

ISBN 978-602-73585-1-5



PROCEEDING BOOK

THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA,
INDONESIA
November 5th, 2017



KEMENTERIAN
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HEALTH POLYTECHNIC OF HEALTH MINISTRY
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**INNA GARUDA HOTEL YOGYAKARTA,
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ISBN : 978-602-73585-1-5

Published by
Health Polytechnic of Ministry of Health in
Yogyakarta 2017

Proceeding of
The 4th International Conference on Health Science 2017
“The Optimalization of Adolescent Health in The Era of SDGs”

Printed in
Yogyakarta
November
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THE EFFECTIVENESS OF NIPPLE STIMULATION BY PROVIDING SUPPLEMENTARY FOOD TO SUCCESSFUL BREASTFEEDING BACK (RELACTATION) TO THE BREASTFEEDING MOTHERS IN SOUTHERN TANGERANG 2016

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ABSTRACT

Relactation is an attempt to restart breastfeeding which was stopped after a few days, weeks and even months. Relactation is performed on women who changed his mind to breastfeed her baby with breast milk. The study to Knowing the effectiveness of nipple stimulation by providing supplementary food to successful breastfeeding back (relactation). Specific Objectives: show the frequency distribution and correlation maternal motivation, giving complementary food/formula milk, breastfeeding gap, family support and the support of health professionals towards successful breastfeeding back (relactation). Methods: Experimental design of this study is to provide supplementary food in the intervention group and the health education of breastfeeding positions in the control group. Samples were mothers of infants aged 0-4 months who want to breastfeed again. The intervention group was 15 mothers were three health centers and will be taken proportionately. The control group was taken in the same place with a ratio of 1: 1. Older interventions for 15 days. The study shows that there is a correlation maternal motivation, Giving Complementary, breastfeeding gap and family support for successful to relactation. Multivariate analysis showed that there was the influence of nipple stimulation by food, supplementary to the success rate is controlled by the variable relactation after controlled by food or drink formula milk ($p = 0.008$). The analysis also obtained value $OR = 51.448$, meaning that the group of mothers who do nipple stimulation with supplementary food 51.5 times higher rate of success in relactation compared with groups of women who were given health education about breastfeeding positions.

Keywords : *Nipple Stimulation, Supplementary Food and Breastfeeding Back (Relactation)*

INTRODUCTION

Breastfeeding for the mother is the one activity that can give satisfaction physically and mentally mother, but when she is nursing her child a lot of obstacles that will be encountered such a lack of knowledge of mothers and fathers regarding lactation, pressure from family and others that result in reduced milk production, thus failing breastfeeding mothers. If the mother decides to return to breastfeed her child after stopping breastfeeding, regardless of how long the lactation stops, this is called relactation or re-feeding. The emergence of the desire to relactation mothers often also based because formula milk is not suitable, the baby sick even to undergo treatment in hospital or the desire of seeing a friend who managed to breastfeed exclusively.¹ Even in situations disaster struck, relactation is one thing to have the support of all agencies involved in disaster management.²

According to dr. Utami Roesli SPA, of the 100 mothers who have difficulty breastfeeding mothers only two really trouble breastfeeding two mothers really difficult

because of anatomical abnormalities of the breast and one person whose babies have abnormalities anatomy of the mouth. The remaining 97 mothers actually just less information and less confident. This is because breastfeeding is learning.³

Relactation is restart breastfeeding was stopped after a few days, weeks and even months. Relactation can be done in women who had never breastfed their babies and can also be done on the mother changed her mind to breastfeed her baby with breast milk. Relactation success is influenced by several factors and the mother and baby. The factors that influence the success of lactation of the baby are: the desire to breastfeed the baby, the baby's age, duration of infant feeding experience during stopping of lactation and already get food companion. The factors that affect the success of relactation are: motivation mother, duration of stop lactation, the mother's breast conditions, the ability to interact with the baby's mother, family support and health workers and experience of previous lactation.¹

