

Problems Facing Newly Breast Feeding Mothers and the Plan of Nursing Action

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Abstract: Exclusive breastfeeding for 6 months is viewed as a major public health intervention to reduce the child mortality.

The aim of the study was to explore problems facing newly breast feeding mothers and the plan of nursing action.

Subjects and Methods: cross sectional study was adopted. A total of 200 women, with children aged less than 40 days from those registered in primary Health Care centers in Tanta City were included in the study. Collection of data covered a period of six months "from March 2017 to August 2017".

Results: 32 % mothers had exclusive breast feeding. With the most common barrier was their ignorance about its importance, lack of support and insufficient breast milk (23.0%, 21.5% and 15.0 respectively). More than half of the sample (54.6%) was exposed to nipple and breast problems such as; nipple soreness and cracking, breast engorgement and nipple size problems (51.5%, 39.0% and 34.0% respectively) and 76.0% were exposed to postpartum stress.

Conclusion and recommendations: Breastfeeding exclusivity among the present sample was suboptimal, compared to the current WHO recommendations. Meanwhile, newly breast deeding mother were more vulnerable to breast feeding problems, and postpartum stress. The studied factors should be considered when planning programs designed to promote breastfeeding.

Key words: Breastfeeding Techn ique, Breastfeeding Problems, Postpartum stress

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I. Introduction

Breastfeeding has been recognized by the American Academy of Pediatrics as the optimal sole source of nutrition in infants. It has many benefits to both infant and mother. Exclusive breastfeeding has the single largest potential impact on child mortality of any preventive intervention (1). Despite the advantages of breastfeeding, many women choose not to breastfeed for a variety of reasons. Others initiate breastfeeding but stop due to problems that arise.

Several common problems that may arise during early breastfeeding period such as; breast engorgement, plugged milk duct, breast infection and insufficient milk supply, which originate from conditions that lead the mother to inadequate emptying of the breasts. Incorrect technique, not frequent breastfeeding and breastfeeding on scheduled times, pacifiers and food suppliers are important risk factors that can predispose to lactation problems. The adequate management of those conditions is fundamental, as if not treated they frequently lead to early weaning (2). According to Kent et al., (2015) the incidence of nipple pain as a reason for consultation at the Breast Feeding Centre was 36.0% and incorrect positioning and attachment was attributed as a contributing cause of nipple pain in 90% of cases (3). It is not just painful, but can also cause psychological distress and interfere with general activity, mood, sleep, and bonding between mother and infant (4).

Although only one published study has demonstrated that correction of positioning and attachment is associated with fewer breastfeeding problems (5), it is known to be important to successful breastfeeding (6). Insufficient milk supply most likely occurred concurrently with nipple pain rather than being a cause of the nipple pain. The insufficient milk supply may be secondary to ineffective milk removal, or may be a result of low prolactin levels (7).

During the postpartum period, a new mother would face maternal role attainment and postpartum negative body changes, a series of change in interpersonal relationships, economical need, and need for social support. Her needs would gradually result in postpartum stress. Therefore, the major sources of postpartum stress are from change of body image, role of motherhood, and lack of social support. The thoughts, feelings, and perceptions of a woman have a great influence on the oxytocin reflex. Positive emotions such as "love for the baby" or "belief in the benefit of milk to the baby" can stimulate the oxytocin reflex and help breast milk

secretion. Negative emotions such as “pains” and “worry about the adequacy of milk production” will suppress the oxytocin reflex and cease breast milk secretion (8).

Antenatal counseling as well as support in the postpartum period by the maternity nurse helps in establishing good lactation and ensure the reduction or prevention of breast and nipple problems. With the above mentioned background, the present study was conducted to identify the breast and nipple problems faced by mothers during early postpartum period so that a suitable strategy may be devised to improve the rate of early initiation of breastfeeding and its exclusive continuation till 6 months of age (9).

