

A Study to Assess the Effectiveness of Cradle Hold Position on the Gratification During Breastfeeding Among Postnatal Mothers Admitted at Selected Maternity Hospitals in South Bangalore, Karnataka

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Abstract

This study aims to assess the effectiveness of the cradle hold position on the satisfaction experienced during breastfeeding among postnatal mothers admitted at selected maternity hospitals in south Bangalore, Karnataka. The cradle hold position is a commonly used breastfeeding technique where the mother supports the baby's head with one hand and holds the baby's body with the other arm, bringing the baby's mouth to the breast. The level of satisfaction during breastfeeding is an important aspect of postnatal care as it can influence maternal confidence, bonding between mother and baby, and overall breastfeeding success. The study employs a quantitative research approach with a pre-experimental design. The sample consists of postnatal mothers who have recently given birth and are currently breastfeeding their infants. Data were collected using a structured questionnaire to assess satisfaction levels before and after implementing the cradle hold position. Descriptive and inferential statistics were used to analyze the data. The findings of this study will contribute to the understanding of the impact of the cradle hold position on maternal satisfaction during breastfeeding, which can inform maternity care practices and improve postnatal care for mothers and infants.

Keywords: Cradle hold position, breastfeeding, maternal satisfaction, postnatal care, structured questionnaire

INTRODUCTION

“A mother’s chest is a treasure chest that holds the most precious gem – love-filled breast milk.”
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Giving birth is an essential period in a woman’s life. During delivery, a mother experiences painful

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situations and uncomfortable things and still, she feels to continue her labor. After the delivery, a mother develops bonding by kissing, fondling, and feeding her child. The World Health Organization (WHO), United Nations International Children’s Emergency Fund (UNICEF), and Save the Children advocate for the initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the initial 6 months, and emphasize breastfeeding as the optimal source of nourishment for infants and young children [1].

Regardless of the method of delivery, early initiation and exclusive breastfeeding are crucial for

infants [2]. Breast milk has numerous advantages like easy digestion, protection against infection, nutrition to the baby and it acts as a natural contraception to the mother. For proper transfer of milk from mother to baby, gratification enrichment is important. Gratification enrichment refers to a feeling of physical or psychological comfort, often described as the absence of difficulty. In order to enrich the gratification to the mother and baby, numerous positions are used for breastfeeding. They are rugby hold, cross cradle hold, side lying, lying down, cradle hold, and koala hold positions [3, 4].

While feeding the baby, the midwife must give the mother positive and correct advice that the baby should feed from the breast rather than from the nipple. To fulfil the role of a midwife she needs to invent and implement methods that are innovative and feasible, so that the baby is gratified and the mother is satisfied.

NEED OF THE STUDY

Breastfeeding offers infants the natural provision of essential nutrients required for their growth and development. Breast milk contains a well-balanced combination of vitamins, proteins, fats, and other essential components necessary for infant growth. The American Academy of Pediatrics recommends breastfeeding exclusively for the first 6 months, followed by continued breastfeeding alongside appropriate complementary foods for up to 24 months. Globally, exclusive breastfeeding rates for infants under 6 months remain below 40%. Malnutrition serves as a contributing factor to the deaths of over 2.6 million children [1].

Breastfeeding burns extra calories, so it helps in losing the pregnancy weight faster and it leads to the release of the hormone oxytocin, which helps in reduction of uterine size to pre pregnancy state. It allows the mother to decrease uterine bleeding after delivery and also in reducing the risk of breast cancer and ovarian cancer in future.

As per the Infant Feeding Survey conducted by UNICEF in the United Kingdom, England, Scotland, and Ireland the incidence of breastfeeding is 81%, 78%, 70%, and 64%, respectively. According to the National Immunization Survey, the statistics of breastfeeding had increased to 49% in 2010 as compared to 35% in 2008.

According to the World Breastfeeding Trends Initiative (WBTI) India report, the incidence of early initiation of breastfeeding was 40.55% and exclusive breastfeeding was 46.8%. The research evidence from Karnataka shows that 94% infants feed exclusively in the first month and 83.5% at 2 months and total breastfeeding rate was 99.7%. In a study conducted on 1518 infants, it was shown that 95% mothers began breastfeeding, among them 56% continued breastfeeding for more than 5 months [5, 6].

During clinical experience, the researcher felt the need for improvement of breastfeeding among postnatal mothers. By reviewing the related literature on positions of breastfeeding, the investigator developed a keen interest in assessing the effectiveness of cradle hold positions on the gratification of breastfeeding among postnatal mothers.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of cradle hold position on the gratification during breastfeeding among postnatal mothers admitted at selected maternity hospitals in south Bangalore, Karnataka.

OBJECTIVES OF THE STUDY

1. To assess the pre-test scores of cradle hold position on the gratification during breastfeeding among postnatal mothers.
2. To assess the post-test scores of cradle hold position on the gratification during breastfeeding among postnatal mothers.
3. To find the association of gratification of breastfeeding with selected demographic variables.

