A study to assess the effectiveness of lukewarm water compress on prevention of nipple pain among primiparous mother

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ABSTRACT
Parenthood is a very civilizing experience. Mother is placed at the level of soul to provide sacrifice, love and affection and satisfy the need of her child. It is generally a cheerful event. The word ‘postnatal’ comes from Latin word ‘post’ means ‘secundum’, and ‘nativitas’ means ‘delivery’. The postpartum period begins immediately after the birth of a child and extends up to the first six weeks. The main aim to assess the effectiveness of lukewarm water compress on prevention of nipple pain among primiparous mother. The study was conducted in Thiruvallur district headquarters hospital with 60 samples. The information was collected using a non-probability convenience sampling technique. The result indicates that the application of lukewarm water compress is effective on nipple pain among primiparous mother.

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INTRODUCTION
Parenthood is a very civilizing experience. Mother is placed at the level of soul to provide sacrifice, love and affection and satisfy the need of her child. It is generally a cheerful event. The women given birth to a child despite of enormous and irritation (As’adi and Kariman, 2018).

The word ‘postnatal’ comes from the Latin word ‘post’ means ‘secundum’, and ‘nativitas’ means ‘delivery’. Postpartum is the period of beginning soon after the birth of a baby and increasing for about 6 weeks. Though breastfeeding is a usual custom because of many aspects, it will not be victorious for all the mothers. The most recurrent issue influencing breastfeeding is breast engorgement, nipple sore, nipple pain and mastitis due to uncontrolled milk production outpouring restriction or poor ejection of milk by the child. It generally demonstrates later than that milk production begins (Bhuvaneswari, 2015).

The postpartum period starts immediately after the delivery of a child and expands up to 6 weeks. Breastfeeding is a common execution. International rate of exclusive breastfeeding according to the current assessment of (WHO) although 99% of the world women are corporally able to breastfed, but only 37% of the globe babies are feed between their nativity and six months (Camargo et al., 2019).

Breast problem in the postpartum period is very high it is evidenced that the incidence rate of breast engorgement in worldwide is1:8000 and is 1:6500 about 20% postnatal mother, especially in primigravida mother, are affected with breast problem in the first four days of postpartum period (Coca et al., 2016).

Grampians study 33% of all women experienced breast problem in the first two weeks. Nipple crack are the second most common cause of discontinuing breastfeeding in the early postpartum period, rate of nipple pain and trauma has been reported to very between 16% and 86% nipple crack problem (Kaur
The nipple pain and sore nipple are encountered by 82% to 94% of the breastfeeding mother. Inappropriate breastfeeding and incorrect nipple sucking are the most usual source of the breast fissure. Other feasible source of the nipple trauma, sore nipple and nipple pain are nipple contamination with staphylococcus aureus and candida Albicans, strong or weak baby sucking, short frenulum, to wash the nipple with soap and the use of pacifier or child bottle.

One of the most common causes of nipple pain is wearing tight innerwear or ill-fitting undergarments and clothing. But nipple pain is also a problem for women who are pregnant or breastfeeding. In addition, sore nipples can be caused by infection, certain kinds of breast cancer and other conditions. Friction is the most common reason for the nipples to be sore. Friction can occur if the nipples rub against a shirt or poorly fitting bra, during sports activities, such as running, surfing, or basketball. Friction on the nipple can often cause soreness and stinging pain. The skin may also become dry and chapped; longer periods of exercise mean extended periods of friction, too. People who are sensitive to friction may choose to take extra precautions, such as wearing surgical tape on their nipples during exercise and running.

Breastfeeding issues alike nipple pain, nipple sore, mastitis and breast engorgement, were noticed in 6.8% of the mother in India. Breast pain can have causes that are not due to underlying diseases. Examples include a tight-fitting bra, pregnancy, menstruation, breastfeeding or exercise. (Heller et al., 2012) Breastfeeding is very important for the health and well-being of infant and mother it has been the traditional way of feeding newborn in our country and is one of the most nature and beneficial act a mother can do for her child.

Nipple pain is a condition that can occur in breastfeeding women as a result of possible causes developing a cracked nipple can result in soreness, dryness or irritation and nipple pain in the one or both nipple during breastfeeding. The mother with a cracked nipple can have severe nipple pain is a disincentive for continued breastfeeding. The signs and symptoms the nipple is not only the structure to deliver milk to the infant, but it also contains small, sebaceous gland or Montgomery gland to lubricant the skin of the areola (Jackson and Dennis, 2017).

