

Original article

# Knowledge, Attitude, and Practice of Health Care Professionals Toward Breastfeeding

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## ABSTRACT

Successful initiation and continuation of breastfeeding is proportionate to the attitude and knowledge of health care professionals toward breastfeeding; therefore, we conducted a study in Alkhoms district hospital, aimed to evaluate knowledge, attitude and practices of health care professionals toward breastfeeding. A well-structured questionnaire was designed to test their knowledge on Breastfeeding process, and their ability to deal with different problems and questions that may face during their practice. A total of 155 health care providers participates in this study [72 nurses, 25 midwives, and 58 junior doctors], all of them filled the questionnaire completely and each separately. The study has shown clearly deficiencies of health care providers in some aspects of their knowledge on and their abilities to deal with practical problems that may facing the lactating mother.

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## INTRODUCTION

It is well recognized worldwide that breastfeeding (BF) is beneficial for both child and mother. It is an important public health strategy for improving infant, and child morbidity & mortality [1-5]. World Health Organization (WHO), United Nations Children's Fund (UNICEF) and American Academy of Pediatrics (AAP) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer [6, 7] and before all these organizations, Breastfeeding was instructed by the Holy Quran thousands of years ago [8].

Variables that may influence breastfeeding include race, maternal age, maternal employment, level of education of parents, socio-economic status, insufficient milk supply, infant health problems, maternal obesity, smoking, parity, method of delivery, maternal interest and other related factors [9,10]. In many countries, the prevalence and duration of BF are still lower than the international recommendations [11-15]. Worldwide, only 35% of infants were exclusively breastfed for the first 6 months of life and in developing countries still lower than what recommended [16]. In all Arab countries, there is a downwards trend in breastfeeding, where is the rate of exclusive BF during the first 6 months is below 35% [17].

Primi gravida and mothers especially those in developing countries face obstacles in maintaining lactation due to the lack of support from the health care professionals (HCPs) and from their family. On the other hand, many women can succeed at BF if, adequate information and support was given [18].

To establish BF is not always straight forward and many mothers need help and encouragement, HCPs play an important role in the initiation and success of BF, all of them are challenged by mothers concerning questions on BF process, and

their abilities to deal with practical problems that may face them during their practice. The successful initiation and continuation of BF is proportionate directly to their attitude and knowledge [18,19]. However, health professionals do not always receive adequate BF education to be effectively help the mothers [20,21]. In Libya, there is a lack of qualitative studies that explore the attitude & knowledge of health professionals in this domain, no valid and reliable quantitative tool exists to measure their attitudes towards BF. Given these issues, it is important to investigate in a qualitative manner the attitude of Libyan health professionals regarding BF promotion, to obtain a clearer image of depth, nature, and complexity of underlying attitudes. Therefore, we have conducted a study in Alkhoms district hospital aiming to explore the knowledge of health professionals toward BF, promotion of BF, and testing their ability to deal with different problems and questions that may face them during their practice.

## METHODS

### *Study Design and setting*

A descriptive cross-sectional study was conducted in Alkhoms district hospital over period of 3 months from October 2015 to December 2015.

### *Study instrument and data collection*

A structured questionnaire was designed to test the background, knowledge, and attitude of the health professionals (midwives, nurses, and junior doctors) working in obstetric, neonatal, and pediatric wards concerning the process of BF such as: BF and diarrhea, effect of breast size on BF, lactating mother get a new pregnancy, the effect of psychological factors such as anxiety; anger family disturbance; and mother nutrition. The questionnaire also testing the ability of health professionals to deal with different problems and questions that may face during their practice such as; how often should the lactating mother fed her baby, when to start BF after normal delivery and after caesarian –section delivery, the possibility of re-lactation, questions regarding exclusive BF, the management of cracked nipples, use of pacifier and its adverse effects. The questionnaire was distributed and filled by each participant separately.

### *Statistical analysis*

Data were presented as number and percentages using Microsoft Excel.

