



A STUDY TO EVALUATE THE EFFECTIVENESS OF REVERSE PRESSURE SOFTENING TECHNIQUE ON BREAST ENGORGEMENT AMONG POSTNATAL MOTHERS ADMITTED IN SELECTED HOSPITALS AT MEERUT, UP.

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ABSTRACT

Background: The phrase "post-natal care" refers to issues that arise from birth to six weeks after delivery that impact both the mother and the child. All difficulties pertaining to the mother and the child after delivery should be referred to as "postnatal" concerns. The postnatal phases start soon after the baby is delivered and last for a maximum of six weeks (42 days). Edema, tightness, and a rise in breast size are the hallmarks of breast engorgement. It often starts between days three and five of breastfeeding; however, it might last until days nine or ten. Moderately to severely engorged breasts are hard, full, tight, hot, and painful, with throbbing and agonizing pain. It only slightly pushes the swelling back into your breast for five to ten minutes. This makes it easier to connect the baby since your areola may readily alter form. This is done to let the softening areola allow the nipple to extend further into the baby mouth. The new-born finds it simpler to consume milk as a result, to express milk either manually or gradually using a breast pump. Breast engorgement is a frequent concern in the initial few days and weeks of nursing and happens when the breast tissue overflows with milk, blood, and other fluids. Breast engorgement is caused by an increase in blood flow to your breasts in the days following childbirth. Although the increased flow of blood aids in milk production in the breasts, it can also be painful and uncomfortable. It's possible that milk production won't start for three to five days after delivery. It can also reoccur at any point if the mother continues to breastfeed. The chances of feeling breast engorgement and difficulty may increase in response to specific situations or events. Each individual's breast engorgement symptoms will differ. In the first few weeks, the reverse pressure softening technique might be helpful for improving difficulties with attachment or breast engorgement if the mother has fluid retention as a consequence of IV fluids or drugs administered during labor. How milder or more stiff swelling is displaced from the areola by reverse pressure softening for five to ten minutes, it barely pulls the swelling back into your breast. As a result, connecting the baby is made simpler because your areola may easily change shape. This is done to allow the nipple to expand further into the baby's mouth due to the areola's softening. A low-grade fever and exhaustion are common symptoms in women with breast engorgement during the early stages of milk production. Fever can occasionally be brought on by breast infections, which should be treated as soon as possible to prevent further damage. This condition is commonly referred to as "milk fever". For instance, mastitis is an infection that results in breast tissue discomfort. The most frequent reason is an accumulation of milk in the breast. Mastitis that is left untreated might result in issues such as pus accumulation in the clogged milk ducts. **Method:** a quantitative research approach with Quasi experimental research design (post control group design). Adopted in order to achieve the objectives of the study. **Result:** there was a significant difference ($p < 0.05$) post test **Conclusion:** It is observed that Reverse Pressure Softening Technique help in Breast Engorgement among postnatal Mothers.

KEYWORDS : reverse pressure softening technique , breast engorgement , postnatal mothers.

INTRODUCTION-

Lactation is the medium involved with manufacture human milk. Human milk is ejecting through the bosom of the female parent. feeding an infant by giving suck at the breast is hormonally driven and take place normally in human being that one pregnant. Lactation will go on nevertheless long milk is being eject from the bosom. Bosom engorgement is building up of breast, that prompts agonizing, elegant breast. It's brought about by an enlargement in blood stream and milk supply in a bosom, and it happens in the principal days after labor. Etiology of breast engorgement: change milk through colostrum into Mature milk, neglect feedings or siphoning meetings, neonate stays asleep for the whole sundown or starts eating strong food, accompanying feedings with equation, children doesn't eat as much because of life as a childhood disease, child isn't hooking accurately and completely ejaculate the breast. The complication of breast engorgement will be dissimilar for every person. Dense or tight, delicate or hot to contact, weighty or filled up, uneven, enlarged When lactation consultant Jean Cotterman observed that softening an areola (the black area of the breast surrounding the nipple) improved infant latch and boosted milk transfer when engorged, she coined the phrase "reverse pressure softening." In order to make latching and pumping, uncomplicated Reverse Pressure Softening works by using the hands to push the fluid in your breasts backward, shaping the form of bosom and assisting the nipple to protrude. Benefits of Reverse Pressure Softening: Relieves part of the pressure caused by engorgement. deepens the latch for the children, makes engorged pumping easier, raising milk transfer,

