
Maternal Difficulties and Care during Breast Feeding and Weaning Process for their Infants:

Assessment Study

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Abstract

Background: Breastfeeding and weaning difficulties result in an early termination of breastfeeding and early weaning before the recommended period. **Aim of study:** assess maternal difficulties and care during breast feeding and weaning process for their infants. **Design:** Descriptive study design was utilized to carryout the study. **Setting:** This study was conducted at Outpatient pediatric clinics at Benha University and Benha Teaching Hospital. **Sampling:** Non probability purposive sample of 150 mothers. **Tools of data collection:** Two tools were used: Tool (I): A structured interviewing questionnaire sheet containing three parts and tool (II): Breastfeeding experience scale. **Results:** Less than three-quarters of the studied mothers had unsatisfactory total level of knowledge about breastfeeding and weaning difficulties, most of the studied mothers had unsatisfactory level of knowledge about care of breastfeeding and weaning difficulties, nearly two thirds of studied mothers had total average presence and severity of breastfeeding difficulties. **Conclusion:** The most common maternal breastfeeding difficulties were sore or cracked nipples, breast engorgement, flat or inverted nipples, mastitis, blockage of lactic ducts, difficulty in combining work and breastfeeding. While the most common weaning difficulties were food refusal, frequent vomiting, severe diarrhea, food allergy and anemia. **Recommendation:** Early detection of breastfeeding and weaning difficulties related to the mothers and their infants and provide care accordingly.

Key words: Primipara mothers, Breastfeeding, Weaning, Difficulties, Care, Nursing, Pediatric.

Introduction

Breastfeeding difficulties are common and associated with an early cessation of breastfeeding which may be due to reducing the length of postpartum hospitalization. This in turn leaves primipara mothers to establish breastfeeding at home with less support from health care professionals. Primipara mothers are vulnerable and may be insecure when adjusting to motherhood and adapting to breastfeeding their infant. When breastfeeding not well-established during the first week, the infant may be at risk of significant weight loss, hypernatraemic dehydration and readmission at the hospital again (*Kronborg et al., 2015*).

There are several breastfeeding difficulties in the puerperal period; common ones are nipple problems, breast engorgement, plugged milk duct, breast infection, and insufficient milk supply which are originated from conditions that lead the mother to inadequately empty the breasts. The predisposing factors of these difficulties are incorrect techniques, not frequent breastfeeding and breastfeeding on scheduled times, pacifiers and food suppliers. Therefore, the proper and adequate management of those conditions is fundamental, as if not treated may lead to breast complications and even to breast cancer (*Jhon et al., 2015*).

Weaning is a gradual process through which an infant moves from total dependence on breast milk to eating normal family meals, compromising adequate and safe properly complementary foods while continuing breastfeeding for up to two years of age. Promoting sound feeding practices are one of the main programs (*Sanghvi et al., 2016*). Most of the mothers either initiate early or delay weaning, which has a harmful effect on the growth and development of the child. Improper practices of weaning make the child susceptible to malnutrition and diarrhea. Weaning at the proper time makes the child gain weight and feel healthy. Consequently, there must be a necessity to take care of hygiene to avoid difficulties during weaning (*Ahmed et al., 2018*).

The nurse plays an effective role to promote breastfeeding and weaning practices through discovering early breastfeeding and weaning difficulties as well as prevent or manage of any difficulties occurs. So the success of the breastfeeding and weaning process depends on whether or not the mothers receive adequate knowledge and support regarding breastfeeding and weaning process. There are opportunities for nurses, who work with mothers and infants, to offer counseling and education particularly during the initiation phase of breastfeeding and its continuation and during the weaning phase (*Monteschio et al., 2015*). Furthermore, nurses can also provide instructions to manage breastfeeding difficulties and to prevent premature weaning its related difficulties (*Chowdhury et al., 2015*).

