THE EFFECT OF *FOOTBALL HOLD* (PINCH) BREASTFEEDING POSITION ON PASCA *SECTIO CAESAREA* PAIN IN BANDA ACEH, INDONESIA

Darmawati, Wanelfi
Maternity Nursing Department,
Faculty of Nursing, Syiah Kuala University, Darussalam-Banda Aceh, Indonesia
Email: darmawati_dar@yahoo.co.id

Abstract

Sectio caesarea is an obstetric surgery to deliver the baby through abdomen wall and uterus wall incision. Sectio caesarea caused tissue destruction and pain. The pain after surgery probably caused any discomfort and difficulty for mother to breastfeeding. Hence, finding the comfortable breastfeeding position is important. The positions that commonly used to breastfeeding were sit down position and laying down position, while the football hold position is never used. By performing the football hold position, the baby will not getting contact to surgery wound. This study aimed to identify the effect of football hold breastfeeding position on pasca sectio caesarea pain in obstetric ward of Zainoel Abidin General Hospital Banda Aceh. This study was conducted on 13th until 25th Mei 2014, using quasi-experimental design by the pretest-posttest with the control group. The number of subjects in this study was 15 for intervention group and 15 for control group selected based on inclusion criteria using the purposive sampling. The data was collected by leading interview and measuring pain intensity level using Numerical Rating Scale (NRS), then analyzed by statistical paired t-Test. The findings revealed that there was significance difference level of sectio caesarea pain before and after football hold breastfeeding position with the p-value=0,0001 (≤0,05). It also indicated the significance effect of breastfeeding football hold position on pasca sectio caesarea pain. This study provided the valuable information regarding the importance of having a standard operating procedure (SOP) to advocate the hospital institution in breastfeeding position by nursing service to improve the level of patient's comfort.

Keywords: Sectio caesarea, Pain, Feeding, Football Hold

BACKGROUND

National data on maternal mortality rate (MMR) and Infant Mortality Rate (IMR) in Indonesian is still very high. According to data from the Indonesian Demographic Health Survey 2007, the maternal mortality rate in Indonesia was 228 per 100,000 live births (Ministry of Health, 2011). During the pregnancy and childbirth, several mothers experienced some kind of problems that lead in to the sectio caesarea delivery. Sectio caesarea (per abdominam) is an obstetric surgery to deliver the baby through the incision of abdominal wall (Sofian, 2011, p. 5). The data of Riskesdas (2013) showed that the proportion of births by cesarean section in Aceh was 9.5%, while the maternal mortality rate in sectio caesarean was 40-80/ 100,000 and the morbidity post cesarean section was 15% (Benson, 2008, p. 457-459).

Sometimes, the baby or the mother having physical abnormalities that may potentially caused serious problem if the process still in normal delivery. Thus, a cesarean section is considered as the option (Mundy, 2004, p. 14). After the surgery, mothers potentially will getting pain. The pain probably is derived from wounds of the abdomen, the condition of incision in the abdomen, and the condition of weakness due to the influence of anesthesia that given previously (Kasdu, 2003).

Women undergoing cesarean section can breastfeed successfully and wean the baby with the as same as the other mothers who give birth normally. The mother also can choose an appropriate feeding position for baby and themselves, like sitting, lying on her side, holding, carrying crosses, and football hold position (Soetjiningsih, 1997, p. 84-85).

One of the mother's nursing positions for post-sectio caesarea is football hold breastfeeding position. This position will not make the baby contact to the scar, thus it will reduce the possibility of getting pain as well as to protect the wound. This position is safe because the lower abdomen caused by pain can be protected (Simkin, 2007, p. 287). The advantage of this football hold position is easy to see if the baby can be effectively put his mouth on the breast, and also more comfortable for the women undergoing caesarean section, because the baby away from the incision area (Simkin, 2007, p. 385).

