Health Providers’ Role in Increasing Early Initiation of Breastfeeding Covered to Mother Post-Sectio Caesarea in Hospital

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Abstract-- Early Initiation of Breastfeeding in the process of labor in Section Caesarean (SC) is rarely implemented because of pain from the surgical wound, the effect of anesthesia, discomfort mother, and yet the milk discharge after surgery. The purpose of the research was to create a model of comfort nursing care to the needs of comfort in SC mothers. Method: Design used in the study was an explanation with an population of women in the SC at RSUD Jombang and RSUD Madiun in February to May 2016. The samples were 282 with total sampling technique. The research variables of maternal factors were a father, infant, and provider, health care need, nursing intervention, comfort and implementation of early initiation of breastfeeding. Data were analyzed by Partial Least Square (PLS). The second phase of the study used quasi-experimental. The patient sample of the SC women in RSUD Jombang as the treatment group and the RSUD Sogaten Madiun was the control group. Results: Factors that directly influence were a baby, provider, health care need and comfort. While, factors that not directly affected were a mother, husband, and nursing intervention. The value of t ≥ 1.96. T-test showed a significant difference to improve the implementation of early initiation of breastfeeding in SC mother between the treatment group and the control group, with the increasing 0.9 higher in treatment group. The new finding was an increase of the implementation of early initiation of breastfeeding in the SC mother after nursing care comfort was done. New research finding was found the increase the implementation of early breastfeeding initiation in the post-SC mother after nursing care comfort was done. Discussion and conclusion: the condition of maternal health, the support of her spouse, infant reflexes and providers have a significant impact to the successfullness of early maternal initiation of breastfeeding in SC mother. The condition of the mother after surgery is that the mother feels very uncomfortable, so she needs support from nurses and midwives to create a sense of comfort. It is recommended that Relaxation and distraction techniques can provide comfort to the mother. Finally, the mother can carry out the early initiation of breastfeeding.

Key Words: Nursing comfort, section caesarea, Early Initiation of Breastfeeding

INTRODUCTION

Health problems in Indonesia, among others, are still high infant mortality rate (IMR) and Maternal Mortality Rate (MMR)[1]. Early breastfeeding is one of the interventions that can significantly reduce infant mortality[2]. In some countries, the average implementation of Early Breastfeeding Initiation is low, while demand operation Section Caesarea (SC) is increasing and may have an impact on the success of breastfeeding[3]. Early Breastfeeding Initiation is an attempt to restore the rights of the baby on his mother who had been robbed by birth practitioners who help the delivery process[4].

The reason of mother did not carry out the Early Breastfeeding Initiation is due to the surgical site pain (92%), discomfort (78%), anesthesia (74%). Pain post-Section Caesarea (SC) if not addressed can reduce a mother's ability to implement the Early Breastfeeding Initiation (Storm 2007).

WHO said that the level of Early Initiation Of Breastfeeding in the world in 2010 amounted to only 43% of the birth rate. In Asia, the rate Early Initiation of Breastfeeding is 27% -29% of babies born [5]. Early Initiation of Breastfeeding national coverage of 34.5% and there are 18 provinces, whose scope is below the national average. Early Initiation of Breastfeeding has increased from 29.3% in 2010 to 34.5% in 2013, in addition, to the Early Initiation of Breastfeeding highest percentage is in the province of West Nusa Tenggara with 52.9% while the lowest in the province of West Papua by 21.7% (Riskesdas, 2013). While the percentage of Early Initiation of Breastfeeding in East Java province with 21% of the birth rate[6].

The incidence of caesarian section in East Java province in 2009 amounted to 3,401 operations of 170,000 deliveries, or about 20% of all deliveries (East Java Health Office, 2009). While in Jombang deliveries of SC in 2014 as many as 3870 and there are no data regarding the implementation of the Early Initiation of Breastfeeding (Jombang District, Health Office). In addition, data from hospitals Jombang in 2014 there were 577 cesarean deliveries and by 2015 as many as 540 deliveries of SC.
Ref [7] in his research found that women Section Caesarea (SC) reported pain with a fairly high level before the first 24 hours. This has an impact on breastfeeding and newborn care. For the mother, Caesarean required more pain medication after surgery are used to comfort the mother. Mother's post Section Caesarea (SC) often finds it difficult to achieve a comfortable position for breastfeeding[8]. Mothers who give birth section Caesarea often unable to fulfill its role as a mother because the mother is weak condition after giving birth.