The time required to start producing breast milk varies greatly among women, milk production generally appear after 1-6 weeks, average in 4 weeks. Some women have never been able to produce milk in sufficient amount to produce milk in sufficient amounts to maintain lactation or maintain exclusive breastfeeding, but some women were able in a few days. Breast milk in women who do relactation or induced lactation is not different compared to women who breast-feed since the birth of her baby.¹

Research in Korea showed from 84 people who do relactation 63 people have to breastfeed again. This study show the success relactation influenced by motivational factors maternal, infant stimulation, family support and health workers. Giving supplementer can help confused nipples and stimulate the release of prolactin.⁴

METHOD

This is an experimental to provide supplementary food in the intervention and health education on breast feeding positions in the control group. Supplementary Food Nipple stimulation using NGT (Naso Gastric Tube) 5 FR/CH Length 40 cm connected to the bottle is hung. The independent variable is the stimulation of the nipples by Food Suplementer. The dependent variable relactation. Confounding; mother's motivation, Provision of complementary feeding, breast-feeding gap, Family Support, health professional support. Sample are mothers of infants aged 0-4 months who want to breastfeed again. This research was conducted in September to October 2016 with a study on the Primary Health Center Kampung Sawah, Pondok Benda and Jombang. Samples this study for the intervention group was 15 and 15 the control group at 3 health center and will be taken proportionately, with a ratio of 1: 1. The data were analyzed using univariate.bivariate using chi square test and multivariate using logistic regression.

RESULTS

Table 1. Nipple Stimulation With Food Supplemter and Relactation

Variable	N	Nipple Stimulation				Value P
		Food Supplementary		Breastfeeding Positions		
		N	%	N	%	
Relactation						
Successfully	10	9	60.0	1	6.7	0,007
Not managed	20	6	40.0	14	93.3	
Mother's Motivation						
Good	15	9	60.0	6	40.0	0.465
Less	15	6	40.0	9	60.0	
Complementary Feeding						
Formula	16	9	60.0	7	46.7	0.714
Food / drinks Escort	14	6	40.0	8	53.3	
Breastfeeding Gap						
<7 weeks	15	7	46.7	8	53.3	1.000
> 7 weeks	15	8	53.3	7	46.7	
Family Support						
Good	15	9	60.0	6	40.0	0.465
Less	15	6	40.0	9	60.0	
Health Profesional Support						
Good	10	6	40.0	4	26.7	0.699
Less	20	9	60.0	11	73.3	

Form table 1 we can see the majority (60%) of mothers who do nipple stimulation with food supplementary successful in relactation and only 6.7% of women were given health education nursing positions also succeeded in relactation. Statistical test results obtained value of $p = 0.007$, meaning that there is a difference between the proportion of successes relactation mothers do nipple stimulation with food supplementary and mother were given health education about breastfeeding position.

The analysis are the result of homogeneity test analysis the success relactation obtained is the intervention given that nipple stimulation with supplementary food, and there is no influence of other variables. In this variable studied showed no difference in the proportion among mothers who do nipple stimulation with food supplementary or group whose mothers had received health education about breastfeeding position.

Table 2 Bivariate Analysis Nipple Stimulation with Supplementary Food and Relactation

Variable	N	Relactation				Value P	OR (95% CI)
		Successful		Unsuccessful			
		N%	n%	N%	n%		
Nipple stimulation							
Food Supplementary	15	9	60.0	6	40.0	0.007	21.00
Breastfeeding Positions	15	1	6.7	14	93.3		(2.2 - 204.6)
Mothers'sMotivation							
Good	15	8	53.3	7	46, 7	0.053	7.43
Less	15	2	13.3	13	86.7		(1.2 - 45.0)
Complementary Fedding							
Formula Milk	16	9	56.3	7	43.8	0.007	16.71
Food / Beverage	14	1	7.1	13	92.9		(1.7 -160.3)
Breastfeeding Gap							
<7 weeks	15	8	53.3	7	46.7	0.053	7.43
> 7 weeks	15	2	13.3	13	86.7		(1.2 - 45.0)
Family Support							
Good	15	8	53.3	7	46.7	0.053	7.43
Less	15	2	13.3	13	86.7		(1, 2 - 45.0)
Health ProfesionalSupport							
Good	10	5	50.0	5	50.0	0.231	3.00
Less	20	5	25.0	15	75.0		(0.6 - 14.9)

Form table 2, we can see the bivariate analysis showed that all the variables studied had a p-value less than 0.25, so that all of the variables can be further analyzed using multiple logistic regression.