Significance of the study:

According to *Nabulsi et al., (2014)*, the Infant mortality rate in Egypt was 19.7 deaths/1,000 live births (21 deaths/1,000 live births in male and 18.3 deaths/1,000 live births in female). The EBF has been shown to reduce early breastfeeding difficulties in primipara mothers. Nearly one-third of infant deaths could be prevented by optimal complementary feeding practices. Approximately 50% of all childhood mortality was related to malnutrition as weaning difficulties which result from faulty weaning practices. The evidences suggest that weaning difficulties as vomiting, diarrhea, or refusing food are responsible for a major proportion of infant mortality, morbidity, and handicap in different countries especially the Arab ones (*Ibrahim & Kalfallah, 2018*).

Breastfeeding difficulties that mothers encountered throughout the breastfeeding journey may be challenging experiences for primipara mothers. So mothers need to understand the underlying causes of these difficulties (*Feenstra et al., 2018*). A study in the USA showed that the mothers who had experienced breastfeeding difficulties in the first month postpartum had a higher risk for discontinuing EBF before 6 months and early weaning which lead to weaning difficulties (*Mortazavi et al., 2014*). Therefore the breastfeeding and weaning difficulties must be assessed and monitored routinely in primipara mothers for early identification and providing care for these difficulties.

Aim of the study

This study aimed to:

Assess maternal difficulties and care during breast feeding and weaning process for their infants.

Research questions:

1. What are the maternal difficulties and care during breastfeeding?
2. What are the maternal difficulties and care during weaning process?
3. Are there a relationship between maternal difficulties and care during breastfeeding and weaning process with their personal characteristics?

Subjects and Method

Research design:

Descriptive research design was used to carry out this study.

Research Settings:

The current study was conducted at the outpatient pediatric clinics in Benha University Hospital and Benha Teaching Hospital affiliated to Egyptian Ministry of Health and Population. The outpatient pediatric clinic of both setting were located on the ground floor and consisted of two rooms. The total numbers of nurses at both outpatient pediatric clinics were ranged from 6-7 nurses. Both outpatient pediatric clinics provide health care for children.

a. Subjects

Non probability purposive sample of 150 mothers were chosen from the above mentioned settings and willing to participate in the study after fulfilling the following conclusion criteria:

Inclusion criteria:

- Primipara mothers regardless their characteristics (age, educational level, occupation, residence, type of family and social class).
- Lactating mothers who currently had children from birth to 24 months in age.

Exclusion criteria:

- Infants with medical conditions or chronic illness such as galactosemia phenylketonuria and amino acidurias or congenital anomalies such as congenital diaphragmatic hernia and oesophageal atresia.
- Low birth weight infants or premature baby due to lack of sucking and swallowing reflexes.
- Mothers having serious psychological problems or mental disease (bipolar which lithium treatment considered contraindicated during breastfeeding, hysterical mother and mother with uncontrolled epilepsy which may cause harm to the infant) or physical health problems (heart diseases and severe anemia).

Tools of data collection:

- **Two tools were utilized to achieve the aim of the current study:-**

Tool (I): A structured interviewing questionnaire sheet (Appendix III)

It was designed by the researcher based on **Wambach & Spencer, (2019), Ibrahim & Khalfallah, (2018)** to assess maternal knowledge about breastfeeding and weaning. It was written in an Arabic language and composed of three main parts:

Part (1):

Characteristics of the studied mothers as age, level of education, occupation, residence, social class, type of family, type of delivery, antenatal care, attend any previous education about breastfeeding. In addition to data related to type of their infant feeding, time of initiating breastfeeding, duration of breastfeeding and age of starting weaning for their infants.

Part (2):

Characteristics of the studied infants as age, gender, gestational age and infant's growth parameters (weight and length).

Part (3) Knowledge assessment:

This part concerned with maternal knowledge regarding breastfeeding and weaning difficulties that includes 30 multiple choices questions (meaning of exclusive breastfeeding, factors that help to increase breast milk, signs of infant desire to breastfeeding, signs of good attachment of infant with the breast, correct positions of breastfeeding for infants, methods of burping infants after breastfeeding, signs of effective breastfeeding, benefits of exclusive breastfeeding, definition of breastfeeding difficulties as perceived by the mothers, reasons of breastfeeding difficulties, classification of breastfeeding difficulties, definition of weaning, type of weaning, principles of weaning, signs of infant readiness to weaning process, foods that are not given at beginning of weaning, types of foods that are given to the infant at different months, meaning of weaning difficulties, reasons of difficulties, mistakes should be avoided when weaning the infant, classification of weaning difficulties as well as maternal source of knowledge about breastfeeding and weaning process).

