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Paper 1

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Experience And Hope Midwifery Psychosocial Care Postpartum Period Of Dealing Asi Out 0-3 Days Yet Postnatal

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Abstract

Background: Experience in breastfeeding mothers is not to be forgotten, because almost all mothers expect the best for optimal breastfeeding. Midwifery care is given when the mother has trouble breastfeeding mother has not come out to be an experience in the sustainability of successful breastfeeding. Researchers interested in taking research in Puskesmas Tanah Kali Kedinding Surabaya because it includes the Puskesmas Poned which figure birth rates are higher among eight health centers Poned more and Puskesmas Tanah Kali Kedinding for coverage breastfeeding is still below the target of East Java province by 75% and the national target of 80%, ie 54.95%. **Objective:** To explore the experience and expectations of Midwifery Care Psychosocial mother during childbirth facing breast milk has not come out in 0-3 days postnatal in Puskesmas Tanah Kali Kedinding. **Methods:** The study is a qualitative research-phenomenological hermeneutic approach. Subjects were postpartum mothers who nifasnya over 3 days and a maximum of two weeks after delivery. Samples were selected by purposive sampling. Analysis of data using analysis steps Collaizi. **Results:** taste experience physical complaints and psychological complaints when breast milk has not come out 0-3 days postnatal, tackling complaints, the response of the family when breast milk has not come out, the experience of midwifery care physically and psychologically when breastfeeding yet out 0-3 days postnatal, psychosocial expectations midwifery care in the face of breast milk has not come out of postnatal day 0-3. **Conclusion:** Psychosocial Midwifery care is given when the mother has trouble breastfeeding mother has not come out to be an experience in the sustainability of successful breastfeeding. **Recommendation:** rolemodel psychosocial midwifery care faced breast milk has not come out 0-3 days postnatal hope.

Keywords: Experience and expectations, Midwifery Care Psychosocial postpartum period, breast milk has not come out 0-3 days postnatal

1. Introduction

Data and Information Center (Media Centre) Ministry of Health in 2015 show the scope of the new exclusive breastfeeding for 54.3 percent of the target of 80 percent, while in 2013 the percentage Riskesdas breastfeeding in infants 0 months are exclusively breastfeeding (39, 8%), predominant breastfeeding (5.1%) and partial breastfeeding (55.1%). IDHS 2012 shows ASI coverage in Indonesia increased to 42% from 32% of the data IDHS 2007. However, please note that the coverage percentage is still below the target of 50% as determined by WHO coverage. Currently the birth rate in Indonesia reached 4.7 million per year, so it could be concluded that breast-fed babies do not reach half [35].

In Indonesia, many of us fail in exclusive breastfeeding because of mistakes in the practice of breastfeeding in the first 3 days of birth. The first three days of birth is a crucial time in the breastfeeding success, because at this time to determine whether the exclusive breastfeeding will be successful or not, as well as for further successful breastfeeding [32].

Researchers interested in taking research in Puskesmas Land Kali Kedinding Surabaya because it includes the Puskesmas Poned (Services Obstetrics Neonatal Basic Emergency) which figure birth rates are higher among eight health centers Poned other (Tanjungsari, Simomulyo, Balongsari, Sememi, Medokan Ayu, Banyu Urip, Jagir) Soil and Health Center Kedinding times for ASI coverage is still below the target of east Java province by 75% and the national target of 80%, ie 54.95%.

Midwives play a key role related to the provision of physical and psychological care during childbirth that support improved conditions towards more positive mothers, mothers who are in conditions of difficulty breastfeeding 0-3 days postnatal need someone who can give him an understanding of the processes that are experienced and helped to remain conditions are more stable, which means the mother still breastfeeding exclusively [19]. Based on the above researchers interested in studying "The experience and expectations of Midwifery Care Psychosocial puerperal facing breast milk has not come out in 0-3 days postnatal in Puskesmas Tanah Kali Kedinding".

2. Statement of the problem

ASI low coverage due to mistakes in the practice of breastfeeding in the first 3 days of birth. The first three days of birth is a crucial time in the breastfeeding success, because at this time to determine whether the exclusive breastfeeding will be successful or not, as well as for subsequent breastfeeding success.

3. Objective of the study

Explores the experiences and expectations of Midwifery Care Psychosocial mother during childbirth facing breast milk has not come out in 0-3 days postnatal in Puskesmas Tanah Kali Kedinding.