Table 3 Bivariate Analysis Nipple Stimulation with Supplementary Food and Relactation

Variable	N	Relactation				Value P	OR (95% CI)
		Successful		Unsuccessful			
		N%	n%				
Nipple stimulation							
Food Supplementary	15	9	60.0	6	40.0	0.007	21.00 (2.2 to 204.6)
Breastfeeding Positions	15	1	6.7	14	93.3		
Mothers Motivation							
Good	15	8	53.3	7	46.7	0.053	7.43 (1.2 to 45.0)
Less	15	2	13.3	13	86.7		
Complementary Feeding							
Formula	16	9	56.3	7	43.8	0.007	16.71 (1.7 to 160.3)
Food / Beverage	14	1	7.1	13	92.9		
Breastfeeding Gap							
<7 weeks	15	8	53.3	7	46.7	0.053	7.43 (1.2 to 45.0)
> 7 weeks	15	2	13.3	13	86.7		
Family Support							
Good	15	8	53.3	7	46.7	0.053	7.43 (1, 2 to 45.0)
Less	15	2	13.3	13	86.7		
Health Profesional Support							
Good	10	5	50.0	5	50.0	0.231	3.00 (0.6 to 14.9)
Less	20	5	25.0	15	75.0		

Table 4 Final Model Multivariat Analysis

Variabel	B	SE	Wald	P value	OR	95% C.I. OR
Nipple Stimulation						
Food Supplementary	3,941	1,484	7,048	0,008	51,448	2,8 - 943,6
Brasfeeding positions					1	
Complementary Feeding						
Formula Milk	3,759	1,494	6,332	0,012	42,916	2,3 - 802,2
Food/Bavarage					1	
Constanta	-5,873	2,348	6,255	0,012	0,003	

The final results of multivariate analysis showed that there is influence nipple stimulation with supplementary food, the success rate is controlled by a variable relactation after food or drink of ASI ($p = 0.008$). The analysis also obtained value OR = 51.448, meaning that the group of mothers who do nipple stimulation with supplementary food 51.5 times higher rate of success in relactation compared with groups of women who were given health education about breastfeeding position.

DISCUSSION

1. Food Supplementer

From the Chi-Square Tests can be seen that score the Sig. (p-value) $0.007 > 0.05$. This means that there is a relationship / influence of Stimulation Putting the food supplementer with relactactation. Furthermore, from the Risk Estimate table above can be seen the value Odds Ratio (OR) of 21:00. This means that the respondents were given food supplementer have a 21 times higher propensity to succeed in relactation compared to respondents who were given health education.

Breast stimulation is important, if the baby suckle. Breastfeeding releases prolactin, which stimulates the growth of alveoli in the breast and milk production. Supplementary food needed for infants who do not want to suckle at the breast that is not producing milk. Breastfeeding aids consist of a small hose which one end of input into the cup containing milk and the other end of the hose in the paste in the breast, then follow the nipple and into the mouth of the baby. The baby will suckle and stimulates the breast, and at the same time brought additional milk through a tube, and then the baby eating and satiety.⁵

The provision of lactation breastfeeding supplementation as *lact-Aid Nursing supplementeris* in need for mothers who want to breastfeed again. 57% of mothers were given this supplementation will be successful within 4 weeks of intervension in relactation and only 24% were not successfully. Breastfeeding aids such as "*lact-Aid*" that is used in the United States can help overcome Putting confused and can stimulate the production of prolactin. When breast milk production in mothers breastfeeding decreases the tools will provide a quick inventory of the breast.⁶

2. Motivation Mother's

From the Chi-Square Tests can be seen that the Sig. (p-value) amounted to $0.053 > 0.05$. This means that there is a relationship / influence between motivation to successful breastfeeding mothers back. Furthermore, from the Risk Estimate table above can be seen the value Odds Ratio (OR) of 7:43. This means that the respondents were given good motivation has a higher tendency to 7:43 times succeeded in relactation compared with respondents who have poor motivation.

