

An Experimental Study To Assess Effectiveness Of Video- Assisted Teaching And Comfort Device On Latching Among Postnatal Mothers In Selected Hospitals, Mumbai

Ms. Mayuri Sonawane¹, Dr. Shweta Kshirsagar²

¹Final Year M.Sc. Nursing in Obstetrics AndGynecological Nursing, K J Somaiya College Of Nursing, Mumbai

mayurisonawane0615@gmail.com

²Associate Professor, K J Somaiya CollegeOf Nursing, Mumbai

shweta.naik@somaiya.edu

Corresponding author: ¹Ms. Mayuri Sonawane, Final Year M.Sc. Nursing in Obstetrics And Gynecological Nursing, K J Somaiya College Of Nursing, Mumbai
mayurisonawane0615@gmail.com

Breastfeeding is the most nutrient-dense form of nutrition, and mother's milk is the best milk. Only 50% of mothers are able to breastfeed the baby remaining 50% has some physiological and psychological issues. Training and teaching have a positive impact on breastfeeding. The objectives were to assess and compare the LATCH score before and after intervention in both groups and effectiveness of both the intervention on LATCH score. A quantitative research approach with two group pretest post test design were used. Non probability convenient sampling methods were used. 100 Postnatal mothers who had caesarean/vaginal delivery and who is hemodynamically stable from PNC ward were targeted for the study. Result shows that during pretest majority of the samples had moderate LATCH score and in post test majority of the sample had good LATCH score. It shows that video-assisted teaching and comfort devices had positive impact on LATCH score. Hence H1 is accepted.

Keywords: Breastfeeding, LATCH score, nutrition, Healthy Food , Postnatal Mothers

INTRODUCTION:

Breastfeeding is the most nutrient-dense form of nutrition, and mother's milk is the best milk. The best approach to give a child a secure environment and healthy food is through mother's milk, which is an infant's main source of nutrition. It satisfies the infant's nutritional, emotional, and psychological needs

Breastfeeding is said to be successful when the baby latches on to the breast in a specific way.

While a bad latch results in inadequate milk transfer to the infant and can quickly cause sore and cracked nipples, a healthy latch encourages high milk flow and it reduces nipple discomfort for the mother. A healthy latch brings the nipple and an maximum portion of the areola in the mouth. Both successful breastfeeding and comfort depend on a good latch.

NEED OF THE STUDY:

- Only 50% mothers are able to breastfeed the baby remaining 50% has some physiological and psychological issues.
- Exclusive breastfeeding is important for nourishing the baby.
- Training and teaching have positive impact on breastfeeding.
- Breastfeeding has advantages for both mother as well as baby.

OBJECTIVES:

1. To assess and compare LATCH score of newborn before and after intervention in experimental and control group.
2. To assess effectiveness of video-assisted teaching and comfort device on latching of newborn among postnatal mothers before and after intervention in experimental and control group.

HYPOTHESIS:

H0: There is no significant improvement in latch score after video-assisted teaching and comfort device.

H1: There is a significant improvement in latch score after video-assisted teaching and comfort device.

VARIABLES:

In this study video-assisted teaching and comfort device is independent variable and latching is dependent variable.

RESEARCH METHODOLOGY:

Research approach: Quantitative approach

Research design: Two group pre test-post test design

Population of the study: Postnatal mothers

Target population: Postnatal mothers who had vaginal delivery or caesarean section and admitted in postnatal wards of selected hospitals, Mumbai.

Accessible population: Ones who fulfill the inclusion criteria and are available in the hospitals

at the time of data collection

Sample and sample size: 100 postnatal mothers who have undergone vaginal delivery or caesarean section in a selected hospital, willing to participate in the study, and fulfilling the inclusion criteria were taken for the study

Sampling technique: Non-probability convenient sampling

CRITERIA FOR SAMPLE COLLECTION:

Inclusion criteria:

- Who are willing to participate
- Who breastfeeds their baby.
- Who comprehend marathi/hindi/English.
- Who is admitted in postnatal ward