4. Limitations of study

The experience and expectations of Midwifery Care Psychosocial puerperal facing breast milk has not come out in 0-3 days postnatal.

5. Materials and Methods

This type of research is qualitative research-phenomenological hermeneutic approach. Subjects were postpartum mothers who nifasnya period of more than three days and a maximum of two weeks after delivery. Samples were selected by purposive sampling. Data collection for this research through an in-depth interview between investigators and resources, as the primary data source in the study with a phenomenological approach comes from deep conversations between investigators and informants [20]. Analysis of data using analysis steps Collaizi and triangulation.

6. Finding and discussion

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

Informants experience in dealing with breast milk has not come out, some women find physical complaints such as pain in the breast and there is an empty feeling in the breast means not feel pain in the breast. Such as the statement following informant:

"..... The first day feeling pain is not how only kemeng but breast milk has not come out as well, after the second day grow sick but still has not come out, after the third day was out, but a little" (P1)

Complaints of pain in the breast as stated by dr. Avie Andriyani, 2004 that about a third or fourth day after the mother gives birth, the breasts often feel more full, tension, and pain. Such a state is called engorgement (breast swelling), which is caused by static in the veins and arteries clear. This is a sign that the milk comes in many secreted. If under these circumstances the mother avoid breastfeeding for reasons of pain, then gave prelacteal feeding (food supplement) in infants, such circumstances it continues. Breasts will grow swollen or full, because breast milk secretion continues, while the baby is not disusukan, so there is no stimulation of the nipples resulting oxytocin reflex does not occur and the milk is not removed, it will result in the milk does not come out. There are some, who did not feel the complaint on her breasts and feel that empty breasts after childbirth. The following statement when asked what the informant complained physically when breast milk has not come out by researchers:

"..... I do not feel the pain of my milk, ngrangsemi or menteng-menteng, mediocre, it felt empty, my milk ndak out at all ..." (P8)

But after the second and third days the mother had begun to feel that pain around the breast, the informant statement as follows:

"..... The first day until the pain does not fit the new third day ngrangsemi and ASI out a little ..." (P3)

Although breastfeeding has been producing since pregnant 20 weeks, but not out of the breast, or just out drop-drop encountered during pregnancy are greater for their pregnancy hormone that held, and the pregnancy hormone is centered on the placenta. Where when mothers give birth, and mother's placenta separated from the uterus and the pregnancy hormone levels fall, so the milk can come out of the breasts. However, there is a pause to 3 days or 72 hours post-partum, because the rest of the pregnancy hormones remaining in maternal blood vessels and will be lost within a period of 3 days post-partum, in addition to complaints of breast pain there is also informants who complained of blisters and pain around the nipple, the informant statement is as follows:

"..... Walah ngrangsemi bu, but not yet out, menteng-menteng Rasane sore nipples chafed bu then actually feels pain but not yet out susune instead that leave the blood, burning Grandma disenggol bu" (P2)

The state of a blister on the nipple may be caused by the technique of breastfeeding that is less true and breast treatment that uses soap, lotion, cream, alcohol can irritate the nipples and the strap tongue (frenulum linguae) Baby shorter, causing a difficult baby to suck up to the areola and sucking just on nipples alone.

The exit of the milk is generally out after the third day, but there are several informants who experienced that her breast milk coming out around day five:

"I ..ASI ndak out altogether until day five, came out a bit but ndak out again until now, sad, guilty, frustrated, Rasane ndak could be a mother, but I wanted to breastfeed because I was not working, bu it feels sad, but yah how else .. "(p11).

Mothers have different abilities in breastfeeding but basically the mother has sufficient ability to supply milk. Some new mothers sometimes can only give milk to the third or fourth day after delivery. Despite this general condition of the delay experienced by the mother's breast milk only dikelahiran first baby.

Breast tenderness and feeling empty the milk into a complaint in the mother during breastfeeding has not come out, some also complained of pain in her nipples while physical fatigue becomes a major complaint experienced by all mothers experiencing breastfeeding breastfeeding at the time has not come out. The statement is as follows:

".... After the birth of my condition shaking, ndredek all my body, Rasane lemes bu, birth Rasane driven so upset, my milk has not come out so yes ndak disusoni after nglahirkan" (P4)