HYPOTHESES

- *H1*: There is a significant difference between pre-test and post test scores of cradle hold positions on the gratification during breastfeeding among postnatal mothers.
- *H2*: There is a significant association between gratification, among postnatal mothers during breastfeeding, with selected demographic variables.

METHODOLOGY

A single-group pre-test–post-test research design was employed to evaluate the impact of the cradle hold position on maternal satisfaction during breastfeeding among postnatal mothers in selected maternity hospitals located in south Bangalore. The sample of the study consisted of postnatal mothers admitted at postnatal wards of Banashankari Referral Hospital, Bangalore. In the present study, the sample size consists of 60 postnatal mothers admitted at postnatal wards of Banashankari Referral Hospital, Bangalore. Probability purposive sampling technique was used and those who fulfil inclusive criteria such as delivered normally, have healthy newborn, are available at the time of data collection, understand Kannada, Telugu, and English. The instrument comprises two sections: Part I encompasses socio-demographic information, while Part II encompasses the Modified Bristol Breastfeeding Assessment Tool.

Part I

Part I deals with the structured interview schedule for socio-demographic data which consists of 20 items used to collect the sample characteristics such as age in years, education, occupation, income, religion, type of family, place of residence, type of delivery, obstetrical score, episiotomy, condition of the nipple, REEDA (redness, edema, ecchymosis, discharge approximation of the wound edges) score, and neonatal data such as sex, weight, height, birth order of baby, age in days, head circumference, chest circumference, and APGAR (appearance, pulse, grimace, activity, and respiration) score source of information.

Part II

Part II consists of the Modified Bristol Breastfeeding Assessment Tool to assess the gratification during breastfeeding among postnatal mothers. The scale consists of 12 items to reveal the gratification of breastfeeding among postnatal mothers. The score key consists of good satisfaction 17–24, satisfactory gratification 9–16, and poor gratification 0–8. The maximum score is 24 and the minimum score is 0.

The tool was validated by nursing and medical professional experts. To assess the reliability of the tool in this setting, the researcher determined the internal consistency by split-half method. The Modified Bristol Breastfeeding Assessment Tool and Mother Baby Assessment tool were administered to 10 samples and reliability was tested by using split-half method using Spearman Brown prophecy formula. The Modified Bristol Breastfeeding Assessment Tool and Mother Baby Assessment Tool reliability is supported by the value 0.79, which indicated that the tool is moderately reliable.

The researcher clarified the study's objectives and acquired consent from postnatal mothers who volunteered to partake in the investigation. The cradle hold technique for breastfeeding was elucidated by the researcher. A pre-test was administered on the initial day, followed by the observation of breastfeeding gratification using the Modified Bristol Breastfeeding Assessment Tool on the second day. On the third day, a post-test was conducted to evaluate the enhancement in breastfeeding gratification. The collected data were analyzed using both descriptive and inferential statistical methods by the investigator.

RESULTS

The findings of this study will contribute to the understanding of the impact of the cradle hold position on maternal satisfaction during breastfeeding, which can inform maternity care practices and improve postnatal care for mothers and infants.

DISCUSSION

The discussion of the study based on the objective of the study:

1. *The first objective of the study was to assess the effectiveness of Cradle Hold Position on the Gratification during Breastfeeding among Postnatal mothers*

The mean pre-test scores of gratifications of breastfeeding as satisfactory gratification are 9.5 and poor gratification is 7.2.

2. *The second objective of the study to assess the post-test scores of Cradles Hold Position on the Gratification during Breastfeeding among Postnatal mothers*

The mean post-test scores of gratifications of breastfeeding as satisfactory gratification are 14.72 and good gratification is 17.

3. *The Third objective of the study to Find out the association of Gratification of Breastfeeding with selected demographic variables.*

Chi-square analysis indicates that certain demographic variables like religion and obstetrical score exhibit significance and are correlated with breastfeeding gratification among postnatal mothers and newborns [7–10]. Conversely, demographic factors such as age, education, occupation, income, family type, place of residence, episiotomy, nipple condition, source of breastfeeding information, REEDA score, and neonatal data, including sex, age, weight, height, birth order, head circumference, chest circumference, and APGAR score regarding the cradle hold breastfeeding position show no significance and lack association with breastfeeding gratification among postnatal mothers (Tables 1–5).

