



Original Research Article

PERINEAL PAIN AND ITS IMPACT ON BREASTFEEDING POSITIONING ON POSTPARTUM DAY ONE: A CROSS-SECTIONAL SURVEY

Trupti Meena¹

¹Medical officer, District Hospital Sheoganj, Sirohi, Rajasthan, India.

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Corresponding Author:

Dr. Trupti Meena,
Medical officer, District Hospital
Sheoganj, Sirohi, Rajasthan, India..
Email: vishnumeena1990@gmail.com

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ABSTRACT

Background: Perineal pain is one of the most common postpartum complaints experienced by mothers following vaginal delivery. Trauma to the perineal region due to episiotomy, spontaneous tears, prolonged labour, or instrumental delivery can cause considerable discomfort during the immediate postpartum period. Breastfeeding initiation within the first 24 hours after childbirth is essential for neonatal nutrition, maternal recovery, and mother–infant bonding. However, postpartum perineal pain may interfere with maternal comfort and the ability to maintain appropriate breastfeeding positions, thereby affecting effective infant attachment and feeding practices. Limited community-based studies have assessed the relationship between perineal pain and breastfeeding positioning among postpartum mothers.

Materials and Methods: A descriptive cross-sectional survey was conducted among postpartum mothers at a District Hospital, Sheoganj, Sirohi district, Rajasthan, from March 2024 to August 2025. A total of 220 postpartum mothers who had undergone vaginal delivery and were within 24 hours postpartum were selected using convenience sampling technique. Data were collected using a structured questionnaire consisting of socio-demographic variables, obstetric details, Numeric Pain Rating Scale (NPRS), and breastfeeding positioning assessment checklist. Breastfeeding positioning was assessed based on maternal comfort, infant alignment, latch, and maintenance of feeding posture. Data were analyzed using descriptive and inferential statistical methods.

Results: The study findings revealed that 68.2% of mothers experienced moderate perineal pain, while 18.6% reported severe pain during postpartum day one. Inadequate breastfeeding positioning was observed in 58.2% of participants. Mothers with higher pain scores demonstrated greater difficulty in maintaining comfortable breastfeeding positions and effective infant attachment. A statistically significant association was found between severity of perineal pain and breastfeeding positioning ($p < 0.05$).

Conclusion: Perineal pain significantly affects breastfeeding positioning during postpartum day one. Early assessment and effective management of postpartum perineal pain, along with breastfeeding counseling and nursing support, can improve maternal comfort and promote successful breastfeeding practices among postpartum mothers.

Keywords: Perineal pain, breastfeeding positioning, postpartum mothers, vaginal delivery, postpartum day one.

INTRODUCTION

After giving birth, a woman must make significant physiological and psychological changes during the postpartum period, which is an important time in her life. Mothers frequently endure a variety of

discomforts at this time, which could hinder their recuperation and capacity to tend to the infant. Among these issues, one of the most common complaints following vaginal delivery is perineal pain.^[1] Episiotomy, spontaneous perineal tears, prolonged labor, instrumental delivery, or tissue

trauma during childbirth can all cause perineal pain. The severity of pain can range from mild discomfort to severe pain that interferes with mobility, sitting, sleeping, and infant care activities. Early mother-infant relationship and maternal welfare may be adversely affected by persistent discomfort in the early postpartum period.^[2]

Neonatal growth, immunity, and emotional attachment are all greatly enhanced by breastfeeding, which is widely acknowledged as the best way to feed infants. The World Health Organization advises exclusive breastfeeding for the first six months of life and starting breastfeeding within the first hour after birth. For healthy bonding, efficient milk transfer, maternal comfort, and the avoidance of nipple trauma, proper breastfeeding placement is crucial. To ensure successful breastfeeding practices, mothers should be able to sustain comfortable feeding postures such as cradle hold, cross-cradle hold, side-lying, or football hold.^[3]

However, during feeding sessions, postpartum moms with perineal pain may find it challenging to sit comfortably or keep good posture. Inadequate latching, interrupted feeding, poor breastfeeding positioning, and decreased maternal confidence can all result from pain and discomfort. These challenges might be exacerbated by inadequate nursing assistance during the early postpartum phase, especially in community settings where postpartum pain management may be poorly understood.^[4]

Few studies have examined the direct connection between perineal discomfort and nursing positions among postpartum mothers, despite the fact that several have examined postpartum pain and breastfeeding independently. Thus, the current study was conducted at District Hospital, Sheoganj, Sirohi district, Rajasthan, to evaluate the degree of perineal pain and its effect on nursing positions among mothers on the first postpartum day.^[5]

Aim and objectives

Aim: The aim of the present study was to assess perineal pain and its impact on breastfeeding positioning among postpartum mothers during postpartum day one at District Hospital, Sheoganj, Sirohi district, Rajasthan.

