

# Explore The Lived Experiences Related To Breast Feeding Among Postnatal Mothers With COVID - 19 From Selected Areas Of Sangli, Miraj, Kupwad Corporation

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## Abstract

A study to explore the lived experiences related to breast feeding among postnatal mothers with Covid 19 from selected areas of sangli, miraj, kupwad corporation. The study objective to explore the lived experiences regarding breast feeding among postnatal mothers affected with Covid 19. Qualitative approach was used for this study. The conceptual framework used in this study was the Bio-psychosocial model was coined by Peter E Grinion. Purposive Sampling technique was used. Saturation of data was achieved with 10 samples with purposive sampling technique. Tool consisted of demographic profile and semi structured interview guidelines.

The data was collected through one to one in-depth interview. A thematic analysis was utilized based on the Collaizis method. Based on commonalities within the data, themes and categories were formulated. A total of 6 themes, 19 sub themes and 90 codes were generated.

The 6 themes are as follows: Theme No 1 : Emotional Load- Mothers experienced Anxiety and fear of transmission of corona during breast feeding, so they were feeling sad and was having guilt. Theme No 2 : Breast feeding during Illness- Mothers experienced difficulty in seating during breast feeding due to physical illness, two mothers experienced breast engorgement due to fear of transmission of disease during breast feeding.

Theme No 3 : Practices of Breast feeding- Few mothers gave breast feeding to the baby as per the demand, eight mothers initiated breast feeding soon after the birth and duration was also 15 to 20 minutes on each breast. Theme No 4 : Impact of Lockdown - mother spend quality time with the baby due to lockdown, they received good support by partner and mother in law for breast feeding, also due to lockdown the visitors were less so mother had more time to focus on baby. Theme No 5 : Support from Health care workers - health care workers and anganwadi workers visited daily to home and supported with psychological support and health education regarding nutrition, breast feeding and care during illness. Theme No 6 : Covid Protocol – Mothers was practicing Covid protocols by wearing mask, Washing hands before and after touching the baby, using sanitizer, maintaining social distance.

## INTRODUCTION :

For the neonates early initiation of breastfeeding had shown positive effects, when the breast feeding given within an hour after birth. Both rooming-in and continuous skin-to-skin contact should be encouraged<sup>1</sup> For the infants Breast

milk is the best nutrient , as it contains antibodies which helps the infant to boost immune system .<sup>2,3</sup> Recommendations given by WHO <sup>4</sup>that breastfeeding should be given exclusively for six months and continue with appropriate complementary foods for two years of age.

In December 2019 during an outbreak in Wuhan, China. COVID-19 is an respiratory illness caused by a new coronavirus that was first detected COVID-19 spreads from person-to-person via two meters of patients or by direct contact with infectious secretions from patients such as blood, serum , sputum and respiratory droplets. The peoples who are having symptoms believed to be most contagious. Spread from asymptomatic carriers might be possible, but this maynot be the main mode of spread. The virus has not been found in breast milk, also there is no current evidence for transmission by breastfeeding <sup>5</sup>

A study published with case series on pregnant women with COVID-19, explains that the virus was not detected in neonates or specimens of breast milk and amniotic fluid. Yet it is not clear and concern that whether the virus can be transmitted from the mother to baby after birth, through respiratory droplets. It is not clear for researchers how COVID-19 might affect the fetus as there have been few cases of newborns with infection in the early days of life and it is still unclear if the virus can pass to a fetus during labour and delivery.

In some studies Breast milk samples from the mothers after the first lactation were collected and it was found negative for the COVID-19 virus .<sup>6-8</sup> In the report of CDC <sup>9</sup>the virus was not found in the breast milk of women with COVID-19 but found antibodies to fight against the infection. The research done by Schwartz <sup>10</sup> explain in his analysis that there was no evidence that SARSCoV-2 undergoes intrauterine or trans-placental infection from pregnant women to their fetus. A study by Dong, et al <sup>11</sup>reported a that the newborns are with raised IgM antibodies born to a mother with COVID-19.

WHO and the CDC have given the current recommendations that mothers and infants should remain together (rooming-in) and practice continuous skin-to-skin contact soon after birth during initiation of breastfeeding, though they are suspected or confirmed with COVID-19 infection Infants born to mothers with Covid 19 should be fed according to the standard breast feeding guidelines with all precautions to prevent and control the infection.<sup>9</sup> It is still not clear that transmission of COVID-19 from mother to the newborn after birth is through breast milk or infectious respiratory secretions, ,some limited studies shows that the virus is not detected in breast milk.

For a baby born with Covid 19 there are no recommendations which state that they should keep separate from asymptomatic women and women with possible COVID-19 exposure. Where there is current advice to continue breastfeeding , take proper precautions and to keep social distance to prevent spread of virus to the infant. However, these recommendations may change with the rapidly evolving guidelines.

