



A Study To Assess The Effectiveness of Planned Teaching Programme on Knowledge and Knowledge on Practice of Staff Nurses Regarding Early Initiation of Breast Feeding in Labor Room in A Selected Hospital, Bangalore

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Abstract

Introduction and Objectives: Today's child tomorrow's citizen. Healthy child can be a wealthy nation. The health of child should be preserved for making the nation wealthy. One of the basic needs of the healthy child is nutrition. By nature, the fetus get nutritional requirements from mother in the womb and after delivery, baby is born with the natural ability to find the warm touches, self attach and feed from breast.^[1]

WHO recommend early initiation of breastfeeding, within one hour of birth. Although it is one of the core indicators for assessing infant and young child feeding practices, it is a far from universal practice. According to WHO, 2017 breast-feeding report card, 47% babies breast-feed till 6 months, 27.4% till 12 months, 42.6% exclusively till 3 months, 21.1% till 6 months and 10.8% breast-fed infant receive formula before 2 days of age. Furthermore, no country had more than 85% of baby's breastfeeding within an hour of birth. Global estimates are that less than half (42%) of all newborns are put to the breast within the first hour of birth. So it becomes very important that new born babies get breast fed as soon as they are born and mothers should encouraged to do so. This part of the intervention has to

be initiated by the nurses who are working in the Maternal health center in various settings.^[2]

The objectives of the study were to assess the knowledge of staff nurses regarding early initiation of breast-feeding, to assess the knowledge on practice of staff nurses regarding early initiation of breast-feeding, to evaluate effectiveness of planned teaching program on knowledge of staff nurses regarding early initiation of breast-feeding and evaluate the effectiveness of planned teaching program on knowledge on practice of staff nurses regarding early initiation of breast-feeding^[3]

Methodology: An evaluative research approach was used for the present study to accomplish the objective of determining, the effectiveness of planned teaching programme among staff nurses on early initiation of breast-feeding. One group pretest, post-test, pre experimental design was adopted for this study. One group pretest post -test is an experimental design in which, data are collected from research subjects, both before and after introducing the intervention. The sample of the present study comprises of 40 staff nurses working in Vydehi hospital. Purposive sampling technique was used for the study. Self-administered structured questionnaire was used to collect the data regarding

knowledge and knowledge on practice of staff nurses. post test was conducted after 7th days of planned teaching programme.

Results: The findings revealed that, the mean post- test knowledge score (18.22) of staff nurses is significantly higher $t=(23.5)$ than the pretest knowledge score(6.52) as well as the mean posttest knowledge on practice score(9.1) of staff nurses is significantly higher $t=(21.6)$ than the pretest knowledge on practice score(4.8).

The analysis of the study findings indicates that planned teaching programme is an effective teaching method to enhance both the knowledge and knowledge on practice of staff nurses regarding early initiation of breast feeding.

Conclusion: Therefore, the study concludes that the planned teaching programme is an effective strategy, where by the staff nurses can improve their knowledge and knowledge on practice regarding early initiation of breast-feeding and also put into practice for the future. Planned teaching programme can be used to enhance knowledge and motivate staff nurses to follow correct practices.

Keywords: Assess, effectiveness, knowledge, knowledge on practice, staff nurse, planned teaching programme, early initiation of breast feeding.

Introduction

The first year of life is crucial in laying the foundation of good health. Feeding periods are important to the infant because in addition to food they derive significant emotional and psychologic benefits. Baby should be started on the breast as soon as possible after birth. It helps in stimulating the production of breast milk, which is baby's first immunization. The first milk or colostrums is most suitable for the baby because it contains high concentration of nutrients and protein that protect the baby from many infections ^[4].