Nipple pain is second only to ascertain scanty as the reason given by mother for why they stop feeding prior to they had arranged to do so and is the most general cause for a mother to abandon breastfeeding before left the hospital. It may also lead to early formula feeding in the hospital, which is related with decreased rates of feeding at six months. Some mother determines not to feed completely because they fright how aching it might be. Pain during breastfeeding is affiliated with anxiety, sorrow, tension, insomnia, and mastitis (Resmy et al., 2014).

Heat is pertained to the bodywork for the local and fundamental result. Application of heat promotes soft material alleviate. However, many mother experience painful, sore nipple during breastfeeding and stop nursing before they intended. The reported incidence of nipple pain and trauma varies between 36% and 98% of breastfeeding women. Characteristics associated with nipple pain include a crack, soreness that have a fissure. Some researchers have identified poor baby positioning or catch or both as the most general causes of nipple sore, nipple crack and nipple pain (Atan and Sirin, 2012).

The pain from the fungal infection goes on throughout the feel and continue even after the feed is over. Women describe knifelike pain from the first two cause, the pain of the fungal infection is often described as burning, a new onset of nipple pain when feeding had previously been painless is a tip-off that the nipple pain may be due to a yeast infection, but the pain may be superimposed on pain due to other cause. The dermatological condition may cause nipple pain (Shahrahmani et al., 2016).

The objectives are to assess the post-test level of nipple pain among primiparous mother in both experimental and control group. To compare the pre-test and post-test level of nipple pain among primiparous mother in both experimental and control group. To associate the post-test level of nipple pain among primiparous mother with selected demographic variables.

Additional intervention to relieve nipple pain include an ice pack and heat packs cabbage leaf compress, rubbing and acupressure therapy, cabbage leaf compress is a folk remedy for nipple pain.

**MATERIALS AND METHODS**

A quantitative approach was used in the study. A descriptive design was chosen to assess the effectiveness of lukewarm water compress on prevention of nipple pain among primiparous mother. The study was conducted in Thiruvallur district headquarters hospital at Thiruvallur. The setting was chosen on the basis of feasibility in term of availability of adequate sample and cooperation extended by the management and other health care team mem-
 bers. The target population of the study is all primiparous mothers who underwent LSCS at Thiruvallur district headquarters hospital. Patients with nipple pain who meet the inclusion criteria were selected as the sample for the study. The sample size was 60. Inclusion criteria are Patients with nipple pain who underwent LSCS. Patients who were able to understand Tamil or English and patients who were minded to join in this study and having nipple pain. Data was collected using the tools consist of demographic variable, maternal and neonatal variable, numerical pain scale. The study has been accepted by the ethics by the committee of the institution. The informed agreement was secured from the contributor before starting the study.

RESULTS AND DISCUSSION

Table 1: Frequency and percentage distribution of pre test level of nipple pain on experimental and control group.

<table>
<thead>
<tr>
<th>Level of nipple pain</th>
<th>Experiment group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>%</td>
</tr>
<tr>
<td>No pain</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Mild</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Moderate</td>
<td>9</td>
<td>30%</td>
</tr>
<tr>
<td>Severe</td>
<td>21</td>
<td>70%</td>
</tr>
</tbody>
</table>

Table 2: Frequency and percentage distribution of post test level of nipple pain on experimental and control group.

<table>
<thead>
<tr>
<th>Level of nipple pain</th>
<th>Experiment group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>%</td>
</tr>
<tr>
<td>No pain</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Mild</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Moderate</td>
<td>25</td>
<td>83%</td>
</tr>
<tr>
<td>Severe</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

