

DOI: <http://dx.doi.org/10.18203/2320-1770.ijrcog20203290>

Original Research Article

Knowledge, attitudes and practices of breast feeding among lactating mothers in a tertiary care hospital in Dakshina Kannada district: a cross sectional survey

Pramodha M. S., Nikita Pitty*, Chaitra S.

Department of Obstetrics and Gynecology, AJ institute of Medical Sciences and Research Centre, Mangalore, India

Received: 28 May 2020

Accepted: 06 July 2020

***Correspondence:**

Dr. Nikita Pitty,

E-mail: nikitapitty@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Breastfeeding plays a crucial role in the general health and wellbeing of infants. However, this fact has been made to look inconsequential due to various misconceptions and lack of adequate knowledge among lactating mothers. The aim of this study was to assess the knowledge, attitudes and practices of breastfeeding among postnatal women in Dakshinakannada district of Karnataka, India. The objective was to educate them and encourage breastfeeding.

Methods: This study is a cross-sectional survey conducted during a period of 2 months from November to January 2019 among 80 postnatal mothers regarding their KAP of breastfeeding. A questionnaire was designed from FAO guidelines for assessing nutrition-related knowledge, attitudes and practices manual and The Iowa Infant Feeding Attitudes. The data was collected by a single interviewer, collaborated into a 3-point Likert scale and analyzed using descriptive statistics.

Results: The study shows that 81.25% of the mothers had good knowledge regarding breastfeeding, but the alarming finding was that 46.6% of them had a neutral attitude towards it.

Conclusions: The study showed that there is significant possibility for enhancing breastfeeding practices among lactating mothers by simple provision of supportive prenatal and postnatal counselling. The role played by healthcare workers in this context would be very imperative to accomplish millennium development goals of reducing infant mortality.

Keywords: Attitude, Breastmilk, Colostrum, Exclusive breastfeeding, Formula feeds, Healthcare workers, Knowledge

INTRODUCTION

Breastfeeding is acknowledged extensively as the means of providing infants with paramount source of nutrition during the first 6 months of life.¹ Breastfeeding has constructive short- and long-term health benefits for both mother and baby. It helps to delay fertility, lose weight gained during pregnancy, lowers risk of breast and ovarian cancer, diminishes risk of postpartum haemorrhage, reduces risk of postpartum depression and improves relationship between mother and baby.

Breastfeeding reduces new-borns risks of developing severe lower respiratory tract infections, sudden infant death syndrome, gastroenteritis, acute otitis media, asthma, type 1 and 2 diabetes and childhood obesity.² Breast milk has vital fatty acids that aid infants' brain development and may increase infants' cognitive skills. Several studies have shown the positive association between breastfed infants and their higher intelligence test scores.³ Infant and young child feeding 2006 guidelines suggest an early initiation of breastfeeds (preferably within one hour of birth), exclusive

breastfeeding for the first six months of life(not giving any other food including water), judicious introduction of complementary foods while continuing breastfeeding after 6months of age, up to 2 years or beyond and also during and after acute illness.

In India, prevalence of exclusive breastfeeding is 54.9% and early initiation of breastfeeding is less than 41.6% which is far from the desired level. Also, infant mortality rate in India as of 2019 has been 30.294 deaths per 1000 live births. Lack of knowledge, ignorance, detrimental socio-cultural ideas and misconceptions prevailing in the society tend to influence breastfeeding performances of the mothers. In a developing country like ours, very few women are familiar about breastfeeding practices and the main source of information to them is through family and friends.⁴ This is seldom sufficient.⁵ This poor knowledge and downbeat attitude may negatively influence breastfeeding practices. Hence, it becomes indispensable for the lactating mother to receive adequate knowledge and maintain a positive attitude right from early pregnancy, to practice breastfeeding as per recommendations to offer utmost benefits to her newborn.

This study is aimed at assessing the knowledge, attitude and practices towards breastfeeding among postnatal mothers in AJ Institute of Medical Sciences-a tertiary care hospital in Dakshinakannada District. It could thus facilitate to recommend any potential interventions that could overcome the statement of problem.

