The Effect of Multi-Stage Intervention in Increasing the Rate of Exclusive Breastfeeding after Cesarean Section

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Abstract: objectives: The study analyzed the effects of multi-stage interventions in increasing the rate of exclusive breastfeeding after cesarean section. Methods: From January 2019 to October 2019, a total of 102 cesarean deliveries were treated in the Obstetrics and Gynecology Department of our hospital. The women were divided into an experimental group and a control group according to the computer grouping method. Basic intervention, obtain the intervention data of two groups of women, and make statistical comparison. Results: The exclusive breastfeeding rate, mixed feeding rate, and artificial feeding rate in the experimental group at 1 week and 6 months after delivery were better than the control group, with statistical significance (P <0.05). The comparison of breastfeeding self-efficacy scores between the two groups before intervention was not statistically significant (P> 0.05); the breastfeeding self-efficiency scores of the two groups at 1 week and 6 months after delivery were higher than those before the intervention, the experimental group at 1 week and The breastfeeding self-efficacy scores in June were higher than those in the control group (P <0.05). Conclusion: The implementation of multi-stage interventions in the perioperative period of cesarean delivery can effectively improve the maternal breastfeeding rate, and can effectively improve the maternal breastfeeding self-efficacy score, which is worthy of clinical application.

Affected by various factors, the incidence of cesarean section in our country has increased by year, and the cesarean section in some domestic cities has reached about 50%, and the cesarean section in a few cities has reached 80%, which has exceeded the upper limit recommended by WHO [1]. However, because cesarean section itself is an invasive operation, postpartum women are affected by factors such as diet, pain, and limited mobility. Maternal milk secretion is insufficient, and there are certain obstacles to breastfeeding babies, which seriously affects the mother's confidence in breastfeeding newborns. Some studies [2] pointed out that effective nursing interventions can increase the rate of exclusive breastfeeding of women. Based on this, this study compares and analyzes the effects of different intervention schemes for cesarean women. The reports are as follows.

1. Information and methods

1.1 Clinical data

From January 2019 to October 2019, a total of 102 cesarean births were treated in the Obstetrics and Gynecology Department of our hospital. According to the computer grouping method, the women were divided into an experimental group and a control group, 51 cases in each group. The experimental group was 22-37 years old, with a mean (29.87 ± 2.32) years old; 32-41 weeks of pregnancy, with a mean (38.72 ± 1.01) weeks; caesarean section, 17 cases of abnormal soft birth canal, 13 cases of voluntary cesarean section, over age There were 9 large cases, 7 oligohydramnios and 5 others. The control group was 22-36 years old, with a mean (29.47 ± 2.30) years old; 32-42 weeks of pregnancy, with a mean (39.11 ± 1.08) weeks; caesarean section, 19 cases of abnormal soft birth canal, 12 cases of voluntary cesarean section, over age There were 10 large cases, 6

oligohydramnios, and 4 others. Comparing the clinical data of the two groups of women, P> 0.05, but comparable.

1.2 Method

In the experimental group, 51 women in the experimental group were given multi-stage interventions during the perioperative period. ①Health education: In order to improve the women's knowledge and knowledge of cesarean section and exclusive breastfeeding of newborns, nurses need to explain the procedure in detail before cesarean section 1. Operation precautions and operation risks, confirm that the parturient meets the surgical indications, and ensure that the parturient and her relatives have adequately stabilized the parturient and her family 's emotions after the anatomical and uterine surgery. Then, I will tell the mother about the advantages of exclusive breastfeeding of the newborn, and the positive impact on the growth and development of the newborn. Initially cultivate the awareness of maternal exclusive breastfeeding newborns, and strengthen the determination of maternal exclusive breastfeeding newborns. ②Psychological intervention: After clarifying the maternal physical state, assess the maternal psychological state, analyze the maternal emotional changes, understand the maternal psychological state, provide psychological counseling for the maternal in time, continue to comfort, appease, encourage the maternal and relieve the maternal psychological stress level . Avoid serious psychological stress reactions during and after maternal surgery, prevent the normal development of cesarean section, and postpartum maternal physical recovery. ③ Mother and child in the same room after the operation: After the fetus is separated from the mother, the nurse needs to assist the doctor to sew the needle, clean the newborn, send the mother and the newborn back to the ward, implement the mother and child in the same room, so that the newborn and the mother can contact and suck early Continue for more than 30min to promote breast milk secretion. ④Breast massage: After 1-3 days postpartum, nurses need to use warm water to clean maternal breasts after observing the recovery of maternal incision, massage maternal breasts, and guide maternal and family members to learn massage methods and massage techniques, and encourage maternal and family members to actively massage Breasts, even pressure, promote breast tube dredging, promote breast milk secretion. ⑤Family support: The nurse needs to communicate with the maternity family, let the maternity family understand the necessity of encouraging the maternity, let the family give full attention to the maternity, stabilize the maternity mood, and actively communicate with the maternity when the early breastfeeding newborns are out of order , Constantly invigorating, encouraging, and comforting, and allowing the mother to relax by diverting attention and taking deep breaths to avoid the negative emotions affecting lactation.