Pregnancy is most challenging and enjoyable time in the most womens lives .It is joyful feelings and experiences. Unfortunately the out break of Covid -19 virus the pregnancy of women and the deliveries experience is completely change. The new born babies nourishment, growth, survival is based on the breast feeding. These newborns should be continued with exclusive breast feeding for 6 months as recommended by WHO. Breast feeding should be started as soon as birth and one hour after birth and also it was demonstrated favorably effect on newborn.Skin to skin contact and rooming in both are recommended <sup>11</sup>

Breast milk is the healthiest meal for infant according to WHO as it is safe ,hygienic and also contains antibodies which helps to protect against many illness.<sup>12</sup>

For first few months of life breast milk is very important and provides energy and nutrients to the baby.It helps to reduced the mortality and morbidity in newborns.<sup>13</sup>

Covid -19 pandemic has affected the routine care and breast feeing experiences .In few studies it was reported that their was a positive impact of lockdown on breast feeding,where few studies reported negative impact , the experiences

of mothers were challenging ,struggling to get the support, problem with safety feeding and feeling of isolation. <sup>14</sup>

The survey which included 900 womens revealed findings that 15% of women were depressed and 29% was anxious due to pandemic and lockdown .Breast feeding experiences impacted on postpartum mental health, stress and maternal care .<sup>15</sup>

Breast feeding helps to creat positive bond between mother and child, maternal sensitivity and safe child attachment .The virus was not in the breast milk and as it is unclear that virus can pass from mother to newborn via droplet infection .Hence, CDC and WHO recommended that breast feeding should be continued soon after the delivery under safe Covid protocols and based on guidelines .<sup>16</sup>

It is also important to give support and health teaching to the mothers with Covid -19 to continue breast feeding ,the health care team needs to inform the families and give the support as there is limited information related to practices and breast feeding womens experiences there is need for further studies .

One study reported on the Covid -19 mothers who were sicking the support to increase milk production ,to reduce the anxieties and restart the breast feeding in same study by Hull et al .... 2020 womens are unable to found face to face health care services due to isolation .<sup>17</sup>

It is very important to determine opinion and experiences of breast feeding mothers with Covid -19.The researcher found limited studies in India on the lived experiences of womens who experienced Covid-19 during delivery. Hence , the aim of the present study was to determine the breast feeding experiences of Covid -19 positive womens. Current study will be an important source for the health care professionals ,nurses , midwives regarding the management of Covid -19 and breast feeding practices to improve the status of mother and the baby.

## **MATERIALS AND METHODS :**

A qualitative research approach was adopted for the present study with one to one in depth interview was taken . The present study setting was selected as per needs and criteria.

The settings for this study were Selected areas of sangli ,miraj and kupwad coporation . The population of the present study was Post natal mothers affected with Covid19. The Samples were Postnatal mothers affected with Covid 19 in selected areas of sangli, miraj, kupwad Corporation .

Inclusion Criteria was Postnatal mothers affected with Covid 19 one month after delivery and Mothers who can speak Hindi, Marathi or English. Exclusion Criteria was Mothers who are not willing to participate, Mothers with high risk babies and Mothers who did not breast feed their babies after delivery. 10 Participants are included in the study and Purposive Sampling method was used .

Data Collection Tool included Demographic data and Semi structured interview guidelines . Selection and development of the tool was done based on the study a qualitative study related to The breast feeding experiences of COVID-19-positive women . After an extensive review and study of literature, books and journals were done before developing the tool as well as discussion with guide is done and experts opinion also taken and the tool was developed under the guidance of the guide to collect the data.

The Tool consisted of two sections. Section I :- Demographic data and Section II:- Semi structured interview guidelines. In section I the demographic data contain age in years, type of family, religion ,occupation, education ,parity , mode of delivery .

To ensure the content validity of the tool was submitted to experts along with demographic data and semi structured interview guidelines .With suggested corrections and needed changes were done with guide discussion and final tool was prepared .

Institutional ethical committee, meeting was held in Bharati Vidyapeeth Deemed to be University College of Nursing, Sangli and the research proposal was approved. Permission was obtained from sangli, miraj and kupwad corporation to conduct pilot study and the main study. Informed written consent was obtained from the mothers and parents prior to conducting the study .

Official permission was taken from concerned authorities. The investigator were given the transcribed version of the interview to three expert in conjunction with the audio tape recording to set up the legitimacy and the validity of data. Informed consent was taken from postnatal mothers and their relatives .10 samples were selected for the study as per the criteria .The data was collected and interview was recorded for 25- 30 minutes.

Interview was conducted in four phases initiation phase, orientation phase ,substantive phase and closure / termination phase. Thematic analysis and descriptive statistics, such as the frequency and percentage of demographic variables, were used to interpret the data gathered in order to identify the most important codes, sub-themes, and themes. Colaizzi's phenomenological approach, as outlined by Beck, was applied to the transcribed interview.

## RESULT AND DISCUSSION :

In order to examine the viewpoints of postnatal mothers who were affected with covid 19 this qualitative phenomenological research was carried out. The aim of the study was to investigate the experiences of postnatal mothers with covid 19 regarding breast feeding practices .

Understanding the experiences of postnatal mothers was made easier by using an exploratory approach based on qualitative analysis.. In evaluating the current experiences of postnatal mothers the semistructured interviews were helpful.

The study may point to differences in infrastructure and necessities by describing these living experiences. A qualitative phenomenological approach was utilized in the study. To grasp their dynamics and meanings, a qualitative researcher explores phenomena. "Phenomenology is a helpful technique when exploring other people's lived experiences." (Lavert,2003).