Barriers of Early Initiation of Breastfeeding than caused by the helplessness of the patient, can also be caused by a lack of the role of the health care team (doctor specialist anesthetist, pediatrician, obstetrics and gynecology specialists, nurses, and midwives). This is supported by studies in Rio de Janeiro (2014), which showed that mothers who had just given birth have little or no autonomy in the decision to perform Early Initiation of Breastfeeding in the first hour of delivery. This is because they have to follow the procedures for newborn care was implemented by the hospital and medical team to help the delivery process.

The pain and anxiety in the mother may cause discomfort. Discomfort in post-SC mother in need of nursing management. As stated by Karistrom[7], in the first 24 hours after the SC, the mother has a pain that requires treatment for pain that occurs. In addition to medical treatment, nursing mothers also need action that can provide a sense of comfort.

Physical comfort needs including deficits in physiological mechanisms are impaired or at risk due to illness or invasive procedures. Physical needed that look like the pain is easy to handle with or without medication. The standard comfort of intervention geared to regain and maintain homeostasis. Psycho-spiritual comfort needs including the need for self-confidence, motivation, and trust that the client calmer when he underwent painful, invasive procedures or trauma that can not be cured. These needs are often met with nursing actions soothing for the soul as well as the client is targeted for transcendence such as relaxation and distraction, the touch and care. Facilitation themselves to entertain strategies and words of motivation. These actions include special interventions for caregivers often difficult to take the time to do it but when the nurses took time, then his actions will be very meaningful[9]. Ease of Use.

METHODS

This research study was a research with two stages of research. In the first stage used explanatory research study. The first research phase aimed to describe the section caesarean laboring in the implementation of early breastfeeding initiation. The populations were all patients who delivered with section Caesarea. The number of patients (February - May 2016) who underwent SC at Jombang hospitals were 215 and 381 at Sogaten Hospital (RSUD) Madiun. The Sample used the estimation rule of thumb formula and large study sample of 282 respondents. The variables used in hand on factors: maternal factors included age, empathy, attitude, parity, self-esteem, and anxiety; Spouse factors included: support and interaction; infant’s factors: sucking reflex; Providers Factors (nurses and midwives) included nursing services. Health care need factors that covered such as physical, psychological, environments and social; nursing intervention Factors included: facilitating the implementation of early initiation of breastfeeding, relaxation, distraction, mentoring spouse. The factors of comfort level: Physics, psycho-spiritual and social. The implementation factors of early initiation of breastfeeding.  The general data showed in the frequency table. The correlation of causality of a latent variable with absorbs variable from alternative method Smart Partial Least Square (Smart PLS).

<table>
<thead>
<tr>
<th>Variable Simbol</th>
<th>Variable</th>
<th>Indicator</th>
</tr>
</thead>
</table>
| X1             | Mother’s factor | X1.1 = age  
X1.2= parity  
X1.5= anxiety |
| X2             | Father’s factor | X2.1= support  
X2.2= interaction |
| X3             | Infant’s factor | X3.1 = Sucking reflex |
| X4             | meso system’s Factor | X4.1 = provider’s service |
| Y1             | Health Care Needs | Y1.1 = psycho spiritual  
Y1.2 = social |
| Y2             | Nursing Intervention | Y2.1 = relaxation  
Y2.2 = distraction  
Y2.3 = spouse’s support |
| Y3             | Comfort’s level. | Y3.1 = physic  
Y3.2 = psychologist  
Y3.3 = social |
| Y4             | implementation of early breastfeed initiation | Y4 = implementation of early breastfeed initiation |

The second phase used quasi-experiment research. The objective of the second research is to know the ability of mother in the implementation of early breastfeeding initiation after doing the relaxation and distraction. The design of the study We’re two samples post-test only. The populations were all patients who delivered with section Caesarea, as many as 30 people who delivered SC in RSUD Jombang and it was taken ten people as the treatment group. Meanwhile, 125 mothers were taken ten as a control group from RSUD Madiun. The test of model stimulation used statistic t-test.