1.1 Aim of study was to explore problems facing newly breast feeding mothers and determine the plan of nursing action.

1.2 Objectives:

1. To estimate the prevalence of breast, nipple problems among breast feeding primipara mothers.
2. To assess the factors influencing the occurrence of these problems
3. To develop a fact sheet about the breast-feeding problems and their management and utilize it during the mother class for pregnant mothers

II. Subjects And Methods

2.1 Design: A cross-sectional design was adopted in this study.

2.2 Research Setting:

This study was conducted in 4 M.C.H centers, selected from all M.C.H representing available geographical health zones in Tanta city. They include: Tanta Rabaa at Kohafa, Medical center at Said, Tanta Khames at El Agiza and Medical center at Sager.

2.3 Sample:

Using the statistical equation (**Brown and Hollander, 1977**) with confidence interval (CI=95%), Power (80%) and odds ratio (OR=1). A total sample of 200 primipara mothers was selected from the previously mentioned settings. They were selected purposively depending on the following inclusion criteria:

1. Primipara mothers during their postnatal period [40 days).
2. Had normal vaginal delivery.
3. Normal and healthy newborn.
4. Breastfeeding their babies

2.4 Tool of data collection:

A structured interviewing questionnaire was used to collect information. The contents of the structured questionnaire used for this study were composed of three sections:

- a. Demographic characteristics
- b. Women knowledge and practice about breast feeding. For each area, *the scores of the items* were represented into number of frequency then converted into a percent score. Knowledge and practice was considered correct if the percent score was 60% or more and incorrect if less than 60%.
- c. Problems facing women during breast feeding and their way of management
- d. Scale for measuring postpartum stress. The researchers adopted the revised Hung (2005a) Postpartum Stress Scale for postpartum stress evaluation (10). This instrument used a 3-point scoring method (none, sometimes and always)

It was divided into three subscales:

- 1- Items for "concerns about maternal role attainment",
- 2- 2- Items for "concerns about negative body changes
- 3- 3- Items for "concerns about lack of social support".

Three categories of scoring system were used as follows:

- a- Not at all: means the feeling doesn't occur
- b -Moderately so: means the feeling occurs moderately
- 4 -Very much so: means the feeling is severe

The sum scores of each component were calculated and its mean and standard deviations were computed by dividing the number of items on the total of each component. The researcher considered cases above 50% of total maximum score was exposed to stress (Positive) and those below this percentage were not exposed to stress (negative). Official permission was obtained by submission of an official letter from the Faculty of Nursing to the responsible authorities of the study setting to obtain the permission for data collection. All ethical issues were taken into consideration during all phases of the study; the researcher maintained an

anonymity and confidentiality of the subjects. She introduced herself to the women and briefly explained the nature and aim of the study to every woman before participation and women were enrolled voluntarily after the written informed consent. As for the **Preparatory phase**, related literature was reviewed. This helped in the selection and preparation of the data collection tools and in writing the review of literature. A panel of five experts in the field of Obstetrics and Gynecological Nursing reviewed the tool to test its content validity. Modifications were done accordingly based on their judgment. Cronbach's alpha coefficient was calculated to assess the reliability of the developed tool through their internal consistency. A Pilot study was done on 10% of the studied sample to ascertain the clarity, and applicability of the study tools and to identify the problems that may be encountered during data collection. It also helped to estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, modifications, clarifications, omissions, and rearrangement of some questions were done. Women involved in the pilot were excluded from the study. Field work, collection of data covered a period of six months "from the first of March 2017 to the end of August 2017". Data collection was accomplished in the morning from 9:00 a.m. to 1:00 p.m., three times per week and the interview took 30-40 minutes. The researcher introduced herself to the women and the interview was conducted individually for every participant to collect the required data.

Concerning the plan of nursing action, the researcher develops a fact sheet about, problems facing women during breast feeding and its management taking into consideration that it should be comprehensive and inclusive. This was submitted to every mother during their mother class. Together with illustration and demonstration of the technique of breast feeding and the way of coping with the problems that might be encountered

2.5 Statistical analysis: All statistical analyses were performed using SPSS for windows version 20.0 (SPSS, Chicago, IL). Continuous data were expressed in mean \pm standard deviation (SD) while categorical data were expressed in number and percentage. Chi-square test was used for comparison of variables with categorical data. Statistical significance was set at $p < 0.05$.

