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THE BREASTFEEDING EXPERIENCES OF MOTHERS WITH HISTORY OF INFECTED WITH COVID-19: A QUALITATIVE STUDY

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Abstract

Background: Postpartum mothers are the vulnerable population when exposure by the COVID-19. Transmission of the COVID-19 can cause a change in the breastfeeding process and has an impact on the mother's psychology. However, little documented experience of breastfeed of mothers who are infected with COVID-19 in Indonesia.

Objectives: The aim of study was to explore the experience of breastfeeding of mothers who have a history of being infected with COVID-19

Methods: A qualitative method with a phenomenological approach was used in this study. A total of 12 postpartum mothers who were history infected with COVID-19. Participants were recruited by purposive sampling. Data collection, in Lebak, Banten Province from April to May 2022, was performed by in-depth interviews, assisted by interview guidelines, recording devices, note-taking equipment, and field notes. The data were analyzed by the Colaizzi method

Results: The result of this study are the feelings of breastfeeding mothers when infected with COVID-19 consists of two sub-themes: (1) feelings sadness, (2) feelings fear. The breastfeeding experience of mothers infected with COVID-19 there are 4 sub-themes: (1) how to provide nutrition to babies, (2) the frequency of breastfeeding babies, (3) health protocols carried out by mothers, (4) sources of information related to breastfeeding that mother got. The support person during difficult times obtained several sub-themes: (1) support from husbands, (2) support from parents, (3) support from in-laws (4) support from family, (5) support from friends or relatives, (6) support from neighbors, (7) support from health workers.

Conclusion: COVID-19 infection tends to impact to psychological aspect among breastfeeding mothers. Support from significant persons, relative and health workers needed for successful breastfeeding during and after being infected with COVID-19.

Keywords: *Breastfeeding experience, COVID-19, Postpartum Mothers, Social Support*

INTRODUCTION

Pandemic Coronavirus Disease-2019 (COVID-19) has been launched since 2020 becoming a wild global concern. COVID-19 can be transmission all groups of people, including women during pregnancy, labor and breastfeeding. According to the Indonesian

Obstetrics and Gynecology Association (POGI), the number of confirmed cases of COVID-19 in pregnant women from April 2020 to April 2021 was 536 cases. Based on this number, 9.5% were asymptomatic, 4.5% required intensive care, and 3% died (Kominfo, 2021).

Transmission of COVID-19 that occurs in mothers particularly during pregnant period, labor and breastfeeding have a negative impact on mother and baby. Pregnant women who are infected with COVID-19 and have comorbidities are at risk of complications to the mother and fetus, premature delivery and maternal and fetal death (Pandamasari, 2021). Meanwhile, breastfeeding mothers who are infected with COVID-19 will have an impact on the mother's psychological condition. Mothers will be worried while breastfeed their babies. Mothers also tend to feel sad because of decreasing in physical contact with the baby when breastfeeding. Furthermore, mothers who have symptoms or are seriously illness when infected with COVID-19 will experience breastfeeding difficulties and the perception of inadequate milk production (Aşçı et al., 2021).

World Health Organization (WHO) states that until year 2020 there has been no research that proves the transmission of COVID-19 can occur vertically between mother and baby through breast milk. Therefore, WHO recommends and encourages mothers suspected of or infected with COVID-19 to continue breastfeeding with due regard to appropriate transmission control measures. However, if the mother's condition is too weak and has other complications, and it is not possible to breastfeed directly, breastfeeding can be done by expressing breast milk or donor human milk (WHO, 2020).

A study in China conducted by Luo et al., (2021) with a sample of 23 pregnant women, 14 were confirmed to be infected with COVID 19 and 9 were suspected to be infected with COVID-19. The results of this study indicate that no infants were detected positive for COVID-19. All breast milk samples showed negative results, which means that the COVID-19 virus was not detected in breast milk. Then, as many as 16 mothers (69.6%) namely 11 confirmed mothers and 5 suspected mothers underwent a second follow-up assessment. The result is that nine mothers (56.25%) gave exclusive breastfeeding, while the other seven mothers (43.75%) gave complete formula milk for their babies. The breastfeeding rate for confirmed mothers was 63.6% and suspected was 40%. In this study all infants were in good health and antibody tests for COVID-19 were negative.

