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RESEARCH **Open Access**

The Impact of Homecare on Breastfeeding Skills in Postpartum Mothers

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Abstract
The postpartum period is a critical phase for both mothers and newborns, during which the mother's physical and psychological recovery occurs alongside the initiation of breastfeeding. Although breastfeeding is a natural process, many postpartum mothers face challenges in initiating and sustaining effective breastfeeding practices. Homecare has emerged as an effective strategy to improve maternal and child health. This study aims to analyze the impact of homecare on breastfeeding skills in postpartum mothers. The study was conducted in Surakarta City used a quasi-experimental design with a pretest-posttest with control group approach. Purposive sampling was employed, involving a total of 50 respondents divided equally into two groups: an intervention group and a control group. A 30-day breastfeeding skills training intervention was provided to postpartum mothers, carried out by midwives, with each session lasting 30 minutes per day. Data analysis was conducted used the paired t-test the Wilcoxon signed- rank test. Results showed that the paired t-test of the control group pretest and posttest with a mean value of 0.52 and the paired t-test of the intervention group pretest and posttest with a mean value of 5.44. While the statistical significance showed the p-value for the control group was 0.0018 and for the intervention group was approximately 0.0000000596. These findings demonstrate strong statistical significance, supporting the hypothesis that homecare exert a positive effect. In conclusion, homecare play a significant role in enhancing breastfeeding skills among postpartum mothers, with greater improvements observed in the intervention group compared to the control group.

Keywords: Homecare, Breastfeeding Skills, Postpartum Mothers.

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1. INTRODUCTION

The postpartum period is a crucial phase for both mother and newborn, wherein the physical and psychological recovery of the mother coincides with the initiation of breastfeeding. Breastfeeding, as a natural practice globally recommended by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) (WHO, 2009; UNICEF, 2018), provides significant health benefits for both mother and baby. Breast milk contains essential nutrients, antibodies, and growth factors optimal for the baby's development, while also reducing the risk of infections, allergies, and chronic diseases (Ballard & Morrow, 2013). For the mother, breastfeeding aids uterine involution, reduces the risk of postpartum hemorrhage, and may have protective effects against breast and ovarian cancer (Ip et al., 2007).

While breastfeeding is a natural process, many postpartum mothers encounter difficulties in initiating and maintaining effective breastfeeding practices. Factors such as lack of breastfeeding knowledge and skills, nipple pain, low milk production, and inadequate social support can be significant barriers (Dennis, 2003; Scott et al., 2006). Studies indicate that appropriate interventions, including structured support and lactation education, can improve breastfeeding success rates (Scott et al., 2006).

Globally, the rate of exclusive breastfeeding during the first six months of life has increased by 10 percentage points over the last decade, reaching 48% in 2023, approaching the WHO target of 50% by 2025. In Indonesia, data from 2021 indicates that only 48.6% of infants were breastfed by their mothers within the first hour of life, a decline from 58.2% in 2018. Meanwhile, the percentage of infants exclusively breastfed for the first six months stood at just 52.5%, a significant decrease from 64.5% in 2018 (UNICEF, 2023). The failure to provide exclusive breastfeeding often presents challenges for postpartum mothers. Contributing factors include insufficient knowledge, low social support, and lack of self-efficacy in breastfeeding (Pramanik et al., 2020; Lestari et al., 2018), with many mothers feeling they do not have enough milk to meet the baby's needs, which is a primary reason for not exclusively breastfeeding (Pramanik et al., 2020).

One approach to addressing postpartum mothers' issues is the provision of homecare. Homecare, as an integrated and patient-centered health service model, has been recognized as an effective strategy for improving maternal and child health (WHO, 2016). Such homecare programs provide important support during the postpartum period, as well as addressing physical and mental health challenges, which can reduce hospital admissions and early detection of complications, thereby improving maternal well-being and fostering a stronger mother-infant bond (Dahab et al., 2024). Through home visits by professional health personnel, postpartum mothers can receive individualized support and comprehensive education, including breastfeeding skills.