Based on the preliminary data collection on January 9-15, 2014 in the General Hospital dr. Zainoel Abidin in ward Seurunee 3 Banda Aceh, it found that the number of women undergoing delivery by sectio Caesarean from July to December of 2013 was 345 people. The interview with the six patientswith sectio caesarean resulted that they said feeling the pain in the incision area. It also seemed that they try to protect the area of pain. Besides, they state the difficulties during the breast-feeding because of the incision after surgery. Furthermore, the interview with 3 nurses and 6 patients with post-sectio caesarea yielded the usual feeding position performed by the mother is laying down position (lying on your side) by 4 people (67%) and the position sitting by 2 people (33%) while the football hold breastfeeding position (tucked) has not been implemented yet.

METHODS

The research used in this study is quasy experimental study with the pretest-posttest control group. In this study, the control group and the intervention group conducted the pretest by the researcher, while only the intervention group performed the breast feeding position. After the specified time, the post test will be conducted in both group (Notoadmodjo, 2010, p. 62). The sample size in this study consisted of 15 people in the intervention group and 15 people in the control group.

The sampling method in this study using purposive sampling based on the specific criteria determined by the researchers (Notoadmodjo, 2002, p.88). The inclusion criteria used were willing to be a respondent, has good communication, the mother who is undergone cesarean section in the second day, the mother who got the injection of analgesics (ceterolax) and the mother who breastfeed their babies.

The data collection tools include the measurement of pain intensity using the NRS (Numerical Rating Scale) that consist of 13 steps performed with a guided interview by asking respondents to describe the intensity of the pain felt on the NRS scale lines and action procedures football hold breastfeeding position (tucked) which will be given to the mother.

Analysis of the data using univariate and bivariate analysis. Univariate analysis aimed to describe the characteristics of each study variable in this study to determine the characteristics of the respondents including age, past education, work, and a history of indications sectio caesarea sectio caesarea. Bivariate analysis is carried out to prove the hypothesis of the study by using a paired T-test form-tests to examine the significance of the mean difference.

RESULT

1) The demographic data of post sectio caesarea pain prior to the football hold breastfeeding position (tucked) in the intervention group.

Table 5.1
Frequency distribution of Pain Before Breastfeeding Football Hold Position for the intervention group at Banda Aceh 2014 (n = 15)

No	Breastfeeding position	Pain level	Intervention group	
			f	%
1	*Football hold* (clamp)	Soft medium hard	0 14 1	0 93,3 6,7

From the table 5.1, it can be concluded that before being given the position of breastfeeding in the intervention group or the treatment that is the football hold (clamp) the distribution of the level of pain

in middle category (4-6) as many as 14 people (93.3%).

2). Pain overview post sectio caesarea after football hold breastfeeding position (tucked) in the intervention group

Table 5.2
Differences in postoperative pain sectio caesarea before and after feeding position football hold (clamp) in the intervention group in Banda Aceh Year2014 (n=15)

Intervention group	Mean	Std. deviasi	Std. Error	Mean gap	p-*value*	n
Pre test	5,13	0,83	0,21	1,20	0,0001	15
Post test	3,93	0,96	0,24			

Table 5.2 Descriptive statistics appear in the form of mean and standard deviation of pain before and after feeding with breastfeeding given the football hold position tested by t-test. Average pain before feeding the football hold position is 5.13 with a standard deviation of 0.83. While the football position after feeding with an average holddidapatkan pain that is felt is 3.93 with a standard deviation of 0.96. From the paired t test visible difference between the mean values before and after the football hold breastfeeding position is 1.20.

These differences were tested by t-test obtained p-value of 0.0001, which means that the value is significantly smaller than the value of 0.05, it can be concluded that the HO is rejected or no difference in postoperative pain sectio caesarea before and after football hold breastfeeding position (clutching).