The infection of breastfeeding mothers by the COVID-19 virus also has an impact on the mother's psychology. Psychological impacts

that can arise are feelings of sadness, anxiety, and worry. This is because mothers are afraid of transmitting the virus to their babies if they must breastfeed. However, on the other hand, mothers also feel sad because they must give breast milk with limited contact. Therefore, support or support from the surrounding environment such as husband, family, and health workers are one of the factors needed by mothers in giving breast milk to their babies.

Breastfeeding mothers who are infected with COVID-19 need more support or support from the surrounding environment, either moral, spiritual, and material support so that mothers are motivated to continue giving exclusive breastfeeding to their babies regardless of the health status experienced by the mother. This is because breastfeeding can provide protection for babies and mothers from various diseases. So that breastfeeding can improve the health and well-being of babies, mothers, and families.

Knowledge about breastfeeding experiences from mothers who have a history of being infected with COVID-19 is important for nurse, midwives, medical doctors, and others. Then, exploring how mothers breastfeed their babies and the support person when breastfeeding mothers are infected with COVID-19 are key for successful breastfeeding. Meanwhile, a study about how breastfeeding mothers face COVID-19 is still limited in Indonesia, Researchers are interested in studying the breastfeeding experience of mothers who have a history of being infected with COVID-19.

Objective(s): The aims of study was to explore the experience of breastfeeding of mothers who have a history of being infected with COVID-19.

METHODS

Study Design

This study used a qualitative method with a phenomenological approach

Setting

This study site was conducted in Lebak, Banten Province, Indonesia during April to May 2022.

Research Subject

Participants were recruited by a purposive sampling technique with a total sample of 12 mothers who had a history of being infected with COVID-19 as key informants and 2 health

workers who had experience of care and treating COVID-19 patients as supporting informants.

Inclusion criteria including mothers who were giving birth and breastfeeding, mothers exposure to COVID-19 and were hospitalized, able to communicate in Bahasa Indonesia and agree to participated in this study. While exclusion criteria were mothers who were getting worst of complication.

Data Collection

In-depth interviews, recording equipment, note-taking equipment and field notes were performed to collect data.

Researchers conducted interviews within 3 meetings with informants. In the first meeting, the researcher explained the purpose and objectives of the research and if informant agreed signed informed consent and contract time for the next meeting. In the second meeting, the researcher will conduct in-depth interviews which will last 45-60 minutes. The third meeting, the researcher conducted member checking from the results of the interviews. When conducting interviews, researchers paid attention to the process of conducting interviews, such as paying attention to appearance, introducing themselves first, and explaining the purpose and objectives of the activities briefly and clearly.

Data Analysis

The data obtained were analyzed by the Colaizzi method. The nine steps were done. Describe or describe the phenomenon to be studied, collecting data obtained through in-depth interviews and making transcripts of interview results, read the entire transcript repeatedly, determine the significance of all informant statements, describe the meaning of the meaningful statement, organizing data and grouping into a theme, write the overall results in the data analysis process in a complete descriptive, return to the informant to validate the data from the description that has been made (member checking) and the last is re-analyze additional data obtained during validation.

Trustworthiness

In this study, after the researcher collected the data, the researcher then made a transcript of the interview data. In addition, researchers also conduct member checking, namely the process of checking by informants (subjects)

data/information, interpretations and reports on research results that have been made by researchers. If the informant (subject) agrees with everything that has been reported by the researcher, then the research results are considered credible. In conducting member checking, the researcher returns to the field and confirms or clarifies the data previously obtained by asking the informant again.

Ethical Consideration

Ethical clearance approval was obtained from the Ethical Commission of the University with the letter number: Un.01/F.10/KP.01.1/KE.SP/04.08.028/2022.

