

## EFFECTIVENESS OF HOME VISITS TREATMENT ON BREASTFEEDING IN BALIKPAPAN 2019

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**Abstract: Background:** Breastfeeding is not always easy. It can be hard, and influence by many factors from mother and baby. The psychologis factors was very influence for mother to breasfeed the baby until 6 month. Decreased of hormone prolactine as effect of sadness, fearnes, worries, and lack of confidence on breasfeed can treat the continuity of breastfeeding. There for, home care from midwife can help the mother in breasfeeding. The aim of this research is to know the effectivity of homecare towards breastfeeding.

**Design:** The method was quasi experiment design conduct in 2019. Sample of this research is 46 mother devided in to two group. Group A used home fisit as standard (3 times home visit in 40 days), and group B used modification program (3 times home visit in 1 week). The result of this research was evaluate after 1 months.

**Results:** Mann whitney score is 135 and Wilcoxon is 213, and  $p$ -value  $0,046 > \alpha$  and reject the  $H_0$ . It's shows that group B are better than grup A regard to breastfeeding after one month.

**Conclusions:** The conclusion of this research is home care group B methods are promising for increasing breastfeeding after one month, so it need more research. Midwife as professional can use modification program for home visit to achieve exclusife breastfeeding.

**Keywords:** breastfeeding, standard, modification, home visit

### INTRODUCTION

Breastfeeding is a great start for both mother and her newborn baby. Mother's milk is following the needs and digestion of newborns to achieve maximum growth and development with exclusive breastfeeding in the first 6 months of the baby's life to prevent digestive tract disorders (Backstrom CA, 2010)

The success of breastfeeding in infants can be influenced by infant factors and maternal factors. The baby factor is influenced by the development of oral-motor function which is very dependent on the gestational age. (Suradi R et al, 2010). The psychological is the most important factor of the mother which can cause a

mother stop to breastfeed her baby even though she does not experience breast problems. Psychological factors can affect the process of milk production/prolactin reflex and milk ejection reflex/oxytocin reflex so that milk production is not optimal or mothers feel that their milk production is not optimal. Psychological conditions that play a major role are sadness, fear, lack of self-confidence, and lack of support for breastfeeding (Suradi R et al, 2010).

Previous research has shown positive results to help breastfeeding mothers through family support, especially husbands, support from health workers, and support from peers. The support of health workers through home visits is believed to be able to support the success of breastfeeding mothers in term babies compared to mothers who only receive hospital treatment.

Increased knowledge about the importance of breastfeeding for infants through outreach activities in health services has not been able to increase the rate of continuity of breastfeeding mothers in East Kalimantan, indicated by the low rate of breastfeeding continuity of 70.5% for exclusive breastfeeding and continuity of breastfeeding until the age of 23 months ( Riskesdas, 2018). Balikpapan is one of the cities in East Kalimantan province with an overall exclusive breastfeeding coverage in 2018 which only reached 78.61%. The factors that cause it are unsupportive breastfeeding behavior, feeding/drinks before the milk comes out, the mother's lack of confidence that breast milk is sufficient for her baby, the mother returning to work after maternity leave, the lack of breastfeeding support from the office and the lack of breastfeeding facilities/facilities, and incessant promotion of formula milk (DKK Balikpapan, 2018).

Researchers have researched increasing self-confidence in breastfeeding mothers through home visits and self-care methods. The results showed that home visits can increase the confidence of breastfeeding mothers and are expected to increase the rate of exclusive breastfeeding.

Many studies have been carried out on the factors causing the failure of exclusive breastfeeding, but the research that relates postpartum home care to breastfeeding in the city of Balikpapan has not been widely studied. The purpose

of this study was to determine the effectiveness of home visits with modified methods of breastfeeding in the city of Balikpapan.

## METHODS

This research is a comparative analytic study using a quasi-experimental design. The population was mothers who gave birth to babies with normal birth weight in Balikpapan City, East Kalimantan.

The sample was mothers who gave birth to live babies at the time when the research was conducted. Samples were obtained by a consecutive sampling of research subjects who came to hospitals/clinics/BPM in the city of Balikpapan and met the research criteria until the number of samples was met.

The sample size formula used is the sample size formula for comparative analytics. The number of samples is 23 people per group. After getting the number of samples for this study, then the number of samples was increased by 10% to avoid the risk of being lost to follow-up during the study so that the number of samples for each group in this study was 25 people.

The subjects selected in this study met the inclusion criteria and were not included in the exclusion criteria.

1) The inclusion criteria in this study are:

- a. Mothers who gave birth to a baby for the first time and were treated at the hospital/BPM/Clinic where the research was conducted.
- b. Gestational age greater than or equal to 37 weeks at the time of delivery
- c. Minimum birth weight 2,500 gr

2) The exclusion criteria in this study are:

- a. The mother is sick and is not recommended by the doctor to breastfeed her baby due to her illness
- b. Babies who are seriously ill and need to have fasted

This study explains the effect of home care on breastfeeding.

The independent variable in this study was the home visit care method. The dependent variable in this study was breastfeeding. The confounding variables in

the study were age, parity, and education, and history of attending classes for pregnant women.

Data collection in this study took place in 2019. All mothers in the study (both home visit group A and home visit group B) were followed from the beginning of the postpartum to 1 month of age of the child being born. At the beginning of the puerperium, the subject was asked to fill out a consent form after the explanation.

Mothers and babies who are included in the conventional model home visit group will receive postpartum care and BBL care by standards from the Ministry of Health. Meanwhile, mothers and babies in the model B home visit group will receive home visits on the first, second, and third days. The model B home visit is a modification of the standard home visit from the ministry of health and strengthening the breastfeeding process and is carried out in the first week of postpartum.