Objectives

1. To assess the level of perineal pain among postpartum mothers during postpartum day one.
2. To assess breastfeeding positioning practices among postpartum mothers.
3. To determine the association between perineal pain and breastfeeding positioning among postpartum mothers.

MATERIALS AND METHODS

Study Design and Setting: The present study was conducted using a quantitative research approach with a descriptive cross-sectional survey design. The study was conducted at District Hospital, Sheoganj, Sirohi district, Rajasthan. The study was conducted

over a period of twenty months from March 2024 to August 2025. The design was selected to assess the level of perineal pain among postpartum mothers and to determine its impact on breastfeeding positioning during postpartum day one.

Study Population: The target population for the study consisted of postpartum mothers who had undergone vaginal delivery and were admitted to the postnatal ward of the selected District Hospital. Mothers were assessed within 24 hours after childbirth in order to evaluate immediate postpartum perineal pain and breastfeeding positioning practices.

Sample Size and Sampling Technique: A total of 220 postpartum mothers were included in the study. Convenience sampling technique was used to recruit participants based on their availability during the data collection period. Mothers who met the inclusion criteria were approached consecutively until the required sample size was achieved.

Inclusion Criteria

- Mothers who had undergone vaginal delivery
- Mothers within 24 hours postpartum
- Mothers aged between 18 and 40 years
- Mothers willing to participate in the study
- Mothers able to understand and communicate in Hindi or English

Exclusion Criteria

- Mothers who had undergone cesarean section
- Mothers with severe postpartum complications such as postpartum hemorrhage or sepsis
- Mothers with critically ill newborns admitted to intensive care
- Mothers with pre-existing musculoskeletal disorders affecting posture or mobility
- Mothers who were unwilling to participate in the study

Data Collection Tools: Data were collected using a structured questionnaire and observational checklist prepared by the investigator after review of relevant literature and expert guidance. The tool consisted of four sections.

Section A: Socio-demographic Variables

This section included information related to age, educational status, occupation, religion, type of family, residence, and socioeconomic status.

Section B: Obstetric Variables

This section included parity, duration of labour, episiotomy status, type of perineal tear, birth weight of the baby, and previous breastfeeding experience.

Section C: Numeric Pain Rating Scale (NPRS)

Perineal pain was assessed using the Numeric Pain Rating Scale. Mothers were asked to rate their pain on a scale from 0 to 10, where 0 indicated no pain and 10 indicated worst possible pain. Pain scores were categorized as:

- 0 = No pain
- 1–3 = Mild pain
- 4–6 = Moderate pain
- 7–10 = Severe pain

Section D: Breastfeeding Positioning Assessment Checklist

A structured observational checklist was used to assess breastfeeding positioning during feeding sessions. The checklist included assessment of maternal comfort, infant alignment, positioning of the infant close to the mother, proper latch, maintenance of feeding posture, and effectiveness of feeding. Each correct practice was scored, and overall positioning was categorized as adequate or inadequate.

Validity and Reliability: The research tool was validated by experts from the fields of obstetrics and gynecological nursing, pediatric nursing, community health nursing, and obstetrics. Necessary modifications were made based on expert suggestions to improve clarity and relevance. Reliability of the tool was established through pilot testing. The reliability coefficient obtained using Cronbach's alpha method was 0.84, indicating good internal consistency and reliability of the tool.

Pilot Study: A pilot study was conducted among 20 postpartum mothers at a similar healthcare setting to assess feasibility of the study and effectiveness of the tool. The pilot study findings confirmed that the study was feasible and helped refine the data collection procedure. Participants included in the pilot study were excluded from the final study.

Data Collection Procedure: Prior permission was obtained from the concerned authorities of the District Hospital before commencement of the study. Ethical clearance was obtained from the Institutional Ethics Committee. Postpartum mothers who fulfilled the eligibility criteria were approached individually. The purpose of the study was explained clearly, and written informed consent was obtained from each participant.

Data collection was carried out during postpartum day one within 24 hours after delivery. The investigator first collected socio-demographic and obstetric information through interview method. Perineal pain was then assessed using the Numeric Pain Rating Scale. Breastfeeding positioning was observed directly during feeding sessions using the structured checklist. Each participant required approximately 20–30 minutes for completion of data collection.

Ethical Considerations: Ethical approval for the present study was obtained from the Institutional Ethics Committee prior to data collection. Administrative permission was obtained from the concerned authorities of the selected District Hospital, Sheoganj, Sirohi district, Rajasthan. Written informed consent was obtained from all participants after explaining the purpose of the study.

