

KNOWLEDGE, ATTITUDE AND PRACTICE AMONG MEDICAL STAFF TOWARDS BREASTFEEDING MANAGEMENT

By

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ABSTRACT

Background: Breastfeeding (BF) is an important public health strategy for improving infant and child health and reducing morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension. (James & Lessen, 2009).

Aim of the Work: To assess knowledge, attitude and practice (KAP) among medical staff regarding BF management and to identify needs for improving their practice in lactation management.

Subjects and Methods: Cross-sectional study including 150 medical staff (100 physicians and 50 nurses) randomly selected at pediatric departments of Al Hussein & Benha university hospitals and El Alamein Ministry of Health Public Hospital (Alexandria). The study was carried out during the duration from February 2018 to March 2019. All the study populations were subjected to self-administered questionnaire (attached) that include questions to measure the **knowledge, attitude and practice** (including questions from number 1 to 20, 21 to 40 and 41 to 60 respectively).

Results: The overall percent score for knowledge (67.03 ± 11.28) was higher than that for attitude and practice (60.62 ± 4.74 and 52.17 ± 8.87 respectively). However percent score for practice was the lowest (52.17 ± 8.87). Percent scores of physician practice (62.90 ± 14.77) and attitude (65.25 ± 13.94) were significantly higher than that of nursing staff (49.70 ± 12.14 and 61.73 ± 4.96 respectively) regarding breastfeeding, $p < 0.001$ and 0.026 respectively. Knowledge of physicians in university hospitals was significantly higher than that of them in Ministry of Health (MOH) regarding breastfeeding at $p < 0.001$. Also, knowledge score of nurses in university hospitals was significantly higher than that of them in MOH regarding breastfeeding at $p < 0.001$. Personal experience was the highest source of knowledge among Physicians and nurses toward breastfeeding management. Attitude percent score of physicians in university hospitals (63.83 ± 12.68) was not significantly lower than them

in MOH regarding breastfeeding (70.92 ± 17.37). Attitude percent score of nurses in university hospitals (60.75 ± 4.92) was significantly lower than them in MOH (65.67 ± 2.74) regarding breastfeeding. Practice percent score of physicians in university hospitals (62.50 ± 14.36) was not significantly lower than them in MOH regarding breastfeeding (64.50 ± 16.61).

Conclusion: External assessment of knowledge, attitude and practice among medical staff toward breastfeeding management is a valuable tool for validating the quality of maternity and newborn services.

Key words: KAP, Exclusive breastfeeding, BFHI, Ten steps to successful breastfeeding.

INTRODUCTION

WHO has defined breastfeeding as the normal method to provide infants with the nutrients they need for healthy growth and development (WHO, 2008). Historically, breastfeeding has generally considered by health professionals as the ideal feeding practice for infants. It is the first communication pathway between the mother and her infant. Previous studies confirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy. (Smith et al., 2017). Exclusive breastfeeding: Feeding only breast milk (at the breast or own mothers' expressed breast milk), no food or water except vitamins,

minerals, and medications (Kellams et al., 2017). Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. (James & Lessen, 2009).

The American Academy of Pediatrics (AAP) has promoted breastfeeding as the optimal infant nutrition. Most pediatricians agree on the importance of breastfeeding and support breastfeeding promotion activities. However, many primary care physicians believe their training in breastfeeding management has been inadequate, and they lack confidence in their breastfeeding management abilities. In addition, some hospital infant feeding practices may impede breastfeeding promotion (Anonymous, 1997).

AIM OF THE STUDY

To assess KAP among medical staff regarding BF management and identify needs for improving their practice in lactation management.

SUBJECTS AND METHODS

Cross-sectional study including 150 medical staff (100 physicians and 50 nurses) randomly selected at pediatric departments of Al Hussein & Benha university hospitals and El Alamein Ministry of Health Public Hospital. The study was carried out during the duration from February 2018 to March 2019. All the study populations were subjected to self-administered questionnaire (attached) that include questions to measure the **knowledge, attitude** and **practice** towards breastfeeding.

All available health care staff including nurses and physicians (house officers, residents, junior teaching staff) who were working at pediatric department at Al Hussein & Benha university hospitals and El Alamein Ministry of Health Public Hospital, available during the period of the study and agreed to participate, were included in the study. The

research tool used to fulfill the research objectives was a predesigned questionnaire (attached).

