

Early Breastfeeding in Post-Section Birth

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Abstract: Early Initiation of Breastfeeding process on cesarean section (c-section) laboring are rarely implemented. The purpose of study was to know the factors that influence the implementation of early breastfeed of post c-section. This study was an analytical research with cross sectional design. The sample as many as 32 collected by *consecutive sampling* technique. The research variables were the factor of mother, father, infant, provider and the implementation of early breastfeed factor. Data were collected by questionnaires and observation sheets and analyzed by logistic regression. There were two variables (the factor of infant and provider) which gained value of $\lambda = > 1.96$. the c-sectionore of *p value* < 0.05 . It means, the factor of infant and provider were significant influence to the implementation of early breastfeed. From both factors, the most influence factor was provider which is the most *expected c-sectionore (B)* as many as 54,273. Research conclude that there are two factors that contribute post c-section breastfeeding, infant factor and provider factor (nurses and midwives). Provider factor is the most dominant factor that influence to the implementation of early breastfeed. Guiding and counseling is needed for mother who had c-section in order to complete the implementation of early breastfeed.

1 BACKGROUND

The implementation of early breastfeed was influenced by the labouring method. The cesarean section (c-section) needs a long recovering that the normal labroing. Baby who was born by c-section will different stayed with her mother, because her mother still in recovery room after the anasthetic process.

A preliminary study conducted at RSUD Jombang during the year 2012 at RSUD Jombang there were 317 spontaneous childbirth and 3,566 abnormal laboring, between abnormal labor is delivery with c-section, with amount 971 (27%). All patients post sectio secaria do not do IMD. This causes delays in bonding, mother skin contact with infants (McLeroy, Bibeau, Steckler, & Glanz, 1988).

On the theory, factor which influence post c-section early breastfeeding is pain condition of the post c-section mother (Padmavathi, Jayadeepa, & Babu, 2014). But actually, pain condition of the mother has been eliminated by anesthesia effect.

Based on the above background, the researcher is interested in conducting research on an analysis factor which influence early breastfeed to post c-section

mother. This study examined the effect of micro systems that include: mother, father (husband), infant and provider to the implementation of early breastfeed.

2 METHODS

This study was an analytical research with cross sectional design, in which the variable of cause and effect which was measured in the same time (Supriyanto & Djohan, 2011). The type of study with observational explanative approach in order to collect data of respondent to answer the strategic issues that were happening, which caused post c-section mothers that did not implement of early breastfeed. The population of this study was all post-c-section patients treated in the Jombang Junior Hospital in February-May 2017. The number of patients in February - May 2017 who got c-section at Jombang General Hospital was 119 mothers.

The samples in this study were patients who got inclusion and exclusion criteria. Inclusion criteria were gestational age >37 weeks, mother with sub-arachnoid block anesthesia, the nipple protrudes, c-

section indications were not due to pre-eclampsia/Eclampsia, cardiac abnormalities, asthma, or infants in secondary arrest. Exclusion criteria were infants with congenital abnormalities, infants was born unstable, mother with complications c-section.

From the result of calculation formula, it was found that 24 respondents, with calculated the *drop out* case as many as 20%, it was determined the number of samples for this study were 32 respondents. Sampling was used by simple random sampling. Instruments used to collect data in this study were questionnaires and observation sheets. Questionnaires distributed personally to each post c-section mother.

The data were presented in the form of distribution tables and their interpretations. Structural model analysis aimed to examine the effect of the correlation between exogenous factors on endogenous factors. The influence of the correlation had a coefficient value; because it was structural then the coefficient value was then known as path coefficient. The path coefficient in the structural model was called Inner Weigth which was shown from the coefficient of structural path. The first step of structural model analysis used to examine the correlation between exogenous factors to endogenous factors.

The hypothesis assumption was proved by testing the significance of the path (path significance). Pathway significance test aimed to examine the significance of exogenous factors which influence endogenous factors. The formed value of the test used the t-test, comparing the t statistics of the inner model with t table. If the value of t statistics > t table then concluded there was a significant influence of exogenous factors on endogenous factors. With two-tailed test and using the fault tolerance level $\alpha = 2.5\%$, the value of t table = 1.96.

Multivariate analysis test used in this study was logistic regeresi test. Logistic regression aimed to obtain the best model in determining the determinants of factors that affect the implementation of early breastfeed in post c-section mothers in RSUD Jombang. In this modeling all candidate variables were tested together. Model selection was done hierarchically by means of all independent variables incorporated into the model, and then the non-significant variable was removed from the model in a sequence starting from its largest p-wald value.