Confidentiality and anonymity of the participants were maintained throughout the study, and the collected data were used only for research purposes.

Statistical Analysis: The collected data were coded and entered into Microsoft Excel and analyzed using Statistical Package for Social Sciences (SPSS) software. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize demographic variables, pain scores, and breastfeeding positioning scores. Inferential statistics such as Chi-square test and Pearson correlation test were used to determine the association between perineal pain and breastfeeding positioning. A p-value less than 0.05 was considered statistically significant.

RESULTS

A total of 220 postpartum mothers who had undergone vaginal delivery were included in the present study conducted at the selected District Hospital, Sheoganj, Sirohi district, Rajasthan, during the period from March 2024 to August 2025. All participants were assessed within 24 hours after delivery to evaluate the level of perineal pain and its impact on breastfeeding positioning. The demographic profile, level of perineal pain, breastfeeding positioning practices, and association between pain severity and breastfeeding positioning were analyzed and are presented below.

Demographic Characteristics of Study Participants
Most postpartum mothers belonged to the age group of 23–27 years.

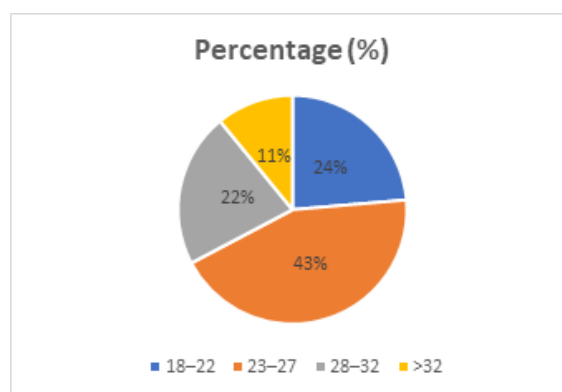


Figure 1: Age-wise Distribution of Participants

The figure demonstrates predominance of postpartum mothers in the age group of 23–27 years among the study participants.

Table 1: Age-wise Distribution of Participants (N = 220)

Age Group (Years)	Frequency (n)	Percentage (%)
18–22	52	23.6
23–27	96	43.6
28–32	48	21.8
>32	24	11

The majority of postpartum mothers belonged to the age group of 23–27 years, indicating higher childbirth prevalence among young adult mothers.

Distribution of Perineal Pain Severity: Moderate perineal pain was the most commonly reported complaint among postpartum mothers.

Table 2: Distribution According to Level of Perineal Pain

Pain Level	Frequency (n)	Percentage (%)
Mild pain	29	13.2
Moderate pain	150	68.2
Severe pain	41	18.6

Table Note

Moderate perineal pain was observed in the majority of postpartum mothers, while severe pain was reported by 18.6% of participants.

Figure Note

The figure illustrates predominance of moderate perineal pain among postpartum mothers during postpartum day one.

Breastfeeding Positioning Assessment

Breastfeeding positioning was assessed using a structured observational checklist.

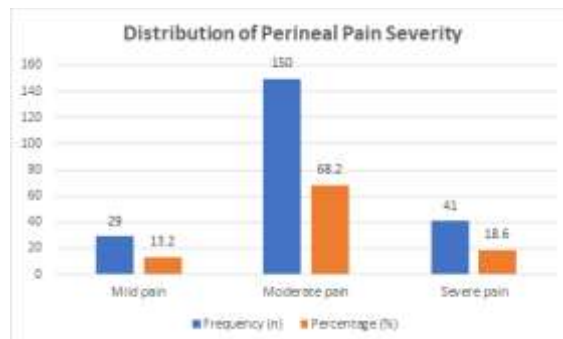


Figure 2: Distribution of Perineal Pain Severity

Table 3: Breastfeeding Positioning Assessment

Positioning Status	Frequency (n)	Percentage (%)
Adequate positioning	92	41.8
Inadequate positioning	128	58.2

Table Note: More than half of the postpartum mothers demonstrated inadequate breastfeeding positioning during feeding sessions.

Association Between Perineal Pain and Breastfeeding Positioning

A significant association was observed between perineal pain and breastfeeding positioning.

Table 4: Association Between Perineal Pain and Breastfeeding Positioning

Pain Level	Adequate Positioning	Inadequate Positioning	Total
Mild pain	21	8	29
Moderate pain	61	89	150
Severe pain	10	31	41

Table Note

Increasing severity of perineal pain was associated with higher frequency of inadequate breastfeeding positioning among postpartum mothers.