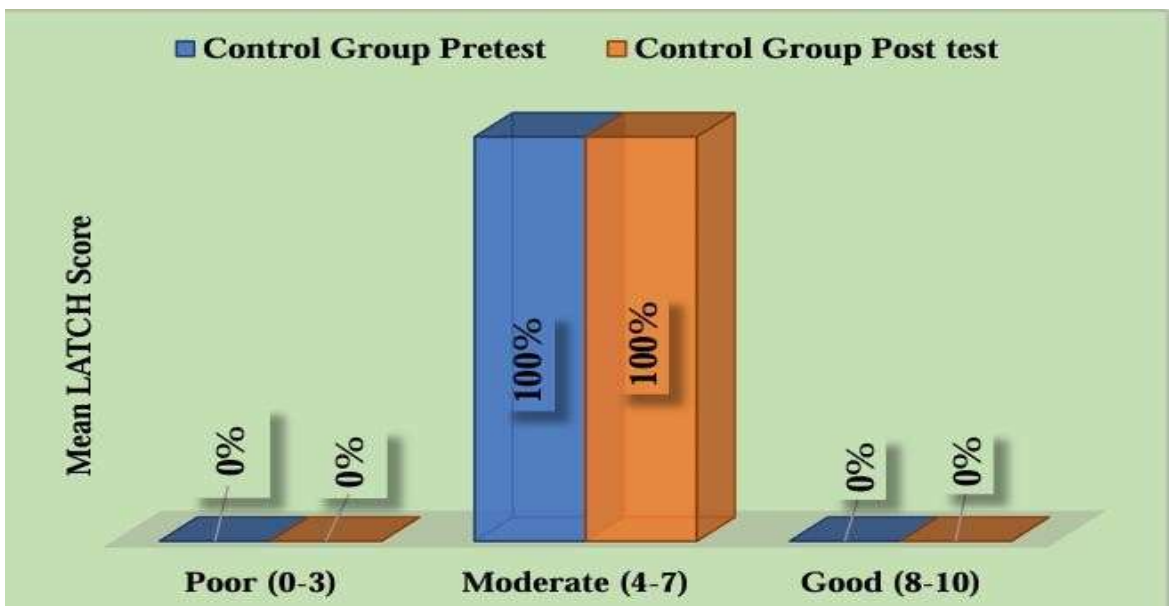
Exclusion criteria:

- Whose baby is admitted in NICU
- Mothers with any abdominal infections

Data collection: Interview, observation, Likert scale

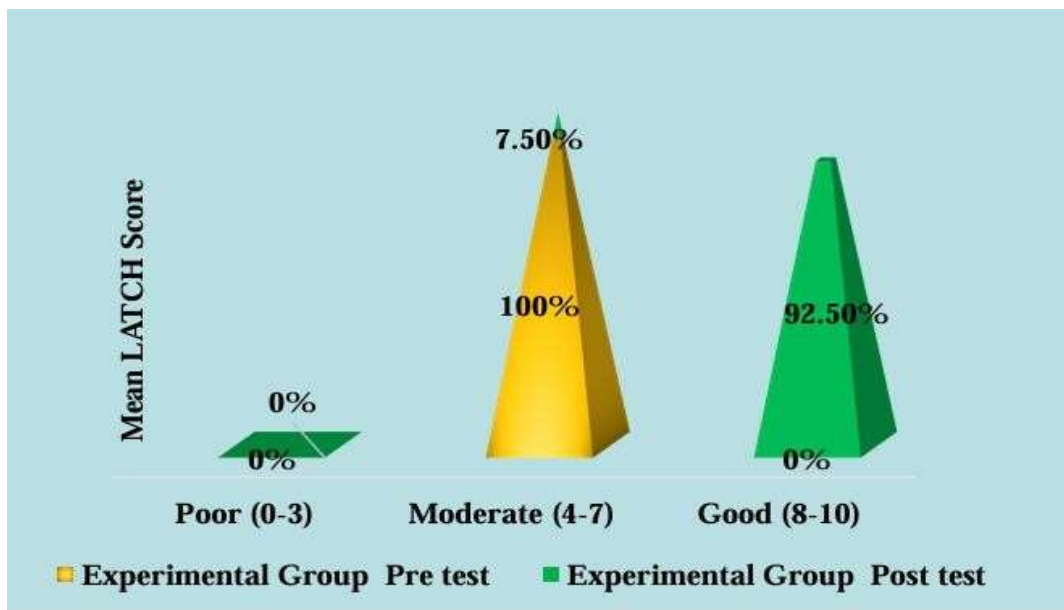
RESULT:

Graph 1: Comparison of pretest post test mean LATCH score in control group

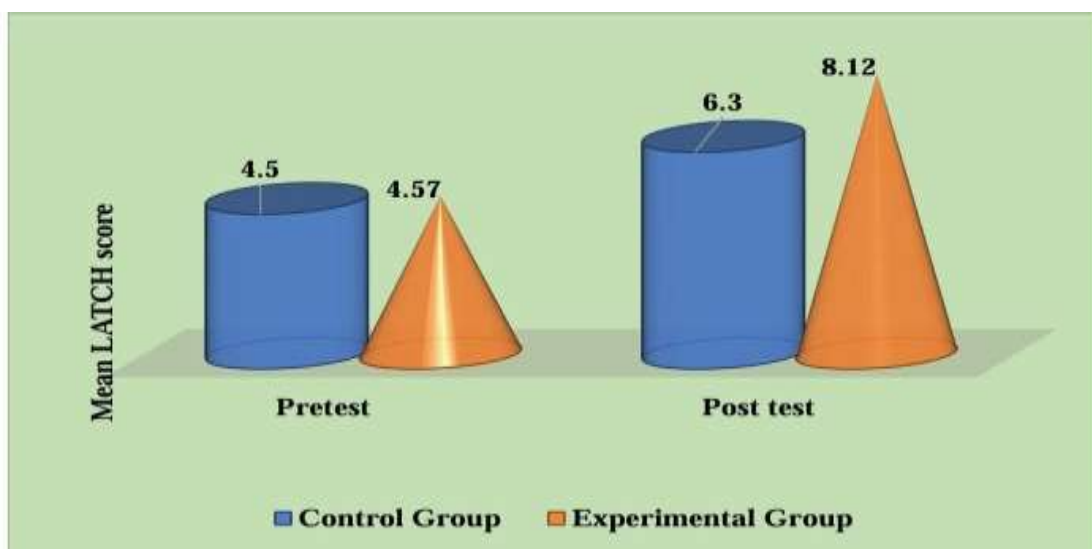


In control group, during pretest and post test, LATCH score were observed in similar percentage i. e 100% (40) participants has moderate LATCH score

Comparison of pretest post test mean LATCH score in experimentalgroup



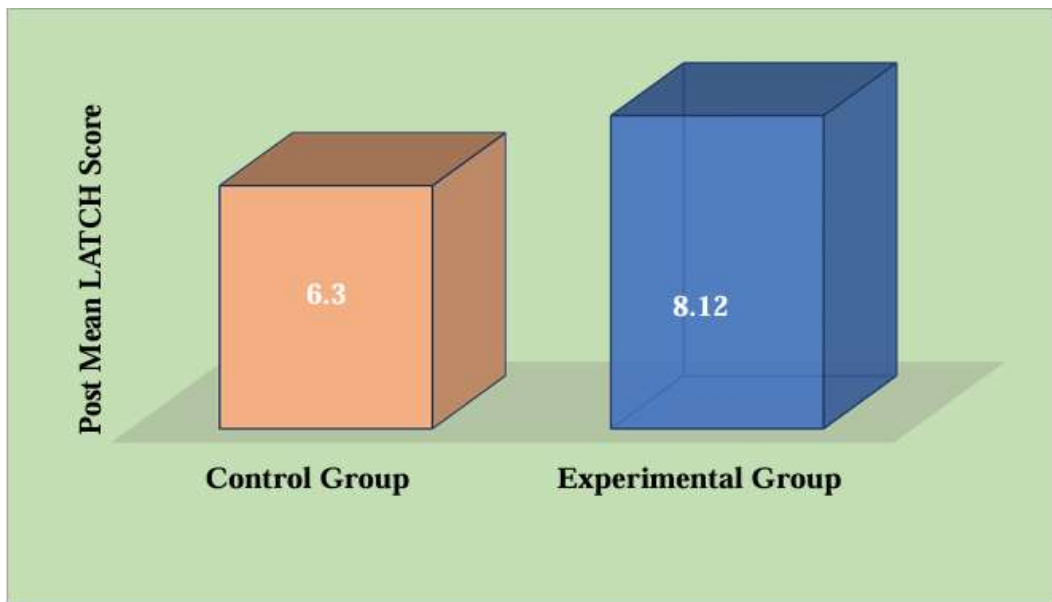
Graph 2: Significance of difference between latch score in pretest and post test of postnatal mothers in control and experimental group



In control group the significance difference between LATCH score in pre and post-test were calculated and calculated 't' value i. e. 4.81 are much higher than tabulated 't' value at 5% level of significance for overall LATCH score of postnatal mothers which is statistically acceptable level of significance.