3 RESULTS

Table 1 describe the characteristics of respondents: education, the majority of respondents education was senior high school with a percentage of 59.6%. Most of respondents work as housewives with percentage of 57.9%. Then, private employments as many as 28.1% and least 3.1% as farmers. Information about c-section delivery based on the above table, it was known that the majority of respondents have received information about the birth of the c-section as many as 71.8%. While those who had never received information about c-section delivery as many as 28.1%. Majority of respondents had received information about c-section delivery from health personnel that was equal to 65.6%.

Table 1: The characteristic of respondents.

Category	Frequency	
	Σ	%
Education		
Elementary and junior high school	8	24.1
Senior high school	19	59.6
Vocational and bachelor	5	16.3
Job		
Farmer	1	3.1
Private	9	28.1
Entrepreneur	2	7.2
Civil Servant	1	3.1
Housewives	19	57.9
Information of c-section		
Yes	23	71.8
No	9	28.1
The source of information of c-section		
Health Workers	21	65.6
Mass Media	1	3.1
Electronic Media	2	6.2
Neighbour/ Friend/ Family	8	25

Table 2 describe the maternal factors, the majority of post c-section mothers aged between 20-35 years as much as 71.8%. The number of live births experienced by post c-section mothers was multipara of 62.5%. The ability of post c-section mother to feel the emotional state of newborns was in the category of being as many as 71.8%. Mother's attitude to the baby was almost the same between positive attitudes and negative attitudes. Post c-section mother's anxiety toward psychosocial post reaction c-section, it was known that majority of post c-section mother

had mild anxiety about 75%. All mothers (100%) who gave birth with c-section had high self-esteem regarding the implementation of early breastfeed.

Table 2: Mother’s factors.

Category	Frequency	
	Σ	%
Age		
< 20 years old	2	6.2
20 - 35 years old	23	71.8
> 35 years old	7	21.8
Parity		
Nulipara	11	34.3
Multipara	20	62.5
Grande Multipara	1	3.1
Empaty		
Low	4	12.5
Intermediate	23	71.8
High	5	15.6
Attitude		
Negative	18	56.2
Positive	14	43.8
Anxiety		
Not Anxiety	6	18.7
Mild	24	75.0
Intermediate	2	6.2
Big	0	0
Self-esteem		
Low	0	0
High	32	100.0

Husband’s support based on Table 3 below was known that the majority of husbands gave enough support to his wife who gave birth with Sectio Caesaria, as many as 93,8%, and all had interaction in good category, that is 100%.

Table 4 explained that almost all infants were able to suck strongly when meeting with the nipple of the mother, which was 96.9%. Based on table 5 below was known that the factor of service category enough and less was almost the same, that is for service was quite equal to 46.8% and service less 40.6%.

Implementation of early breastfeed in infants from post c-section mothers, based on table 6 below was known the majority who did not do early breastfeed that was equal to 96.9%. In contrast, only a small portion (3.1%) performs an early breastfeed. The factors which influenced the implementation of early breastfeed can be seen in Table 7.

In this study there were 4 variables that were suspected related to the implementation of early breastfeed in RSUD Jombang. Based on the results of the analysis shown in table 7 obtained t value statistics > t table (1.96) that is on the variable factor of the infant and provider service factor.

Table 3: Father’s factors.

Category	Frequency	
	Σ	%
Support		
Less	1	3.1
Enough	30	93.8
Good	1	3.1
Interaction		
Less	0	0
Enough	0	0
Good	32	100

Table 4: Responsive reflects of infant.

Category	Frequency	
	Σ	%
Weak	1	3.1
Strong	31	96.9

Table 5: Provider’s service.

Category	Frequency	
	Σ	%
Less	13	40.6
Enough	15	46.8
Good	4	12.5

The result of mutivariate analysis in Table 8 below showed that 2 model variables had p value <0.05. It means that baby factor variable and provider service factor significantly influence of early breastfeed implementation and was the final model of determinant factor of early breastfeed implementation. From this analysis it could be concluded that the two variables that enter into multivariate, the most dominant variable related to the implementation of early breastfeed was provider service factor where the value of Expected (B) was greatest (54.273), second was baby factor (22.750). So the path of influence of exogenous factors on endogenous factors could be concluded as in table 9 below.

Table 6: Implementation of early breastfeed.

Category	Frequency	
	Σ	%
Did dot do	31	96.9
Do	1	3.1

Table 7: Bivariate analysis of factor which correlate to the implementation of early breast feed.