Chi-square value = 12.48

p-value = 0.002

The above findings indicate a statistically significant association between perineal pain and breastfeeding positioning ($p < 0.05$). Mothers with severe pain experienced greater difficulty in maintaining proper breastfeeding posture and infant alignment compared to mothers with mild pain.

DISCUSSION

The present study was conducted to assess perineal pain and its impact on breastfeeding positioning among postpartum mothers during postpartum day one. The findings of the study revealed that the majority of postpartum mothers experienced moderate perineal pain following vaginal delivery. The study also demonstrated that increased pain intensity negatively affected breastfeeding positioning and maternal comfort during feeding sessions.^[5,6]

In the present study, 68.2% of mothers reported moderate perineal pain, while 18.6% experienced

severe pain during the immediate postpartum period. These findings are consistent with previous studies which reported that perineal trauma, episiotomy, and prolonged labour are major contributors to postpartum discomfort and pain. Postpartum perineal pain significantly interferes with mobility, sitting posture, and routine maternal activities, particularly during the first 24 hours after childbirth.^[7]

The study findings further revealed that more than half of the postpartum mothers demonstrated inadequate breastfeeding positioning. Mothers experiencing severe perineal pain had difficulty maintaining comfortable breastfeeding postures and effective infant alignment. Proper breastfeeding positioning is essential for successful latching, effective milk transfer, prevention of nipple soreness, and maternal satisfaction. Pain and discomfort may restrict maternal movement and prevent mothers from maintaining stable feeding positions for longer durations.^[8]

A statistically significant association was found between severity of perineal pain and breastfeeding positioning ($p < 0.05$). Mothers with mild pain were able to maintain appropriate breastfeeding posture more effectively than mothers with moderate and severe pain. These findings support earlier research

studies which emphasized that postpartum pain management plays an important role in successful breastfeeding initiation and continuation. Poor breastfeeding positioning caused by maternal discomfort may lead to ineffective feeding, poor attachment, inadequate milk transfer, and increased frustration among mothers.^[9]

The findings of the present study highlight the importance of early postpartum pain assessment and timely interventions to improve maternal comfort. Adequate pain management strategies such as perineal care, analgesic administration, warm sitz bath, relaxation techniques, and supportive nursing care can significantly reduce discomfort during breastfeeding. Healthcare professionals, especially nurses and midwives, play an important role in educating mothers regarding comfortable breastfeeding positions such as side-lying position and proper infant attachment techniques.^[10]

The present study also emphasizes the need for breastfeeding counseling and individualized postpartum support during the immediate postpartum period, particularly in community healthcare settings where awareness regarding postpartum pain management may be limited. Early identification and management of perineal pain can improve breastfeeding practices, maternal confidence, and overall maternal and neonatal wellbeing.^[11]

Overall, the study findings suggest that postpartum perineal pain is an important factor influencing breastfeeding positioning during postpartum day one. Appropriate postpartum care and breastfeeding support are therefore essential to promote effective breastfeeding practices and improve maternal outcomes.

Limitations: The present study has certain limitations that should be considered while interpreting the findings. First, the study was conducted at single District Hospital in Sirohi, which may limit the generalizability of the results to other healthcare settings and populations. Second, convenience sampling technique was used for participant selection, which may introduce sampling bias. Third, the study included only postpartum mothers during postpartum day one; therefore, long-term effects of perineal pain on breastfeeding practices were not assessed. The assessment of pain was based on self-reporting using the Numeric Pain Rating Scale, which may vary according to individual pain perception and tolerance. Despite these limitations, the study provides valuable information regarding the relationship between perineal pain and breastfeeding positioning among postpartum mothers in a community healthcare setting.

Recommendations: Further studies with larger sample size and interventional approaches on postpartum pain management are recommended to improve breastfeeding practices among postpartum mothers.

CONCLUSION

The present study concluded that perineal pain is a common problem experienced by postpartum mothers following vaginal delivery and has a significant impact on breastfeeding positioning during postpartum day one. The majority of mothers experienced moderate perineal pain, which affected their comfort, posture, and ability to maintain effective breastfeeding positions. A statistically significant association was observed between severity of perineal pain and inadequate breastfeeding positioning. Mothers with severe pain demonstrated greater difficulty in maintaining proper infant alignment and comfortable feeding posture. Early assessment and appropriate management of postpartum perineal pain, along with breastfeeding counseling and nursing support, can improve maternal comfort and promote successful breastfeeding practices. Therefore, healthcare professionals should prioritize postpartum pain management and breastfeeding guidance to enhance maternal and neonatal health outcomes during the immediate postpartum period.

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