This part concerned with maternal knowledge regarding care of breastfeeding and weaning difficulties, which includes 20 multiple choices questions (care provided for breastfeeding difficulties related to infants and mothers such as; care provided for infants with breast refusal, oral thrush, nasal congestion and care provided for mothers with ulcerated or cracked nipples, flat or inverted nipples, breast engorgement, combination of work with breastfeeding difficulty, blockage of lactic ducts, mastitis and breast care by evacuation, care provided for weaning difficulties related to infants such as; food refusal, frequent vomiting, severe diarrhea, food allergy and anemia).

Scoring system for knowledge

The studied mother's answers were compared with a model key answer, where complete correct answer of maternal knowledge scored (2), incomplete correct answer scored (1) and wrong / don't know scored (0). The total scores of mother's knowledge regarding breastfeeding and weaning difficulties were ranged from 0 to 60, while the total scores of maternal knowledge regarding care about breastfeeding and weaning difficulties were ranged from 0 to 40. The total level of maternal knowledge regarding breastfeeding and weaning was categorized as the following; Unsatisfactory total knowledge (< 60%) and satisfactory total knowledge ($\geq 60\%$).

Tool (II): Breastfeeding Experience Scale (BES) (Appendix III)

It was adapted from *Wambach, (2014)* to assess presence and severity of common breastfeeding difficulties. The scale consisted of 30 statements. The first 18 statements were related to breastfeeding difficulties and the last 12 statements related to assessment of whether breastfeeding was continued and formula was added. The researcher used only the first 18 statements that suit the aim of the current study. These statements grouped under five subscales as follows:

- Breast difficulties (3 items: sore, cracked nipples and breast infection).
- Process difficulties (5 items: leaking breasts, baby reluctant to nurse due to sleepiness, breast engorgement, baby nursing too frequently and feeling very tired).
- Mechanic difficulties (5 items: baby having sucking difficulty, baby having difficulty in latching on, reluctant to nurse due to fussiness, feeling tense and overwhelmed and difficulty in positioning baby)
- Milk insufficiency difficulties (3 items: worry about don't have enough milk, worry about baby's weight gain and worry that baby didn't get enough milk)
- Social difficulties (2 items: feeling embarrassed when nursing and difficulty in combining work and breastfeeding).

Scoring system for breastfeeding difficulties

The score system for breastfeeding difficulties using three point likert scale ranged from "never" (1), "sometimes" (2) and "Always" (3). The total scores were ranged from 18 to 54. In this regard, the level of difficulties were categorized as the following: low severity (< 60%) were ranged from 0 > 32point, average severity (60 % to < 80%) were ranged from 32 > 43 point and high severity ($\geq 80\%$) were ranged from 43 \geq 54 point.

II- Operational design

The operational design for this study entails main phases; preparatory phase, content validity and reliability, ethical considerations, pilot study and field work.

Preparatory phase

This phase was included reviewing the related literature and theoretical knowledge using books, articles, periodicals magazines to develop the study tools and to get acquainted with the various aspects of the current study.

Validity and reliability of the study tools

- *Content validity*

Revision of the tools for clarity, relevance, comprehensiveness, understanding and applicability was ascertained by a panel of 3 experts in pediatric nursing specialty from Faculty of Nursing / Benha University. Their opinion was elicited regarding the format, layout, consistency, accuracy and relevancy of the tools and the necessary modifications were done accordingly.

- *Reliability*

Reliability of the tools was checked by testing its internal consistency using Cronbach's alpha coefficient test. This turned to be ($\alpha = 0.91$) for a structured interviewing questionnaire sheet and ($\alpha = 0.95$) for breastfeeding experience scale. This indicates a high degree of reliability for the study tools.

Ethical considerations

The researcher explained the aim of the study to mothers and ensured that their participation in the study was voluntary. All collected data would be confidential and would be used for research purpose only. Oral consent was obtained from all mothers and ensured the right to withdraw at any time from the study.

