

the description of pregnancy status and type of delivery attachment technique

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The description of pregnancy status and type of delivery attachment technique in postpartum mothers at the Roemani muhammadiyah hospital Semarang: assessed by latch score analysis



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ABSTRACT

Background: Breast milk plays a role in cognitive, sensory, and motor development and protects against infections and chronic diseases. The process of breastfeeding will protect baby from illness, and increase cognitive intelligence and social-emotional development between mother and baby. Duration of breastfeeding was associated with acute illnesses, diarrhea, constipation, and a lower likelihood of being overweight/obese. Thus, this study aimed to the investigated correlation between pregnancy status and delivery type with successful breastfeeding in postpartum mothers at Roemani Muhammadiyah Hospital Semarang.

Methods: This type of research was analytical descriptive, conducted in December 2021 with purposive sampling and a sample size of 120 respondents. The inclusion criteria of postpartum mothers who breastfeed their babies, mothers who are in good health, and baby who has no congenital abnormalities. Respondents who refused and who have babies with congenital abnormalities are excluded from the study. The data was extracted from the questionnaire and also coded into the SPSS 25 ver. Data were analyzed descriptively and analytically by using chi-square analysis.

Results: The participant with a planned pregnancy was 107 mothers (89.2%), unplanned 13 mothers (10.8%), section Caesarea type of delivery was 70 mothers (52%) and vaginal type of delivery was 50 mothers (48%). Based on LATCH score analysis planned pregnancy showed good category 38 mothers (31.7%), medium category 69 mothers (57.5%), and planned pregnancy showed good category 4 mothers (3.4%), medium category 8 mothers (6.7%), bad category 1 mother (0.8%). Based on the type of delivery, the vaginal type score was good for 25 mothers (50%), medium for 25 mothers (25%), and the section Caesarea type score was good for 17 mothers (24%), medium for 52 mothers (75%) and bad 1 mothers (1%). Either pregnancy status and type of delivery have P value scores of 0,016 and 0,012, respectively.

Conclusion: A mother that delivers a vaginal has a better level of breastfeeding than SC, and pregnancy status such as planned pregnancy also shows a better level than they are not.

Keywords: Exclusive Breastfeeding, Breastfeeding Technique, Attachment Position, Latch Score.

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INTRODUCTION

Breastfeeding is the nature and task of a woman's reproduction which provides great benefits for the mother and the baby. Breastfeeding is the best investment for survival and improving the health, social, and economic development of individuals and nations. Breastfeeding is the best way to meet the nutritional needs of newborns and the best way to give attention in the early stages of a child's life, simple, intelligent, and affordable care that brings great benefits to the development

and growth of the child.¹ Breast milk plays a role in cognitive, sensory, and motor development and protection against infections and chronic diseases. Breastfeeding will protect the baby from illness, increase the cognitive intelligence (IQ) and social-emotional development of the baby and increase the closeness between mother and baby.² Duration of breastfeeding was associated with fewer reported acute illnesses at 6 months of age and diarrheal illness and/or episodes of constipation at 6, 12, and 24 months and children who were breastfed for 6 months

or more had a lower likelihood of being overweight/obese at 3 years old.³

Indonesia's 2018 health profile data shows that the coverage of exclusive breastfeeding (age 0-6 months) is 54%. In Central Java, the coverage of exclusive breastfeeding has exceeded the national target of 64.19%, meaning that there are still 32% of mothers who have not been given exclusive breastfeeding. Some of the reasons mothers do not give exclusive breastfeeding include young mothers, mothers who have bad emotions and, an insufficient amount of breast milk,

inflammation of the breasts, problems with the nipples, the baby's difficulty sucking the nipples and the amount of breast milk is less, the mother's perception that the baby needs it more milk, babies with low birth weight and infants, breastfeeding mothers with cesarean section icterus.⁴⁻⁶ Pain due to the wound after cesarean section is one of the causes of difficulties for mothers to breastfeed in the early period of breastfeeding.⁷