In this study, in experimental group the significance difference between LATCH score in pre and post-test were calculated and calculated 't' value i. e. 11.22 are much higher than tabulated 't' value at 5% level of significance for overall LATCH score of postnatal mothers which is statistically acceptable level of significance

Graph 3: Significance of difference between latch score in post test of postnatal mothers in experimental and control group



Mean, standard deviation and mean difference values are compared and student's unpaired 't' test is applied at 5% level of significance. The tabulated value for $n=40+40-2$ i.e. 78 degrees of freedom was 1.98. The calculated 't' value i.e. 16.63 are much higher than the tabulated value at 5% level of significance for overall LATCH score of postnatal mothers which is statistically acceptable level of significance. Hence it is statistically interpreted that the video assisted teaching on LATCH score among postnatal mothers was effective. Thus the H1 is accepted.

DISCUSSION:

Recommendations:

- A similar study can be conducted on a large sample.
- A comparative study can undertake in Government and Private Hospitals to assess the knowledge and practices of LATCH score. · A similar study can be done in the rural area to assess the effectiveness of video assisted teaching and comfort device on LATCH score.
- A study can be conducted on only one intervention.

Limitations:

- The study findings are limited to population under the study in selected urban hospitals.
- LATCH score were assessed only till the discharge of the patient.
- There was a difficulty in getting the permission as the Medical Superintendent had asked to take permission from department heads.
- Difficulty in seeking permission from government hospitals

SUGGESTIONS FOR IMPROVING THE PRESENT STUDY:

- The larger samples could be taken in the study for better generalization.
- The study can include a wide range of interventions for reducing maternal discomfort.
- The interventions can be more effective if the duration of the hospital stay is increased

DATA COLLECTION TOOL:

STRUCTURED LATCH ASSESSMENT TOOL

This section includes LATCH score using standardized LATCH assessment tool. to assess the LATCH score.

CONCLUSION:

The research observed that video-assisted teaching and comfort device had positive impact on newborn latching.

REFERENCES:

1. Parul Datta, Paediatric Nursing second edition Jaypee brothers, Publication, New Delhi, 2009 Page No.150.
2. Swarna Rekha Bhat Achar's Text book of paediatrics 4th edition, Universities Press Private Limited, India, 2009 Page No.200.
3. Parul Datta, Paediatric Nursing second edition Jaypee brothers, Publication, New Delhi, 2009 Page No.153
4. Advantages of Breastfeeding for Babies, Mothers and Families [Internet]. Madison Women's Health. Available from: [https://madisonwomenshealth.com/services/pregnancy-care/pregnancy\[1\]resources/advantages-of-breastfeeding](https://madisonwomenshealth.com/services/pregnancy-care/pregnancy[1]resources/advantages-of-breastfeeding)
5. WHO. Breastfeeding [Internet]. www.who.int. 2023. Available from: https://www.who.int/health-topics/breastfeeding#tab=tab_3 UNICEF. Baby-Friendly Hospital Initiative [Internet]. www.unicef.org. 1991. Available from: [https://www.unicef.org/documents/baby-friendly-hospital\[1\]initiative](https://www.unicef.org/documents/baby-friendly-hospital[1]initiative)

6. Lalrinchani V, Maurya A. Effectiveness of Video Assisted Teaching Programme on Knowledge and Practices Regarding Breastfeeding among Mothers of Infants. *International Journal of Science and Research (IJSR) ISSN. 2015; 6:2319–7064.*
7. Bureau UC. World Breastfeeding Week: August 1-7, 2023 [Internet]. Census.gov. Available from: [https://www.census.gov/newsroom/stories/world\[1\]breastfeeding-week.html](https://www.census.gov/newsroom/stories/world[1]breastfeeding-week.html)
8. Lalrinchani V, Maurya A. Effectiveness of Video Assisted Teaching Programme on Knowledge and Practices Regarding Breastfeeding among Mothers of Infants. *International Journal of Science and Research (IJSR) ISSN. 2015;6: 2319–7064.*
9. Levels and Trends in Child Mortality 2017 - UNICEF DATA.