ORIGINAL ARTICLE

Effectiveness of the Caring-Based Health Education Program for Primipara who experienced an Emergency Cesarean Section in a Government Hospital

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ABTRACT

Background The utilization of Continuum of care (CoC) is problematic in Indonesia. The inconsistency of CoC and the referral turning did not work make it difficult to measure the quality of care after EmCS. CbHEP is a package service care with caring action during in hospital and CoC through home visit on 1st, 2nd and 6th week after delivery.
Aim: To reduce the pain, depression and increase the breastfeeding self-efficacy.
Method used one group quasi-experiment and time series posttest-only design, with 50 participants during three months. The inclusion criteria of the participants must be a primiparous, have had EmCS, vital signs are stable after EmCS, can speak and read well in Bahasa and participants must be residents in Maumere district, Nusa Tenggara Timur, Indonesia.
Result indicates the maternal age for adolescent mothers (<25 yo) are 56% and adult mothers (≥26 yo) are 44%. The mean of the depression and pain for young and adult mothers decreased over time and per succeeding home visit, and for the level of breastfeeding self-efficacy increase. The level of depression (P-value 0.000) and pain (P-value 0.000) were significantly decreased on the 3rd day in the hospital, 1st, 2nd and 6th week's home visit. The breastfeeding self-efficacy is significantly increased (P-value 0.000). The maternal age is not significant to the level of depression, and breastfeeding self-efficacy (P-value> 0.05).
Conclusion the implementation of the CbHEP is an effective program for CoC, and recommends using the referral turning system from hospital to Community Health Centre (PUSKESMAS). The program must be continued after discharge with home visits on the first, second and sixth weeks after giving birth in collaboration with the community health nurses.
Keywords: CbHEP, Pain, depression, breastfeeding self-efficacy, home visit

INTRODUCTION

The problems during childbirth process can greatly affect the health and wellbeing of both mother and baby. In fact, prevalence of health problems increased in mothers who had experienced cesarean section (CS) whether elective or Emergency Cesarean Section (EmCS). EmCS delivery was associated with the highest mortality and more severe maternal morbidity rates (Armson, 2007). Thus, a more focused care for mothers experiencing EmCS is necessary.

Providing maternal and child health care, through the implementation of Continuum of Care (CoC), is an important key program to decrease maternal and infant rates. Continuity is described and applied in different ways, resulting in fragmentation of care particularly transitioning from one professional service to another. The utilization of CoC is problematic in Indonesia, despite the availability of these services; inconsistency of provision of maternal care services is lacking most especially when patients are referred from hospital to community health centers (PUSKESMAS). The inconsistency of CoC and the fragmentation of health services make it difficult to measure the quality of care after EmCS or elective cesarean section (Graham & Varghese, 2012).

The Indonesian National Health Development Program is based on a primary health care concept. The community health center is the basic health care facility, supported by hospitals and other community-based health care facilities (PUSKESMAS) (MoH, 2011). Providing maternal & child health care through the CoC is a provision of basic health services to improve the well-being of mother and infant. The continuum of care completion rate in Indonesia is low for postnatal care (70%-86%) in 2007 and 2016 respectively. According to Ministry of Health (MoH) (2016) the low rate postpartum mothers in Indonesia who had visit the public health or hospitals under 60%. The islands are Nusa Tenggara Timur (NTT) 59(20%); West Papua (48,11%) and Papua 30(46%).

Probandari (2017) studied that the utilization of postnatal care at village level in Klaten district, central Java Province, Indonesia. And intervention was initiated because of the postnatal service utilization is low among postpartum mothers to visit their PUSKESMAS. Another study by Titaley et al. (2010) found in West Java province the main reason why women do not attend to postnatal care services after discharge from hospital was financial difficulty. This emerged as the major issue, and is related to the cost of health services, transportation costs, or both. Due to lack of community awareness, mothers' perceived health services to be necessary only if obstetric complications occur. However, health care workers fail to assess and evaluate the continuity of care because the mothers fail to visit their health centers. Based on the qualitative study, most mothers lack knowledge, awareness, and practice related to postnatal care, information and education about postnatal care (Probandari et al, 2017). Knowledge is increasing with traditional method and educational booklet (Wagner & Washington, 2016). The implementation in this study used traditional method of teaching than those attending the class. In this study give intervention early mobilization and early

breastfeeding started on six until twelve hour after EMCS, and management stress used traditional teaching and booklet.

