Husband and Family Support for Breastfeeding Mothers with COVID-19: The Mother's Perspective

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Abstract. Providing breastfeeding support for mothers during the COVID-19 pandemic is an effort to achieve the success of breastfeeding. WHO recommends that mothers with COVID-19 continue to breastfeed their babies according to the mother's condition and ability to breastfeed. The COVID-19 pandemic has impacted the delivery of health services including breastfeeding services. This study aimed to explore the support of breastfeeding mothers with COVID-19 that they received from their husband and family. Qualitative research method with a phenomenological approach was used in this study. The study involved 11 participants in the Pekalongan Regency. Participants were selected based on purposive sampling with the criteria of having a history of COVID-19 during breastfeeding period. Data collection was carried out by interviews and recorded by audio recorder. The results of the interviews were carried out in transcripts and then analyzed with thematic analysis. The results showed two theme namely social suppot from husband and family and continuation of breastfeeding process. Providing support to mothers with COVID-19 by husbands and families is one of the factors that could strengthen mothers to continue breastfeeding.

Keywords: Breastfeeding, breastfeeding mothers, COVID-19, Husband, Family, Support

1 Introduction

The COVID-19 pandemic and the restrictions imposed to prevent its spread have increased the need to emphasize the importance of breastfeeding and the mother-baby bond [1]. At the beginning of the COVID-19 outbreak, WHO recommended that mothers with suspected or confirmed COVID-19 be encouraged to initiate and continue breastfeeding [2]. The recommendations include engaging in skin-to-skin contact, rooming in throughout the day and night, and direct breastfeeding within an hour of delivery [2], [3]. However, this practice was disrupted and not optimal during the COVID-19 pandemic occurred throughout the world [4]. It also reduced the coverage of exclusive breastfeeding. Data from the 2021 National Basic Health Survey (RISKESDAS) show that 52.5% or only half of 2.3 million infants under 6 months of age in Indonesia are exclusively breastfed, down 12% from 2019. The early initiation of breastfeeding rate also decreased from 58.2% in 2019 to 48.6% in 2021 [5].

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Early and exclusive breastfeeding is essential for a child's survival and guards against many common and potentially fatal illnesses, including pneumonia and diarrhea, as well as childhood malnutrition. There is growing evidence that children who are breastfed do better on intelligence tests, are less likely to become overweight or obese as adults, and are less likely to develop diabetes [5]. The benefits of breastfeeding and mother-baby interaction continue to be crucial practices to prevent infection, promote health, and support development despite the risk of COVID-19 transmission to the neonate. There is no evidence that the COVID-19 virus is transmitted through breastfeeding, according to studies [6]–[10]. They also demonstrate that breast milk from COVID-19-infected mothers did not cause infection. Even infants born to COVID-19 positive mothers may benefit from breastfeeding, according to empirical evidence, although there is inconclusive evidence regarding the possibility of vertical transmission of SARS-CoV-2 [11].

A crucial part of breastfeeding care during the COVID-19 pandemic is the beginning of exclusive breastfeeding within the first hour of birth, as well as skin-to-skin contact with the appropriate use of preventive measures [11]. Mothers are encouraged to breastfeed by paying attention to the 3W's, namely Wear a mask during feeding, Wash hands with soap before and after touching the baby, Wipe and disinfect surfaces regularly [12]. Closeness between mother-infant and breastfeeding are strongly connected. Therefore, mother-infant separation presents a number of difficulties and complications [13].

When the mother and child are separated, the infant is not receiving the health benefits of breastfeeding, such as immuno-protection, antibody transfer, protection against diarrhea and severe respiratory syncytial virus (RSV), and hospitalization. Separation inevitably not only decreases breastfeeding rates, but it also deprives the maternal-infant attachment and hormone-stimulating effects [2]. Mothers and babies should never be separated in order to protect and support breastfeeding [13], [14].

It is critical that breastfeeding be successful, especially for mothers who confirmed COVID-19. Husbands, mothers, and mothers-in-law can support new mothers by taking care of the infant, assisting with breastfeeding positioning, and motivating the mothers by making supportive remarks about breastfeeding [15]–[17]. According to previous research, mothers with COVID-19 who receive emotional and practical support from their close relatives as well as assistance from medical professionals find it helpful in the breastfeeding process and aid in the mother's recovery process [18]. Based on preliminary studies conducted, breastfeeding mothers with COVID-19 experience anxiety and worry about transmitting COVID-19 to their babies. One of the mothers with COVID1-9 also stated that they were separated from their baby immediately after delivery to minimize transmission and reduce contact with the baby. In addition, mothers also experience stigma in society, which makes mothers feel ostracized. Based on this background, the researchers aimed to explore the support that the mothers with COVID-19 received by their husband and family.

2 Method

2.1 Study Design

Qualitative research with a phenomenological approach was used in this study. This method was used to explore the support of breastfeeding mothers with COVID-19 that they received from their husband and family.