Financial disclosure/Funding:

The authors received no financial support for the research, authorship, and/or publication of the article.

Ethical consideration:

1. A written informed consent was obtained from all participants (parents) before participation in the study.
2. The objectives of the study, the expected benefits and types of information to be obtained were explained to them.
3. An approval by the local ethical committee was obtained before the study.
4. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.
5. All the data and results of the study are confidential and the participants had right to keep it.

At the start of the study, an explanation of the study was provided, to ensure the potential

participant had adequate information to provide informed consent.

6. The participant has the right to withdraw from the study questionnaire at any time.

All included medical staff (in pediatric departments) in the studied hospitals was asked to answer the predesigned questionnaire after obtaining their informed consents. Each MCQ had one correct answer and if all questions of each part were correct the participant' score was 100%.

The data collected by the questionnaire included:

1. Medical staff Knowledge about breastfeeding:

This section was designed to assess the knowledge about breastfeeding, for example: Physiology of lactation, immunology of mature milk, breast feeding techniques, biochemical composition of breast milk, advantages of breast feeding, importance of colostrum, the average number of feeds the baby should receive per day, up to what age the baby should receive only breast milk and at what age the mother

should start supplementary food. (Q number 1 to 20)

2. Medical staff attitude towards breastfeeding management:

Intention to participate in classes related to breastfeeding in future pregnancy, breastfeeding during pregnancy and jaundice, attitude towards breast feeding policy in health centers, and reasons for adopting breastfeeding, intention to breastfeed future babies. (Q number 21 to 40)

3. Medical staff practices regarding breastfeeding management:

Questions were included to assess practice of medical staff to motivate mothers in certain situations such as, antenatal and post-natal care of breast, help and educate mothers the correct technique of breast feeding positioning and attachment. Moreover, questions about management of breast feeding problems related to both mothers and infant were included in the questionnaire, and how to express breast milk if baby is separated from her. (Q number 41 to 60)

Statistical analysis:

- Descriptive statistics included arithmetic mean (X), standard deviation (SD), frequency and percentage were used.
- Analytic statistics included:
 - Parametric tests for normally distributed sample such as Student t-test.
 - Parametric tests for comparing between the two groups such as p value.
- The level of significance for this study was considered at $p \leq 0.005$.

1- Medical staff' Knowledge about breastfeeding:

A total score of 20 questions was reported and the percent score was calculated for each medical staff.

Level of knowledge was categorized as following:

Level of knowledge % score

Excellent ($\geq 85\%$)

Very good (75% - $< 85\%$)

Good (65% - $< 75\%$)

Average (60% - $< 65\%$)

Poor ($< 60\%$) (Elsaid, 2006)

2- Medical staff attitude towards breastfeeding (according to

Likert-type scale): (Brown, 2010)

20 questions were included to assess attitude of medical staff with total score of 80 reported on a 4-point Likert-type scale; 1=strongly agree, 2=agree, 3=don't agree, 4=strongly disagree. In the five statements that present positive attitude, higher scores always indicated more positive attitudes. A reverse score was considered in items that present negative attitude.

Values were merged in four categories:

- Strongly agree
- agree
- don't agree
- Strongly disagree

Attitude was categorized as following:

Levels of attitude % score

Positive attitude ($\geq 60\%$).

Neutral attitude (40- $< 60\%$).

Negative attitude ($< 40\%$).

(Elsaid, 2006)

3- Medical staff' Practice regarding breastfeeding motivation:

The anticipated practice of medical staff to motivate breastfeeding was assessed by 20 questions assessing the implementation of the ten steps. The first six questions were about BFHI, from question number 7 to 14 were about breastfeeding initiation, and from number 15 to 20 were about supporting continuation of breastfeeding. The first 18 questions were answered by YES (with a score of 1) or NO (with score of 0), the last two questions were MCQ and had one correct answer.

A total score of 20 was reported and the percent score was calculated for each medical staff.