World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) recommended that after delivery, optimal early breastfeeding practices should be encouraged. These optimal practices include initiating breastfeeding within 30 minutes to an hour of birth, giving colostrum, not giving prelacteals or post-lacteals and exclusive breastfeeding (EBF) of infants. This is because these practices have been proven to provide significant benefits for the overall development and survival of children (WHO & UNICEF, 2009). The international Baby Friendly Hospital Initiative (BFHI), which was launched in 1991 by UNICEF and WHO promotes and protects maternal and child health. This is achieved by ensuring that mothers are supported and helped with breastfeeding in maternity care facilities. It has been proved that the Baby Friendly Hospital Initiative (BFHI) affects the early initiation and EBF breastfeeding rates directly at the hospital level (Abrahams & Labbok, 2009) ^[6]

UNICEF reported that 39% of infants in developing countries are early breastfeed for six months and 52% continue to breast feed with complimentary food at 20-30 month. In least developed countries, 34% are breast feed early for six months and 63% continue to breast feed with complementary food at 20-23 month. Early initiation rate in sub-Africa region is 27% and East Asia is 54% [12]. To encourage good early breastfeeding practices, correct knowledge and attitudes on initiating breastfeeding on time, not giving pre and post-lacteals, and giving colostrum are important. According to AHN, (2008) the activities of the first three days after birth have a significant effect on breastfeeding. Maternal early breastfeeding knowledge and attitudes have an impact on their practices. Hence, there is a need to ensure that both the healthcare personnel and the breastfeeding mothers

adhere to all the ten steps to successful breast-feeding during the first few days before discharge.^[7]

Globally early initiation of breastfeeding has potential to protect over one million newborns lives every year. However, in developing countries like India, Early initiation of Breast-feeding could save about 1.45 million lives a year, attributed to various infections. Lancet 2013 report showed that optimal Breast-feeding has greater role in averting 13 percent of all deaths under the age of 5years in developing countries. UNICEF & WHO strongly recommended initiate Breast-feeding within half hour of birth. Early initiation can prevent 22% of all deaths below one month in developing countries. This is due to lower respiratory tract infection and diarrheal diseases^[8]

Early initiation of breastfeeding is essential for the survival and development of children (WHO.2010). One randomized control study conducted as part of oral Vitamin A trial (trial to assess the impact of weekly vitamin 'A' supplementation on maternal mortality) in Ghana revealed that there was marked increase in the risk of neonatal mortality with delay in initiation of breastfeeding. Initiation on breastfeeding after the first day was showed 2.4 fold increased risk for neonatal mortality. It is reported that 39.4 percent of participants in their study in Mauritius initiated breast milk twenty-four hours after their delivery.^[9]

A descriptive study was conducted among 53 staff nurses in labour room and maternity ward, regarding early initiation of breast-feeding. Nurses' knowledge regarding breastfeeding and their attitudes about breastfeeding are predictive of actual supportive behavior. However, nurses' knowledge continues to be deficient specifically in areas such as lactation physiology and glucose feedings. In this study the knowledge and attitudes of nursing staff in 27 private

pediatric practices, many nurses had both inadequate knowledge and negative attitudes about breast feeding. Although most (83%) office nurses felt breastfeeding promotion was good use of their time and follow-up with a new breastfeeding mother was within their role description, only 46% felt confident with working with a mother with breastfeeding problems. In a study of pediatric nurses, there was moderate breastfeeding knowledge and attitudes, and those with personal breastfeeding experiences had significantly higher knowledge and attitude scores.^[10]

A descriptive study conducted at Rajaji hospital, Madurai, on knowledge, attitude, and practice of staff nurses among postnatal mothers, conducted in neonatal division in 2009, with an objective to support and encourage early breast feeding, focusing more on younger, less well-educated women and those from lower socio economic class. The knowledge and attitude of staff nurses are far from satisfactory. There is still a need for support and encouragement of breast-feeding^[11].

