

An Analysis of Breastfeeding-Related Education Needs for Postpartum Women at RSUP dr. Soeradji Tirtonegoro Klaten

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ABSTRACT

Background: Nurses have an important role in improving breastfeeding readiness through education. Thus, it is important to know the educational needs of postpartum women to help the breastfeeding process. Nurses have an important role in improving breastfeeding readiness through education. Thus, it is important to know the educational needs of postpartum women to help the breastfeeding process. The objective of this study was to explore the educational needs of postpartum women about breastfeeding.

Method: This was a descriptive qualitative study. The research participants consisted of 10 postpartum mothers who gave birth at RSUP dr. Soeradji Tirtonegoro Klaten. The data were collected using in-depth interviews with semi-structured interviews and analyzed using thematic analysis.

Result: The educational needs consisted of the needs for the expected educational materials, effective media and methods, and the implementation/technical aspects of education.

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INTRODUCTION

Postpartum is a condition that begins after the baby is born and lasts for six to eight weeks.(1) During this period, there are major changes that the mother experiences, one of which is a change in the role of the mother to provide welfare to the baby through breastfeeding. Breastfeeding provides many benefits for both mothers and babies. For babies, breastfeeding can provide nutrition, immunology, and psychology.(2) For mothers, breastfeeding their infants can protect them from breast cancer, ovarian cancer, and type 2 diabetes, as well as help them with birth spacing or natural contraception.(3)

Despite the many benefits and strong evidence for breastfeeding, it is estimated that only one-third of infants are exclusively breastfed. According to Basic Health Research (RISKESDAS) data in 2021, only half of the 2.3 million infants less than six months old were exclusively breastfed. This indicates a 12 percent decrease from the 2019 figure.(4) Breastfeeding is influenced by attachment, sore nipples, full breasts, lack of milk production, maternal health problems, previous breastfeeding experience, support from the husband, economic status, lactation counseling, and prenatal check-ups.(5)(6)

Mothers who are frequently exposed to breastfeeding knowledge and skills may have a better understanding and higher motivation to do it.(6) The way to improve knowledge can be done by providing health education. Therefore, it is important to educate mothers about breastfeeding to increase the duration of breastfeeding and optimize the benefit.(7) Health education is not only limited to disseminating information, but also increasing motivation, skills, and confidence to make decisions related to health behavior.(8) Identifying the educational needs of mothers is the basis for understanding relevant issues before developing education.(9)

Nurses have an important role in improving postpartum care and readiness. Nurses provide direct care, counseling, as well as maternal and infant care education.(10)(11) As educators, nurses must understand the educational needs, so appropriate learning media and methods can be determined.(11)

There have been several studies on the educational needs of postpartum women about breastfeeding. However, most of them highlighted the role and needs of health workers in conducting education, not based on the needs of mothers. In addition, the research

conducted did not specifically examine the needs of postpartum women in the breastfeeding process but examined the needs of postpartum women in general, so the results were still general. The present research aimed to describe the educational needs of postpartum mothers about the breastfeeding process more holistically.

METHOD

This was a descriptive qualitative study. The data were collected using in-depth interviews with semi-structured interviews. The researcher acted as a human instrument who had a role in data collection, transcription, analysis, and processing. The data collection was carried out from August 2023 to February 2024 after obtaining ethical clearance from the Medical and Health Research Ethics Commission, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada -RSUP Dr. Sardjito with number KE/FK/1195/EC/2023.

The in-depth interviews were conducted at the Obgyn Polyclinic of Soeradji Tirtonegoro Hospital Klaten after making a prior appointment. The population in this study were postpartum mothers in the postpartum polyclinic of Dr. Soeradji Tirtonegoro Public Hospital, Klaten. The participants were selected using purposive sampling. The inclusion criteria were postpartum mothers 7 - 42 days after delivery who were willing to become research participants and willing to be interviewed according to the agreed time. The exclusion criteria set were those who could not read, write, and discuss and/or those who suffered from severe complications that require mothers to be hospitalized longer. The sample consisted of 10 people and had reached data saturation. In fact, 3 people withdrew from the study due to a decline in the baby's condition.