Pilot Study

A pilot study was conducted on 10% of the expected sample size (15 mothers) to test the applicability, clarity, efficiency of the tools and to estimate the time needed for each tool. Minor modifications were done (in tool I) in form of adding and omission of some questions according to the results of the pilot study. Mothers who involved in the pilot study were excluded from the study to avoid sample bias. Pilot study carried out at the beginning of May 2019 till the end of May 2019 (1 month).

Field work

Data collection was carried out in the period from the beginning of June 2019 till the end of September 2019 (over a 4 month's period). The researcher was available two days per week (Saturday and Wednesday) in the previously mentioned setting alternatively in each study setting from 9.00 A.M. to 1.00 P.M. The average number of interviewed mothers was 4-5 mothers per day. At the beginning of interview; the researcher welcomed each mother. The title, objectives and tools of the study were illustrated for each mother to obtain their approval and cooperation which is needed for conducting this study. Each mother was individually interviewed using the previously mentioned tools. The time needed for filling a structured interviewing questionnaire

sheet was about 30 minutes and about 10- 15 minutes for filling the breastfeeding experience scale (BES).

III-Administrative design:

An official letters were issued from the Dean of Faculty of Nursing\Benha University to the director of the previously mentioned settings to obtain the official agreement to collect the necessary data for current study after a brief explanation of the purpose of the study and its expected outcomes.

IV- Statistical design

The data collected were revised, coded, tabulated and statistically analyzed using statistical package for the social science (SPSS) version 20 for windows and running on IBM compatible computer. Results were presented in tables and graphs. Descriptive statistics were applied (e.g. frequency, percentages, means and standard deviation). Comparison between qualitative variables carried out by using parametric chi-square (X^2) and Fissure Exact test (FET). Reliability of the study tools was done using Cronbach's Alpha test. A significant level value was considered when $p < 0.05$ and a highly significant level value was considered when $p < 0.001$. No statistical significance difference was considered when $p > 0.05$.

Results

The finding of the present study showed that, more than two-thirds (68.7%) of them in the age group of 20: < 25 years ($\bar{x} \pm SD$ 23.65 \pm 3.01 years). Regarding residence it was observed that, slightly more than three-quarters (75.3%) of the mothers were lived in rural areas and less than half of them (42.0%) were illiterate and only (3.3%) of them were just able to read and write. Concerning occupation, more than three-quarters (79.3%) of them were housewives. Regarding type of delivery it was found that, slightly more than half (50.7%) of the studied mothers had caesarean section delivery and nearly half (49.3%) of them had normal vaginal delivery.

The result of the present study demonstrated that, one-third (33.3%) of the studied infants in the age group of 3: < 6 months ($\bar{x} \pm SD$ 6.22 \pm 2.70 months). More than half (54.0%) of them female and less than two-thirds (64.0%) of them were in the gestational age group of 39: \leq 41 weeks.

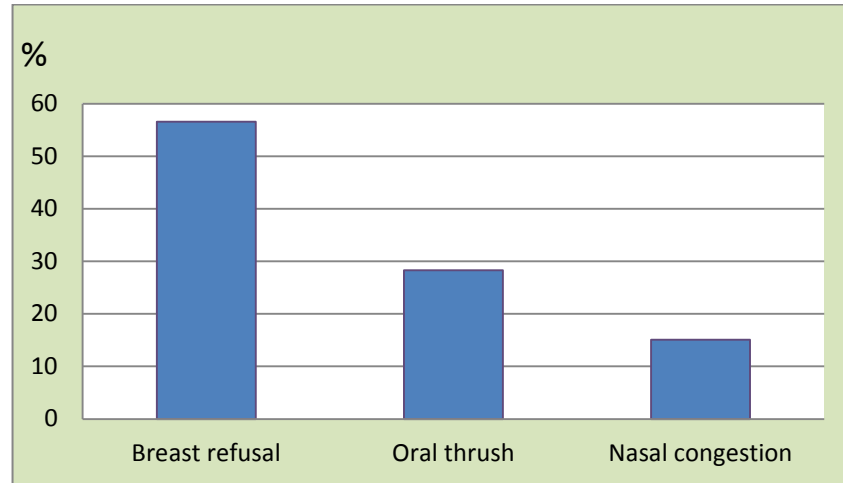


Figure (1): Breastfeeding difficulties related to the infants (n= 53).