reduces the chance of nipple damage and aids in assists in the first dissatisfaction utilizing the reverse pressure softening approach, any fingertip combination may be used to press your fingertips around the base of your nipple, apply consistent pressure steadily and strongly Drag the fingers away from a nipple after about 30 seconds and maintain pressure on it. Continue the technique while swapping places each time you approach a nipple. Continue until an areola relaxes. Release milk or feed a child immediately.

Need For The Study

For postnatal moms, a novel treatment called the reverse pressure softening technique has been developed. Some women see childbirth as a wonderful union of hopes mixed with a great deal of concern and anxiety over the baby's health and normality, their own reactions to labor, and the attitudes of others who will assist and care for them. Usually, there is a greater sense of impending doom as labor and delivery time draw near. 2018's Dalgas-Pelish. Breast engorgement has an incidence rate of 1:8000 worldwide and 1:6500 in India. According to the signs and symptoms typically appear between days three and five. In her keynote speech for Breastfeeding Week 2008, the chief editor of "The Nursing Journal of India" stated that breastfeeding presents a number of challenges and limits for nursing moms. They require assistance from the government, the workplace, the family, and society at large. Pain, which could be the result of breast engorgement, is the most frequent reason given for stopping nursing within the first two weeks following delivery. In a population of 58,000, 4,975 women (87.1% of all anticipated

deliveries) had their babies between January 2007 and December 2010. The following other common morbidities were perineal conditions (4.5%), condition of breast (4.9%), and fever (4%). 54 women provided information on when they started feeding, how long they feed, how quickly their milk matured, and whether they were supplementing. There was a strong correlation between these characteristics and breast engorgement. According to the study's findings, health interventions.

Statement Of The Problem

"A Study to Evaluate the Effectiveness of Reverse Pressure Softening Technique on Breast Engorgement among postnatal Mothers Admitted in a selected Hospitals at Meerut, UP."

Objectives Of The Study-

- 1) To assess the level of breast engorgement in postpartum mothers in the experimental and control groups.
- 2) Evaluating the effect of the Reverse Pressure Softening Technique on the mothers in the experimental group's postpartum engorgement.
- 3) To contrast the reverse pressure softening technique post-test results between the experimental and control groups.
- 4) To ascertain whether their chosen demographic characteristics and the reverse pressure softening technique post-test score are related.

Operational Definitions

1) Assess: To identify and evaluate the nature, aptitude, or quality of anything. This study estimates the effectiveness of the Reverse Pressure Softening Technique on postpartum women.

2) Evaluate: The term "evaluate" in this study refers to how well the reverse pressure softening technique works on new mothers.

3) Effectiveness- (According to Oxford dictionary) A thing's effectiveness is determined by how well it accomplishes the desired result. It discusses the change in the mean scores of new mothers after using the reverse pressure softening technique.

4) Reverse Pressure Softening Technique – Procedure: Moderate to severe edema in the areola is momentarily eliminated by reverse pressure softening. It forces the edema into the breast, pushing it slightly posterior for a brief period of time (5 to 10 minutes). This enhances the attachment of the infant and makes the mother's areola change form more easily. The reverse pressure softening procedure Moderate to severe edema in the areola is momentarily eliminated by reverse pressure softening. It forces the enlargement into the mother's breast somewhat towards the rear for a limited period of time—five to ten minutes. This improves the attachment of the infant and makes the areola's transformation easier. This is so that, as the areola softens, the nipple may extend farther into the baby's mouth. Now, the baby can get milk more readily.

Follow these steps: Pick one of the ensuing methods. Gently push up against the chest wall and count to fifty. This should be done repeatedly until the areola begins to soften. When the areola softens, the mother can begin nursing or feeding the child.

Method 1: Make sure the fingernails are short. Place curved fingertips where the neonate tongue will go.

