

Effectiveness of Almond Oil Promotion of Breast Milk Secretions among Post Natal Mothers in Saveetha Medical College and Hospital, Thandalam

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DOI: [10.36348/SIJOG.2019.v02i10.001](https://doi.org/10.36348/SIJOG.2019.v02i10.001)

| Received: 13.09.2019 | Accepted: 08.10.2019 | Published: 15.10.2019

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Abstract

Mothers milk plays an important role in newborn's growth and development. The benefits of breast feeding are numerous both for the mothers and their infants. Promotion of breast feeding is one among the goals of World Health Organization. Almond oil massage is a type of herbal traditional medicine which increases mother's milk by increasing the secretion of prolactin hormone. The main objective of the study was to assess the effectiveness of almond oil massage on breast milk secretion among postnatal mothers. The research design selected for the study was pretest-posttest quasi experimental control group design. A purposive sampling technique was followed to obtain a sample of 60 postnatal mothers (30 postnatal mothers in experimental group and 30 postnatal mothers in a control group). Pre test was done for both groups by using breast milk adequacy checklist. Almond oil massage was given only to the experimental group at the interval of 6 hours a day for 3 days. The mean difference is 4.26 was significant ($t=13.54$, and $p<0.05$). The study also reveals that there is significant association found between educations of the mother. The study also reveals that there is significant association found between order of pregnancy and amount of breast milk secretion. The conclusion of the study shows that almond oil massage was found to be an effective alternative therapy in increasing breast milk secretion.

Keywords: Saveetha Thandalam, Almond Oil.

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INTRODUCTION

Bosom milk is created by a human female and encouraged to newborn children by bosom bolstering. The bosom milk is solid and brimming with nourishment, it gives the essential wellspring of sustenance for babies before they can process increasingly different nourishment. The bosom milk additionally contains adjusted supplements that are require for mental health, development and a solid resistant frameworks that demonstration against infections, microorganisms and parasites since a newborn child's invulnerable framework isn't completely created until age 2years, human milk gives a particular favorable circumstances over equation.

In South Asia 24-26% of children conceived in Bangladesh, India and Pakistan is bosom sustaining inside first hour of birth, though the comparing pace of Srilanka 75% such a significant number of studies gave

data about the utilization of herbs and fundamentals predominantly almond oil in numerous infections. Likewise almond oil advances milk discharges. Almond oil contains rich convergence of Oleic and linoleic fundamental unsaturated fats. The greater part of the investigations were done on almond oil on advancement of bosom milk discharges concentrates found that rubbing with almond oil helps in advancement of bosom milk emissions. Concentrates found that kneading with almond oil three times each day gives great outcomes on advancement of bosom milk [1].

Bosom milk is the delivered by a lactating female. Bosom encouraging ought to begin at the earliest opportunity subsequent to conceiving an offspring and each 1 to 3 hours more than 24 hours children ought to be bosom sustained only for the a half year and on the circumstance of the moms and kid[2].

Almonds oil cashews are accepted to lift bosom milk creation. Studies demonstrated devouring almond oil during lactation it advance milk emissions as aides in combination of nutrient B additionally helps in emulsification of globules. As almond oil contains unsaturated fats, proteins, and calcium and liolenic acids. It likewise contains protein 6g, iron 1.2g, calcium 70 mg, dietary fiber 3.3g, potassium 206 mg, nutrient E 7.3mg, magnesium 78 mg and phosphorous 134 mg[3].

The uniqueness and valuable nature of bosom milk was improved by the way that it is resource given essentially and has no cost. The crucial segments for the newborn children in tropical nations are bosom nourishing and shirking of diseases as we probably am aware such huge numbers of points of interest of bosom encouraging it is effectively absorbable , ensuring against contaminations. It is promptly accessible; it contains lactoferin which blocks development of E-coli. In studies demonstrated that 80% of newborn children developing sound who getting bosom bolsters [4].

An examination has found that the activity of an infant sucking really changes how the mother's cerebrum acts. These outcomes in a monstrous surge of the 'adoration hormone' oxytocin in ladies' mind. The arrival of the concoction in enormous floods upgrade a moms sentiment of trust, love and fondness [5].

The advantages of bosom encouraging for the wellbeing and prosperity of the mother and infant are very much reported WHO prescribes early inception of bosom sustaining. An ongoing preliminary has demonstrated that early inception of bosom bolstering could decrease neonatal mortality by 22%. In creating nations alone early inception of bosom sustaining could spare the same number of as 1.45 million lives every year by diminishing passings for the most part due to diarrhoeal issue and lower respiratory tract contamination in youngsters [6].