RESULTS

The study participants ranged in age from 21 to 43 years old. The characteristics of Participants listed below.

Tabel 1. Characteristics of Participants in Lebak, Banten Province, Indonesia during April to May 2022

C o d e	Age (year)	Worki ng status	Educ ation level	Relig ion	Eth nic	Pa rity	Bab y's age (month)
P 1	23	House wife	Junio r school	Islam	Sund anese	1	1
P 2	27	House wife	Elem entary school	Islam	Sund anese	2	1
P 3	35	Nurse	Assoc iate degree	Islam	Sund anese	3	1
P 4	28	House wife	Junio r school	Islam	Sund anese	2	4
P 5	42	House wife	Junio r school	Islam	Sund anese	3	1
P 6	41	House wife	High school	Islam	Sund anese	3	1
P 7	27	Pharma cist	Bach elor	Islam	Sund anese	2	3

P8	32	House wife	Bachelor	Islam	Sundanese	3	5
P9	29	House wife	Junior school	Islam	Sundanese	2	1
P10	39	House wife	Elementary School	Islam	Sundanese	5	1
P11	34	House wife	High school	Islam	Sundanese	3	1
P12	21	House wife	High School	Islam	Sundanese	1	1

Source: Primary Data, 2022

Based on the data analysis that has been done, three themes were found in this study. In Table 1. Shows the themes, sub-themes, and categories obtained from data analysis and quotes from informants.

Mother's Psychology Status

Subtheme 1: Sad Feelings

All informants in this study expressed feelings of sadness when they found out they were infected with COVID-19. The feelings of sadness experienced by the informant were caused by several things, including sadness because they did not meet the baby after giving birth, could not breastfeed the baby, there was a decrease in contact and interaction with the baby and there was no one to accompany the delivery process.

"What's really sad is that when we were born, we didn't meet our baby right away, that's really sad (while tearing up)". (P2)

"It's really sad, especially when you're just born, you don't breastfeed Grandpa even though you have breast milk (smiles sadly). Don't sleep, you're apart from mama. It's really sad". (P12)

Two supporting informants in this study also revealed that pregnant and breastfeeding mothers infected with COVID-19 felt sad because they wanted to meet their babies.

"Some are crying and venting, ma'am, I want to meet my child. Most of the patients are sad because they can't meet their baby". (P_a)

Subtheme 2: Feelings of Fear

Almost all of the informants in this study expressed their feelings of fear when they found out they were infected with COVID-19. This is because the COVID-19 virus is easy to spread and there have been many cases of this virus so that mothers are afraid of bad things happening to them, such as fear of death or fear of getting worse and afraid of the virus infecting their babies.

"I'm afraid to die (laughs)". (P1)

"Afraid of why the baby will hit, the main thing is that I have mixed feelings". (P5)

Current Nutrition Experience Infected with COVID-19

Subtheme 1 How to Give Nutrition to Babies

The way of giving nutrition to babies varies for each informant. Five informants gave breast milk directly, five informants gave formula milk, and two others gave indirect milk (pumped).

"... when I was at home, I was initially afraid to give breast milk directly. I was thinking whether to try again using formula, do not breastfeed first. But when he tried it, he did not want to cry with bottled milk, so in the end, bismillah, he just had to be fed. Because it is too bad, he does not want to suck". (P4)

According to health workers who have experience caring for patients in childbirth and breastfeeding mothers who are infected with COVID-19, it is stated that the provision of nutrition to infants is with ASIP or formula milk.

"If you want breast milk, the mother can keep it but by pumping. And even then, with certain conditions, such as having to follow the recommended health protocols". (P_a)

Subtheme 2 Frequency of Breastfeeding in Babies

When infected with COVID-19, several informants revealed breastfeeding a change in the frequency of in infants, becoming namely less. However, most of the informants revealed that they did not experience a change in the frequency of breastfeeding when they were infected with COVID-19.

