



ANALYSIS OF FACTORS RELATED TO EARLY BREASTFEEDING IN INFANTS WITH MOTHER POST SECTIO CAESAREA AT 3M PLUS HOSPITAL

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ABSTRACT

Sectio Caesarea causes late early breastfeeding and is known to have a lower prevalence of breastfeeding practices than mothers who give birth normally. This study aims to find out what are the factors associated with early breastfeeding in infants with post-sectio caesarea mothers. This research is cross-sectional analytics conducted at 3M Plus Tembilahan Hospital from March to August 2020. Respondents of 33 post-sectio caesarea mothers who were willing to be the subject of research and observed since moving to the treatment room until the second day of post-sectio caesarea. The results showed 63.3% of early breastfeeding and 58.3% of mothers who did not breastfeeding were grounded because breastfeeding had not yet come out. Correlation tests found healthcare support ($p=0.001$), exclusive breastfeeding desires ($p=0.001$), and family support ($p=0.01$) related to giving early breastfeeding. While the experience of breastfeeding, knowledge, and bedding-in is not a relationship. Health education from pregnancy and early postnatal is necessary to provide an understanding of the importance of early breastfeeding

Keywords: *Sectio Caesarea, early breastfeeding, healthcare support, family support*

INTRODUCTION

Breastfeeding is a vital part of providing every child with the healthiest start to life. It is a baby's first vaccine and the best source of nutrition, and can bolster brain development. (WHO, 2019). Breastfeeding is the fulfillment of the right for every mother and child. It's no secret that children who get exclusive breast milk and the right parenting patterns will grow and develop optimally and not easily get sick. Besides, breastfeeding can strengthen the emotional bond between mother and child so that it is

expected to be a child with personal resilience who can be independent.

Globally, the rates of breastfeeding remain lower than what is required to protect the health of women and children. In 2013–2018, 43% of newborns initiate breastfeeding within one hour of birth. Only 41% of infants under six months of age are exclusively breastfed. While 70% of women continue to breastfeed their infant for at least one year, by two years of age, breastfeeding rates declines to 45%. The Collective targets for these global rates in 2030 are 70% for



initiation in the first hour, 70% for exclusive breastfeeding, 80% at one year, and 60% at two years. (WHO, 2019)

The percentage of breastfeeding practices in Indonesia is still low. In the 2010 Riskesdas report, the percentage of breastfeeding practices in 0-month-old babies was divided into three categories: exclusive breastfeeding (39.8%), predominate breastfeeding (5.1%), and partial breastfeeding (55.1). While the percentage of breastfeeding in 5-month-olds was found to be exclusive lactation (15.3), predominate breastfeeding (1.5%), and partial breastfeeding (83.2%). This means there is a decrease in the percentage of breastfeeding from 0-month-old babies to 5-month-old babies (Kementerian Kesehatan RI and MCA Indonesia, 2015).

This percentage is mostly contributed by maternity mothers by cesarean section. Where breastfeeding problems are more common on sectio posts ($n=18$ vs 4, $p=0.002$) (Bodner *et al.*, 2011). This can be caused by some things, for example, post-sectio-Caesarea condition makes the mother feel pain and becomes difficult to breastfeed her baby, delay in the initiation of early breastfeeding can decrease the secretion of prolactin.

The systematic review included 53 studies found that the prevalence of early breastfeeding was lower in mothers post sectio caesarea compared to those who gave birth vagina delivery (OR: 0.57; 95% CI: 0.50-0.64; $P=0.00001$) (Prior *et al.*, 2012). Previous study data also

found that, 100% of mothers post sectio caesarea do not start breastfeeding their baby on the first day of childbirth.

In general, early breastfeeding is influenced by several factors including health worker support, maternal (physical and psychological) circumstances, socio-cultural changes, hospital governance, infant health, maternal knowledge, maternal attitudes, family environment, breast milk replacement marketing regulations, and parity (Laanterä *et al.*, 2010). Given that more than 75% of childbirth occurs in health facilities, the role of hospitals in supporting early breastfeeding is urgently needed. Baby Friendly Hospital Initiative (BFHI) based on "ten steps towards successful breastfeeding" is one of the ideas made in an effort to support breastfeeding (Hakala *et al.*, 2018).

This study aims to determine the factors that affect early breastfeeding in infants with post-sectio caesarean.

