

Implementation of Parenting Promotion and Attachment Promotion for Postpartum with Nursing Problems Increased Readiness to Become Parents: Case Study

Musviro¹, Lili Nur Azlina¹, Sri Wahyuningsih¹, Nurul Hayati¹, Rizeki Dwi Fibriansari¹

¹ Faculty of Nursing, Universitas Jember, Indonesia

Correspondence should be addressed to:
Musviro
musviro@unej.ac.id

Abstract:

Parents must prepare emotionally and psychologically to face pregnancy, childbirth, and parenting so that they can be more confident about their role as parents later. Parents' duties include providing exclusive breast milk, which has benefits for their baby's health, but there are still many mothers who experience failure in breastfeeding at the beginning of the birth of their first baby. This research aims to provide nursing care to postpartum mothers with nursing problems of readiness to become parents using a parenting promotion and attachment promotion approach (breastfeeding technique education) in the lotus room at RSUD Dr. Haryoto Lumajang. Data collection was used through interviews, observation, and documentation studies. Research shows that if care promotion and attachment promotion (education on breastfeeding techniques) are carried out in accordance with the SDKI, SLKI and SIKI guidelines, nursing problems can be resolved, and the role of parents can improve. Actions to promote nurturing and promotion of breastfeeding attachment/attachment techniques are very important to help mothers find it easier to breastfeed their children because more information can increase parents' knowledge and skills, thus creating awareness to change behaviour according to their knowledge.

Article info:

Submitted:
16-01-2024
Revised:
01-02-2024
Accepted:
05-02-2024

Keywords:

postpartum; parenting promotion; attachment promotion; readiness to become parents

DOI: <https://doi.org/10.53713/htechj.v2i2.151>

This work is licensed under CC BY-SA License.



INTRODUCTION

At the beginning of the birth of her first baby, a mother may face many problems in breastfeeding, one example is how to place her breasts when breastfeeding her baby. This is what causes the nipples to feel sore and sore, therefore, it is necessary to provide knowledge about good and correct breastfeeding attachment methods (Saputra et al., 2019). The low success of breastfeeding is often caused by several factors, including inappropriate breastfeeding methods, namely the psychological condition of the mother, and the lack of encouragement from the family or husband and health workers. Family support, especially the husband, can ensure the success or failure of breastfeeding, because the husband's support will create a sense of security in the mother so that it will influence the production of breast milk and increase enthusiasm and a sense of security in breastfeeding. There are still many husbands who comment that breastfeeding is a matter between the mother and the baby and they don't care about breastfeeding, of course there must be readiness to become parents (Nasution, 2020).

According to the 2020 Ministry of Health Performance Report, the percentage of babies less than 6 months old in Indonesia receiving exclusive breast milk reached 66.1% of the target of 40%

(Ministry of Health of the Republic of Indonesia, 2021). In the 2018 National Rikesdas Report regarding the proportion of reasons why children aged 0-23 months have not/never been breastfed in East Java province, namely breast milk not coming out is 70.2%, and children cannot breastfeed 3.9% (Ministry of Health of the Republic of Indonesia, 2019). Exclusive breastfeeding in Lumajang in 2021 decreased from 87.3% to 83.7%, with postpartum numbers in the Teratai Room at RSUD dr. Haryoto Lumajang in 2022 as many as 1,452. According to the results of research by Kumorojati & Windayani (2017), quoted from (Darmawati et al., 2020), the results showed that the level of understanding of breastfeeding mothers regarding appropriate breastfeeding procedures was mostly fair (64.7%), understanding the principles of appropriate breastfeeding procedures. according to the majority, it is fair (67.6%), the understanding of the appropriate breastfeeding position is passable (52.9%), the understanding of the appropriate steps for breastfeeding is mostly passable (52.9%) and understanding regarding the frequency and duration of appropriate breastfeeding procedures is mostly good (44.1%).