The variable in this study was an analysis of the educational needs of postpartum women about the breastfeeding process. Interviews were conducted directly face-to-face and recorded using a recorder. The researcher had previously made a list of questions for the in-depth interview. The interview was conducted for 15-30 minutes. The researcher ensured the accuracy of the data by member-checking the participants and triangulating the sources with the caretaker who accompanied the hospitalized participants. The results of the interview were then transcribed. The transcripts were then analyzed, coded, and categorized into some themes; after which conclusions were drawn. A total of 95 codes were obtained from 10 research participants. The codes were then sorted and reduced to 77 codes. The data processing was carried out together with a supervisor, followed by a summary in the form of a research report.

RESULT AND DISCUSSION

Educational experience: Problem/complaint-based education only

The participants in the study were 10 postpartum women whose characteristics are presented in Table 1. Based on the results of the in-depth interviews, member checking, and data triangulation, the results of the data analysis are as follows in Table 2. This theme contains the educational experiences obtained by the research participants while being treated in the maternity ward of RSUP Dr. Soeradji Tirtonegoro Klaten. There were seven categories in this theme, including education on breastfeeding techniques, education on stimulating milk supply, education on factors affecting milk supply, education techniques used, education media used, education methods used, and perspective on education.

Table 1. Participant characteristics

Initials	Age (Year)	Obstetric status	Last education	Occupation	Days after delivery
P1	31	P3A0	Primary school	Housewife	7
P2	26	P1A0	Vocational high school	Housewife	14
P3	31	P2A0	Senior high school	Merchants	7
P4	23	P1A2	Vocational high school	Housewife	7
P5	29	P2A0	Bachelor degree	Private employee	7
P6	34	P2A1	Senior high school	Housewife	7
P7	29	P2A0	Junior high school	Housewife	7
P8	22	P1A0	Senior high school	Student	14
P9	37	P3A2	Junior high school	Housewife	14
P10	30	P4A1	Junior high school	Housewife	14

Table 2. Categories and theme 1

Theme	Category	Sub Category	Codes	
Educational experience: Problem/complaint-based education only	Breastfeeding technique education	Direct breastfeeding	How to breastfeed	
			How to burp	
			Attachment method	
			Mother and baby position	
			How to hold	
	Expressed breast milk feeding	Breast Pump		
		Early Initiation of Breastfeeding	Early initiation of breastfeeding	
		Food recommendations	Eat Vegetables	
	Education on stimulating the milk supply	Food restrictions	Reduce ice consumption	
	Education on factors that affect milk supply	Drink enough	Drink more water than recommended	
		Keep breastfeeding if experiencing delayed milk production	Continue breastfeeding if experiencing delayed milk production	
		Breast milk booster	Breast milk booster supplements	
		Educational techniques used	Education time	Education 1-2 hours after delivery
	Education on what to do when milk production is delayed			
	Breastfeeding after anesthesia			
	No special time for education			
	Duration of education			Education duration <30 minutes
	Place of education			Education at hospital ward
				Education at maternity ward
		Education at NICU		
Educational media used	No educational media	No educational media		
	Education with poster	Education with posters		
Educational methods used	Verbal education	Oral education		
	Hans-on education	Hands-on education		
Perspective on education	Education advantages	Easy to understand		
		Enriched knowledge		
		Difficult to understand		
	Education disadvantages	Education is delivered too fast		
		Education is not detailed enough		
		Education is not appropriate		
		Multiparous mothers are not educated		

Education on breastfeeding techniques obtained by the participants at RSUP Dr. Soeradji Tirtonegoro included direct breastfeeding, expressed breast milk feeding, and Early Initiation of Breastfeeding (IMD). The direct breastfeeding category included how to breastfeed, how to burp, how to latch, the position of the mother and

"On the first day, the milk production was delayed. I was told to eat lots of vegetables." (P1, 31 years old)

The participant also stated that she was given education on early initiation of breastfeeding (IMD). Education on how to stimulate breastmilk supply was

baby, and how to baby carry, while the expressed breast milk feeding category included how to express breast milk.

"What the nurse teaches is how to hold the baby, how to breastfeed like this (while showing the method)" (P3, 31 years old)

provided on factors that affect breastmilk supply, including food recommendations, food restrictions, water intake, breastfeeding even if breastmilk production is delayed, and breastmilk booster.

"I was told to keep breastfeeding to stimulate, the delayed milk production. I was still told to breastfeed, they said it would stimulate that the milk production." (P1, 31 years old)

The techniques used to provide education included time of education, duration of education, and place of education. The participants said that the time of education, duration of education, and place of education were adjusted to the condition of the mother and baby and their educational needs. The education did not use any

educational media or props, but direct practice to the mothers and babies. Meanwhile, the method used was the oral, hands-on, and practical method. In terms of perspectives on the education obtained, the participants said that the education was easy to understand.