Method 2: two-handed, one-step technique a two-handed, one-step technique Ensure that the fingernails are cut short. Put your rolled fingertips on the top of your breast so that they individually touch the side of the nipple.

Method 3: The two-step, two-handed method If the mother is comfortable and knows someone who can assist, then this strategy might be employed. Request that they place one of their thumbs so that the side of the nipple is where the base of each thumbnail is., on either side of the nipple. Repeat with thumbs above and below the nipple after turning a quarter turn. These techniques were taken from Kyle Cotterman's drawings in K. Jean Cotterman (2010). Reverse pressure softening when the mother is resting on her back will be more soothing if the breasts are particularly large (engorgement). Before each feeding (or expressing), gently soften the areola until the swelling subsides. This might take up to four days. Pause occasionally while expressing to soften the area around the areola.

5) Postnatal mothers- The term "post-natal care" describes problems that affect the mother and the newborn from birth until six weeks old. Postpartum mothers are women who gave birth in a medical setting.

6) Breast engorgement: Breast engorgement causes the breasts to expand, feel tight, and grow in size. Even while it can happen as late as days 9 or 10, it often happens in the first few days of nursing, between days 3 and 5. Breast engorgement that is somewhat severe causes firm, full, tight, heated, and painful breasts with throbbing and agonizing pain.

Research Hypothesis

H1: The post-test scores of postpartum moms in the experimental and control groups on the effectiveness of the reverse pressure softening technique on the degree of breast engorgement and breastfeeding will differ significantly.

H2: The post-test score of the postpartum moms' chosen demographic characteristics will be significantly correlated with their level of breast engorgement. 0.05 Level of significance at the level.

Assumptions

Breast engorgement will vary in intensity amongst postpartum moms. Postpartum mothers who use the reverse pressure softening technique will experience less breast engorgement. Breast engorgement causes discomfort and reduces the baby's intake of food. Reverse pressure softening is a simple practice that promotes breastfeeding and lessens breast engorgement for the mother.

Delimitations Of The Study

The study will be limited to postnatal mothers admitted to selected hospitals in Meerut, UP. The data collection will be limited to only 4 weeks. The intervention will be given for two days, three times a day.

Projected Outcome

The results of the study will aid in identifying the best possible treatment for breast engorgement. The study's findings will show that the reverse pressure softening approach is successful. The research will make it feasible for the nurse to instruct the mother in an approach that will lessen breast engorgement. Reverse pressure softening approach will be carried out into standard hospital postnatal care as a result of the study's motivation for nurses and nursing assistants.

Research Methodology:

Research Approach:

A quantitative evaluative research approach will be employed for this investigation.

Research Design: Research design was a post-test only, quasi-experimental, non-equivalent control group research design.

Table: 1 symbolic representation of research design (quasi experimental post test control design)

Group	2 nd post-natal day	3 rd post-natal day
Experimental group	XO1	XO2
Control group	O1	O2

Keys X – Intervention- Reverse Pressure Softening Technique
 O1, O2, – Post assessment of breast engorgement in postnatal mothers in experimental group and control group on 2nd day of intervention postnatal days.

Table 2: schematic presentation of the research design

Groups	Day 1	Day 2
	Treatment	Post test
Experimental group	Assessment of the SPBES	Posttest O1
Control group	Routine care	Posttest O1

Variable Of The Study

Variables:

- **Independent variable** Reverse Pressure Softening technique.
- **Dependent variables** Post Natal Mothers with breast Engorgement.

Setting Of The Study:

The study was conducted in a couple of hospitals in Meerut (Lokpriya and Kailash).

Selection criteria for the environment:

- Anticipating official approval and support for the research.
- The comfort of the environment;
- The proximity of the setting to other places.
- The viability of carrying out the investigation.
- Easy access to the subjects

Study Population –The population sampling or study target group consisted of new mothers.

Sampling Technique: The sample in the current study was gathered using a non-probability, purposeful sampling strategy.

Sample Size: the sample size consisted of 60 post-natal mother

Experimental group	30
Control group	30

Criteria Of Sampling: Non randomized Purposive Sampling Technique.

