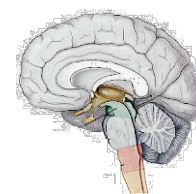


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## EXPLORE THE IMPACT OF THE COVID-19 PANDEMIC ON EXCLUSIVE BREASTFEEDING

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**ABSTRACT**

Impact The COVID-19 pandemic on health occurred in all age groups including pregnant women, mothers giving birth, and newborns. Breastfeeding during a pandemic requires special attention because of the short-term and long-term health implications. The purpose of this study was to explore the impact of the COVID-19 pandemic on the success of exclusive breastfeeding. The research design is qualitative with in-depth interview data collection methods on 7 participants. The sample was selected according to the inclusion criteria, namely mothers who gave birth during a pandemic and when data were collected on children aged 6-12 months in the working area of the Kepanjen Health Center, Kab. Poor. Researchers as the main instrument in the study and interview guides as a reference for questions. The results of the interviews will be written in the form of transcripts and then analyzed using thematic analysis methods to obtain research themes. From the results of data analysis obtained 3 research themes. The first theme is the Practice of Early Initiation of Breastfeeding (IMD) during a pandemic, the second is the problems faced after childbirth, and the third is the practice of breastfeeding in exclusive breastfeeding during a pandemic. These results indicate that mothers need to get education and support related to breastfeeding starting from pregnancy to the success of exclusive breastfeeding. Health workers can facilitate the practice of IMD, assist mothers in solving breastfeeding problems and provide education regarding breastfeeding self-efficacy for mothers.

**INTRODUCTION**

COVID-19 is a pandemic that occurs in various countries in the world (WHO, 2020). The health impact caused by coronavirus-2 (SARS-CoV-2) is severe acute respiratory syndrome and can occur in all age groups and groups, including pregnant women, mothers giving birth, and newborns. For mothers and newborns, breastfeeding during this pandemic requires special attention because of the short-term and long-term health implications. In the United States, uncertainty and social anxiety about COVID-19 are likely to drive the practice of mother-infant separation and restrictions on breastfeeding, especially in hospitals located in areas of high community prevalence (Cheema, et al, 2020).

WHO has published guidelines on COVID-19 and neonatal care. These guidelines state that babies born to mothers who are suspected or confirmed to have COVID-19 must have *skin to skin contact* immediately after birth, carry out an IMD within one hour after birth, undergo joint care for the baby's mother, and exclusively breastfeed. This breastfeeding practice must be maintained in addition to preventing the spread of COVID 19 (WHO, 2020). WHO also recommends that all mothers receive support to continue breastfeeding and overcome breastfeeding difficulties (Hull et al., 2020) .

Globally, infants who are exclusively breastfed are 40% in 2018 and are expected to increase to 50% by 2025. However, there is still a long way to go to achieve the 100% global coverage of the target recommended by UNICEF. This is evident from the current low prevalence of exclusive breastfeeding in developing countries especially in West and Central Africa which happens to have one of the highest infant rates of malnutrition in the world . Based on the results of Riskesdas (2018), the coverage of exclusive breastfeeding in Indonesia is 54.3%, where the highest percentage is in NTB Province at 79.7% and the lowest is in Maluku Province at 25.2%. Meanwhile, in Malang, the exclusive breastfeeding coverage rate is around 45%, with a target coverage rate of 80%.

However, with the pandemic, the target for increasing exclusive breastfeeding coverage is uncertain. There are concerns about being able to breastfeed during the pandemic regarding skin-to-skin contact, mothers who have tested positive for COVID 19 whether they can breastfeed, and others. So that the current pandemic condition becomes a challenge for breastfeeding mothers, the large number of news circulating with sources that cannot be accounted for will make mothers more anxious and worried about the condition and adequacy of breastfeeding. This condition requires the support of family and relatives, although the success of breastfeeding is almost largely influenced by the mother's belief factor(Bootsri & Taneepanichskul, 2017) .

## **METHODS**

The research uses an exploratory case study method and the research approach uses a qualitative case study method that is used to obtain information about the constraints in exclusive breastfeeding during the pandemic. Subjects were taken using a purposive sampling method, namely mothers who gave birth during the pandemic and currently children aged 6-12 months in the working area of the Kepanjen Public Health Center, Malang Regency. The number of research samples depends on the saturation of the data obtained during the data collection process. Data collection was carried out by in-depth interviews, which had previously received ethical qualifications and permits.

Data analysis by thematic analysis. The tools used for data collection in the study were interview guides and voice recording equipment. In qualitative research, the validity of the data is carried out using triangulation techniques. Triangulation of data was done by comparing the information given by the research subjects with the information from the health workers and their families (husband/grandmother).