A cross sectional study conducted 2017 on Exclusive breastfeeding practices in working women of Varanasi, the aim of the study to determine the prevalence of exclusive breast feeding in working women and to identify the factors effecting exclusive breast feeding in working women. of age 18 to 45 years, working as doctors, teachers, nurses and bankers in public (Government) setup. Long working hours, banking profession, family income and lack of proper knowledge about early initiation of breast feeding are responsible for non-EBF practice in working women. Proper Knowledge and awareness about early initiation of breastfeeding and provision of facilities for exclusive breastfeeding (EBF) by the organizations can play a significant role in promoting it.^[12]

One randomized control trial done on breastfeeding practices in Democratic Republic of the Congo found that the children who were breastfed for longer periods have lower infectious morbidity and mortality, less dental malocclusions and higher intelligence than those children who were breast fed for shorter periods or not breast fed. Colostrum is also known as first vaccine given to infants which is scientifically proven for immune protection to infants. Breast milk alone is enough to satisfy the nutritional needs of infants up to six months (UNICEF, 2016). One systematic review on breastfeeding reported that risk of all-cause mortality was higher in partially or predominantly breastfed infants compared to infants exclusively breastfed for six months. The risk of infectious morbidity was about two fold higher in non-breastfed children as compared to breastfed children aged up to six months. Breastfeeding provides not only health benefits but also provides economic and environmental advantages to children, women and society

A descriptive cross-sectional study in Lahore Children Hospital (2017) on the Assessment of Knowledge, Attitude and Practices in early initiation of Breast Feeding Among maternity professionals. Exclusive breast feed is way to nourish a baby with totally human milk without any food and liquid for first 6 months. Breast feed helps to maintain immunity of baby and provide optimal growth and development. Prevalence of initiation is only 38% in Pakistan. This study result indicates that mothers have good knowledge about early initiation and neutral attitude towards exclusive breast feeding and poor practice of exclusive breast feeding (37.8%). Present research concludes that mothers hold good knowledge, neutral attitude, and poor exclusive breast feeding practices. Prenatal education should be started at antenatal units and outdoors. Health education

should be provided at community level to obtain optimal exclusive breast feeding rate^[.37]

To encourage good early breastfeeding practices, correct knowledge and attitudes on initiating breastfeeding on time, not giving pre and post-lacteals, and giving colostrum are important. According to AHN, (2008) the activities of the first three days after birth have a significant effect on breastfeeding. Maternal early breastfeeding knowledge and attitudes have an impact on their practices. Hence, there is a need to ensure that both the healthcare personnel and the breastfeeding mothers adhere to all the ten steps to successful breast-feeding during the first few days before discharge.^[14]

Material and method

To accomplish the objective of the study, one group pretest and posttest design was adopted. The population of the study included 40 registered staff nurses. In this study self administered structured questionnaire was used to collect the base line data for both knowledge and knowledge on practice regarding early initiation of breast feeding.

Description of the tool

The instrument consists of three sections

Section 1: Demographic variables

Demographic variables with 5 items on age, gender, qualification, year of experience and how many staffs attended special training on early initiation of breast feeding.

Section 2: Structured questionnaire to assess knowledge regarding early initiation of breast feeding

Structured knowledge questionnaire consists of 20 items on early initiation of breast feeding. Questionnaire was divided into

- Introduction, Definition, Importance of early initiation of breast feeding

- Positions, sign of effective sucking, composition of breast milk
- Nurses role in educating mother on early initiation of breast feeding

Section 3: Structured questionnaire to assess knowledge on practice of staff nurses regarding early initiation of breast feeding

This section consists of 10 items on early initiation of breast feeding. Questionnaire are based on

- Latch-on
- Suckling sign
- Different positions for feeding the baby
- Nurses' role in educating mothers

Each item had yes and no option. Each right answer carries a score of 1mark and wrong answer carries a score of 0. Total marks are 10 here. The maximum possible score was 10 and lowest score was 0. The participant was asked to put a tick mark against the column provided.

The consent was obtained from the staff nurses and confidentiality maintained throughout the study. The PTP on early initiation of breast feeding was taught.

Scoring procedure

In structured knowledge questionnaire 20 items present, for that total score is 20 and for scoring of knowledge on practice 10 total score.

Section-A: Demographic data

This section consists of items related to personal data regarding qualification, year of experience, age, gender and how many staff attended special training on early initiation of breast feeding.

Section B: This section consists of knowledge of staff nurses on early initiation of breast feeding.

Section-C: Assessment of knowledge on practice of staff nurses on early initiation of breast-feeding.

Section-D: Effectiveness of planned teaching programme on knowledge regarding early initiation of breast-feeding.