The present study results show that out of 30 samples in control group 28(93%) affiliated to the age of 19-25years, 2(7%) affiliated to age group of 26-30years, Regarding education in control group 3(10%) belongs to no formal education, 10(33%) belongs to primary school, 10(33%) belongs to high school, 7(23%) belongs to college. Regarding food habits, in control group 30(100%) belongs to Non-vegetarian. Regarding the type of family in control group 14(47%) belongs to the nuclear family, 13(43%) belongs to the joint family, 3(10%) belongs to extended family. Regarding the area of residence in control group 13(43%) belongs to urban, 17(57%) belongs to rural. The present research outcome shows that out of 30 samples in experimental group 29(97%) affiliated to the age of 19-25years, 1(3%) affiliated to the age of 26-30years. Regarding education in experimental group 1(3%) affiliated to no formal education, 20(67%) belongs to primary school, 7(23%) belongs to high school, 2(7%) belongs to college. Regarding food habits in experimental group 30(100%) affiliated to Non-vegetarian. Regarding the type of family in the experimental group 25(83%) affiliated to the nuclear family, 5(17%) affiliated to the joint family. Regarding the area of residence in experimental group 3(10%) belongs to urban, 27(90%) belongs to rural. Regarding the type of newborn in the experimental group, 25(83%) belongs to the term newborn, 5(17%) belongs to the preterm newborn. Regarding the type of nipple in experimental group 17(57%) belongs to the normal nipple, 9(30%) belongs to the flat nipple, 4(13%) belongs to the inverted nipple. Regarding initiation of breastfeeding in experimental group 8(27%) belongs to the within 2 hours, 16(53%) belongs to the within 2-4 hours, 6(20%) belongs to the more than 4 hours. Regarding the frequency of feeding in experimental group 26(87%) belongs to every 2 hours, 4(13%) belongs to as demand. Regarding the duration of feeding in experimental group 20(67%) belongs to till baby stops feeding, 10(33%) belongs to for 15 minutes. Regarding position adapted for feeding in experimental group 18(60%) belongs to the sitting position, 12(40%) belongs to a side-lying position. Regarding the pattern of breastfeeding at each time, 8(27%) belongs to feeding on one side breast, 22(73%) belongs to feeding on both side breast. Regarding the mode of breastfeeding in the experimental group, 13(43%) belongs to direct breastfeeding, 17(57%) belongs to the expressed breastfeeding.
Figure 1: Frequency and percentage distribution of pre test level of nipple pain on experimental and control group.

Figure 2: Frequency and percentage distribution of post test level of nipple pain on experimental and control group.

Table 3: Comparison of pre test and post test pain score in experimental and control group

<table>
<thead>
<tr>
<th></th>
<th>No of Mothers</th>
<th>Pre Assessment</th>
<th>Post Assessment</th>
<th>Student paired t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Experimental</td>
<td>0.2386</td>
<td>1.3198</td>
<td>0.1553</td>
<td>0.8710</td>
</tr>
<tr>
<td>Control</td>
<td>0.222</td>
<td>1.2315</td>
<td>0.2033</td>
<td>1.1324</td>
</tr>
</tbody>
</table>
utes. Regarding position adapted for feeding in control group 13(43%) belongs to the sitting position, 17(57%) belongs to a side-lying position. Regarding the pattern of breastfeeding at each time in the control group, 12(40%) belongs to feeding on one side breast, 18(60%) belongs to feeding on both side breast. Regarding the mode of breastfeeding in control group 19(63%) belongs to direct breastfeeding, 11(37%) belongs to expressed breastfeeding.

The present study shows that out of 30 samples in experimental group 9(30%) were moderate pain, 21(70%) were severe pain. In control group 12(40%) were moderate pain, 18(60%) were severe pain. (Table 1)(Figure 1).

The present study shows that out of 30 samples in the experimental group 5(17%) were mild pain, 25(83%) were moderate pain. In control group 18(60%) were moderate pain, 12(40%) were severe pain. (Table 2)(Figure 2).

The calculated ‘t’ value for nipple pain in the experimental group was t=15.893, which is found to be statistically highly significant at p<0.05 level. Then the calculated ‘t’ value for nipple pain in the control group was t=6.086, which is found to be statistically significant at p<0.05 level. So the Luke warm water compress on prevention of nipple pain was effective in the experimental group. (Table 3).

This study was supported in a study conducted by Resmy et al. (2014) effect of lukewarm water compress on the prevention of nipple pain and breast engorgement among 60 primiparous at a selected hospital in Chennai. The results revealed that nipple pain was less in moist heat application to the nipple than in the milk and tea groups. This study verifies the effectiveness of moist warm application and showed a significant reduction in engorgement and nipple pain it encourages let down and milk flow, it can be used without pain and side effects, and it promotes the well being and comfort of the mother (Camargo et al., 2019).

This study was supported in a study conducted by Shahrahmani et al. (2016) to assess nipple fissure and pain severity. The nipple fissure and pain severity were assessed using Amir scale and VAS tool, respectively, before and in the 10th and 14th days after the treatment. The results indicated that menthol essence relieved the pain and healed the nipple fissure (Heller et al., 2012).

This study was supported in a study conducted by Bhuvaneswari (2015) to assess the effectiveness of cold cabbage leaves versus hot water application on nipple pain among 30 (15 experimental groups and 15 control group) postnatal mother in Chennai. The sample were selected by probability purposive sampling technique. Result of the study overall paired ‘t’ test value was significant. This shows that there was a significant improvement in both cabbage leaf application and hot water application.

CONCLUSIONS

The study finding cold cabbage leaves as well as alternate hot water compress in the treatment is more effective.

REFERENCES