## **RESULTS AND DISCUSSION**

Data retrieval by means of in-depth interviews has been carried out on 7 participants in accordance with the specified inclusion criteria, these participants are mothers who gave birth during the pandemic and the age of the child when the research data was collected was more than 6 months with detailed characteristics as shown in table 1.

Table 1. Characteristics of Participants

Respondent	Mother's Age (years)	Child's age (months)	Education	Profession	Parity	Labor	Birthplace
Participant 1	40	11	S2	Lecturer	4	NP	BPM
Participant 2	31	9	S1	Teacher	1	SC	RS
Participant 3	28	7	Senior high school	Housewife	1	SC	RS
Participant 4	32	7	S1	Private	2	NP	BPM
Participant 5	29	9	Senior high school	Housewife	1	SC	RS
Participant 6	26	11	Senior high school	Housewife	1	SC	RS
Participant 7	34	12	Senior high school	Housewife	2	SC	RS

The table above describes the characteristics of the participants. The results of the in-depth interviews that had been recorded were then copied in the form of interview transcripts and data analysis was carried out. The process of data analysis in this research is thematic analysis. Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) from data. According to Clarke & Braun (2013) data analysis is divided into 6 stages as follows: Familiarizing yourself with your data (knowing the data), Generating initial codes (making the initial code), Searching For Themes (looking for themes), Reviewing Themes (reviewing themes), Defining and naming themes (defining and naming themes) and Producing the report (writing results). From the results of data analysis obtained 3 research themes. The first theme is the Practice of Early Initiation of Breastfeeding (IMD), the second is the problems faced after delivery, and the third is the practice of exclusive breastfeeding.

Table 2. Parent Theme and Sub Themes

Parent Theme	Sub Theme
Practice of Early Initiation of Breastfeeding (IMD) during the pandemic	- Birthplace
Problems faced after childbirth	- Condition of the baby born
	- Treat join
	- Adaptation of the breastfeeding process
The practice of breastfeeding in exclusive breastfeeding during the pandemic	- Breastfeeding self-efficacy
	- Breastfeeding Counselor

### IMD Practice in the Pandemic

This theme shows the need for IMD to support the success of exclusive breastfeeding. The study showed that of the 7 participants, 2 of them did IMD practice and 5 other participants did not do IMD. This is related to the place of delivery of the mother and the condition of the baby at birth, where the implementation of IMD requires skilled personnel and the SOPs that are applied related to IMD are available at the Health service where the mother gives birth. Meanwhile, the condition of the baby after birth also determines the IMD. There are sub-themes in this theme that describe the problem factors, namely the place of delivery and the condition of the baby being born.

The first sub-theme, namely the place of delivery of the participants, described that the mother had given birth at BPM normally and had an IMD done. The following are statements from participants

*" At that time, I gave birth in a midwife, after the baby was born as usual and then the baby was dried, it was immediately placed on my chest. What's the name IMD, then after 1 hour the baby managed to suckle, after that the baby was checked"*

This shows that normal deliveries carried out in health services in the community are able to provide services for IMD. Meanwhile, in other participants, mothers did not have an IMD with a history of cesarean delivery at the hospital. The following are participant statements

*" Because I have a history of SC, OK, so when my child was born, it was only shown to me, the midwife was taken and brought to the baby room, then my husband met me"*

The statement indicated that after delivery the baby was immediately taken to a separate nursery from the mother. One of the importance of hospitalization is to support the success of exclusive breastfeeding (Sushanti, Triana, Martini, 2021) .

The next sub-theme is about the condition of the newborn. A mother who gives birth at BPM means that the mother is with an indication of a normal delivery, there are no problems related to the mother or baby. The following are participant statements

*" Babies are normal, they cry, they dry them and put them on their chests"*

This shows that indeed with a normal baby's condition it is very easy to do IMD, but there are some normal baby conditions but due to lack of professional personnel to do IMD so this can't be done. In contrast to the third participant who stated that at birth the baby did not cry immediately, but a few moments later the baby was heard crying. Here is a participant quote

*"Uhhmm at that time the doctor told the nurse who helped help the operation so that an action was taken immediately... I don't know what it means. I didn't cry right away, but after a while I cried loudly."*

This shows that there are indeed some conditions in which babies are born with certain criteria. Actions must be taken immediately to stimulate the newborn's adaptation process.

### **Problems faced after childbirth**

The second theme is about the problems faced after childbirth related to breastfeeding during the pandemic. Success in exclusive breastfeeding includes those in the gold standard of nutrition for children, one of which is for success in the early postnatal period, the baby must be hospitalized. The first sub-theme in this second theme is hospitalization, where policies regarding hospitalization during the pandemic have slightly changed in some hospitals. Looking at the physiological aspect, hospitalization will create a bonding process *between* mother and baby which greatly affects the baby's further psychological development because the warmth of the mother's body is a mental stimulus that is absolutely necessary for the baby to provide a sense of security, protection and trust in others ( *basic trust* ) (Sushanti, Triana, Martini, 2021) . However, due to the pandemic conditions, several hospitals have implemented policies to prevent the spread of the COVID-19 virus, thus eliminating in-patient care. The following is the participant's statement:

*" After delivery, because at that time I was treated separately, I could only meet the baby when I was able to walk "*

This shows that the post-delivery policy implemented in the hospital is related to preventing the spread of covid 19, but this causes trauma to the baby, because psychologically a newborn who has passed the birth

process will certainly experience physical and psychological changes, followed by separate treatments (Asadi et al., 2020) .