Table 1. Frequency and parentage distribution of postnatal mothers based on their demographic variables ($n = 60$)

Variable	Frequency	Percentage
<i>Age in years</i>		
18–23	9	30
24–29	15	50
30–35	6	20
<i>Education</i>		
No formal education	-	-
Primary education	6	20
Secondary school education	15	50
High school education	-	-
Higher secondary education	9	30
<i>Occupation</i>		
Homemaker	21	70
Private employed	9	30
<i>Income</i>		
Rs 4001–6000	9	30
Rs 6001 and above	21	70
<i>Religion</i>		
Hindu	9	30
Muslim	21	70
Christian	-	-
<i>Type of family</i>		
Nuclear family	18	60
Joint family	12	40
<i>Place of residence</i>		
Urban	30	100
<i>Obstetrical score</i>		
Primi mothers	15	50
Multi mothers	15	50

<i>Episiotomy</i>		
Present	30	100
<i>Source of information about breastfeeding</i>		
Antenatal health education	15	50
Friends/relatives	-	-
Mother herself knows about breastfeeding	15	50
<i>REEDA score</i>		
Normal	30	100
<i>Condition of the nipple</i>		
Normal	30	100
<i>Newborns by age in days</i>		
1st day	27	90
2nd day	3	10
<i>Sex of the baby</i>		
Male baby	21	70
Female baby	9	30
<i>Birth order of the baby</i>		
1st baby	18	60
2nd baby	9	30
3rd baby	3	10
<i>Height of baby in cm</i>		
45–55	30	100
<i>Weight of baby in kg</i>		
2.1–2.5	-	-
2.6–3.0	27	90
3.1–3.5	3	10
<i>Head circumference in cm</i>		
30–35	30	100
<i>Chest circumference in cm</i>		
30-33	30	100
<i>APGAR score</i>		
7–10	30	100

Table 2. Findings related to the pre-test scores on gratification during breastfeeding among cradle hold breastfeeding positions.

Gratification of breastfeeding pre-test	Pre-test n = 30				
	N	Mean	Mean%	Position al milk supply (PMS%)	Standard deviation (SD)
Satisfactory	20	9.5	39.58	56.9	7.39
Poor	10	7.2	30	43.1	21.2

Table 3. Findings related to post-test scores on gratification during breastfeeding among cradle hold breastfeeding positions.

Gratification of post-test scores	Post-test n = 30				
	N	Mean	Mean%	Position al Milk Supply (PMS%)	Standard Deviation (S D)
Good	5	17	70.83	53.59	83.60
Satisfactory	25	14.72	61.33	46.41	7.44

Table 4. Finding related to effectiveness of cradle hold position on the gratification during breastfeeding by paired "t" test.

Gratification during breastfeeding	Mean	Standard deviation (SD)	Paired t – test	Degrees of freedom (df)	Table value at 0.01	Inference
Pre-test	8.73	2.27	28.9	29	2.76	Significant
Post-test	15.26	0.83				

Table 5. Association between gratification during breastfeeding and the age of mother and education with cradle hold position.

Socio-demographic variable	Below median	Above median	χ^2 value	Degrees of freedom (df)	Table value	Inference
<i>Age in years</i>						
18–23	4	5	1.24	2	5.99	NS
24–29	5	10				
30–35	1	5				
<i>Education status</i>						
Primary education	1	5	2.73	2	5.99	S
Secondary school education	7	8				
High school education	2	7				
<i>Occupation</i>						
Homemaker	7	14	0.7	1	3.84	NS
Private employed	3	6				
<i>Family income</i>						
4000–6000	4	5	0.7	1	3.84	NS
6001 above	6	15				
<i>Religion</i>						
Hindu	7	14	22.86	1	3.84	S
Muslim	3	6				
<i>Type of family</i>						
Nuclear	6	12	0.514	1	3.84	NS
Joint	4	8				
<i>Obstetrical score</i>						
Primi mothers	8	7	5.35	1	3.84	S
Multi mothers	2	13				
<i>Source of information of about breastfeeding</i>						
Mother herself knows breastfeeding	5	10	0	1	3.84	NS
Antenatal education	5	10				
<i>Age in days</i>						
1 day	10	17	1.21	1	3.84	NS
2 days	0	3				
<i>Sex of baby</i>						
Male baby	7	14	0	1	3.84	NS
Female baby	3	6				
<i>Birth order of the baby</i>						
1st baby	8	10	2.98	2	5.99	NS
2nd baby	1	8				
3rd baby	1	2				
<i>Weight of the baby in kg</i>						
2.6–3.0	9	18	1.42	1	3.84	NS
3.1–3.5	0	3				

NS, not significant.

Recommendation

Based on the findings of the study the following recommendations are put forward for future research.

- A similar study may be conducted on a larger sample for wider generalization.
- A comparative study can be done among primi mothers and multi mothers.
- A comparative study can be done between koala hold and football hold positions of breastfeeding.
- A comparative study can be done between normal vaginal delivery mothers and caesarean mothers on koala hold breastfeeding position.
- A comparative study can be done between koala hold and cradle hold positions of breastfeeding.

CONCLUSION

The study concluded that there is significant difference between the mean pre-test and post-test scores. Hence there is evidence of gratification during breastfeeding on cradle hold position.

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