RESULTS

The result showed that mother’s factor, majority (>70%) aged 20 – 35 years old, in the empathy, anxiety. The total number of mortality to the mother post-SC was multipara (61, 3 %). Mother’s attitude to the baby was mostly similar between positive and negative attitude. All mothers (100%) with SC had a high self-esteem with the implementation of Early Initiation of Breastfeeding, most of The Spouse (>90%) gave support to the laboring process with Section Caesarea, and had a good interaction. Most of the babies were able to suck heavily when he met the nipple, (97, 9%). Nursing care factor categorized, for enough nursing care (47, 2%) and less nursing care (40, 1%). Health care need Factors: (96, 8%) felt a heavy pain and moderate. The psycho-spiritual majority of mother felt moderate anxiety (86, 9%), the majority of mother’s support
(95.7%). Nursing intervention factors which were relaxation categorized (less, enough, good), the similar distraction of majority caring of nurse/ midwife less (72.7%), mentoring spouse and provider were in less categorized (83%), Early Initiation Of Breastfeeding facility of majority’s mother was enough between enough categorized and less (35% - 40%). Comfort’s factors in all indicators (physics, psychics, social) is known majority (>50%) felt relief. The factors of Early Initiation Of Breastfeeding implementation most of the didn’t do the Early Initiation Of Breastfeeding (96, 1%). Comfort care models showed that factors of mother, mother, baby, and provider were significant influenced with health care need factor. Provider factor, health care need was significant influenced with nursing intervention, Factors of mother, father, and provider were significant influenced with comfort factor. Factors of baby, provider, health care need, and comfort level were significant influenced by Early Initiation of Breastfeeding implementation.

TABLE III  T-TEST RESULT OF THE EARLY INITIATION OF BREASTFEEDING’S IMPLEMENTATION TO THE TREATMENT AND CONTROL GROUP

<table>
<thead>
<tr>
<th>No</th>
<th>Indicator</th>
<th>$\bar{X}$ ± S.D</th>
<th>Treatment (n=10)</th>
<th>Control (n=10)</th>
<th>P-value</th>
<th>$\alpha$ = 5%</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The implementation of Early Initiation of Breastfeeding</td>
<td>2 ± 0</td>
<td>1.1 ± 0.316</td>
<td>0.018</td>
<td>&lt;0.05</td>
<td>Significant</td>
<td></td>
</tr>
</tbody>
</table>

Based on the t-test table above, showed that treatment and control group found significantly different, since the p-value less than $\alpha$ = 5%. For the treatment group, the implementation of Early Initiation of Breastfeeding more increased than the control group.

**DISCUSSION AND CONCLUSION**

The mother who experienced SC was unable to give her role as mother in giving the breast milk to her baby. The role of provider is needed by mother to able her role in giving the breastfeed well, by giving the nursing care before she entered the operating theater. Some of nursing cares which done by a provider such as giving the counseling about the ways of relaxation, distraction, and the way to implement the early breastfeeding initiation to post SC mother. The counseling would create the motivation of mother to do the Early Initiation of Breastfeeding.
of Breastfeeding very well. During the operation, the provider allowed mother to give counseling the relaxation and distraction also facilitate mother to implement the Early Initiation of Breastfeeding until an hour laboring. Need the provider with higher motivation to accompany mother during the operation.

Relaxation is a way to relax the physic, brain, and soul from stress which is happen by mother. By this technique, we can use some of the gestures to make us easier until the body felt relax with her position. On the other hand, with this gesture, we would get needed stimuli of neurons. This relaxation technique also could be activate the energy of right grain, that was a brain which controlled the emotion and human’s imagination, meanwhile with relax condition of mother, it would make she comfort. Relaxation’s indicator explained the nursing intervention’s factor, since the result of treatment group who did the relaxation, the felt better comfort.

Provider factor influenced directly and also indirect to the comfort’s factor through the nursing intervention. Nursing intervention’s factor explained by four indicators that are Early Initiation of Breastfeeding facilitating, relaxation, distraction and husband’s accompanying.

The nursing action which given by provider to the post-SC mother was very needed by her since mother felt limited action cause of operation. The right nursing action would give the comfort feeling not only physics and psycho-spiritual but also social. Nursing care could be given before mother had an operation, with tutoring the relaxation and distraction technique, and explained the way of early breastfeeding initiation to the post-SC mother. She had to have counseled that mother able to do the Early Initiation of Breastfeeding, finally mother felt comfort during Early Initiation of Breastfeeding physically.

Mother who had given the nursing intervention, relaxation, and distraction, during the operation had mild pain level. This showed that pain level also influenced by psycho-spiritual and society. The mild level of pain would effect to comfort to the mother. Feeling comfort to the mother who in treatment group majority in the transcendent category, which means she was able to solve the problem. Feeling comfort could be increasing the mother’s role in the implementation of early breastfeeding initiation.

The conclusion of this study obtained the factors of comfort level get the biggest contribution from nursing intervention factor; the comfort level of mother was decided by nursing care which included relaxation, distraction, and mentoring. If the comfort level of mother was completed then the mother was able to do Early Initiation of Breastfeeding.

REFERENCES