The second sub-theme is adaptation of the breastfeeding process. Breastfeeding is a new activity that mothers will go through in the first 2 years after delivery, but some conditions of mothers cause adaptation to give breast milk to their babies not going well. Mothers with the birth of their first child who have less knowledge about breastfeeding will affect the adaptation process. The role of health workers is important as an educator related to the breastfeeding process. The following is a statement regarding the education given after delivery

*"Yes, so before going home I was given counseling on how to come again for control, take care of the baby's umbilical cord, exclusive breastfeeding should be given and mother's nutrition as well"*

This was stated by participants who gave birth to their 4th child normally at BPM, in contrast to other participants who gave birth to their first child at the hospital by SC. Sustainability of breastfeeding during a pandemic is important to increase the baby's natural immunity (Williams et al., 2020) , along with participant questions regarding education

*"If the education given is related to post-SC care, when to eat, when to start doing what kind of activities, there is nothing about babies"*

The importance of educators to increase knowledge of mothers regarding the breastfeeding process which in this case is a new activity that mothers must do to fulfill one of the rights of children, namely exclusive breastfeeding. There are various factors that cause the educator's role to be not optimal, related to habits, lack of nurse compliance and various other factors. In connection with this, it is necessary to monitor and evaluate the role of nurses in providing education to clients.

### **The practice of breastfeeding in exclusive breastfeeding during the Pandemic**

The third theme is the importance of exclusive breastfeeding during the pandemic. Where the content of breast milk is very good for the growth and development of babies, besides that breast milk is also the best nutrition for babies. Efforts to practice breastfeeding at home have a downward trend in the first month. The reasons that are often put forward by mothers are insufficient milk production and children are often fussy because they are hungry or thirsty. This shows that the practice of exclusive breastfeeding is related to the self-efficacy of breastfeeding a mother, as the first sub-theme in this theme 3. As stated in the participants who succeeded in exclusively breastfeeding

*"Because during the massive PSBB pandemic, we immediately gave breast milk for 24 hours, and thank God all four of my children were exclusively breastfed for the first 6 months"*

Breastfeeding self-efficacy is an internal factor that can affect the success of exclusive breastfeeding for infants, although good knowledge, time is available for children, and no previous breastfeeding experience but if there is no high breastfeeding self-efficacy, it will reduce the success of exclusive breastfeeding. According to Sukmawati and Rachmawati (2017), breastfeeding self-efficacy since the mother is pregnant is recommended to increase the success of exclusive breastfeeding. The self-efficacy of breastfeeding is supported by the success of giving exclusive breastfeeding to the previous child. In contrast to the second and third participants who gave partial breast milk for the first 2 months. The following are participant statements

*"Actually I tried to give breast milk but the child didn't want it, so I gave formula, because I wasted time for long pumping, but it turned out to be a little"*

This statement shows that breastfeeding self-efficacy in this participant is lower than other participants where this participant has never had experience in breastfeeding before, supported by lack of knowledge from health workers regarding breastfeeding, so that many factors cause a lack of self-efficacy in breastfeeding mothers. .

The second sub-theme of this third theme is the support from breastfeeding counselors. The process of exclusive breastfeeding where only breast milk is given for the first 6 months and this is a new activity that will be carried out by mothers, needs to get direction and guidance from a breastfeeding counselor. This was stated by participants who did not exclusively breastfeed

*"I feel like I don't know that, if there is a problem related to breastfeeding, I'm confused about who to ask"*

This shows the importance of assistance during exclusive breastfeeding by a breastfeeding counselor. The presence of breastfeeding counselors can provide guidance to mothers on how to increase breastfeeding self-efficacy, so that this increases the success of exclusive breastfeeding. This was stated by the first participant

*"I'm already the fourth child, so I'm used to it , first there was counselor assistance"*

Participants revealed that at the beginning of the birth of their first child, the mother was accompanied by a breastfeeding counselor during breastfeeding until the baby was 6 months old. This shows that the presence of breastfeeding counselors can increase the success of exclusive breastfeeding.