"For the first time, I explained it to the mother because the baby was sleeping, and then the next day I practiced it directly." (Participant 3, 31 years old)

Table 3. Categories and theme 2

Theme	Category	Sub Category	Coding
Education for Postpartum Women should pay attention to more comprehensive aspects	Comprehensive education materials	Breastfeeding technique	Latching education
			Breastfeeding education
			Breastfeeding position education
		Benefits of breastfeeding	Education on how to burp
			Education on how to hold the baby
			Expressing milk education
		Problems in breastfeeding	Education on the benefits of breastfeeding
			Education on delayed breastmilk production
			Education on nipple confusion
	Effective education methods according to Participants	Practice	Education on stress affecting breast milk supply
			Baby blues education
			Education with practice
		Group	Hands-on education
Personalized education			
Education with discussion			
Effective education media according to Participants	Video	Video Media	
		Puppet props	
	No need for educational media	No need for media	
Effective education techniques according to Participants	Effective education time	No need for props	
		Pre-natal education	
		Postnatal education	
		Indirect postpartum education	
		Dedicated time for breastfeeding education	
	Effective education duration	Duration ≤ 1 hour	
		1 - 2 hours	
		No specific duration	
	Effective education room	Inpatient room	
		Hall	
		Flexible	

Education for postpartum women about breastfeeding should cover more comprehensive aspects.

This theme contains the educational materials expected by the participants. There were four categories in this theme, including educational materials, educational methods, educational media, and effective educational techniques. Educational materials expected by the participants consisted of breastfeeding techniques, benefits of breastfeeding, and problems in breastfeeding. Education on breastfeeding techniques included education on attachment, how to breastfeed, breastfeeding positions, how to hold the baby, and how to express milk. In addition, when breastfeeding, mothers and babies are at risk of problems in the breastfeeding process. The participants wanted to be given education on breastfeeding problems that may arise, such as delayed milk production, nipple confusion, and stress that affects milk production.

"..... to address why the milk production is delayed, something that not everyone may understand." (P2, 26 years old).

The educational methods that the participants expected included hands-on, individual, and group education. According to the participants, hands-on could provide clearer explanations, making it easier for them to understand the materials.

"Directly practice it, because later you will forget if you don't directly practice trying it." (P5, 29 years old).

There were two education methods: individual and group. The educational media preferred by the participants were video and props. The participants preferred video because it consists of audio and visual elements, making it easy to understand. Parity status affects the use of educational media. The multiparous participants chose not to use any media because they preferred to practice directly.

"In my opinion, I don't use it, it's even better if I practice directly." (P1, 31 years old).

The educational media expected by the participants for the breastfeeding education were video or props. Video media has advantages in education because it consists of audio and visual elements. The average amount of information obtained through the human senses is 75% visual and 13% auditory, so this media is very suitable for use in education. The statement expressed by most respondents was the same as that presented by Edgar Dale's theory (cone of experience). In the context of this

study, the preferred breastfeeding education used media, such as videos and props like baby dolls, which is in line with Dale's concept of using visual and audio-visual media to increase learner engagement. This more interactive and visual media, according to Dale's theory, can strengthen learner understanding because it involves a more concrete experience.(25)

In addition to videos, some participants stated that they needed props such as baby dolls for educational presentations. Props are media used as aids in delivering education that can increase knowledge and skills. The use of props allows for two-way communication and make it easier for participants to communicate actively.(26) Four multiparous participants explained that they did not need media or props during the education process. Education is better carried out directly by practicing with the baby.

Effective education techniques consist of education time, education duration, and education place. Education time can be given before or after childbirth. For the after-childbirth education, it is expected done after a break because mothers may still feel pain after giving birth, making it difficult for them to focus.

"I prefer to take a break. Yesterday I was immediately explained about breastfeeding-related matters. If it was delayed, it's okay, I couldn't focus because I still felt pain." (P8, 22 years old).

Education should be given at a specific time and not at the same time as other treatments. The duration and place of education can be adjusted to the needs and conditions of the mother. The educational materials about breastfeeding were divided into educational materials needed, effective educational media and methods used, appropriate educational techniques, and suggestions for developing existing education.