- The differences in postoperative pain sectio caesarea before and after feeding in addition to football hold breastfeeding position in the control group

Table 5.3
Differences in pain before and after feeding in addition to football hold breastfeeding position in the control group
Banda Aceh Year 2014 (n = 15)

Control group	Mean	Std. deviasi	Std. Error	Mean gap	p-value	n
Pretest	5,33	1,04	0,27	0,20	0.271	15
Posttest	5,13	1,24	0,32			

Table 5.3 presents the differences in pain before and after feeding in addition to football hold is tested by t-test. Average pain before feeding besides football hold position is 5.33 with a standard deviation of 1.04. After breastfeeding besides football hold position obtained an average pain perceived is 5.13 with a standard deviation of 1.24. From the looks paired t test between the mean values before and after feeding in addition to the football hold position is 0.20. From counting statistics obtained by the t-test p-value 0.271, which means that the value is significantly greater than the value of 0.05, it can be concluded that there is no difference between before and after feeding in addition to football hold breastfeeding position in the control group.

- Differences in postoperative pain sectio caesarea in the intervention and control groups before feeding.

Table 5.4
The difference in pain in the intervention group and the control group before feeding The Banda Aceh in 2014 (n = 30)

Pain intensity	Mean	Deviation Std	Std. Error	mean gap	p-*value*	n
Pretest intervention	5,13	0,83	0,21	0,20	0,582	15
Pretest control	5,33	1,04	0,27			15

Table 5.4 presents the differences in pain before feeding in the intervention and control groups were tested by t-test. Average pain before feeding in the intervention group was 5.13 with a standard deviation of 0.83 and an average pain before feeding in the control group was 5.33 with a standard deviation of 1.04. From the looks paired t test between the mean values before feeding in both groups: 0.20. From counting statistics obtained by the t-test p-value 0.582, which means that the value is significantly greater than the value of 0.05, it can be concluded that there was no difference in postoperative pain sectio caesarea in the intervention and control groups before feeding.

- The differences in pain patients post sectio caesarea in the intervention group and the control group after feeding.

Table 5.5
The difference in pain in the intervention group and the control group after breastfeeding in Banda Aceh 2014 (n = 30)

Pain intensity	Me An	Deviation Std	Std. Error	mean gap	p-*value*	n
Post test intervention	3,93	0,96	0,24	1,20	0,012	15
Post test control	5,13	1,24	0,32			15

Table 5.5 presents the differences in pain after feeding in the intervention and control groups were tested by t-test. Average pain after feeding in the intervention group was 3.93 with a standard deviation of 0.96 and an average pain after feeding in the control group was 5.13 with a standard deviation of 1.24. From the looks paired t test between the mean values after feeding in both groups: 1.20. From counting statistics obtained by the t-test p-value of 0.012, which means that the value is significantly smaller than the value of 0.05, it can be concluded that there is a difference in postoperative pain sectio caesarea in the intervention group and the control group after feeding.

DISCUSSION

*The difference of pain in patients with post-sectio caesarea before and after feeding position football hold (clamp) in the intervention group.

Based on the research that has been conducted, it found that the category of the most complained of pain after sectio caesarea patients in the intervention group before the treatment is in the category were as many as 14 people (93.3%). The pain experienced was caused by surgical procedures in the area of sectio caesarea cuts incision or incision. This situation shows that all respondents during the post-treatment sectio caesarea analgesic therapy as a result of post-operative action.

Pain after doing football hold breastfeeding position is the level of pain experienced by the patient after sectio caesarea given after feeding position with the football hold. In this study after being given the position of the football hold breastfeeding decreased pain intensity that is in the category of medium category (4-6) of 9 people (60%) and mild (1-3) as 6orang (40%).

This suggests a change in pain intensity in the weight category of respondents from (7-9) into the category of moderate pain (4-6) and from the medium category (4-6) to mild (1-3) was given after the football hold breastfeeding position so that the provision of football hold breastfeeding position in the intervention group may help to decrease the intensity of pain incision area post sectio caesarea.