The correct breastfeeding method is a method of distributing breast milk to the baby with the correct attachment and position of the mother and baby. The wrong breastfeeding attitude can cause the nipples to become sore and breast milk not to come out optimally, thus affecting the production of the next breast milk or being reluctant to breastfeed. According to Roesli (2000), of all the encouragement for breastfeeding mothers, the husband's encouragement is the most significant encouragement for the mother. The husband can function actively in the success of exclusive breastfeeding because the husband will help ensure the smooth flow of the milk let-down reflex, which is greatly influenced by the emotional condition or feelings of the mother. Husbands can share emotional encouragement and instant encouragement. The husband's encouragement is one important aspect of stimulating the oxytocin reflex. The position of the father or husband greatly influences the emotional condition and feelings of the mother; this influences the oxytocin reflex so that breast milk production increases (Lutfiana and Masrikhiyah, 2019).

One of the efforts to fulfill targets in providing exclusive breastfeeding is by providing promotional actions for parenting and promotion of breastfeeding attachment/attachment techniques for mothers and fathers. The definition of promotion of care according to (Tim Pokja SIKI DPP PPNI, 2018) is to facilitate all families or careers in providing more encouragement and attention to families who are experiencing or are at risk of experiencing these problems. The definition of attachment promotion/breastfeeding attachment techniques is to increase and maintain proper attachment or latch on. Therefore, actions to promote parenting and promote attachment/attachment techniques for breastfeeding are very important to help mothers find it easier to breastfeed their children.

Providing support to postpartum mothers through structured health education is the most effective way to achieve breastfeeding success. In providing health education, educational tools are needed so that the message conveyed can be given and received well by the target audience. According to research (Dewi et al., 2021), the use of media in health learning can have a big influence on the absorption of the data provided. Health learning media is used to support the audience in receiving data provided using their five senses. The more senses are used, the better the learning module will be accepted. Suitable types of media include milk production dolls and film or video screenings as visual aids for mothers.

METHOD

Data collection was carried out from April 10 to April 13, 2023, in the Teratai Room at RSUD Dr. Haryoto Lumajang. Data collection was carried out by direct interviews with patients and their

families regarding problems, things that must be observed in postpartum patients with nursing problems in readiness to become parents, and documentation studies.

The inclusion criteria in this study were patients who underwent postpartum surgery (post caesarean section) and were treated starting from day 0, patients with nursing problems, readiness to increase parenthood, with major symptoms and signs expressing a desire to increase their role as parents and showing support. emotions and understanding in children or family members. Minor symptoms and signs of the child or family member express realistic expectations and the physical and emotional needs of the child/family member are met. Caring is carried out together with the baby and the baby does not have congenital abnormalities/comorbidities. Cared for and accompanied by husband. Willing to be a respondent by signing the Inform. Consent after being given an explanation. The exclusion criteria in this study were postpartum patients without surgery, patients who did not have nursing problems in readiness to become parents, babies who were not treated together with their mothers, patients who were not accompanied by their husbands and were not willing to be respondents in this study.

This research has received ethical approval from the Health Research Ethics Committee, Faculty of Nursing, Universitas Jember, with ethical number 112/UN25.1.14/KEPK/2023.

RESULT AND DISCUSSION

The patient obtained was 23 years old and the patient's husband was 26 years old. According to (Nisa and Aprilina, 2019) the age of the patient or mother is an indicator of maturity in making decisions for every situation they will experience when they become parents. Those who are young or relatively young have the ability to quickly accept new innovations, but those who are too young or less than 20 years old still do not have the psychological or physical readiness to face the process of pregnancy until delivery so that care during pregnancy and delivery can be neglected and for those aged Those who are considered older or more than 35 years old may feel that they are trained and have broader experience so they will be less likely to search for new information.

The medical history of the main complaint on the first day of the postpartum period of the patient stated that the main complaint was that the patient's breast milk had not come in and the patient said that the patient did not know how to breastfeed properly, and the patient said he wanted to increase his knowledge in the role of being a parent, especially regarding breastfeeding. According to research (Kusumawati et al., 2020) during pregnancy the hormone prolactin from the placenta increases but breast milk usually does not come out because it is still inhibited by high estrogen levels. On the second or third day after delivery, estrogen and progesterone levels drop drastically, so that the influence of prolactin is more dominant, and this is when breast milk secretion begins to occur. The patient is a primiparous mother, according to research (Rintiani et al., 2023), primiparous mothers who gain knowledge will be better at caring for their babies and need support through guidance from health workers. From this explanation, patients who are primiparous mothers must of course learn to develop their parenting skills in caring for babies.