In South Asia 24-26% of children conceived in Bangladesh, India and Pakistan are bosom encouraging with in first hour of birth, though the comparing pace of Srilanka 75% [7].

OBJECTIVES

- To assess the breast milk secretion among postnatal mothers.
- To assess the effect of almond oil massage on breast milk secretion among postnatal mothers.
- To find the association between effectiveness of almond oil massage on breast milk secretion with selected demographic variables.

METHODOLOGY

A quantitative research approach was adapted for this study. The research design was quasi experimental research design. The study was conducted at Saveetha Medical College and Hospital in the postnatal ward. The sample was selected by using purposive sampling technique. The sample size consists of 60 postnatal mothers where 30 mothers belong to experimental group and 30 mothers belong to control group. The demographic variable was assessed from both the groups by structured interview, and then modified latch scale breast milk adequacy checklist was used to assess the expression of breast milk. Then the experimental group received after pretesting the experimental group alone was given 2 ml almond oil massage over breasts for 3 days. The procedure was explained to the patient. Expose the breast. Applied 2ml almond oil on the nipple, massage the breast with firm pressure of gentle stroke within circular motion. Massage was given for 5 minutes over each breast at an interval of 6 hours. Then both breasts were cleaned with warm water. Posttest was done for experimental group at the same day with the breast milk adequacy checklist. On the other hand in the control group pretest was done with 72 hours after delivery and posttest was done daily with the breast milk adequacy checklist for a period of 3 days without any intervention. The data was analyzed by using inferential and descriptive statistics.

RESULTS

This section deals with the assessment of bosom milk secretion among postnatal mothers. The exploratory gathering there was 46.6% of postnatal mother in moderate bosom milk emission, 53.3% of postnatal mother in satisfactory bosom milk discharge. In control bunch 3.3 % of postnatal mother in insufficient bosom milk discharge, 90% of postnatal mother in moderate bosom milk emission and 6.6% of postnatal mother in sufficient bosom milk secretion (Table 1, Figure 1).

The trial bunch pretest mean score is 9.3 and the SD is 1.98, the post test mean score is 13.56 and SD is 2.11. In control bunch the pretest means score is 8.36 and SD is 2.38, the posttest mean score is 9.23 and SD is 2.01 (Table 2).

The mean contrast is 4.26 was noteworthy ($t=13.54$, and $p<0.05$) (Table 3). The examination additionally uncovers that there is critical affiliation found between training of the mother.

Table-1: Assessment of the bosom milk secretion among postnatal mothers

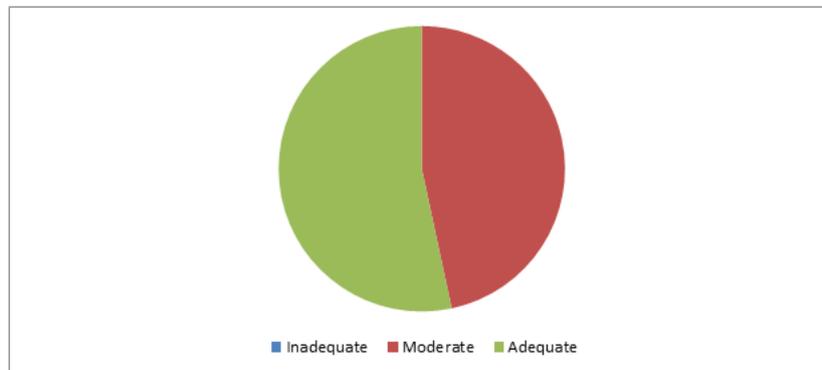
Group	Inadequate bosom milk secretion		Moderate bosom milk secretion		Adequate bosom milk secretion	
	F	%	F	%	F	%
Experimental group	0	0	14	46.6%	16	53.3%
Control group	1	3.3%	27	90%	2	6.6%

Table-2: Comparison of the pretest scores and post test scores between experimental group and control group

S. NO	Group	Pre test scores		Post test scores	
		Mean	SD	Mean	SD
1	Experimental group	9.3	1.98	13.56	2.11
2	Control group	8.36	2.38	9.23	2.01

Table-3: Effect of the almond oil massage on bosom milk secretion

Group	Pre test mean score		Post test mean score		Mean difference	SD	t	Table value
	Mean	SD	Mean	SD				
Experimental group	9.3	1.98	13.56	2.11	4.26	1.72	13.54	2.05
Control group	8.36	2.38	9.23	2.01				