The meaning of one's pain affects the way a person experiences pain and adapt to pain. Individuals will perceive pain in different ways (Potter & Perry, 2005, p.1514). The level of pain the patient is very subjective in nature, many factors can affect the perceived pain and how to cope with pain. These factors can increase or decrease the patient's perception of pain.

According to the researchers assumed that the difference in perceived pain intensity after feeding with respondents given the football hold breastfeeding position due merasakannyaman while nursing the football hold position. Coping mechanisms of the respondents, the perception and experience of pain also affects the response to pain. In collecting data every respondent experience the sensation of pain differ in describing the look of expressions of pain or reaction to pain respondent.

Position football hold is usually done on twins (Perry, 2009, p. 691). There are two respondents in the intervention group gave birth to twins sectio caesarea so it is suitable given the football hold breastfeeding position. The respondents gave a positive response to the football hold position taught by the researcher and the respondents also seemed enthusiastic to learn in a comfortable position to breastfeed twins and very cooperative in doing this procedure feeding position.

This is consistent in the literature review by Rimon & Shinwell, (2006) entitled "Breastfeeding twins and high multiples", it is said that twins can be fed simultaneously and separately depending on the demand in the nursing infant or baby feeding schedule dependent, because the baby is not always has

the ability to suck the same. Many mothers and babies can adapt quickly in breastfeeding. Position nursing twins can be done with the football hold. The advantage of this position is more comfortable for women undergoing caesarean section, because the baby away from the incision area, convenient for women who are bona fide large breasts as the baby's chest to help support the weight of the breast (Simkin, 2007, p. 385).

From the paired t test visible difference between the mean values before and after the football hold breastfeeding position with a p-value of 0.0001, which means that the value is significantly smaller than the value of 0.05, it can be concluded that there are significant differences in the football hold breastfeeding position against postoperative pain sectio caesareasebelum and after breastfeeding.

This is similar to the research conducted by Apriwinarty, (2010) at the Hospital of Mother and Child Andini Pekanbaru on "Effectiveness giving football hold breastfeeding position in the reduction of maternal post-labor pain sectio caesarea" with a total sample of 30 respondents (15 respondents in the experimental group 15 respondents as a group and the control group showed penelitianp-value = 0.000 (≤0,05), in other words no significant effect on the post-labor pain sectio cesarea between before and after feeding position holdatau football football hold breastfeeding position.

According to the assumptions of researchers, the influence of the feeding position football hold (clamp) to pain due to post-sectio caesarea menyusuifootball position hold (clamp) is the right position in providing mother's milk (breast milk) in infants after sectio caesarea, because in this position the baby does not contact with a surgical scar, holding positions that do not overload the stomach which is in the process of healing so that it will not burden the baby weight in lactating mothers.

In addition, this position has not been done and has not been applied in the hospital in patients with post sectio caesarea, because in general the respondents only know the position lying on her side and breastfeeding on the state sitting in sectio caesarea post. Though this position is very comfortable and perfect for post-sectio caesarea mother because the baby is on top of a pillow so she becomes comfortable sustain or support the baby during breastfeeding.

*The difference in pain in patients with post-sectio caesarea before and after feeding in addition to football hold breastfeeding position in the control group.

Pain intensity before feeding in the control group is the level of pain experienced by the patient after sectio caesarea before feeding with no given position (other than football hold breastfeeding position). Based on the research that has been conducted found that the category of the most complained of pain after sectio caesarea patients in the control group before feeding in the category were as many as 12 people (80%). The intensity of pain after feeding the baby with a football hold that position in addition to laying down and sitting positions in middle category (4-6) were 11 persons (73.3%) and weigh as much as 3 people (20%), so it can be concluded that the category of pain before and after feeding in the control group did not change because of the scale of pain remain in the category (4-6).

From the looks paired t test between the mean values before and after breastfeeding besides football hold position, obtained p-value 0.271, which means that the value is significantly greater than the value of 0.05, it can be concluded that there was no difference in pain intensity nursing besides nursing positions football hold in the control group.