METHODS

This a cross-sectional survey carried out in the department of obstetrics and gynecology at AJ Institute of Medical Sciences and Research Institute among mothers in postnatal ward for a period of 2 months. An informed written consent was taken from each of the participants after obtaining institutional ethical clearance. A total of 80 postnatal mothers fulfilling the selection criteria were included in the study.

Questionnaire

A questionnaire, adapted from the Food and Agriculture Organization of the United Nations guidelines for assessing nutrition-related knowledge, attitudes and practices manual and the Iowa infant feeding attitudes scale (IIFAS) was structured. It was pretested on 10 women for precision, validity and easiness of data collection.

- The questionnaire solicited data on demographic and socioeconomic characteristics of the lactating mother.
- To assess the knowledge of the patient with respect to breastfeeding 15 questions were constructed. The responses of the mothers were obtained in terms of knows/does not know/variable for the different

statements. A knowledge score was generated for each mother based on the number of questions answered correctly.

- To gauge the patient attitude regarding it 15 questions were framed as per Iowa infant feeding attitudes scale. Half of the questions were negatively worded (i.e. 1, 2, 4, 6, 8, 10, 13, and 15). The responses were obtained on a 5-point Likert scale from strongly disagree to strongly agree and results were finally sorted into agree/disagree/neutral. The mothers were then grouped into either positive attitude to breastfeeding, neutral or positive attitude to formula feeds based on their responses.
- To evaluate the practices of the mothers with respect to breastfeeding 7 questions were structured like prelacteals, colostrum feeding, time of feeding, duration of exclusive breastfeeding, usage of galactagogues etc. This was followed by 6 questions to estimate the correctness of the breastfeeding technique followed.

The data was collected by a single interviewer after explaining the questions in the local language-Kannada and responses were collaborated into 3-point Likert scale for analysis. Collected data was entered into Microsoft excel and analysed using percentages. All mothers who were interviewed were given health education regarding the significance, methods and advantages of breastfeeding.

Inclusion criteria

- Mothers of healthy infants aged above 18 years
- Delivered between 37 and 42 gestation weeks
- No major birth defects such as congenital heart disease, cleft lip/cleft palate and Downs syndrome
- Who volunteered to participate.

Exclusion criteria

- Mothers with active chronic diseases like tuberculosis, etc. or medical conditions where breastfeeding was not advised
- Mothers on medications in which breastfeeding was contraindicated
- Mothers of preterm babies,
- Multiple gestations
- Babies with galactosemia, lactose intolerance.

RESULTS

The study was done in a total of 80 postnatal mothers. The results were analysed according to the following parameters.

Sociodemographic details of the mother

The age of mothers ranged between 20 and 35 years. The youngest participant was 20 years old. An elderly

primigravida, aged 35 years, was also included. The proportion of the religions of the mothers surveyed almost corresponded to the distribution within the population. While a small section of the mothers had received only informal education, 43.75% had been educated beyond middle school. Most of the women were unemployed and were available by the side of the baby throughout the day.

Table 1: Sociodemographic details of the mother.

Socio-demographic details	Number of cases	Percentage
Age range		
20-25 years	35	43.75%
26-30 years	40	50%
>30 years	5	6.25%
Religion		
Hindu	45	56.25%
Muslim	33	41.25%
Christian	5	2.5%
Others	0	0%
Educational status		
Informal education	15	18%
Primary school	20	25%
Middle school	10	12.5%
High school	20	25%
Intermediate/diploma	8	10%
Graduate	6	7.5%
Post graduate	1	1.25%
Employment status		
Unemployed	76	95%
Employed	4	5%
Socioeconomic status		
Class 1	3	3.75%
Class 2	6	7.5%
Class 3	29	36.25%
Class 4	35	43.75%
Class 5	7	8.75%
BMI- nutritional status		
Under weight	15	18.75%
Normal	39	48.75%
Overweight	24	30%
Obese	2	2.5%
Extremely obese	0	0%
Parity index		
Primigravida	32	40%
Multigravida	48	60%
Cases		
Booked	78	97.5%
Unbooked	2	2.5%

The mothers were categorized according to modified BG Prasad classification as they belonged to both rural and urban backgrounds. It was noticed that majority of the mothers belonged to class 4- upper middle class. Nutritional status was assessed by pre-pregnancy weights

of mothers and it was noted that 48.75% had normal BMI and none was morbidly obese; 40% of the mothers in the study were primiparas and 97.5% of them had their regular antenatal check-ups at study hospital (Table 1).