1

The experience felt physical complaints when the milk has not come out

The results of the interview obtained some women complained that her breasts ached and some feel no pain, while for fatigue, all the mothers who complained breastfeeding her has not come out feeling that he felt exhausted after going through childbirth, the mother feel if the delivery process long runs, so exhausted. In general, physical factors can cause health nursing mothers breast milk has not come out directly after childbirth. Physical factors perceived health of mothers breastfeeding mothers when breastfeeding does not yet come out, among others:

Physical fatigue, a mother feels tired, exhausted after experiencing the birth process from starting the process stage 1 to stage 2, the contraction experienced and felt by the mother depends on the mother's coping. Mothers who experienced a long labor, fatigue, pain, will affect the oxytocin reflex which ultimately reduce costs ASI. Lengthy delivery process will cause physical fatigue of the mother, which will affect the release of oxytocin from neurohipofise resulting in blocking the let down reflex. [29]

Pain in the breast area, feelings of severe pain can cause problems that milk does not come out, and will come out when it's done breast care and adequate exploitation. Circumstances breast pain if not treated will cause new problems which the expenditure is not smooth due to blockage of the baby milk is not absorbed, sometimes the baby after birth do not want to suck and still are not aware, this is due to the effects of anesthesia and their newborn difficulties when kelahiran.Bayi that stress during pregnancy and childbirth can be very weak and sleepy to effectively suck the milk, even if the capacity of the mother's lactational enough, it will cause interference if expenditures laktogenesis inadequate [13]

In breast no pain and felt empty, the mother will get spending ASI was not yet out for longer there are four new day out, there are five new day out, and a mother who felt pain in the breast after birth will find breastfeeding her out today next, meaning that if a mother feels ngrangsemi or feel pain in her breasts will get faster milk out early.

Feel the complaint psychic experiences when breast milk has not come out

This study is in line with the results of research dewey (2001) of mothers who experience stress during pregnancy and childbirth experience problems when the milk has not come out during childbirth or postnatal. Levels of the hormones estrogen and progesterone decreases immediately after delivery of the placenta, two hormones that are responsible for the process of lactation is prolactin and oxytocin. If the mother is under stress, confusion, fear and anxiety distractedly will affect the release of oxytocin from neurohipofise resulting in blocking the let-down reflex. Conditions emotional distress experienced by a mother will affect the release of the hormone adrenaline (epinephrine) which causes vasoconstriction of blood vessels alveoli, so that oxytocin can not reach mioepitelium [29].

Mental condition can be disrupted due to postpartum mothers require adaptation on new roles and responsibilities of being a mother ibu.Dari habits that can sleep soundly at night, must often awakened by cries of hungry babies or incontinent. The next day the mother must undergo activities as a housewife, it will get worse if there is no family support to help care for the baby and do household chores. Feelings of guilt will also arise when the mother was not able to breastfeed her baby. Therefore, it is expected the mother is able to adapt well so that the mother can undergo new responsibilities, without feeling pressured or guilty.

Taking in, this period occurs 1-2 days after birth. New mothers are generally passive and dependent, attention focused on concerns about the body that tend to be passive towards the environment. Inconvenience among others a sense of mules, pain in stitches, lack of sleep, fatigue. Things to note in this phase are adequate rest, good communication and psychological nutriti. Gangguan intake that can be experienced by the mother in this phase are: Disappointment on the baby, discomfort as a result of physical changes experienced, Guilt ens not breastfeed, criticism husbands or families about the care of her baby.

Taking hold, this period took place on day 2-4 post partum, she became the attention on the ability of parents who succeed and increase its responsibilities towards bayi. Ibu feel worried about the inability and sense of responsibility in the care of her baby. Feeling more ensitive mother so irritable. The thing to note is good communication, support and provision of counseling / health education on self-care and baby. Midwife tasks, among others: teach you how infant care, breastfeeding right way, the way wound care stitches, gymnastics parturition, education, health, nutrition, rest, personal hygiene and others.

Letting go, this period is very influential on the time and attention given by the family, she took responsibility for baby care, post partum depression commonly occur in this period This phase is the phase will assume responsibility for his new role. This phase lasts 10 days after delivery. Mother has begun to adjust to the baby dependency. An increase would be self care and her baby. She felt confident in his new role, more self-reliant in meeting the needs of themselves and their babies.

1 **Efforts to resolve complaints when the milk has not come out**

Efforts to overcome breast milk has not come out in accordance with the experience of informants, with some kinds of physical action, acts of psychological and spiritual action.

