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Implementation of the Breastfeeding Counseling Guide for Working Mothers on Breastfeeding Practices until 6 Months

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ABSTRACT

Employment in mothers is a dominant barrier in breastfeeding practices, so breastfeeding support for working mothers is needed to promote the number of exclusive breastfeeding. Mention the urgency of the study. This study aimed to determine the effect of implementing the breastfeeding counseling guide for working mothers on breastfeeding practices until 6 months. The study was conducted using a quasi-experimental design to pregnant working mothers in Kota Yogyakarta. A total of 47 subjects, consisted of the intervention group included working mothers who received counseling using the breastfeeding counseling guide for working mothers (n = 24), and the control group included working mothers who received standard breastfeeding counseling (n = 23). Inclusion criteria were normal pregnancies mother and willing to receive intervention until 6th month after birth. Assessments of breastfeeding practices were conducted on the 1st, 2nd, 3rd, and 4th weeks and the 3rd and 6th months. The breastfeeding counseling guide for working mothers was significantly related to breastfeeding practices at 6th month. Working mothers need more intensive and specific breastfeeding support.

Keywords: breastfeeding among working mothers, breastfeeding counseling, counseling

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BACKGROUND

Breastmilk is liquid gold for early human development. For the golden generation, every child needs to be exclusively breastfed at the beginning of his or her life. Breastmilk has been proven to be the first food gold standard in human life. It is the best source of nutrition since its composition is adaptive to the baby's age and nutritional needs.. It also protects the baby against allergies infections, and degenerative diseases such as type 2 diabetes and hypertension (Vargas-martínez et al., 2017). An exclusively breastfed baby has a higher intelligence quotient and better growth and development. Furthermore, breastfeeding is beneficial for not only the babies but also the mother. Breastfeeding resulted in better uterine involution (Kristoschek et al., 2017), reduced postpartum hemorrhage risk, restored pregnancy-induced weight gain to pre-pregnancy body mass index (Tahir et al., 2019), relieved negative mood and stressor during breastfeeding (Mezzacappa & Katkin, 2002), and increased mother–baby bonding.

Unfortunately, although the number of exclusively breastfeeding mothers increased in the last 3 years, the national target of 80% has not yet been attained (The national achievement rates of exclusive breastfeeding [EBF] were 55.7% and 65.16% in 2015 and 2018, respectively) (Kementerian Kesehatan RI, 2019; Primadi et al., 2019). Factors affecting EBF or breastfeeding until 2 years were varied, and one of the most common was working mother status (Bhanderi et al., 2019; Dwinanda et al., 2018; Mirkovic et al., 2014; Monteiro et al., 2017). Working mothers usually get tired after work. In addition, breastfeeding is also affected by physical challenges, which could be a reason working mothers choose not breastfeed or reduce their breastfeeding frequencies. The proportion for breastfeeding frequencies of more than three times a day was significantly lower in working mothers (50%) than in nonworking mothers (88.7%). Breastfeeding interval is ideally once every 2–3 h, so the breastfeeding frequency is around eight times in 24 h. Lower breastfeeding frequencies increase the risk of breastmilk reduction.

A survey in 35 countries showed that the rate of breastfeeding is lower in urban areas which might be because there is plenty of work available. A survey from the Indonesian Center of Statistics showed that the number of work participation among women is increasing, and most of the female employees were in the reproductive age (20–40 years) (BPS, 2019). And the continuous increase is possible because of increased workplace and women education status. However, giving women an opportunity to work or contribute to society does not mean losing their chance to provide the best nutrition for their babies by EBF, that is why support for working mothers to continue EBF until 2 years is needed.

Indicators of successful breastfeeding include early breastfeeding initiation, EBF, and continued breastfeeding (breastfeeding until 2 years old). There are two main factors to consider achieving that success: intervention and determinant factors. Counseling, support, and lactation management are intervention factors that should be provided by healthcare providers. Breastfeeding education and support increase EBF rates and decrease no breastfeeding rates because they can increase maternal knowledge, confidence, and perception of sufficient milk. Currently available guidances for breastfeeding counseling are varied. However, guidance on breastfeeding counseling specifically for working mothers is still limited. Specific information that needs to be known by the working mothers includes breastfeeding right and protection in the workplace, practice of expressing and storing breastmilk before leaving for work and breaks during working hours, and way of giving expressed milk to the baby. We made a breastfeeding counseling guide for working mothers to fulfill their specific needs.