**Fig-1: Post test scores of breast milk secretion in days among postnatal mothers**

DISCUSSION

Mom's milk assumes a significant job in infant's development and advancement. The advantages of bosom encouraging are various both for the moms and their newborn children. Advancement of bosom sustaining is one among the objectives of World Health Organization. The trial bunch there was 46.6% of postnatal mother in moderate bosom milk discharge, 53.3% of postnatal mother in sufficient bosom milk emission. In control bunch 3.3 % of postnatal mother in lacking bosom milk emission, 90% of postnatal mother in moderate bosom milk discharge and 6.6% of postnatal mother in sufficient bosom milk secretion. The test bunch the pretest mean score is 9.3 and the SD is 1.98, the post test mean score is 13.56 and SD is 2.11. In control bunch the pretest mean score is 8.36 and SD is 2.38, the posttest mean score is 9.23 and SD is 2.01. The mean distinction is 4.26 was critical ($t=13.54$, and $p<0.05$). The examination likewise uncovers that there is huge affiliation found between training of the mother.

Supportive study to be include a study on effectiveness of breastfeeding intervention on

breastfeeding exclusively and duration among primiparous mothers is to determine the effectiveness of breastfeeding intervention in improving breastfeeding, a quasi-experimental design used a purposive sample of 96 primigravidas intervention group =48 control group=48. Data was using breastfeeding assessment questionnaire. The the result indicated fourth month postpartum ($\chi^2= 5.671$) ($p=0.017$) in practicing full breastfeeding follow up weeks $\chi^2=5,414$. Fauzi rosozeita *et al.* [8].

Supportive study to be includes a study effectiveness of breastfeeding self-efficacy intervention on short – term breastfeeding outcomes among primiparous mothers. A design experimental pre-test and posttest used. Methods of 74 participants a standarized nursing intervention based on self-efficacy theory results showed greater increases breastfeeding self efficacy the control group 4 and 8 weeks postpartum (expect for duration 4 weeks). Wu ds, *et al.* [9].

Supportive study to be includes a study to determine the effect of message-framing on self-efficacy of breastfeeding in nulliparous women. This quasi-experimental study was conducted in 2015 on 210 nulliparous women in Shushtar (Iran). The participants were randomly allocated into intervention and control groups. The study tool was the short form of breastfeeding self-efficacy scale that was completed on arrival of the study (days 3-5), at the end of week four and at the end of week eight. Data were analyzed by SPSS 19, using Chi-square, ANOVA, and repeated measurements. Results of this study showed that message-framing promotes breastfeeding self-efficacy in nulliparous women and in this regard, there is no difference between gain-framed and loss-framed messages. Merdasi *et al.* [10].

ACKNOWLEDGEMENT

The author is thankful to Prof. Dr. S. Kalabarathi, principal of Saveetha College of nursing, SIMATS. The authors also wish cordial thanks to Mrs.L.Parimala, M. Sc (N) Vice Principal of Saveetha College of nursing, SIMATS, for their encouragement, valuable suggestions, support and advice given throughout the study.

REFERENCE

1. Bergamnn, R.L. (1996). US, Department of nutrition. www. Granny med. Com.
2. Adele pilleteri. (2010). Maternal and child health nursing, nursing care of the child rearing and child nursing family. New York. Lippincott, page number-1012 – 1015.
3. Davis. V. (2008). Almond board of California. www.almonds. are in.com/studies.
4. Semin pennatol. (1979). Benefits of breast milk. <http://www.executive hm.cm/current issues/ articles asp>.
5. Berkeley. C. (2009). A handbook of Midwifery for nurses and midwifery. Indore: N.R.Brothers, 328.
6. Betty, R.S. (2008). Textbook for Midwives. Britain: Markays of Chathampublications, page number: 439-452
7. Cunningham, L.B., & Spong. (2010). Willam Obstetrics. NewYork: McGraw Hil, page number: 374.
8. Fauzi rosozeita, Mohamed che rabiaah, Ismail rahani and Othman mohd shukri [February 28,2018] A study on effectiveness of breastfeeding intervention on breastfeeding exclusively and duration among primiparous mothers.
9. Wu, D.S. (2017). A study effectiveness of breastfeeding self -efficacy intervention on short – term breastfeeding outcomes among primiparous mothers.
10. Merdasi. (2017). A study to determine the effect of message-framing on self-efficacy of breastfeeding in nulliparous women
11. Basavanthappa, B.T. (2006). Text book of Midwifery and reproductive health nursing, New Delhi. Jaypee brothers, page number, 731 – 734
12. Basavanthappa, B.T. (2002). Text book of nursing research. New Delhi. Jaypee brothers, page number, 72 – 78.
13. Dutta D.C. (2009) .Text book of Obstetrics. Culcutta Page, 475
14. Dutta, D.C. (2006).Text book of Obstetrics, kolkatta: New central book agency, page number: 316-328.

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