Section-E: Effectiveness of planned teaching programme, on knowledge on practice of staff nurses regarding early initiation of breast-feeding.

Section-F: Association between selected Demographic variables and pre-test knowledge score of staff nurses regarding early initiation of breast-feeding.

Section-G: Association between selected Demographic variables and pretest knowledge on practice score of staff nurses regarding early initiation of breast feeding.

Section-H: Correlation between pretest knowledge and pretest knowledge on practice score of staff nurse regarding early initiation of breast feeding.

Section-I: Correlation between posttest knowledge and posttest knowledge on practice score of staff nurses regarding early initiation of breast feeding.

Tool validation

The nursing experts validated the tools and appropriate modification of the content was finalized. Structured questionnaire is administered to staff nurses and average time taken was 20-25 min. The following steps were adopted to develop structured teaching program

Development of criteria checklist

- Content validity of the tool
- Pre-testing of the tool
- Reliability of the tool
- Development of the final draft of the tool

A pilot study was done on 5 registered staff nurses. Written permission was obtained from the concerned authority. The purpose of the pilot study was explained to each subject, to obtain their cooperation, after which the tool was administered. Pre-test was conducted on dt8-3-2021 and planned teaching programme was given on the same day by using visual aids. A post- test was conducted on the 7 th day that was on dt15-3-2021 by

using the same tool. The time taken to complete the tool was 20-25 minutes. As study was feasible and reliable, no changes were made after pilot study.

Description of planned teaching program

A final written permission, forwarded from the principal of Vydehi Institute of Nursing Sciences and Research Center, was obtained from the Nursing Director of Vydehi Institute of Medical Sciences and research center before data collection. Data collection period was from 1-4-2021 to 30-4-2021. Planned teaching programme was given to 4 groups of staff nurses on 4 different days. The planned teaching programme was given in the seminar hall of the pediatric ward. The investigator assured the confidentiality of their identity and consent was obtained from staff nurses. Structured questionnaire was administered to staff nurses and average time taken for pre-test was 20-25 minutes.

On the same day, the planned teaching programme was given for 1 hour. Power point slides with pictures and chart were used for planned teaching programme. The group was encouraged to participate in the discussion and clarify their doubts. A post- test was conducted after 7th day of planned teaching programme on four different days, for the four groups. The data collection was terminated by thanking the staff nurses for their participation and cooperation. The data collection was compiled for analysis.

Results

Description of demographic variables of staff nurses

➤ Findings related to demographic variables

In this study, more than half (60%) completed GNM while 32.5% completed BSC (N) and 7.5% completed PC.BSC (N) degree. A study in Varanasi shows that 68% staff nurses had completed G.N.M while 45% completed B.S.C.(N) (43) Majority of the staff nurses (72.5%) have the experience of 0-5 year and 5% of staff nurses have

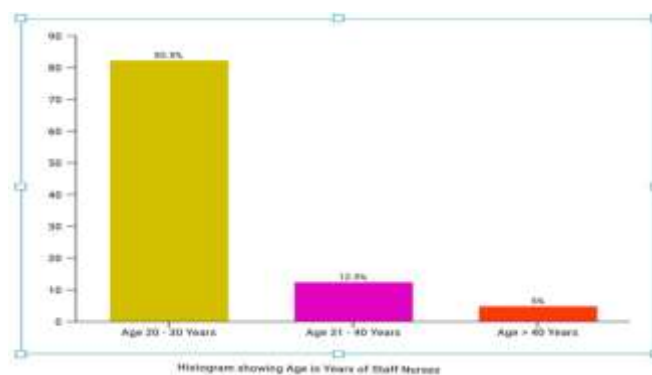
the experience of 11-15 years. This may be because of high turnover of staff nurses. In another study conducted in women and children hospital, Chennai shows that 70% staff nurses had the experience of below 5 years followed by 10% of staff nurses with experience of 11-20 years. (44)

Table 1: Frequency and percentage distribution of demographic variables of staff nurses n=40

Demographic variables	Number of subjects	%
Qualification		
G.N.M	24	60
Bsc .nursing	13	32.5
P.C. bsc nursing	3	7.5
Year of experience		
0-5	29	72.5
6-10	6	15
11-15	2	5
16-20	3	7.5

Data in table shows that, more than half (60%) completed GNM while 32.5% completed BSC (N) and 7.5% completed their PC.BSC(N) degree. Majority (72.5%) have the experience of 0-5 year and 5% staff nurses have the experience of 11-15 years.