MATERIAL AND METHODS

This research is cross-sectional analytics conducted at 3M Plus Hospital from March to August 2020. All mothers gave birth by caesarean section included in the sample after signing the research approval. There were 33 samples that met the following inclusion criteria: 1) had no postoperative complications; 2) do not have diseases (heart, pre-eclampsia, cancer, and diseases of the breast); 3) mothers with normal babies; 4) mothers with babies can drink per oral; 5) mothers with



babies who do not receive fluids through IVFD

Data collection is done after the mother post surgery is moved in the treatment room until the second day of treatment while the interview when the mother is resting enough as well as in a comfortable condition. If the mother feels pain, tired, weak,

drowsy, the interview is postponed for a while and will be done again after the mother's condition is ready.

The collected data is analyzed in univariate and bivariate. Chi-square statistical tests were conducted to determine the correlation of factors that influence early breastfeeding.

RESULT

Respondent General Data

Table 1
Respondent's General Data Frequency Distribution Resume (n=33)

No	Category	f	%
1	Age (Year)		
	<20	0	
	20 – 35	29	87,9
	>35	4	12,1
2	Parity		
	1	10	30,3
	2-3	21	63,7
	>3	2	6
3	Job		
	Work	17	51,5
	Not working	16	48,5

Based on table 1 it is known that the majority of respondents are aged 20-35 years (87.9%), most of the

parity of respondents is 2-3 (63.7%), and the average respondent works as much as 51.5%.

Table 2
Early Breastfeeding Frequency Distribution in Infants with Mrs. Post Sectio Caesarea

Early Breastfeeding	f	%
< 24 hours after Sectio Caesarea	21	63,6
≥ 24 hours after Sectio Caesarea	12	36,4
Amount	33	100

Table 2 shows that most mothers give initial breast milk < 24 hours <

which is as many as 21 mothers (63.6%).



Table 3
**Frequency Distribution Of Reasons Respondents Do Not Breast milk Early
In Infants On The First Day (n=12)**

Respondent Reason	f	%
Breastmilk is not out yet	7	58,4
Flat Nipples	1	8,3
Pain	4	33,3
Amount	12	100

Table 3 above shows that most of the reasons respondents did not breast milk in the first 24 hours were because breast milk had not come out by 58.4%.

Tabel 4
Factors Related To Early Breastfeeding in Infants with Mrs Sectio caesarea

Variable	Category	Breasfeeding				Pvalue	CI	OR
		No		Yes				
		n	%	n	%			
Healthcare Support	Not getting support	7	87,5	1	12,5	0,001	2,771 – 282,970	28,000
	Getting support	5	20,0	20	80			
Exclusive breast milk desire	Not	8	88,9	1	11,1	0,001	3,854 – 415,115	40.000
	Yes	4	16,7	20	633,6			
Family Support	Not getting support	6	75,0	2	25,0	0,01	1,501 – 60,107	9,500
	Getting support	6	24,0	19	76,0			
Breastfeeding Experience	Not Experience	5	29,4	12	70,6	0,48	0,127 - 2,254	0,536
	Experience	7	36,4	9	63,6			
Knowledge	Less	5	50,0	5	50,0	0,496	0,497 – 10,503	2,286
	Good	7	30,4	16	69,6			
Rooming-In	Not	1	20,0	4	80,0	0,388	0,038 – 3,927	0,386
	Yes	11	39,3	17	60,7			

Based on table 4 it can be seen that statistical test results obtained p-



value of healthcare support ($p=0.001$), exclusive breast milk desire ($p=0.001$), and Family Role ($p=0.01$), it can be concluded there is a significant relationship between healthcare support, exclusive breast milk desire, and family role with early breastfeeding.

While the experience of breastfeeding, knowledge, and rooming-in, statistically does not have a significant relationship with early breastfeeding.

DISCUSSION

1) Relationship Healthcare Support with Early Breastfeeding

This research shows that health care support has to do with early breastfeeding in babies with mothers post sectio caesarea. Healthcare support is one of the Baby Friendly Hospital Initiative (BFHI) programs. We know that the mother spent a little time in the hospital before she returned home to continue breastfeeding. Therefore maternity mothers need counseling and the support provided by health care professionals during the first days is essential to ensure that mothers will continue to breastfeed exclusively at home. Hospitals implementing BFHI provide maternity ward staff with clear instructions on how they can support breastfeeding. As a result, maternity ward staff at these hospitals may work differently from maternity ward staff in hospitals who do not apply BFHI (Hakala *et al.*, 2018).