The breastfeeding counseling guide for working mothers is an instrument that aimed to help healthcare providers counsel their breastfeeding clients with specific needs as working

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mothers. This study aimed to determine the effect of implementing the breastfeeding counseling guide for working mothers on breastfeeding practice until the 6th month.

METHODS

The study was conducted using a quasi-experimental design. Study participants included pregnant working mothers who become antenatal care patients of Puskesmas (primary healthcare center) in Kota Yogyakarta, with patients from Puskesmas Jetis, Puskesmas Mergangsan, and Puskesmas Tegalrejo. The subjects were selected by purposive sampling, and the inclusion criteria were working mothers who were in their third trimester of pregnancy, had normal/without complication during pregnancy, and agreed to participate in the study. Subjects were divided into two groups: the intervention (working mothers who received counseling using the breastfeeding counseling guide for working mothers) and control groups (working mothers who received standard breastfeeding counseling).

This "breastfeeding counseling guide for working mother" is a specific breastfeeding counseling guidance to prepare working mother for EBF. Its principles include (1) moment, (2) content, and (3) continuity. *Moment* means that counseling should be given during pregnancy, immediately after birth, and postpartum. The second principle was *content*, which consisted of general information on breastfeeding and specific contents about breastfeeding for working mothers. The third principle is *continuity*. Counseling keeps mothers continually reminded and motivated to successfully breastfeed their baby and makes them feel accompanied by a healthcare provider. Furthermore, problems related to breastfeeding can be identified and solved earlier. Based on the research timeline, the duration of this research was 3 months to recruit the subject, and then, they will be followed up in the next 6 months.

This counseling guidance was developed by a team of midwifery lecturers and breastfeeding trainers with an educational background of master in midwifery. The contents were based on early evidence and guidance from trusted references of breastfeeding practice. The guidance in this study was consulted to breastfeeding experts/consultants and has been simulated to a group of counselors. This counseling guidance also consisted of instruments for counselors (flipchart as counseling media and module as their standard guidance) and mothers (booklet containing all the materials that they can read anytime).

The counseling process was done by a team of young registered midwives (RMs) without lactation counseling certificate. Lactation was include in their curriculum during study advance diploma of midwifery. They had been trained by breastfeeding experts/consultants and had equal ability to counsel mothers who used the "breastfeeding counseling guide for working mothers." Each RM was responsible for accompanying and counseling between five and seven working mothers, since third trimester of pregnancy until the 6-month postpartum. Counseling activities were done by face-to-face meeting as scheduled and continuous accompaniment was held by phone. Phone consultation was the complement method that was relatively effective in supporting breastfeeding mothers. However, a combination of both (face-to-face and phone consultations) gave better output. The control group was fully followed up by phone.A total of 50 working mothers were eligible and agreed to participate in the study. The participants were divided into two groups with 25 each: the control (standard breastfeeding counseling) and intervention groups (breastfeeding counseling guide for working mothers). As the study progressed, three working mothers were lost to follow up/ drop out (two from the control group and one from the intervention group). This research has an approved ethical clearance from the Medical and Health Research Ethics Committee (MHREC), Faculty of Medicine, Public Health and Nursing of Universitas Gadjah Mada–Dr.Sardjito General Hospital, with approval number KE/FK/1017/2019.

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The primary outcome of this research was the determination of the effect of the breastfeeding counseling guide for working mothers to breastfeeding practices until 6 months after birth. Assessment of breastfeeding practice was conducted on the 1st, 2nd, 3rd, and 4th weeks and 3rd and 6th months. The mothers were asked if they were exclusively breastfeeding their baby based on the WHO's definition of EBF. The effectiveness of breastfeeding counseling was analyzed using the chi-square and Fisher's exact tests. The correlation of baseline characteristics to breastfeeding practices was analyzed using binary logistic regression.