Physical acts informants by taking medicine facilitating breastfeeding, breast care, nutritional support in the form of food such as eating peanuts and Spriet, luntas eat vegetables or vegetables and massage on the body to relieve physical fatigue. According to Widodo J saying that vegetable consumption of some foods proven to increasing breastfeeding. Commonly used are papaya, leaves katuk, pare, carrots, spinach, garlic and nuts are some examples of foods that are good for lactating mothers. Inadequate nutritional needs of mothers and as much as possible avoid the use of supplements or drugs as a way of increasing breastfeeding. This is in line with the statement of Helen Varney. January M.Kriebs. Carolyn L.Gegor. said many cultures have galaktagogue (substances that are considered to increase milk supply). There is no evidence that consumption of herbal beverages or certain foods will increase milk supply, even certain herbs can be dangerous. Herbs and medicinal facilitating breast milk should be used as well as other medications and should be prescribed only by people who have undergone special training in the use and dosage for the treatment of breast tepat. Untuk ranging from massage and doing exercises breast during pregnancy and postpartum, this can help increase the production of milk during breastfeeding.

Psychic actions undertaken in the form of motivational support when having problems breastfeeding mother has not come out, support the form of advice and action to help care as a mother to help prepare complementary foods that their demands for immediate breastfeeding makes depressed mothers. Good mood and excited affect milk production. Conversely heart stress (eg adapt to the new baby, when they first had children, high demands to immediately be able to breastfeed or stress because of work) can inhibit milk production [35]. Spiritual act is the last informants experience, this case a sense of resignation over everything that happens is to always say a prayer so that the treatment process is breastfeeding goes smoothly.

ASI family response time has not come out

Response family while breastfeeding mother has not come out, is to provide emotional support and provide physical assistance, but there are also some informants, say that the family was confused and anxious.

Emotional support can be obtained from the family, especially her husband. Does not mean there will be a strong motivation from inside the mother to provide the best for the baby is breastfed, if the husband or the father of the child and the entire family (parents / in-laws, siblings) do not support [19]

Give physical assistance to the mother is also a response to the family when having problems breastfeeding. Here the father is actually a big role. If he supports the ASI will be smooth or otherwise. Supports can be a variety of ways ranging from encouraging wives to other things like burping baby after feeding, hold the baby for disusukan to her mother and helped prepare the necessary care mother [35].

Confused and anxious also a response that is experienced by some informants family, it is included negative responses that occur during breastfeeding mother has high keluar. Tuntutan of the family's immediate mood breastfeeding will make uncomfortable and not relaxed, minimize the stress, help the mother to relax and encourage the mother to perform or do things that are unpleasant feelings of the mother, invited to think about things that excited [35].

Experience gained physical midwifery care when breast milk has not come out

Experience gained physical midwifery care when breast milk has not come out that all the informants revealed their midwifery care given by midwives advised to breast feed without schedules on demand, and some informants remember that he has given advice to breast care and the importance of nutrition and fluid intake.

Frequent breastfeeding, do not schedule a breastfeeding on demand. Feed the baby whenever he needs it. Breastfeeding 2-3 hours, is the best way of increasing breastfeeding, newborn babies need milk every 2-3 hours, regardless of the day or night. Milk production in a woman's body following the principle of supply and demand, meaning that the body produces breast milk to baby's needs. So if a mother breast-feeding routine every 2-3 hours until the baby is full, the breast will send commands to the brain to produce milk as much as it needs. Milk production will increase within 3-7 days according to the instructions tersebut. Bila inconsistent and rarely maternal breastfeeding, breastmilk production will not occur or is reduced. Produksi breast milk is influenced by the hormone prolactin, which is determined by how much and often the milk removed from the breast, either by breastfeeding or expressing milk. Therefore, when ASI rarely issued by itself will decrease or berhenti. Memompa ASI ASI could be one way to increase milk production [30]

All informants did say given advice on frequent feeding by midwives, but it is recognized by the informants that to breastfeed their babies, mothers pity to wake her and feel comfortable that their children sleep first, because he felt tired after going through the process of childbirth, and the mother admitted that to breastfeed her baby wait to wake himself.

Breast care is one midwifery care according to several informants recommended by experienced breastfeeding mother during breast keluar. Perawatan not like doing breast massages and gymnastics as well as warm and cold water compresses, serves to maintain the shape of the breast and stimulate and increase milk production [35]. Stimulation of muscles needed to augment breast milk by activating glandular breast-kelenjarnya. otot muscles consist of smooth muscles. With the stimulation, the muscles will contract more and contraction is necessary in laktasi. rangsangan in the breast can be done with a massage or massage or breast flush with warm and cold water alternately [27]. But the experience of some informants to how often informants say that do not know how, and rarely do so.

