

Challenges In Initiation And Pattern Of Breast Feeding In Government Maternity/Teaching Hospitals In Warangal.

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ABSTRACT

BACKGROUND: Exclusive breastfeeding is considered to be an important practice for enhancing infant health and wellbeing. Breastfeeding offers a wide range of psychological and physical health benefits in the long-term and short-term for young children, infants, and mothers. The study therefore sought to assess the challenges in initiation of breast feeding among mothers admitted at a teaching hospital.

METHODS:This study used a retrospective questionnaire to collect data. The advantage of using a questionnaire is standardized response as women are asked the same set of questions in the same order.The questionnaire was in English and questions are asked in their own language. Mother's and caretakers were asked about each question.Random sampling was used when selecting the mothers to be interviewed from those who were admitted for delivery in maternity and teaching hospitals in postpartum period during hospital stay.

RESULTS: Among the 200 participants 45.5% of mothers gave first feeds to their baby within one hour, 73%of the neonates were given Direct breast feeding on day 1,5% of mothers had difficulty in initiation of feeds. 48.5% of mothers had delay in initiation of feeds,2.5%of the mothers had inverted nipple,1.5% of the mothers had taboo regarding breast feeding, 2.5% of the mothers preferred formula feeds.

CONCLUSION: Based on the findings, it was recommended that mothers should be encouraged and sensitized to know the importance of exclusive breastfeeding, and extension of maternity period is also important to enable them attend to their babies.

KEY WORDS: Breastmilk, Infants, Mothers, Exclusive breastfeeding challenges.

INTRODUCTION

Breastfeeding is the single most cost-effective intervention for reducing morbidity and mortality in children ¹.Historically, both western and eastern civilizations thrived with a longer duration of breastfeeding. Examining sources such as the Talmud (Hebrew), the Koran (Islam), medical texts from India, and wet nursing Sumerian scripts from Babylonia, indicates that breastfeeding lasted for two to three years. Two roman physicians, Soranus and Galen, recommended breastfeeding until the age of three and they dictated infant feeding patterns until the eighteenth century ².There is no mention of bottle feeding in the scriptures. Historic documents are rife with stories of wet nurses when the mother (usually royalty) chose not to breastfeed her infant or occasionally in the event of inability of the mother to breastfeed her infant. Wet nurses were arranged for breastfeeding of the royal and elite children. Wet nursing was promoted in special situations, in which the mother had died, was seriously ill, or had some serious breast disease or abnormal milk ³.The mysteries and taboos about colostrum go back to the dawn of civilization. Most ancient primitive people let several days go by before putting the baby to breastmilk, with exact times and rituals varying from tribe to tribe. Liquids offered were herbal teas. Some were quite potent nutritionally and others had no nutrient worth ⁴.Breastfeeding positions also varied with cultures. In most cultures' infants were fed while seated. However, Americans and some Asians would lean over the baby resting on a bar that ran above the cradle for support. These infants were not lifted for the purpose of burping. Many groups carried their infants on their backs and swung them into position frequently for feedings, a method that continues even today. These infants are not burped either but remain semi-erect swaddled on the mother's back. The status of breastfeeding and complementary feeding practices is very dismal in India. Early initiation of breastfeeding is important for both the mother and the child. The first breastmilk contains colostrum, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding also encourages bonding between the mother and her newborn, facilitating the production of regular breastmilk. Early breastfeeding is Initiation of breastfeeding within one hour of birth.According to the NFHS-4, More than 42% born children in the two years before the survey who ever breastfed were breastfed within one hour of birth, and over 81% of children began breastfeeding within one day

