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**IMPLEMENTATION AND EVALUATION OF BREAST CARE TO
THE CHILDBED MOTHER IN COMBINED WARD OF PUSKESMAS
TEGALREJO YOGYAKARTA, INDONESIA**

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ABSTRACT

Background: Breast care is an act carried out at the time pregnant and nursing mothers. It aimed to improve blood circulation and to prevent problems that often arise at the time of breastfeeding including the frequent occurrence of mastitis (inflammation of the breast) in postpartum mothers. Breast care is often overlooked by mothers who are breastfeeding because after giving birth they have no knowledge to breast care.

Aims: This study aims to investigate the implementation of the breast treatment by health workers and to examine the implementation by the breast care postpartum mothers at health centers Tegalrejo.

Methods: This research is a descriptive nonexperimental with cross sectional. Out of 104 puerperal women in health centers Tegalrejo, a total of 20 puerperal women who gave birth in June 2016 was selected followed 10-15 % of total population by Arikunto's formula. There were 15 health providers also involved in the study. Analysis of the data in this study used a computerized system with Excel program, after the data was collected in the tabulation, then both of the officer and postpartum mother sought to see the picture at the health center Evaluation of Breast Care Tegalrejo using frequency distribution.

Results: The results of this study showed that through the implementation of Breast Care, implemented by health personnel at health centers Tegalrejo, of 15 health providers obtained good results, and of 20 respondents obtained medium result.

Conclusion: The conclusion that the breast care Implementation according to the perception of puerperal women and health workers, the fact that there is in the assessment indicate the category of no good, only seven people puerperal women (35%) who received breast care.

Keywords: Evaluation, breast care, childbed mother.

INTRODUCTION

According to the national movement of the enhancement use of breast milk, with the ongoing effort to socialize the early breast milk and that combined care, it is expected to support 100% exclusive breast feeding at 2000 to the Indonesian babies. The success of breast feeding needs a good management of lactation. Beside to support the success of breast feeding in order breast milk to be smooth, it needs a management which sustainable from the pregnancy period to breast feeding period [1].

For supporting breast milk to be smooth it also needs breast care, while in the policy from Puskesmas chief, that health workers must give a lactating management counseling and do the breast care at the time of puerperal.

Puskesmas Tegaltrejo has one inpatient ward for midwifery which has capacity of 12 beds, and has 3 outpatient polyclinics which are health room for mother and children and family planning, a public examination room, a tooth examination room, with the 15 numbers of health workers that handles with the health of mother and children who 2 of them are from Sekolah Perawat Kesehatan (SPK) graduate, 7 of them are from midwife D-I, 5 of them are from D-III, 1 of them is from D-IV, and 11 of them are in the combined ward exclusively.

The numbers of maternity patients on January 2002 – Mei 2002 are 427 people, living babies are 423, and death babies are 5. All of the patients in combined ward get breast care after delivering only once by the health workers who works at morning shift.

The number of pregnant mother's visit trimester three months from January 2002 – Mei 2002 are 247 people. All of them get counseling how to take care their breast by individual at the first time of their pregnancy check. According to the data above it is clear that the breast care is not yet being held every day by the health workers because of the limitation of workers who are in the combined ward and also the experienced childbed mothers. The purpose of this research is to know the implementation of breast care by health workers, and know the implementation by the breast care puerperal women.

METHODS

This research is using descriptive nonexperimental method with the cross-sectional layout. The subjects of this research are childbed mothers and health workers who are in combined ward of Puskesmas Tegaltrejo, based formula Arikunto S (1996) when the population of more than 100 people, the sampling between 10% - 15% or 20% - 25% or more, the. Sample is being taken by 20% from 104 childbed mothers who gave birth in June 2002 with the number of respondents consisted of 20 childbed mothers and 15 health workers. Analysis of the data in this study using a computerized system with Exel program, after the data was collected in the tabulation, then both of the officer nor patients postpartum mother percentage sought to see the picture at the health center Evaluation of Breast Care Tegaltrejo using frequency distribution.

RESULTS

This research is showing that Implementation Evaluation of Breast Care which is being held by health workers in the Puskesmas Tegaltrejo is 77.5% categorized good from 15 respondents, and the implementation evaluation of breast care to the childbed mothers from 20 respondents is 66.25% categorized enough, the implementation of breast care according to the perception of childbed mothers and health workers, the fact shows that bad category, only 7 childbed mothers (35%) who get breast care.

Table 1. The Implementation of breast care by childbed mothers

No.	Statement	Response			
		Yes		No	
		F	%	F	%
1.	The mother gets guidance about breast care in childbed period by Puskesmas Tegaltrejo.	16	80	4	20
2.	After the mother gives birth the breast is taken care by Puskesmas Tegaltrejo.	7	35	13	65

3.	Mother breast care is being held every day by Puskesmas Tegalrejo.	5	25	15	75
4.	The mother is doing the breast care by herself after giving birth.	20	100	0	0
5.	Breast milk is smoothly come out.	16	80	4	20
6.	The mother is breast feeding her child.	19	95	1	5
7.	The mother is given a guidance to solve the problem which is usually occurs in their breast feeding period by Puskesmas Tegalrejo.	13	65	7	35
8.	The mother gives formula to her baby if the breast milk is not yet out at all.	10	50	10	50
Total		106	66.25	54	33.75

Shown in Table 1, the implementation breast care by the health workers which is seen from the point of view of childbed mothers show that 66.25%, while from questioner point number 4 the mother does the breast care herself about giving birth is 20 people (100%).