"it's the same thing, both of them often don't count how many times it's just breastfeeding the old man, especially at night". (P11)

Sub. Theme 3 Health Protocol by Mother

Breastfeeding when the mother is infected with COVID-19 must be followed by the application of appropriate health protocols in accordance with the guidelines issued by WHO and the Ministry of Health. All informants in this study, both direct breastfeeding and breastfeeding have implemented health protocols that are in accordance with the guidelines.

"It is very clear that the health protocol is strict. Every time I want to breastfeed, Dede always changes his mask, washes his hands, then changes his clothes if he wants to breastfeed or wears a cloth. Then I bought this, too, which is a spray that is used to clean things that are often handled". (P6)

"The health protocol is like wearing a mask when you want to pump breast milk, then cleaning the equipment, what is the name, sterilize it first with the tool, okay? Continue to sneeze at your breasts (pointing at your breasts), and wash your hands. That's all". (P8)

Subtheme 4 Source Information Related to Breastfeeding obtained by Mother

Almost all of the informants in the study searched for information related to breastfeeding through health workers. In addition to health workers, some informants also obtained information through internet searches and friends who had similar experiences.

"at that time, I asked the midwife who I used to control, said the midwife can't breastfeed if she still has a cold, she still has a cold". (P12)

"When I found out it was positive, I searched on Google or not, breastfeeding can be done. But on the other hand, I also believe and leave everything to Allah, we can be sure that our child will not be okay...". (P6)

The support that Mother received when Infected with COVID-19

Subtheme 1 Support from Husband

All informants in this study received support from their husbands in the form of emotional support, fulfilling the needs of

informants and replacing the role of the informant as a mother for the children.

"Children who are still in school are also taken care of by their husbands, replacing my duties". (P6)

"... If the husband is rich, he helps me take care of all my needs. For example, it is rich in medicines, vitamins, all kinds of things. My husband likes to ask me what I need (smile expression)". (P3)

Subtheme 2 Support from Parents and In-laws

The form of support from parents and in-laws obtained by the informant is to look after and care for the baby. This is because the informant should not be too close to the baby when it is infected.

"Continue to help take care of Grandpa. Plus, my stomach still hurts, right after the surgery, so while I was sick, it was my family (in-law) who helped me take care of my child". (P1)

Subtheme 3 Support from Family

Some informants received support from their families in the form of emotional support, although only through online communication.

"Many, from family, even though they are far away, they are always encouraging, being entertained". (P7)

Subtheme 4 Support from Friend

Some informants received support from friends in the form of emotional, tangible support (sending food), as well as informational support.

"So yeah, that's just the four people in the room. Then we also help each other in that room, strengthen each other too. Anyway, we are in that room cheering each other on ...". (P1)

"...because I'm in isolation right, thanks God someone sent me food that's what we call Adjidarmo's (hospital member) extended family friends (laughs)". (P3)

Subtheme 5 Support from Neighbor

Neighbor become one of the support systems for informants when infected with COVID-19. The form of support given by neighbors is by sending food to informants.

"*Alhamdulillah (thanks God), there are lots of food deliveries from neighbors*". (P8)

Subtheme 6 Support from Health Workers

The support provided by health workers to mothers infected with COVID-19 is information support related to things that can help the healing process.

"*The midwife also likes to give advice, she says, drink lots of water, eat oranges, that's the main thing with vitamin C*". (P5)

Support from health workers as expressed by supporting informants in this study is to provide informational, instrumental, and emotional support.