of birth. Twenty-one percent of children received a prelacteal feed. Children whose delivery was assisted by health personnel (43%) or who were born at a health facility (43%) were more likely to start breastfeeding within one hour of birth than other children⁵. The percentage of children that are breastfed within one hour of birth is very low in Uttar Pradesh (25%); the only states in which more than two-thirds of children are breastfed within one hour of birth are Goa, Mizoram, Sikkim, and Odisha. Prelacteal feeding ranges from a minimum of 3 percent of children in Tripura to a maximum of 42 percent of children in Uttar Pradesh⁵. The WHO recommends exclusive breastfeeding in the first six months, beginning from the first hour of life, to meet the infant's nutritional requirements and achieve optimal growth, development and health. WHO promotes these guidelines through various initiatives like the Baby Friendly Hospital Initiative (BFHI) and the International Breastfeeding Code⁶. Government of India has launched an intensified programme in the month of August 2016, in an attempt to bring undiluted focus on promotion of breastfeeding, in addition to ongoing efforts through the health systems. This will be called: 'MAA' (Mothers' Absolute Affection) Programme. Exclusive breast feeding is impacted by multiple personal, family, cultural and structural factors. Knowledge, health conditions, the attitudes of immediate and extended family, traditional practices, the availability of peer or community health worker support, and workplace policies such as the time and privacy to feed or pump breastmilk, all influence a woman's ability to initiate and maintain EBF⁷. In this study we studied mothers knowledge, attitude, patterns and practices of breastfeeding. We also studied the challenges faced by mothers in initiation of breast feeding.

METHODS

Aim of the study

To study challenges in initiation and pattern of breast feeding in large government maternity and teaching hospital.

Objectives of the study

- a) To study challenges faced by mothers in initiating breast feeding.
- b) To determine the mother's knowledge, attitude, pattern on early breast feeding practices.

Source of data:

All mothers admitted for delivery in maternity and teaching hospitals (GMH&CKM) Warangal, which are tertiary care teaching hospitals which caters the needs of 1 million population of four districts (Warangal, Karimnagar, Khammam, Adilabad) and other north Telangana regions.

Sample size:

A sample of 200 mothers were taken and enrolled in the study during time period November 2018 to November 2020.

Inclusion criteria

All the mothers who are admitted for delivery in maternity and teaching hospitals and delivered but not yet discharged

Exclusion criteria

- Mothers/caregivers who declined to given consent.
- Mothers who were too weak to respond to questions were excluded from the study
- Mothers of neonates with congenital anomalies, with birth weight less than 1.5kgs, with delayed cry or sick infants and who got admitted to NICU.

Type of study:

Prospective Observational Study.

Study period:

From November 2018 to November 2020.

Statistical analysis:

Data was entered into Microsoft Excel and analyses were done using SPSS 25.0 version, Descriptive statistics such as mean and standard deviation (SD) for continuous variables, frequencies and percentages were calculated and categorical Variables were determine. Association between Variables was analysed by using Chi-Square test for categorical Variables. Comparison of mean of quantitative variables were analyzed using unpaired t test. Bar charts and Pie charts were used for visual representation of the analyzed data. Level of significance

set 0.05. Descriptive statistics including means, ranges, standard deviations, and frequency, distribution tables were used to describe the demographic data of the participants. Measures of central tendencies were used to summarize continuous variables for normally distributed variables, and medians for skewed variables. Scales used in this study were found to be

internally consistent. Mixed methods (qualitative and quantitative techniques) were applied in data collection, analysis, and presentation. The qualitative data has been used to complement and triangulate the quantitative findings.

RESULTS AND OBSERVATIONS.

In the Table 1, Background characteristics of participants are tabulated

It is observed that mean age of participant mothers was 24 years. With ranging from 18- 34. 60% was from age group 21yrs-25yrs. With respect to religion 80% are hindus, 5.5% are muslims, 14.5% are Christians. Among the Hindus majority are SC with 40.5%, BC-B with 24%, ST 11.5%, BC-D With 8.5%, BC-E 5.5%, OC 3%, BC-A 6.5%. Education qualifications among the participated mothers is observed as 43% are graduates, 19% have intermediate and high school, 12% are illiterate, 7% are middle school. Occupation of 99% are house wives, 0.5% are farmers, 0.5% are semiskilled. 64.5% resides in rural and 35.5% in urban areas. In present study 44.5% belong to upper lower class, 28.0% belong to lower middle class, 26.5% belong to lower class, 1% belong to upper middle class. 92.5% Participants accompanied with mothers, 7% with mother-in-law, 0.5% with sister. Educational status of care takers is 96% are illiterate, 3.5% had middle school, 0.5% had middle school. 99.5% had knowledge regarding breast feeding. 2.5% of the mothers preferred formula feeds, 97.5% of mothers preferred breast feeds. Pre lacteal feeds are given in 1.5% of study group. The pre lacteal feed was honey. 98.5% of mothers did not give prelacteal feeds.