Degree of correct answers for practice:

- Level of practice %:
- Excellent (>85%)
- Very good (75% - <85%)
- Good (65%- <75%)
- Average (60%- <65%)
- Poor (<60%) (Elsaid, 2006)

RESULTS

Table 1: score of knowledge, attitude and practice of medical staff toward breastfeeding management

	Total score (Mean ± SD)	Percent (Mean ± SD)
Overall Knowledge	13.41 ± 2.26	67.03 ± 11.28
Overall Attitude	56.37 ± 2.84	60.62 ± 4.74
Overall Practice	10.43 ± 1.77	52.17 ± 8.87

This table shows that overall percent score for knowledge was

higher than that for attitude and practice regarding breastfeeding.

Table 2: Score of knowledge, practice and attitude towards breastfeeding management for both Physicians and nurses

Overall Score	Physicians (n = 100)	Nurses (n = 50)	T	P
Knowledge				
Total score (Mean ± SD)	13.09 ± 2.51	12.56 ± 4.03	0.852	0.397
Percent (Mean ± SD)	65.45 ± 12.55	62.80 ± 20.13		
Attitude				
Total score (Mean ± SD)	59.15 ± 8.36	57.04 ± 2.98	2.254*	0.026*
Percent (Mean ± SD)	65.25 ± 13.94	61.73 ± 4.96		
Practice				
Total score (Mean ± SD)	12.58 ± 2.95	9.94 ± 2.43	5.828*	<0.001*
Percent (Mean ± SD)	62.90 ± 14.77	49.70 ± 12.14		

This table Shows that percent scores of physicians practice and attitude were significantly higher than that of nursing staff

regarding breastfeeding. while there is no significant difference regarding the knowledge.

Table 3: Sources of knowledge among physicians and nurses toward breastfeeding management

Sources of knowledge	Physicians (n = 100)		Nurses (n = 50)		χ^2	p
	No.	%	No.	%		
Personal experience	41	41.0	26	52.0	6.133	0.105
General practice experience	28	28.0	17	34.0		
Medical training courses	21	21.0	3	6.0		
Text books and internet	10	10.0	4	8.0		

This table shows that personal experience was the highest source (41.0 % for Physicians

and 52.0 % for nurses) without significant difference.

Table 4: Comparison between university and ministry of health hospitals according to attitude items among medical staff toward breastfeeding management

Q	Attitude items	University hospitals (n = 120)	Ministry of health (n = 30)	t	p
		Mean ± SD.	Mean ± SD.		
21	Babies should be fed only breastmilk in the first 6 months of life	3.36 ± 0.62	3.50 ± 0.57	1.138	0.257
22	Bottle feeding at birth can cause the baby to refuse breastfeeding	1.60 ± 0.80	2.03 ± 1.0	2.511*	0.013*
23	Mother with HBV cannot breastfeed	2.68 ± 0.72	2.70 ± 0.75	0.112	0.911
24	Formula milk is equivalent to breast milk marketing?	2.93 ± 0.53	2.77 ± 0.73	1.178	0.246
25	Formula milk is superior to breast milk?	3.48 ± 0.59	3.73 ± 0.45	2.626*	0.011*
26	Formula milk can be added with breast milk to promote growth of baby?	2.84 ± 0.91	3.30 ± 0.53	3.579*	0.001*

t: Student t-test / p: p value for comparing between the two groups / *: Statistically significant at p ≤ 0.05

This table shows that medical staff' mean answers in MOH are significantly higher than that of university hospitals regarding attitude.

Table 5: Comparison between the two studied groups according to practice item among medical staff toward breastfeeding management

Q	Practice item	Physicians (n = 100)				Nurses (n = 50)				χ ²	p
		Correct		Incorrect		Correct		Incorrect			
		No.	%	No.	%	No.	%	No.	%		
49	Please show how you help the mother? Shows correct attachment Shows correct positioning	59	59.0	41	41.0	36	72.0	14	28.0	2.426	0.119
50	Do you show mothers how to express milk if baby is separated from her?	58	58.0	42	42.0	16	32.0	34	68.0	9.015*	0.003*
51	Please show how you help the mother ? Shows correct expression technique	68	68.0	32	32.0	12	24.0	38	76.0	25.929*	<0.001*
54	Do you show mothers how to feed to the cue?	63	63.0	37	37.0	10	20.0	40	80.0	24.671*	<0.001*
55	Do you show mothers how to increase milk supply if her milk is less?	64	64.0	36	36.0	25	50.0	25	50.0	2.708	0.100
56	Please show how you help the mother? Mentions practices to increase milk supply	22	22.0	78	78.0	12	24.0	38	76.0	0.076	0.783

χ²: Chi square test FE: Fisher Exact
p: p value for comparing between the two groups

*: Statistically significant at p ≤ 0.05

The table shows that there was significant correct answers among physicians and significant

incorrect answers among nurses in questions (50, 51, 54) regarding practice items.