Table 2: Mode of delivery.

Mode of delivery	Number of cases	Percentage
Vaginal delivery	42	52.5
Caesarean section	38	47.5
Instrumental delivery	0	0

Intrapartum

Mode of delivery

It was noted that 52.5% mothers had vaginal delivery and 47.5% underwent a caesarean section (Table 2).

Indication for C-section

The table revealed fetal distress, failed induction of labour and previous 2 caesarean sections to be chief indications for caesarean section (Table 3).

Table 3: Indications for LSCS in mothers in study.

Indication	Number of cases	Percentage
Previous 2 LSCS	10	23.8%
Cephalo-pelvic disproportion	3	7.14%
Fetal distress	11	26.1%
Failed induction	10	23.8%
Malpresentation	2	4.7%
Medical emergencies	6	14.28%

Immediate neonatal outcome

It can be seen that 57.5% mothers had healthy new-borns and 25 % had Hyperbilirubinemia needing phototherapy (Table 4).

Table 4: Immediate neonatal outcomes.

Outcome	Number of cases	Percentage
IUGR/LBW	8	10%
Birth asphyxia	0	0%
Hyperbilirubinemia	20	25%
Sepsis	2	2.5%
Meconium aspiration syndrome	4	5%
Healthy new-borns	46	57.5%

Postpartum

Period of separation of the mothers from their new-borns - The study showed that 78% of the new-borns were

roomed in with their mothers at or within 1 hour of the delivery (Table 5).

Table 5: Period of separation of the mothers from their new-borns.

Duration of separation	Number of cases	Percentage
Less than 1 hour	16	20%
1 hours	22	27.5%
2 hours	23	28.75%
3-7 hours	13	16.25%
>7 hours	6	7.5%

Source of information regarding breastfeeding - health advices and information that the mothers received were mainly from their family and friends. It is significant to note that the role played by health personnel was a mere 3.75% (Table 6).

Knowledge about breast feeding

It was found that 95%-97% of mothers seem to have good knowledge about colostrum and its significance, 80% were aware about the benefits of exclusive

breastfeeding and 80%-91% of the mothers knew to a good extent the techniques of breastfeeding. It can also be noted that the measures to hygienic breastfeeding was known to 75% of the mothers. It was seen that 60% of the mothers were familiar with expressed breastfeeds, the techniques and standards of its storage and usage. Only 36.25% knew that they could approach healthcare professionals regarding breastfeeding difficulties and minor baby illnesses related to baby nutrition (Table 7).

Each mother was given a knowledge-score based on the number of correct answers given by them - 81.25% of the study mothers seemed to have relatively good knowledge regarding breastfeeding (Table 8).

Table 6: Source of information regarding breastfeeding.

Source	Number of cases	Percentage
Health personals	3	3.75%
Family/friends	40	50%
Media/literature	15	18.75%
Previous experience	20	25%
None	2	2.5%

Table 7: Knowledge regarding the breastfeeding.