The patient said he still didn't understand how to care for his breasts and also didn't know how to breastfeed properly. According to research (Mardhiah and Maulidanita, 2020), breast muscle stimulation or breast massage done once a day has an effect on colostrum production, which is very important for babies. In providing health education, educational tools are needed so that the message conveyed can be given and received well by the target audience. Health learning media is used to support the audience in receiving the data provided using their five senses, for example using videos (Dewi et al., 2021). The author believes that providing support to postpartum

mothers through structured health education is the most effective way to achieve breastfeeding success and primiparous mothers must of course learn with assistance.

The hope that mothers/patients want after giving birth is that the patient and baby will be given health after carrying out a caesarean section, so that they can care for and breastfeed their baby. According to (Rintiani et al., 2023) mothers play a role in baby care so that creating a healthy life for each baby by caring for and breastfeeding the baby correctly and in accordance with care procedures will be able to improve the baby's health. Examples of care for babies are bathing, umbilical cord care and eye care, other care that the baby needs and breastfeeding the baby to create a healthy body for the baby. The author is of the opinion that the patient, a primiparous mother who underwent a caesarean section, hopes that when she returns home from the hospital, the pain she feels will be reduced so that she can care for and interact with her baby comfortably.

The attitude of the patient's family members towards the current situation, namely the husband and family, have been very helpful during pregnancy and delivery and the patient's family has been looking forward to and is happy about the birth of the baby in a healthy and safe condition, of course also for the mother. According to (Rintiani et al., 2023) family and husband support influences mothers when they become new parents who have no experience and are responsible for caring for the baby. The assistance that can be provided includes emotional, informational, instrumental and assessment. This assistance is needed especially for mothers who do not have the knowledge and experience in caring for babies. The author is of the opinion that there is no gap between theory and fact, in fact the patient's family and husband always help, supervise and provide full support to the patient and husband when in hospital or at home. While in the hospital, the husband was helped by the family and nurses to learn to bathe the baby and during the breastfeeding process the family also helped to teach the patient.

Regarding the mental state of becoming a mother, the patient said that she currently needs the help of her husband and family to completely recover. The patient feels happy and nervous because this is her first child and of course she has to learn a lot to become a parent. According to theory (Wahyuningsih, 2019a) the taking in phase in the first 1-2 days postpartum, mothers need good protection and care, as well as love. This phase is also a dependent phase because the mother shows happiness. The author is of the opinion that there is no gap between theory and existing facts because in this phase the patient shows that he really needs help from his family and besides that he also shows a feeling of happiness after giving birth to his baby.

The patient's specific basic needs include complaints when carrying out activities after being admitted to the hospital, namely that the patient feels pain when moving. According to theory (Susanto, 2019) pain after surgery normally only occurs for a limited duration, shorter than the time required for natural repair of damaged tissues. Acute pain during pregnancy and childbirth with a previous history of caesarean section can pose an increased risk of morbidity and mortality, especially in relation to uterine scarring. The author is of the opinion that there is no gap between fact and opinion, in fact the patient felt pain in the abdomen when used to move because the patient gave birth via caesarean section where surgery was carried out to give birth to the child through an incision in the abdominal wall and uterus.

Physical examination of the chest revealed that the patient's colostrum came out a little on the second day. According to theory (Ciselia and Oktari, 2021) in the breast, atrophic changes occur in the pelvic organs, the breast reaches full maturity during the postpartum period unless lactation is suppressed, the breast will become larger, firmer and there will be tenderness as a reaction to changes in hormonal status and the start of lactation. The second day postpartum, a certain amount of colostrum secreted by the breasts during the first five days after the birth of the baby can be squeezed from the nipple. The author is of the opinion that there is no gap between

theory and fact, in fact, on the second day the patient was in the hospital and was treated together with the baby, then the baby was given a nipple to latch on, then the colostrum that came out of the patient's breast was quite small.

