

Nursing Approach and Nursing Care Plan in Breastfeeding Mother

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Abstract

Breastfeeding is a natural phenomenon which is showing a global decline in the last few years. Young, new generation mothers are more inclined towards the use of artificial milk for their newborn rather than breastfeeding. Exclusive breastfeeding is not practiced in the Indian sub continent. In this study, we will report 3 incidents of failure of breastfeeding and the role of healthcare providers, especially nurses, in imparting knowledge and education to the young mothers.

Keywords: Breastfeeding; latching; Oxytocin; Prolactin; Pradhan Mantri Matru Vandhana Yojana (PMMVY).

INTRODUCTION

Breastfeeding is the source of nutrition to both the newborn and the mother. Breastfeeding has shown reduced morbidity and mortality, protection against diarrhoeal diseases, improved and better neurological activities, overall longevity in breastfed infants, also protecting the mother from breast cancer and overall, improving the mother child relationship.¹ In this study report, we will discuss three cases where there was failure

of exclusive breastfeeding, discuss the causes and nursing team approach and nursing care plan to improve the breastfeeding scenario and also educate the new mothers regarding the role of exclusive breastfeeding and its importance in mother and child care. This will also impart knowledge to new nurses and nursing students as the knowledge and importance of breastfeeding is given to the mother by the nursing team in the postpartum period.

CASE

1. Case I: A 33 year old educated, working woman came to the emergency department with complaints of pain in right side mammary gland. She also complains of red discolouration of the right mammary gland. She is a lactating mother and says that her baby is fed poorly from the right mammary gland due to pain during breastfeeding. The physical examination revealed a boggy right mammary gland and was diagnosed as lactation mastitis. The patient was counseled about

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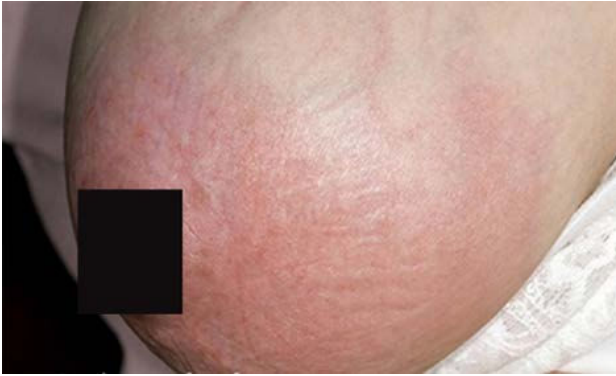
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continuous breastfeeding for her baby from both the mammary glands and application of breast milk over the areola and nipple to reduce the strain produced by the suckling of the baby. She was discharged with 3 days of antibiotic therapy and breastfeeding counseling.



2. Case II: An ill built, thin, emaciated woman brought her 1 month old child to the Emergency room with complaints of decreased response and lethargy for the last 3 hours. The baby was last fed 5 hours back. The blood sugar of the baby was checked and was found to be 24 mg/dl. Intravenous access was taken and dextrose (25%) was started and slow rates. On further questioning, the mother informs that the baby is the 4th born child to her and there are other children (aged - 3 years, 1.5 years, 8 months respectively). The mother was ill built weighing (approximately) 45 kgs. The baby's blood sugar improved, and after 3 hours of dextrose therapy, the baby was fine. Her family members were counseled regarding proper breastfeeding and nutrition to mother for healthy growth and development.

3. Case III: A 22 year old female from a village, brought her 2 months old infant to the emergency room in an unconscious state. The mother gives a history that the child was being fed well but during her last feed 40-45 minutes back, the infant started coughing and vomited out. Since then, the child is unconscious. The vitals were assessed and the baby was declared "brought dead to hospital".

DISCUSSION

Breastfeeding is a normal phenomenon and should not be considered taboo. There are many established importance of breastfeeding in the books and research articles.

The nursing care plan for educating mothers and fellow nursing team includes:

- **Sufficient breastfeeding:** When a baby is well breastfed, the baby will have sound sleep. Breastfeed is the only source of nutrition for the infant. Breast milk is quickly digested by the baby, hence a baby should be fed 10-12 times in a day (including at night). Each breast should be completely drained while feeding. If a baby fails to empty the breast or is not having proper latching/improper growth, consider visiting a doctor.
- **Improper milk production:** Breastmilk production depends on the emotional contact of the mother and child and the child sucking over the nipples. Hormone prolactin (milk production hormone) is produced by emotional conduit between the child and the mother, oxytocin (milk ejection reflex) is produced by the suckling act of the baby over the nipple. Stress, anxiety, lack of attention to the baby hampers this process and results in decreased milk production. Mother's must be counseled that if a child feeds well, sleeps well after feed and passes sufficient urine then the milk production is sufficient for the baby.
- **Proper positioning:** Positioning of the child to the nipple for perfect latching is important for breastfeeding. Improper techniques of latching can turn fatal at times (as seen in case III). Breastfeeding positions are demonstrated.
- **Breast care:** Taking care of the mammary gland is important for breastfeeding. Proper clothing (avoid tight fit or small size brassiere), daily bathing, maintenance of good hygiene will reduce the risk of infection and also, prevent the milk duct collapse.
- **Areola and nipple health:** The areola and nipple are mostly affected by the bites and latching of the baby, causing soreness (as in case I). This is common in the initial days of nursing a child, often resolved by itself. Cold compression, massaging of the breast will relieve the tension within the milk duct and cure the soreness.
- **Expressing and storing of milk:** Nowadays, it is common to express and store them for working women. A child should be exclusively breastfed for 6 months and weaning should be started from the 6th month. This practice is going out of favor now and child's are now bottle fed with supplements. This leads to poor immunity in the child. The mother and family members must be



Cradle Position



Cross-Cradle Positions



Football Hold



Laid Back Positions



Side Lying

counseled regarding the hand expression of breastmilk by massaging rather than use of artificial plastic cups.² They should also be counseled regarding the storage of breastmilk. Breastmilk can be stored upto 4 hours at room temperature, 4-6 days in the refrigerator and upto 6-12 months in the deep freezer.³

- **Maternal health and nutrition:** Maternal health plays a key role in the growth of the child. Poor maternal health, poor nutrition, lack of mental peace, affects the milk production and thus, poor breastfeeding (as seen in case II). Family counseling, encouragement and support from family members improves maternal health and in turn, improves the growth and development of the child. The "Pradhan Mantri Matru Vandhana Yojana (PMMVY) is one such initiative by government of India in helping pregnant and lactating mother for healthy nutrition.
- **Maternal education:** It is often said that a house where the woman is educated, the whole house will progress: *an educated woman educates the whole society*. Educating the mother about the importance of

breastfeeding, the nutrition available in the breast milk for her child, the diseases preventable by breastfeeding, health benefits to the mother from breastfeeding, ill effects of bottle and formula feed all will improve the breastfeeding practices in the young mothers.

CONCLUSION

Breastfeeding is not a taboo. It is a normal phenomenon that should be undertaken by all mother's exclusively for the first 6 months after their childbirth, followed by weaning and continuing breastfeeding upto the age of 2-3 years. Breast milk has immunoglobulins (colostrum), protein and minerals required for the child's growth. Breastfeeding also has beneficial effects on maternal health in preventing breast cancer and psychological disorders like depression. Nurses play an important role in counseling the young mothers, teaching and improving the breastfeeding practices.

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