2.2 Participant

The researchers determined the participants using purposive sampling with predetermined inclusion and exclusion criteria. Participants in this study were mothers in the breastfeeding period (children aged 0-24 months) and confirmed COVID-19 during that period. Participants were taken from breastfeeding mothers who had a confirmed history of COVID-19 in 2020, 2021 or 2022. Prior to conducting the research, the researcher gave an explanation of the research to be carried out and participants who agreed to participate in the study were given informed consent. This study involved 11 mothers who were willing to become participants.

2.3 Data Collection

Data collection was carried out through interviews with open-ended questions so that participants could convey what they experienced. Interviews were conducted directly for 30-45 minutes at the participants' homes according to the agreed time. The research was conducted in the working area of Public Health Center (Puskesmas) in Pekalongan Regency in June-July 2022. The results of the interviews that had been obtained in the research were carried out by interview transcripts which will then be analyzed. The trustworthiness and validity in this study referred to the criteria that have been developed by Lincoln and Guba, namely the criteria of credibility, transferability, dependability and confirmability [19].

2.4 Data Analysis

Data were analyzed using thematic analysis [20]. The steps taken include reading the interview transcripts repeatedly, recording data to be used for finding initial codes, grouping the initial codes that have been obtained and then developing an initial theme. Then, conduct a review of the themes that have been obtained and ensure that the data in the themes are meaningfully integrated. Next Interpret each theme and write and develop the report as a whole.

3 Result and Discussion

3.1 Results

The characteristic of the participants is described in Table 1.

Table 1. Participants characteristic

No.	Participant Code	Age (year)	Last education	Work	COVID-19 confirmed time
1	INF1	36	Elementary School	Private	2020
2	INF2	39	Senior High School	Housewife	2021
3	INF3	34	Senior High School	Private	2021
4	INF4	27	Junior High School	Housewife	2020
5	INF5	30	Higher education	Housewife	2022
6	INF6	25	Senior High School	Housewife	2020
7	INF7	22	Junior High School	Housewife	2022
8	INF8	32	Elementary School	Housewife	2022
9	INF9	22	Elementary School	Housewife	2020
10	INF10	24	Junior High School	Housewife	2022
11	INF11	33	Higher education	Teacher	2022

Analysis results

The themes and sub-themes that obtained in this study was described in Table 2.

Table 2. Theme and Sub-themes

Theme	Sub-theme
Social support by husband and family	- Instrumental/ practical support - Emotional support
The continuous of breastfeeding	- Continue to breastfeed - Stop breastfeeding

Social support by husband and family

The theme of social support from husband and family obtained sub-themes of instrumental/practical support and emotional support.

Instrumental/ practical support

"..., here I am with my husband, my husband who helps everything,...." (husband accompany the mother when self-isolation) (INF1)

"My husband who went there to deliver breast milk,..." (husband delivered breast milk for the baby when the baby was hospitalized) (INF2)

"He took time off from his work... a week... because he knew our baby was alone here,...." (husband took time off from work to take care their baby when mother self-isolated) (INF5)

"I prefer to just eat bread.. my husband brings it,...." (husband delivered some food for the mother when she was hospitalized) (INF6)

"My husband helps take care of baby,..." (INF7)

*"My husband visited the baby there, he could see the baby's condition,..." (*husband visited the baby to the hospital when mother was self-isolated) (INF9)

Husband gave the practical/instrumental support by accompanying the mothers during self-isolation, preparing/sending food for mothers, sending breast milk for babies that separated from their mothers due to isolation, and giving more time to take care the baby.

"..., the baby is sunbathing..., helped by her grandmother,..." (participant's mother helped to take care the baby). (INF3)

"...the food was cooked by my mother from vegetables that picked from the backyard...." (INF4)

"My mother... when she found out that I wanted to self-isolate at home, she said that she would take care my child. ...., My mother-in-law also said to isolate at her house, and not come back to my house because there are my children there" (INF 5)

Mother and mother-in-law gave the practical support by helping to take care the baby, preparing foods, and providing a place for self-isolation.

Emotional support

"My family supports me, ..., they said 'it's okay, you will recover soon, you will definitely recover'....".

"some families say don't think about it anymore, just eat whatever, ..., it's okay." (INF2)

"..., my mother say 'you don't have to worry about letting your child come with me, it's okay, you can make a video call, the breast milk can be sent later, or later I will pick it up'...," (INF 5)

"Yes, I kept thinking about it, but my mother calmed me down,..." (the informant was given emotional support from his mother not to think continuously about his condition) (INF10)

"My parents-in-law also kept asking about my condition..., then I said I was okay..." (INF11)

The family also gave the emotional support by giving more attention, reinforcement and advice to the mother. They provided support to mothers not to worry too much about their condition or the condition of their children.

The continuous of breastfeeding

This theme describes how mothers could continue to breastfeed or stop breastfeeding their babies during and after COVID-19.