Considering this the researcher would like to enhance the implementation of CoC program in through a Caring-based Health Education Program (CbHEP) for mothers who underwent EmCS, three days in hospital and continue of care during home visits during one, two and six weeks postnatal after birth in order to empower mothers for readiness to safe motherhood.

METHODOLOGY

This study will be conducted in a Regional Public hospital in Maumere district, NTT. This study will be performed for three months from June until August, 2018. The primipara who experienced EmCS, at Tc. Hillers Hospital, a Regional Public Hospital in district Maumere, NTT, Indonesia was identify as the participants of the study. The CbHEP initiated early ambulation and breastfeeding as early as 6-12 hours after EmCS at the hospital during three days. Thus, the researcher considered 50 participants based on Lwanga & Lemeshow theory (1991)

The CbHEP as an intervention was implementing by hospital and community (PUSKESMAS) nurses and midwife. The researcher trained the implementers so that same implementation of the intervention was provided among the mother-participants. Then CoC is continued for three times through home visit. This home visit will happen on the first, second and six weeks after delivery.

This study implementation research used one group quasi-experiment and time series posttest only design (Cook & Campbell, 1979).

This study utilized three research instruments to determine and measure the postpartum depression, pain and self-efficacy breastfeeding. The instrument for postpartum depression used the Edinburg Postpartum Depression Scale (EPDS). Numerical Rating Scale (NRS) to measure the characteristic pain, after the intervention program. Breastfeeding Self-efficacy Scale Short Form (BSES-SF) assessed the mother's perception of her ability to breastfeed**.**

Data analysis: The descriptive statistics were used to know the distribution, frequency, and percentage of the profiles age, level of the depression, level of pain and level of the breastfeeding self-efficacy. For the comparisons of the four scores (three days, one, two and six weeks) when the participants are grouped according to the age as a profile variable, the researcher utilized t-test.

RESULT AND DISCUSSION

The Participant's Profile: Table 1 shows of the participant's age on frequency and percentage distribution in terms % age. The participants' age subdivided into young (<25 years) and middle adulthood groups (≥26) based from the Ministry of Health (2012). The data reveal, the ages for adolescent mothers are 28 (56%) and adult mothers are 22 (44%). The mean age of the participant is 26.09. The data imply that there are more adolescent mothers than adult mothers participants.

Table 2 represents the mean score level of postpartum depression. It revealed that mothers on their 3rd day-7 days post-EmCS experienced baby blues as revealed in the mean scores 7.6. The result is supported by WHO (2009) which stressed that 50-80% primipara mothers normally experienced baby blues. However, after home visits, the mean scores of depression decreased until 6th weeks. The data is supported by the qualitative interpretation by Paul et al. (2013) that EPDS with score 0 to 7 indicates low probability depression. The study shows the highest difference mean between 3rd day in the hospital and 1st week home visit is 2.5. Mothers had baby blues due to post-operative pain, but as pain decreases, the feeling of depression becomes low as well. The acute pain played a role in the development of depression; hence, persistent pain is associated with depression after childbirth. Severe acute postpartum pain can cause three-fold increased risk of postpartum depression (Eisenach et al., 2008).

The mean score on the level of pain during the implementation program. A mean score of 5.00 indicates that the participants' experienced moderate pain on the 3rd day in hospital during the post-EmCS. However there is a descending level in pain as the implementation program progressed, in the first home visit, the level of pain decreased to mean 2.7, second week home visit also decreased to mean 1 and the last home visit level of pain the mean was 0.4. Pain is a major factor for the mothers' progressing to depression after EmCS. In this study the participants initiated early ambulation which started on the six until twelve hours after EmCS. The result of the study is supported by the previous study of Chin (2012) that showed pain dimensions were observed & reported at 24 to 48 hours post EmCS which means that the pain score was 2.75 and at 6 weeks 1.1. This study also supported the notion that early ambulation is effective to reduce the pain after EmCS. Ambulation makes the muscle mass strong for daily living activity, redevelop wound healing and increased sense of well-being (Suvarna and Salunkhe, 2014 and Harmanjyot; Sukhjit; Sikka, 2015). Early ambulation within 2 days post EmCS significantly influenced a decrease on the post-EmCS pain and decreased the possibility of experiencing depression after emergency CS. If the level of pain is decreased, the mothers can provide newborn care effectively (Karakaya, 2012). The result of the study run appropriate about what Daniel (2014) argued that persistent pain is significant with postpartum depression and anxiety for mother who had undergone cesarean section.