## RESULTS

A total 155 participants from HCPs filled the questionnaire completely and each separately [72 nurses, 25 midwives, 58 junior doctors]. 81% of participants would advise the mothers to continue BF when the baby had frequent loose stool, 26% of the participants would advise the mother to stop breastfeeding immediately when she got pregnant. Majority of the participants from HCPs in 90%, 92% of them recognized the relationship between successful BF and psychological factors, as well as the nutritional requirements of the lactating mother respectively. More than half of the participants 59% found that breastfeeding can be used as a contraceptive method. In 84% of the participants advised to start breastfeeding soon post normal delivery, while unfortunately only 15% of them answered correctly a question regarding the right time to start BF post cesarean section delivery. All the results details were shown in tables [1 & 2].

*Table 1. Knowledge of the participants from HCPs on Breastfeeding*

Items	N (%)
<b>When a baby on BF had frequent loose stool</b>	
Continue BF	125(81%)
Stop BF	20(13%)
Don't know	8(6%)
<b>BF and pregnancy</b>	
Continue BF for few weeks	46(30%)
Continue BF for months	57(37%)
Stop BF	41(26%)
<b>Relationship between psychological factors of mother and successful BF</b>	
Yes, there is relation	139(90%)
No, relation	13(8%)
Unsure	3(2%)
<b>Relationship between size of breast and successful BF</b>	
Yes, there is relation	49 (32%)

No relation	87(56%)
Don't know	19(12%)
<b>Relationship between mother diet &amp; successful BF</b>	
Yes, there is relation	142(92%)
No relation	11(7%)
Unsure	2(1%)
<b>BF and contraception</b>	
Useful	91(59%)
Un useful	50(32%)
Not sure	14(9%)
<b>Is the BF having adverse effect on mother's health</b>	
Yes	114(74%)
No	41(26%)

*Table 2. Knowledge of participants from HCPs on practical aspect of BF*

Items	N(%)
<b>After normal delivery, when a mother must start BF?</b>	
Immediately post delivery	22 (18%)
2hrs post delivery	130 (84%)
Unsure	23 (15%)
<b>After C/S, when mother should start BF?</b>	
Soon after recovery	23 (15%)
After 12 hours	120 (77%)
Unsure	12 (8%)
<b>How frequent should a mum breastfed her baby?</b>	
On demand	111(71%)
Every 2 hours	37 (24%)
Unsure	7 (5%)
<b>Relactation</b>	
Possible	96 (62%)
Not possible	35 (23%)
Unsure	24 (15%)
<b>Management of cracked nipples</b>	
Antibiotic use	88 (56%)
Stop BF	15 (10%)
Wash with water & soap	39 (25%)
Unsure	13 (9%)
<b>When mothers start weaning (solid food)?</b>	
Before 4 months	17 (11%)
Between (4-6) months	61 (39%)
After 6 months	77 (50%)
<b>How long does breastfeeding last?</b>	
Up to 2 years	63 (41%)
Up to 1 year	78 (50%)
Unsure	14 (9%)
<b>When woman cease BF, with mastitis</b>	

Continues BF	121 (78%)
Stop BF	26 (16%)
Unsure	8 (6%)
<b>Use of pacifier</b>	
Useful & desirable	87 (57%)
Not useful & harmful	44 (28%)
Unsure	24 (15%)

## DISCUSSION

This study clearly showed that the participants were deficient in some aspects of their knowledge on BF and in their ability to deal with practical questions related to BF. Although majority of them 81% would advise the mother to continue BF, if the infant had frequent loose stool, while 13% would advise ceasing breastfeeding, and 6% of the participants unsure about their advice whether to cease or continuous BF.

In this regard, our study is in agreement with the results of other studies [22,23], and non-agreement with McLaughlin & et al study [24] where only fewer of health providers either unsure or would advise ceasing breastfeeding if the infant had frequent loose stools.

In breastfed baby, normal bowel motions are sometimes mistaken for diarrhea, it is normal for exclusively breastfed babies to have frequent mustard-yellow bowel motions. Frequent soft bowel motions show that a young baby is getting enough breast milk [25,26]. As for the question, continuation of breastfeeding during pregnancy, breastfeeding should not affect the nursing baby or the fetus, and pregnancy doesn't necessitate immediate cessation of nursing. Lactating mother can feed her baby up to 6 months of pregnancy. Quantity of milk may decrease but the character is still good for the first few months of pregnancy. However, the nursing mother may feel tired, changes in her appetite and emotions can make breastfeeding more challenging. Combined demands of supplying milk to the infant and nutrients to the developing fetus are formidable necessitating special attention to maternal nutrition, temporary behavior changes of the mother and/or the baby may call for reassurance [26,27]. In this study, we found 33% of the participants would advise either to stop BF during pregnancy, or they were not sure about their answer, while 30% would advise to continues BF for few weeks only, and 37% would give the right advice to the mothers in term of continues breastfeeding during pregnancy. The concept of stopping breast-feeding during pregnancy is widespread throughout the world [26].