Criteria For The Sample Selection Inclusion Criteria:

- 1) Postpartum women with engorged breasts.
- 2) Postpartum mothers who will be present when data is gathered.
- 3) Who are eager to take part
- 4) With no anomalies in their nipples.

Exclusion Criteria:

- 1) Postpartum women using alternative home cures for breast engorgement
- 2) Postpartum women who experience other medical issues
- 3) Postpartum women who refuse to participate in the research
- 4) Who experienced any difficulties with her breast.

Description of the tool A research instrument is something that is used to collect data for a study. The instrument used in the study is divided into three parts. They contain a schedule for interviews, a 6-Point Breast Engorgement Scale, and Part 1: Tool demographics Time of the Interview It is made up of parts to get demographic information including the mother's age, her education, her occupation, her income, her spouse's income, how long she has been married, her religion, her area of residence, her family type, the day of the postpartum, The

mode of delivery Part 2: Breast Engorgement Six-Point Scale A standardized method was developed by Dr. Hill P.D. to assess the level of breast engorgement. The tool was explained to the mother, and self-reporting and observation were used for scoring.

One - gentle, unchanging breasts

Two: a tiny stiffness in the breasts

Three: firm, breasts devoid of any soreness

Four : firm, moderate breast soreness

Five : firm and tender

Six: extremely stiff yet delicate.

Content validity of the research tool The nursing specialists were associate professors with master's degrees in OBG nursing who had more than five years of experience working at various nursing colleges in Meerut. The medical professionals include Consultant Obstetrician and Gynecologist with more than ten years of experience working in hospitals in Meerut.

Data Collection Procedure:

According to Polit and Hungler (1999) "Data collection is a gathering of information needed to address a research problem. Over the course of six weeks, the main study was conducted at Kailashi Hospital and Lokpriya Hospital in Meerut. The researcher visited the hospitals and introduced herself to everyone who need her knowledge. The study required consent from authorized officials at both universities prior to execution. The ward staff provided lists of mothers who delivered birth naturally and via cesarean section in both hospitals. These mothers were watched from the beginning on the first postpartum day and those with engorged breasts were included for the research. Choosing postnatal mothers who met the study's criteria resulted in a sample size of 30 for each group. The goal of the study was told to the mothers. 3rd and 4th days of intervention had been administered. The data was collected on the second day of the intervention. Mothers were urged to get back breastfeeding their children right away following intervention. Each sample in the experimental group is given a 30-45 second intervention.

Steps: Experimental Group

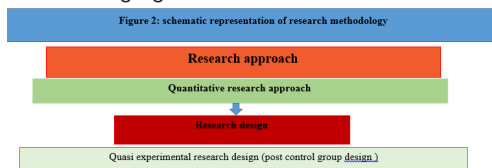
- The researcher gave postpartum mothers a brief introduction and an explanation of the objectives of the study.
- The postpartum mothers explained the goal of the research and how they plan to participate.
- Consent was acquired verbally and in writing, and confidentiality was ensured.
- The experimental group received the SPBES on the first day of the pilot project in preparation for the post-test on the following day.
- After the third day, the SPBES post-test level was evaluated, and breast engorgement reduced.