The level of breastfeeding self-efficacy of the participants. Findings showed an increasing trend that on the third day in the hospital the mean score 46.5, on the first home visit is 56.7, second week home visit is 60.6 and the final home visit on the sixth week after delivery is 64.6. This means that the levels of breastfeeding efficacy of mothers were accelerating increasing as revealed by the increasing mean scores. In Nanishi et al. Study (2015), it revealed the BSES scores of 34 to 70 which implied potentially exclusive breastfeeding. In this study, the level of breastfeeding self-efficacy of the mothers' has improved initially during hospitalization and continued to increase during the home visits.

Basing the result in table 2, it could be seen that the increase of the scale of breastfeeding self-efficacy is inversely proportional to the scale of pain. As, the scale pain decreased, the level of breastfeeding self-efficacy increases. The result of this study is supported by Karlström, et al. (2007) that the mothers having a low intensity of postoperative pain have affected positively breastfeeding and infant care. Furthermore, cesarean sectioned mothers need more help in terms of education and support, especially in the positioning of an infant on their breast. Besides, Sakkaky, Khairkhah, and Hosseini, (2010) emphasized that using a home visit program could be an effective approach to promote exclusive breastfeeding in the neonatal period. Therefore, breastfeeding education at home environment and helping cesarean sectioned mothers after discharge is an effective strategy in promoting exclusive breastfeeding and prevention of unfavorable outcome result from early onset of supplementary food.

Table 3 specifies the significant difference in the level of mean rank on the degree of depression, pain and breastfeeding self-efficacy, on the third day in the hospital, 1st, 2nd and 6th weeks in one group. First is the difference in the degree of depression after the implementation of the program. The mean rank on the 3rd day in the hospital is 3.06, 1st week is 2.50, 2nd week is 2.38 and 6th week is 2.06. The results showed a P value of 0.00. Accordingly, the null hypothesis, at 0.05 level of the significance, is rejected which means that the level of depression significantly decreased on day third in the hospital and the succeeding home visits. The findings of this study are supported by Milani et al. (2017) which emphasized that home visits are done in the 1st week after delivery had significant effects on mothers' coping mechanism during the transition period of pregnancy and delivery. Problems related to mother and infant can happen in the first 10 days after delivery. Health education & counseling during home visits positively influence the post-partum stage and promotes the quality of life for both mothers and infants. The home visit is an effective approach, to detect and manage postpartum depression.

In a study by Segre et al. (2015) showed that listening visits (LV) conducted in the home-visit program of nurses is effective, accessible and acceptable to detect first-line depression so that early detection and treatment can be done for at-risk women during the postpartum stage. Accordingly, Eberhard-Gran et al. (2010) emphasized other factors that influenced depression on postpartum period were due to cultural customs and beliefs on have special postnatal care, including a special diet, isolation, rest, and assistance for the mother.

In Maumere culture, Nusa Tenggara Timur (NTT) have culture isolation for mother and baby, they are not allowed to go outside until forty days after giving birth. Postpartum depression is commonly managed at home and family rarely seeks hospitalization, when home visits are conducted on the first, second and sixth week after birth, nurses are able to do early detection and perform EPDS to test for depression and give necessary management & treatment. During the implementation CbHEP did not find mothers who need medical therapy for their psychologies'.

Home visits were effective interventions to decrease postpartum depression. The first reason is a common mental health problem experienced by a mother after giving birth and by home visits are appropriate ways to improve social support such as cadre and family. The postpartum period is a critical time for primipara who experiences many stressful events during childbirth and it may increase the progress of psychological problems. Postpartum depression (PPD) is an important public health problem, having a significant impact on the mother at the early stage of the postpartum period through home visits and conduct PPD tests using EPDS score could immediately identify problems and set guidelines for the management of the needs.