Homecare has a positive impact on the breastfeeding skills of postpartum mothers by increasing their knowledge and confidence in breastfeeding. Homecare providers offer tailored education based on individual needs, such as guidance on correct breastfeeding positions, latch techniques, breast care, and signs that the baby is receiving sufficient milk (Kahraman & Havlioğlu, 2024). Furthermore, homecare providers can identify and address breastfeeding issues early, such as nipple pain, mastitis, or difficulties in breastfeeding. Addressing these issues promptly can prevent complications and improve breastfeeding success rates (Kronborg et al., 2012). Homecare also involve family members in the breastfeeding process, thereby enhancing social support for the mother and creating a conducive environment for breastfeeding (Finello et al., 2016).

Homecare influence breastfeeding skills by offering personalized approaches that address specific challenges and barriers, such as social norms and family dynamics, which are critical for breastfeeding success (Unjidos et al., 2017; Beach, 2018). Homecare also significantly influences the effectiveness of breastfeeding support, particularly among minority women, by fostering an environment of comfort and support (Riordan & Gill-Hopple, 2001). Furthermore,

homecare has a positive effect on breastfeeding self-efficacy by promoting effective lactation support at home (Beach, 2018).

Although numerous studies have explored the benefits of homecare on maternal and child health, there remains a need for further research specifically examining the effect of homecare on breastfeeding skills in postpartum mothers, particularly across diverse social and cultural contexts. This research was essential to strengthen scientific evidence and provide recommendations for the development of effective homecare programs aimed at improving breastfeeding success. This study aims to analyze the impact of homecare on postpartum mothers breastfeeding skills. Therefore, this study is expected to contribute to the development of more effective homecare programs that support breastfeeding success and the maternal and children health across various communities in Indonesia.

2. RESEARCH METHOD

A quasi-experimental design is appropriate for this study as it aims to the impact of a treatment (homecare) on breastfeeding skills in postpartum mothers. It is research that is similar to experimental research and is also not true experimental research (Cohen et al., 2011). This study employs a pretest-posttest with control group design, involving two groups of subjects: an intervention group (homecare) and a control group without intervention. Breastfeeding skills assessed both before (pretest) and after (posttest) the homecare intervention. The study conducted from August to October 2024. The study population consists of all postpartum mothers in the research area in Surakarta City. The independent variable in this study was homecare, while the dependent variable was breastfeeding skills. Sampling was conducted used purposive sampling. According to Sugiyono (2015), for simple experimental research involving both experimental and control groups, the recommended sample size for each group is between 10 and 20 respondents. The sample size comprises 50 respondents divided into two groups: 25 in the intervention group and 25 in the control group. Inclusion criteria: postpartum mothers who have delivered healthy infants, who did not have health issues, who were willing to participate in the study, and who have resided in Surakarta City for more than one year. Exclusion criteria: postpartum mothers who did not breastfeed, infants with health problems, and mothers who planned to relocate during the study period.

The intervention involves a 30-day breastfeeding skills training and support program, with each session lasting 30 minutes per day, provided to postpartum mothers at their homes carried out by midwives. This aligns with findings from (Kassianos et al., 2019), who indicated that interventions promoting exclusive breastfeeding show moderate effectiveness up to four weeks postpartum. The intervention addresses various breastfeeding skills, including: a. Breastfeeding Position: The mother's ability to position herself and the infant correctly while breastfeeding; b. Latching: The mother's ability to help the infant latch onto the breast correctly; c. Breast Care: The mother's ability to perform breast care to prevent issues such as sore nipples or mastitis; d. Signs of Adequate Milk Intake: The mother's ability to recognize signs that the infant is receiving adequate breast milk. Research instruments for data collection include a Questionnaire: to assess breastfeeding skills of postpartum mothers, and a Homecare Record Form: to document the interventions provided during homecare. Statistical tests appropriate for comparing breastfeeding skills scores before (pretest) and after (posttest) the homecare intervention used. Before performing the paired t-test, a normality test conducted as a prerequisite test, used the Shapiro-Wilk test. A paired t-test will be applied if the data are normally distributed; otherwise, the Wilcoxon signed-rank test utilized. This study has undergone ethical review by the Research Ethics Committee of Dr. Moewardi Hospital on October 15, 2024, with the approval number: 2,462/X/HREC/2024. One of the limitations of this study is that other variables besides homecare and skills variables have not been studied. Therefore, the research that has been done can be used as a reference for future research.