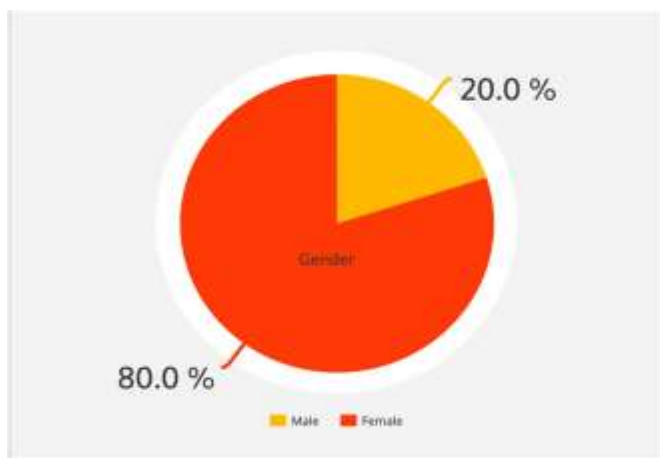
Graph 1:



In the present study, 82.5% of the staff nurses are under the age group of 20-30 years. Very few (12.5%) staff nurses are under the age group of 31-40 years and

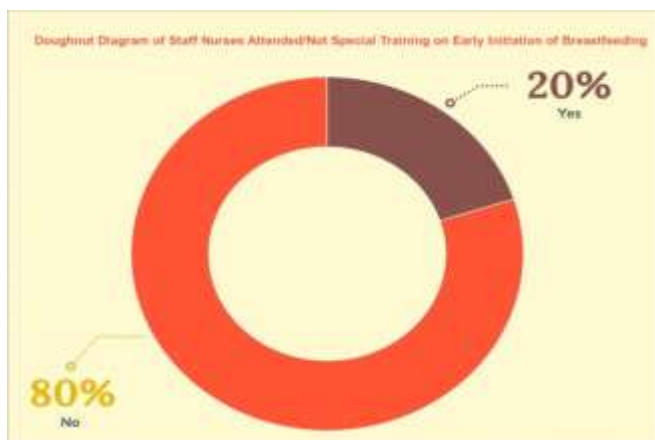
only 5% of staff nurses are above the age group of 40 years.

Graph 2:



This diagram shows, majority (80%) of the staff nurses are female, while 20% are male.

Graph 3:



In the present study, 20% have attended special training on early initiation whereas most of the staff nurses 80% have not attended special training on early initiation of breast-feeding.

Section-B: Findings related to knowledge score of staff nurses on early initiation of breast -feeding

prior to administration of planned teaching programme, 60% staff nurses had average knowledge and 37.5% staff nurses had poor knowledge. In the post test, majority (87.5%) of staff nurses had excellent

knowledge. The mean pretest score was 6.52 and the mean post test score was 18.22.

Table 2: Knowledge score of staff nurses regarding early initiation of breast-feeding n=40

Level of knowledge	Pretest		Posttest	
	F	%	F	%
Excellent	0	0	35	87.5
Good	1	2.5	5	12.5
Average	24	60	0	0
poor	15	37.5	0	0

Key: Excellent->75%, Good- 51-75%, Average-26-50%, Poor -< 26%.

Section –C: Findings related to knowledge on practice score of staff nurses on early initiation of breast-feeding

In this study, prior to administration of planned teaching program, 72.5% staff nurses had average knowledge on practice and 25% staff nurses had good knowledge on practice.

Section D: Findings related to effectiveness of planned teaching programme on knowledge of staff nurses regarding early initiation of breast-feeding

In this study, it was found that the mean difference between pretest (6.52) and posttest knowledge score (18.22) were highly significant ($t=23.5$).

