

**How to Cite:**

Rajput, M., Kumar, D., Sharma, S., Aakansha, A., & Kniranda, M. C. (2022). A quasi-experimental study on effect of 'clutch hold' method of breast feeding on comfort level of post cesarean mothers admitted in obstetrics units of Nehru Hospital, Pgimer, Chandigarh. *International Journal of Health Sciences*, 6(S1), 11893–11901. <https://doi.org/10.53730/ijhs.v6nS1.7953>

## **A quasi-experimental study on effect of 'clutch hold' method of breast feeding on comfort level of post cesarean mothers admitted in obstetrics units of Nehru Hospital, Pgimer, Chandigarh**

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**Abstract**---Statement: A Quasi-Experimental Study on Effect of 'Clutch Hold' Method of Breast Feeding on 'Comfort Level' of Post Cesarean Mothers Admitted in Obstetrics Units of Nehru Hospital, PGIMER, Chandigarh. Objectives: Main Objective- To study the effect of 'clutch hold' method of breast feeding on comfort level of post caesarean mothers. Sub-objectives- 1) To select tool and use it to measure comfort level in caesarean mothers while breast feeding. 2) To develop protocol of clutch-hold method for breast feeding and use it among experimental study subjects. 3) To assess and compare the findings. Methodology: A quasi- experimental research approach was used with cross-over study design. Population was 76 cesarean mothers who met the inclusion criteria and were admitted in obstetrics unit of Nehru Hospital, PGIMER, UT, Chandigarh (India). Result: The present study revealed that that comfort level in post

caesarean mothers while breast feeding is independent of methods of breast feeding as it is evident by 'p' value 0.122, i.e., 'p' value is not significant. Mothers who were exposed to 'clutch-hold' & 'cradle-hold' methods of breast feeding after caesarean section, experienced no significant difference on comfort level while breast feeding. But still caesarean mothers need more support, assistance and encouragement during breast feeding.

**Keywords**--Clutch-Hold, Cradle-Hold, Breast Feeding, Comfort Level, Caesarean Mothers.

## Introduction

*“Hundreds of dewdrops to greet the dawn  
Hundreds of bees in the purpose clover,  
Hundreds of butterflies on the lawn  
But only one mother the wide world over”  
(George Cooper)*

Breast feeding is the birth right of every child. It is the most precious and the divine gift of God to mankind wherein every child born on earth sucks the mother's breast to obtain the required nutrition, apart from love, affection, and emotional bonding. Mother derives immense satisfaction after feeding the child. In fact, it is the beginning of the mother infant relationship. It is the beginning of the new era where feelings of humanity, tranquility, and spirituality start pouring into the family. Breast milk is the “Cinderella substance of the decade” is nature's most precious gift. The longer the breast feeding, the stronger is the benefits to both mother and baby. Early and frequent suckling may increase prolactin receptors in the breast, making milk production more effective.

In an effort to promote breast feeding, the United Nations Children's Emergency Fund (UNICEF) and World Health Organization (WHO) advocate the birth facilities become certified as 'Baby Friendly' hospitals with a policy to actively encourage breast feeding.

Research about breast feeding continues to show important health benefits for baby and mother. Mothers milk can offer the baby a cache of protective effects, which includes reducing the risk of gastrointestinal, urinary, respiratory tract, and ear infections thereby reducing diarrhea and the risk of sudden-infant death syndrome (SIDS). Breast feeding also helps to protect against allergies, diabetes, and even obesity later in life. “Even if a mother breastfeeds for just a few weeks after giving birth, she is giving her baby an enormous health boost with positive effects that can be seen almost immediately, as well as long – term benefits that may help her child remain healthier into adulthood”

Breastfeeding is most difficult after caesarean section for many reasons. These includes-maternal pain and fatigue, delayed access to baby, increased supplementary feedings, separation of mother and baby, blood loss causing anemia, mechanical problems in feeding, interference from medications etc.

Unfortunately, these can place a significant barrier in front of the caesarean mothers. Mothers who had a caesarean tend to initiate breast feeding less often than mothers who have given a vaginal birth. Most woman plan to at least 'try' to breast, but after a cesarean many change their mind as the physical toll to the cesarean saps their physical and emotional resources. They may be groggy from drugs, woozy with pain, and exhausted from labor, surgery, and significant blood loss. In this situation bottle feeding seems easier and more convenient.

Research studies clearly shows that after caesarean, fewer women initiate breast feeding at all, or give up within the first month. Breast feeding is more difficult after caesarean section for many reasons. Mothers who have had caesarean tend to initiate breast feeding less often than mothers who have had vaginal delivery because breast feeding may seem overwhelming and too troublesome, or they may be too 'out of it' to try it effectively.