### THEME - EMOTIONAL LOAD

THEME - EMOTIONAL LOAD	
SUB THEME	CODES
<b>ANXIETY AND FEAR</b>	<ul style="list-style-type: none"> <li>• Bhiti vatat hoti ki majaye mulye bala la tar infection honar nahi na</li> <li>• Dar lagatatha ki Ghar kekohi sadaseko tho takalif nahi hogi na.</li> <li>• Bimari kabathak rahegi iska dar lagat tha .</li> <li>• Mi radale karan bala la satthe javala gheyu sakat navate.</li> <li>• Aajari aselye mule mela dukh vatath hothye.</li> </ul>
<b>GUILT</b>	<ul style="list-style-type: none"> <li>• Majaye eka bala madhe covid chi lakshyane disat hoti thya mule thacha asjarla karni buth mi ahe ase wat hathye.</li> <li>• Majaye mule gharat sagalye lokana tras hote hotha .</li> <li>• Bala javal gheyu sakat navate.</li> <li>• Aajari avasheth bala chi kalaji ghet hothye.</li> </ul>

<b>FEELING SAD</b>	<ul style="list-style-type: none"> <li>• Mi radale karan bala la satthe javala gheyu sakat navate.</li> <li>• Aajari aselye mule mela dukh vatath hotheye</li> </ul>
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### THEME - EMOTIONAL LOAD:

This theme defined the emotional situations created by the illness in the women and emotional symptoms such as feeling sad, guilt, anxiety, and fear. Most of the participants said that they had anxiety and fear during breast feeding because they are affected with covid 19 cases and also had a fear of transmission of infection to the baby during breast feeding. Proper care and due to early recovery they are tension free about child and themselves

### ANXIETY AND FEAR:

- Participant (2) stated that, Bhiti vatath hoti ki majaye mulye bala la tar infection honar nahi na.....
- Participant (5) stated that, Dar lagatatha ki Ghar ke kahi sadaseko tho takalif nahi hogi na. Bimari kabathak rahegi iska dar lagat tha .....
- Participant (9) stated that Mi radale karan bala la mi javala gheyu sakat navate ani aajari aselye mule mala bhiti ani dukh vatath hotheye.

### GUILT:

- Participant (2) stated that, Mazhya eka bala madhe covid chi lakshyane disat hoti thya mule tyachya ajarla karni buth mi ahe ase wat hotheye.
- Participant (5 and 9) stated that, Majaye mule gharat sagalye lokana tras hoat hotha .. Mazhi va bala chi kalaji gharache ghet hotheye, tyanna trash oat hota.

### FEELING SAD:

- Participant (2 and 9) stated that, Mi radale karan bala la sattha javal gheyu sakat navate ani
- Participant (5) stated that, Aajari aselye mule ekate basawe lagat hote eka kholit mhanun mela dukh vatath hotheye.

### THEME : BREAST FEEDING DURING ILLNESS

SUB THEME	CODES
<b>DIFFICULTY IN FEEDING DUE TO PHYSICAL SYMPTOMS</b>	<ul style="list-style-type: none"> <li>• Anga dukat aselye mule bala la jasthe vel gheusakat navate.</li> <li>• Dudh pajata yet navate.</li> <li>• Bala la dudh pajatana thakva yet hota.</li> <li>• Palile 2-3 devas zopun pajata yet navate.</li> </ul>
<b>SOCIAL MEDIA EFFECT ON BREAST FEEDING</b>	<ul style="list-style-type: none"> <li>• Mi TV madhe pahile ani mobile mule samajale ki aai cha dudhamadhe bala la surkashith thavanare ghatak asathath thyemule bala chi pratikarshakti vadate ,</li> </ul>

	<ul style="list-style-type: none"> <li>• Bala la aai che dudh hye purna poshak ahe thyemule zari mala covid zala hota tari mi bala la dudh pajale</li> <li>• Bala chi kalaji kasi gheyechi ye vishaye mobiledeyare mahiti melali.</li> <li>• Aai che dudh heche posak ahae ahe yechi mahiti melali.</li> </ul>
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## DIFFICULTY IN FEEDING DUE TO PHYSICAL SYMPTOMS :

Table no 3.2 reveals the codes related to breast feeding during, and was there any difficulty due to physical symptoms. few participants stated that they were having pain, body pain, difficulty in feeding and was experiencing tiredness while giving feeding.

- Participant (2) stated that, Anga dukat aselye mule bala la jasthe vel gheusakat navate.
- Participant (5) stated that Dudh pajata yet navate.
- Participant (9) stated that, Bala la dudh pajatana thakva yet hota. Palile 2-3 devas zopun pajata yet navate

## SOCIALMEDIA EFFECT:

Table no 3.2 reveals the codes related to social media effect on breast feeding that there was great impact of lockdown and isolation, they were receiving the regular information during pregnancy and the follow up but as they were positive for covid 19 the communication and getting information was reduced, so they were depend and watching and reading the information on the mobile specially on T.V channels ,whats app , facebook vedios and You tube .

- Participant (3,7 and 10) stated that, Mi TV madhe pahile ani mobile mule samajale ki aai cha dudhamadhe bala la surkashith thavanare ghatak asathath thyemule bala chi pratikarshakti vadate
- Participant (1,2 and 4) stated that, Bala la aai che dudh hye purna poshak ahe thyemule zari mala covid zala hota tari mi bala la dudh pajale
- Participant (5 and 8 ) stated that ,Bala chi kalaji kasi gheyechi ye vishaye mobiledeyare mahiti melali.
- Participant (6 and 9 ) stated that, Aai che dudh heche posak ahae ahe yechi mahiti melali.

