

Experience and Expectation on Psychosocial Midwifery Care for Postpartum Period in Order to Deal With Breast Milk has not come out in 0-3 Days Postnatal

¹Sherly Jeniawaty, ²Oedojo Soedirham, & ³M. Bagus Qomaruddin

¹Magister Student, ^{2,3}Faculty Lecturer, at Faculty of Public Health, Airlangga University, Indonesia; Kampus C UNAIR, Jalan Mulyorejo, Surabaya, Indonesia,
Email: sherlyjeniawaty@gmail.com

Abstract

The first factor as forming expectations was past experience. Familiarity with midwifery care services would increase the likelihood of a realist expectations. Previous experience gave rise to more detailed knowledge about the services and promoting expectations about midwifery care for post-partum and breastfeeding period. This study aimed to explore the experiences and expectations of psychosocial midwifery care for mothers in the postpartum period in order to deal with breast milk has not come out in 0-3 days postnatal in Public Health Center of Tanah Kali Kedinding, Surabaya. This qualitative study used hermeneutic-phenomenological approach. Subjects were women with post-partum period was more of 3 days to 2 weeks after delivery. Samples were selected by purposive sampling technique. Data was processed using analysis of Collaizi. Results are grouped into: the experience felt "physical and psychological complaints" when the milk has not come out, and expectation on psychosocial midwifery care in order to deal with breast milk has not come out. Furthermore, it was concluded that psychosocial midwifery care given when the milk has not come out, can became mother's experiences in order to achieve sustainability of successful breastfeeding.

Key words: breast milk, experience, expectation, psychosocial midwifery care

I. INTRODUCTION

Currently, the birth rate in Indonesia reached 4.7 million per year, while the breast-fed babies do not reach half (Widiyani, 2015). The low rate of breastfeeding can be caused by many things, both derived from the factors of mothers, infants, and the environment. Factors related to the mother becomes an important part in the decline rate of breastfeeding for the baby. These factors include: 1) lack of milk production, 2) lack of understanding of mothers about the accuracy of management of lactation, 3) the mother wants to breastfeed again after the babies were given formula (relactation), 4) babies already get prelacteal feeding (giving sugar water, formula today the first day of birth), 5) problems in the mother (sore nipples, nipples wounded, engorgement, mastitis and abscesses), 6) a mother become pregnant again while still breastfeeding, 7) working mothers, 8) low levels of education, 9) abnormalities in infants (babies ill, infant abnormalities), as well as 10) the psychological factors (Kemenkes RI, 2010).

In Indonesia, the exclusive breastfeeding failure, often caused by mistakes in the practice of breastfeeding within the first 3 days of birth. The first three days of birth is a crucial time in the breastfeeding success, because this period is a determinant of whether exclusive breastfeeding will be successful or not, as well as for further successful breastfeeding (UNICEF, 2010).

Public Health Center (PHC) of Tanah Kali Kedinding, Surabaya is PHC that provide obstetric and neonatal service, with the number of births is higher than the 8 other PHC in Surabaya. In this PHC, coverage of breastfeeding is still below the target of East Java province (75%) and the national target (80%), ie 54.95%.

Midwives play a key role related to the provision of care to mothers after delivery, both physically and psychologically, to support the improvement of the condition of the mother into a more positive direction. Mothers who have difficulty in breastfeeding until the 3rd day of

postnatal need someone who can provide an understanding of the process that was going through and help him to remain more stable conditions, which means mother still breastfeeding exclusively (Moody, et al., 2006).

II. RESEARCH METHOD

The approach applied in this qualitative research was hermeneutic-phenomenology. The informants were women with post-partum period more than 3 days to 2 weeks after delivery. Samples were selected by purposive sampling technique. Data were collected through in-depth interview, then processed using analysis of Collaizi and triangulation.

III. RESULTS

Thematic analysis was performed on all the data collected from depth interviews with informants. Based on this analysis obtained 11 groups of themes, namely: 1) the experience of feel physical complaints when breast milk has not come out, 2) psychological complaints when breast milk has not come out, (3) Efforts to overcome breast milk has not come out, (4) the family response when the milk has not come out, (5) the experience of gained physical midwifery care when the milk has not come out, (6) the experience and perception of obtaining psychosocial midwifery care when breast milk has not come out, and 7) expectations for psychosocial midwifery care when breast milk has not come out.

When the milk has not come out, some informants felt physical complaints such as pain in the breast, such as the following statement:

"..... On the first day, I just felt "kemeng" (mild pain), but the breast milk has not come out as well, on the second day of pain increased, and the breast milk still has not come out, on the third day the breast milk was out but a little" (S1)

About a third or fourth day after delivery, the breasts often feel more full, tension, and pain. The condition is called engorgement (breast swelling), which is caused by static flow in veins and lymph vessels. This is a sign that the milk comes secreted in large quantities. If in such circumstances, mothers avoid breastfeeding for reasons of pain, then gave prelacteal feeding (food supplements) for the baby, the situation will continue. Breasts will grow swollen or full, because breast milk secretion continues, while the baby is not breastfed, so there is no stimulation of the nipples, the oxytocin reflex does not occur and the milk does not come out.

