



Sustaining Mothering through Breastfeeding a Practice Theory of Nursing

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Abstract

The breastfeeding activities become difficult for many women only 25% mothers breastfeed after birth. The lack information on breastfeeding and the competent nurses who help the mother often becomes challenging that mothers to increase motivation to breastfeed. This paper is aimed to develop a nursing model to sustain mothering through breastfeeding adopted from becoming a mother (BAM) theory, self efficacy and counselor breastfeeding. This paper covers background, assumptions of the study, met paradigm and the application of sustaining mothering through breastfeeding a practice theory of nursing.

Keywords Breastfeeding; Met paradigm; Nursing

Background

Breastfeeding is an actual and embodied process of becoming a mother. A Breastfeeding activity is an experience of intense and interdependent relation between mother and infant. Nowadays, breastfeeding becomes difficult for many women. 75% mother's breastfeed after giving birth but only 25% of them retain it. The lack information of breastfeeding often becomes challenges that mothers are facing. Physical and psychological adaptation requires in mothering process [1].

Becoming a mother (BAM) according to Ramona Mercer 2004 [2], is a cognitive and behavioral dimensions influencing the women to become a mother. Interacting with the environments impacts the process of becoming a mother. In the BAM, the components are not explained or described clearly around prenatal education, attachment or maternal bonding, include in the early initiation and how to keep breastfeeding if the mother has any problem during breastfeeding. In fact, the process of breastfeeding in mothering is not mentioned in the BAM theory.

Assumptions of the theory

The most important challenge to health-care professionals is encouraging women to breastfeed. Nurses have recognized that the critical process of mothering is breastfeeding. Mothering through breastfeeding is a natural way of becoming a mother. Relationship between mother and infant will become more intense when active nursing intervention directly increases maternal knowledge about

mothering [3]. To achieve good breastfeeding, mothers have to be educated in prenatal and postnatal care [4], early initiation breastfeeding and maternal confidence or self efficacy [5]. These will facilitate the nurse to give help mothers achieve breastfeeding success. Nurses as professionals of health, are concerned in health promotion, provide support when mothers find difficulties in breastfeeding and facilitate mothers to breastfeed specially those first-time mothers.

Met Paradigms

Person

Mothers who have delivered and breastfeed their babies. Have the highest self efficacy in breastfeeding their babies well, even if they do not have any prior experience. The nurses competence in attitudes and knowledge about breastfeeding has a big influence to engage breastfeeding mothers who need help [6] until the mother believe with her own capability to breastfeed her infant, positively associated with breastfeeding duration and sustaining mothering during breastfeeding period.

Environment

The Environments which has a direct influence breastfeeding mother include the hospital, that provide breastfeeding within one hour early initiate, rooming in, no pacifier, and support with breastfeeding technique after discharge. They are very important to increase breastfeeding duration [7]. When a mother choses delivering at home, the duration breastfeeding is relatively higher than in the hospital. That is because of the impact cultural, religious and support from community [8]. The environment should support mother to continue the breastfeeding, even after the mother returns to work [9], of course with policies which make it possible to do [10].

Health

Breastfeeding can be good mothers' health. The health status in process of mothering through breastfeeding is when mothers sustained exclusive breastfeeding until 2 years. Breastfeeding duration was related with psychological factors, including confidence during breastfeeding, belief on breast milk quantity, opportunities of breastfeeding, and worries during breastfeeding [11] and mothers' capability to overcome breastfeeding difficulties in physical problems such as engorgement, flat nipple, sore, and inflammation [12]. Wellness in mothering through breastfeeding is free from problem during breastfeeding both physically and psychologically including for relaxation mothers, because the activity re-establishes mothering [13].

Nursing

Nursing includes the activity of giving care to mothers who want to breastfeed in first time for their babies or to continue breastfeeding activity. Health care professional, such as a nurse, gives health education in during pregnancy and post natal to deliver information the mothers in increasing motivation to breastfeed in early initiation [14]. Another nurse intervention is companion the mother to increase self efficacy in breastfeeding. Therefore the occurrence maternal depression can be minimized [15]. Nursing can be also done by facilitating the mothers who have relaxation and problem difficulties in

breastfeeding with reinforcement, empathy, learning each other and commitment to help a mother [16-20].

The application the theory?

A mother post seksioesarea one week ago, tried to breastfeed her first baby. Family already gave support with companion to the mother while breastfeeding. She tried to get him latched on and changes the position of breastfeeding to make easily for baby easily to suck. But the baby still cannot suck. She already knew about breastfeeding benefit through prenatal class before. She thought and assumed that it would be easy to breastfeed her own baby. Later, the mother thought that she was not producing enough milk and then started pumping with hand, to see how much she was producing. The milk came out just about 5 cc; she assumed that she had a low milk supply. The mother thought she was a bad mom and got depression.