Another outcome was knowledge assessment of breastfeeding benefits using multiple-choice questions (MCQs) with used validity. Breastfeeding techniques were assessed using the Breastfed Observation Job Aid, which included five indicators, namely, general sign, breast condition, baby position, baby attachment, and suckling. The result was presented as descriptive data.

RESULTS

The baseline characteristics of the control and intervention groups are shown in Table 2. The participants ranged from 22 to 37 years old in both groups, and most of them were in the reproductive age. All the mothers were well educated, and most of their occupations were self-employed in both groups. Majority of the babies in both groups were born with normal weight, normal birthing, and without complications. Wages and parity between both groups were varied, but only wages had significant differences.

Table 1. characteristic of working mothers by group

Characteristic	Control (n = 23)		Intervention (n = 24)		p-value
	n	%	n	%	
Maternal age (years)					
<20	0	0	0	0	0.234*
20–35	23	100	21	87.5	
>35	0	0	3	12.5	
Education					
Secondary school	12	52.2	14	58.3	0.671*
High school	11	47.8	10	41.7	
Occupation					
Self-employed	12	52.2	13	54.2	0.33*
Private sector/government officer	11	47.8	11	45.8	
Family income					
Less than the minimum regional	14	60.9	7	29.2	0.029*
More than or equal the minimum regional	9	39.1	17	70.8	
Birth weight of the baby					
Abnormal	1	4.3	3	12.5	0.609*
Normal	22	95.7	21	87.5	
Parity					
1	11	47.8	8	33.3	0.616*
2	9	39.1	11	45.8	
>2	3	13.0	5	20.9	

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Type of birth					
Spontaneous	15	65.2	16	66.7	0.917*
Cesarean section	8	34.8	8	33.3	
Childbirth complication					
Healthy	21	91.3	23	95.8	0.609*
With complication	2	8.7	1	4.2	

*Fisher's exact test.
**Chi-square test.

The advanced analysis showed that there was no correlation between family income and breastfeeding practice in working mothers during the whole assessment period (*p*-values in the 1st week 0.194, 2nd week 0.447, 3rd week 0.194, 4th week 0.311, 3rd month 0.579, and 6th month 0.158), which means that both groups had equal baseline.

The comparison percentages of EBF between the control and intervention groups on the 1st, 2nd, 3rd, and 4th weeks and 3rd and 6th months are shown in Figure 1.

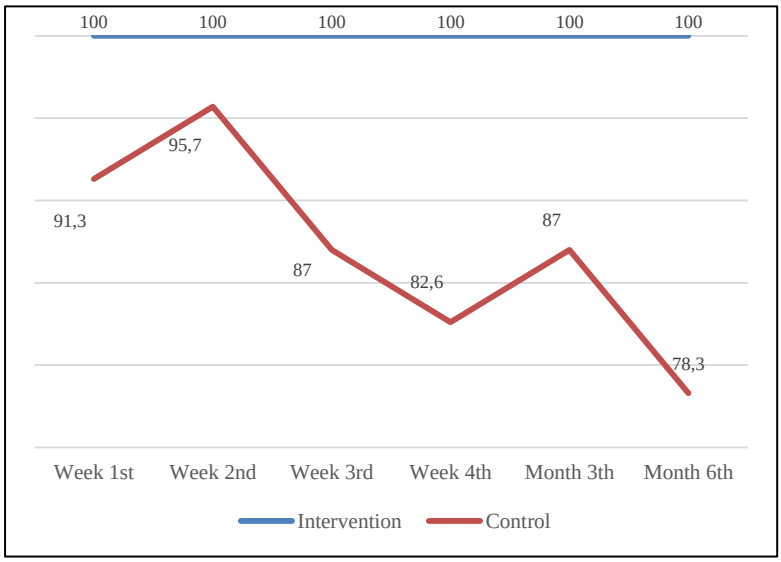

Fig. 1. Percentages of breastfeeding mother

Results revealed that the intervention group (working mother who received counseling using the breastfeeding counseling guide for working mothers) fully breastfeed their babies consistently from 1st to 6th months (Figure 1). The number of fully breastfeeding working mothers in the intervention group was higher than in the control group; however, the statistical analysis only showed a significant difference at 6th month.