3. RESULTS AND DISCUSSION

The characteristics of the respondents are an important aspect of this study. There were 50 respondents divided into 2 groups, namely the intervention group of 25 respondents and the control group of 25 respondents. The characteristics of the respondents are shown in Table 1 below:

Table 1. Respondent Characteristics

Description	The Control group		The Intervention group	
	Frequency	Percent (100%)	Frequency	Percent (100%)
Age				
20-24	13	52.0	13	52.0
25-29	10	40.0	10	44.0
30-34	2	8.0	2	8.0
Parity				
1	13	52.0	14	56.0
2	10	40.0	8	32.0
3	2	8.0	3	12.0
Abortion				
0	25	100.0	25	100.0
Type of delivery				
Normal	17	68.0	19	76.0
Cesarean section	8	32.0	6	24.0
Education				
Loe education level (Elemnatry school)	2	8.0	1	4.0
Moderate education level (Junior high school - Senior high school)	15	60.0	20	80.0
High education level (Diploma 3 - Bachelor)	8	32.0	4	16.0

Table 1 shows that postpartum mothers aged 20-24 years in the intervention group and control group were equal in number and the most at 52%. postpartum mothers who gave birth for the first time had the largest proportion, namely in the intervention group at 56% of postpartum mothers and in the control group at 52% compared to mothers who had two or more children. In both groups, there were no postpartum women who had experienced abortion. mothers giving birth by normal means in both groups had the largest proportion, namely the intervention group at 76% of mothers had a history of normal delivery, while in the control group at 68% compared to those who gave birth by cesarean section. the majority of maternal education at a moderate level both in the intervention group by 80% and the control group by 60% compared to low and high education levels. These results show that the characteristics of postpartum women in the intervention group and control group were relatively similar. The majority of mothers in both groups were 20–24 years old, first-time mothers, had no history of abortion, and had a history of normal delivery. The striking difference was in the level of education, where the control group had a higher proportion of mothers with a moderate level of education (junior high school-senior high school).

These characteristics details were significant as they can influence various health outcomes and the utilization of postnatal care services. Higher education levels are associated with increased use of postnatal care services, as evidenced by a meta-analysis demonstrating that mothers with higher education are more likely to seek care. The intervention group received additional health education, which significantly improved breastfeeding outcomes, mother-infant interaction, and reduced complications (Di et al., 2024). Emotional support and

evaluation were associated with improved quality of life in first-time mothers, suggesting that educational interventions can enhance social support networks. While the intervention group showed better outcomes, the higher education levels in the control group may contribute to their ability to handle postnatal challenges effectively. This underscores the importance of targeted educational interventions to support all mothers, particularly those with lower educational levels.

Table 2. Shapiro-Wilk Test Results on Breastfeeding Skills of Postpartum Mothers

Group	p-value
Control	
Pretest	0.0052
Posttest	0.00099
Intervention	
Pretest	0.000075
Posttest	0.000019

Tables 2 show that since all p-values were less than 0.05, the null hypothesis of normality was rejected. This indicates that the data for both groups (control and intervention), in both pretest and posttest scores, did not follow a normal distribution.