Breastfeeding problems and lack of confidence during the 1 or 2 days is a good predictor of discontinuation of breast feeding within first 2 weeks. Women who had a caesarean section had lower breast-feeding rate and caesarean makes positioning the baby for nursing more painful. The usual 'cradle' nursing position can be painful after a caesarean since this place a baby against an abdomen that has just been traumatized. The clutch-hold is a great hold for post caesarean nursing as the baby is not against the incision at all; the baby should rest on a pillow and be held along the side. The mother can sit up & see to latch the baby on easier.



The caesarean mother/baby duo often finds that breast feeding is extremely healing emotionally after a difficult birth and can do much help to the pair bonding under these circumstances. Many caesarean mothers report that being able to breastfeed their child afterwards was one of the most healing things they were able to do for themselves.

Nowadays, more emphasis is given on early initiation of breast feeding, and also exclusive breast feeding till 6 months of age to all infants, irrespective of mode of

delivery the mother had. World Health Organization (WHO) also recommends the same to reduce 'Infant Mortality Rate' especially in developing countries. The mothers who have had caesarean tend to initiate breastfeeding less often than mothers who had vaginal delivery because of pain they suffer after caesarean section.

### **Problem Statement**

A Quasi-Experimental Study on Effect of 'Clutch Hold' Method of Breast Feeding on 'Comfort Level' of Post Cesarean Mothers Admitted in Obstetrics Units of Nehru Hospital, PGIMER, Chandigarh.

### **Objectives**

Main Objective- To study the effect of 'clutch hold' method of breast feeding on comfort level of post caesarean mothers. Sub-objectives:

- 1) To select tool and use it to measure comfort level in caesarean mothers while breast feeding.
- 2) To develop protocol of clutch-hold method for breast feeding and use it among experimental study subjects.
- 3) To assess and compare the findings.

### **Null- Hypothesis**

There will be no significant difference on the comfort level of mother while breast feeding in 'clutch hold' and in 'cradle hold' method of breast feeding.

### **Theoretical Framework**

The conceptual framework of the study was based on *Katherine Kolcaba's Theory of Comfort*. The basic concepts given by Kolcaba in her theory are Healthcare Needs, Comfort Measures, Intervening Variables, Comfort, Health-Seeking Behaviors and Institutional Integrity.

**Inclusion Criteria:** Sample consists of post caesarean mothers-

- Who are willing to participate in the study.
- Mothers who had delivered an alive baby.

**Exclusion Criteria:**

- Mothers who are not willing to participate in study.
- Mothers with multiple pregnancies.
- Mothers who had major complications during or after surgery
- Mothers with acute psychiatric conditions
- Mothers who were not able to assume desired position due to some physical disability.
- Babies who were not to be directly fed from the breast due to-
  - Cleft lip & cleft palate
  - Birth weight < 1.5 kg
  - Tracheo esophageal fistula
  - Prematurity (<34 weeks)

**Description of tool:**

The tool has been divided into three different segments-

**PART A** – Mother and baby demographic profile sheet

**PART B**- Comfort assessment tool for caesarean mothers while breast feeding- It was composed of ten items on behavioral, psychological, and physiological dimensions for caesarean mothers while breast feeding such as- body movement and facial expression of mother, body posture, concentration towards baby, frequency of breast feeding, interaction with others while breast feeding, pain in incision (assessed by wong-baker facial grimace scale), mothers perception about babies feeding, vitals signs before and after breast feeding . Each item is rated individually with a score of three, and the tool scores were arbitrarily interpreted. The maximum score was 27 and, minimum is 5.45

**PART C**- Tool for perception of mother after breast feeding- this part is prepared to assess the perception of mother about the breast feeding in both methods i.e., clutch hold & cradle hold method of breast feeding. This tool consists of two items i.e., perception about methods of breast feeding and perception of pain while breast feeding. Each item consists of four dimensions related to perception of breast-feeding method and pain perception in both methods.

**Results**

**PART A** - Mother and baby demographic profile data

Section I- Frequency and percentage distribution of mothers

TABLE-1  
N=76

Socio-demographic Profile		Frequency (f)	Percentage (%)
Age in Years	19-22	11	14.5
	23-26	21	27.6
	27- 30	28	36.8
	31-34	13	17.2
	> 35	03	03.9
Educational status	Illiterate	02	02.6
	Up to primary	03	03.9
	Up to Matric	24	31.6
	Senior secondary	22	28.9
	Graduate	14	18.5
	Post- graduate	04	05.3
	Professional	07	09.2
Occupation	Housewife	66	86.9
	Teacher	06	07.9
	Nurse	02	02.6
	Clerk	02	02.6
Residence	Rural	09	11.8
	Urban	67	88.2

\*Mean age 27.67±4.6 & Range 19-43 years

## Section II:

Table-2  
Profile of newborn babies in relation to their sex and birth weight-

N=76

Profile of Newborn Baby		Frequency (f)	Percentage (%)
Sex of baby	Boy	45	59.2
	Girl	30	39.5
	Ambiguous	01	01.3
Birth Weight (in kg)	1.50-1.80	06	07.9
	1.81-2.10	06	07.9
	2.11-2.40	10	13.2
	2.41-2.70	18	23.7
	2.71-3.00	20	26.3
	3.11-3.40	10	13.2
	3.41-3.70	06	07.9

## PART: B –

Table 3  
Total comfort score of mothers in 'clutch-hold' and 'cradle-hold' methods of breast feeding

N= 76

Method of breast feeding	SCORE	
	Comfortable (16.21-21.60)	Very Comfortable (>21.60)
Clutch-Hold method	31 (40.8%)	45 (59.2%)
Cradle-Hold methods	38 (50%)	38 (50%)

As shown in above table 3 that more mothers were very comfortable in clutch - hold method than cradle-hold method of breast feeding.