Section E: Findings related to effectiveness of planned teaching programme on knowledge on practice of staff nurses regarding early initiation of breast-feeding

In this study, it was found that the difference between mean pretest knowledge on practice score (4.8) and the mean posttest knowledge on practice score (9.1) were *significant t (21.6)

Effectiveness of planned teaching programme on knowledge on practice score of staff nurses.

Table 3:

Parameters	Mean	SD	Mean difference	t value
Pre test	4.8	1.37	4.3	21.6
Post test	9.1	0.7		

*significant t(0.005)

Data in Table-5 shows that, the mean posttest knowledge on practice score(9.1%) is significantly higher than the mean pretest knowledge on practice score(4.8%)

Section F: Findings related to Association between the selected demographic variables and pretest knowledge score of staff nurses on early initiation of breast-feeding

In this study, it was found that, there is no significant association between pretest knowledge score and any of the selected demographic variables of the staff nurses.

Section G: Findings related to Association between selected demographic variables and pretest knowledge on practice score of staff nurses on early initiation of breast- feeding

In this study, it was found that, there is no significant association between pretest knowledge on practice score and any of the selected demographic variables of the staff nurses.

Section H: Findings related to Correlation between pretest knowledge and pretest knowledge on practice score of staff nurses regarding early initiation of breast- feeding

In this study, it was found that, there is a strong correlation($r=0.81$) between pretest knowledge score (6.52) and pretest knowledge on practice score (4.8) of staff nurses on early initiation of breast- feeding.

Section I : Findings related to correlation between posttest knowledge and knowledge on practice score

of staff nurses regarding early initiation of breast-feeding

In this study, it was found that, there is a strong correlation between posttest knowledge (18.22) and knowledge on practice score(9.1) of staff nurses on early initiation of breast feeding

Testing of Hypothesis

H1: There will be a significant difference between pre-test and post-test knowledge score of staff nurses on early initiation of breast-feeding

The hypothesis H1 stated in the study is accepted, since there is a significant difference between pretest and posttest knowledge score of staff nurses regarding early initiation of breast feeding. Finding shows that, there was a significant improvement of knowledge level of staff nurses after planned teaching programme .Findings showed that, the mean posttest knowledge score of staff nurses was 18.22 where mean pretest knowledge score was 6.52 where the t value(23.5).at the level of t(0.005)significance.

H2: There will be a significant difference between pre-test and post-test knowledge on practice score of staff nurses on early initiation of breast-feeding

The hypothesis H2 stated in the study is accepted, since there is significant difference between pretest and posttest knowledge on practice score .Findings shows that, there was a significant improvement of knowledge on practice of staff nurses. The mean post test score was 9.1 where the mean pretest score was 4.8%.t(21.6) at the level of t(0.005)

Discussion

- Majority(72.5%) of the staff nurses have the experience of 0-5 year
- More than half (60%) of staff nurses have completed their GNM, whereas 3(7.5%) have done their PC.BSC(N)

- Majority (82.5%) of the staff nurses are under the age group of 20 -30 years. Very few(12.5%) staff nurses are under the age group of 31-40 year
- Majority(80%) of Staff nurses are female, while 20% are male
- Most of the staff nurses (80%) have not attended special training on early initiation of breast-feeding, where as 20% have attended special training on early initiation of breast-feeding.

Conclusion

The aim of the study was to assess the effectiveness of planned teaching program on early initiation of breast feeding among staff nurses. The following conclusion were drawn from the result of the study. The analysis of the study findings indicate that planned teaching programme is an effective teaching method to enhance both the knowledge and knowledge on practice of staff nurses regarding early initiation of breast feeding. Therefore, the study concludes that the planned teaching programme is an effective strategy, where by the staff nurses can improve their knowledge and knowledge on practice regarding early initiation of breast-feeding and also put into practice for the future. Planned teaching programme can be used to enhance knowledge and motivate staff nurses to follow correct practices.