The patient's subjective data said that this was their first child and that they wanted to increase their knowledge in the role of being a parent, of course they had to learn a lot about being a parent and family and the patient said that they felt happy with the presence of the baby and hoped that they could meet the baby's needs. In the objective data, it appears that the husband and family provide support to the patient and there is joint care, and the patient seems happy with the presence of the child. According to (Tim Pokja SDKI DPP PPNI, 2017) the major symptoms and signs in the nursing diagnosis of readiness to become parents are subjective data expressing the desire to increase the role of being a parent and objective data showing emotional support and understanding for children or family members. Minor symptoms and signs in nursing diagnoses of readiness to become parents based on subjective data consist of the child or other family member expressing satisfaction with the home environment and the child or family member expressing realistic expectations and on objective data the physical and emotional needs of the child/family member are met. The author is of the opinion that in the subjective and objective data contained in the author's data, there is one minor subjective data that is not included in the author's data, namely children or other family members expressing satisfaction with the home environment.

Nursing interventions from nursing diagnoses of readiness to become parents are the main intervention by promoting parenting and supporting interventions by promoting attachment (Tim Pokja SIKI DPP PPNI, 2018). The nursing implementation carried out was in accordance with the planned nursing interventions. In accordance with what had been planned (Tim Pokja SIKI DPP PPNI, 2018) on the first day of implementation the main intervention carried out by the author was carrying out observational actions, namely identifying high risk families in the follow-up program, then therapeutic actions consisting of facilitating parents in having realistic expectations according to the child's level of ability and development, facilitating parents in accepting role transitions. There is only one educational action, namely teaching parents to respond to baby signals. Furthermore, the author's first day of supporting intervention only carried out observational actions to identify the patient's breasts.

On the second day of implementation, there were changes and additional actions to the observation measures, namely identifying high-risk families in the follow-up program and monitoring the child's health status, the child's immunization status. Therapeutic actions facilitate parents in having realistic expectations according to the child's level of ability and development, provide anticipatory guidance that is needed according to the age stage of the child's development, increase parent-child interactions and provide examples, facilitate parents in getting support, and participate in parent group programs, providing media to develop parenting skills and educational actions carried out, namely teaching parents to respond to baby signals. In supporting interventions to promote attachment, the author is of the opinion that all actions can be carried out in the future because the patient has been able to attach directly to his baby.

On the third day, the main intervention to promote parenting was observational action, namely identifying high-risk families in the follow-up program. Therapeutic actions include contracting home visits according to the level of risk, facilitating parents in having realistic expectations according to the child's level of ability and development, increasing parent-child interactions and providing examples, providing media to develop parenting skills and facilitating the use of contraception. On the fourth day, the actions taken were to increase parent-child interactions and provide examples, providing media to develop parenting skills. The author is of the opinion that in the main intervention and supporting interventions there are actions that are carried

out repeatedly, namely, to facilitate families in providing support and care to improve their role as parents.

The nursing evaluation carried out until the 3rd day is in accordance with the theory of nursing evaluation which is carried out based on indicators according to the SLKI DPP PPNI Working Group Team (Tim Pokja SLKI DPP PPNI, 2019), namely increasing attachment bonding, increasing positive parenting behavior, increasing baby care interactions, verbalization of satisfaction with having a baby increases, providing understanding to children increases, the child's physical needs are met increases, the child's emotional needs are met increases, the desire to increase the role of being a parent increases, the child or family's verbalization of realistic expectations increases, visual stimulation increases, tactile stimulation increases, increased auditory stimulation.

CONCLUSION

Promotion of care provided to families in providing comprehensive support and care, as well as promotion of attachment to maintain appropriate attachment. Referring to the priority of educational actions, providing videos on readiness to become parents and appropriate breastfeeding education which is carried out for 4 days. The author concludes that postpartum patients with nursing problems are ready to become parents if they are given care promotion and attachment promotion in accordance with the SDKI, SLKI and SIKI guidelines, then these nursing problems can be resolved, and the role of parenthood improves.

ACKNOWLEDGEMENT

The author would like to thank the Universitas Jember, respondents, and RSUD dr. Haryoto who has permitted to conduct research.