## THEME:PRACTICES REGARDING BREAST FEEDING

SUB THEME	CODES
<b>INITIATION OF BREAST FEEDING</b>	<ul style="list-style-type: none"> <li>• Bala la ek tasani dudh pajale</li> <li>• Bala la aradha tasani dudh pajale.</li> <li>• Don tasani bala la dudh pajale.</li> <li>• Pahilye devasa pasun bala la dudh pajat hothye.</li> <li>• Mi ani bala velagikaran kakashe aslye mule</li> </ul>

	<p>bala la don thin devas dudh pajale nahi.</p> <ul style="list-style-type: none"> <li>• Char pach tasani bala la dudh nshi.</li> <li>• Duserye devashi bala la dudh karan mala .</li> </ul>
<b>FREQUENCY AND DURATION</b>	<ul style="list-style-type: none"> <li>• Bala la pahilye devasi 5 minute pajat hotye.</li> <li>• 15 te 20 minutes bala la dudh pajat hotye.</li> <li>• Dhar don don tasani bala la dudh pajat hotye.</li> <li>• Bala ache garaje nusar 15 tar kadhi 20 minutes pajat hotye.</li> <li>• Bala dudh pita pita zopat hotye munune bala uthel thye veli dudh pajat hotye.</li> </ul>
<b>POSITION FOR BREAST FEEDING</b>	<ul style="list-style-type: none"> <li>• Operation zalye mule eka agavar zopun bala la dudh pajat hotye.</li> <li>• Operation zalye mule mi pahile don devas zopun bala dudh pajat hotye va nanthar basun pajat hotye.</li> <li>• Bala la dudh pajatana kadhi zopun tar kadhi basun pajat hotye.</li> <li>• Jeye veli anga dukat hotye thye velela zopun dudh pajat hotye.</li> <li>• Bala la basun dudh pajatana mandhi kali usi ghet hotye.</li> </ul>
<b>ADEQUACY OF BREAST MILK</b>	<ul style="list-style-type: none"> <li>• Angavar dudh barapur yet hotye.</li> <li>• Dudh barapur yet aselye mule bala dudh piyun shant zopat hotye.</li> <li>• Bala sarake radath navate.</li> <li>• Bala dudh piyun don tas zopat hotye.</li> </ul>

## INITIATION OF BREAST FEEDING

When the participants were asked about the initiation of breast feeding, 2 participants have initiated the breast feeding after half an hour to one hour of delivery, 1 within half an hour and 20% after 2 hrs of delivery ,1 participant said that did not gave feeding for 2 days as she was very sick and baby was I the Nursery under observation.

- Participant (2 and 6 ) stated that ,Bala la ek tasani dudh pajale
- Participant (1) stated that , Bala la aradha tasani dudh pajale.
- Participant (5 and 10 ) stated that , Don tasani bala la dudh pajale.
- Participant (3 and 8 ) stated that , Pahilye devasa pasun bala la dudh pajat hotye.
- Participant (4) stated that, Mi ani bala velagikaran kakashe aslye mule bala la don devas dudh pajale nahi.
- Participant (9 ) stated that, Char pach tasani bala la dudh pajale karan dudh yet navate

- Participant (7) stated that, Duserye devashi bala la dudh karan mala pahilya diwashi khupkami dudh ale.

### FREQUENCY AND DURATION:

Common experience was that the additional time and lack of pressure meant that it was easier to feed responsively, that is, responding to infant cues of hunger and satiety ,maximum mothers were satisfied about the frequency of feeding for 10 to 15 min on each breast as they were alone with baby which gave them comfort and privacy.

- Participant (1 and 6) stated that, Bala la pahilye devasi delivery nantar ardhya tasani pajale for 5 minute. nantar dusarya diwasapasun 15 te 20 min donhi angavar pajat hote .
- Participant (3 and 9) stated that ,15 te 20 minutes bala la dudh pajat hotye.
- Participant (2 and 8) stated that ,Dhar don don tasani bala la dudh pajat hotye.
- Participant (4 and 10) stated that , Bala ache garaje nusar 15 tar kadhi 20 minutes pajat hotye.
- Participant (5 and 7) stated that, Bala dudh pita pita zopat hotye munune bala uthel thye veli dudh pajat hotye.

### POSITION FOR BREAST FEEDING :

Mximum mothers 70 % practiced breast feeding in lying down position due to sickness,LSCS and the weakness for first 4 to 5 days ,10% mothers said that they fead thir baby in sitting position. Mothers practiced breast feeding in the comfortable position based on their physical health due to sickness.

- Participant (2 and 6) stated that ,Operation zalye mule eka agavar zopun bala la dudh pajat hotye.
- Participant (5 and 9) stated that ,Operation zalye mule mi pahile don devas zopun bala dudh pajat hotye va nanthar basun pajat hotye.
- Participant (1,3 and 7) stated that ,Bala la dudh pajatana kadhi zopun tar kadhi basun pajat hotye.
- Participant (4 and 10) stated that ,Jeye veli anga dukat hotye thye velela zopun dudh pajat hotye.
- Participant (8) stated that Bala la basun dudh pajatana mandhi kali usi ghet hotye.

### ADEQUACY OF BREAST MILK:

Maximum mothers stated That there was adequate breast milk to feed the baby , the demand feeding was given and the babies were not crying and sleeping well at least for 2 hrs after breast feeding.

- Participant (2 ,8 and 7) stated that ,Angavar dudh barapur yet hotye.
- Participant (1 ,5 and 9) stated that ,Dudh barapur yet aselye mule bala dudh piyun shant zopat hotye.
- Participant (3 and 6) stated that ,Bal sarake radath navate ,pilyawar shant zhopat hote
- Particiapnt (4 and 10) stated that,Bala dudh piyun don tas tari zopat hotye mag jase uthel tase tase pajat hote , Particiapnt 4 stated that she was having inadequate feed on first day but from second day the milk flow was increased.