Figure (1): Clarified that, 56.6%, 28.3% & 15.1% of the studied mothers had respectively infant's breastfeeding difficulties namely; breast refusal, oral thrush and nasal congestion.

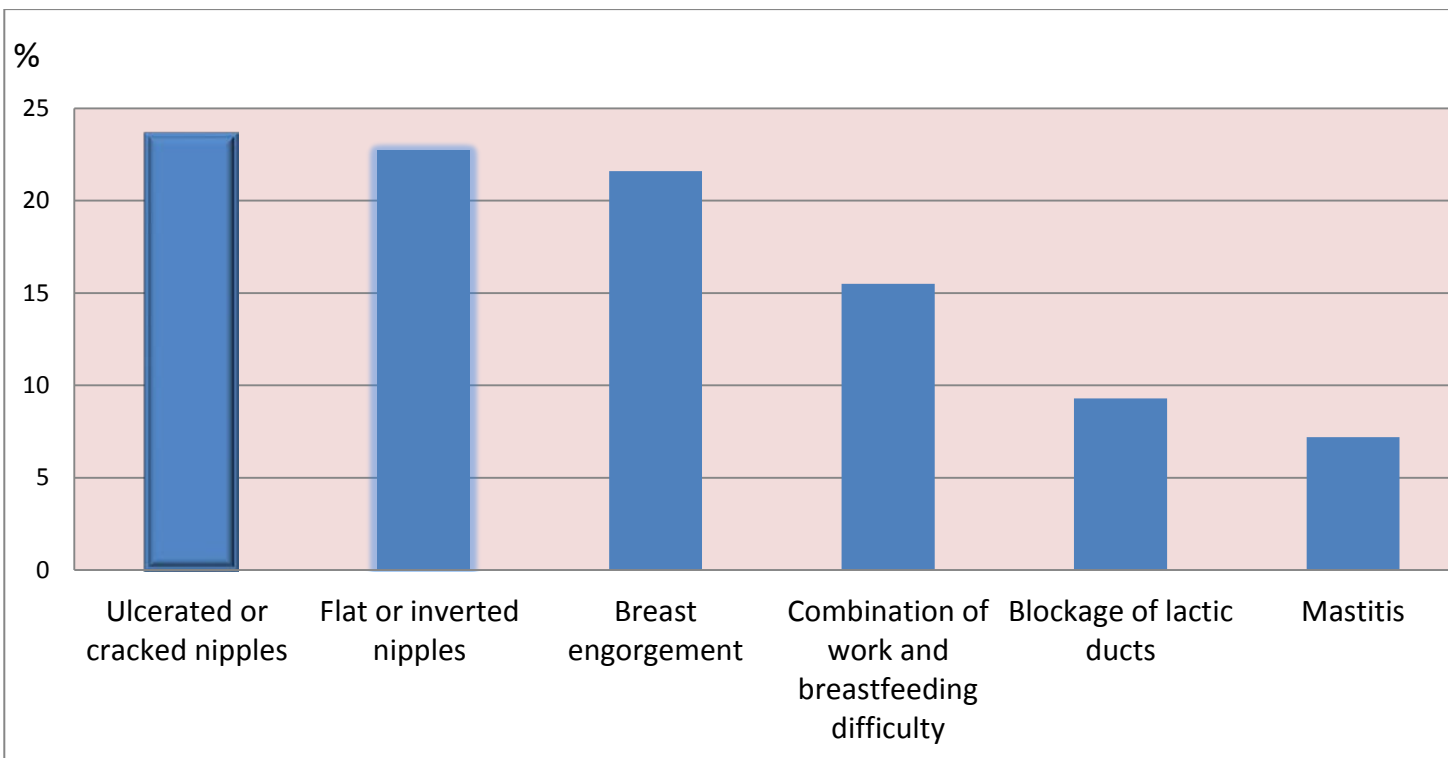


Figure (2): Breastfeeding difficulties related to the mothers (n= 97).