III. Results

Table (1): Distribution of The Studied Mothers According to Socio-Demographic Characteristics (N = 200)

Socio-demographic characteristics	No.	%
Age		
≤20	57	28.5
20-	58	29.0
30-	59	29.5
≥40	26	13.0
Mean \pmSD	27.2\pm 6.5	
Education level		
Illiterate	23	11.5
Primary	40	20.0
Intermediate	94	47.0
University	43	21.5
Occupation		
Working	54	27.0
Housewife	146	73.0
Mode of delivery		
Vaginal	107	53.5
CS	93	46.5

The socio-demographic characteristics of mothers in the study sample (Table 1) revealed that their age ranged between 18 and 41 years, with mean (SD) 27.2 \pm 6.5 years. Almost half (47.0%) of them had intermediate education and the majority were housewives (73.0%), with almost half of them had CS delivery (46.5%).

Table (2): Distribution of The Studied Mothers According to The Current Breast Feeding Practice (N = 200).

Variables	No	%
Women received antenatal counseling about breast feeding		
Yes	20	10.0
No	180	90.0
Time of 1st BF		
≤ 6 Hours	50	25.0
6 Hrs.-≤ 1 st day	138	69.0
≥ 1 st day	12	6.0

Type of BF		
Exclusive	64	32.0
Partial	136	68.0
Barriers against exclusive BF		
Lack of maternal support	43	21.5
Insufficient or watery BM	30	15.0
Baby receiving formula while in hospital,	23	11.5
Mode of delivery	14	7.0
Unaware of its importance	46	23.0
No barriers	44	22.0

Table (2) shows that 10.0% of the sample received antenatal counseling about breast feeding. Most of them initiate breast feeding beyond the recommended 6 hours after delivery. Only 32.0% who had exclusive breast feeding. The most common barrier for exclusive breast feeding was their ignorance about its importance, lack of maternal support and insufficient breast milk (23.0%, 21.5% and 15.0 respectively).

Table (3): Distribution of Mothers According Their Technique of BF and Coping with BF Problems (N = 200)

Technique of breastfeeding	No	%
Correct positioning of the baby for BF with proper attachment of child mouth to the mother's nipple and avoiding weak latching of the baby to the nipple and ineffective sucking		
Correct	48	24.0
Incorrect	152	76.0
Time of feeding		
Fixed	43	21.5
On demand	157	78.5
Give colostrum		
Yes	59	29.5
No	141	70.5
Give 2 breasts alternatively		
Yes	71	35.5
No	129	64.5
Total practice of BF technique		
Correct	51	25.5
Incorrect	149	74.5
Mothers coping with breast feeding problems		
Correct	42	21.0
Incorrect	158	79.0

Table 3 shows that only 24.0% of mothers who used the correct position and proper placement of the nipple in baby's mouth during breast feeding, the majority gave colostrum and used to avoid fixed feeding but they did not know the reason behind that (70.5% and 78.5 respectively). In total almost one fourths of the studied sample were aware about correct breast feeding technique and the way coping with breast and nipple problems (25.5% & 21.0% respectively).

Table (4): Distribution of The Studied Mothers According to The Occurrence of BF Problems (N = 200)

Breast feeding problems	NO	%
1. Breast and nipple problems		
a. Nipple soreness or cracking	102	51.0
b. Inverted nipple	68	34.0
c. Nipple size problem	68	34.0
d. Hardening and breast engorgement	78	39.0
e. Breast sensitive to touch	80	10.0
f. Breast abscess	11	5.5
Overall mothers with breast and nipple problems	191	95.5
Other problems		
a. Refusal of sucking	133	66.5
b. Mother had inadequate milk	75	37.5
c. Lack of encouragement	50	25.0
d. Lack of experience	80	40.0
Overall mothers with other problems	182	91.0

Total is not exclusive

Table 4 shows that more than half of the sample (54.6%) was exposed to nipple and breast problems such as; nipple soreness and cracking, breast engorgement and nipple size problems (51.5%, 39.0% and 34.0% respectively). The rest had inadequate milk supply, lack of experience and lack of encouragement.