On the significant difference on the degree of pain after implementation of the home visit program the mean score was 3.68 on day 3rd in the hospital and significantly decreasing mean on the 1st week 2.32, 2nd week was 2.04 and the mean on 6th week home visit was 1.96. The P value of 0.000 was obtained to check for the significant difference. Accordingly, the null hypothesis, at 0.005 level of significance, is rejected which means that the level of pain has significantly decreased on day third in the hospital and during the succeeding home visits.

The findings of the study are supported by Chin (2012) that showed pain was reported that lasted for 24 to 48 hours. The pain score was 2.75 and at sixth weeks was only 1.10. The implementation of CbHEP initiated early ambulation as early as 6-12 hours after EmCS at the hospital. The data reveal that the effects of the implementation influenced the decrease of pain. As noted in the findings of the study by Kaur (2015) and Karakaya (2012), it revealed that early ambulation usually starts six hours within 2 days after delivery and is expected to decrease pain and the occurrence of complication problems; hence, the mothers can improve the care of the newborn. The second week until the sixth week home visits found that the level of pain was significantly low. The level of pain scale which is below four is considered a mild pain based on the numerical rating scale (NRS). In this study, NRS was used to measure the characteristic of pain after cesarean section and after ambulation in the implementation program.

Home visit on the first week still found that mothers consumed pain analgesics (mefenamic acid) without assessment first on the pain scale. Consumed oral analgesic is allowed when rating scale of pain is 6-7 (Gerbershagen et al. 2013) and the other effect should be monitored like suckling infants (Spigset & Hägg, 2000). Recommendation for health care to identify postnatal women who need the analgesic requires the use of pain assessment scale assessment during hospitalization. Giving mothers better health education and support to manage their pain at home (Wong & Zaidi, 2017) was also strongly recommended. Further, Dube, Kshirsagar, Durgawale (2013) contended there is a positive effect of planned early ambulation on the continuation of activities after post-cesarean section. The mobilization goals after cesarean delivery should be discussed during the preoperative patient education more effectively (Unyime & Habib, 2018).

On the significant difference on the degree of breastfeeding self-efficacy after implementation of the program, the mean rank on day 3rd in the hospital is 2.12, 1st week is 2.60, 2nd week is 2.64 and 6th week is 2.64 the P value is 0.000 which means that the null hypothesis, at 0.005 level of significance, is rejected. It further means that the level of breastfeeding self-efficacy is significantly increased on the third day in the hospital and in the succeeding per home visits. The results of the study on breastfeeding self-efficacy are supported with a previous study by Aksu, Küçük & Düzgün (2011) which supported that breastfeeding education and support during the home visit on 3rd day postpartum significantly increased exclusive breastfeeding on second and sixth weeks postpartum. Babies who had delivery by cesarean section had needed breastfeeding support as demonstrated by anterior tongue movement on day three postpartum. To achieve the successful initiation of lactation Sakalidis et al. (2013) contends that breastfeeding education on the 3rd day postpartum should be initiated. The other study by Leahy- Warren, McCarthy & Corcoran (2012) emphasized that nurses should be aware of social support, particularly from family and friends in positively enhancing primiparas' maternal parental self-efficacy. Implementation in this study to increase breastfeeding self-efficacy of mothers while breastfeeding their babies started six to twelve weeks after cesarean with skin to skin contact before breastfeeding activities. Even if babies had been given milk formula, mothers decided to continue breastfeeding again after nurses' home visit on first and second weeks. There were three mothers or 0.06% who decided to use milk formula because they need to work, continue their studies and those who do not receive family support. The study is supported by Aghdas et al. (2014) which emphasized mother who had support in skin-to-skin contact, breastfeeding self-efficacy was 5.42 ± 8.57 SD as compared to 49.85 ± 5.50 SD in routine care group which is significantly higher in skin-to-skin contact group (p=0.0003). The implementations achieve the breastfeeding self-efficacy started with skin-to-skin contact and early breastfeeding six-twelve hours after cesarean procedure.