Latching position while breastfeeding is part of the correct breastfeeding technique and method. Indicators to assess attachment skills during breastfeeding include: assessing the position of the baby's mouth against the breast, assessing swallowing sounds, assessing nipple type, assessing the comfort of the mother's nipple and breast during breastfeeding, and assessing correct breastfeeding posture.⁷ Postpartum mothers must be able to master or understand the correct breastfeeding technique, one of which is the attachment posture when breastfeeding. The achievement of effective attachment for breastfeeding mothers on days 14-30 postpartum. This is by research⁸ which showed that breastfeeding attachment techniques in postpartum mothers increased in infants on the 30th day of puerperium. At the beginning of the birth of the first baby, the mother may experience various problems in breastfeeding, such as how to position the breast when feeding the baby. This causes sore nipples and blisters. Therefore, it is necessary to provide knowledge about proper breastfeeding attachment techniques.⁹

A mother's trust is the most important factor in the success of the mother's attachment technique in breastfeeding. Mother's trust is needed to give breast milk. Self-confidence is the ability of a mother to take an action and achieve the desired results in breastfeeding.¹⁰ To achieve good and correct breastfeeding success, the best intervention (Breastfeeding Self Efficacy Treatment) is needed. According to the first survey at Roemani Hospital, exclusive breastfeeding is recommended for all mothers after giving birth, either spontaneously or by cesarean section, unless the mother or baby is sick, according to the head of the Ayyub 1 ward.

breastfeeding, sore nipples, flat nipples, and mothers are still confused about how to breastfeed properly, especially for mothers who gave birth by cesarean section. The results of the initial survey on 20-25 August 2021 with 10 post-partum patients with their first pregnancy, 8 patients (80%) stated that they were very confident about the success of breastfeeding because breastfeeding was very important.

Based on those problems, this study aims to investigate the correlation between pregnancy status and delivery type; and successful breastfeeding in postpartum mothers at Roemani Muhammadiyah Hospital Semarang.

METHOD

This research is descriptive analysis research with quantitative methods using a cross-sectional research design. The study was conducted in December 2021 at the Romani Muhammadiyah Hospital Semarang with a total of 120 respondents. The examination procedure for each respondent is direct observation using the LATCH observation sheet instrument (Latch, Audible Swallowing, Type of Nipple, Comfort, Hold) (Altuntas et al., 2013; Cetisli, Arkan, & Top, 2018).

The population in this study were all postpartum mothers who were treated

at Roemani Hospital in November 2021 with the inclusion criteria of postpartum mothers who breastfeed their babies, mothers are in good health, babies have no congenital abnormalities (labioschisis/labio-palatoschisis). Respondents who refused and who have babies with congenital abnormalities are excluded from the study. After screening the sample according to the inclusion and exclusion criteria, then the sample was assigned an inform concern. After that, the patient was full fill in the variables needed in the questionnaire. The data was extracted from the questionnaire and also coded into the SPSS 25 ver. After that, the data were analyzed descriptively and presented in the table. Moreover, in the analytic study, we used chi-square analysis.

RESULTS

In our study we found 120 samples required the inclusion and exclusion criteria. The majority of the sample has been planned for their pregnancy. Meanwhile, there were also 10.8% of patients did not plan the pregnancy. Moreover, the mode of delivery tends to be SC.

Table 2 showed that for pregnancy status the highest category of Breastfeeding was in planned pregnancies mothers with 69 mothers (57.5%) and for the type of

Table 1. General characteristics of postpartum mother respondents at Roemani Hospital Semarang (n=120).

Characteristics	Frequency	Percentage (%)
Pregnancy status		
Planned	107	89.2
Unplanned	13	10.8
Type of Delivery		
Vaginal	50	42
Section Caesarea	70	58

Table 2. Distribution of factors that influence breastfeeding success (LATCH Score Analysis) at Roemani Muhammadiyah Hospital Semarang (n=120).

Variable	Breastfeeding score						P-value
	Good		Medium		Bad		
	n	%	n	%	n	%	
Pregnancy status :							0,016
Planned	38	31,7	69	57,5	0	0	
Unplanned	4	3,4	8	6,7	1	0,8	
Type of delivery							
Vaginal	25	50	25	50	0	0	0,012
Section Caesarea	17	24	52	75	1	1	

delivery was section cesarean with 52 mothers (75%). Either pregnancy status and type of delivery have P value scores of 0,016 and 0,012, respectively.