Figure (2): Presented that, 23.7%, 22.7%, 21.6%, 15.5%, 9.3% & 7.2% of the studied mothers had respectively breastfeeding difficulties related to the mothers namely; ulcerated or cracked nipples followed by flat or inverted nipples, breast engorgement, combination of work and breastfeeding difficulty, blockage of lactic ducts and mastitis .

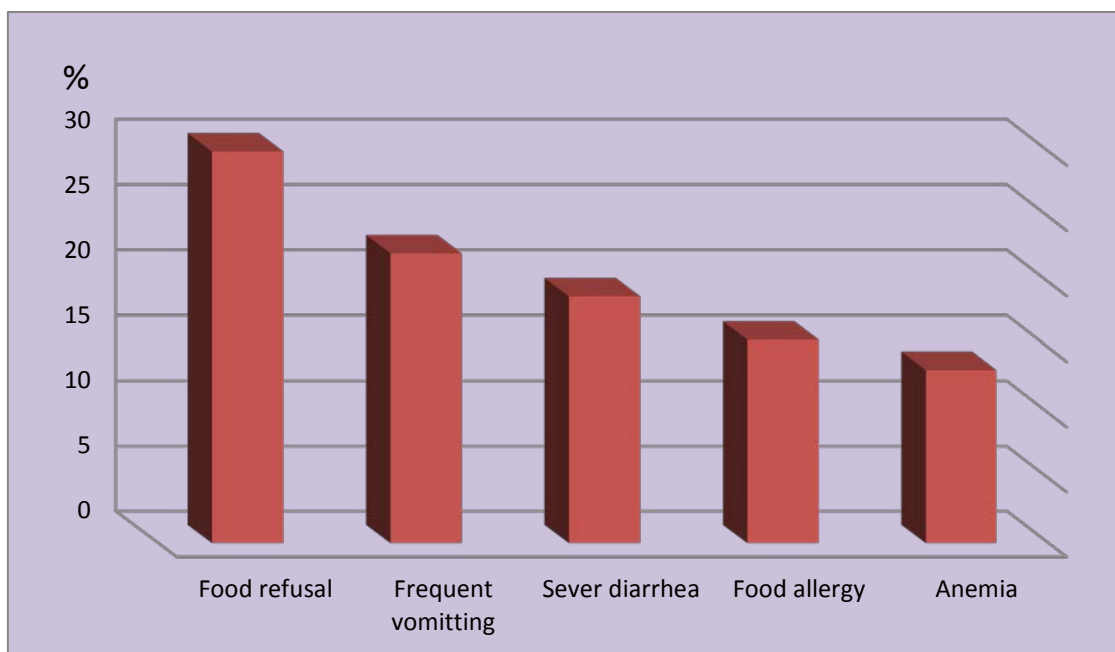


Figure (3): Weaning difficulties related to the infants (n=90).

Figure (3): Clarified that, 30.0%, 22.2%, 18.9%, 15.6% & 13.3% of the studied mothers respectively had infant's weaning difficulties related to food refusal, frequent vomiting, severe diarrhea, food allergy and anemia .

Table (1): Distribution of total level of mother's knowledge about breastfeeding and weaning difficulties (n =150).

Total level of mother's knowledge	No	%
Satisfactory	43	28.7
Unsatisfactory	107	71.3
Total	150	100.0

Table (1): Demonstrated that, less than three-quarters (71.3%) of the studied mothers had unsatisfactory total level of knowledge and more than one-quarter (28.7%) of them had satisfactory total level of knowledge about breastfeeding and weaning difficulties.

Table (2): Distribution of total level of mothers' knowledge about care of breastfeeding and weaning difficulties (n =150).

Total level of mother's knowledge	No	%
Satisfactory	22	14.7
Unsatisfactory	128	85.3
Total	150	100.0

Table (2): Revealed that, most (85.3%) of the studied mothers had unsatisfactory total level of knowledge and only (14.7%) of them had satisfactory total level of knowledge about care of breastfeeding and weaning difficulties.

Table (3): Distribution of the studied mothers according to their total level of presence and severity of breastfeeding difficulties (n =150).