In the Table 2, Distribution Of Study Subjects According To The Breast-Feeding Practice was tabulated. We observed that Colostrum was given by 98% of mothers, 82.5% of mothers gave demand feeds and 17.5% of mother gave scheduled feeds, 99% of mothers gave nonnutritive suckling. 68% of the neonates has fed more in the night. 2% of the mothers used pacifiers, 93.5% of mothers gave feeds on one breast followed by other, 92.5% of mothers had feeling of emptying of breast after feeding of the baby, 100% of the babies are burped after feeds, 2% of mothers used pacifiers for babies, 99.5% of neonates slept after feeds.

When Breastfeeding challenges reported by participants those results are tabulated in table 3. 2.5% of the mothers had inverted nipple, 1.5% of the mothers had taboo regarding breast feeding, 1.5% had tenderness in breast, 0.5% had pain in breast, 86% of the mothers had attended ASHA or Anganwadi center and been educated regarding breast feeding and new born care to

mothers, 2.5% of the mothers felt embarrassed while feeding in front of others. Every woman had support from the family.

In the table 4, Association between significant factors associated with exclusive breastfeeding is compared. Out of the 200 participants 5 mothers with inverted nipple had poor attachment during sucking which has significant p value < 0.001 and Average time of initiation of feeds in primi mothers is 2.93 hours and in multi gravid mothers is 2.2 hours which has no statistical significance.

In table 5 Association Between Modes Of Delivery And Breast Feeding is tabulated. In LSCS mode of delivery % of mothers giving DBF increases and reached 100% on day 7 which is statistically significant on day 7 and DBF reached 99% in NVD by day 3. In LSCS mode of delivery 14% mothers were given top feeds followed by 8 on day 2 which is statistically significant with p value of < 0.05. In LSCS mode of delivery mixed feeds were given in 20% of cases which gradually decreased over 5 days and reached 3% on day 5.

DISCUSSION

The study was done in 200 mothers in both normal delivered mothers on day 3 and caesarean section mothers on day 7 or 8 in government maternity and teaching hospitals (GMH and CKM).

In present study the most of the mothers were between 21-25 years. comparable study done by Bhatt shwetal.et.al.⁸ most of the mothers were between 21-25 years. In present study 80% of mothers were Hindus comparable with study done by haricharan.k.et.al.⁹ with Hindu population (86.9%) and bhatt shwetal.et.al.⁸ with Hindus 81.5%. Of the population majority are SC with 40.5%, BC-B with 24%, ST 11.5%, BC-D With 8.5%, BC-E 5.5%, OC 3%, BC-A 6.5%. In India, some studies like Dr Ashok Garg et al¹⁰ have shown that psychosocial and cultural barriers to early breastfeeding still exist in some communities, in spite of the fact that breastfeeding in that country is universal. In present study a greater number of mothers are graduates (43%) which is correlating with below studying done by Kiran balla.et.al.¹¹ (38.7%), haricharan et.al⁹ (30.38%). In present study more mothers are housewives (99%). this is comparable to study done by Bhatt shwetal.et.al.⁸ (66.9%). More number of mothers belong to rural area (64.5%). this observation is similar to study done by Kiran balla.et.al.¹¹ (62.9%). In present study a greater number of mothers belong to upper lower class (44.5%) studies done by Abu Shosha et al¹² in the Middle East, demographic and socio-economic factors such as age, employment status, and

level of education of the participants has an influence on early breastfeeding. Pre lacteal feeds are given in 1.5% of study group. The pre lacteal feed was honey which was given by grandmothers due to a cultural belief in India. In our study conducted 98.5% did not give prelacteal feeds this observation is similar to study done by bhatt shwetal.et.al⁸.