### **IMD Practice in the Pandemic**

The practice of IMD that has been carried out by health workers to participants in general is by bringing the baby closer after birth on the mother's chest to look towards the nipple. The birth process is one of the stressors that the baby goes through, so it is necessary to provide comfort through the IMD practice. For 1 hour the baby will try to find the nipple, with the olfactory reflex that is owned until the baby is able to suckle. The importance of this IMD practice is to minimize stress after the delivery process that the baby goes through and also for the continuity of the breastfeeding process and the success of exclusive breastfeeding. Some participants did not practice IMD with several obstacles, one of which was that during the pandemic there was no hospitalization for mothers and babies. In addition, the place of delivery is also one of the reasons why IMD practice is not carried out, related to professional staff and the facilities available at the delivery place (Kurniawan et al., 2021) .

IMD is one of the factors that can support the success of exclusive breastfeeding. Babies who do not get exclusive breastfeeding will be at risk of stunting, so efforts are needed to support the success of exclusive breastfeeding, one of which is the practice of IMD early after delivery (Roesardhyati & Kurniawan, 2020) . The condition of the baby after delivery is also one of the implementations of the practice of IMD, a stable baby and the availability of health workers are the main requirements for the practice of IMD. SC delivery is one of the reasons for the delay in the practice of IMD (Tama et al., 2020) .

### **Problems faced after childbirth**

The birth process causes physical and psychological changes, the mother is adapting to these changes and needs support to be able to carry out activities again. Adapting to breastfeeding is also a new activity that mothers will go through. Sufficient knowledge related to breastfeeding can increase the success of the breastfeeding process, but knowledge alone is not enough if it is not available together with

facilities for breastfeeding, for example, post-delivery hospitalization, education by health workers, and other factors (Sushanti, Triana, Martini, 2021) . The pandemic that occurred had an impact related to the policy of health service agencies that hospitalization was not facilitated, but the impact given to mothers and babies involved the long-term breastfeeding process. Babies are susceptible to infection because immunity is still low, therefore it is important to be given breast milk because in breast milk there are active substances that play a role in increasing the baby's immunity. Research conducted by observing infants and mothers who were separated after delivery, not hospitalized, resulted that infants were easily infected (Tomori et al., 2020) .

### **Breastfeeding practices in exclusive breastfeeding**

Problems related to breastfeeding in exclusive breastfeeding experienced by participants are feeling that breast milk is not enough and has not come out. The lack of knowledge regarding the breastfeeding process makes this perspective on breastfeeding even stronger. The ANC examination carried out should include education regarding the mother's readiness to breastfeed later, so that mothers with sufficient knowledge can apply their knowledge in breastfeeding practices. The importance of the role of health workers to encourage pregnant women to carry out routine pregnancy checks, choosing a place of delivery, and the decision to breastfeed their babies is one of the factors to support the success of exclusive breastfeeding (Ayu & Hergianingrum, 2021) . Breastfeeding self-efficacy is also one of the success factors of exclusive breastfeeding during a pandemic, the news or information circulating has its own anxiety impact for mothers so that more or less will affect the mother's breastfeeding self-efficacy. Even since the mother is still pregnant, breastfeeding self-efficacy should already exist in the mother, so that after the delivery process the mother understands what the mother must do to start breastfeeding and maintain it to be able to successfully give exclusive breastfeeding (Puri et al., 2017) . However, during the pandemic, several participants stated that visiting for ANC examinations was rarely done so that mothers did not understand this.

Breastfeeding self-efficacy is also influenced by the mother's desire to maintain and strive to continue breastfeeding, this is also supported by the support provided by the family. The existence of breastfeeding self-efficacy will be able to predict how successful exclusive breastfeeding will be (Id & Sencuk, 2021) . In addition to breastfeeding self-efficacy, the role of breastfeeding counselors is also one of the factors that can support the success of breastfeeding. Mothers with primiparas will experience a lot of new things related to breastfeeding, if this is not supported by assistance from breastfeeding counselors, if the mother also has breastfeeding self-efficacy which is lacking, it will affect the success of exclusive breastfeeding. During the pandemic to minimize contact, counselor assistance can be done online (Brown & Shenker, 2021) .

### **CONCLUSIONS AND RECOMMENDATIONS**

The results of this study obtained 3 research themes. The first theme is the practice of early initiation of breastfeeding (IMD), the second is the problems faced after delivery, and the third is the practice of breastfeeding in exclusive breastfeeding. These results indicate that mothers need to get education and support related to breastfeeding from pregnancy to the success of exclusive breastfeeding

and continue breastfeeding until the age of 2 years. The implementation of IMD practice supports the success of exclusive breastfeeding, it needs to be improved in its implementation by taking into account the condition of the baby and mother. Problems faced after delivery are often about adaptation in the breastfeeding process, mothers with high breastfeeding self-efficacy and being accompanied by breastfeeding counselors will increase the success of exclusive breastfeeding. Thus, breastfeeding during a pandemic can increase the coverage of exclusive breastfeeding.

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