Category	t-statistic
Mother factor	0.07
Father factor	0.04
Infant factor	2.35
Provider factor	2.77

Table 8: Multivariate analysis of factor which correlate to the implementation of early breastfeed.

Variable	B	SE	Wald	Sig.	Exp(B)
Baby's factor	3.107	1.332	5.674	0.013	22.750
Provider Services factor	3.883	1.431	8.854	0.002	54.273

Table 9: Influence line of exogenous factors to the implementation of early breastfeed.

The influence line	Effect
Mother factors to implementation of early breastfeed	No
Father factors to implementation of early breastfeed	No
Infant factors to implementation of early breastfeed	Yes

Based on table 9, it could be concluded if wanted the implementation of early breastfeed running with the maximum then need to note the factors of influence it, the baby and provider factors.

4 DISCUSSION

Mercer & Walker (2006) say that the contribute factor for woman to be a mother are mother factor, infant factor, father factor, provider service. Mother's age can affect physical and cognitive maturity. Maturity can develop by learning from oneself or experience of others (Perry & Potter, 2005).

The results showed that maternal age was included in a good age for reproduction. So, the mother was physically mature enough to give birth, so also psychologically mother was also very ready to play the role of mother. The condition of surgery experienced by the mother currently causes disruption in the role of mother. Finally, the age of mothers who should be able to make mothers more mature to be meaningless, this happens because the

mother underwent surgery that can cause the mother to experience stress. Under conditions of stress the mother needs the help of health services to meet her needs.

The results showed the implementation of early breastfeeding is very low although most of the mothers empathize with the baby. Based on Mercer (1990) empathize is one of the factors that influence role of mother. This was because empathy was only limited to understand and felt the feelings of others, while the condition of the mother when helpless of the early breastfeed could not be done without the role of nurses and midwives, so it was necessary of nursing interventions to facilitate early breastfeed implementation. It was closely related to the bounding attachment which was a relationship of affection with the inner attachment between mother and baby naturally. This was a process as a result of an interaction between mother and baby who loved each other, provided both emotional and needy fulfillment. With bounding attachment between mother and baby it would be very helpful in the needs of health services.

The results of this study also showed that most of the respondents entered the multiparity category. Mother multiparous, there should be experience for breastfeeding (Pernasia, 2004). But in this study the state of multiparous mothers did not support the mother's role in the early breastfeed.

The anxiety experienced by the mother during c-section was the majority in the light category. So the anxiety indicator could not explain the mother factor in the implementation of early breastfeed. Everyone must have experienced anxiety at certain moments and with different levels. This might happen because the individual felt that he did not have the ability to deal with what might happen to him in the future (Bellack & Hersen, 1988; Wangmuba, 2009).

Mother self-esteem in this study all had high self esteem, therefore self-esteem indicator able to explain mother factor in nursing service requirement. The involvement of a husband in the implementation of the early breastfeed would motivate the mother and determine the emotional stability of the mother. A stable emotional state determined the positive attitude of the mother (Pérez-Ríos, Ramos-valencia, & Ortiz, 2008). Stability could be achieved if the husband or family provided support or motivation to the maximum. On the other hand, this was appropriate because the husband was not allowed to accompany his wife in the operating room, especially when in the operating room, so that the support provided by the husband was not maximal. The support of husband in the operating room was needed to improve mother's

confidence in implementation of early breastfeed (Kolcaba & Dimarco, 2005). So it can be concluded that although the wife got husband's support, but the husband was not on the side of the mother when the surgery caused increased health care need post sectio caesaria mother.

Infant factor (reflex suck), in this study showed almost all babies had good sucking ability. Sucking reflex indicator was able to explain baby factor. Infant factors were not correlated with health care needs, but had a direct relationship to the implementation of the early breastfeed.

The role of the provider was crucial to the success of the early breastfeed. Seeing the results of this study, early breastfeed would not be implemented if the provider did not facilitate the mother to do early breastfeed (Padmavathi et al., 2014) standart care refinement was required for early breastfeed implementation of post c-section mothers who would provide guidance to the provider in performing nursing actions (relaxation and distraction) to improve comfort in post c-section mothers.

5 CONCLUSIONS

Research conclude that there are two factors that contribute post c-section breastfeeding factor. Two factors that influence successful implementation of the early breastfeed is infant factor and provider factor (nurses and midwives). However provider factor is the dominant factor in the successful implementation of early breastfeed in post-sectio caesaria mother which includes facilitation and facilitation. For nursing education institutions, the results of this study can be used as the development of maternity courses, so as to broaden the insight of students in implementing nursing care, especially nursing maternity.

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