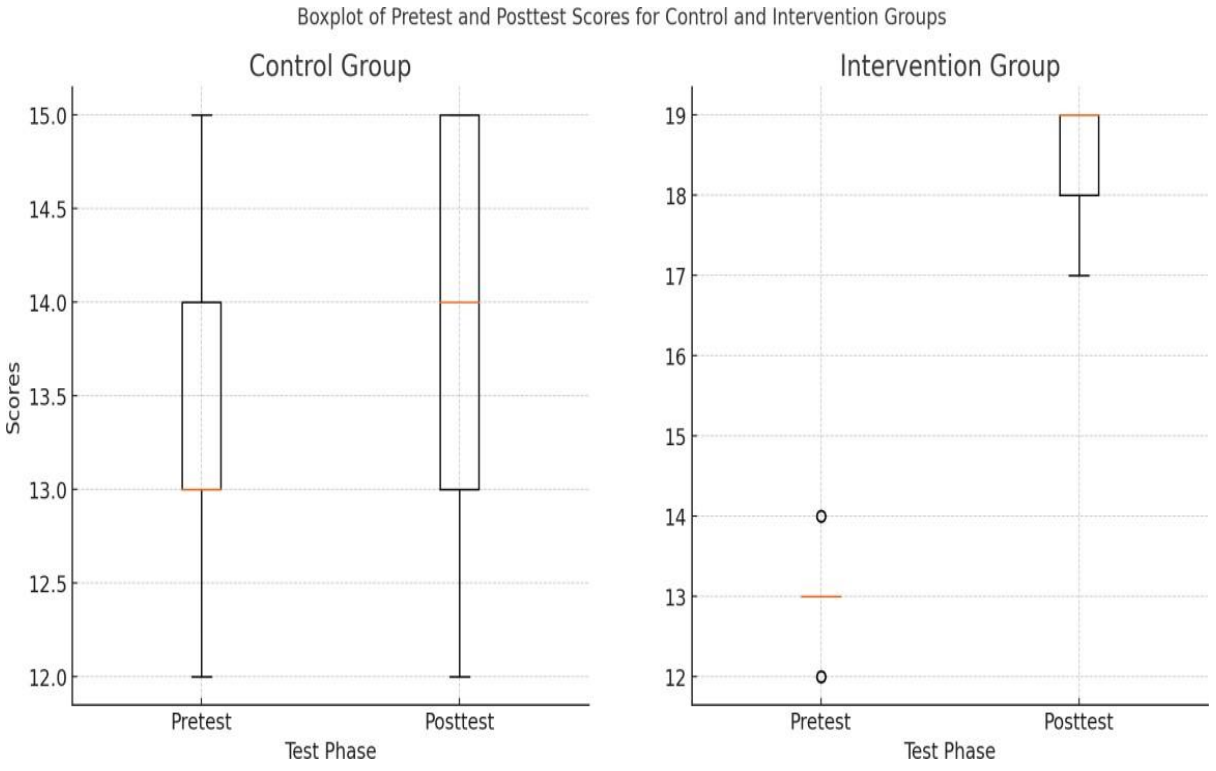

Figure 1. Boxplot Pretest vs. Posttest T-test on Breastfeeding Skills of Postpartum Mothers

Figure 1 Boxplot of Pretest vs. Posttest on breastfeeding skills of postpartum mothers shows that in each group (control and intervention), the boxplot compares the distribution of pretest and posttest scores. Change in median from pretest to posttest in both groups was evident, especially in the intervention group.