### THEME :IMPACT OF LOCKDOWN ON BREAST FEEDING

SUB THEME	CODES
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MORE TIME TO FOCUS ON BABY	<ul style="list-style-type: none"> <li>• Bala sathi barpur vel deta ala yeche samadhan hothye.</li> <li>• Veloveli dudh pajata ale.</li> <li>• Gharathil kamkaz kami aslye mule bala kade lakshya deta ale.</li> <li>• Bala sathi vel kadat hothye.</li> </ul>
FEWER VISITORS -BENFITS FOR BABY	<ul style="list-style-type: none"> <li>• Bala kade lakshya deta ale.</li> <li>• Dudh pajata ale</li> <li>• Sausarg kami zala.</li> <li>• Bala nivant zopat hothye.</li> <li>• Bala anandhi disat hothye.</li> </ul>
FEWER VISITORS -BENFITS FOR MOTHER	<ul style="list-style-type: none"> <li>• Kami lokh bhethayla alye mule zopa mileth hoti</li> <li>• Kami lokh bhethayla alye mule mazhe infection lavkar kami zale</li> <li>• Aram karath ala.</li> <li>• Shant zopa zalye mule devas bhar anandi vatat hotye.</li> <li>• Bala sathi vel deth hotye.</li> <li>• Bala la angavar pajatana ekanth milat hota ani tyaveli vyvastisht bala kade laksh rahat hote .</li> <li>• Dhudh Pajatana vilagikaran asalyamule dudh pajatana surkshitata vatat hothye.</li> </ul>
PRIVACY	<ul style="list-style-type: none"> <li>• Bala la angavar pajatana ekanth milat hota ani tyaveli vyvastisht bala kade laksh rahat hote .</li> <li>• Dhudh Pajatana Konacha [Natevaik] naslaymule dudh pajatana surkshitata vatat hothye.</li> <li>• Ekant milalyamule mazhe ani bala che bonding chan zale.</li> <li>• Vilagikaran kakshth aslye mule privacy milali.</li> </ul>
SPEND QUALITY TIME WITH THE BABY	<ul style="list-style-type: none"> <li>• Barach vel milala.</li> <li>• Bala chi kalaji ghetta hothe</li> <li>• Bala barobar bolat basat hothe.</li> </ul>

	<ul style="list-style-type: none"> <li>• Bala barobar gappa marat hothye.</li> <li>• Tyachyabarobar vel ghalavtana samadhan vatat hote</li> </ul>
SUPPORT BY PARTNER , MOTHER AND MOTHER IN LAW AT THE TIME OF BREAST FEEDING	<ul style="list-style-type: none"> <li>• Mazhe gharache Majye ahara kade lakshya deth hothye</li> <li>• Mala gharatil kam kami lavat hothye.</li> <li>• Bala radth hotye thyeveli maje pati bala la gheyoun firvat hothye.</li> <li>• Bala chi napkin va kapade badalnyasathi tyanchi madat milat Hoti.</li> <li>• Mala mazhe pati ani sagale natevaik mansik adhar deth hothye.</li> </ul>

### MORE TIME TO FOCUS ON BABY:

Many participants talked about a slower pace of life and nowhere to go or need to be having a positive impact on how much time they could spend focusing on feeding their baby, they were involved in care of baby more than house hold work.

- Participant (1 and 3) stated that , “Bala sathi vel deta yet hota ani thychi kalaje ghet hothye thya mule bala anandi va khush hothyeani mala pan anand vatathe hotha. ....”
- Participant (2) told that “ Bache ke sath kafi wakth mila aur usaki dekbhal ache tarikese karne ko meli me aur mere gharwale bhi bache ka khayal rakate the aur ghar me khushiya ahi thi .....”
- Participant (5 and 9) Stated that Gharathil kamkazi kami aslye mule bala kade lakshya deta ale.
- Participant (4) told that “ Bache ko dudh pilane me kahi takalif nahi thi khuki me sara wakth ghar me hi thi .....”
- Participant (6 and 7) Stated that “ Velovi bala la dudh dehat hotye ani thyachi kalaje ghet hotye munun thye che wajan vadele va bala guthaguthe desat hothye .....”
- Participant (8 and 10) stated that “ Bache ka wajan badha khuki ushe samaye pe dudh dethe the aur har samaye usake sath rathetha aur usaki dekbhal karathe the “

### FEWER VISITORS BENEFITS FOR BABY :

For some mothers, fewer visitors meant that they were more relaxed and had more time to focus on their baby and their own recovery rather than hosting a stream of people wanting to see their baby, so baby was sleeping well there was no disturbance ,

- Participants (2 and 5) stated that , “Nathevaikache yene kami zale thya mule bala susargacha doka kami zala.....”
- Participant (1 and 10) stated that “ Nathevaik kam ho gaye bacha aram se sone laga .....”
- Participant (3,6, and 9) stated that that “bala nivant zopath hothe thya mule thyachi vad chagali hoti hoti ani bala anandi hotye.....”
- Participant (4,7 and 8) stated that “ Bala la konthahi tras zala nahi ani Bala kade lakshya deta ale .....”

### FEWER VISITORS BENEFITS FOR MOTHER:

For some mothers, fewer visitors meant that they were more relaxed and had more time to focus on their self and on their own recovery ,they were getting enough sleep,was taking good rest ,they spent more time with baby.

- Participant (1 and 3 ) stated that ,Kamhi lokh bhethayla alye mule zopa mileth hothye.
- Participant (4 and 10 ) stated that ,Kamhi lokh bhethayla alye mule infection kamhi zale
- Participant (9 ) stated that, Aram karath ala.
- Participant (2 and 8 ) stated that,Shant zopa zalye mule devas bhar anandi hotye.
- Participant (5) stated that,Bala sathi vel deth hotye.
- Participant (6) stated that ,Bala la angavar pajatana ekanth milat hota ani tyaveli vyvastisht bala kade laksh rahat hote .
- Participant (7 ) stated that , Dhudh Pajatana Konacha [Natevaik] naslaymule dudh pajatana surkshitata vatat hothye.