As a nurse, in the first time meeting a mother is giving mother reinforcement to confident that she had enough breast milk. The pumping activity is the best step to maintain milk producing. After

learning and doing by herself to produce the milk, it is comes out 20 cc, then the mother was surprised that she had enough milk. Self efficacy of the mother is increasing step by step. After explaining the mother that she with cesarean might delay the breast milk to come out because hormonal and potentially engorgement cause use IV fluid, the nurse explained that hand expression to avoid engorgement very helpful and stimulate breast milk coming out. In demonstrating the position of breastfeeding, the nurse has to use doll, aimed make both have self efficacy. For cesarean mother, football position can be a good choices, it will make the baby easily to latch on. The mother can see the baby directly and does not press the abdomen that can cause pain. Mother should to know the good latch on such as place the nipple should be near the nose, waiting a wide mouth to open, finally the baby will suck. During the counselling the nurse never blame the mother for this condition. Negative word can make the mother's confidence lower. In fact, convince the mother that she has power to do the best for her child.

Scheme

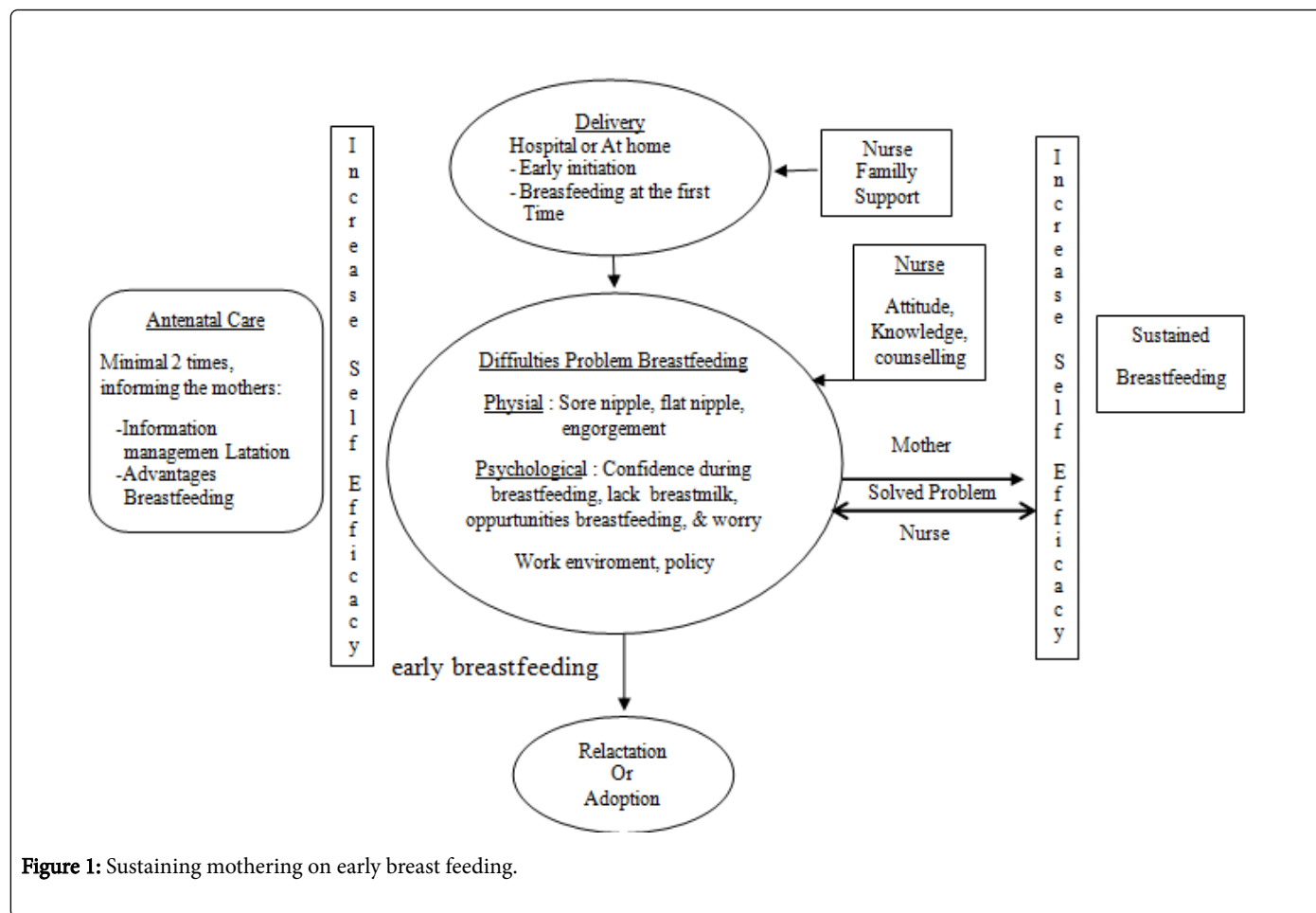


Figure 1: Sustaining mothering on early breast feeding.

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