Breastfeeding techniques, such as attachment, how to breastfeed, breastfeeding position, how to burp, how to hold the baby, and expressing breast milk are needed in breastfeeding. Providing education on breastfeeding techniques is important in maternal health services.(12) Proper breastfeeding technique is important to prevent problems such as nipple chafing and milk loss. Good attachment helps ensure that the baby latch properly. In addition, it can stimulate the breast to produce higher quantity of milk. It is also important to burp the baby after breastfeeding to help remove air from the baby's stomach.(13) Expressing milk is necessary to help working mothers or mothers with certain diseases that prevent direct breastfeeding.(14) Expressing breast milk can be done manually or using an electric breast pump. Mothers must know how to express milk properly so the milk can

be released smoothly and does not cause pain to the mother.(15)

It is important to know potential breastfeeding-related problems, such as delayed breast milk production, nipple confusion, the risk of baby blues, and stress that affects milk production. At the beginning of the postpartum period, usually breast milk production is still delayed due to the absence or lack of stimulation from both the baby sucking on the nipple and stimulation of hormones that affect lactation(16) Milk production is influenced by many things such as obstetric status, birth process, as well as physical and psychological conditions. In general, primiparous mothers produce less initial milk volume. Similarly, mothers with cesarean delivery also have less initial milk volume than mothers with vaginal birth. Diabetes and labor stress can also affect milk production.(17) Nipple confusion during breastfeeding can also occur due to several things such as inverted nipple or use of a pacifier.(18)(19) In addition, Postpartum blues or baby blues affects almost 50% of women in the postpartum period.(20) Postpartum blues is a temporary condition of mild depressive symptoms that occur in the postpartum period. Therefore, it is important for postpartum mothers to feel supported by various parties including medical personnel, husbands, and families.(21)

The participants stated that they preferred education directly given through practices.(22) The direct practice method is a method used to improve skills or the ability to use equipment. Practical education can influence and improve breastfeeding readiness in mothers.(23)

Most participants stated that they preferred to be given education individually. However, some also preferred education session in groups so they can discuss with other participants. Both methods are good depending on the goals and objectives.(24) The individual method is suitable for breastfeeding education in postpartum mothers because it is a method used to help a particular skill. The group discussion method can be done in a small group. This method can be done by exchanging information and expressing opinions.(24)

The participants who stated that education should be provided before delivery argued that, as mothers, they can more easily apply the knowledge they have learned and can better anticipate any breastfeeding-related problems that may occur. In addition, education should also be provided after childbirth so mothers can directly practice the education provided. Postnatal education is important because mothers and families may forget or need re-education after childbirth.(27) If education is given after childbirth, a break can be given between education and childbirth, allowing the mother to focus more on the education. Education can be provided during the taking hold phase to improve maternal and family

skills. During this phase, mothers may experience worry and anxiety, so education can be provided to reduce their worry and anxiety.(28) Education duration also needs to be adjusted to the situation and conditions of the participants. (29) Place of education is also important; breastfeeding-related education can be carried out both inside and outside the hospital building. Providing education outside the building can be carried out in parks, canteens, and places of worship.(30)

The limitation of this study is that the hospital used for the data collection was a central hospital, so many patients had post-pregnancy complications which were the exclusion criteria of the study. Future research can be conducted at various types of hospitals to obtain more representative data. In addition, source triangulation carried out after the interviews with the participants could lead to biased answers because the source triangulation was done by caretakers who accompanied the participants while in hospitalization. They may not be with the participants during education. Future researchers can consider using other triangulation methods such as direct observation or documentation data as a complement to minimize bias.

CONCLUSION

The results of this study showed that, first, the breastfeeding-related education materials expected by the participants cover several important elements that can strengthen the process of providing education to breastfeeding mothers. The desired educational materials include breastfeeding techniques, benefits of breastfeeding, and common breastfeeding-related problems. In addition, the preferred media used in providing education vary significantly, with a preference for the use of videos and props such as baby dolls to visualize the correct technique. The preferred education method is practical, with most participants preferring individual education sessions, although a small number preferred group discussions to obtain information as a group. Lastly, education timing, both before and after delivery, is considered important according to the mother's physical and mental readiness, as well as each individual's condition. This suggests that a flexible, needs-based approach can improve the effectiveness of breastfeeding education.

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Conflict of Interest

The authors declare that there's no conflict of interest.

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