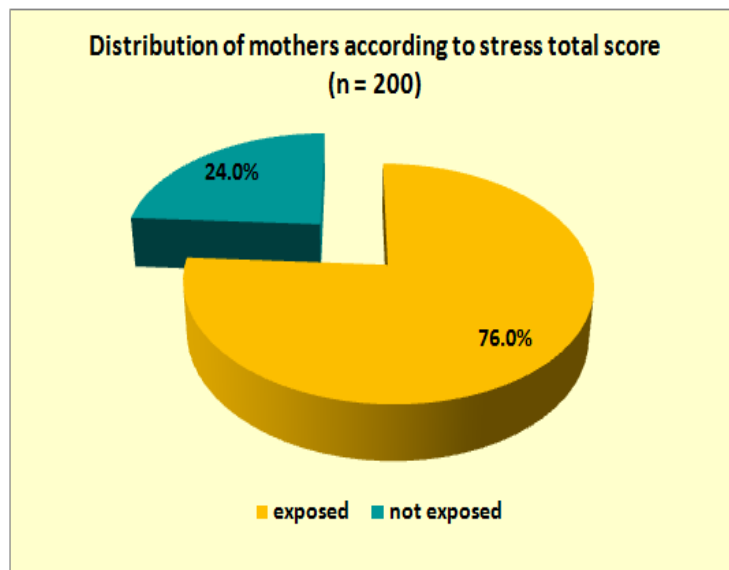


Figure 1: Distribution of the studied mothers according to the total score of stress (n = 200).

Assessment of women's postpartum stress after using the Modified Hung (2005) Scale for postpartum stress evaluation figure 2 revealed that more than three fourths of women were exposed to postpartum stress (76.0%) and 48 women (24.0%) were not exposed to stress.

Table (5): Distribution of The Studied Mothers According to Their Exposure to Postpartum Stress (N = 200)

Stress scale	Mean ±SD
Concern about maternal role attainment	8.2±1.1
Concern about negative body changes	5.6±1.8
Concern about lack of social support	3.5±1.7

For a single factor of stress table 5 revealed that the most common problem was related to interfering with maternal role attainment (8.2±1.1) with a highest percentage. Additionally, the mean score of concern related to negative body changes was also higher than lack of social support (5.6±1.8 and, 3.5±1.7 respectively).

Table (6) The Relationship Between Breast The Severity of Breast Feeding Problems and The Factors Influencing (N= 200)

Variables	Breast feeding problems				Chi square test	
	Mild problems (n=105)		Moderate / severe problems (n=95)		X ²	P
	No.	%	No.	%		
Age (years)						
18 – 20	10	9.5	47	49.5		
21 – 25	33	31.4	25	26.3		
26 – 30	48	45.7	11	11.6		
31 – 40	14	13.3	12	12.6	48.098	<0.001
Educational level						
Illiterate	5	4.8	18	18.9		
Primary	4	3.8	36	37.9		
Intermediate	57	54.3	37	38.9		
University	39	37.1	4	4.2	65.355	<0.001
Occupation						
Housewife	67	63.8	79	83.2		
Worker	38	36.2	16	16.8	9.473	0.002
Mode of delivery						
Vaginal	45	42.9	62	65.3		
Caesarean section	60	57.1	33	34.7	10.065	0.002
Total score of stress						
Exposed (n=152)	62	40.8	90	59.2		
Not exposed (n=48)	43	89.5	5	10.5	13.5	<0.001

Management of breast problems						
Correct	84	80.0	29	30.5		
Incorrect	21	20.0	66	69.5	49.670a	<0.001
Total practice						
Incorrect	6	5.7	45	47.4		
Correct	99	94.3	50	52.6	45.552	<0.001

(*) statistically significant at $p < 0.05$

Table 6 shows that women less than 20 years of age and with low level of education were significantly more likely to have severe breast feeding problems compared to those who had 40 and more years of age as well as those with university education (49.5% & 18.9 vs. 12.6 & 4.2 respectively). Meanwhile there is significant relation ($p < 0.001$) between the severity of the breast feeding problems and the practice of incorrect technique of breast feeding, management of problems facing them as well as their exposure to stress.