In present study delay in initiation of feeds were seen in 48.5% of mothers, in comparison with study done by Justin bruno tongun.et.al¹³ (52%), David mukunya et.al¹⁴ (48.2%), in other studies done by bhatt shwetal.et.al⁸ delay was seen in 77.2% of mothers. 96.5% babies are well attached, 3.5% are not well attached, Harshdeep Joshi¹⁵ et.al. study only latching failure was seen in 0.6%. 98% of mothers gave colostrum to their babies which is comparable with studies done by Poreddi Vijayalakshmi.et.al¹⁶ (96.2%). Swelling of breast is seen in 0.5% mothers whereas in study done by manjilala et al it is experienced in 27% .¹⁷ Pain in the breast noted in 0.5% whereas in Maria Monberg Feenstra et al¹⁸ 40% experienced this symptom.

CONCLUSION

The following conclusions were drawn on the basis of the present study. In our study most of the mother belong to age group 21-25 years (59.5%) with mean age 23.9 years, 64.5% study populations were belonging to rural area. Majority of study population were Hindus (80%), majority belong scheduled castes (40.5%), Majority of mothers are graduates (43%) In our study majority belong to upper lower socio-economic status 44.5%. This study revealed that majority of the mothers had good knowledge and a positive attitude towards breastfeeding which they put into practice. 45.5% of mothers had initiated first breast feed within 1 hour after delivery. Within first 3 hours, 78% initiated breast feed after delivery. Average time of initiation feeds in primi was 2.93 hours which is high when compared to multi para 2.22 hours. Average time of initiation of breast feeds in rural mothers was 2.66 hours more when compared to mothers in urban this may be due to decreased awareness among rural mothers regarding breast feeding initiation. Majority of mothers breastfed their infants on demand (82.5%) and practiced rooming in (82.5%) before breast feed Colostrum was given by 98% of mothers. The practice of giving prelacteal feeds (1.5%) and in majority of cases it was advised by relatives. In our study prelacteal feeds usage is low and colostrum was given in 98% cases as majority of the mothers were delivered in our hospital and received counselling about breast feeding practices. 2.5% study population had inverted nipples which lead to delay in initiation of feeds and there was difficulty in initiation of

feeds. 86% mothers attended workshop regarding breast feeding at anganwadi center which may be the reason for majority of the mothers give colostrum and less usage of prelacteal feeds.

Majority of mothers had good knowledge regarding techniques of breastfeeding. Majority of mothers had a good knowledge and a positive attitude towards breastfeeding. Majority of mothers-initiated breastfeeding within first 4 hours. There was a delay in initiation of feeds in mothers who delivered by NVD. mainly due to delay in time taken for suturing of episiotomy and shifting to ward. Hence intensive efforts need to be put for timely initiation of breastfeeding preferably within labor room itself if there is a delay in shifting the mothers.

Most of the mothers agreed that the breastmilk is the best milk for the infant. Very few mothers thought that the breastfeeding is embarrassing. There is an association between breastfeeding with parity, i.e., multigravida mothers fed their babies earlier than in primi mothers which may be due to more knowledge and experience regarding breast feeding. Majority of mothers had given colostrum in this study but few subjects who were less educated follow the custom of discarding the valuable colostrum's, thinking that it is dirty and harmful. Prelacteal feeds were given by 1.5% of mothers and were generally given by caretakers, grandmothers as a cultural taboo in unhygienic ways. Majority of mothers practiced demand feeding and rooming in. Night feeds were practiced by 68%. Bottle-feeds were practiced by 9% which gradually decreased over first few days of post-partum period. of mothers. Bottle- feeds were more commonly practiced by less educated mothers and mothers with delay and difficulty in initiation of feeds. These findings from the present study clearly highlights the importance of educating the women on the importance of breastfeeding and the knowledge may be imparted even at the school or college level. There is a need to focus more on educating less educated women on this aspect along with information on good hygienic practices while breastfeeding the child. Regular orientation programs on breastfeeding counselling for women may also be arranged by health providers to educate women on these aspects. Women organizations too, need to be associated for active dissemination of information on breastfeeding to educationally deprived women. Breastfeeding is a maternal option that involves a complex interaction of socioeconomic, cultural and psychological factors and many more. However, as a recreated habit, the role of reproductive and child health services in promotion of breastfeeding should by no means disregarded. There is still a need for programs, which support and encourage breastfeeding at a primary level, focusing more on younger women, less well educated and those with low socio-economic class

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Table 1: Background characteristics of participants (N=200).