"*We give support, it's like we feed the mother, we give medicine*". (P_a)

"*Give encouragement, let's mom quickly drink the medicine so that you get healthy quickly, eat the rice so you can go home quickly*". (P_a)

DISCUSSION

Feelings of Breastfeeding Mothers When Infected with COVID-19

Subtheme 1 Sad Feeling

COVID-19 that infects postpartum mothers and breastfeeding mothers can have an impact on maternal psychological changes, such as feelings of sadness. In this study, the informants expressed feelings of sadness because they could not meet directly with the baby after giving birth, felt sad because they could not breastfeed and separated from the baby, felt sad because there was a decrease in contact and interaction with the baby. This is in line with research conducted by Aşçı et al. (2021), that most of the informants in the study felt sad due to the decrease in physical contact with infants due to being infected with COVID-19. Research on the psychological impact felt by breastfeeding mothers when infected with COVID-19 was also conducted by Hidayati & Kusumaningtyas (2022), that three of the six informants in the study expressed feelings of sadness due to separation, unable to breastfeed, and decreased physical contact with children.

Two of the twelve informants revealed that the feelings of sadness they experienced were caused by no one accompanying them during the delivery process until it was completed. In Limbong & Amirudin (2022), it is stated that

there are several factors that hinder the role of husband's assistance to his wife during pregnancy to delivery, including time, interaction space, workload, perception, frequency of pregnancy and childbirth, workplace policies, wife's behavior, and policies at health service centers (no assistance from husbands or families for mothers infected with COVID-19 is allowed). The absence of assistance during childbirth will have an impact on the psychology of the mother. According to Limbong & Amirudin (2022) it is also explained that assistance during childbirth can provide peace and security to the mother. In addition, assistance in the delivery process can provide psychological strength to the mother so that it can reduce the anxiety experienced.

Subtheme 2 Fear

The feeling of fear due to being infected with COVID-19 experienced by breastfeeding mothers consists of the category of feeling afraid that something bad will happen to the mother, such as fear of dying and not helped and was afraid that something bad would happen to the baby, namely the fear of the baby contracting the COVID-19 virus. This is in line with research conducted by Aşçı et al. (2021), which states that mothers who are reinfected with COVID-19 are spreading afraid of the infection to others (such as older family members, infants, female partners), do not recover, becoming re-infected with COVID-19, and the risk of death and loss. In addition, research by Almeida et al. (2020) states that women in the perinatal period tend to feel worried and afraid about the risk of transmitting infection and the health of the baby and those closest to him.

Five of the twelve informants expressed fear of bad things happening to themselves, such as fear of death, not being helped during childbirth and fear of worsening symptoms. Research conducted by Windiramadhan (2022), stated that informants expressed fear that their condition would worsen after learning that they were infected with COVID-19. In Lubis et al. (2020), it is explained that the existence of information, data, and news about COVID-19 can be seen that there are psychological symptoms caused by a person such as anxiety, fear, stress, and others in responding or reacting to the information.

Four other informants expressed their fear of bad things happening to their children or babies, such as contracting the COVID-19

virus. In Nurbaya (2021), vertical transmission of the COVID-19 virus to infants through breastfeeding has not been sufficiently proven. Transmission can occur generally due to droplets from an infected person. In addition, the lack of health protocols that are carried out when breastfeeding, caring for or caring for babies is also one way of transmitting the COVID-19 virus to babies.

Breastfeeding Experience of Infected Mothers COVID-19

Subtheme 1 How to Give Nutrition to Babies

The method of providing nutrition to infants when the mother is infected with COVID-19 consists of the categories of direct breastfeeding, pumped and formula milk. Twelve informants in this study provided nutrition to infants when infected with COVID-19 in different ways. Five informants stated that breastfeeding their babies directly was due to: the symptoms experienced are not severe, always think positively, and leave everything to Allah almighty. Five other informants revealed that they replaced it with formula milk for several reasons, such as breast milk that did not come out or only a little or were worried that the baby would be infected, and two other informants gave breast milk to their babies. This is in accordance with WHO (2020), that mothers infected with COVID-19 can still breastfeed directly to their babies if the mother feels strong and does not have other complications. However, if the mother feels weak and unable and there are other complications, the mother can provide nutrition to the baby by expressing breast milk or donor human milk.