Table 6: Comparison between the two studied groups according to different components of practice among medical staff toward breastfeeding management

	Practice score	Physicians (n = 100)	Nurses (n = 50)	t	P
I	BFHI and Code				
	Total score (Mean \pm SD)	4.57 \pm 0.83	3.62 \pm 1.71	3.709*	<0.001*
	Percent (Mean \pm SD)	76.17 \pm 13.86	60.33 \pm 28.55		
II	Breast feeding support for initiation				
	Total score (Mean \pm SD)	5.22 \pm 2.55	3.64 \pm 1.31	5.020*	<0.001*
	Percent (Mean \pm SD)	65.25 \pm 31.86	45.50 \pm 16.32		
III	Breast feeding support for continuation				
	Total score (Mean \pm SD)	2.79 \pm 0.96	2.68 \pm 1.52	0.468	0.641
	Percent (Mean \pm SD)	46.50 \pm 15.94	44.67 \pm 25.30		

t: Student t-test

BFHI: Baby-friendly Hospital Initiative

p: p value for comparing between the two groups

*: Statistically significant at $p \leq 0.05$

This table shows that physicians practice score regarding BFHI and Code was significantly higher than that of nursing staff ($p < 0.001$.) Also

physician's practice score regarding breastfeeding support for initiation was significantly higher than that of nursing staff ($p < 0.001$).

DISCUSSION

WHO recommends mothers worldwide to exclusively breastfeed infants for the child's first six months to achieve optimal growth, development and health. Thereafter, they should be given nutritious complementary foods and continue breastfeeding up to the age of two years or beyond (WHO, 2011).

Several studies have shown that the knowledge, attitude and practices of health workers can favorably or adversely affect breastfeeding practices among mothers. (Akinyinka et al., 2016; Al-Mutairi et al., 2017)

Our study showed that the greatest source of breastfeeding knowledge for physicians was personal experience. In agreement with the present study, (Whelan, 2010), in Dublin, found that the greatest source of breastfeeding knowledge for general practitioners (GPs) were personal experience and general practice experience (Hellings & Howe, 2000). Similarly, a study by (Szucs et al., 2009), from India, found that medical providers used their own breastfeeding experiences to replace evidence based knowledge (Szucs et al., 2009).

Our study showed that the overall percent score for knowledge (67.03 ± 11.28) was higher than that for attitude (60.62 ± 4.74) and practice (52.17 ± 8.87). However percent score for practice was the lowest. In another study there were incongruous results between knowledge and practice among the health workers in the study. The general health workers demonstrated a higher proportion of desirable knowledge responses (52%) than desirable practical skills (38%). This variation implies that their practice was not supported by theoretical understanding of EBF (Chale et al., 2016).

In the present study, the overall percent of medical staff ' knowledge about breastfeeding was (67.03 ± 11.28). This was in agreement with (Pound et al., 2014), in Canada, who found that, the average overall knowledge score about breastfeeding of practicing Canadian medical staff was lower than their predefined acceptable score of 70% (Pound et al., 2014).

The present study showed that 34% of physicians achieved a good score of knowledge about breastfeeding ($65 < 75\%$). But,

another study done by **(Karboush, 1992)** in Egypt, found that only 20% of physicians had good scores of knowledge. On the other hand, another study was done in Alexandria by **(El-Basty, 1993)**, found that the highest percent of physicians 32.86% achieved poor score of knowledge of breastfeeding (<60%) **(El-Basty, 1993)**.

The current study, showed that number of physicians who correctly answered questions discussing knowledge of physiology and nutritional value of breastfeeding was significantly higher in Al Hussein university hospital (67.50 ± 15.99) than those in Benha university hospital physicians (65.0 ± 18.41) and El Alamein central hospital physicians (46.67 ± 24.54).