Variable	Frequency	Percent
Maternal age. Mean (SD) : 23.97 (3.01) Range : 18-34		
≤ 20	22	11.0
21-25	119	59.5
26-30	56	28
>30	3	0.5
Religion		
Hindu	160	80.0
Muslim	11	5.5
Christian	29	14.5
Caste		
BC-A	13	6.5
BC-B	48	24.0
BC-D	17	8.5
BC-E	11	5.5
OC	6	3.0
SC	81	40.5
ST	23	11.5
Education of the mother		
Illiterate	24	12.0
Middle School	14	7.0
High school	38	19.0
Intermediate	38	19.0
Graduate	86	43.0
Occupation		
Housewife	198	99.0
Farmer	1	0.5
Semi-skilled	1	0.5
Region		

Rural	129	64.5
Urban	71	35.5
Socioeconomic Status		
Upper class	0	0
Upper middle class	2	1.0
Lower middle class	56	28.0
Upper lower class	89	44.5
Lower class	53	26.5
Preference Of Breast Feeds		
Breast Feeds	195	97.5
Formula Feeds	5	2.5
Pre lacteal Feeds		
Yes	3	1.5
No	197	98.5

Table 2 : Distribution Of Study Subjects According To The Breast-Feeding Practice (N=200).

PRACTICE	NO.	PERCENT
Colostrum given	196	98
Demand Feeds	165	82.5
Scheduled feeds	35	17.5
Non-Nutritive Sucking	198	99
Feeding more in the night	136	68
Pacifier use	4	2
Sleep after feeds	199	99.5
Emptying of breast one after other	187	93.5
Burping after feeding	200	100
Feeling emptying Breast after feeding	185	92.5

Table 3 : Breastfeeding challenges reported by participants (N=200).

Problems	No.	Percent
Pain in the Breast	1	0.5
Inverted nipples	5	2.5
Swelling of breast	1	0.5
Breast tenderness	3	1.5
Taboos	3	1.5
Chronic Illness	1	0.5
Interruption	3	1.5
Emotional Disturbance	1	0.5
Embarrassment in front of others	5	2.5
Support from family and society	200	100.0

Table 4: Association between significant factors associated with exclusive breastfeeding (N=200).

	INVERTED NIPPLE		
Latching	Yes	No	P Value
Poor	5 (100.0)	0	<0.001*
Good	0	195 (100.0)	
Gravida	MEAN TIME OF INITIATION OF BREAST FEED(SD)		
Primi	2.93 (3.30)		P Value
Multipara	2.22 (2.32)		0.078

Table 5: Association Between Modes Of Delivery And Breast Feeding (N=200).

MODE OF DELIVERY	LSCS	NVD	LSCS	NVD	LSCS	NVD	LSCS	NVD
BREAST FEEDING	DBF	DBF	EBF	EBF	Top Feed	Top Feed	Mixed Feed	Mixed Feed
Day 1	63	84	6	1	14	4	20	1
P Value	0.001*		0.054		0.013*		0.079	
Day 2	76	89	3	0	8	0	13	11
P Value	0.016*		0.081		0.016*		0.663	
Day 3	84	99	7	0	3	0	9	1
P Value	<0.001*		0.007*		0.081		0.009*	
Day 4	91	0	5	0			6	0
P Value	<0.001*		0.024*				0.013*	
Day 5	93	0	5	0			3	0
P Value	<0.001*		0.024*				0.081	
Day 6	97	0	3	0				
P Value	<0.001*		0.081					
Day 7	100	0	1					
P Value	<0.001*		0.316					