

# Relationship of Breastfeeding Techniques with Improvement Baby Weight

Syamsuriyati<sup>1</sup>, Rika Handayani<sup>2</sup>, Irwandi Rachman<sup>3</sup>

<sup>1,2</sup>Faculty of Nursing and Midwifery, Megarezky University, Makassar, Indonesia

<sup>3</sup>Faculty of Health Technology, Megarezky University, Makassar, Indonesia

Corresponding Author: Syamsuriyati

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## ABSTRACT

**Background:** The development of baby weight is one way to see the growth of weight in babies, which is seen from breast milk and the way mothers provide breastfeeding techniques to their babies. Because breastfeeding can increase nutritional intake and provide an abundance of love that is useful for baby development. As for the correct breastfeeding technique is a way of giving breast milk to the baby with the attachment and position of the mother. [1]

**Purpose:** The purpose of this study was to determine the relationship between breastfeeding techniques and increased baby weight.

**Method:** The type of research used is the Analytical method with a Cross Sectional Study Approach, where the research object is only observed once and measurements are made on the status of the character or variable of the object at the time of examination by approaching and collecting data at the same time. This study uses a purposive sampling technique with a total of 30 respondents. The samples in this study were some breastfeeding mothers who had babies aged 7-10 weeks.

**Results:** Based on statistical tests using chi square, obtained p-value of 0.001 which is smaller than  $\alpha = 0.05$ , so  $H_0$  is rejected and  $H_a$  is accepted, which means that there is a relationship between breastfeeding technique and increased baby weight.

**Keywords:** Breastfeeding Techniques, Baby Weight Gain

## BACKGROUND

Body weight is the most important anthropometric measure in infancy and toddlerhood[1]. Body weight is the result of an increase or decrease in all the tissues in the body[2]. Body weight is used as the best indicator at this time to determine the nutritional status and growth of children, sensitive to slight changes, objective measurement and can be repeated[3]. As for here, baby weight growth is one way to see weight growth in babies, which is seen from breast milk and breast milk, how mothers give breastfeeding techniques to their babies. Because breastfeeding can increase nutritional intake and provide an abundance of love that is useful for baby development. Exclusive breastfeeding can be given for 6 months and continued until the age of 2 years to get optimal results for baby development[4].

The correct breastfeeding technique is a way of giving breast milk to the baby with the correct attachment and position of the mother and baby. When breastfeeding the mother must be relaxed and comfortable, the baby is attached to the mother's nipple, the baby's head and body are in a straight line, the entire nipple and most of the areola (the darker brown part of the breast) enters the baby's mouth, the baby's chin touches the baby's breast and buttocks supported[5]. Meanwhile, according to data from the World Health Organization (WHO) in 2014 the maternal mortality rate (MMR) in the world was 289,000 people. Some countries

have a fairly high MMR, such as sub-Saharan Africa 179,000, South Asia 69,000, and Southeast Asia, namely Indonesia 190 per 100,000 live births, Thailand 26 per 100,000 live births, Brunei 27 per 100,000 live births, and Malaysia 29 per 100,000 live births. life[6].

Because every year there are 1-1.5 million babies in the world who die because they are not exclusively breastfed. Unfortunately, there are still many mothers who do not understand the importance of breastfeeding and how mothers still do not know the correct breastfeeding technique for their baby. Breast milk is very important for the growth of babies, from this amount, 95% of mothers breastfeed but only 5% who breastfeed exclusively according to WHO. The number of deaths in Indonesia in 2015 was 4,999 cases, while in 2016 it was 4,912 cases, in 2017 the number decreased to 1,712 cases.[2].

The maternal mortality rate in South Sulawesi in 2014 the number of reported maternal deaths was 138 people or 93.20 per 100,000 live births, consisting of 15 pregnant women (10.86%), maternity deaths 54 people (39.13%), postpartum maternal mortality 69 people (50.00%). As for maternal mortality according to age, namely <20 years as many as 14 people, age 20-34 years as many as 87 people and > 35 years as many as 37 people.[7].

Based on data obtained at BPM Suriyanti Makassar, there were 15 babies from 15 babies who experienced weight loss as many as 7 babies who experienced weight loss.