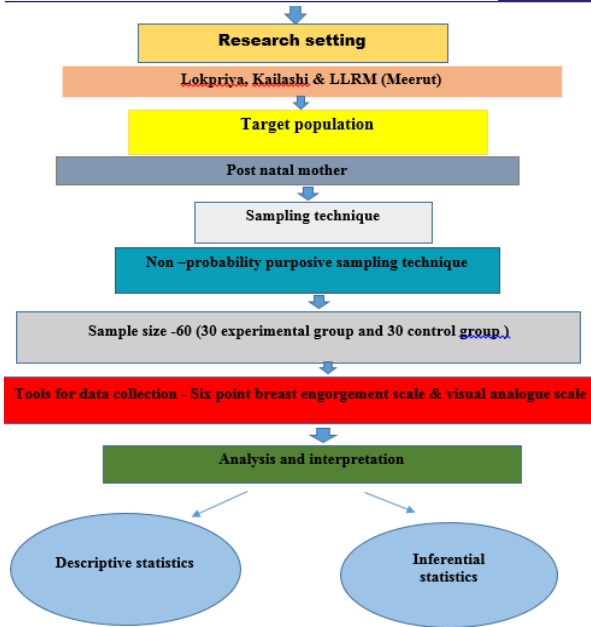
Steps: Control Group

- Postpartum women were informed of the study's purpose and the researcher's identity.
- The postpartum mothers described the goals of the research and how they planned to participate.
- Consent was requested verbally and in writing, and confidentiality was maintained.

Tool For Data Collection

- Demographic characteristics
- Self-rated Engorgement Scale (SPES)





the main study in view, descriptive and inferential statistics were done.

- **Descriptive statistics:** (the mean, mean percentage, standard deviation) was calculated.
- **Inferential statistics:** unpaired t-test was calculated to find out the effectiveness of reverse pressure softening technique and Chi-square was calculated to find out the association between the post-test score of the reverse pressure softening technique among the experimental group with their selected demographic variables.
- **Section 1:** Frequency distribution of demographic data of the experimental and control groups.
- **Section 2:** Clinical profile of post-natal mothers.
- **Section 3:** Frequency distribution of among post-natal mother in the experimental and control groups.
- Mean, mean difference, standard deviation, standard deviation difference of post-test of the reverse pressure softening technique in the experimental and control group and unpaired 't' - test score of the experimental and control group.
- Independent 't' test was used to compare the effectiveness of reverse pressure softening technique between the experimental and control group.
- Compare the post-test score the Experimental and control group

Section 4: Chi-square test for assessing the association of post-test score of experimental groups with selected demographic variables.

Section-1: Distribution Of Demographic Variables Of The Samples:

Table 5: frequency distribution of sociodemographic variable among post-natal mothers in the experimental and control group. N=60

α)Age	Socio demographic variables	Control group		Experiment al group	
		freque ncy	percent age	frequ ency	perce ntage
	a)18-23 years	11	36.67	12	40
	b)24- 29 years	12	40	13	43
	c)30-35 years	5	16.67	3	10
	d)				
	e)Above 36 years	3	10	2	6.6

b) Education of mother	a)Primary education	2	6.6	7	23.33
	b)High school	5	16.67	12	40
	c)Degree	10	33.3	5	16.67
	d)Post graduate	13	43	6	20
c) occupation of mother	a)Self employed	2	6.6	6	20
	b)Private employee	13	43	10	33.3
	c)Government employee	2	6.6	8	26.67
	d)House wife	13	43.3	6	20
d)Income of mother	a)<5000	2	6.6	5	16.67
	b)5,000- 10,000	15	50	10	33.3
	c)Above 10,000	13	43.3	15	50
e)Income of spouse:	a)<5000	2	6.6	2	6.6
	b)5,000- 10,000	13	43	8	26.67
	c)Above 10,000	15	50	20	66.67
f)Duration of marriage:	a)1-2 years	7	23.3	5	16.67
	b)3-4 years	8	26.6	10	33.3
	c)4-5 years	7	23.3	7	23.3
	d)Above 5 years	6	20	8	26.67
g)Area of residence:	a)rural	5	16.67	4	13.3
	b)urban	25	83.3	26	86.67
h)Type of family:	a)Nuclear family	18	60	10	33.33
	b)Joint family	12	40	20	66.67
I)Day of Post-natal	a)1-2 days	10	33.33	8	26.67
	b)3-4 days	20	66.67	22	73.33
j)Nature of Delivery:	a)Vaginal delivery	20	66.67	16	53.334 rr5
	b)Instrumental delivery	2	6.6	2	6.6
	c)C- section	6	20	10	33.33
	d)Vacuum delivery	2	6.66	2	6.6

Table: 2.1 Frequency and Percentage Distribution of Level of Breast Engorgement among postnatal mothers in experimental group and control group.