Breastfeeding knowledge of mothers was also assessed using MCQs before and after counseling. The questions included the definition of EBF, the composition of breastmilk versus formula, and the benefits of breastfeeding for both mothers and infants. Results showed significant differences in knowledge (p = 0.001) between before (mean score = 85.3) and after (mean score = 95.7) counseling.

Breastfeeding techniques of mothers were also assessed during the third or fourth meeting using the Breastfeed Observation Job Aid. The tool was used to assess the following five indicators of breastfeeding practices: general sign, breast condition, baby position, baby

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attachment, and suckling. Each indicator has its own point of observation as shown in Figure 2.

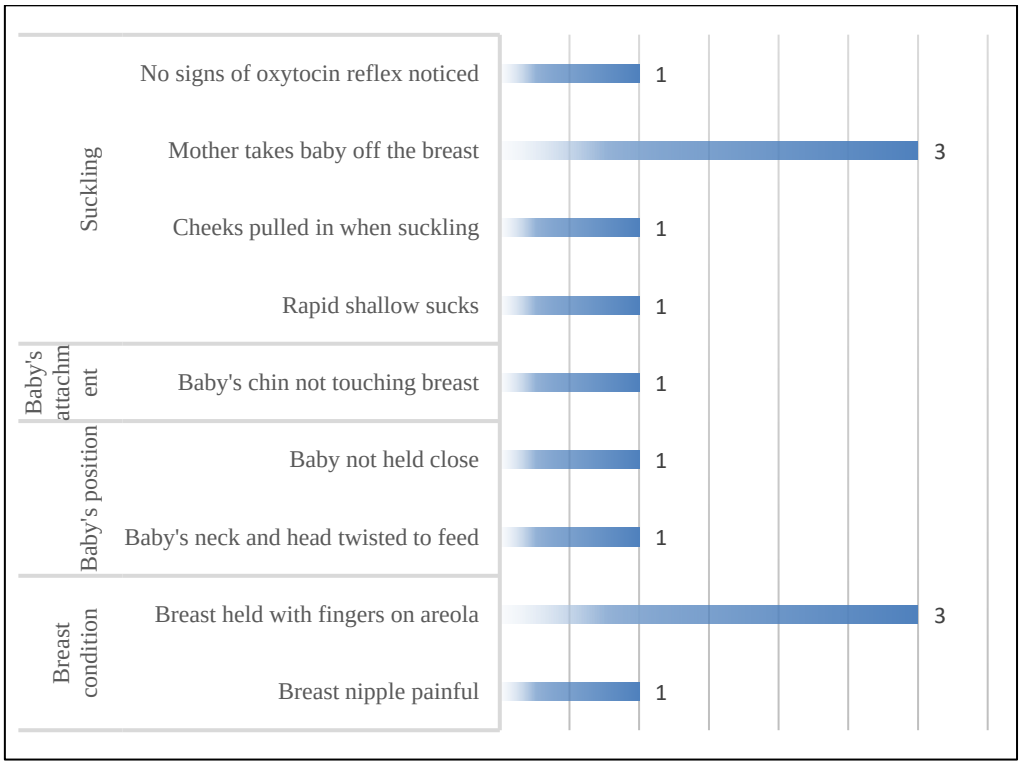

Fig. 2. Signs of possible difficulty during breastfeeding (*n* = 24)

Figure 2 shows that the most common problems found during breastfeeding were how mothers take the baby off the breast and breast held with fingers on the areola.

Table 2 shows the results of the analysis to answer the hypothesis of this research. The results showed that the breastfeeding counseling guide for working mothers was significantly associated with full breastfeeding practices only at 6th month.

