

MOTHERS' PERCEPTION OF MIDWIFE SUPPORT IN THE PROVISION OF BREASTFEEDING IN BULELENG BALI

¹Kadek Ayu Suarmini, ²Luh Ayu Purnami, ³Ni Ketut Ayu Wulandari, ⁴Putu Indah Sintya Dewi, ⁵Ni Made Dwi Yunica Astriani, ⁶Mochamad Heri, ⁷Kadek Indah Novi Lestari
^{1,2,3,3,5,6,7}Midwifery Program, Buleleng Health School, Bali, Indonesia

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ABSTRACT

This study emphasizes the perception of nursing mothers towards the support of midwives they receive regarding breastfeeding. This mixed-method study was done using a random sampling to determine the sample. The data in this study was obtained by distributing a questionnaire to the mothers of the babies. The quantitative data were analyzed using univariate by STATA software 12 S.E while the qualitative study was done to five midwives using an indept interview. The results obtained were that almost all mothers had a good perception of midwife support because they really received support since the antenatal period through antenatal classes. Therefore, it is recommended for midwives to be able to provide breastfeeding support early on, i.e., by conducting clear counseling about breastfeeding in the antenatal class.

INTRODUCTION

Breast milk is commonly viewed as the best source of nutrients and immunologic protection for newborns and infants (Wambach & Chambers, 2018). With its perfect composition, breast milk can be the only food for newborns until they reach the age of two years (WHO, 2017). The elements that are believed to be able to meet the needs of the baby in the milk makes the baby is not easily affected by diseases and infections.

However, breastfeeding can meet obstacles that are spread throughout the world (Kelleher, 2006; Kearney, 1988; Peters, 2013). Therefore, the problem of varying rates of breastfeeding in this world has occurred since the past until now. One of the sources of the low coverage of breastfeeding is the lack of support from those around breastfeeding mothers or even opposition from those who should provide great support for breastfeeding mothers to get a healthy and quality generation in the future.

As a problem that consistently poses difficulty to overcome in the world, global breastfeeding

rates have always remained low (Zhang, et.al., 2018). However, the World Health Organization is optimistic that its global target for breastfeeding coverage in the first 6 months of life is to a minimum of 50% until 2025 (WHO, 2012). The practice of breastfeeding optimally according to recommendations can prevent more than 823,000 child deaths and 20,000 maternal deaths each year (WHO, 2019, Ministry of Health, Republic of Indonesia, 2019). However, In Indonesia, the proportion of breastfeeding at the age of 0-5 months is atill at 37.3% (Ministry of Health, 2018).

Support is very important to be obtained by anyone who is experiencing a phase, such as those providing breast milk for their babies through the breastfeeding activities. Nursing mothers need to get support from the family (Sherriff, Hall, & Panton, 2014), especially their husband, and from outside the family, such as the midwife (Pemo, Phillips, & Hutchinson, 2019). All the support obtained will create a comfortable atmosphere for nursing mothers because the actions she is taking right now are the right actions agreed by those closest to her who she thinks are involved in the activity. Therefore, all

*Korespondensi:

breastfeeding programs should include aspects of support that should be received by nursing mothers. Without this aspect, the program might run on one side, while the other side might be an obstacle to the success of the breastfeeding program.

As the main provider of women's care (DeSandre, 2000), midwives must be well-versed with ongoing midwifery services. In the realm of work, midwives work in partnership with women as their patients to provide these patients with the support, care and advice needed during pregnancy, childbirth, and the postpartum period. As an expert of normal (Robinson, 1985), midwives must be able to increase normality, including in terms of breastfeeding support as one of the normal phases that follow childbirth. Woman-centered is a philosophy that underlies midwifery practice (ICM, 2002), so midwives must know clear guidelines in providing midwifery care to facilitate normal conditions including breastfeeding. With this philosophy, women as patients will have a beneficial impact on postnatal care outcomes, such as exclusive breastfeeding. In terms of breastfeeding, midwives must also be able to empower patients so that patients voluntarily want to give their baby milk. With the support of the midwife along with the patient's participation, midwifery care provided by midwives is expected to be sustainable not only during the current breastfeeding period but also for the upcoming birth cycle which will also involve breastfeeding for newborns until the age of 2 years.

Midwives have a very special role in supporting breastfeeding (Lupton & Whelan, 1998). The role of the midwife can help mothers to breastfeed properly and prevent common problems from happening. The midwife's initial role in supporting breastfeeding includes making sure that the

baby gets enough food from her/his mother's breast and helping the mother in such a way that she is able to breastfeed her own baby. Women who are giving birth for the first time, especially those who have never breastfed before, need support and reassurance (Swerts, 2016), so they need to be taught the basis of correct attachment of the baby's mouth to the breast so that it is free of pain. In addition, they also need factual information about breastfeeding in the form of simple and regular stages.

Support can be embodied when there are social relationships between two parties (Bowling and Windsor, 2001). When a woman is pregnant, births her infant, and chooses to breastfeed, she needs not only material support but also emotional support, one of which is from midwives. With the advance of technology, the support can sometimes be given online with computer or smartphones that are connected with the Internet (Wagg, Callanan, & Hassett, 2019). Regardless the media of support, mothers who are undergoing breastfeeding will certainly need it for the success of breastfeeding itself.