It has been noted in Al-Azhar University in Cairo only 23.6%, 7.0% of medical and nursing students respectively anticipated to advice pregnant woman to continue breastfeeding [28], while 12% of medical students of El Mansoura University had intending practices to advice that pregnant mother to continue breastfeeding [29].

When the participants asked on the role of mother's diet, psychological factors, and breast size on successful breastfeeding, majority of them 92% recognized the important role of mother's diet on successful BF; mothers' diet should contain enough calories and other nutrients to compensate for those secreted in the milk as well as for the health of lactating mother [16]. Nutritional requirements during lactation are increased and greater than during pregnancy.[3] In the present study, 90% of participants, recognize the importance of psychological factors on successful BF, mothers who were tense; anxious; irritable; easily upset; or emotionally labile were more likely to experience difficulties, however guidance and support can increase such mother's confidence. Anxiety and fears of lactation failure and inadequate milk is one of the most important factors for lactation failure; mother support will help her to initiate and sustain lactation [3].

As for the relationship of the breast size and breastfeeding, most of the women can successfully breastfeed regardless of breast size or shape, although the breasts will grow larger before and during the breastfeeding journey, breast size doesn't matter when it comes to the amount of milk they produce [30].

Regarding this issue, current study showed 56% of participants answered correctly, while 32% gave incorrect answer, and 12% were unsure of their answer. The concept of breastfeeding as a natural method of contraception, it has long been recognized that women who breastfeed their babies have a longer period of amenorrhea and infertility following delivery than do those women who do not BF.

The length of postpartum amenorrhea is quite variable, and depends on several factors, including maternal age and parity, and the duration and frequency of breastfeeding. In general, it would appear that the more frequent and the longer the episodes of breastfeeding, the longer will be the period of anovulation, and the longer the period of infertility [31]. This study showed more than half of the participants 59% agree that BF can be useful as a natural method of contraception, and this is in similar to the result of a study from South-South Nigeria [32].

It is well recognized that Breastfeeding plays an important role in public health for mothers and children around the globe. In current study, participants asked whether the BF could be adversely affected mother's health. About 74% of them found breastfeeding had a positive effect on the mother's health, and mothers will be benefit from BF, but what was surprising was the answer of 26% of them, where they found breastfeeding negatively affected the mother's health. In another regard, present study showed 84% of the participants gave satisfactory response to the question on the right time of starting breastfeeding after normal delivery, while unfortunately only 15% of them knew the right time to start breast-feeding post cesarean-section delivery.

WHO recommended that breastfeeding be initiated within one hour of birth and this was one of the ten steps to successful breastfeeding on which the Baby-Friendly Hospital Initiative was based and implemented in 1992, and according to UNICEF only 39% of newborns in the developing world are put to the breast within one hour of birth [33]. About 71% of the participants recognized that BF on-demand is the best way for feeding a baby, while 24% of them found every 2 hours is the best way of BF.

Encouraging BF on demand is one of the steps that adopted by WHO for successful breast-feeding [6]. In the present study, only half of the participants (50%) knew the right time of weaning as recommended by WHO, and this is much lower than what reported by study of Weshahy et al., and Hellings & Howe studies [34,22] where they found 92% and 100% of physicians respectively agreed that exclusive breastfeeding is the most beneficial form of infant feeding for the first 6 month of life.

Introduction of semi-solids (weaning time) is recommended to be after 6 months of age by WHO, and AAP. After age of 6, breast-milk become nutritionally inadequate as a sole feed; it does not provide sufficient energy; vitamins; and iron [6,7]. Although weaning often introduced earlier as parents often consider that their infant is hungry; it is done gradually; initially with small quantities of pureed fruit; root vegetables or rice. Participants in the current study were asked when to stop breastfeeding, majority of them 78% knew that none of the situations and issues presented in the questionnaire were an acceptable reason which corresponded with Hellings & Howe; Freed et al; Cantrill, Creedy & Cooke studies [22,35-36]. Other studies have identified that breastfeeding women with mastitis have been incorrectly advised by healthcare professionals to stop breastfeeding [37,38].