In the control group, 51 women were given basic interventions such as prenatal examination during the perioperative period, post-partum assessment of incision recovery, and guidance on feeding the newborn.

1.3 Observation indicators

The maternal breastfeeding rate, mixed feeding rate and artificial feeding rate of 1 week and 6 months postpartum for the two groups of maternal women; (2) Breastfeeding self-efficacy score, evaluated by BSES breastfeeding self-efficacy scale [3], There are 30 items in total, with 5 points for each item, the higher the score.

1.4 Statistical methods

All research data were statistically analyzed using SPSS17.0 statistical software.

2. Results

2.1 Comparison of infant feeding styles between the two groups

The exclusive breastfeeding rate, mixed feeding rate, and artificial feeding rate in the experimental group at 1 week and 6 months postpartum were better than those in the control group (P <0.05). See Table 1 for details.

Table 1. Comparison of infant feeding methods between two groups (n /%)

Groups	Number of cases	1 week after delivery			6 months after delivery		
		Exclusive breastfeeding rate	Mixed feeding rate	Artificial feeding rate	Exclusive breastfeeding rate	Mixed feeding rate	Artificial feeding rate
Experiment group	51	38（74.5%）	10（19.6%）	3（5.9%）	33（64.7%）	13（25.5%）	5（9.8%）
Control group	51	30（58.8%）	15（29.4%）	6（11.8%）	21（41.2%）	20（39.2%）	10（19.6%）
X^2Value	-	5.123	6.855	4.332	6.243	10.118	8.777
P value	-	0.01	0.01	0.01	0.01	0.01	0.01

2.2 Comparison of breastfeeding self-efficacy scores between the two groups

The comparison of breastfeeding self-efficacy scores between the two groups before intervention was not statistically significant (P> 0.05); the breastfeeding self-efficiency scores of the two groups at 1 week and 6 months after delivery were higher than those before the intervention, the experimental group at 1 week and The breastfeeding self-efficacy scores in June were higher than those in the control group (P <0.05). See Table 2 for details.

Table 2. Comparison of breastfeeding self-efficacy scores between the two groups

Groups	No of cases	Before intervention	1 week after delivery	6 weeks after delivery
Experimental group	51	80.76±5.21	102.61±6.87	90.69±7.21
Control group	51	80.93±5.26	88.67±6.32	70.65±6.52
T Value	-	0.332	6.871	8.776
P Value	-	0.43	0.01	0.01

3. Discussions

The WHO (World Health Organization) and UNICEF (United Nations Children ’s Fund) clearly pointed out that 6-month exclusive breastfeeding of newborns is the basic standard for infant breastfeeding, and insisting on 24-month exclusive breastfeeding of newborns is the best way for infants to breastfeed [4-5]. However, under the modernization background, very few newborns can get exclusive breastfeeding for 24 months, and some newborns can get basic breastfeeding for 6 months [6]. Of the many factors that affect exclusive breastfeeding of newborns, the most common and important one is cesarean section. Cesarean section is a source of stress. Although it can help the mother to give birth in a timely and rapid manner, this invasive delivery will cause obvious pain after maternal operation, will affect the mental state of the mother, and then affect the physiological function of the mother, resulting in Maternal lactation is insufficient, which ultimately affects

maternal breastfeeding of the newborn.

Clinical research [7-8] pointed out that early breast care interventions can increase the breastfeeding rate of cesarean delivery women (intervention group 93.33% VS control group 74.44%) and can improve maternal nursing satisfaction (intervention group 97.78% VS control group 77.78%). Some studies[9-10] pointed out that the implementation of holistic nursing intervention can improve the exclusive breastfeeding rate of cesarean delivery women (91.7% in the experimental group vs 73.3% in the control group), can improve the feeding skills of the newborns of the women, and can effectively prevent adverse reactions. This study agrees with the above viewpoints. Multi-stage intervention is a new type of nursing model that attaches importance to the physical and mental state of cesarean women and requires medical staff to provide effective nursing interventions for women before and after delivery. The results of this study show that after the implementation of multi-stage interventions, the exclusive breastfeeding rates in the experimental group at 1 week and 6 months after delivery were 74.5% and 64.7%, which were higher than those in the control group at 58.8% and 41.2%. In the experimental group, 1 week after delivery and 6 months after delivery of breastfeeding self-efficacy scores are higher.

It can be seen from the above that multi-stage intervention can increase the exclusive breastfeeding rate of neonates in cesarean delivery.

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