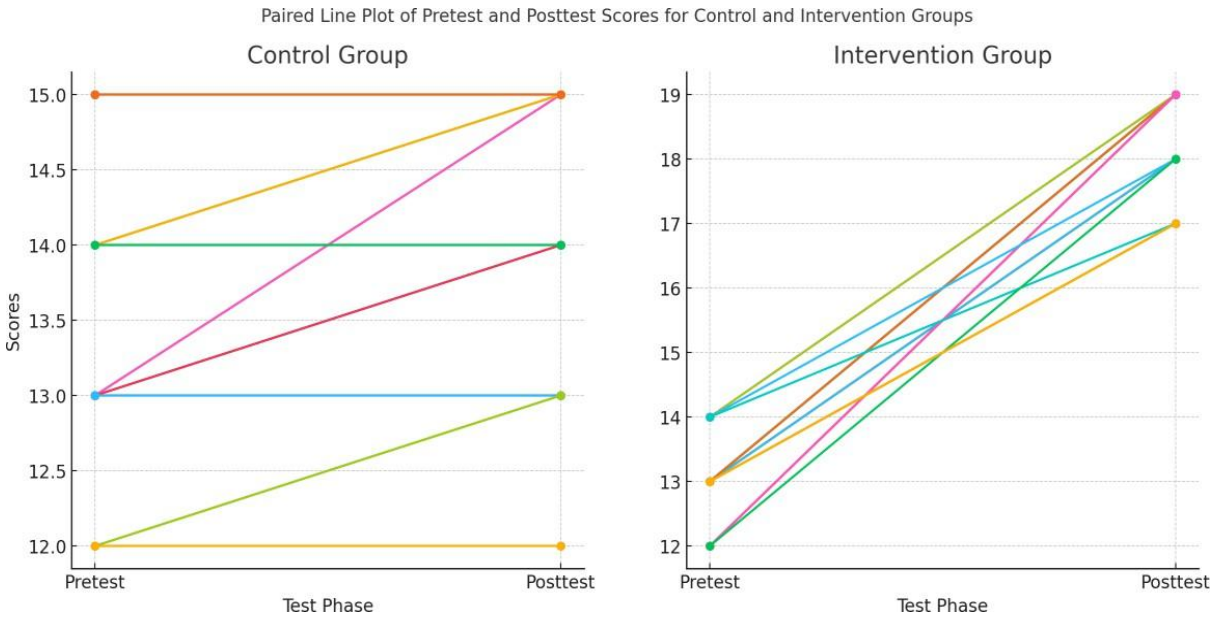

Figure 2. Line Plot (Paired) on Breastfeeding Skills of Postpartum Mothers

Figure 2. The Line Plot on breastfeeding skills of postpartum mothers shows that each line represents the change in individual scores from pretest to posttest within each group. Each line connects the pretest score to the posttest score for each participant. Color variations on the lines used to distinguish different participants. In the control group, the movement of the line between pretest and posttest was minimal for most participants, indicating little or no change in scores. There were significant shifts to the right and upward for most participants, reflecting strong improvement after the intervention. The control group most likely experienced little to no effect from any intervention, which was in line with the previous statistical analysis. Whereas in the intervention group there were significant shifts to the right and upwards in most participants, reflecting strong improvement after the intervention. This was in line with the previous statistical analysis which showed that the intervention group experienced a large change in their mean score. This plot emphasizes that the majority of individuals in the intervention group experienced an increase in scores compared to the control group. The t-test values were described in table 3 below:

Table 3. T-test Result on Breastfeeding Skills of Postpartum Mothers

	Group	Mean	SD	Median
Breastfeeding skills	Control	0.52	0.65	0
	Intervention	5.44	1.08	6

Table 3 show that these results suggest that the intervention group applied to the intervention group had a much larger impact compared to the control group. This indicates that the intervention program was likely effective in improving participant scores.

The results of the Wilcoxon Signed-Rank test for pretest and posttest data indicate that the p-value in the Wilcoxon test demonstrates whether there was a statistically significant difference between pretest and posttest scores. If the p-value was less than 0.05, we reject the null hypothesis (H0), which states that there was no difference between pretest and posttest scores, thus accepting the alternative hypothesis that a significant difference exists. In these results, both groups (control and intervention) have p-values well below 0.05, as shown in Table 4. These findings demonstrate a significant difference between pretest and posttest scores in both the control and intervention groups, further supported by the rank differences between pretest and posttest scores. The low-test statistic value (0) indicates a substantial difference between the paired pretest and posttest values.

Table 4. Wilcoxon Test Results on Breastfeeding Skills of Postpartum Mothers

Group	p-value
Control	0.0018
Intervention	0.0000000596

Table 4 show that the Control Group demonstrates that although there was a significant difference, the change in the control group may be smaller compared to the intervention group (as observed from the visualization and the median difference in the boxplot). In contrast, the intervention group shows a larger significant change, suggesting that the intervention may have a stronger effect, as many individuals exhibit a higher score increase from pretest to posttest. Both groups demonstrate significant differences between pretest and posttest scores. The larger change in the intervention group indicates that the intervention has a stronger impact on improving scores compared to natural changes or other effects observed in the control group.