The individualized nursing intervention with the championship mothers could be increased self-efficacy in breastfeeding (Blyth et al., 2002 & Dennis, 2003 & McQueen et al., 2011). In this study, supporting each mother and providing necessary information on proper breastfeeding technique, let mother and baby learning while breastfeeding activity. Later, frequent practice will increase self-efficacy of mothers to sustain mothering through breastfeeding at second week after delivery.

Table 4 specifies the difference on the mean scores between age and the level of depression after implementation of the CbHEP, which resulted in more than P value of 0.05. Accordingly, the null hypothesis, at 0.05 level of the significance, is accepted; which means that maternal age is not significant to the level of depression. The result showed that the mean of the depression for young and adult mothers decreased over time on the third day in the hospital and per visit homes indicating the effectiveness of the CbHEP. This study confirms the effectiveness of home visits by nurses for postnatal care that has been redesigned to identify and manage individual needs using the EPDS tool. The postpartum home visit program had a positive effect 40 days after assessing the mothers' health status, especially on postpartum depression, pain and breastfeeding problems. The findings are supported by previous studies of Women's Health Weekly (2011) and Nunes & Phipps (2013) that revealed mean scores of the maternal age was not significant with the level of depression. This is appropriate another study that not consist of Kohli & Kohli (2014) and Edhborg (2011) that emphasized that the age of mothers had a significant impact only on the knowledge of postnatal depression for postnatal mothers.

Table 5 specifies the difference on the mean score of the age and the level of breastfeeding self-efficacy after implementation CbHEP. The mean scores revealed no significant difference which means that the null hypothesis is accepted. Findings revealed that maternal age is not significantly different with the level of breastfeeding self-efficacy. The results showed that the mean scores of the breastfeeding self-efficacy for young and adult mothers increased gradually over time with learning from the third day in the hospital and per visit homes. The results implied that the implementation of the CbHEP is effective for breastfeeding self-efficacy regardless of maternal age. The participants of the study perceived their self-efficacy to increase while in the hospital, increasing more on the first week home visit. Nursing intervention in the program is companionship with the mother to increase self-efficacy in breastfeeding (Blyth et al., 2002 & Dennis, 2003). Providing support with adequate information and direct practice on how to breastfeed correctly, make mothers more confident.

The study is supported by McCarter-Spaulding (2017); Samuel, E. L. (2011); and Nursan et al. (2014) which emphasized that maternal age is not significantly different with breastfeeding self-efficacy and initiation. Breastfeeding education is the first step to achieve breastfeeding self-efficacy and breastfeeding duration (Chan, 2014). The higher level of breastfeeding self-efficacy for adolescent mothers was associated with the following variables like having support by mother or mother-in-law after delivery (p=0.0083), breastfeeding in the first part of life (p=0.0244) and exclusive breastfeeding (p=0.0148) (Guimarães et al., 2017).

Table 1: Frequency and Percentage Distribution of the Participants in Terms of their Age

Age	Qualitative Interpretation	Frequency	%age	Mean
<25 yrs	Young Mother	28	56	26.09
≥26 yrs	Adult Mother	22	44	
Total		50	100	26.09

Table 2: Mean Score on the Level of Depression, Pain and Breastfeeding Self-efficacy