IV. Discussion

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. To enable mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend: Initiation of breastfeeding within the first hour of life (11).

The present study finding indicates that few women received antenatal counseling about breast feeding. Early initiation of breast feeding and exclusive breast feeding was reported by almost one third of them. Lack of knowledge, non-supportive behaviors inconsistent advice, and minimal prenatal encouragement to breastfeed has been cited as barriers to exclusive breastfeeding. Similarly the practice of initiation of breast feeding within one hour of birth is only 24.5% and exclusive breastfeeding up to six months of age is 46.4% (12). However, in a study done by **John et al., (2015)**, showed that when antenatal education about breastfeeding was given it improves the rate of exclusive breastfeeding (13). Proper positioning and attachment of the baby during breastfeeding prevents sore nipples, engorgement and mastitis and also facilitates the milk production and release (14).

Effective breastfeeding is a function of the proper positioning of mother and baby and attachment of child nipple to the mother's breast. The present study indicate that only one fourth of mothers who practiced the correct position of the baby during breast feeding and how to position the nipple properly. This is in agreement with the study in India about Awareness and difficulties encountered by the postnatal mothers during breast feeding (14). Many studies indicate a statistically significant association between position and holding variables for causing nipple lesions, where newborns whose necks were bent, whose chins were held away from the breast and where lips were turned inward. Improper suction is also described as a source of trauma which if corrected can become a protective factor (15 & 16).

In total the present result revealed that utilization of the proper technique of breast feeding was only practiced by one fourth of the sample. However, successful breastfeeding and most difficulties associated with breast feeding can be avoided altogether if good attachment and positioning are achieved at the first and early feeds. In addition, an effective sucking technique is considered important to establish breastfeeding, to ensure milk transfer, and to prevent breastfeeding problems (17).

According to the current study finding, problems preventing mothers from adequate breastfeeding, include insufficient milk production or perceived insufficiency, cracked or sore nipples, inverted nipples, breast engorgement and hardening of the breasts as well as lack of information, lack of social support. Similar finding was reported by **Dongre et al.,** in India about, where and how breastfeeding promotion initiatives should focus its attention? A study from rural wardha (18). Who added that low feeding frequency, milk duct obstruction, decrease in milk letdown, and separation of the baby from its mother and breast engorgement are the most common problems facing mothers during breast feeding.

Also in agreement with the present study finding **Malini, 2013** study in India reported that about 20% postnatal mothers especially primigravida mothers are affected with breast engorgement within four days of postnatal period. Moreover, **John, 2015** study revealed that 33% of all women experienced breast problems in the first two weeks and 28% thereafter. This may be an underestimation, because some of the women may have considered these problems as baby feeding problems. **Hsien et al., (2011)** found that the most common breast symptoms in breastfeeding encountered by the participants were breast engorgement and breast hardening arising from untimely evacuation of milk in case of milk fluid production (19). Breast engorgement would compress the mammary gland duct and block the secretion of milk. Mothers during pregnancy and postnatal period lack the knowledge regarding care of breast and proper breast feeding techniques or stop breast feeding

due to various reasons. This can lead to several breast problems in the puerperal period; the common ones are nipple problems, latch-on problems, breast engorgement, plugged milk duct, breast infection and insufficient milk supply, which originated from conditions that lead the mother to inadequately emptying her breasts. Moreover, incorrect techniques, breast feeding on schedule times, the use of pacifiers and early use of milk substitute can predispose to breast problems (Tiwari et al., 2016). This agrees with the present study finding.

The results of the present study has shown that the highest postpartum stress comes from concerns about maternal role attainment followed by the concern about negative body changes and finally the worry about lack of social support. Hung (2005b) also indicated that the five highest postpartum stress factors related to interrupted sleep, unpredictability of the baby schedule, the baby getting sick suddenly, the flabby flesh of maternal belly and not sleeping enough (20). Conversely, Amayreh(2007)found that the higher concerns were the concern about negative body changes and the concern about maternal role attainment came after it (21). This inconsistency could be due to the differences of the cultural aspects between different countries.