This study is concerned with determining the perception of nursing mothers about how their perceptions of midwives and their role in exclusive breastfeeding. Of course, with the measured role of the midwife, perceptions of mothers who receive support from midwives may vary. Therefore, this significant support must make a breastfeeding program include the mother's perception of support from the midwife itself.

METHOD

his mixed-method study was done using a random sampling to determine the sample. This study used primary data taken from the questionnaire distributed to the mothers of the

babies. The quantitative data were analyzed using univariate by STATA software 12 S.E. The qualitative study was done to 5 midwives using an indepth interview.

RESULT AND DISCUSSION

Below is the result of the calculation on mothers' perception toward midwifery support (Table 1).

Table 1. Mothers' Perception about Midwife Support in Exclusive Breastfeeding

Variable	Frecuency	Persentase
	n	%
SupportFrom Midwife		
Yes	378	90
No	42	10
Explanation the way to store milk		
Yes	178	42.38
No	242	57.62
Milk Formula Promotion		
Yes	47	11.19
No	373	88.81
Breastfeeding technique		
Yes	360	85.71
No	60	14.29

Mothers' perception mother about midwife support in exclusive breastfeeding practice showed that 90% provided support, 57.62% did not give explanation the way to store milk, 88.81 % did not get milk formula promotion, and 85.71% received the teaching of breastfeeding technique. Based on the results, 90% of respondents revealed that support was obtained from midwives for exclusive breastfeeding. This was revealed in the indepth interview that the plan for breastfeeding had also existed since pregnancy.

Based on the qualitative analysis, the midwives said that they had already given every pregnant woman entering third trimester an explanation of the correct lactation plan starting from frequent cleansing of nipples so

that breast milk can flow out smoothly after the baby is born. They said that they had provided their clients a very maximum support in exclusive breastfeeding. In the clients' point of view, most respondents informed that they joined ANC classes with the midwives that always provided counseling regarding plans for exclusive breastfeeding in the final trimester of pregnancy.

The results of in-depth interviews showed that all midwives provided support and motivation so that mothers could succeed in providing exclusive breastfeeding to their babies for 6 months without any additional food. All midwives agreed if the mother should be given a correct understanding of exclusive breastfeeding and give breastfeeding every 2 hours or on demand.

Education received by midwives to provide support during their clients' breastfeeding period is very critical (Cantrill, Creedy, & Cooke, 2003). When midwives are not given practical instruction on best practice strategies to help mothers, including the right breastfeeding practices, they will never be able to give the support on this area. Midwives need to know lactation knowledge through various courses so that support to nursing mothers can be given when necessary.

There is a growing amount of attention that breastfeeding is considered as a dynamic practice that both midwives and the mothers should open their mind to the benefits of breastfeeding activities (Smith, 2001). This attention on the right knowledge may lead to best practice in breastfeeding, including exclusive breastfeeding. Midwives can learn from many resources to change their practices to get the best method to deliver support to their clients so that their practice can be evidence-based (Davis, Stichler, & Poeltler, 2012; Auerbach, 2000).

In this study, most mothers said that the supports from midwives regarding breastfeeding had been received since antenatal care in the ANC classes. According to RM, et.al., (2019), pregnant women in rural areas tended to expect to build a relationship with the midwife although different setting may pose different results of expectation. This means that midwives should be very active in recognizing their clients so that support can be given smoothly.

Breastfeeding practices should be discussed with pregnant mother ideally since antenatal period in ANC classes or antenatal education (Schmied, Sheehan, & Barclay, 2001). Pregnant mothers can be given information related to breastfeeding so that their attention can be focused in this matter in antenatal classes by receiving the advantages of breastfeeding. Husbands can be involved in this discussion so that the support from midwives can be in line with the support from the spouse.

There must be detrimental practices with regard to infant and young child feeding and more specifically breastfeeding (Dykes, 2011). Many obstacles towards the optimisation of infant and young child feeding are still on the way. Many factors are recorded to influence infant feeding practices, especially breastfeeding. Our professional practice needs to continue to improve in order to provide women and families with appropriate support, encouragement and resources to enable them to breastfeed effectively.

Midwives in midwifery practice also provide early breastfeeding services in an effort to increase bonding between mothers and babies and help babies breastfeed for the first time. In addition to helping facilitate early breastfeeding, midwives also monitor the ways and techniques of breastfeeding that are carried out especially in primiparous mothers.

In this study, all midwife participants also know that there are regulations that regulate exclusive breastfeeding and must be obeyed by midwives as health workers. Breastfeeding is an important and valuable moment for a mother, but also a condition that is very influential on the psychic of the mother and baby.

The role of the midwife is very important as the spearhead of service to provide understanding to mothers (Ahmed et al, 2019; Yang et. al, 2019). Breast milk will come out smoothly if stimulated by the suction from the baby's mouth continuously because this will stimulate prolactin to produce milk and oxytocin for the release of breast milk. The mothers' perceptions of midwife support in exclusive breastfeeding are good, where explanations about breastfeeding, breastfeeding techniques, and how to store breast milk are given by midwives. Mother's perception greatly builds on the experience and knowledge they have so that the success of exclusive breastfeeding can be increased (Nelson, 2007; Henderson & Redshaw, 2010).

CONCLUSION

Support from midwives for nursing mothers should start from the antenatal class so that mothers' perceptions can be determined that they need the midwife's support. This study proves that, with the support of midwives provided since the antenatal period, women can have a good perception of midwife support for breastfeeding practices.

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