Sr. No.	Responses	Knows	Does not know	Variable response
		%	%	%
1	Knows that colostrum is the first breast milk, and may be watery in consistency but is extremely crucial for the new born	95%	3.75%	2.5%
2	Recognizes that colostrum is important for the baby to maintain immunity	97.5%	1.25%	1.25%
3	Exclusive breastfeeding implies giving no other feed to the baby other than breast milk	91.25%	5%	3.75%
4	Is of the opinion that exclusive breast milk is completely adequate for newborns	85%	10%	5%
5	Knows Exclusive breastfeeding is for up to 6 months of age	85%	10%	5%
6	Is aware that exclusive breastfeeding has numerous benefits for the baby like prevention of diarrhea, other infections and protection from obesity and chronic diseases of childhood etc.	80%	12.5%	7.5%
7	Is aware that exclusive breastfeeding has numerous benefits for the mother like delaying next pregnancy, losing the weight gained in pregnancy, protection from various cancers etc.	80%	0%	20%
8	Knows that Breastfeeding should be continued up to 2 years, and that complementary feeds should accompany breast milk after 6months of age	87.5%	7.5%	5%
9	Aware that lactating mother must consume healthy, diversified diet, plenty of water, for improving secretion of milk	97.5%	0%	2.5%
10	Knows that the baby should be fed on demand	88.75%	7.5%	3.75%
11	Knows the need to wash breast with warm water before each feed	75%	10%	15%
12	Knows to awaken baby while breastfeeding and burp after each feed	90%	6.25%	3.75%
13	During breastfeeding mother must sit comfortably, should have eye to eye contact with the baby and talk to the baby	80%	15%	5%
14	In a situation of separation, the mother knows that breast milk should be hygienically expressed, and that it can be stored up to 4hrs at room temperature, post which refrigeration and thawing before feed would be needed	60%	12.5%	80%
15	Seek professional help in case of difficulty in feeding, or the baby has diarrhea etc., and knows that breastfeeding should not be discontinued at these times	36.25%	62.5%	1.25%

Table 8: Knowledge scores of mothers in study.

Knowledge score and status	Number of mothers	Percentage
12 or more on 15-knows	65	81.25%
Less than 12	15	18.75%

Attitude about breastfeeding

In relation to attitudes of the mothers towards breast-feeding, the following percentage of participants agreed that breastfeeding was more beneficial than formula feeding- in terms of 1) nutrition- both long(18.75%) and short term(97.5%), 2) easy availability(92.5%), 3)

feeding technique (82.5%), 4) digestibility (90%) and 5) nascent establishment of the mother-infant bonding (88.75%). Of the mothers, 95% accepted that formula feeding causes one to miss out on the great joys of motherhood and that breastfeeding caused no loss of figure as such (90%). It was noted 66.25% of the mothers felt that “formula feeding is the better choice if the mother plans to go to work” and 65% of the participants agreed that the women can breastfeed in public places such as restaurants, religious places, etc. However, 65% said that fathers felt they had no role to play in their child’s nutrition if a mother breastfeeds. The popular fact that breastmilk is ideal for the babies was agreed by 97.5% of the mothers (Table 9).

Table 9: Attitude of mothers regarding breastfeeding.

Sr. No.	Response	Agree %	Disagree %	Neutral %
1*	Believes that the benefit of breast milk lasts as long as baby is breast fed	60%	18.75%	21.25%
2*	Formula feed is more convenient than breastfeeding	82.5%	15%	2.5%
3	Breastfeeding increases mother infant bonding	88.75%	10%	1.25%
4*	Breast milk is lacking in iron	35%	60%	5%
5	Formula fed babies are likely to be fed more than breast fed babies	93.75%	3.75%	2.5%
6*	Formula feeding is better choice for women who go to work	66.25%	26.25%	7.5%
7	Mothers who formula feed miss the great joy of motherhood	95%	3.75%	1.25%
8*	Breastfeeding should be avoided in public places like restaurants, religious places	26.25%	65%	8.75%
9	Breastfed babies are healthier than formulated babies	95%	5%	0%
10*	Fathers feel left out if a mother breast feeds	65%	20%	15%
11	Breast milk is ideal food	97.5%	2.5%	0%
12	Breast milk is more easily digested than formula feed	90%	7.5%	2.5%
13*	Formula feed is as healthy as breast milk for babies	56.25%	42.5%	1.25%
14	Breastfeeding is cheaper and more convenient than formula feed	92.5%	6.25%	1.25%
15*	Breastfeeding leads to loss of figure	8.75%	90%	1.25%

*-Negatively worded questions

Table 10: Overall attitude of mother towards breastfeeding.