### PRIVACY:

Mothers who felt this way reported feeling more confident being at home and get more time with the baby. Privacy is maintained in the home and feel comfortable with the baby and as there was no visitors and due to less disturbance the privacy was maintained and they could more focus on baby and babys needs.

- Participant (3 and 5) stated that, “Bala la angavar pajatana ekanth milat hota ani tyaveli vyvastisht bala kade laksh rahat hote .
- Participant (1 and 4 )stated that, “Akle thi ise liya bacha ki traf jadha dhyan deneko mila aur jadha bhid nahi thi .....”
- Participant (2 and 6 ) stated that ,”Dhudh Pajatana Konacha [Natevaik] naslaymule dudh pajatana surkshitata vatat hothye.”
- Participant (7 and 10 ) stated that,”Natevaik kam the iseliya bacha ki traf jadha dhayan de saki.....”
- Participant (9 ) stated that ,Aai che ani bala che bonding zale.
- Participant (8 ) stated that ,Vilagikaran kakssth aslye mule privacy milali.
- 

### SPEND QUALITY TIME WITH THE BABY:

Spend more time with baby due to lockdown ,a well as more focus on the growth and development of baby and bonding was also maintained and increased gradually.they were more involved in baby care like changing nappy, giving feeding, and speaking with the baby.

- Participant ( 1 and 3 )stated that ,”Bala cha gharaja purna karta aalya va bala la jathi jath lakshya deta ale.....”
- Participant (5 and 7 )stated that,”Bache ki traf jadha se jadha dhyan de saki aur uski har jarurat puri kar saki.....”
- Participant (4 and 8))stated that,” Bala chi kalaji gheta hothe.
- Participant (2 and 9) stated that, Bala barobar gappa marat hothye
- Participant (10) stated that, Bala baroobar barach vel milala

### SUPPORT BY PARTNER , MOTHER AND MOTHER IN LAW AT THE TIME OF BREAST FEEDING :

Depending on the working situation, few participants reported that their partner was at home for longer period after the birth. Few were furloughed and had much more time to support breastfeeding and maternal recovery from both an emotional and physical perspective. Partner, mother, mother-in-law everyone was there to look after the baby as well as mother in law and family members were giving psychological support constantly which gave them sense of satisfaction and happiness.

- Participant (1) stated that, 'Majhe ahara kade lakshya deth hothe'
- Participant (4) stated that, 'Mala gharil kam kami lavat hothe.'
- Participant (6) stated that, 'Bala radh hothe thyeveli maje mister bala la gheyoun firth hothe.'
- Participant (3) stated that, 'Bala chi napkin va kapade badalnyasathi tyanchi madat milat Hoti.'
- Participant (8) stated that, 'Mala mansik adhar deth hothe.'
- Participant (2 and 10) stated that, 'Bacha ka napkin badlana, usa gumana ne ka kam meri, aai, sasuma aur pati karat the.....'
- Participant (5 and 7) stated that, 'Bala chi napkin va kapade badalnyasathi tyanchi madat milat Zali Hoti va Bala la gharat firavat hothe.....'

#### THEME : VISITS FROM HEALTH CARE WORKER

SUB THEME	CODES
PRIMARY HEALTHCARE PROVIDER / HEALTH VISITORS ANM AND ANGANWADI WORKERS	<ul style="list-style-type: none"> <li>• Anganwadi sevika va arogya karmachranchi ya jasti jast visit karat hothe.</li> <li>• Mala setnapana vishayee mahiti deth hothe.</li> <li>• covid hovun geleye mulye bala la dudh pajanyasahi jeye shanka hothe thye dur kelye .</li> <li>• Thye mala dudh che mahatav ani dudh pujanachya padhati samajun sangitalye .</li> <li>• Mala bala la dudh pajatana je bhiti hoti ti kami zale.</li> <li>• Prathek veli bhetyala yet hothe thye veli mansik adhar deth hothe.</li> <li>• Ahara vishayee mahiti deth hothe .</li> <li>• Aharath khye khavave he dhekhil sangat hothe jesi ki andi, mutton, hiravye palebhaje and pani yeche praman kiti asave ye vishyie mahiti deth hothe.</li> </ul>

#### SUPPORT FROM HEALTH CARE WORKER:

The women had been provided health care services on the phone by their primary health care providers (family physician, midwife, nurse), or at home by a health care visitor (a member of a filiations, or contact tracing, team) who visited the COVID-19 patient at home.

#### PRIMARY HEALTH CARE PROVIDER / HEALTH VISITORS ANM AND ANGANWADI

## WORKERS:

Health care provider ,health care visitors ,ANM and anganwadi workers gave visit daily to home and provided care to me as well as my baby also such as checking weight of baby, asking about breast feeding positions and durations and giving health education to mother about maintaining good diet, exercise and medication .