DISCUSSION

Breast milk is the first essential food and the best natural food for a baby's growth and development. Exclusive breastfeeding (EBF) for 6 months is recommended by the World Health Organization.¹¹ Exclusive breastfeeding means giving only breast milk for 6 months to babies without additional food or complementary feeding.¹² Problems with the baby failing to latch properly are common in the postpartum period contributing to breastfeeding cessation. Assessment of breastfeeding efficiency by objective means is essential to increase the success of breastfeeding. LATCH score is a simple tool for predicting exclusive breastfeeding to prevent early breastfeeding cessation.¹³

The results showed that the highest breastfeeding level based on planned pregnancy was moderate and followed by a good level. Planning a pregnancy by a couple will involve thinking about how to feed the baby and the costs of raising it.¹⁴ This allows couples who have planned pregnancy to be more prepared to commit to breastfeeding after the baby is born. Meanwhile, an unplanned pregnancy will result in a less-than-optimal condition for the mother during pregnancy. In contrast, mothers who experience unwanted pregnancies have the opportunity not to take prenatal care compared to mothers whose pregnancies are desired. Pregnancy care is a continuum of care that is carried out by pregnant women to postpartum mothers and continues for newborns to toddlers. This treatment will provide access to contact between mothers and health workers and become an opportunity for health workers to provide education related to maternal care from pregnancy to childbirth, including the right way to breastfeed. Nurses need to provide health education to develop the mother's self-identity,^{15,16} support the mother's perception of the baby in the early postnatal stage, and help develop the mother's self-confidence so that the mother to develop successful maternal behavior.¹⁷

The other reason may relate to the mother's emotional disorder experienced during pregnancy. Planned pregnancy means that the mother considers preparation for pregnancy to childbirth and breastfeeding. Planning the pregnancy poses a significant role in the mother's endurance of psychological dispositions. Planned pregnancy and standard of housing are significantly related to the change of emotions between the first month and the sixth month of pregnancy. The highest percentages of improved pregnancy-related emotions were in the group who did not plan their pregnancy.¹⁸ The considerable percentage of women who became less happy or unhappy during pregnancy shows the vulnerability of those who underestimate pregnancy-related stress. Women with prenatal depressive symptoms and high pregnancy-related anxiety were associated with failure to initiate breastfeeding because they were less likely to plan prenatally to breastfeed.¹⁹ Prenatal depression, PPD, and anxiety were significantly associated with early breastfeeding cessation (i.e., stopped breastfeeding before 6 months).²⁰

Breastfeeding has been shown to benefit infants and mothers. Research shows that factors such as mode of delivery may interfere with the early initiation of breastfeeding. Women who have cesarean deliveries (C-sections) are expected to be less likely to initiate and continue breastfeeding than those who have vaginal deliveries. The results showed that the vaginal delivery process has a higher level of breastfeeding than SC. Other research found that the Maternal Attachment Inventory and the LATCH breastfeeding charting system of mothers that had vaginal birth was higher than that of mothers who had a cesarean delivery.²¹ Mothers with vaginal delivery an immediate or early skin-to-skin contact delivery.²² Neonates who were placed in skin-to-skin contact with their mother had more than two-fold higher odds of timely breastfeeding.²³ In contrast, the women who delivered by planned c-section had no intention to breastfeed or did not initiate breastfeeding when compared to women with vaginal births.²⁴⁻²⁶ Further evidence was provided, albeit limited, that immediate or early skin-to-skin

contact after a Caesarean section may increase breastfeeding initiation, decrease time to the first breastfeeding, reduce formula supplementation in the hospital, and increase bonding and maternal satisfaction.^{27,28} In Another reason was mothers with SC experienced pain in a certain position so they were unable to have the right position²⁹ and anxiety³⁰ then there was the influence of willing breastfeeding to their child. According to our research, there were several limitations such as we only provide the mode of delivery without exiting the reason behind it, and the research only conduct in one center, thus further research in combining several centers is needed.

CONCLUSION

Pregnancy status and type of delivery significantly correlate with the level of breastfeeding. A mother who delivers a vaginal has a better level of breastfeeding than others by SC. On the other hand, pregnancy status such as planned pregnancy also shows a better level than they are not. This study is a descriptive study with 12 samples. Further research with better statistical analysis and larger sample size is needed for generalized.

CONFLICT OF INTEREST

The author declared there was no conflict of interest regarding the publication of this article.

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ETHICAL APPROVAL

This study has been approved by the ethical committee of the Health Research Ethic Commission Faculty of Nursing and Health Sciences Universitas Muhammadiyah Semarang with ID 0025/KEPK/VII/2021.

AUTHOR CONTRIBUTION

All authors were responsible for data gathering, supervision, and writing the original draft. All authors reviewed the final version of the manuscript.

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