In another study, 81.5% of physicians knew that prolactin reflex is important reflex for breast milk production and 77.5% knew that letdown reflex is important for milk ejection. In addition, 75.5% knew that colostrum secreted during first 3-5 days after labor, 76.0% knew that colostrum has low content of

carbohydrates compared to mature milk **(Elsaid, 2006)**.

In the present study, the overall percent of medical staff ' attitude about breastfeeding was (60.62 ± 4.74). Another study done by **(Abou Al-Seoud et al., 2012)**, found that the mean percent of breastfeeding attitude was 92%. Moreover, **(Brodrribb et al., 2008)**, found that the mean attitude score (5 = maximum score) was 3.99.

In the present study, 92% of physicians agreed that exclusive breastfeeding is the most beneficial form of infant feeding for the first 6 month of life. In another study, **(Hellings & Howe, 2000)**, 100% of physicians agreed that exclusive breastfeeding is the most beneficial form of infant feeding for the first 6 month of life.

Our study showed that 46% of pediatricians and 44% of nurses recommended no drinks in the hot weather. Moreover, **(Schanler et al., 1999)** found that, 78% of pediatricians recommended no water, glucose water nor formula to be offered to the breastfed infants **(Schanler et al., 1999)**.

Furthermore, 43% of physicians in the present study disagreed that neonatal jaundice is exaggerated because babies are not fed to the cue. Moreover, about 56% of physicians disagreed that formula milk can be added with breast milk to promote growth of baby. In agreement with this study, (Schanler et al., 1999), in the United States, found that, only 8% of respondents recommended to stop breastfeeding during jaundice (Schanler et al., 1999).

In the current study, the mean percent of practice of physicians regarding breastfeeding was (62.90 ± 14.77). In agreement with these results, (Abu Al Saoud et al., 2012), in Saudi Arabia, found that health professionals' mean percent of practice of breastfeeding was 61.4%.

The current study found that, 59% of physicians and 72% of nurses helped mothers about correct positioning and attachment. In another study, (Hasnain and Majrooh, 2012), it was found that 51 (93%) out of 55 doctors and 11 (85%) out of 13 doctors of Obstetric and Paediatric departments respectively, were willing to help mothers when

asked for ensuring proper positioning and latching on breast. In a total of 55 doctors and 23 nurses of the Obstetric departments none of them knew the correct steps of breast feeding positioning and only 1 (1%) out of 55 doctors of the same department narrated only 2 – 3 steps of latching on but no one knew all the 4 steps (Hasnain & Majrooh, 2012).

The current study revealed that about 64% of physicians advised mother to increase milk supply if her milk is less. But another study done by (Arthur et al., 2003), in Mississippi, found that low milk supply was treated by less than half of physicians. (Furthermore, Whelan, 2010), in Dublin, found that for mothers who had insufficient milk, 24% of GPs would recommend supplementing with formula (Hellings & Howe, 2000).

CONCLUSION

1. Overall percent score for knowledge was higher than that for attitude and practice.
2. Personal experience is the highest source of knowledge among Physicians and nurses toward breastfeeding management.

3. High level of knowledge was reported in some areas such as knowledge about immunology of breastfeeding, knowledge about pathology of breastfeeding.
4. Low level of knowledge was reported in some areas such as physiology of lactation, biochemical composition of breast milk (colostrum), nutritional value of breast milk.
5. 64% of physicians had positive attitude towards breastfeeding management ($\geq 60\%$) and 36% had neutral attitude (40- $<60\%$), which is unsatisfactory.
6. The present study showed that the physicians' percent practice achieved average score of breastfeeding ($<60\%$), which is unsatisfactory and needs more training.

Recommendation

1. MOH need to establish national standards and guidelines for the protection, promotion and support for breastfeeding in all facilities providing maternity and newborn services, based on the updated Ten Steps for Successful Breastfeeding.
 2. To ensure that health-care providers have the competencies to implement the BFHI, in all health care facilities that have maternity and neonatal care services.
3. Regular internal monitoring is a crucial element of both quality improvement and ongoing quality assurance.
 4. External assessment is a valuable tool for validating the quality of maternity and newborn services. External assessments should be sufficiently streamlined into existing mechanisms that can be implemented sustainably.