The midwife will conduct an assessment of the mother's breastfeeding skills including the attachment of the mother and baby during breastfeeding, and observe signs of the baby getting enough milk. Mothers' breastfeeding skills were assessed using breastfeeding observation sheets from UNICEF and WHO. Midwives provide care according to breastfeeding problems faced by mothers.

The Data was analysis using a computerized system. Data before and after treatment for each group were analyzed to obtain differences in the increase in self-confidence using paired t-test and Wilcoxon test. The data on the confidence comparison of the home visit group and the self-care group were tested by t-test and Mann-Whitney test. The significance of the test results was determined based on the  $p\text{-value} < 0.05$ .

## **RESULT AND DISCUSSION**

The results of the study for general characteristics of respondents show in the table below.

**Table 1. General Characteristics of Research Subjects**

Characteristics	Group				P
	Home Visit A n=23		Home Visit B n=23		
	Breas t milk	Breast milk and formula	Breas t milk	Breast milk and formula	
Age:					
< 20 years	1	3	2	1	0,042
> 20 years	13	6	18	2	
Education					
Elementary	1	1	2	0	0,269
Junior	0	1	1	0	
Senior	8	6	15	2	
College	4	2	2	1	
History of attending maternity classes					
Never	10	7	19	2	0,458
Once	2	1	0	1	
Twice	2	0	1	0	
Three Times or more	1	0	0	0	
Breastfeeding Problems					
Yes	12	52,2	18	78,3	0,015
No	11	47,8	5	21,7	

Table 1 shows that most of the respondents in both groups are over 20 years old, with primary and secondary education levels, and have never attended classes for pregnant women. Meanwhile, the problem of breastfeeding was more experienced by respondents at home visits in group B.

There is a significant relationship between age and breastfeeding after 1 month. The age of the subjects in the two groups which are not much different allows for the similarity of emotional maturity, experience, and information possessed by the subject.

Mothers with an older age are expected to have more knowledge and better emotional maturity in carrying out their roles as mothers.

Age is also associated with the increasing amount of experience and information obtained so that it can build a good self-concept and be able to grow self-confidence in carrying out an activity

The education level of the research subjects also did not differ in the two research groups. The respondent of the two research groups has the same ability to receive and analyze new information. A person's ability to read is crucial to

finding information about breastfeeding a baby through various ways and storing it in memory.

Breastfeeding knowledge is also obtained through classes for pregnant women that can attend by pregnant women at the primary health care center or hospital. Most respondents had never taken a class on pregnant women, so they did not have a clear picture and sufficient knowledge about breastfeeding. Lack of knowledge and experience of breastfeeding can affect the confidence of breastfeeding mothers (Cindy Lee, 2012)

Dennis stated that mothers with higher education tend to have higher confidence in breastfeeding their babies. Mother's education will influence the mother in receiving and analyzing the new information received. Intellectual capacity such as reading will affect the retention stage of new behavior observed. Meanwhile, the new behavior that has formed is very dependent on physical abilities, communication, and learning abilities to behave in the same way as the model exemplified.

Respondents in the home visit group A experienced fewer breastfeeding problems than respondents in the home visit group B.

This happened because the midwives identified more difficulties with breastfeeding at the beginning of the postpartum because they had more frequent contact with respondents in the home visit group B than those in the home visit group A.

The comparison of the two methods for feeding infants after one month shows in the table below:

**Table 2.** Comparison of home visits for group A and group B on breastfeeding

Home visit	Food after one month				Mann-Whitney	Wilcoxon	P
	Breastmilk	%	Breastmilk and formula	%			
A (conventional)	14	60,8	9	39,1	135,0	213,0	0,046
B (modification)	20	86,9	3	13,0			

The table shows, it can conclude that there is an average difference between group A and group B with  $p < \text{value}$ .

Respondents in group B more exclusively breastfed their babies than respondents in group A even though they had difficulties in breastfeeding example wrong breastfeeding position, and the lack of breastfeeding syndrome.

Breastfeeding problems can be resolved faster and without complications and higher risks after receiving care by a midwife during a 3-day home visit in the first week of the postpartum.

In addition, it can increase postpartum mother's satisfaction with the midwifery care she gets during the visit

Scheduling home visits at the beginning of the postpartum can provide an opportunity for midwives to detect breastfeeding problems, especially in the first week of a baby's life.

The ability of mothers and babies to adapt can also affect the breastfeeding process. By having home visits for 3 times in a row in the first week, it can help mothers in overcoming breastfeeding problems.

The results of this study indicate that model B home visits are effective in increasing breastfeeding for infants aged 1 month. Even though, further research is still needed.

## CONCLUSION

Based on the results of research and discussion on the effectiveness of home visit care for breastfeeding, it can be concluded that there is a difference between home visits B and home visits A for breastfeeding and home visits B tend to be more effective in breastfeeding than home visits A. Midwives are expected to develop home visit care methods to support exclusive breastfeeding programs. Midwives are advised to increase the confidence of breastfeeding mothers by providing individual breastfeeding support to mothers, through modification program for home visit to achieve exclusive breastfeeding.

## ETHICAL CLEARANCE

The implications/ethical aspects of research no. LB.02.01/7.1/2733/2019 from Polytechnic Ministry of Health, East Kalimantan include Ethical clearance (ethical feasibility), informed consent (approval after explanation), Respect for persons (respect for human dignity), Beneficence and Non-maleficence (beneficial, and not harmful), and Justice (fairness).

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