It was however surprising that less than half of health workers 44% knew that breastfeeding should be continued up to 24 months and beyond. Similar knowledge gap has been identified by Utoo et al [39]. Relactation is the production of milk after stoppage for short period of time (within days). 70% of participants knew that relactation is possible, this is reassuring when compared with the response of health workers from Saudi Arabia (30%) [40]. In the present study 56% of health professionals recommend the use of antiseptic and antibiotics for cracked nipples in comparison to only 14% in a study from Iraq [41].

Appropriate care for tender or sore nipple should be instituted before severe pain from abrasions and cracking develops; exposing the nipples to air; applying pure lanolin; avoiding soap; alcohol; and tincture of bezoin; manually expressing milk are recommended. Pacifier and artificial teat use have been associated with unsuccessful breastfeeding initiation, nipple confusion and decreased breastfeeding duration [42-44]. Avoidance of pacifier is one of steps adopted by WHO to promote successful BF [45]. Over half the participants 57% in this study found the pacifiers are useful and desirable, 28% found them not useful, but in fact they were harmful, and the rest unsure about their answer, we found this unsatisfactory and shocking, while the results were satisfactory in Iraq in this issue, where a large number of health care providers 86% understood the harmful effects of pacifier [41].

## CONCLUSION

The participants have shown deficiencies in some aspects of their knowledge on breast-feeding and their abilities to deal with practical problems that may face the lactating mother, and health care professionals should receive an adequate BF education to be effectively help the mothers. The health services may be a contributing factor for the failure of BF by separating mothers and their babies after birth; and promoting the use of formula milk. Integration of WHO recommendations and basic concepts related to breast-feeding into curriculum of health professional teaching. Implementation of WHO recommendations should alert all the related health professionals to the importance of breast-feeding and their vital role to encourage; prepare; initiate and establish successful breast-feeding. Inadequate of mother's knowledge, neutral attitude and there was a gap between actual and desired breastfeeding practices.

## Recommendation

The results of this study highlight the need to improve breastfeeding education among baccalaureate medical and nursing students. This can be done through extensive improvement in breastfeeding education. Also, the need for in-depth and focused breastfeeding content in clinical sessions and more structured clinical experience to help students relate

theoretical knowledge to practice. Moreover, all these topics need to be taught using a variety of methods such as case studies, role playing using model dolls and simulators, problem solving and evidence-based projects. Furthermore, providing students with opportunities to practice breastfeeding management skills before actually caring for clients in a clinical setting may increase confidence.

### **Conflict of Interest**

There are no financial, personal, or professional conflicts of interest to declare.

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## المعرفة والموقف والممارسة لدى العاملين في مجال الرعاية الصحية تجاه الرضاعة الطبيعية

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### المستخلص

إن البدء الناجح في الرضاعة الطبيعية ومواصلتها يتناسب مع موقف ومعرفة المتخصصين في الرعاية الصحية تجاه الرضاعة الطبيعية؛ لذلك، أجرينا دراسة في مستشفى منطقة الخوم، بهدف تقييم معرفة وموقف وممارسات المتخصصين في الرعاية الصحية تجاه الرضاعة الطبيعية. تم تصميم استبيان جيد البنية لاختبار معرفتهم بعملية الرضاعة الطبيعية، وقدرتهم على التعامل مع المشاكل والأسئلة المختلفة التي قد يواجهونها أثناء ممارستهم. شارك في هذه الدراسة ما مجموعه 155 من مقدمي الرعاية الصحية [72 ممرضة و25 قابلة و58 طبيياً مبتدئاً]، وقد ملأ جميعهم الاستبيان بالكامل وكل على حدة. أظهرت الدراسة بوضوح أوجه قصور لدى مقدمي الرعاية الصحية في بعض جوانب معرفتهم وقدراتهم على التعامل مع المشاكل العملية التي قد تواجه الأم المرضعة.

**الكلمات المفتاحية:** الرضاعة الطبيعية، العاملون في مجال الرعاية الصحية، المعرفة، الموقف.