Table 2. The effect of using the breastfeeding counseling guide for working mothers on breastfeeding practices

Period	Group	Fully breastfeeding, *n* (%)	Not fully breastfeeding, *n* (%)	*p*-value	RR
1st week	Intervention	24 (100)	0 (0)	0.234	1.095 (0.965–1.242)
	Control	21 (91.3)	2 (8.7)		
2nd week	Intervention	24 (100)	0 (0)	0.489	1.045 (0.958–1.141)
	Control	22 (95.7)	1 (4.3)		
3rd week	Intervention	24 (100)	0 (0)	0.234	1.095 (0.965–1.242)
	Control	21 (87.0)	2 (8.7)		
4th week	Intervention	24 (100)	0 (0)	0.05	1.211 (1.004–1.460)
	Control	19 (82.6)	4 (17.4)		
3rd month	Intervention	24 (100)	0 (0)	0.109	1.150 (0.982–1.347)
	Control	20 (87.0)	3 (6.4)		
6th month	Intervention	24 (100)	0 (0)	0.022	1.278 (1.030–1.585)
	Control	18 (78.3)	5 (10.6)		

RR, relative risk.

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Further identification showed that mothers who did not fully breastfeed at month 6th failed to fully breastfeed in some period before. So, the number of mothers who fully breastfeed each month during 6th month was the same as the number of mothers who exclusively breastfeed.

Table 3. The correlation of baseline characteristics of the breastfeeding practice of working mothers until the 6th month

Characteristic	Multivariable analysis		
	Step 1	Step 2	Step 3
Maternal age	0.999		
Education	0.932		
Occupation	0.810		
Family income	0.084*	0.063	
Baby's birth weight	0.999		
Parity	0.802		
Birth type	0.028*	**0,026**	0.035 (RR 14.0; 1.200 to 163.367)
Childbirth complication	0.869		
Intervention vs. control			0.998 (RR 5.204; 0.00 to ~)

*p-value >0.25, continue to analyse the next step of multivariable analysis
RR, relative ratio.

Table 3 shows the correlation of baseline characteristics of exclusively breastfeeding working mothers at 6 months. Binary logistic analysis was tried in three steps, and the results showed that birth type was the baseline characteristic that correlated with the breastfeeding practice of working mothers on the 6th month. Moreover, the birth type characteristic is potentially the confounding variable with a known higher risk in the intervention group.

DISCUSSION

We analyzed the relationship between the implementation of the breastfeeding counseling guide for working mothers and breastfeeding practice until 6 months postpartum in 47 breastfeeding working mothers. Figure 1 shows that the trend of fully breastfeeding in the control group decreased by periods of observation. A study by Ashoka et al. on 50 working mothers showed the same trend and found that older infants have a lower prevalence of full breastfeeding (10th week 100%, 14th week 89.79%, 18th week 51.06%, and 24th week 11%). Chung et al. also showed similar trends (4th week 80% and 2nd month 25%, and it continued to decrease). The percentage of exclusively breastfeeding mothers dropped in the 4th week, possibly because they start to return to work at around 4 weeks after birth. Indonesian workers in formal sectors have the right to maternity leave for 3 months, with 1.5 months each before and after delivery, or optional leave before or after delivery. Meanwhile, women working in the non-formal sector need to return to work after they feel physically comfortable. On average, normal puerperal discomfort will decrease after 10 days and will get better forward. When mothers return to work, their role transitions from breastfeeding mothers to working mothers and risky to breastfeed problem arises. Breastfeeding is a continuous process, and if there is a moment in which breastfeeding duration was delayed or the frequency was decreased or paused, possibilities that continuous breastfeeding will be discontinued because of breastmilk reduction were high. In this study, mothers who cannot fully breastfeed at 6 months were not fully breastfeeding in the previous months; thus, continuous support is needed.