Attitude	Number of mothers	Percentage
Positive to breastfeeding	40	50%
Neutral	37	46.25%
Positive to formula feeds	3	3.75%

Each mother was grouped into either positive attitude to breastfeeding, neutral or positive attitude to formula feeds based on their responses. It was found that 50% of the mothers had a positive attitude towards breastfeeding, but an alarming 46.25% had a neutral attitude (Table 10).

Practical aspects in early infant feeding

Table 11 summarises breastfeeding practices among the study mothers. All mothers reported that they breastfed

their new-borns, 31.25% of them had given prelacteal feeds- out of which 40% had given plain water and 20% were given sugared water. It was noted that 90% of the mothers had fed their new-borns with colostrums, 85% were prescribed galactagogues from postpartum day 2. The study showed 93.75% of the mothers fed their new-borns on demand and only 12.5 % were intending to exclusively breastfeed their new-borns for less than 6 months. 2.5% have received lactation counselling (Table 11).

Breastfeeding technique

Breastfeeding hygiene, appropriate latching techniques and burping post feeds were followed by 81%-90% of the mothers, 62.5% mothers emptied one breast completely before feeding the baby from the other. It was seen that most mothers did not follow apt breastfeeding positions and releasing suction techniques while weaning off the baby from the breast (Table 12).

Table 11: Early infant feeding practices.

Response		Number of cases	Percentage
Child is being breastfeed	Given	80	100%
	Not given	0	0%
Pre-lacteals	Given	25	31.25%
	Not given	55	68.75%
Colostrum	Given	72	90%
	Not given	8	10%
Galactagogues	Used	68	85%
	Not used	12	15%
Timing of feed	On demand	75	93.75%
	Scheduled	5	6.25%
Duration of intended exclusive breastfeeding	Up to 3 months	10	12.5%
	Up to 6 months	25	31.5%
	Up to 1year	40	10%
	>1 year	5	6.25%
Has consulted a healthcare worker/has received lactation counselling	Yes	2	2.5%
	No	78	97.5%

Table 12: Technique of breastfeeding

Technique	Number of cases	Percentage
Lying down while feeding	25	31.25%
Notices that the Nipple and areola are inside the mouth of the baby while it suckles	70	87.5
Burps the baby after feeds	74	92%
Places fingers between nipple and areola to release suction	2	2.5%
Complete emptying of 1 breast before starting the other	50	62.5%
Knows the hygiene of breastfeeding and washes hand before feeding	65	81.25%

DISCUSSION

Worldwide activities towards encouraging breastfeeding for maximal infant benefits has been emphasized since many centuries, however there is incongruence between the recommendations and real practices. Therefore, the present study aimed at identifying the KAP of breastfeeding among lactating mothers.

A total 43.75% of the mothers were educated and belonged to the upper middle class of the society. All the mothers included in the study were breastfeeding their babies.

A total 97.5% of the mothers were booked cases with routine ANC in study hospital, but the contribution of health personnel to their knowledge regarding breastfeeding was a petty 3%. The supportive role played by family and friends in this aspect seemed to be significantly higher - 50%. This shows that there is an urgent need to educate pregnant women and her family from early pregnancy itself regarding the significance and techniques of breastfeeding. Also, only 36.25% knew that they could approach healthcare professionals regarding breastfeeding difficulties. Only 2.5% have received lactation counselling. This portrays the insufficient role

played by the healthcare workers in providing help to enforce the concept of breastfeeding. This may in the long run cause them to switch over to other feeds, turning out to be worrisome and hindering the accomplishment of the millennium development goals.⁶

Though 52.5% of the mothers delivered normally, only 47.5% of the mothers had initiated breastfeeding within an hour as per recommendations.⁷⁻⁹ Most common reason for delay in initiation of breastfeeding was cited as delay in shifting from labour room/ postoperative care or babies were in neonatal ICU. Sadly, 31.25% of these babies received prelacteal feeds which could be a source of contamination.

A total 95%-97% of them had good knowledge of the antibody rich colostrum and 90% of them provided these benefits to their newborns. 80% of them were aware of the concept of exclusive breastfeeding and only 12.5% were intending to exclusively breastfeed their newborn for less than 6 months.