S.NO	Level of Breast Engorgement	Experimental group		Control group	
		N=30		N=30	
1	NO	16	53.3	0	0
2	MILD	12	40	0	0
3	MODERATE	0	0	17	56.6
4	SEVERE	0	0	13	43.3

The above table2 shows the post-test frequency and percentage distribution level of breast engorgement among experimental and control group.

The post-test score showed 16(53.36%) and 0(0%) are having no engorgement and 12(40%) and 0(0%) had mild breast engorgement, 0(0%) and 17(56.6%) moderate breast engorgement and 0(0%) and 13(43.3%) severe breast engorgement in experimental group and control group respectively.

It is inferred that majority of the postnatal mothers in experimental group had marked reduction in the level of breast engorgement from moderate to mild while the postnatal mothers in control group showed moderate engorgement. Figure.3. Frequency and Percentage Distribution of Level of Breast Engorgement among postnatal mothers in experimental group and control group.

Figure.3. Frequency and Percentage Distribution of Level of Breast Engorgement among postnatal mothers in experimental group and control group

The purpose of data analysis is to organize the data into interpretable forms so that the research problem can be studied and tested. The analysis is the categorizing, ordering,

and summarizing of data, making sense of results, and examining the implication of finding in a broader context.

Table: 2.2. Mean, Standard deviation, Mean Difference and 't' value of post-level of breast engorgement of experimental group and control group

S.NO	OBSERVATION	EXPERIMENTAL GROUP		CONTROL GROUP		MD	t-value	df = 28
		Mean	SD	Mean	SD			
1.	Post – test	1.53	0.628	5.53	0.57	4	1.39	

Table: 2.2. Reveals that among experimental group the mean post-test score was 1.53 with Standard deviation 0.68 and in control group the mean post-test value was 5.53 with Standard deviation 0.57. The obtained t-value is 1.39 (table value at df = 28(2.05)) and is significant. In control group the mean post-test score was 5.53 with Standard deviation 0.57. The obtained t-value is 1.39 (table value = 2-02).

Table: Data On The Association Between The Levels Of Breast Engorgement With Their Selected Demographic Variables.

Frequency, Percentage and 2 distribution on level of breast engorgement among postnatal mothers in experimental group with their demographic variables. N=60

LEVEL OF BREAST ENGORGEMENT EXPERIMENTAL GROUP	Breast engorgement score		Chi-square value		df	P-value	S/N
	No engorgement (1)	Mild (2-3)	Chi v	Chi Table v			
Age	Experimental group (category)						
	a)18-23 years	7	5	0.613	7.82	3	0.89 NS
	b)24-29 years	7	6				
	c)30-35 years	1	2				
	d)Above 36 years	1	1				
Education of mother	a)Primary education	6	1	6.332	7.82	3	0.96 NS
	b)High education	6	6				
	c)Degree	3	2				
	d)High school	1	5				
Occupation of mother	a)Self employed	5	1	4.955	7.82	3	0.17 NS
	b)Private employee	6	4				
	c)Government employee	2	6				
	d)House wife	3	3				
Income of mother	a)<5000	4	1	6.964	5.99	2	0.30 NS
	b)5,000-10,000	2	8				
	c)Above 10,000	10	5				
Income of spouse	a)<5,000	1	1	2.075	5.99	2	0.35 NS
	b)5,000-10,000	6	2				
	c)Above 10,000	9	11				
duration of marriage	a)1-2 years	3	2	2.262	7.82	3	0.51 NS
	b)3-4 years	6	4				
	c)4-5 years	2	5				
	d)Above 5 years	5	3				
Area of residence	a)Rural	3	1	0.870	3.84	1	0.35 NS
	b)Urban	13	13				

Type of family	a)Nuclear family	6	4	0.267	3.84	1	0.60 NS
	b)Joint family	10	10				
Days of post natal	a)1-2 days	4	4	0.048	3.84	1	0.82 NS
	b)3-4 days	12	10				
Name of delivery	a)Vaginal delivery	9	7	0.117	5.99	2	0.98 NS
	b) Instrumental delivery	1	1				
	c)C-section	5	5				
	d)Vacuum delivery	1	1				