- Participant (4 and 8 ) stated that ,”Anganwadi sevika va arogya karmachranchi chya jasti jast visit karat aslye mule ani varanvar mala setnapana vishayee mahiti deth hotye, karan covid hovun geleye mulye bala la dudh pajanyasahi jeye shanka hotye tya dor kelya.....”
- Participant (2 ) stated that ,”Anganwadi sevika har roj hamare ghar ahti the aur hume bache ko kaise dudh pilana hai aur uski dekbal kaise karni hai useke barime batati thi aur dudh ka mahathav kya hai usake bareme batate the.....”
- Participant (3 ) stated that ,”Thyne mala dudh che mahatav ani dudh pajanachya padhati samajun sangitalye thyamule mala bala la dudh pajatana je bhiti hoti ti kami zale.....”
- Participant (7) stated that ,Covid hovun geleye mulye bala la dudh pajanyasahi jeye shanka hotye thye dur kelye .
- Participant (1) stated that ,Mala bala la dudh pajatana je bhiti hoti ti kami zale.
- Participant (5) stated that,Prathek veli bhetayala yet hothye thye veli mansik adhar deth hothye.
- Participant (9) stated that, Ahara vishaye mahiti deth hothye .
- Participant (10 ) stated that ,Aharath khye khavave he dhekhil sangat hothye jesi ki andi,mutton, hiravye palebhaje and pani yeche praman kiti asave ye vishyie mahiti deth hothye

## THEME :COVID PROTOCOL

SUB THEME	CODES
HAND HYGIENE AND USE OF SANITIZER	<ul style="list-style-type: none"><li>• Bala la dudh pajanye adhi hath swachye duvath hotye .</li><li>• Hath duthlye shiye konathehi kam karat navat.</li><li>• Hath duthlye shiye bala la hath lavat navate.</li><li>• Bala susarg hoyunaye munun hath swach duvat hothye.</li><li>• Sanitizer cha vapar karat hothye.</li><li>• Konathe kam kelye var hath swach duvat hothye ani maghe bala la hath lavat hothye.</li></ul>
USE OF MASK	<ul style="list-style-type: none"><li>• Prathek veli mask cha vapar karth hothye.</li><li>• Bala susarg hoyounaye manun mask cha vapar karat hothye.</li></ul>
SOCIAL DISTANCING	<ul style="list-style-type: none"><li>• Shejari bhatayala ale ki bala la labunache dhkhvat hothye.</li><li>• Natheviak bhatayalaale ki surashit antar ra varunch thyna bhetat hothye.</li><li>• Mi kanachye hatath bala deli nahi.</li></ul>

## HAND HYGIENE AND USE OF SANITIZER :

Wash hands frequently and thoroughly with soap and water or use an alcohol based hand sanitizer.

- All the participants stated that hand hygiene is practice before and after breast feeding and before doing any other work.

## USE OF MASK :

- All the participants stated that everyone use the mask while handling the baby .

## SOCIAL DISTANCING :

- All the participants stated that social distancing was strictly followed from the visitors.

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## CONFLICT OF INTEREST

No conflict of interest involved.

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## REFERENCES :

1. Health Organization; 2017. Available from: <https://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/>
2. <https://www.bfmed.org/abm-statement-coronavirus>
3. <https://www.cdc.gov/coronavirus/2019-ncov/needextra-precautions/pregnancy-breastfeeding.html>
4. [https://www.who.int/nutrition/publications/optimal\\_duration\\_of\\_exc\\_bfeeding\\_review\\_eng.pdf](https://www.who.int/nutrition/publications/optimal_duration_of_exc_bfeeding_review_eng.pdf)
5. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>
6. Chen H, Guo J, Wang C, Luo F, Yu X, Zhang W, Li J, Zhao D, Xu D, Gong Q, Liao J, Yang H, Hou W, Zhang Y. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet*. 2020 Mar 7;395(10226):809-815. [PMID: 32151335].
7. Wang X, Zhou Z, Zhang J, Zhu F, Tang Y, Shen X. A case of 2019 Novel Coronavirus in a pregnant woman with preterm delivery. *Clin Infect Dis*. 2020 Feb 28. pii: ciaa200. [PMID: 32119083]
8. Zhu H, Wang L, Fang C, Peng S, Zhang L, Chang G, Xia S, Zhou W. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. *Transl Pediatr*. 2020 Feb;9(1):51-60. [PMID: 32154135].
9. CDC. Coronavirus Disease 2019 (COVID-19). Pregnancy and Breastfeeding. Information about Coronavirus Disease 2019. 2020a; 2020 Mar 6. Accessed: 2020 Mar 8. Available from <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.htm>
10. Schwartz DA. An Analysis of 38 Pregnant Women with COVID-19, Their Newborn Infants, and Maternal-Fetal Transmission of SARS-CoV-2: Maternal Coronavirus Infections and Pregnancy Outcomes. *Arch Pathol Lab Med*. 2020 Mar 17. [PMID: 32180426]
11. Dong L, Tian J, He S, Zhu C, Wang J, Liu C, Yang J. Possible Vertical Transmission of SARS-CoV-2 From an Infected Mother to Her Newborn. *JAMA*. 2020 Mar 26. [PMID: 32215581]
12. CDC. Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19). 2020b; 2020 Feb 12. Accessed: 2020 Mar 31. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-home-care.pdf>
13. WHO. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance; 2020 Mar 13: WHO reference number: WHO/2019-nCoV/clinical/2020.4. Accessed: 2020 Mar 31. Available from:

[https://www.who.int/publications-detail/clinicalmanagement-of-severe-acute-respiratory-infectionwhen-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinicalmanagement-of-severe-acute-respiratory-infectionwhen-novel-coronavirus-(ncov)-infection-is-suspected)