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دراسة لمعرفة مهارات وممارسات إدارة الرضاعة الطبيعية لدى الفريق الطبي

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المقدمة:

تلعب الرضاعة الطبيعية دورا أساسيا في الحفاظ على صحة الأطفال، فالرضاعة الطبيعية توفر الغذاء المثالي لنمو الرضع وتطورهم، كما أن لها تأثيرات حيوية وعاطفية فريدة من نوعها على صحة كل من الأم والطفل. وتشير التقديرات إلى أن الرضاعة الطبيعية المثلى للأطفال دون سن العامين يمكنها أن تمنع حدوث 1.4 مليون حالة وفاة سنويا بين الأطفال دون سن الخامسة في الدول النامية.

الهدف من العمل:

الهدف من هذه الدراسة هو معرفة مهارات وممارسات الرضاعة الطبيعية لدى الفريق الطبي.

طريقه البحث:

اجريت دراسته مستعرضه علي اعضاء الفريق الطبي بمستشفى الحسين الجامعي ومستشفى بنها الجامعي بالاضافة الي مستشفيات وزاره الصحة المتمثله في مستشفى العلمين المركزي. حجم العينه كان ١٥٠ مشارك من الفريق الطبي تم اختيارهم عشوائيا باختيار كل الحاضرين وقت الدراسة بالمستشفيات المشاركه. تم استخدام استبيان

منظم لبيان معرفه ومهارات وممارسات أعضاء الفريق الطبي تجاه الرضاعة الطبيعيه. وتم استعراض وتحليل النتائج. تم ترميز البيانات المجمعه وتحليلها باستخدام الاصدار 20 من (SPSS) الحزمه الاحصائية للعلوم الاجتماعيه.

النتائج:

المجموع الكلي لاعضاء الفريق الطبي المشاركين بالتدريب كان ١٥٠ من المستشفيات الجامعيه (الحسين الجامعي وبنها الجامعي) ومستشفيات وزاره الصحه (مستشفى العلمين المركزي).

وتوصلنا بنتائج الدراسات التي ان 65.45% من الأطباء المشاركين بهذه الدراسة لديهم معرفه بدور الرضاعة الطبيعيه ومدي اهميتها لصحه الأم والطفل بينما 62.8% من التمريض المشارك بهذه الدراسة يعرفن ذلك، وقد وجد أن مصدر المعرفة الرئيسي للأطباء والتمريض بهذه الدراسة هو الخبرة الشخصية وتأتي بعدها خبره الممارسة العامة .

وأفادت ايضا الدراسة أن نسبة المعرفة لدي الأطباء والتمريض المشاركين من المستشفيات الجامعيه المشاركة (مستشفى الحسين الجامعي ومستشفى بنها الجامعي) أعلى من المشاركين بوزارة الصحه التي تتمثل بمستشفى العلمين المركزي.

وفي الدراسة الحاليه، كان اتجاه 64% من الأطباء في الرضاعة الطبيعيه إيجابيا ($\leq 60\%$)، وكان 36% محايدين ($40 - > 60\%$). بينما اتجاه 68% من التمريض في الرضاعة الطبيعيه إيجابيا ($\leq 60\%$) وكان 32% محايدين ($40 - > 60\%$). وكان متوسط النسبة المئوية لتقييم اتجاه الأطباء في الرضاعة الطبيعيه $60.62 \pm 4.74\%$

وفيما يتعلق بممارسة الأطباء للترويج للرضاعة الطبيعية، في الدراسة الحالية، قد أفادت الدراسة أن 62.9% من الأطباء المشاركين بهذه الدراسة لديهم ممارسه صحيحة للرضاعة الطبيعية بينما 49.7% من التمريض المشارك بهذه الدراسة يعرفن ذلك.

الاستنتاج:

عدم وجود فروق ذات دلالة احصائية بين الاطباء المشاركين بمستشفي الحسين الجامعي ومستشفي بنها الجامعي بينما هناك فرق ذات دلالة احصائية بينهم وبمستشفى العلمين المركزي التي تمثل وزاره الصحة بهذه الدراسة.

توجد ايضا فروق ذات دلالة احصائية بين الاطباء والتمريض المشاركين بهذه الدراسة في مهارات وممارسات إدارة الرضاعة الطبيعية.