Table 4  
'P' value of comfort score in 'clutch-hold' & cradle-hold' method of breast feeding

N= 76

Group	Mean	Std. Deviation	Std. Error Mean	'p' value
Clutch-Hold Method	21.8467	2.12538	0.24380	0.122*
Cradle-Hold Methods	21.3145	2.09381	0.24018	

\* 'p' value is not significant

As shown in above table 4 the mean score in clutch- hold method is more as in cradle-hold method. To test the significant difference in both the methods of breast paired 't' test was applied. It was observed that no significant difference was seen in both the methods of breast feeding as 'p' value is 0.122, i.e., 'p' is not significant. Therefore, researchers failed to reject the null hypothesis. Thus, the comfort level in post caesarean mothers while breast feeding is independent of methods of breast feeding.

Table 5  
Frequency and Percentage distribution of study subjects in relation to the perception of better method of breast feeding

N=76

Response of mother	Frequency (f)	Percentage (%)
Clutch-Hold Method is better	33	43.5
Cradle-Hold Methods is better	07	09.2
Both methods are equally good	34	44.7
Not able to tell	02	02.6

Table 6  
Frequency and percentage distribution of study subjects in relation to the pain perception at incision site during breast feeding-  
N=76

Perception of mother	Frequency (f)	Percentage (%)
Clutch-Hold Method is more painful	01	13.3
Cradle-Hold Methods is more painful	20	26.3
Both methods are equally painful	35	46.1
Not able to tell	20	26.3

The data depicted in above table-6 represents the pain perception of mother at incision site while breast feeding in both the methods of breast feeding.

### **Implications**

The findings of this study have implication not only related to the field of nursing but also other allied areas. In health care team nurse plays a vital role in providing health education to the target group of society. The researcher has the knowledge of the clutch hold method of breast feeding. Therefore, this study has an important implication in:

1. Nursing education
2. Nursing Practice:
3. Nursing research
4. Nursing administration

### **Nursing Education**

Education is the key to the development of excellence in nursing practice. Nurses with higher education and up-to-date knowledge will deliver cost effective and quality care. Breast feeding is an important part of nursing care especially in midwifery nursing, which can be included in the syllabus of the curriculum of basic nursing education program. The students should be taught about the methods of breast feeding.

### **Nursing Practice**

Today's society demands a greater accountability, increased efficiency, and effectiveness from the health care center. Nursing care is no more only task

oriented, fragmented care, but it demands a comprehensive and holistic care. Nurses working in post-natal ward should educate the post caesarean mothers about methods of breast feeding to enhance the comfort level of breast feeding. Nurses should understand the importance of breast-feeding position in enhancing comfort level while breast feeding after caesarean.

### **Nursing Research**

The findings of this study serve as basis for professional nurse to conduct further studies on breast feeding positions. The present study will open the new avenues for explaining many other issues in obstetric units by nurse researchers. The research has a vital and significant role in nursing. Emphasis should also be given on the publication of findings of the research in journals to disseminate the research-based evidence for nurse plasticene's. It should also be presented in various nursing forums so that more numbers of nurses become aware about the clutch-hold methods of breast feeding.

### **Nursing Administration**

The findings of the present study will assist nurses in administrative post in the community and hospital to educate post cesarean mothers about breast feeding methods. The nursing personal should be prepared to take up leadership roles in imparting knowledge to post- natal mothers. An In-service education program can also be organized for nurse administrators to teach them about the clutch-hold method of breast feeding. Nurse administrators should also provide a conducive environment and support to post-natal mothers during breast feeding.

### **Recommendation**

A similar study on large size sample can be conducted to generalize the findings. A comparative study can be done to study the effect of other methods of breast feeding on comfort level or other variables. The similar study can also be conducted among rural and urban areas. The study must be conducted on the attitude of the hospital personnel to the policy of administration of clutch-hold method of breast feeding.

### **Funding**

Present study has been conducted without any grant from any funding agency in public, private, or nonprofit sectors.

### **Availability for data and materials**

Not applicable

### **Declaration**

Due approval and consent from participants were received. The study was approved from institutional ethics committee, PGIMER Chandigarh.

### **Competing interest**

There exists no potential conflict of interest.



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