

EFFICACY OF REVERSEPRESSURE SOFTENING TECHNIQUE AMONG POSTNATAL MOTHERSIN SELECTED HOSPITALSAT KANPUR.

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Introduction

Breast milk is nature's way of protecting a baby from the outside world. Just one hour of exclusive breastfeeding within the first hour of a newborn's life has the potential to save one million infant lives. It is thought that at least 250,000 babies' lives could be saved each year if more mothers and families knew how important it was to breastfeed for at least six months. In India, the incidence rate of breast engorgement is 1:6500, which is significantly higher than the global average of 1:8000. According to the most recent research published in the International Journal of Current Medical and Pharmaceutical Research (2017), the signs and symptoms typically appear between days three and five. In her keynote address given on the occasion of Breastfeeding Week 2008, the chief editor of "The Nursing Journal of India" stated that lactating mothers face a variety of obstacles and challenges when it comes to breastfeeding their children. They require assistance from a variety of sources, including their families, communities, workplaces, and governments. Pain, which may be the result of breast engorgement, is the most common reason given for discontinuing breastfeeding in the first two weeks after delivery. Breast engorgement can also cause discomfort. In a population of 58,000, a total of 4,975 women were examined during their first postpartum week between January 2007 and December 2010. This figure represents 87.1% of all deliveries that were anticipated during that time period. Postpartum anaemia was the most common type of morbidity; 7.4% of women suffered from severe anaemia, and 46% of women suffered from moderate anaemia. Fever accounted for 4% of cases, breast conditions accounted for 4.9% of cases, and perineal conditions accounted for 4.5% of cases. We collected data from 54 different women on the onset of feeding, the duration of feeding, the rate of milk maturation, and the use of supplements. These factors were discovered to

have a statistically significant relationship with breast engorgement. According to the findings of the study, it is essential for health programmes to make investments to provide postpartum care to all women, beginning as early as the first week after giving birth. This allows for the conditions to be identified and treated in a timely manner. Engorgement of the breasts typically occurs at the time that the breasts transition from producing colostrum to mature milk. When the milk comes out for the first time, there is an increase in the amount of lymph fluid and blood that floods the breast tissue. This causes the breast tissue to swell. The overdistension of the alveoli that occurs during increased milk production causes the milk-secreting cells to become flattened and occludes the capillary blood circulation that surrounds the alveolar cells. This happens because milk production increases. The stagnation of the system that rids the breasts of toxins and bacteria that can lead to mastitis is caused by congestion, which also contributes to emphysema and obstructs the lymphatic drainage of the breasts. When the edoema extends all the way to the axilla, it can put a lot of pressure on the nerves, which can cause tingling and numbness in the hands in extreme cases. In addition, a protein known as the feedback inhibitor of lactation begins to build up in the mammary gland when milk production becomes stagnant. It plays an important role in the process of apoptosis, which causes the glands that make milk to die off, the alveolar structures to fall apart, and milk production to stop. Within the first six weeks after giving birth, up to one-third of mothers who experience complications such as infection, mastitis, or abscess as a result of inappropriate management of engorgement may decide to switch to alternative methods of infant nutrition. These complications can arise as a result of improper management of engorgement. The data that is currently available for both India and the rest of the world show that breastfeeding has a positive effect on infant survival and growth, protects the infant from infections, and at the same time provides the mother with natural protection from future pregnancies. According to this point of view, the researcher felt that it is necessary to carry out individualised postnatal care that is not harmful and that can be easily carried out by the caregiver or by the mother herself. This care can be easily carried out by the mother. Because of this, the researcher decided to try the massage technique known as "reverse pressure softening (RPS)" in the hopes of reducing breast engorgement.

Methodology

The purpose of this study was to determine whether or not the reverse pressure softening technique (RPS) is effective in reducing breast engorgement and facilitating breastfeeding in postnatal mothers. The Helping Art of Clinical Nursing Theory by Ernestine Wiedenbach served as the inspiration for the conceptual framework that underpinned this research (1964). A quasi-experimental pre-test post-test control group design was used as the research design, and the study was carried out at selected hospitals in Kanpur with samples consisting of 100 postnatal mothers who had undergone caesarean section. The necessary authorities' approval to carry out the study was subsequently obtained through the appropriate channels. In order to collect the demographic data and carry out the evaluation, a questionnaire with interviewing, self-reporting, and observing techniques was used. A standard 6-point breast engorgement scale was utilised in the analysis of the collected data regarding the extent of breast engorgement. The level of breast feeding, which takes into account both the mother and the new born, was evaluated with the help of the LATCHES Breastfeeding Assessment Tool. The pre-test was performed on the fourth and fifth postnatal days for both groups, and the post-test was performed on the fourth and fifth postnatal days of the experimental group after the intervention (reverse pressure softening) and on the fourth and fifth postnatal days of the control group without the intervention for each sample. Both descriptive statistics (such as frequency and percentage mean) and inferential statistics (such as correlation and regression) were utilised in the examination of the data that was gathered (paired and unpaired ttestst, Chi-squaretest.)

Result

The results of the study showed that there is a significant difference between the mean values from the pre-test and the post-test in terms of the degree of breast engorgement. This is shown by the t-values of 4.22 and 17.21, which are statistically significant at the $p < 0.05$ level. As a result, the H1 hypothesis can be validated. The results of the study showed that there was a significant difference between the mean values before and after breastfeeding. This was shown by the t-values, which were 0.88 and 4.39, respectively, which are

statistically significant at the $p < 0.05$ level. As a result, the H2 hypothesis can be validated. The findings of the study demonstrate that the intervention technique known as reverse pressure softening (RPS) is effective. [Citation needed] The calculated value of "t" was 1.03, and it showed a highly statistically significant difference between the experimental group and the control group in terms of post-test level of breast engorgement and breastfeeding among mothers who had undergone caesarean section. When compared to the mean post-test level of the control group, the mean post-test level of breast engorgement was significantly lower, and the mean post-test level of breastfeeding was significantly higher. These results were determined using a significance level of $p < 0.05$. One can conclude that after giving birth, women's breasts don't get as full and they are better able to breastfeed their babies. It was determined through post-test assessment of the level of breast engorgement in both the experimental group and the control group that there is no significant association between the level of breast engorgement and the demographic factors that were chosen for either group. As a result, the hypothesis stated that there is not a significant association between the post-test level of breast engorgement and the selected demographic variables among mothers in the experimental group when the significance level is less than 0.05. Therefore, the hypothesis was not supported.

CONCLUSION

The primary takeaway from the findings of the study was that most of the postnatal mothers in the experimental group who had moderate breast engorgement in the pre-test reported a reduction to mild breast engorgement after the test. This was among the postnatal mothers who had participated in the study. In the experimental group, the level of breastfeeding was only adequate before the test, but it had significantly improved by the time of the post-test. The control group also demonstrated a slight decrease in breast engorgement, which may have been the result of the standard hospital care that was received. So, the researchers came to the conclusion that the Reverse Pressure Softening (RPS) technique helped postpartum mothers who had had a caesarean section reduce the amount of breast engorgement and improve their ability to breastfeed.

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