REFERENCES

- Caponero, C. M., D. G. Zoorob, V. Heh, & H. N. Moussa. (2022). The effect of video education on skin-to-skin contact at the time of delivery: a randomized controlled trial. *AJP Reports*, 12(1), E10–E16.
- Ciselia, D. & V. Oktari. (2021). *Asuhan Kebidanan Masa Nifas*. Jakad Media Publishing.
- Darmawati, Syahbandi, & Cut Delyani. (2020). Efektivitas discharge planning pada ibu postpartum terhadap perilaku menyusui di Rumah Sakit Umum Daerah dr. Zainoel Abidin Banda Aceh: randomized controlled trial tahun 2018. *Journal of Medical Science*, 1(1), 1–7.
- Dewi, A., S. Mutoharoh, & W. Rahmadhani. (2021). Pendidikan kesehatan tentang teknik menyusui dengan metode peragaan dan video. *Indonesia Jurnal Kebidanan*, 5(2), 70–74.
- Kementerian Kesehatan Republik Indonesia. (2021). Laporan kinerja kementerian kesehatan tahun 2020. Kementerian Kesehatan Republik Indonesia Tahun 2021. 1–224.
- Kementerian Kesehatan Republik Indonesia. (2019). *Laporan Riskesdas 2018 Nasional*. 2019.
- Kusumawati, P. D., F. O. Damayanti, C. Wahyuni, & A. S. Wahyuningsih. (2020). Analisa tingkat kecemasan dengan percepatan pengeluaran asi pada ibu nifas. *Journal for Quality in Women's Health*, 3(1), 101–109.
- Lutfiana, F. & R. Masrikhiyah. (2019). Hubungan dukungan suami dan sikap ibu menyusui dengan praktik pemberian asi eksklusif. *Jurnal Ilmiah Gizi Dan Kesehatan (JIGK)*, 1(1), 1–10.

- Mardhiah, A. & R. Maulidanita. 2020. Efektifitas breast dan lactaction massage terhadap pengeluaran kolostrum pada ibunifas di Klinik Kota Medan. (September), 1196–1205.
- Nasution, F. (2020). Asi eksklusif di Puskesmas Kota Rantauprapat Kabupaten Labuhanbatu tahun 2016. 6(1), 21–25.
- Nisa, W. N. & H. D. Aprilina. (2019). Hubungan kematangan emosional dan peran suami dengan kesiapan primigravida menghadapi persalinan. *Jurnal Smart Keperawatan*, 6(2), 86.
- Rintiani, A., Y. I. Dewi, & S. Utami. (2023). Faktor-faktor yang berhubungan dengan kemampuan ibu primipara dalam merawat bayi baru lahir. 10(2), 85–92.
- Rohmana, D., I. Jayatmi, & S. Darmadja. (2020). Determinan kecemasan yang terjadi pada ibu post partum. *Jurnal Ilmiah Kebidanan Indonesia*, 10(02), 48–59.
- Saputra, A., A. Arista Putri Pertiwi, & W. Artanty Nisman. (2019). Pengaruh breastfeeding self efficacy treatment (best) terhadap perlekatan dan respon ibu-bayi selama proses menyusui di Puskesmas Ngampilan Dan Wirobrajan Yogyakarta. *Babul Ilmi Jurnal Multi Science Kesehatan*, 7(1), 42–66.
- Susanto, D. (2019). Faktor-faktor yang berhubungan dengan persalinan sectio caesaria. *Jurnal Kesehatan Delima Pelamonia*, 3(1), 1–9.
- Tim Pokja Pedoman SPO Keperawatan DPP PPNI. (2021). *Pedoman Standar Prosedur Operasional Keperawatan*. DPP PPNI.
- Tim Pokja SDKI DPP PPNI. (2017). *Standar Diagnosis Keperawatan Indonesia: Definisi Dan Indikator Diagnostik*. DPP PPNI.
- Tim Pokja SIKI DPP PPNI. (2018). *Standar Intervensi Keperawatan Indonesia*. DPP PPNI.
- Tim Pokja SLKI DPP PPNI. (2019). *Standar Luaran Keperawatan Indonesia: Definisi Dan Kriteria Hasil Keperawatan*. DPP PPNI.
- Wahyuningsih, S. (2019a). *Asuhan Keperawatan Post Partum*. Deepublish.
- Wahyuningsih, S. (2019b). *Buku Ajar Keperawatan Maternitas*. KHD Production.
- Wahyuningsih, S. (2022). *Penyakit Akibat Kegawatdaruratan Obstetri*. Global Eksekutif Teknologi.