Concerning the relationship between the severity of breast problems and socio-demographic characteristics, findings of the present study revealed a statistically significant relation with age and education of the mothers. Regarding age, these results may be attributed to the fact that younger women had no experience and less information while older women had deeply rooted traditional beliefs which will affect their practices. This finding is partially in agreement with Chalmers et al.,(2009) about breastfeeding rates and hospital breastfeeding practices in Canada (22) who reported that with increased age, there is often an increase in the level of education; both factors are associated with higher breastfeeding rates.

The current study revealed that, women who had incorrect technique of breast feeding, improper management of breast feeding problems as well as were exposed to stress were significantly more likely to face severe breast feeding problems. These results are in partial agreement with (23&24) who found that ineffective breastfeeding technique was strongly associated with breastfeeding problems. The findings support the recommendation that health professionals should be attentive to mothers' breastfeeding technique because ineffective breastfeeding technique is related to early and later breastfeeding problems.

The present study also showed a significant relationship between breast symptoms and the total score of stress. These results coincide with (25) who found that postpartum stress influenced breast symptoms. They mentioned that it is crucial factor of success in breastfeeding that the nursing personnel can provide women with methods of maintaining breast milk production and secretion, knowledge of taking care of a baby, and remind the women's families (especially the husband) to give their assistance, encouragement and praises to relieve.

V. Conclusion And Recommendations

Few women received antenatal counseling about breast feeding and had exclusive breast feeding, The barriers was their ignorance about its importance, lack of maternal support and insufficient breast milk. Almost one fourths of the studied sample was aware about correct breast feeding technique and the way coping with breast and nipple problems. More than half was exposed to nipple and breast problems such as; nipple soreness and cracking, breast engorgement and nipple size problems and the rest had inadequate milk supply, lack of experience and lack of encouragement. Meanwhile there is significant relation ($p < 0.001$) between the severity of the breast feeding problems and the practice of incorrect technique of breast feeding, management of problems facing them as well as their exposure to stress.

Newly breast feeding mothers should receive antenatal counseling about breast feeding and the problems that might facing them and making use of the fact sheet with illustrations about the correct technique of breast feeding during their mother classes. Health professionals should be attentive to mothers' breastfeeding technique because ineffective breastfeeding technique is related to early and later breastfeeding problems. Additional supportive care could be made available to lactating primipara women within the first 24 hours post birth and throughout the early postpartum period. Future research is recommended to find out the effect of the classes about breast feeding using fact sheet and different illustrations in the reductions of breast feeding problems and stress

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Reference

- [1]. Najem B and Dhia L (2012): Breast Feeding Problems in Primipara Mothers in Early Postnatal Period. Iraqi J. Comm. Med., July, 24(3):192.
- [2]. John L, Cordeiro M.P, Gopinath R and Tamarkar A(2015): Knowledge Regarding Breast Problems among Antenatal Mothers in a Selected Hospital. International Journal of Recent Scientific Research; 6 (9), pp.6228-6231.