Total level of presence and severity of breastfeeding difficulties	No	%
Low severity	52	34.7
Average severity	89	65.3
Total	150	100

Table (3): Revealed that, nearly two-thirds (65.3%) of the studied mothers had average total presence and severity of breastfeeding difficulties and slightly more than one-third (34.7%) of them had low total presence and severity of breastfeeding difficulties.

Discussion

Regarding characteristics of the studied mothers, the result of the current study illustrated that, more than two thirds of the studied mothers aged between $20 < 25$ years and their mean age was 23.65 ± 3.01 years. This finding was similar to *Vijayalakshmi et al., (2015)* who found in a study entitled "Knowledge, attitudes and breast feeding practices of postnatal mothers: A cross sectional survey " and found that, 71.3% of the studied mothers in study fall within the age group of 20 - 25 years old and their mean age was 23.07 ± 3.50 . This finding might be due to that, all samples were primipara mothers and most of the primipara mothers are young.

As regard the mothers' level of education, the finding of the present study demonstrated that, less than half of them were illiterate. This finding was similar with *Ahmed et al., (2018)* who found in a study entitled "Breastfeeding and weaning practices in Urban Slums of Southern Punjab, Pakistan" who found that, 40.0% of the mothers were illiterate. This finding might be due to that, more than three-quarters of them from rural areas and these area have traditional believe to teach male than females.

Concerning the occupation, the finding of the present study reported that, more than three-quarters of the studied mothers were housewives and from rural areas. This finding was supported by *Hassan et al., (2018)* who found in a study entitled "Assess the initiation of breastfeeding practice in Kassala" and reported that, 77.2% of the studied mothers were housewives and from rural areas. This finding might be due to the fact that, less than half of the studied mothers were illiterate.

Regarding the type of delivery, the finding of the present study demonstrated that, slightly more than half of the studied mothers had cesarean section delivery. This finding was similar with *Khan et al., (2016)* who found in a study done entitled "Assess patterns and determinants of breastfeeding among mother-infant pairs in Dera Ghazi Khan, Pakistan" and found that, 51.0% of the studied mothers delivered by cesarean section. This finding might be due to that, most of the studied mothers were had fetal breech presentation.

Concerning infant's breastfeeding difficulties, the result of the present study (**figure, 1**) revealed that, one-third of the studied mothers had breastfeeding difficulties related to their infants namely breast refusal. This result was matched with *Najem & Al-Deen, (2011)* who conducted a study entitled "Assess breastfeeding problems in primipara mothers in the early

postnatal period" and showed that, 21.9% of the studied mothers had difficulties related to the infant namely breast refusal.

However, this finding was supported with *Lala et al., (2014)* who studied "An assessment of the breastfeeding problems experienced by the mothers in the first 6 months postpartum" who found that, 14.5% of the studied mothers had infant difficulties related to breast refusal. This result might be due to that, more than one-fifth of the studied mothers had a flat or inverted nipple and slightly more than half of them had cesarean section delivery which could lead to the early introduction of complementary feeding like sweaty water or cereal so the infant refuses the breast.

Regarding maternal breastfeeding difficulties, the finding of the present study (**figure, 2**) demonstrated that, less than one-quarter of the studied mothers had ulcerated or cracked nipples. This finding was in an accordance with *Motee et al., (2013)* who reported that, 23.2% of the studied mothers had ulcerated or cracked nipples during breastfeeding. This result might be attributed to the fact that two-fifths of the studied mothers had incomplete correct answers regarding a good attachment technique which is the main cause of ulcerated or cracked nipples difficulty.

The finding of the present study indicated that, less than one quarter of the studied mothers had maternal breastfeeding difficulties related to breast engorgement. This finding was supported by *Shetty, (2019)* who reported that, 22% of the studied mothers had breastfeeding problems related to breast engorgement. This finding might be due to faulty breastfeeding practices. This finding might be due to that, the increase milk secretion and decrease infant's demand of breast milk particularly in first days after delivery.

