INTRODUCTION

Women represent half of the population; therefore their health is a pre requisite for the health for the whole family, and extension, of the communities and societies. They are the corner stones of the family and assume responsibility for many of its vital functions **(WHO,1994).** Besides having an average of 6 to 10 pregnancies, women in the developing countries have much daily responsibilities as caring for all family members when they are healthy or sick. Many household , in fact ,are head by women who have full responsibility for their families' education , food production , income generation , health and welling . Moreover , women bear a greater burden of reproductive health problems . They are at risk of complications from pregnancy, childbirth, and post partum recovery **(WHO,1995).**

There is no doubt that pregnancy ; childbirth and postpartum recovery represent physical & emotional stress on women **(WHO,1996).** The prevalence of serious maternal and related childbirth problems in developing countries is particularly tragic because of the crucial role that women play in most of these societies **(WHO,1996).** Every year more than 200 million women become pregnant. Some of them (15%) are likely to develop complications that will require skilled obstetric care to prevent death or serious ill death. In many developing countries 25% to 33% of all death of women at reproductive age is result of complications of pregnancy or childbirth **(WFPHA, 1989).**

The postpartum period "Puerperium", as states by Susan A. and Wong H., is the interval between the birth of the newborn and the return of the reproductive organs to their normal no pregnant state .This period sometimes referred to 4^{th} trimester of pregnancy. Although the Puerperium has traditionally been considered to last 6weeks, this time frame varies among

women **(WHO,2001 and WHO &UNECIF, 2001).** It is divided into immediate *(the 1st 24 hours)*, early *(up to 7 days)* and remote *(up to 6 weeks)*. The birth of infant signals the beginning of a new chapter in the life of the mother & her significant others **(Bashir K., 2008 and WHO, 2002).**

Puerperium is a normal process that result in a series of unwelcome both physiological & psychological changes in women *(especially for primiparae*) as their bodies recover from pregnancy & labor. The most observable result of Physiological changes is minor discomforts. Postnatal minor discomforts are commonly experienced by most parturient women, to some degree, in the course of normal Puerperium. Not all women experience these discomfort. Minor discomforts entail after pain , urinary retention & other bladder problems, constipation & other bowel problems, perineal pain & Dysparenuia, backache & fatigue, breast & breast feeding problems including flat & inverted nipple sore & cracked nipple and breast engorgement **(WHO,1995 and WHO, 2001).**

Although minor discomforts after childbirth are not problematical & rarely life – threaten , nevertheless their presence detract form the mother feeling of comfort , wellbeing & can affect on the quality of life as well as their negligence may lead to serious problems . In many instances they can avoided by preventive measures or healthful practices once they do occur **(Bick D. & MacArthur C.,1995).**

Justification of the problem

Breast engorgement is considered among the most significant problems encountered in the first week of motherhood. Moderate to severe engorgement is of more concern. Rates of engorgement between 20 % and 85 % have been reported in the literature based on numerous definitions. Breast engorgement stated by **Littleton L. and Engebreston J. (2005)** as

enlargement and filling of the breasts with milk. It is one of the most common minor discomforts confronting nursing women 2-4 days after delivery, especially primiparae. Women may report red, swollen, warm, firm, tender, uncomfortable, overall heaviness, and full and throbbing pain in the breasts that may extend to the axilla, on examination; there may be pyrexia and tachycardia. The main importance lies in the fact that the engorged breast can prevent nursing, leading to decrease in the milk production. In addition, engorgement may be forerunner of acute –non infective mastitis (acute intra mammary) and breast abscess. Mastitis is an actual inflammation of breast tissue; if mastitis is not treated properly and promptly it may lead to breast abscess **(Hanretty K., Ramsden I. & Callander R., 2003).**

One of the most important aspects of midwifery care is providing accurate and consistent advice on how to prevent breast engorgement and, if problem occurs, how to overcome it, in order to reduce early cessation of breast feeding. Therefore, this study was undertaken to: Assess women knowledge and practiced regarding breast feeding. Assess the prevalence and severity of breast engorgement among a group of breastfeeding women delivered caesarian section. Apply and find out the effect of some nursing measures that may relief breast engorgement among a group of breastfeeding women with caesarean section.