Implication

Nursing practice

Holistic nursing care for mother and neonate focused on helping the individual, family and community to achieve the optimal health. The present study makes awareness about effectiveness of early initiation of breast feeding. The nurse can practice to establish early suckling as a routine management in labor room. The staff nurses will educate all pregnant women about advantages of early initiation of breast feeding, and techniques and about correct latching. To attain mastery over practice, nurses

need to have a depth knowledge on early initiation of breast feeding

Nursing education

The curriculum can involve the nurse educators to have the additional responsibility to update their knowledge on early initiation of breast feeding which can be done in collaboration with the nurse administrator by planning and conducting continuing educational programme. The teacher can work together in clinical area to disseminate knowledge on early initiation of breast feeding through clinical teaching. The teacher can impart the knowledge and knowledge on practice regarding early initiation of breast feeding.

Nursing administration

The nurse administrator coordinates her work along with the staffs, to encourage the intranatal mothers on early initiation of breast feeding. Obstetrical and Gynecology department should have policy and decision to motivate early initiation of breast feeding practice to reduce complication of mother. Nursing administrator should organize a continuing education programme and in service education programme to improve the knowledge of staff nurses regarding early initiation of breast feeding. Early initiation of breast feeding policy can be placed in labor room which motivate the health team members to practice.

Nursing research

One of the aim of nursing research is to expand and broaden the scope of nursing finding so f this study will provide a base for improving early initiation of breast feeding. Based on the study research study can be done on breast crawl on third stage of labor among prime mothers .

Limitation

The sample size was relatively small (40) in the present study. Samples were taken from only one institute hence generalization can be made only for the sample studied

Recommendations

- Similar study can be conducted on a larger sample
- A comparative study can be done with a control group
- A similar study can be conducted to find out the other aspects of early initiation of breast feeding on bonding of mother and baby, temperature maintenance of baby and suckling response of baby.
- A quasi experimental without randomization study can be conducted to evaluate the effectiveness of early initiation of breast feeding.

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References

1. Adelle Pillitery,(2006).Maternal and child health Nursing.(2 nd Eds).New Delhi: Lippincott and Williams Publishers.pg60. <http://www.who.int>
2. Park, Kpark's text book of preventive and social medicine, 18 th edition, new delhi, Banarsidas Bhanot publication;2005 ,pg 965.
3. Park, Kpark's text book of preventive and social medicine, 18 th edition, new delhi, Banarsidas Bhanot publication;2005 ,pg 965.
4. Guha KD, Guha's neonatology; Textbook of principles and practics, 3 rd edition, new Delhi, volume-1, jaypee publication, A hand book of living; 1998,pg 16.
5. Data, D.C(2004),Text book of gynecology including perinatology and contraception (6 th

- edition).Kolkata; new central book agency privet limited
6. American academy of pediatrics Work group on Breast feeding(2005).Breast feeding and the use of Human Milk.Pediatrics,115,496-506
 7. Knowledge, attitude and practices on early breast feeding among mothers delivering at MOI teaching and referral hospital in UASIN country, KENYA
 8. Black, R.E.(2013).The Lancet series on Maternal and Child Nutrition. The Lancet. Retrived from [http://www.thelancet.com/series/maternal and child nutrition](http://www.thelancet.com/series/maternal_and_child_nutrition)
 9. United Nations Children 'Emergency Fund (UNICEF) and the World Health Organization (WHO)2010. The baby friendly hospital initiative in the United States. Retrived from <https://www.healthypeople.gov>
 10. Ghai, o.p(2004)Text book of essential pediatrics,6th edition, New delhi, CBS publication,pg45
 11. UNICEF,WHO . Capture the Moment-Early initiation of breast feeding: The best start for every newborn,Newyork,UNICEF:2018.
 12. Dawa.N.Wood.L.et.al.(2002) breast feeding knowledge and attitude of mothers
 13. Riordan, Jan . Breastfeeding and Human Lactation. 3 rd edition, Sudbury United States, Jones and Bartlett Publishers, Inc;2004.pg 912.
 14. Aboud, & Singla,(2012).Challenges to changing health behaviours in developing countries: a critical overview. SOCIAL SCIENCES ANDMEDICINE, Volume 75,(2009),pages589-594