2) Relationship ASI Exclusive Desire with Early Breastfeeding

The desire for exclusive breast milk is the motivation that comes from within the mother to give exclusive breast milk. With this desire from within usually, the mother will not be easily affected by the situation or environment, so that the mother is really steady and ready to continue to breast milk her baby. Research conducted by Rahmaliza Harseni found that intrinsic motivation affects exclusive breastfeeding ($p=0.02$) (Harseni, 2019)

The success of the breastfeeding process depends largely on the mother's confidence that she is able to breastfeed or produce enough breast milk for her baby. The lack of confidence of the mother will lead to inhibited breastfeeding reflexes. Oxytocin hormone, a hormone that helps the expenditure of early breastfeeding is very sensitive to the feelings of the mother. Few mothers feel doubtful or lack of confidence then it can cause hormone work to slow oxytocin which results in early breastfeeding coming out into a bit

3) Relationship Family Support with Early Breastfeeding

The role of the family is one of the factors related to early breastfeeding. Annis Mardhiyah's research, et al shows family roles showed 64.4% of husband roles supporting exclusive breast milk ($p=0.001$) and 59.3% of mother-in-



law roles supporting exclusive breast milk ($p=0.001$) (Mardhiyah, Wardani and Angraini, 2018). The father's support is the most meaningful support for breastfeeding mothers. Fathers can play an active role in the success of breastfeeding, especially exclusive breast milk because the father will determine the smooth reflex of breast milk production (milk let down reflex) which is strongly influenced by the emotional state or feelings of the mother. Dad provided enough emotional support and practical help (Roesli, 2012).

The role of mother and mother-in-law can be seen with some support provided. Informational support means that a family serves as a family and is a world-leading disseminator or disseminator, assessment support means the family acts as a feedback guide, guiding and mediate problem-solving, and as a source and validator of a member's identity. As for instrumental support, the family is a source of practical and concrete help and emotional support where the family as a safe and peaceful place to rest and recovery and help mastery of emotions. Informational support provided by the mother-in-law in the form of advice to eat nutritious foods and advise to breastfeed exclusively. The assessment support from the mother-in-law is a compliment given to the mother because the healthy baby has been given exclusive breast milk and the support that the mother-in-law can provide is to hold the agitated baby to soothe the baby. While the emotional support that is the mother-in-law gives confidence to the

mother that the breast milk provided can be smooth (Mardhiyah, Wardani and Angraini, 2018)

The role of mother and mother-in-law can be seen with some support provided. Informational support means that a family serves Health Law No.36 Of 2009 also regulates the role of families related to exclusive breastfeeding this law says that, during the provision of early breastfeeding, the family, government, local government, and the community must support the baby's mother in full with the provision of special time and facilities (Roesli, 2012)

4) Reasons Not to Early Breastfeeding

The results showed that 6.4% of mothers post sectio caesarea did not early breastfeeding and 58.4% of them reasoned early breastfeeding did not come out. Only a small fraction reasoned for pain (33.3%) and flat nipples (8.3%). This relates to the mother's knowledge of early breastfeeding and early breastfeeding counseling. Good knowledge should show good behavior. But some factors can influence such behaviors including motivation, support of health workers and others. So it is not always good knowledge will show positive behavior.

The results of this study found that knowledge is not statistically related to early breastfeeding ($p=0.496$). Wulandari's 2014 research also found that there was no knowledge of breastfeeding in the



first 2 hours ($p=0.32$) (Mardhiyah, Wardani and Angraini, 2018).

The results of the above research can be known that related to early breastfeeding is a factor from within the mother that is a strong desire to provide breast milk and external factors namely support both support of health workers and family support, especially husband and mother or mother-in-law.

The knowledge, experience of breastfeeding even rooming-in in this study is statistically unrelated. The limitations of the sample can be one of the reasons for the weak results of the analysis.

CONCLUSION

Most mothers post sectio caesarea early breastfeeding in their babies (63.6%) and among mothers who did not early breastfeeding initially reasoned eraly breastfeeding has not come out as much as 58.4%).

There are significant relationships between health workers ($p=0.001$, $OR=28,000$), exclusive breast milk desire ($p=0.001$, $OR=40,000$), and family support ($p=0.01$, $OR=9,500$) with initial early breastfeeding. As for knowledge, the experience of breastfeeding and rooming-in is not related to early breastfeeding.

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