Concerning types of weaning difficulties, the result of the present study (**figure, 3**) revealed that, less than one-third and less than one-quarter of the studied mothers had infants weaning difficulties related to food refusal and frequent vomiting respectively. This finding was in the same line with **Ibrahim & Khalfallah (2018)** who carried out a study entitled "The effect of instructions for mothers regarding weaning on their infants complains" and reported that, 40.0% and 22.0% of the studied infants complained respectively from food refusal and vomiting at the age of weaning. This finding might be attributed to inappropriate weaning foods.

The result of the present study revealed that, less than one-fifth of the studied mothers had infants weaning difficulties namely food allergy. This finding was in an accordance with an Egyptian study by *Ali et al., (2017)* who studied "Mothers' practices toward weaning patterns for children within two years of age" and showed that, 15% of the most health problems during infant weaning were food allergies. This finding might be due to that, more than one-third of the studied mothers started weaning early at the age of four months so the infants were at a high risk of the development of food allergies due to the immature digestive system.

Concerning the total level of the mother's knowledge about breastfeeding and weaning difficulties, the result of the present study (**table, 1**) revealed that, less than three-quarters of the studied mothers had unsatisfactory total level of knowledge about breastfeeding and weaning difficulties. This finding was parallel with *Mohamed et al., (2018)* who studied "Health awareness regarding breastfeeding among primipara in rural area" and found that, more than two thirds of primipara mothers had an average total level of knowledge about breastfeeding and its problems.

However, this finding was in the same line with *Ali et al., (2017)* who reported that, 86.7% of the studied mothers have average total knowledge about weaning and its problems. This finding might be due to that, more than two-thirds of the studied mothers didn't receive any education about breastfeeding and weaning difficulties. Also, this finding reflected that, health care providers neglected their role in educating the primipara mothers about breastfeeding and weaning difficulties and focused mainly on serious cases.

Regarding the total level of mother's knowledge about care of breastfeeding and weaning difficulties, the finding of the present study (**table, 2**) revealed that, most of them had unsatisfactory total level of knowledge. This finding is parallel with *Kareem et al., (2018)* who study entitled "Effectiveness of teaching program on knowledge regarding the breastfeeding problems among postnatal mothers" and reported that, 54.3% of the studied mothers had poor total level of knowledge about breastfeeding care preprogram. However, this finding is supported by *Ibrahim & Kalfallah (2018)* and reported that, 64% of the studied mothers had an unsatisfactory level of knowledge about care of weaning complains pre instruction. This finding could be attributed to the lack of primipara mother's knowledge and guidance about care of breastfeeding and weaning difficulties.

Regarding the total level of presence and severity of breastfeeding difficulties among the mothers, the finding of the current study (**table 3**), revealed that, nearly two-thirds of the studied mothers had an average severity of breastfeeding difficulties. This finding was in the same line with *Mortazavi et al., (2015)* who studied " Breastfeeding practices during the first month postpartum and associated factors: impact on breastfeeding survival" and reported that 25.1% of them had average total level of severity of breastfeeding difficulties. However, this finding was parallel with *Kareem et al., (2018)* who reported that, 54.3% of the studied mothers had a poor total level of knowledge about breastfeeding problems and management preprogram. From the researcher's point of view, this finding could be due to lack of continuous education for the primipara mothers about early detection of breastfeeding difficulties and its management.

Conclusion

The current study concluded that, the most common maternal breastfeeding difficulties were sore or cracked nipples, breast engorgement, flat or inverted nipples, mastitis, blockage of lactic ducts, difficulty in combining work and breastfeeding. While the most common weaning difficulties were food refusal, frequent vomiting, severe diarrhea, food allergy and anemia. Most of the studied mothers had unsatisfactory total level of knowledge about care of breastfeeding and weaning difficulties.

Recommendations

Based on the findings of present study, the following recommendations are suggested:

- Early detection of breastfeeding and weaning difficulties related to the mothers and their infants.
- Monitor factors affecting exclusive breastfeeding and proper weaning practice.
- Determine difficulties of breastfeeding and weaning and provide care accordingly.
- Provide support and education especially for primiparous lactating mothers.
- Raising awareness about breastfeeding benefits and proper weaning practice.
- Carryout further studies using large sample size for better generalization of the study finding.

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