## METHOD

The method used in this study is the Analytical method with a Cross Sectional Study Approach[8;9]. Where the object of

research is only observed once and the measurement is carried out on the status of the character or object variable at the time of the examination by approaching and collecting data at the same time[10]. Research implementation at BPM Suriyanti Makassar In 2019 with a sample of 30 people.

## RESULTS

**Table 1 Frequency Distribution by Mother's Age**

Age (Years)	Frequency	Percentage (%)
18 – 23	14	46.7
24 – 28	5	16.7
29 – 34	8	26.6
35 – 40	3	10.0
<b>Work</b>		
IRT	24	80.0
Self-employed	6	20.0
<b>Mother's Parity</b>		
Primigravida	12	40
Multigravida	18	60
<b>Breastfeeding Technique</b>		
Right	20	66.7
Wrong	10	33.3
<b>Baby Weight Gain</b>		
Increase	23	76.7
Not Increase	7	23.3

Based on table 1 above, it can be seen that the age group of respondents who are mostly 18-23 years old is 46.7%. While the respondent's age group is at least 35-40 years, which is 10%. From table 1, it can also be seen that 80.0% of mothers who work as IRT, while respondents who work as entrepreneurs are 20.0%. Furthermore, the parity of respondents who are multigravida is 60.0% and primigravida is 40.0%. Then the respondent's breastfeeding technique correctly is 66.7%. Meanwhile, the respondent's breastfeeding technique was wrong, which was 33.3%. an increase in the weight of the respondent's baby as much as 76.0%, while the baby respondent who did not experience an increase in weight was 23%.

**Table 2. Distribution of the Relationship of Breastfeeding Techniques with Increased Baby Weight**

Breastfeeding Technique	Baby Weight Gain				Frequency		P Value
	Increase		Not Increase				
	n	%	n	%	n	%	
Right	20	86.9	0	0.0	20	66.7	<b>0.001</b>
Wrong	3	13.1	7	100.0	10	33.0	
<b>Amount</b>	<b>23</b>	<b>100.0</b>	<b>7</b>	<b>100.0</b>	<b>30</b>	<b>100.0</b>	

Based on table 4.7 above, it can be seen that there is a relationship between breastfeeding technique and the increase in infant weight with a p value of 0.001.

## DISCUSSION

The correct breastfeeding technique is a way of giving breast milk to the baby with the correct attachment and position of the mother and baby. When breastfeeding the mother must be relaxed and comfortable, the baby is attached to the mother's nipple, the baby's head and body are in a straight line, the entire nipple and most of the areola (the darker brown part of the breast) enters the baby's mouth, the baby's chin touches the baby's breast and buttocks supported[11].

Breast milk is the baby's main food, so no other type of food can match the quality of breast milk. Babies are only given breast milk without additional fluids such as formula milk, oranges, honey, tea water, water, and without additional solid foods such as bananas, papaya, milk powder, biscuits, porridge and rice.

Based on statistical tests using chi square, obtained p-value of 0.001 which is smaller than  $\alpha = 0.05$ , so  $H_0$  is rejected and  $H_a$  is accepted, which means there is a relationship between breastfeeding technique and increased baby weight.

Based on the results of Hartono's research, 2016 at the Posyandu, Mulur Bendosari Village, it was found that exclusive breastfeeding had a significant or significant relationship with the weight of babies aged 6 months, this was indicated by the probability value ( $p$  value = 0.015) which means at the level of accuracy = 0.05 (95% confidence level,  $\alpha = 5\%$ ,  $df = (3-1) \times (2-1) = 2$  obtained table value = 5,991), the results of testing with chi square obtained  $X^2$  table value (6,467 5,991). Thus, it can be concluded that there is a relationship between exclusive breastfeeding and the weight of babies aged 6 months at the Posyandu, Mulur Village, Bendosari, Sukoharjo.[12].

This is in accordance with research conducted by Suryani, 2015 regarding the relationship between exclusive breastfeeding and no exclusive breastfeeding with the growth of 0-6 months baby weight in Giripurwo Village, Wonogiri, namely the sample size obtained was 72 infants consisting of 24 (33%) infants with poor weight growth consisting of 6 babies getting breast milk and 18 babies getting breast milk and 18 babies getting breast milk. While 48 (66%) toddlers with good weight growth consisted of 40 babies getting breast milk and 8 babies not getting breast milk, there was a significant relationship between 2 groups with chi square data test, the value  $< 0.05$  and OR = 15 with CI = 95% [6].

