

SUMMARY

Breast engorgement is one of the most common minor discomforts confronting nursing women after delivery especially primiparae. Breast engorgement is a physiological condition that is characterized by painful swelling of the breasts as a result of a sudden increase in milk volume, lymphatic and vascular congestion, and interstitial edema during the first two weeks following childbirth; this condition is caused by insufficient breastfeeding and/or obstruction in milk ducts. Breast pain during breastfeeding is a common problem that interferes with successful breastfeeding leading to exclusive abandonment of breastfeeding (**Fraser D., Cooper M. & Fletcher G., 2004, Littleton L, Engebretson J., 2005 and Hanretty K., Ramsden I. & Callander R., 2003**).

In spite the fact that breast engorgement is neither serious nor life threatening, nevertheless its presence detract from the mother feeling of comfort and well being as well as cessation or discontinuation of breast feeding resulting to deprive baby from benefits of breast milk. In addition its negligence may lead to serious problems. In many instances, they can be avoided by preventive measures or healthful practices once they do occur (**Fraser D., Cooper M. & Fletcher G., 2004**).

The maternity nurse is in a unique position to assist in prevention and management of breast engorgement through their health education and counseling, which are very crucial nursing tasks. In order to reduce early cessation of breast feeding, therefore, this study was be undertaken to find out the effect of some nursing measures that may relief breast engorgement among a group of breastfeeding women with caesarean section.

The study was conducted at Beni Suef University Hospital. A total sample is 90 Primiparous women delivered caesarean section. They are free from medical disease which interfere with breastfeeding (infectious disease as active pulmonary tuberculosis), Initiate breast feeding and her baby is normal. The sample was divided into two equal groups, a control and a study one.

Data was collected by especially designed interview schedule and check list which was developed by the researcher after reviewing the related literature. It entailed information related to sociodemographic data of the mothers which entailed their knowledge and practices about breast feeding technique, breast engorgement, as well as their performance antenatal breast care. On the other hand, it determined the condition of the breasts.

The interview was conducted individually and in total privacy after delivery. Collection of data was carried out over a period of six months, starting from the beginning of January until the end of June 2010. The collected data was then fed to the computer, tabulated, analyzed and presented in descriptive and association form.

The main yield by the study clarified that:

The knowledge about breast feeding was not adequate among whole study sample. Moreover, a sizable proportion of them lacked the basic knowledge regarding breast engorgement; they also lacked the experience in relation to the proper technique of breast feeding, duration and number of feeding times/day.

The study also revealed that, the degrees of severity of breast engorgement was higher with younger, less educated, working, urban, lower social classes women and those who had limited visits to antenatal clinic, , who had limited

knowledge about breast engorgement than others. Moreover, those who had improper technique of breast feeding.

The study also revealed that, the nursing intervention was more effective and contributed rapid recovery from breast engorgement especially among the older, educated, housewives, high social classes women and those who from rural areas than others.

Based on the finding of this study, it was recommended that:

- Personal education for new mothers by using informational materials such as: leaflets, posters and flipcharts to facilitate health education about correct breast feeding technique, various positions and attachment of her baby for successful breast feeding, and the stage of sucking.
- Traditional birth attendants already form a considerable part of the basic core of primary health workers for the majority of the rural population in many developing countries. Therefore they should be trained and prepared in the field of health education in order to carry out effective health practices.
- Measures to combat women's irregularity of antenatal flow up visits should be taken.