



Quasi-Experimental Study To Evaluate The Effectiveness Of Hot Water Compress On Management Of Breast Engorgement Among Primi Postnatal Mothers In Selected Hospital Indore M.P.

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Abstract: Breast engorgement is a painful condition affecting large numbers of women in the early postpartum period. It may lead to premature weaning, cracked nipples, mastitis and breast abscess. Various forms of treatment for engorgement have been studied but so far little evidence has been found on an effective intervention. The study conducted on 40 sample Convenient technique is used for data collection.

Index Terms - Breast Engorgement, Primi gravida, Primi Post natal Mother

I. INTRODUCTION

Breast engorgement problem was common in early days and also after weeks of breast feeding. This frequent problem can happen to lactating mother who don't or can't breast feed as well as those who do. It is usually caused by an imbalance between milk supply and infant demand, if engorgement left untreated it can lead to potentially serious issues including painful blebs, plugged milk ducts or mastitis. The study showed that the prevalence of breast engorgement among lactating mothers was 65%-75%. Conclusion.

Global incidence of lactation mastitis vary as low as 2% and up to 50%. Mastitis is an inflammation of the breast that is most commonly caused by milk stasis rather than infection. Non-infectious mastitis can usually be resolved without the use of antibiotics. "Without effective removal of milk, non-infectious mastitis was likely to progress to infectious mastitis, and infectious mastitis to the formation of an abscess." A recent study from Glasgow suggests an incidence of 18%. In approximately 3% of those with mastitis a breast abscess may result in complication. As milk production increases, over-distention of the alveoli causes the milk secreting cells to become flattened & occlude the capillary blood circulation surrounding the alveolar cells. Congestion contributes to edema & obstructs, lymphatic drainage of the breasts, stagnating the system that rid the breasts of toxins, bacteria, & leading to mastitis. In very severe cases can cause numbness or tingling of the hands from pressure on the nerves. In addition, a protein called the feedback inhibitor of lactation (FIL) accumulates in the mammary gland during milk stasis. It acts as a major trigger of apoptosis, that causes involution of the milk-secreting gland, collapse of the alveolar structures and the cessation of milk production. Engorgement may lead to mastitis. Sub areolar tissue resistance also increases during engorgement and results in latching difficulty. According to the Academy of Breastfeeding Medicine Protocol Committee and Barrens, breast engorgement is defined as "the swelling and distension of the breasts, usually in the early days of initiation of lactation, caused by vascular dilatation as well as the arrival of the early milk." (10) The Researcher Felt the need to assess the effectiveness of breast massage in reducing breast engorgement and pain among postnatal mothers.

OBJECTIVES OF THE STUDY WERE –

- To examine Breast Engorgement among Primi postnatal mothers in selected hospital.
- To Provide hot water compress on Engorge breast among Primi postnatal mothers.
- To find out association between breast engorgement with selected demographic variable

HYPOTHESIS –

H0 - There will be no significant effectiveness of hot water compress on management of Breast Engorgement among Primi postnatal mothers in selected hospital.

H1 - There will be significant effectiveness of hot water compress on management of Breast Engorgement among Primi postnatal mothers in selected hospital.

INTRODUCTION

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BACKGROUND OF THE STUDY

Engorgement is the overfilling of breasts with milk, often occurring in the early days postpartum. It results in swollen, hard, painful breasts and may lead to premature cessation of breastfeeding, decreased milk production, cracked nipples and mastitis. Breast engorgement is caused by congestion of fluid and blood in the breast. The study showed that the prevalence of breast engorgement among lactating mothers was . 65%-75%.

Indrani D and Sowmya MV (2019) – Conducted a survey method on 90 women were selected, based on the inclusion criteria of lactating mothers with Breast engorgement and pain for atleast least 2-3days who underwent vaginal delivery or lower segmental caesarean section. Exclusion criteria were lactating mothers with soft breast and non-lactating mothers and other breast problems. After getting the consent from mothers and after explaining the Six Point Self-rated Engorgement Scale (SPES) and Visual Analogue Scale (VAS). They were asked to rate their level of engorgement and pain. The materials used were VAS and SPES. The study showed that the prevalence of breast engorgement among lactating mothers was 65%-75%. Breast engorgement is a major issue in the lactating mothers can leads to many problems like blocked milk ducts, feeding difficulties, a depressed milk ejection reflex, infection, inflammation of the breast and sore/cracked nipples.

REVIEW OF LITERATURE-

Mega Hasanul Huda, MS1 , Roselyn etc. (2021) –

Randomized controlled trials of breastfeeding educational interventions were searched using five English and five Chinese databases. Eligible studies were independently evaluated for methodological quality, and data were extracted by two investigators. In total, 22 trials were identified, and 3,681 participants were included. A random-effects model was used to pool the results, and a subgroup analysis and meta-regression analysis were conducted. : Breastfeeding education had a significant influence on reducing breast engorgement at postpartum 3 days (odds ratio [OR]: 0.27, 95% CI [0.15, 0.48] $p < .001$), 4 days (OR: 0.16, 95% CI [0.11, 0.22], $p < .001$), and 5–7 days (OR: 0.24, 95% CI [0.08, 0.74], $p = .013$) and breast pain (standardized mean difference: -1.33 , 95% CI $[-2.26, -0.40]$) at postpartum 4–14 days.

Reliability Of 6 Point Breast Engorgement Tool

This was used to assess the severity of breast engorgement. The reliability has been recorded to be 0. 84.

METHODOLOGY –

A Quantitative approach and quasi experimental research design was adopted to conduct the study. Sample of 50 postnatal women selected in postpartum ward in RH Una by purposive sampling techniques. The data is collected by semi structured questionnaire and universal pain assessment tool. The collected data was analysed and interpreted by using descriptive and inferential statistics

RESULTS –

This study revealed that the mean of Breast engorgement pre- test in experimental group among postnatal mother 4. 16. The mean percentage is 69. 3% and the SD is 1. 43. The mean of Breast engorgement pre- test in control group among postnatal mothers is 4. 12, The mean percentage is 68% and SD is 0. 745, The mean of breast pain pretest in experimental group among postnatal mother 4. 79, The mean percentage is 49. 7% and the SD is 2. 026. The mean of breast pain pre- test in control group among postnatal mother 4. 28, the mean percentage is 42. 8% and SD is 1. 59474, The mean of pre- test in experimental group among postnatal mother 1. 08, the mean percentage is 30% and the SD is 0. 8164. The mean of pre- test in control group among postnatal mother 3. 24, the mean percentage is 54% and SD is the mean of post - test in experimental group among postnatal mother is 1. 08, The mean percentage is 10. 8 % and the SD is 1. 2219. The mean of post- test in control group among postnatal mother 4. 64, the mean percentage is 46. 4 % and SD is 1. 97230.

INTERPRETATION AND CONCLUSION -

The Study concluded that the massage shows good result on relieving engorgement and pain

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