Based on the results of Suryani's research (2013), it shows that respondents who have good knowledge about breastfeeding techniques are 23 respondents (63%), and respondents who have less knowledge are 2 respondents (2%), based on good behavior in breastfeeding babies. age 0-6 months as many as 26 (72%) and respondents who have less behavior as much as 1 (2%). So it can be concluded that there is a relationship between mother's knowledge of breastfeeding techniques with breastfeeding behavior in infants aged 0-6 months[6].

Breastfeeding is a hereditary tradition or practice that is currently being threatened by modernization. Many researchers have shown that the weakening of tradition in breastfeeding is a result of the modernization process. In general, it can be understood that moderation encourages one's behavior to leave traditional practices. Breastfeeding is considered as a form of traditional behavior that is not a feature of modern life other than breastfeeding in child health care[13].

Based on table 4.5 of the 30 respondents, it was shown that there were 20 mothers who performed the correct breastfeeding technique (66%), while 10 people (33%). This shows that some respondents have the correct breastfeeding technique in breastfeeding their babies, in order to get

optimal results, it is necessary to pay attention to the position, method, duration and frequency of breastfeeding mothers. The mother's position must be correct, namely the mother in a sitting position with a straight back so that the mother is comfortable. The baby's stomach is attached to the mother's stomach, the baby is held in one hand, the neck is at the elbow and the baby's buttocks are in the mother's hand. The mother's ears and arms are in a line, the baby's head is up, the breast is held on the thumb above and the other 4 fingers below, do not press the nipple or areola only. The baby is stimulated to open the mouth (rooting reflex) by touching the cheek with the nipple, or touching the side of the baby's mouth, after the baby opens the mouth, the baby's head is quickly brought to the mother's breast with the nipple and areola inserted into the baby's mouth. When the baby is full, the baby is burped by gently patting his back. Mothers breastfeed alternately from the right breast to the left breast. breastfeed approximately 8-12 times/day Mothers breastfeed alternately from the right breast to the left breast. breastfeed approximately 8-12 times/day Mothers breastfeed alternately from the right breast to the left breast. breastfeed approximately 8-12 times/day[14].

The baby's weight that is not in accordance with the standards can be caused by incorrect breastfeeding techniques so that the amount of intake that enters does not match the baby's needs, most babies in the mother's arms also affect the baby's breastfeeding process. If the baby is comfortable in the mother's arms, he will feel happy while breastfeeding, this will affect the quality of the baby's sucking which will affect the milk production process and the amount of milk that comes in which will determine whether or not the milk is sufficient for his needs. The emotional state also affects her condition, because if she is in an unstable condition this will result in her physical condition which can also affect the mother's

nutritional condition, resulting in the quality of breast milk.[11].

So the researchers assumed that the Correct Breastfeeding Technique could increase the baby's weight. Of the 30 respondents who had been taught proper breastfeeding techniques, there were 7 respondents (23%) who did not gain weight. Where 5 (16%) respondents did not burp the baby after breastfeeding, because the mother did not understand the purpose of burping the baby after breastfeeding, namely to expel the air in the baby's stomach so it wouldn't bloat and vomit, if the baby is bloated the stomach capacity that should be for breast milk will share with air, thereby reducing the volume of milk that enters the baby. When the baby vomits, the amount of breast milk that should have been brought in is brought back out, both of these things cause the amount of nutrients to be reduced. while 2 respondents (7%) again Mothers breastfeed their babies not alternately from left to right or right to left (only one breast) because breast milk does not come out or mothers are more comfortable breastfeeding with only one breast, the purpose of alternately breastfeeding is to stimulate milk production on both breasts. So that the amount of milk produced by both breasts is the same so that it meets the needs of the baby. Breastfeeding alternately also affects the anatomical shape of the mother's breast[15].

## **CONCLUSION**

There is a relationship between breastfeeding technique and the baby's weight increase, with a p-value of 0.001 which is smaller than  $\alpha=0.05$ , where  $H_0$  is rejected and  $H_a$  is accepted.

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