Research conducted by Luo et al. (2021), regarding the provision of nutrition to infants from mothers infected with COVID-19 showed that nine out of sixteen mothers (56.25%) gave breast milk in whole or in part to their babies and seven other mothers (43.75%) give formula milk to their babies. The WHO recommends breastfeeding for infants when mothers are infected with COVID-19, considering the benefits of breastfeeding are much higher than the risk of transmitting it to infants. In addition, several studies that have been carried out have revealed that the SARS-CoV-2 virus was not found in the breast milk of mothers infected with COVID-19. According to research conducted by Peng et al. (2020), it was stated that the results of testing for the SARS-CoV-2 nucleic acid in breast milk samples from

mothers infected with COVID-19 showed negative results.

According to Gema Indonesia Menyusui (2019), in his book it is explained that breastfeeding when the mother has an infectious disease does not increase the baby's chances of becoming sick. This is because when the mother is infected the white blood cells become active and create antibodies which then some of the white blood cells flow to the breast and form antibodies which are then secreted with breast milk. Therefore, it can boost the baby's immune system.

Subtheme 2 Frequency of Breastfeeding

The frequency of breastfeeding the baby when the mother is infected and after the mother is infected in this study found two categories, namely the frequency of breastfeeding the baby becomes less when the mother is infected with COVID-19 and there is no change in the frequency of breastfeeding in the baby. Four informants revealed that the frequency of breastfeeding became less when infected with COVID-19 and eight other informants revealed that there infected was with no COVID-19. According to Ayustawati (2013), newborns usually cry when they are hungry. However, as they get older, the baby will get used to the feeding schedule and will ask for regular feedings at certain times or hours. There are several factors that affect the frequency of breastfeeding in infants, including the baby's appetite, the level of the baby's stomach capacity, and the volume of breast milk.

Subtheme 3 Health Protocol by Mother

All informants, both those who breastfeed directly and those who express breast milk, revealed that they had implemented health protocols when doing this, for example wearing masks, washing, and cleaning pumping equipment for the baby's informants' breast who milk.

Five informants who directly breastfeed their babies have implemented appropriate health protocols in accordance with the guidelines issued by Ministry of Health the Republic of Indonesia (2021), regarding breastfeeding for mothers who are suspected of or have been infected with COVID-19, including: always wearing a mask when breastfeeding and caring for the baby, wash hands using running water and soap before and after feeding the baby, clean and disinfect surfaces and objects that are frequently touched

by mother and baby, and avoid touching the eyes, nose and mouth.

Two informants who breastfeed their babies by expressing them have also implemented proper health protocols. In Susanti et al. (2021), it is explained that COVID-19 infected mothers who are about to express breast milk are expected to observe several health protocols, including washing their hands before expressing breast milk, using a mask while expressing breast milk, and cleaning the breast pump after use.

Subtheme 4 Source of Information to Breastfeeding obtained by Mother

Source information obtained by informants related breastfeeding when infected were obtained from different sources, consisting of categories of information obtained from friends who had similar experiences, information obtained from health workers, information obtained from internet browsing, and did not search for information. According to Wahyuni et al. (2020), information can be obtained in various ways. The information that has been obtained will form a person's perception before deciding or action. In Riady (2021), information seeking behavior carried out by informants is caused by a gap between the state of knowledge contained in a person need for and the information, giving rise to information seeking behavior. In this study, the informant carried out the process of searching for the information needed, namely information related to breastfeeding when infected with COVID-19.

The Support that Mother received when Infected with COVID - 19

Subtheme 1 Support from Husband

In this study, almost all the informants received support from their husbands. The support given by the husband while his wife was infected with COVID-19 in this study was emotional support in the form of giving encouragement and positive words, providing support in the form of meeting the needs of the informant, and replacing the role of the informant as a mother. The last study conducted by Aşçı et al. (2021), it was explained that most of the informants in the study received support from their partners, such as providing motivation through positive statements. In addition, in a study conducted by Hidayati & Kusumaningtyas (2022), it was also explained that all informants in the study revealed that

they received support from their nuclear family, one of which was their husband.