Nutrition and fluid intake is very important to note for nursing mothers. Experience some of the mother during breastfeeding has not come out, the midwife midwifery care given is to encourage women to not continence food and beverages unless the mother allergic to certain foods should be avoided. Food is needed by mothers in the amount of more than pregnant until breastfeeding, so the mother is encouraged not to diet. [17]. Unhealthy diets leading to dehydration can affect the quality and quantity of breast milk. Be sure to always meet the nutritional needs during feeding and consumption of 8 glasses of water a day. However, it is recognized that the informant servings for the food did not experience an increased amount until doubled.

Experience and perception of current psychosocial obtain midwifery care breast milk has not come out

Experience gained midwifery care psychosocial when breast milk has not come out that most of the informants revealed their midwifery care given midwives to carry out the Early Initiation of Breastfeeding after birth during delivery, rooming-in, giving support, allowing her husband and family to accompany, creating a calm and comfortable atmosphere, then engage the family in the care of mothers and babies.

Placing the baby on the breast immediately after birth or Early Initiation of Breastfeeding, it can help the placenta naturally, so the placenta comes out, the hormone that milk maker will produce prolactin. These hormones trigger the breasts to produce milk and also has a calming and relaxing effect ibu. Ada evidence that babies who are breastfed immediately after birth have two times greater likelihood to remain suckling at the end of the second week compared to babies who breastfeed more slowly. [33].

Supports roming in or rooming will help provide a nice atmosphere, quiet and comfortable will help moments together and the creation of the psychological relationship between mother and baby. Mothers should be kept away from psychological discomfort such as emotions, panic, anxiety and excessive worry. Mothers who experience this psychological gangguan, should strive with the motivation and drive of his own to overcome the psychological problems that arise. Mom needs help and support from all parties in order to help mothers through difficult times it faces, one of which is health care workers [31].

Giving support, allowed to accompany her husband and family, creating a calm and comfortable atmosphere, then engage the family in the care of mothers and babies. The midwife's role is very important in providing midwifery care in helping a mother to breastfeed comfortably and determine the success of subsequent breast feeding exclusively. The woman who had just given birth or postnatal need a lot of emotional and practical support, in the first days in the maternity hospital or at home, this support not only of midwives as health workers but also acquired from a spouse, family or friends. [19]

Facing current expectations Midwifery Care breast milk has not come out

Hope midwifery care psychosocial when breast milk has not come out that most of the informants revealed to be given their midwifery care psychosocial not pushy and adapted to his situation means that given a choice, provide counseling as well practice, the support of officers in the form of words that convinced so as to build confidence to breastfeed her baby, want a figure of the officer who is able to calm himself so patiently for unhurried given formula without any indication, obtain the services of the officers whose expert or competent who is experienced, officers respond swiftly to immediately provide a solution settlement, not to the mother and family taking his own alternative that should not be allowed to be given to the baby.

Midwifery Care given 0-3 days of postnatal 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. [19]

Implications For Midwifery

The midwife is a profession that has a lot more intensity interaction with birth mothers compared to other health professionals. This is also true for doctors and nurses on duty in the delivery room. Greater opportunities to provide adequate obstetric care made possible by this situation. Lack of understanding of the psychosocial appropriate midwifery care at the time of breast milk has not come out 0-3 days postnatal into weakness are common. The results of this study has implications for midwives in service to identify forms of psychosocial care is still expected by the mother during breastfeeding has not come out 0-3 days postnatal in the delivery room. This result has implications for the provision of an initial picture of what that will be faced by midwifery students who served in the delivery room.

7. Conclusion and Recommendations

Conclusion: For nursing mothers, foster a strong belief or confidence that is able to nurse and patient in dealing with the problem of breast milk has not come out, to give the sense that breast milk has not come out 0-3 days postnatal is a physiological thing, and do not rush to take the decision to give formula if the baby's condition is normal.

Recommendations: 1) Psychosocial Midwifery Care with breastfeeding problems yet out 0-3 days should be socialized continuity of care (continuous) not only given the stage of pregnancy, but continue also in the delivery phase and phase nifas. 2) Midwifery Care Psychosocial more towards practice by being a rolemodel must always be held by health workers in order to successful breastfeeding exclusively.

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