Frequency, Percentage and 2 distribution on level of breast engorgement among postnatal mothers in experimental group with their demographic variables. N=30

LEVEL OF BREAST ENGORGEMENT CONTROL GROUP	Breast engorgement score	Chi-square value		Df	P-value	S/N	
		Chi v	Chi table val.				
	Control Category	Moderate	Severe				
	a)18-23 years	6	5	1.18	7.82	3	0.75 NS
	b)24-29 years	4	8				
	c)30-35 years	2	3				
	d) Above 36 years	1	2				
Education of mother	a)Primary education	1	1	0.36	7.82	3	0.94 NS
	b)High education	2	3				
	c)Degree	5	5				
	d)High school	5	8				
Occupation of mother	a)Self employed	1	1	0.24	7.82	3	0.70 NS
	b)Private employee	6	7				
	c) Government employee	1	1				
	d)House wife	5	8				
Income of mother	a)<5000	1	1	1.48	5.99	2	0.42 NS
	b)5,000-10,000	8	7				
	c)Above 10,000	4	9				
Income of spouse	a)<5,000	1	1	3.48	5.99	2	0.17 NS
	b)5,000-10,000	8	5				
	c)Above 10,000	4	11				
duration of marriage	a)1-2 years	4	3	2.27	7.82	3	0.51 NS
	b)3-4 years	3	5				
	c)4-5 years	3	4				
	d)Above 5 years	1	5				
Area of residence	a)Rural	2	3	0.02	3.84	1	0.87 NS
	b)Urban	11	14				

Type of family	a)Nuclear family	8	10	0.02	3.84	1	0.8	NS
	b)Joint family	5	7	2			804	
Days of postnatal	a)1-2 days	5	5	0.27	3.84	1	0.6	NS
	b)3-4 days	8	12	1			023	
Name of delivery	a)Vaginal delivery	8	12	0.27	5.99	2	0.9	NS
	b) Instrumental delivery	1	1	1			652	
	c)C-section	3	3					
	d)Vacuum delivery	1	1					

Frequency, Percentage and 2 distribution on level of pain among postnatal mothers in experimental group with their demographic variables.

Summary of Chi-Square analysis, which was used to bring out the association between the levels of breast engorgement among postnatal mothers of control group with their selected demographic variables.

DISCUSSION-

The discussion's objectives are to interpret, characterize, and explain the significance of the researcher's findings in light of what is already known about the research problem under investigation. It also aims to explain any new information or insights that have emerged as a result of the researcher's study of the issue. The expansion and pressure of breast milk during its production and storage on the mammary glands causes breast engorgement. Four to six days after delivery is when it occurs. Anytime during breastfeeding the breasts do not transmit the milk to the other breast, breast engorgement may result. Most mothers stop nursing for a number of reasons, such as pain, a cracked nipple, a cleft palate in a newborn, etc. Breast engorgement is reduced by the reverse pressure softening technique, and in certain. The responses were examined using inferential statistics (chi-square and "t" test) and descriptive statistics (mean, standard deviation, frequency, and percentage). A discussion of the findings was prepared based on the objectives of the study. Comparing postpartum mothers in the experimental and control groups for breast engorgement was the study's original goal. The results of the study showed that 30 postpartum women—of whom there were thirty—were in the experimental group. However, the post-test shows that 53.3 percent of the 16 mothers had either decreased or completely eliminated their breast engorgement. On the other hand, in the post-test, all 14 mothers (46.6%) exhibited little to no breast engorgement.

The study findings are also supported by Khorasan S. et al. (2017). The current study is corroborated by a study on the effects of hollyhock (*Althaea officinalis* L) leaf compresses mixed with warm and cold compresses on breast engorgement. The results showed that breast engorgement can be improved by applying hollyhock leaf compresses in addition to the recommended course of treatment. The intervention group's overall degree of breast engorgement significantly changed, according to the results. Comparing the breastfeeding rates. of postpartum mothers and their babies in the experimental and control groups was the second goal. Thirty postnatal moms in the control group reported post-test scores for moderate breast engorgement in thirteen (43.3%) and severe breast engorgement in seventeen (56.6%).

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