Thesis Title A Comparative Study of Management of Non-protractile Nipples and Breastfeeding Practice

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ABSTRACT

Non-protractile nipple is an irregularity of the nipple that proves to be a drawback to the breastfeeding success of a mother. It is a hindrance and a stumbling block for the rights of the baby to receive satisfactory response from the mother. It is therefore necessary to find a solution to this problem so that the mother can be fully prepared to breastfeed.

This research was an experiment aimed at studying the comparative results of the various methods-Hoffman's exercise, breast shells and syringe technique-used to rectify the non-protractile nipple condition in pregnant women, and an evaluation of the practice of post-delivery breastfeeding for 6 weeks. The group consisted of 132 women with first pregnancy who came for health service at the Ante-natal Clinic, had their babies delivered and received post-natal check up at Rajvithi Hospital. At the stage of pregnancy, the women were randomly divided into 3 groups in accordance with remedying methods used. They were further divided into 6 smaller groups, each with 22 women, again chosen at random. Of these, 3 groups undertook the remedying for non-protractile nipples along with the development of perceived self-efficacy. The remaining 3 groups took up the problem solution practice without the development of perceived self-efficacy. The experiment was conducted by asking each pregnant mother to pick one method of problem solution. The length of each nipple was measured before and after the experiment. Also measured was the self-efficacy learning of breastfeeding and the status of the non-protractile nipples before and after the experiment. Perceived self-efficacy development

instruction was given to the group using the solution for non-protractile nipples along with the development of perceived self-efficacy.

At the stage after the delivery, these 132 mothers were divided at random into 2 groups: one advised by supportive system on breastfeeding, the other advised by hospital staff. An evaluation of breastfeeding while in hospital and its continuation for six weeks after the delivery was conducted. The tools used in data collecting were: Borworn calipers, questionnaires on perceived self-efficacy, an evaluation form on breastfeeding practice while in hospital and a form recording breastfeeding during the six weeks after the delivery. The tools used in the test were: breast shells, 10 ml. disposable syringes, a handbook on how to remedy non-protractile nipples, a plan for the development of perceived self-efficacy which the researcher herself developed based on Bandura's theory on self-efficacy, a plan of advice on breastfeeding and a breastfeeding manual. The analysis of the data was conducted by using the t-test, an analysis of variances and chi-square test. The results were as follow:

Hoffman's exercise, breast shells and syringe technique, when used in the solution of the problem of non-protractile nipples, helped to elongate the nipples both on the left and right side with significant statistical implication at $p<.001$. The increased length of the nipples following the usage of any one of the three methods was not different. In addition, there was no difference in the increased length of the nipples of the groups using non-protractile nipple solution along with the development of perceived self-efficacy and the groups using only the non-protractile nipple solution. The development of perceived self-efficacy on the solution of non-protractile nipples and breastfeeding practice among the sample group using the solution to non-protractile nipples along with the development of perceived self-efficacy helped the group to obtain a better perception of their self-efficacy on the solution of non-protractile nipples and breastfeeding practice than before the experiment, and even better that the sample group that applied only the solution of non-protactile nipples without the development of perceived self-efficacy, with significant statistical implication at $p=.0050$, .0270, .0040and .0100 respectively.

When compared with the group taking advice from hospital staff, the sample group that took breastfeeding advice by supportive system after the delivery of the baby

and while staying in the hospital undertook breastfeeding more correctly and a greater number of them continued to breastfeed after six weeks with significant statistical implication at $p<.001$ and $p=.0068$ respectively.

As a result of this research, the researcher would like to propose that all health facilities should emphasize the checking-up of the irregularities of the nipples as a significant activity that should be strictly done by the ANC staff. It is possible to solve the problem of the non-protractile nipples. The solution can be done with good result. Pregnant women must be stimulated to be aware of their own ability to use any of the methods prescribed that appeal to them on a continuing and regular basis from the early stage of their pregnancy until the pregnancy goes into the 32nd week. The ANC staff can pick from the three methods mentioned and provide advice to the pregnant mother. Close and careful supervision must be exercised upon the mother as well as the support to the mother to breastfeed within the first few days after the delivery. This will instil in the mind of the mother her ability to breastfeed which will make breastfeeding a success.