- [3]. Jacqueline C. Kent, Elizabeth Ashton, (2015): Nipple Pain in Breastfeeding Mothers: Incidence, Causes and Treatments *Int J Environ Res Public Health*. 2015 Oct; 12(10): 12247–12263.
- [4]. McClellan H., Hepworth A., Garbin C., Rowan M (2012) Nipple pain during breastfeeding with or without visible trauma. *J. Hum. Lact.* ;28:511–521. doi: 10.1177/0890334412444464. [PubMed] [Cross Ref]
- [5]. Darmangeat V (2011): The frequency and resolution of nipple pain when latch is improved in a private practice. *Clin. Lact.* ;2:22–24. doi: 10.1891/215805311807010468.
- [6]. Binns C. (2003): *Dietary Guidelines for Children*. National Health and Medical Research Council; Canberra, Australia: NHMRC infant feeding guidelines; p. 344.
- [7]. Neifert M.R. (2001): Prevention of breastfeeding tragedies. *Pediatr. Clin. N. Am.* ;48:273–297. doi: 10.1016/S0031-3955(08)70026-9. [PubMed] [Cross Ref]
- [8]. Hung, C. H. (2005a): Measuring postpartum stress. *Journal of Advanced Nursing*, 50, 417–424.
- [9]. Ananthkrishnan S, Kasinathan B and Sounderarajan P (2012): Antenatal counselling for breastfeeding—are we doing it the right way? A descriptive study from Puducherry, India. *CurrPediatr Res*; 16 (2): 142-144.
- [10]. Hung, C. H. (2005a): Measuring postpartum stress. *Journal of Advanced Nursing*, 50, 417–424.
- [11]. WHO (2013): Breastfeeding—exclusive breastfeeding Available at:
- [12]. <http://www.mamaye.org/sites/default/files/Breastfeeding2013%20factsheet.pdf>. Accessed at April, 2014.
- [13]. Subhash B Thakre, Sushama S Thakre, (2012): The Breastfeeding Practices: The Positioning and Attachment Initiative Among the Mothers of Rural Nagpur. *Journal of Clinical and Diagnostic Research*, 6: 1215- 8.
- [14]. John L., Cordeiro M P., Manjima M G., Gopinath R., Tamrakar A., (2015): Knowledge Regarding Breast Problems among Antenatal Mothers in A selected Hospital, Mangaluru with A view to Develop An Information Booklet; 6(9) pp.6228-6231.
- [15]. Leon-Cava N, Lutter S, Ross J, Martin L. (2002): Quantifying the benefits of breastfeeding: A summary of the evidence. Pan American Health Organization, Washington DC.
- [16]. Tiwari P A., Pareshbhai., Rajendrakumar P B., (2016): knowledge regarding selected postnatal breast problems and their management among postnatal mothers; 4(5), 685-68
- [17]. Malini R., (2013): Engorgement incidence in India. Available from <http://www/incidencrates.com> accessed at 10/10 2017
- [18]. Najem B and Dhia L (2011): Breast Feeding Problems in Primipara Mothers in Early Postnatal Period. *Iraqi J. Comm. Med.*, July, 2011 24(3);192-5.
- [19]. Dongre AR, Deshmukh PR, Rawool AP, Garg BS (2010): Where and How Breastfeeding Promotion Initiatives Should Focus Its Attention? A Study from Rural Wardha. *Indian J Community Med.* ;35:226–9. [PMC free article] [PubMed]
- [20]. Hsien et al., (2011): Management of breast conditions and other breastfeeding difficulties <https://www.ncbi.nlm.nih.gov/books/NBK148955/> accessed at 8/10/ 2017
- [21]. Coca KP, Gamba MA, Silva RS, Freitas V, Abrão AC (2009): Does breastfeeding position influence the onset of nipple trauma? *Rev Esc Enferm USP.* ;43:442–8. [PubMed]
- [22]. Hung, C. H. (2005b). Women’s postpartum stress, social support, and health status. *Western Journal of Nursing Research*, 27, 148–159.
- [23]. Chalmers B., Levitt C., Heaman M., O’Brien B., Suave R., and Group of the Canadian Surveillance System (2009): Breastfeeding rates and hospital breastfeeding practices in Canada: A national survey of women. *Birth*, 36, 122–132.
- [24]. Amayreh W, Ghanma A, Al-Jbour W (2007): Factors affecting infant feeding practices at Aqaba, South of Jordan. *Middle East J Nurs*;1:12–13.
- [25]. Palanivel rajan1, S.Sindhu2 (2016) Awareness And Difficulties Encountered By The Postnatal Mothers http://www.commedjournal.in/article/Volume5Issue4Oct-Dec2016/fulltext/NJRCM_palani_Vol.%205.%20Issue%204.%20Oct-Dec16. Accessed at 4/10/2017
- [26]. Kronborg H., and Vaeth M. (2009): How Are Effective Breastfeeding Technique and Pacifier Use Related to Breastfeeding Problems and Breastfeeding Duration? *BIRTH* 36:1 March.

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