This study aims to analyze the impact of homecare on breastfeeding skills in postpartum mothers. Homecare, or in-home care services, serves as an intervention that could provided direct support to postpartum mothers, especially in effective and efficient breastfeeding. In terms of breastfeeding skills, the support and education provided through homecare have the potential to improve breastfeeding techniques and increase mothers' confidence in caring for their infants. Homecare often include breastfeeding- focused health education, which has been shown to reduce breast pain and increase breastmilk volume (Di et al., 2024). Home visits programs that provide personalized breastfeeding education have been shown to reduce hospitalization rates for infants and have been shown to increase breastfeeding success and breastmilk production (Johnson et al., 1999). Postpartum home visits on the first, second, and third days are effective in increasing breastfeeding among 1-month-old infants (Setyawati & Pasiriani, 2021).

Programs that incorporate home visits during pregnancy build trust between healthcare providers and families, leading to increased breastfeeding support after delivery (Gadeberg et al., 2024). Access to lactation consultants through homecare has been associated with increased breastfeeding self-efficacy among mothers, allowing them to overcome challenges (Glassman et al., 2022). Home visits and community support programs empower mothers by providing reassurance and practical assistance, which boosts their breastfeeding confidence (Olson et al., 2018). Research indicates that mothers who receive postpartum homecare services were significantly more likely to exclusively breastfeed compared to those receiving routine services (Tiruneh et al., 2019).

This study demonstrates significant differences in pretest and posttest scores in both groups, with increases in breastfeeding skills observed in both the control and intervention groups. However, the greater improvement in the intervention group suggests that homecare services may play an important role in enhancing these skills. The p-value in the control group (0.0018) and in the intervention group (c) shows strong significance, supporting the hypothesis that homecare has a positive effect.

This study is supported by research Beach (2018) which showed that mothers who received in-home lactation support reported significantly higher breastfeeding self- efficacy scores after visits, indicating increased confidence in their breastfeeding abilities Counseling services improved mothers understanding of breastfeeding techniques and the benefits of breast milk, leading to higher self-efficacy (Saadah et al., 2024). Breastfeeding education provided to postpartum mothers also decreased breast pain scores compared to mothers who did not receive the intervention (Lucas et al., 2019; Widayati et al., 2022).

Health education on proper breastfeeding techniques has been shown to enhance mothers skills, enabling them to correctly position and latch their babies (Puspitasari & Candra, 2022). Mothers' knowledge of lactation management correlates with exclusive breastfeeding success, highlighting the need for comprehensive education (Nababan et al., 2023). Furthermore,

breastfeeding education correlates with increased lactation volume and breastfeeding rates, as mothers gain confidence and skills through targeted support (Ugurlu & Yavan, 2016; Di et al., 2024). Overall, homecare is proving to be an effective intervention in improving breastfeeding skills in postpartum mothers. Further research with varied intervention durations and tighter controls is needed to confirm these findings.

4. CONCLUSION

Homecare plays a significant role in enhancing breastfeeding skills in postpartum mothers, with greater improvements seen in the intervention group (p-value 0.0000000596) compared to the control group (p value 0.0018). Although both groups showed increases in breastfeeding skills, the intervention group, which received additional health education and emotional support, experienced a more substantial improvement in breastfeeding skills. Demographic characteristics, particularly the higher education level in the control group, may have influenced the outcomes; however, the direct support provided through homecare was shown to have a greater positive impact on breastfeeding skills, confidence, and self- efficacy in facing lactation challenges. A homecare intervention involving home visits and counseling with 30 minutes per day of each meeting for 30 days, carried out by midwives. Including lactation counseling improves breastfeeding skills by providing social support and practical assistance. We recommend a homecare program that integrates breastfeeding health education and community independence (postpartum mothers) by providing training and assistance from health workers at home to make postpartum mothers empowered.

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