According to the assumptions of researchers, there was no difference in pain intensity nursing besides football hold breastfeeding position and intensity of the pain scale remained the category of being between before or after breastfeeding because respondents feel the position is laying down in a comfortable position to breastfeed and not know about other positions before. The environmental and cultural habits also affect the mother in determining the position and recognize breastfeeding.

*The difference in pain patients post sectio caesarea in the intervention group and the control group before feeding.

Pain intensity before feeding in the intervention group and the control group is the level of pain experienced by the patient after sectio caesarea before feeding. Each of a sample of respondents in this study is the second day after the patient sectio caesarea, so

that all patients received anti-pain medication and analgesia were given by injection. With these conditions, the intensity of pain in the intervention group and the control group were almost the same in the category of moderate pain (4-6), so it can be concluded that the level of pain in middle category (4-6) in both groups. The intervention group (93.3%) and control group (86.7%) before feeding, although both groups perform different position while feeding the baby. With pain intensity data were almost the same in both groups, the intervention group obtained a mean value of 5.13 and 5.33 and the control group obtained p-value 0.582, which means that the value is significantly greater than the value of 0.05, it can be concluded that the there was no difference in pain intensity in the intervention and control groups before feeding.

According to the assumptions of researchers, the absence of differences in pain intensity in both groups in this study because in both groups conducted the same thing by asking respondents to describe the intensity of pain while before feeding so complained of pain in middle category.

*The differences in patient pain sectio caesarea post intervention group and the control group after feeding.

The intensity of pain after feeding in the intervention group and the control group is measuring the level of pain experienced after breast-feeding a baby. The intervention group received a football hold breastfeeding position and control groups using nursing positions other than football hold breastfeeding position. Based on counting statistics obtained by the t-test p-value of 0.012, which means that the value of ≤0,05 so it can be concluded that there is a difference in pain in the intervention group and the control group after feeding.

In the control group respondents were given the freedom to use the feeding position in accordance with the habits of each respondent. Based on the observations of researchers, with the freedom given the position of breastfeeding on the scar area after sectio caesarea, so the intensity of the pain had increased, although still in the category of moderate pain due to the influence of the use of anti-pain medication.

In the intervention group respondents are directed to breastfeed by using the football hold position. Based on the observations of researchers with direct administration of the football hold position of the baby is not in direct contact dengandaerah scar sectio caesarea post, so that did not experience an increase in pain intensity.

According to the assumptions of researchers, each individual must feel the pain in the injured area after surgery sectio caesarea. Mild, moderate and severity of pain a person is influenced by factors such as the factors that influence the pain experience to pain. Past experience with pain gives a lesson to someone and have a way of responding to the pain.

Respondents in both groups in this study is largely a labor with the first sectio caesarea. But in the intervention group respondents are more cooperative and have a curiosity about comfortable nursing position in post- sectio caesarea by avoiding surgical scar area sehinggasecara indirectly directs the mindset of the respondents that the position given by the researchers affect the decrease in pain.

Whereas in the control group respondents did not give a positive response to the position that will be taught by researchers although already described the benefits of this position so that the reduction of pain in this group of respondents felt the same intensity pain scale with before feeding, even some of the respondents experienced an increase in pain because area of the incision.

CONCLUSION

1. There is a difference in postoperative pain sectio caesarea before and after the football hold breastfeeding position in the intervention group at Banda Aceh Year 2014 with a p-value of 0.0001.
2. There is no difference in postoperative pain sectio caesarea before and after feeding in addition to football holdpada nursing positions in the control group Banda Aceh Year 2014 with a p-value of 0.271.
3. There is no difference in postoperative pain sectio caesarea in the intervention group and the control group before menyusuidi Hospital Banda Aceh Year 2014 with a p-value of 0.582.
4. There is a difference in postoperative pain sectio caesarea in the intervention group and the control group after feeding in the football hold Banda Aceh Year 2014 with a p-value of 0.012.