Table 2. The Implementation of Breast Care by Health Workers

No.	Statement	Response			
		Yes		No	
		F	%	F	%
1.	Nakes gives a guidance about breast care to the mother in combined ward.	15	100	0	0
2.	Nakes does breast care to the childbed mothers after they gave birth.	14	93,3	1	6,7
3.	Nakes does breast care every day to the childbed mother in combined ward.	12	80	3	20,3
4.	Nakes suggests the childbed mothers in combined ward to do the breast care themselves.	5	33,3	10	66,7
5.	Nakes suggests the childbed mothers in combined ward to breast feed their baby.	15	100	0	0
6.	Nakes gives a guidance to the childbed mother in combined ward to solve the problem which often occurs in their breast feeding time.	15	100	0	0
7.	Nakes does the implementation of breast care because of the constant procedure (protap).	8	53,3	7	46,7
8.	Nakes gives formula to the baby if breast milk is so few or does not come out yet.	9	60	6	40
Total		93	77,5	27	22,5

As presented in Table 2, there are five health workers (33.3%) suggest the childbed mothers do breast care for themselves, while the implementation of breast care by the health workers is shown an average good result which is (77.5%).

DISCUSSION

To support the implementation of the success in breast care breastfeeding should begin earliest possible childbed period is 1-2 days after the baby is delivered and performed twice a day. [2]. Results of research in 2000 that it of 30 respondents who get breast care from health personnel is 6 people (20%) is said to be a good mother childbed were breastfeeding her came out smoothly as much as 16 people (80%) and that her milk out noncurrent only 4 people (20%). Whereas 19

people (95%) of mothers breastfeed their babies, and 1 (5%) of mothers do not breastfeed their babies, this means an interest in breast-feeding mothers is very height [3]. With lactation management is good, that good preparation during pregnancy and continued with the treatment at maternity hospitals/wards to join and advice at the time will come home the sustainable, it will support successful breastfeeding [4].

From the results of the study in 2001 breast-feeding mothers in the postpartum rooming quite high, namely: 41 (97.6%) of 42 respondents. While in this study 19 Mothers who breastfeed their babies postpartum namely 95%, and get directions to address issues that arise at the time of breast-feeding as many as 13 people (65%), and were not guided only seven people (35%) [5].

All of the health workers gives instructions to solve the growing problem of feeding time is 15 (100%). of the above figures, there are seven people who did not get a clue problems that arise at the time of breastfeeding. So it will affect the secretion of breast milk smoothly. The issues that need to be explained in the postpartum mother include: Breast swelling, occurs because the milk does not discuss carefully, so that the rest of the milk collected in the duct system that causes swelling [1]. Any breach of the nipple, the nipple when the breast blisters and pecah-pecah then the treatment becomes difficult, because the fissure is also a point of entry of bacteria it should be immediately addressed by providing breast cream masse.

The next feed is temporarily stopped. The milk can be removed manually until the nipples heal, when cured breastfeeding can be continued [6]. Mastitis (inflammation of the breast), caused by swollen breasts that are not in the milk and treated, sore nipples will facilitate the entry of germs, bras that are too tight and maternal malnutrition, lack rest, anemia will be susceptible to infection [7]. Breast abscess from the complication of mastitis [8]. Many factors affect the ASI spending one of them is the lack of breast care during childbirth. And formula feeding should also not use a pacifier, because it will cause the baby's nipple confusion that will affect the success of breastfeeding [1].

Another factor that strengthens the use of milk bottles, among others, the use of Cosmetology Pill, the prestige that looked more "modem" and no less important is the influence of inspiration-inspiration (Sunoto cit Soetjningsih, 1997). Should be explained in addition to postpartum mothers that breast milk contains substances that are required for the growth of the baby, also a most baby food is safe, practical and economical [4]. Research results obtained, the treatment of breast implementation carried out by health workers is 77.5%, well categorized. While implemented by puerperal women own 66.25%, categorized enough. Noting the fact that there is that between the implementation of breast care carried out by health workers and the implementation of breast care received by postpartum mother given the patient's side is not appropriate postpartum mothers. Because it needs improvement to achieve optimal results in the implementation of breast care at puerperium.

Researchers have methodological limitations in this study is the use of non-experimental descriptive cross-sectional design, the amount and timing sample limited research. This research should wear test questionnaires, observations, and interviews so that it will get a complete data. Observations and interviews so it will get a complete data. The variables are evaluated in this study is different, namely health personnel research subjects measured implementation breast care during childbirth, while the output of the postpartum mother is his alone.

CONCLUSION

Results Breast Care held by health workers in health centers Tegalrejo 77.5% of 15 respondents considered good, and the implementation of breast care puerperal women 66.25% of

the 20 respondents categorized enough. Maintenance of the breast as perceived by puerperal women and health workers, the results showed poor category, only seven mothers (35%) who get breast care. Health personnel training on lactation management is needed to improve the implementation of breast care in the puerperal women

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