Mothers have a strong motivation for knowing lactation is critical in supporting the health of infants. In Papua, the mother is motivated to do relactation when knowing the dangers of the use of formula.¹

3. Complementary Feeding

From the Chi-Square Tests can be seen that the Sig. (p-value) amounted to $0.007 > 0.05$. This means that there is a relationship / influence between a facilitator foods breast milk / formula to successful breastfeeding back. Furthermore, from the Risk Estimate table above can be seen the value Odds Ratio (OR) of 16.71. This means that the respondents were given infant formula has had 16.71 times higher propensity to succeed in relactation compared with respondents given complementary feeding.

Relactation and induced lactation will be difficult in infants who had received supplementary food. It is advisable to not introduce complementary foods before 6 months old baby, but when the baby is aged 4-5 months are not likely to gain weight according to age and gender of the baby.¹ The formula feeding with bottle at the hospital will increase post-partum depression.⁷

4. Breastfeeding Gap

From the Chi-Square Tests can be seen that the Sig. (p-value) amounted to $0.007 > 0.05$. This means that there is a relationship / influence between the length stop feeding with breastfeeding success back. Furthermore, from the Risk Estimate table above can be seen the value Odds Ratio (OR) of 7.43. This means that respondents who stopped breastfeeding have had a 7.43 times higher propensity to succeed in relactation compared with respondents given complementary feeding.

Gap is the last stop breastfeeding the baby sucking the breast. The shorter the time to stop breastfeeding will relactation faster, while the stop long time takes longer to successfully breastfeed. Although .relaktasi can be done at any age.⁵

Generally, the shorter the time of breastfeeding gap of lactation, the easier it is mother to do relactation, but Agarwal and Jain reported success despite relactation within 2 weeks of lactation has been stalled for 14 weeks.¹

5. Families Support

The Chi-Square Tests can be seen that the Sig. (p-value) of $0.231 > 0.053$. This means that there is a relationship / influence between family support with breastfeeding success back.

Counseling on family is very important to support maternal environment. Failure in breastfeeding cause the mother to be sensitive. Family support increases confidence and reduce anxiety that often occurs in subjects during practice relactation progress. Family fully supports by giving advice, attention, security protection at a much-needed mother's mother.⁸

6. Health Profesional Support

From the Chi-Square Tests can be seen that the Sig. (p-value) of $0.231 > 0.05$. This means that there is no relationship / influence between the role of the officer with the success of breastfeeding back.

Breast feeding counselor requires talking with the woman several times before relactation at the start, women need continued support through the process. Health workers provide support knowledge and is always available when a mother in need.²

The health workers should advise the mother that relactation is a strategy that could be done to regain the benefits of breast milk for her baby. That required a mother who wanted to breastfeed not only professional health workers and other support action, but also the knowledge and support of the importance of breastfeeding until the age of 6 months.⁹

Counseling communication skills owned by the counselor will affect the quality of the relationship between counselor and client and will also impact on the achievement of counseling goals. The counselor should be able to establish rapport to gain trust from the client and minimize the gap that may occur between counselor and client.¹⁰

CONCLUSION

The method to improve the success relactation, and in this study we concluded that nipple stimulation by providing supplementary food can improve breastfeeding success back (*relactation*) in breastfeeding mother.

RECOMMENDATION

1. Primary Health Center

Primary Health Center front line health services should be socialized administration nipple stimulation with food supplementary.

2. Health Worker

Nipple stimulation with supplementary food is very effective in women who want to breastfeed, it should be improving the knowledge and skills for personnel in order to help simulate the nipple with supplementary food.

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