>0.13

p – a chi-square independence test

Table 3. The expected informative support in lactation with reference to participation in antenatal classes

No.	Elements of informative support	Antenatal classes		Without antenatal classes		p
		n=43	%	n=159	%	
1.	Mechanisms of milk production and secretion	26	61	120	75	>0.051
2.	Signs of satiety of the neonate	29	67	127	80	>0.08
3.	Signs of hunger of the neonate	29	67	129	81	>0.0537
4.	Contraindications to breastfeeding	19	44	104	65	<0.02*
5.	Effect of drugs on lactation	24	56	103	65	>0.28
6.	The reflex of sucking	27	63	120	75	>0.09
7.	Techniques for suppressing lactation	21	49	110	69	<0.02*
8.	Techniques for stimulating lactation	26	61	123	77	<0.03*
9.	Technique of milk collection	25	58	122	76	<0.02*
10.	Technique of milk storage	23	54	115	72	<0.02*
11.	Body position during breastfeeding	38	89	140	88	>0.95
12.	Neonate position during breastfeeding	37	86	146	93	>0.24
13.	Signs of correct neonatal positioning	34	79	138	87	>0.20
14.	Signs of incorrect neonatal positioning	32	74	130	82	>0.28
15.	Time and technique to terminate lactation	21	49	109	69	<0.02*
16.	Prevention of problems with breastfeeding	22	51	111	70	<0.03*
17.	Management of painful nipples	30	70	113	84	>0.86
18.	Breastfeeding with small nipples	22	51	108	68	<0.05*
19.	Management of engorgement	25	58	119	75	<0.04*
20.	Management of insufficient lactation	26	60.5	122	77	<0.04*
21.	Prevention of complications of lactation	20	47	104	65	<0.03*
22.	Management of breast congestion	23	53	109	69	>0.06
23.	Management of postpartum mastitis	18	42	100	63	<0.02*
24.	Management of breast ulcer	20	47	99	62	>0.06

p – a chi-square independence test

Table 4. The received informative support in lactation with reference to participation in antenatal classes

No.	The assessed elements of informative support	Antenatal classes		Without antenatal classes		p
		n=43	%	n=159	%	
1.	Mechanisms of milk production and secretion	18	42	81	51	> 0.29
2.	Signs of satiety of the neonate	26	60	91	57	> 0.70
3.	Signs of hunger of the neonate	25	58	87	55	> 0.68
4.	Contraindications to breastfeeding	10	23	36	22	> 0.93
5.	Effect of drugs on lactation	13	30	40	25	> 0.50
6.	The reflex of sucking	19	44	73	46	> 0.84
7.	Techniques for suppressing lactation	13	30	51	32	> 0.81
8.	Techniques for stimulating lactation	18	42	81	51	> 0.29
9.	Technique of milk collection	21	49	69	43	> 0.52
10.	Technique of milk storage	17	40	57	36	> 0.65
11.	Body position during breastfeeding	36	84	127	80	> 0.57
12.	Neonate position during breastfeeding	35	81	136	86	> 0.50
13.	Signs of correct neonatal positioning	31	72	118	74	> 0.77
14.	Signs of incorrect neonatal positioning	30	69	98	62	> 0.32
15.	Time and technique to terminate lactation	12	28	40	25	> 0.71
16.	Prevention of problems with breastfeeding	13	30	48	30	> 0.99
17.	Management of painful nipples	24	56	95	60	> 0.64
18.	Breastfeeding with small nipples	13	30	47	30	> 0.93
19.	Management of engorgement	16	37	57	36	> 0.86
20.	Management of insufficient lactation	17	40	62	39	> 0.94
21.	Prevention of complications of lactation	9	21	30	18	> 0.76
22.	Management of breast congestion	13	30	44	28	> 0.74
23.	Management of postpartum mastitis	8	19	25	16	> 0.65
24.	Management of breast ulcer	9	21	20	12	> 0.16

p – a chi-square independence test

puerperium who did not attend antenatal classes considerably more often ($p < 0.02$) needed information on contraindications to breastfeeding, ways of suppressing lactation (if milk is too abundant), drawing milk from a breast, storing milk, the time and way of stopping lactation, and copying with puerperal nipple inflammation. They also much more often ($p < 0.03$) needed information on the ways of stimulating lactation, and dealing with the situation when milk is insufficient, than women who participated in antenatal classes. In case of received informative support in lactation, no statistically significant differences were found between lying-in women who attended antenatal classes, and those who did not (Tab. 4).

Discussion

Changing social situation and greater demand for high quality health services force health service workers to constantly improve their professional skills. It especially applies to nurses and midwives, because their professional tasks include providing widely understood support and help [3,4] connected, among others, with lactation and preventing lactation complications [5,6]. Many authors claim that competent assistance in the first days of breastfeeding is really essential, just as a kind and sympathetic attitude towards lying-in women and questions that bother them. The mechanisms of milk production and secretion were shown by Slusser [7] and Powers [8] who suggested how long a baby should be kept at breast in order to prevent lactation complications.

Mikiel-Kostyra [6] explained that the good position of a baby is crucial for successful breastfeeding, and putting a baby to the breast properly makes breastfeeding easier, and guarantees an adequate milk supply; it also prevents sore and cracked nipples and milk stasis. Our results confirm that there is a great demand for information connected with lactation. Suchocki [9] implies that the care of lying-in women and their babies is highly assessed, whereas Perez-Escamilla [10], Grossman [11] emphasize the necessity for providing professional help, especially during the first days of breastfeeding. The research conducted by Sendecka et al. [12] proved that 41.5% of the surveyed women had breastfeeding problems while their stay in the maternity ward. Over 80% of these difficulties resulted from the improper dealing with breastfeeding in the ward. Only 67.2% of the women received help and information how to cope with their problems, while the others were left on their own. Our results show that lying-in women's demand for information on lactation is not fully satisfied which means that nurses/midwives need to constantly improve their professional skills.

Conclusions

1. Professional support provided by midwives/nurses should be particularly directed on primiparas and women who did not attend antenatal classes.
2. Participation of future parents in antenatal classes causes them to be better prepared to breastfeeding, and be less needing

the mentioned information while their stay in a mother-baby ward.

3. It is necessary that midwives/nurses constantly develop their professional skills in order to improve the quality of obstetrical care.

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