

IDENTIFICATION OF BARRIERS TO EXCLUSIVE BREASTFEEDING FOR POST SECTIO CAESAREA MOTHERS IN PAYA PASIR VILLAGE, MARELAN DISTRICT

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ABSTRACT

Giving support to women's breastfeeding after cesarean sections is important to adjust their attitudes, belief systems, and external environments, as well as help them improve their confidence. Information support provided by health workers is an initial effort to influence the understanding of mothers and families about the benefits of breastfeeding. This was a qualitative with a phenomenological approach that explores the various experiences of post-cesarean mothers in providing exclusive breastfeeding. The analysis used was thematic analysis with the help of the Nvivo 12 Plus software. The results of this study revealed three main themes regarding obstacles to exclusive breastfeeding for post-sectio caesarean mothers. The themes are anxiety, lack of knowledge, physical discomfort, and lack of support. The anxiety of breastfeeding mothers greatly influences their intention to provide exclusive breastfeeding. The first step in encouraging mothers to continue with exclusive breastfeeding is for health professionals to educate more people about it. Physical discomfort for post-sectio caesarean mothers can increase mothers' anxiety about breastfeeding.

Keywords: Exclusive breastfeeding, post sectio caesarea



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INTRODUCTION

The health of mothers and newborns is greatly improved by breastfeeding, although many people in the community still stop doing it. The World Health Organization (WHO) recommends starting breastfeeding within the first hour and continuing with complementary foods until the child is

two years old or more (Tomori, 2022). The claimed advantages of breast milk, professional assistance, and personal responsibility were the driving forces towards breastfeeding following cesarean sections (Wen *et al.*, 2020). Research findings in China found that as many as 55.1% of babies were exclusively breastfed, 40.6% were fed mixtures, and 4.3% were given formula milk when they

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were discharged from the hospital. 53.8% of mothers stated that they had breastfeeding problems. Timely initiation of breastfeeding, exclusive breastfeeding, and duration of breastfeeding are still lagging behind global targets. Inadequate breastfeeding causes substantial morbidity, approximately 600,000 child deaths, and an additional 100,000 maternal deaths each year (Tomori, 2022).

Breastfeeding unsuccessful attempts are associated with food intake prior to breastfeeding, infrequent breastfeeding, intention to breastfeed, level of benefit understanding, problems related to benefit understanding, length of neonatal birth, normal vaginal delivery, breast size, breastfeeding experience, use of pacifiers, and needs for support from breastfeeding families (Huang *et al.*, 2017). According to Malaysian research findings, the hurdles to exclusive breastfeeding success include moms who select formula milk and a low supply of breastfeeding milk (Hashim *et al.*, 2020). Breastfeeding can be affected by the style of birth, the mother's financial situation, her return to work, and prenatal breastfeeding education. Nursing models focusing on the family, peer support groups, and technology have all been

investigated as viable strategies to assist women in meeting their nursing goals (Sayres and Visentin, 2018). Physical discomfort, a lack of breastfeeding knowledge and abilities, lactation inadequacy, and a lack of information and coping skills to control their sadness in mood after cesarean sections were all problems for breastfeeding after cesarean sections (Wen *et al.*, 2020).

MATERIAL AND METHOD

This was a qualitative study. This study's phenomenological methodology tries to describe and explain a phenomenon or occurrence from the perspective of the experienter (Tenny *et al.*, 2023). The information gathered during qualitative research is interpretative in nature and conducted in realistic settings, with the majority of the data coming from interviews and observation (Cleary *et al.*, 2011).

The participants in this study were six mothers who had a cesarean section and did not exclusively breastfeed their children. This data analysis uses thematic analysis with the help of the Nvivo 12 Plus software. After data has been transcribed, it may either be manually encoded or done so with the help of the

Nvivo 12 Plus Assisted Qualitative Data Analysis Software (Tenny *et al.*, 2023).

RESULT

Based on the findings of interviews with all informants, the key themes about the barriers to exclusive breastfeeding in post-sectional mothers were identified, including anxiety, knowledge, physical discomfort, and support.



Figure 1.1 Project Map
The primary research themes

Based on Figure 1.1, there are four key elements that highlight the primary reasons why mothers who have had previous delivery operations find it difficult to exclusively breastfeed their infants.

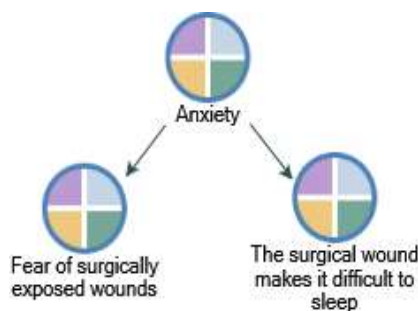


Figure 1.2 Project Map
The theme of Anxiety

Figure 1.2 shows the theme of anxiety, namely the mother's worry about recovering from surgical wounds and her trouble sleeping due to discomfort. These are some statements received from the participants:

"I'm anxious that when I sit while breastfeeding, my surgery incision will be difficult to heal" **IF-2B.**

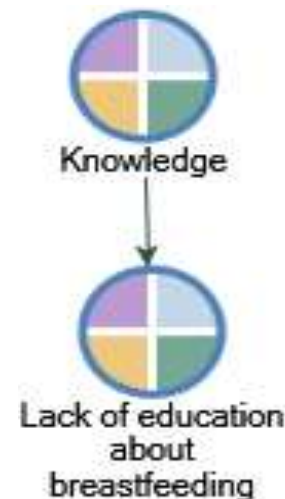


Figure 1.3 Project Map
The Theme of Knowledge

The theme of knowledge is evident in Figure 1.3, particularly mothers' lack of knowledge regarding exclusive breastfeeding after delivery operations. These are some statements received from the participants:

"breastfeeding is not possible after childbirth due to the anesthetic's impact on the milk quality" **IF-1A.**

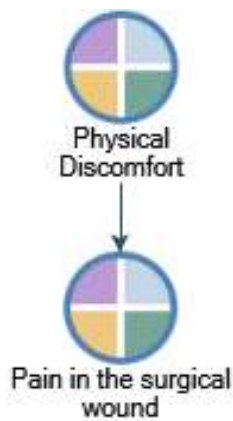


Figure 1.4 Project Map
The theme of Physical Discomfort

Based on Figure 1.4, it reveals the physical discomfort of the mother after sectio caesarea which is an obstacle in exclusive breastfeeding. This is a statement made by an informant :

" very ill nurse, even tilting your head to the right or left hurts, let alone sitting"
IF-3C.

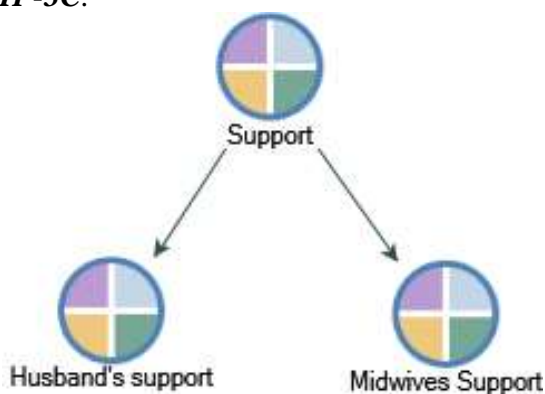


Figure 1.5 Project Map
The theme of Support

Based on Figure 1.5, it reveals the theme of support, namely husband support and midwife or health worker support. This is a statement made by an informant :

"My husband never helps me sit up, so I just tell my mother to make formula milk"
IF-5E.

DISCUSSION

The findings in this study explain the barriers to exclusive breastfeeding in infants by mothers post-sectio caesarean. These difficulties include the rise of worry, a lack of information, physical discomfort for moms, and a lack of support from spouses and health professionals.

A. Anxiety

The lack of support from the spouse and the baby's fussiness, who frequently wailed in the middle of the night, were the main factors contributing to the anxiety of breastfeeding mothers in this research. So that the mother lacks sleep and easily feels tired. Obstacles to breastfeeding included the mother's limited movement, difficulty with position, and frustration over having to assist. Participants got confused by nighttime child awakenings, which led many of them to think they were lacking in milk (Accounts *et al.*, 2015). Maternal anxiety may be another cause of failure to adhere to exclusive breastfeeding for the first six months (Arifunhera *et al.*, 2016). Breastfeeding was delayed due to pregnancy difficulties,

fear about their baby's health, and a lack of privacy. Using a tiny manual or electronic breast pump after discharge from the hospital, going to the neonatal emergency unit, returning to work, and problems controlling scheduling all interfere with sustaining milk production (Sisk *et al.*, 2013).

B. Knowledge

Breastfeeding mothers must be given information about the provision and support services for breastfeeding as well as the education and training needs of health professionals in supporting the success of breastfeeding in post-sectio caesarean mothers (Keely *et al.*, 2015). Postpartum mothers normally get breastfeeding and breast care advice from one midwife every day while in the hospital, although it is not necessarily required for breastfeeding the baby in the hospital. Following the extended recommendations, exclusive breastfeeding rates in mothers after a cesarean delivery might increase (Suzuki *et al.*, 2013).

C. Physical Discomfort

Disruption of lactation mothers' activities in this study resulted in a loss of maternal motive in breastfeeding and made mothers feel sick in certain poses. Early obstacles were cesarean section discomfort, poor breast latch, mother

tiredness, a subpar maternity unit atmosphere, and a lack of breastfeeding support. Breastfeeding mothers who have had a cesarean section have physical discomfort, which always makes mothers use more formula milk for their newborns (Wen *et al.*, 2020). Physical obstacles, the use of formula, mothers' opinions and attitudes toward their newborns, and a lack of proper support have all been noted in past research (Li *et al.*, 2021).

D. Support

Support from health professionals may include important knowledge about early breastfeeding initiation and an awareness of exclusive breastfeeding. Breastfeeding should begin within the first hour after delivery for women with high-risk pregnancies and those delivered by cesarean section. Breast milk should be a baby's first food, and mothers should make most of the nutritional decisions for their child (Dudukcu *et al.*, 2022). Traditional postpartum family and community support throughout longer postpartum periods may be helpful in assisting mothers to overcome early breastfeeding difficulties caused by cesarean or other risk factors. The lack of socioeconomic obstacles to breastfeeding and the substantial care that new mothers receive from their mothers and other

families all through the long postpartum period (Martin *et al.*, 2022)

CONCLUSION

Obstacles to breastfeeding after the operation include the appearance of an anxious emotion in the mother, which affects the mother's mood. Lack of husband and family support in helping mothers in a safe breastfeeding position. Mother's knowledge is very lacking about the benefits of breastfeeding and the physical discomfort felt by the mother because of the birth wound.

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