Some informants did not feel the complaint in her breast, and felt empty their breasts after childbirth, such as the following statement:

"..... I do not feel pain in my breasts, "ngrangsemi" / "menteng-menteng" (tension), mediocre, it felt empty, my milk did not come out at all" (S8)

However, in the second and third day, the mother had begun to feel pain around the breast, such as the following statement:

"..... On the first day until the second, I felt no pain, fitting on the third day we feel ngrangsemi and breast milk out just a little" (S3)

Although breast milk has been producing since the age of 20 weeks, but not yet out of the breast, or just out a few drops with increasing gestational age. It happened because they were held by the pregnancy hormones centered in the placenta. When the placenta separates from the uterus, hormone levels will decrease, then the milk can come out of the breast. However, there

is a lag of up to 3 days post-partum, because there was still some pregnancy hormones in the mother's blood vessels, and will gradually disappear within 3 days post-partum.

Besides breast pain, some informants complained about the occurrence of blisters and pain around the nipple, as the following statement:

"..... Aaaaah **"ngrangsemi"** (tension), but the milk has not come out, feels **"menteng-menteng"** (tension), and blisters and pain in the nipple, but the milk has not come out, it comes out is blood. If was touched, feels sore " (S2)

Sore nipples can be caused by incorrect feeding techniques, as well as the treatment of breast using soap, lotion, cream, or alcohol; which can irritate the nipples. Baby with short tongue frenulum difficult to reach areola, so that the suction only reached nipple.

Milk ejection usually occurs on the third day, but some informants said that it took place after the fifth day, as the following statement:

".. My breast milk did not come out until the fifth day, it ever came out a little, but it did not come out again until now. I feel sad, guilty, and was disappointed. I was not able to be a mother, but I wanted to breastfeed because I was not working," (S11)

Mothers have different abilities in breastfeeding but basically the mother has sufficient ability to supply milk. Some new mothers sometimes can only give breast milk in the third or fourth day after delivery. However, in general, delays breastfeeding, only experienced by women who first gave birth.

Breast pain, feeling empty breast and nipple pain is a complaint when the milk has not come out. Meanwhile, physical fatigue is the main complaint experienced by all mothers who breastfeed when breast milk has not come out, as the following statement:

".... After giving birth, my body trembling, weakness, fatigue, and my milk has not come out, so I do not breastfeed after giving birth" (S4).

IV. DISCUSSION

Some women complain of pain in the breasts, and some women do not feel the pain. Meanwhile, all the mothers who complained of her breast milk has not come out, feel less tired after going through childbirth, felt that the delivery takes a long time, so spend their energies. In general, physical health factors can be a barrier nursing mothers for breastfeeding expenditure directly after childbirth.

Physical fatigue, feeling tired, exhausted after experiencing the birth process from starting stage 1 to stage 2, and the contraction experienced by the mother, depending on the mother's coping. Mothers with long labor, fatigue, and pain, they will affect the oxytocin reflex, which eventually suppress breast milk ejection. Lengthy birth process will cause physical fatigue, which will affect the release of oxytocin from neurohipofise, resulting in blocking the let down reflex (Ueda, et al., 1994).

Pain in the breast area can lead barriers to breast milk ejection. The milk will come out when it's done breast care, as well as existence of adequate suction by the baby. If breast pain is not treated immediately, there will be a new problem that the milk ejection is not smooth, due to the blockage. Sometimes the newborn is not going to suck and still not conscious as the effects of anesthesia and difficulties at birth.

Newborns who experience stress during pregnancy and childbirth, could be very weak and sleepy to suck effectively in milk, even if lactation capacity of mother is enough, still to be disruption in lactogenesis, if expenditures milk is inadequate (Guyton & Hall, 1996).

Existence of psychological complaint indicates that this research is in line with reports of Dewey (2001), which states that mothers with psychological stress during pregnancy and childbirth, may experienced a obstacles in the milk ejection. Levels of the hormones estrogen and progesterone decreases, immediately after delivery of the placenta. Two hormones are responsible in the process of lactation is prolactin and oxytocin. When the mother is in a state of stress, confusion, fear, and anxiety, then the release of oxytocin from neurohipofise affected, resulting in blocking the let-down reflex. Emotional distress experienced by the mother will affect the release of adrenaline, which in turn will cause constriction of the blood vessels of the alveoli, so that oxytocin can not reach mioepitelium (Ueda, et al., 1994).

Psychological conditions can be disrupted due to postpartum mothers require adaptation on new roles and responsibilities of being a mother. Usually, mothers can sleep soundly at night, but in the postpartum period, they must often awakened by the cries of a baby who is thirsty, or bedwetting. The next day, they have to undergo activities as a housewife. It will get worse, if there is no support from the family to help care for the baby and do household chores. Feelings of guilt will arise when they are not able to breastfeed their infants. Therefore, it is expected the mothers were able to adapt well, so that they can run their new responsibilities, without feeling pressured or guilty.

Relating to expectations about psychosocial midwifery care when the milk has not come out, most informants said he wanted to get 'psychosocial midwifery care' that do not force, and adapted to their condition. Thus, they are given a choice, counseling, support from officers with the words convincing, so it can grow confidence in breastfeeding. They also wanted the figure of health workers able to calm them, and not in a hurry to formula feed without indication. They also want to get the services of a competent person, experienced, responsive to immediately provide a solution; and do not let the mother and family take their own alternative, which should not be given to their babies.

Midwifery care given in 0-3 days postpartum will determine the success of breastfeeding, and make an experience as well as expectations for the next lactation. The first experience of breastfeeding can lead to a very strong feeling, sensual and satisfying experience, unique for every woman and for some women, the experience can not be expressed in words (Moody, et al., 2006).

V. CONCLUSION

Psychosocial midwifery care must always be held by health personnel in order to achieve the success of breastfeeding exclusively.

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