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Mothers in the intervention group were more consistent to fully breastfeed their baby in all observation periods compared with the mothers in the control group. However, significant differences between both groups were noted only in the 6th month, and mothers who were fully breastfeeding until the 6th month were successful in EBF. It means that the success rates of EBF were 100% in the intervention group and 78.3% in the control group (Table 3). A study of 186 breastfeeding working mothers showed that the prevalence of EBF was 32.3% and that mothers who attended breastfeeding support programs increased EBF practices (p = 0.001; odds ratio 5.95; 95% confidence interval 1.78–19.79). Both results showed that breastfeeding working mothers need more support similar to the role of breastfeeding in general. An intervention study that conducted breastfeeding education and followed up 70 pregnant women four times (early post delivery and 1 week, 3 months and 6 months after delivery) showed that their intervention significantly increased the mothers knowledge and attitude toward breastfeeding practices. Another quasi-experimental designed study on 116 pregnant women compared the effectiveness of additional breastfeeding education with the usual care. The subjects were followed up after 6 months, and results showed that breastfeeding education significantly improved the mothers' knowledge and attitude on EBF practices. All these studies show that the shape of support to successful breastfeeding is giving health education and/or accompaniment.

Birth type is the characteristic of mothers that significantly correlated with breastfeeding practices at 6 months. This result is different from a previous study that revealed the delivery type is not significantly correlated with EBF in working mothers**.** Factors that correlated with EBF in working mothers were workplace profile, such as employment sector (p = 0.02), occupation type (p = 0.001), and workplace regulation (can bring baby to the workplace and have a certain time to express breastmilk or breastfeed; $p <$ 0.001). Meanwhile, the birth type characteristic is usually significantly correlated with EBF in general (working or nonworking mothers). This research showed that four of five non-EBFs mother delivered via Cesarean section (CS). A study with a bigger sample size (81,447 postpartum mothers) showed the same result that the continuous breastfeeding rate of women with CS was significantly lower than of those with vaginal delivery (hazard ratio = 4.92, $p <$ 0.0001). Women with SC have a higher risk of postpartum depression because of decreased oxytocin level, and they experience chronic pain after giving birth, requiring long rest periods and delaying breastfeeding. Also, the anesthetic effect during SC includes reduced early suckling. All these conditions can result in delayed breastfeeding during early postpartum and early weaning. These conditions in addition to less breastfeeding support could decrease the number of EBF in women with CS delivery.

Additional results of this study were knowledge assessment and breastfeeding technique observations. The study found significant differences in knowledge (p = 0.001) between before (mean score 85.3) and after (mean score 95.7) counseling. The result showed a high knowledge baseline score because knowledge assessment questions included general information about breastfeeding. In addition, mothers who received standard breastfeeding care from healthcare providers in Puskesmas were also counseled regarding general breastfeeding information. Meanwhile, results of breastfeeding technique observations found nine breastfeeding latching problems, of which the two main problems were how the mothers take the baby off the breast and breast held with fingers on the areola.

Bad breastfeeding techniques especially incorrect position and attachment were the most common reasons for nipple trauma (nipple sore and breast engorgement). Nipple trauma was the most common problem during breastfeeding (62.9%) and caused postpartum discomfort that need further clinical consultation because of breastfeeding pain. Pain in breastfeeding is physically frustrating and emotionally challenging. Successful breastfeeding is absolutely related to mothers' psychology and physiology. Negative experiences can

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reduce mothers' intention to breastfeed, decrease their production of breastmilk, and cause them to stop breastfeeding early. Untreated or cracked nipples can also become a bacterial port of entry that can cause breast infection. Therefore, healthcare providers need to pay more attention to both breastfeeding techniques to every breastfeeding mother.

Strengths and limitations

The study provided opportunities for deep reflection and evaluation of the research process. In addition, from the three principles of the "breastfeeding counseling guide for working mothers," continuity has the highest effect. The intervention group who received continuous accompaniment from RMs fully breastfed until the 6th month because their breastfeeding problems were identified and solved earlier. Intense interaction between mothers and RMs makes this goal easier to achieve since both intend to exclusively breastfeed successfully.

The limitation of this study is its small sample size. The power of this research based on the sample size and relative risk was 67.5%. Future studies should consider a bigger sample size (around 35 working mothers per group) to reach the ideal >80% research power.

CONCLUSION

The breastfeeding counseling guide for working mothers was significantly related to breastfeeding practices at 6th month. Working mothers need more intensive and specific breastfeeding assistance to help them fulfill the rights of their baby to be exclusively breastfed.

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