14. UNICEF. Coronavirus disease (COVID-19): What parents should know. How to protect yourself and your children? 2020. Accessed: 2020 Mar 31. Available from: <https://www.unicef.org/stories/novel-coronavirusoutbreak-what-parents-should-know>
15. UNFP. UNFPA statement on novel coronavirus (COVID-19) and pregnancy; 2020. Accessed: 2020 Mar 31. Available from: <https://www.unfpa.org/press/unfpa-statement-novelcoronavirus-covid-19-and-pregnancy>
16. EMBA (European Milk Bank Association). COVID19: EMBA Position Statement; 2020 Feb 25. Accessed: 2020 Mar 31. Available from: <https://europeanmilkbanking.com/covid-19-embaposition-statement/>
17. Morris E, O'Brien P, Goodyear G, Relph S, Jardine J, Powell A, Gilgunn-Jones E, Mullins E, Viner R, Evans D. Coronavirus (COVID-19) Infection in Pregnancy. Information for healthcare professionals. Royal College of Obstetrics and Gynaecology. 2020 Mar 9;6:1-45.
18. conceptual framework
19. Brahm P, Valdés V. Beneficios de la lactancia materna y riesgos de no amamantar [The benefits of breastfeeding and associated risks of replacement with baby formulas]. *Rev Chil Pediatr.* 2017 Feb;88(1):7-14.
20. Mohd junaid ,sachin patil on Breastfeeding practices among lactating mothers of a rural area of central India:International journal of community medicine public health December 2018: 5(12):5242-5245.
21. MGianni ML, Bettinelli ME, Manfra P, Sorrentino G, Bezze E, Plevani L, Cavallaro G, Raffaeli G, Crippa BL, Colombo L, Momioli D. Breastfeeding difficulties and risk for early breastfeeding cessation. *Nutrients.* 2019 Oct;11(10):2266.
22. Cascone D, Tomassoni D, Napolitano F, Di Giuseppe G. Evaluation of knowledge, attitudes, and practices about exclusive breastfeeding among women in Italy. *International journal of environmental research and public health.* 2019 Jan;16(12):2118.
23. Almohanna AA, Win KT, Meedy S. Effectiveness of internet-based electronic technology interventions on breastfeeding outcomes: systematic review. *Journal of medical Internet research.* 2020 May 29;22(5):e17361.
24. Pereira A, Cruz-Melguizo S, Adrien M, Fuentes L, Marin E, Forti A, Perez-Medina T. Breastfeeding mothers with COVID-19 infection: a case series. *International breastfeeding journal.* 2020 Dec;15(1):1-8:
25. Aşçı Ö, Demirgöz Bal M, Ergin A. The breastfeeding experiences of COVID-19-positive women: A qualitative study in Turkey. *Japan Journal of Nursing Science.* 2021 Jan;19(1):e12453.
26. Panda S, O'Malley D, Barry P, Vallejo N, Smith V. Women's views and experiences of maternity care during COVID-19 in Ireland: A qualitative descriptive study. *Midwifery.* 2021 Dec 1;103:103092
27. Mortazavi F, Ghardashi F. The lived experiences of pregnant women during COVID-19 pandemic: a descriptive phenomenological study. *BMC pregnancy and childbirth.* 2021 Dec;21(1):1-0.
28. [Mizrak Sahin, Berrak](#); [Kabakci, Esra Nur](#). problems and attitudes of pregnant women related to diseases in the pandemic process of pregnant women during the COVID-19 Women Birth ; March 2021 34(2): 162-169,
29. Brown A, Shenker N. Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support. *Maternal & child nutrition.* 2021 Jan;17(1):e13088.
30. <https://uir.unisa.ac.za/bitstream/handle/10500/1452/04>
31. <https://www.ncbi.nlm.nih.gov>
32. Davenport MH, Meyer S, Meah VL, Strynadka MC, Khurana R. Moms are not OK: COVID-19 and maternal mental health. *Frontiers in global women's health.* 2020:
33. Aşçı Ö, Demirgöz Bal M, Ergin A. The breastfeeding experiences of COVID-19-positive women: A qualitative study in Turkey. *Japan Journal of Nursing Science.* 2021 Jan;19(1):e12453
34. Lubbe W, Botha E, Niela-Vilen H, Reimers P. Breastfeeding during the COVID-19 pandemic—a literature review for clinical practice. *International breastfeeding journal.* 2020 Dec;15(1):1-9.
35. Lubbe W, Botha E, Niela-Vilen H, Reimers P. Breastfeeding during the COVID-19 pandemic—a literature review for clinical practice. *International breastfeeding journal.* 2020 Dec;15(1):1-9.
36. Dib S, Rougeaux E, Vázquez-Vázquez A, Wells JC, Fewtrell M. Maternal mental health and coping during the COVID-19 lockdown in the UK: Data from the COVID-19 New Mum Study. *International Journal of Gynecology & Obstetrics.* 2020 Dec;151
37. Costantini C, Joyce A, Britez Y. Breastfeeding Experiences During the COVID-19 Lockdown in the United Kingdom: An Exploratory Study Into Maternal Opinions and Emotional States. *Journal of Human Lactation.* 2021 Nov;37(4):649-62. (3):407-14
38. Ms. Alisha Rajendra Parker, Mrs. Shaila Mathew. Effect of Music On Breast Milk Secretion Among Mothers Of Low Birth Weight Babies Admitted In Selected NICU&#39;s,Natural Volatiles & Essential Oils, 2021; 8(4): 9463-9473
39. Divega M Thomas,Shaila Mathew .Nonnutritive sucking of breast on physiological stability and nutritional status among preterm babies on rt feeding. *International journal of Nursing education,Jan.2019,11(1):45*