Hygienic breastfeeding was known to 75% of the mothers and 81.25% of the mothers surprisingly adhered to it. 80%-91% of the mothers knew about the techniques of breastfeeding and most of them followed it appropriately.

Yet like the other studies there seems to be some amount of perplexity regarding breastfeeding positions and suction releasing while weaning off the baby from the breast.¹⁰

A total 5% of the mothers under study were employed and 60% were familiar with the procedure, storage and usage of expressing breast feeds. With respect to the same, 66.25% of the mothers opined that formula feeds were the better choice for working mothers; and 95% agreed that mothers who formula feed miss the great joy of motherhood.

The present study shows that 81.25% of the mothers had good knowledge regarding breastfeeding, but the alarming finding was that 46.6% of them had a neutral attitude towards it. Though 65% of them agreed that they would not shy away from breastfeeding in public places, an equal number approved that the fathers felt no sense of responsibility towards the nutrition of a child who was breastfed.

CONCLUSION

Breastfeeding prevents approximately one-tenth of infant deaths and could play an imperative part in meeting India's millennium development goal of dipping child mortality. While the present study established the good knowledge, Indian mothers had regarding breastfeeding, it also uncovered the neutral attitudes they held towards it. This indicates that there is scope for improvement in breastfeeding practices with adequate and judicious attitude correction. The role that healthcare workers could play in this correction is very crucial. It is recommended that this could be done by simple supportive prenatal and postnatal counselling to the mother and her immediate family. This study recommends breastfeeding and peer support programs designed by healthcare workers to provide comprehensive knowledge that is tailored to the needs of pregnant women and lactating mothers to help increase breastfeeding initiation rates and boost breastfeeding practice. The findings of this study will be valuable to focus on behaviour change communication interventions, to improve breastfeeding and identify factors that influence its practice

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Eidelman AI, Schanler RJ. Breastfeeding and the use of human milk. *Pediatr.* 2012;129(3):e827-41.
2. Ip S, Chung M, Raman G, Trikalinos TA, Lau J. A summary of the agency for healthcare research and quality's evidence report on breastfeeding in developed countries. *Breastfeed Med.* 2009;4 Suppl 1:S17-30.
3. Holme A, Macarthur, Christine Lancashire R. The effects of breastfeeding on cognitive and neurological development of children at 9 years. *Child: Care, Health Develop.* 2010;36:583.
4. Gupta, A, Dadhich JP, Faridi MMA. Breastfeeding and complementary feeding as a public health intervention for child survival in India. *The Indian J Pediatr.* 2010;77(4):413-8.
5. Issler H, Sá MBSRD, Senna DM. Knowledge of newborn healthcare among pregnant women: basis for promotional and educational programs on breastfeeding. *Sao Paulo Med J.* 2001;119(1):7-9.
6. Chandhiok N, Singh KJ, Sahu D, Singh L, Pandey A. Changes in exclusive breastfeeding practices and its determinants in India, 1992-2006: analysis of national survey data. *Inter Breastfeed J.* 2015;10(1):1.
7. World health organization: Global strategy for infant and young child feeding, Geneva: World health organization; 2001: 1-5.
8. Baby friendly hospital initiative: UNICEF. Available at: https://www.unicef.org/nutrition/index_24806.html. Accessed on 11th April 2020.
9. Banapurmath CR, Selvamuthukumaraswamy A. Breast feeding and first breast feed, correlation of initiation pattern and mode of delivery. *Indian Paediatr.* 1995;32:299-301.
10. Shrivastava SP, Sharma VK, Kumar V. Breast feeding pattern in a neonate. *Indian Paediatr.* 1994;31:1079-82.

Cite this article as: Pramodha MS, Pitty N, Chaitra S. Knowledge, attitudes and practices of breast feeding among lactating mothers in a tertiary care hospital in Dakshina Kannada district: a cross-sectional survey. *Int J Reprod Contracept Obstet Gynecol* 2020;9:3119-28.

Questionnaire
Annexure 1

Consent for participation.

I, _____, have been explained about the research titled- “Knowledge, attitudes and practices of breast feeding among lactating mothers in a tertiary care hospital in Dakshina Kannada district- a cross-sectional survey” and am willing to participate in it after completely understanding the objectives of the study, that has been explained to me in English/Kannada.