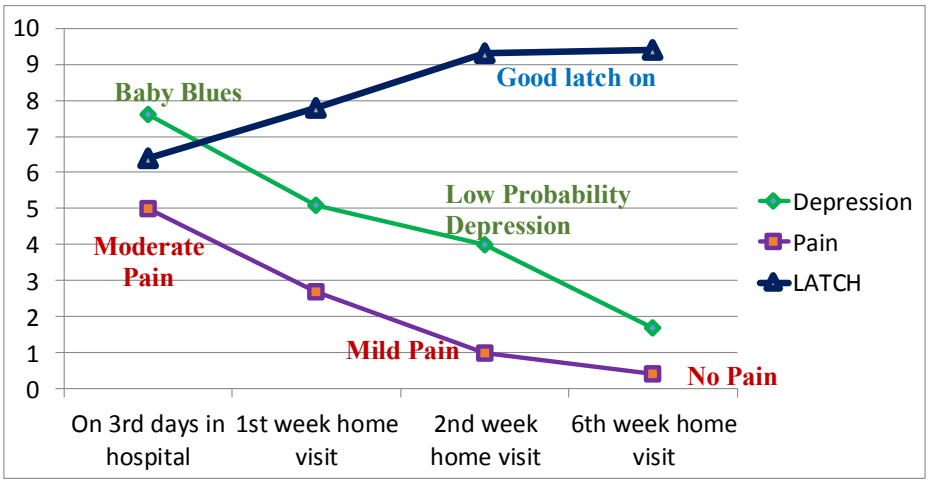

Table 3: Test for Significant Difference in the Level of Depression, Pain and Breastfeeding Self-efficacy after Implementation of the Caring based Health Education Program

Level	Mean Rank				P-value	Remarks
	3rd day in Hospital	1st week	2nd weeks	6th weeks		
Depression	3.06	2.50	2.38	2.06	0.000	Significant
Pain	3.68	2.32	2.04	1.96	0.000	Significant
Breastfeeding self-efficacy	2.12	2.60	2.64	2.64	0.000	Significant

Table 4: Test for Significant Difference in the Extent of Implementation with Respect to the Parameters on the Third Days, One, Second and Six Weeks after the Extent Implementation When Grouped according to Age and Depression

Extent of Implementation	Age	Mean	S.D	t-test	P value	Remarks
Day 3rd in hospital	Young mother < 25	7.17	2.348	-0.995	0.325	Not significant
	Adult mother≥ 26	7.81	2.202			
1st week home visit	Young mother < 25	5.09	2.795	-0.84	0.934	
	Adult mother ≥ 26	5.15	2.381			
2nd week home visit	Young mother < 25	3.87	2.599	-0.436	0.665	
	Adult mother ≥ 26	4.19	2.512			
6th week home visit	Young mother < 25	1.87	1.842	0.632	0.531	
	Adult mother ≥ 26	1.56	1.672			

Table 5: Test for Significant Difference in the Extent of Implementation with respect to the Parameters on the Third Days, One, Second and Six Weeks after the Extent Implementation When Grouped according to Age and Breastfeeding Self-efficacy

Extent of Implementation	Age	Mean	S.D	t-test	P value	Remarks
Day 3rd in hospital	Young mother < 25	50.22	16.517	1.483	0.145	Not Significant
	Adult mother ≥ 26	43.26	16.543			
1st week home visit	Young mother < 25	58.43	8.559	1.038	0.304	
	Adult mother ≥ 26	54.89	14.332			
2nd week home visit	Young mother < 25	64.00	7.224	1.885	0.065	
	Adult mother ≥ 26	57.74	14.442			
6th week home visit	Young mother < 25	68.00	4.306	2.008	0.050	
	Adult mother ≥ 26	61.74	14.392			

CONCLUSSION

Based on the findings of the study, the following conclusion were drawn: generally, the implementation of the CbHEP through early ambulation on 6-12 hours, early breastfeeding and management stress used traditional teaching and booklet in hospital that enhance the CoC with three times home visiting on the 1st, 2nd and 6th weeks after EmCS is an effective program in improving level of breastfeeding self-efficacy, and decreasing the level depression and pain. The level of the depression, pain decrease and breastfeeding self-efficacy increase regardless maternal age on the 3rd day in hospital, 1st , 2nd and 6th week home visit.

Recommendation: The following are the recommendation from this study the CbHEP for Primipara in TC. Hillers, Maumere, NTT, Indonesia is an effective health education strategy. Based on findings the following are hereby recommended: Early ambulation at 6-12 hours after EmCS must be initiated; early breastfeeding should be facilitated immediately after delivery and management of stress. The program must be continued after discharge with home

visits on the first, second and sixth weeks after giving birth in collaboration with the community health nurses.

Using the referral turning system which is an active referral turning system of primiparas from hospital to PUSKESMAS, mothers can access to PUSKESMAS not just to follow up physical problems after CS, but as well as mothers and baby's physiologic adjustment.

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