REFERENCES

Benson, R.C. (2008). *Buku saku obstetric dan ginekologi*. Ed. 9. Jakarta: EGC.

Bobak.(2004). *Buku ajar keperawatan maternitas*. Edisi 4. Jakarta: EGC.

Brockopp, D.Y. (2000). *Dasar-dasar riset keperawatan*. Jakarta. EGC

Budiarto, E. (2002). *Biostatistik untuk kedokteran dan kesehatan masyarakat*. Jakarta: EGC.

Dorland, W.A.N. & Kumala, P. (1998). *Kamus saku kedokteran dorland*. Ed. 25.Jakarta: EGC.

Guyton, A.C. (2007). *Buku ajar fisiologi kedokteran*. Ed 11. Jakarta: EGC.

Hastono, P.S. (2007). *Analisa data kesehatan*. Fakultas kesehatan masyarakat universitas Indonesia.

Kasdu. (2003). *Operasi sesar solusi dan masalahnya*. Jakarta: Puspa Swara.

Kementerian Kesehatan Republik Indonesia (2011). *Petunjuk TeknisJaminan Persalinan*. Jakarta.

Kozier, B. (2010). *Buku ajar fundamental keperawatan: konsep, proses, dan praktik*. Ed. 7.Volume 2. Jakarta: EGC.

Kozier, E. (2009). *Buku ajar praktik keperawatan klinis*. Ed. 5. Jakarta: EGC.

Maryunani, A. (2010). *Nyeri dalam persalinan teknik dan cara penanganannya*. Jakarta: CV. Trans info media.

Manuaba, C.A.I. (2009). *Memahami kesehatan reproduksi wanita*. Ed. 2. Jakarta: EGC.

Mundy, G.C. (2004). *Pemulihan pasca operasi caesar*. Jakarta: Erlanga.

Morton, P.G. (2011). *Keperawatan kritis: pendekatan asuhan holistik*. Edisi 8. Jakarta: EGC.

Notoatmodjo, S. (2010). *Metodologi penelitian kesehatan*. Ed. Rev. Jakarta: Rineka Cipta.

Nursalam. (2003). *Konsep dan penerapan metodologi penelitian ilmu keperawatan*. Ed. 2. Jakarta: Salemba Medika.

Perry, S.E. (2009). *Maternal child nursing care*. Ed. 4. Canada: Wiley Blackwell.

Potter, P.A. & Perry A.G. (2005). *Buku ajar fundamental keperawatan: konsep, proses, dan praktik*. Ed. 4. Vol. 2. Jakarta: EGC.

Prasetyono, D.S. (2009). *Buku pintar asi eksklusif*. Jogjakarta: Diva Press.

Riset Kesehatan Dasar (RISKESDAS). (2013). Badan penelitian dan pengembangan kesehatan kementerian kesehatan RI. Jakarta.

Rimon, F.O. & Shinwell, S.E. (2006). *Breastfeeding twins and high multiples. Journal Arch Dis Child Fetal Neonatal*, 91, 377-380.

Saryono. (2008). *Metodologi penelitian kesehatan*. Yogyakarta: Mitra Cendikia.

Simkin, P. (2007). *Kehamilan, melahirkan & bayi: panduan lengkap*. Jakarta: Arcan.

Smeltzer, Suzanne C & Bare, Brenda G. (2001). *Buku ajar keperawatan medical-bedah Brunner & Suddarth*.Ed. 8. Jakarta: EGC.

Soetjiningsih. (1997). ASI : Petunjuk untuk tenaga kesehatan. Jakarta: EGC.

Sofian, A. (2011). *Rustam mochtar sinopsis obstetri: obstetri operatif, obstetric sosial*. Ed. 3. Jakarta: EGC.

Sudoyo, A. W. (2007). *Ilmu penyakit dalam*. Jilid II. Jakarta: Departemen Ilmu Penyalit Dalam Fakultas Kedokteran Universitas Indonesia.