Subtheme 2 Support from Parents and In-laws

The support given by parents and in-laws to informants when infected with COVID-19 is to help take care of babies. The finding is in line with previous research conducted by Aşçı et al. (2021), that almost all breastfeeding mothers infected with COVID-19 in the study received support from mothers and in-laws in the form of infant care. In a systematic review conducted by Khairunnisaa & Ayubi (2021), stated that most babies born to mothers infected with COVID-19 were cared for or cared for by their families and separated from their mothers. Furthermore, Nurbaya (2021), it is explained that the support given to breastfeeding mothers can increase the success of breastfeeding for babies. One form of support that can be done is by helping baby care.

Subtheme 4 Support from Family

The support from the families obtained by the four informants in this study was in the form of encouraging, entertaining, and not avoiding or ignoring the informants. This is in line with research conducted by Sudarman & Reza (2021), that informants infected with COVID-19 and currently in isolation receive emotional support from their families in the form of encouragement, attention, and affection. According to Marieta et al. (2020),) forms of family support that can be done for COVID-19 survivors are information support, emotional support, appreciation support, and support to meet needs. In this study, the support obtained by the informant from the family was emotional support. Emotional support given to people infected with COVID-19 can create a sense of comfort, security, and feeling loved when experienced stress in the recovery process.

Subtheme 5 Support from Friend

In this study, three of the twelve informants received support from friends in the form of encouraging, mutually reinforcing, tangible (sending food), and support in providing the information needed. According to Research conducted by El - Zoghby et al. (2020), showed that 24.1% respondents received support from friends, 207 (46.5%) respondents received support from family members, and 176 (34.5%) respondents received support from others The support obtained by the informants in this study

is social support in the form of emotional support, instrumental, as well as informational support. Social support obtained by informants can help reduce anxiety, increase self-esteem, feel safe and comfortable and have a purpose in life (Ayamah et al., 2021).

Subtheme 6 Support from Neighbor

The support from neighbors obtained by the informants in this study was in the form of tangible support (delivering food) and support in the form of helping to protect the baby from the informant. This is also in line with research conducted by Rahmatina et al. (2021), that the informants in the study received support from neighbors in the form of emotional support (asking for news, encouraging, not isolating sufferers), instrumental support (fulfilling basic needs, such as sending food etc.), and also information support.

Subtheme 7 Support from Health Workers

In this study, only one out of twelve informants received support from health workers, namely in the form of information support about things that can increase immunity when infected with COVID-19, such as consuming lots of water and foods containing vitamin c. Research conducted by Hidayati & Kusumaningtyas (2022), stated that the informants in the study received external support (one of them was health workers) in the form of information and treatment support. In addition, in a study conducted by Meilinda (2021), it was explained that support from health workers was needed because it affected the recovery process for COVID-19 survivors.

This study has limitation. The participants recruited from one government hospital in Lebak, Banten. It does not reflect population generally in Indonesia.

CONCLUSION

Feeling sad and fear were the majority responses of participants when they were diagnosed infected with COVID-19. Support from husband, family and friends is very important in the success of breastfeeding process. Mothers give breast milk in various ways, namely giving direct or indirect breast milk with a pump and then giving it later. The role of health workers is important in providing correct information on breastfeeding and health protocols when breastfeed.

SUGGESTIONS

Postpartum mothers are expected to be motivated in terms of breastfeeding their babies and be active in digging up information related to breastfeeding. Health workers are expected to be the basis for nursing to carry out health promotion regarding breastfeeding when the mother is sick or infected with COVID-19. Further research might be conducting study to explore the attachment between mother and baby after isolation due to infection with COVID-19.

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We stated no conflict of interest in conducted this study.

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AUTHOR CONTRIBUTION

Nansya Handayani: Conception and design the study, collecting data, performed data management and data analysis, drafting original version of the manuscript

Irma Nurbaeti: conception and design the study, performed data management and data analysis, drafting original version of the manuscript, provided critical revisions

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