"…. We're already negative, then I pick up my child and immediately breastfeed directly again like before." (during self isolated, mother expressed breastmilk and sent it to the baby) (INF5)

"…Then when the baby comes home I immediately breastfeed." (INF8)

"When the baby came home I immediately direct breastfed her…. but it hasn't come out yet... maybe it comes out but a little bit. The next day when dukun bayi (a person in the village who helps with baby care) wanted to bathe the baby, I was assisted by his breast massage. Alhamdulillah, immediately came out a lot of milk." (INF11)

"…., why isn't the milk coming out, instead the breasts are flat and the milk isn't coming out." (INF2)

"The milk is no longer coming out because the baby is not breastfed so it doesn't come out." (INF9)

3.2 Discussion

The massive spread of COVID-19 has forced changes in health service practices including breastfeeding practice. The WHO consistently advised breastfeeding support during the COVID-19 pandemic, however many breastfeeding mothers reported that they did not receive enough support [3]. During COVID-19 pandemic, the support from the family is essensial to ensure that mothers breastfeed properly [21]. Mothers that confirmed of COVID-19 need to pay attention to the symptoms that occur during breastfeeding while mothers with severe symptoms of COVID-19 could be advised to get donor milk for the baby. Mothers with moderate symptoms, they could express breast milk then healthy family members could give feed expressed milk to the baby. Mothers with no symptoms or mild symptoms could breastfeed directly by adhering health protocols [12], [22].

The results of this study indicate that breastfeeding mothers with COVID-19 have received support from their husbands and families in the form of instrumental/practical support and emotional support. Support from husbands instrumental/practical support in the form of preparing/sending food for mothers, sending breast milk for babies separated from their mothers due to isolation, and giving more time and attention to mothers. Support also came from the particpant's mother, mother-in-law or other family of the participants while the informant was undergoing isolation. Practical support from mother and in-laws includes helping with preparing foods and helping with caring for the baby. Support from the family is also in the form of emotional support by giving advice, encouragement and reassuring the mother about her condition so that she could continue to breastfeed and focus on her recovery.

The previous study showed that mothers who had husband support during COVID-19 were more likely to exclusively breastfeed (80.1%) than those who did not (68.2%) [23]. The husband becomes a significant source of support for the mother, especially if she had limited contact to relatives or friends who may have offered this help before to the pandemic [24], [25]. The mothers's isolation restricted their ability to interact with others. Another research also showed that the majority of the mothers with COVID-19

received the support from their husband, mother, and mother-in-law, who visited them or accompanied them while they were isolated. The support obtained from these sources included baby-care assistance, breastfeefing positioning assistance, and motivational remarks about breastfeeding and recovery [15].

The results of previous study also stated that during COVID-19, participants got a variety of sorts of support. All participants briefly acknowledged how much assistance they received from their husbands and families. Significant support from husbands includes monitoring the mother's food intake, massaging the wife's back, and providing assistance. Families also provide assistance and support breastfeeding process. The participants got help from their families, including advice on how to arrange what they eat, help with the mother's household, and dietary supplements that can help them produce a lot of breast milk [24].

In contrast to other studies which stated that mother with COVID-19 did not get support from her family so mother was reluctant to communicate with them because mother actually feel disturbed. Mother feels isolated, lonely and alone [26]. Separate online research including 1219 breastfeeding mothers revealed that 27% of them encountered difficulties with infant feeding, such as a lack of support, which caused some of them to stop breastfeeding before they were ready [27]. Lack of social support is actually one of the factors that increases the risk of anxiety and depressive symptoms in breastfeeding mothers [28].

Although direct breastfeeding is permitted for mothers including mothers with COVID-19, this option might not be given enough attention or assistance, especially since separation is typically advised. Similar to this, inadequate assistance for breast milk expression might not be offered when separation was put into practice [29]. The results of this study also obtained the mothers could continue to breastfeed or stop breastfeeding their baby during confirmed COVID-19 or after being negative for COVID-19. The mother continues to breastfeed after being separated from the baby because the baby was hospitalized or the mother was isolating separately from the baby.

The results of previous studies stated that where mothers had COVID-19, either confirmed or suspected, 14.4% of hospitals prohibited skin-to-skin contact, 37.8% discouraged rooming in, 20.1% recommended providing expressed milk instead of breastfeeding directly, and 28.6% separated dyads until COVID status was confirmed [3]. In line with the finding in this study that there was mother who feed her baby through expressed breast milk and then breastfeed directly after being confirmed negative. The majority of mother continued to breastfeed their baby. However, a number of women claimed that their milk had stopped producing as a result of being kept apart from their infants when the infants were being treated or mother’s isolation. In previous research it was also stated that one of the factors that influence the success of the breastfeeding process related to babies is proper attachment, rooting reflex, active sucking reflex, and early breastfeeding initiation [30], [31]. Therefore, it is not appropriate to stop breastfeeding, separate mothers and their babies, or reduce skin-to-skin contact. General infection control procedures should be set up and followed extremely precisely while trying to maintain as much normalcy as possible [4].

4 Conclusion

Breastfeeding is the most optimal way to ensure baby's health. In accordance with WHO recommendations that mothers with COVID-19 are still encouraged to provide breast milk to their babies by implementing health protocols. Optimal support, especially from husbands and families, is one of the factors that strengthens mothers in breastfeeding as long as the mother is confirmed with COVID-19. The support provided is also a factor influencing the continuation of breastfeeding by mothers. The long-term effects on the health of mothers and infants who either received support or did not receive support during the COVID-19 pandemic could be explored or analyzed for the next research.

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