I know that this participation is completely voluntary, yields no reimbursements or deductions and that no participation will in no way harm my course of treatment in the hospital. I am aware that the details in the study will be published and that I have the right to withdraw from the study at any time.

Dated:

Interviewer

Sr. No.:

Name:

Age:

Religion Hindu/Muslim/Christian/Others

Highest educational status:

Employment status:

Pre-pregnancy weight (as per records)

Parity index

Booking status

Mode of delivery-Normal vaginal delivery/LSCS

Indication for LSCS

Immediate neonatal outcome (as per records)

How long were you separated from your newborn? (in hours)

Reason-

How did you know about the methods and significance of breastfeeding?

The following questions are to assess the knowledge that you have regarding breastfeeding

Question	I know	I don't know	I am not sure
Colostrum is the first breast milk, and may be watery in			

consistency but is extremely crucial for the new born					
Colostrum is important for the baby to maintain immunity					
Exclusive breastfeeding implies giving no other feed to the baby other than breast milk					
Exclusive breast milk is completely adequate for newborns					
Knows Exclusive breastfeeding is for up to 6 months of age					
Exclusive breastfeeding has numerous benefits for the baby like prevention of diarrhea, other infections and protection from obesity and chronic diseases of childhood etc.					
Exclusive breastfeeding has numerous benefits for the mother like delaying next pregnancy, losing the weight gained in pregnancy, protection from various cancers etc.					
Breastfeeding should be continued up to 2 Years, and that complementary feeds should accompany breast milk after 6 months of age					
As a lactating mother, I must consume healthy, diversified diet, plenty of water, for improving secretion of milk					
Knows that the baby should be fed on demand					
Wash breast with warm water before each feed is important					
Awaken baby while breastfeeding and burp after each feed					
During breastfeeding I must sit comfortably, should have eye to eye contact with my baby and talk to him/her					
In a situation of separation, I know that breast milk should be hygienically expressed, and that it can be stored up to 4hrs at room temperature, post which refrigeration and thawing before feed would be needed					
Will Seek professional help in case of difficulty in feeding, or the baby has diarrhea etc., and knows that breastfeeding should not be discontinued at these times					
Total number of correct responses - knowledge score					
Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Believes that the benefit of breast milk lasts as long as baby is breast fed					
Formula feed is more convenient than breastfeeding					
Breastfeeding increases mother infant bonding					
Breast milk is lacking in iron					
Formula fed babies are likely to be fed more than breast fed babies					
Formula feeding is better choice for women who go to work					
Mothers who formula feed miss the great joy of motherhood					
Breastfeeding should be avoided in public places like restaurants, religious places					
Breastfed babies are healthier than formulated babies					
Fathers feel left out if a mother breast feeds					
Breast milk is ideal food					
Breast milk is more easily digested than formula feed					
Formula feed is as healthy as breast milk for babies					
Breastfeeding is cheaper and more convenient than formula feed					
Breastfeeding leads to loss of figure					

Total number of appropriate responses - attitude score		
Do you breastfeed your baby?	Given	
	Not given	
Have you given your child any food/drink prior to breast milk?	Given	
	Not given	
Has your baby received colostrum?	Given	
	Not given	
Are you receiving any medication to increase breast milk?	Used	
	Not used	
How often do you feed your baby	On demand	
	Scheduled	
How long do you intend to exclusive breastfeed him/her?	Up to 3 months	
	Up to 6 months	
	Up to 1 year	
	>1 year	
Have you consulted any health care worker for lactation counselling	Yes	
	No	
Technique	Yes, I follow it this way	No, I have not been practicing this way
I Lay down while feeding him/her		
I see to that my nipple and areola are inside the mouth of my baby while he/she suckles		
I burp my baby after feeds		
I place my fingers between nipple and areola to release suction		
I Completely empty 1 breast before starting the other		
I hygiene of breastfeeding and washes hand before feeding		

<input type="checkbox"/> I have been educated regarding breastfeeding, its significance and techniques by the interviewer		