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Breastfeeding experience in infant with low birthweight during the pandemic

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Abstract---Covid-19 can attack all ages includes the infant due to high level of infection. Infant with low birthweight is a population that is susceptible to the immune system that has been not mature therefore they have bigger risk to have a respiratory infection. Baby birth rate with low birthweight during the pandemic have increased, meanwhile the breastfeeding practice still becomes a problem, for multifactorial reason, prematurely born baby have lower possibility to begin breastfeeding and their mothers tend to breastfeed in shorter duration compared to baby born at term. Aim: explore the experience of breastfeeding in baby/infant with low birthweight during the pandemic. Method: the method used is scoping review by using checklist Prism- ScR where it has 22 items of instrument, 20 items of important report and 2 items optional, identifying scoping review question by using PEOs framework; selecting relevant article based on inclusion and exclusion criteria by utilizing data based such as PubMed, Willey Online Library, ProQuest, and Google Scholar to conduct literature searching; selecting article by using Prism flowchart, charting data, arranging and reporting the result. Result: the result found in review is 71 percent articles used qualitative study, 29 percent article used quantitative study and most of research comes from developed countries. Of 7 articles that have been selected, 2 article with grade B and 5 articles with grade A. 4 topics appearing are mother acceptance with the condition/transition, the challenge and obstacle of breastfeeding during the pandemic, health service and breastfeeding support. Conclusion: the experience of breastfeeding to the infant/baby with low birthweight during the pandemic includes mother acceptance with the condition/transition, the challenge and obstacle of breastfeeding during the pandemic, health service and

breastfeeding support. Therefore, it needs mechanism effort to support the mother to maintain proper breastfeeding practice during the pandemic by utilizing the health team and social support, therefore, mothers having the baby with low birthweight will pass the transition period. If mother can pass and adapt well the transition period, she can take care her baby optimally.

Keywords---breast-feeding, experience, low birth weight, pandemic COVID-19.

Introduction

COVID-19 was stated as the pandemic by World Health Organization in March 2020 (Gale et al., 2020; Tanner & Wahezi 2020). Covid 19 can attack all ages includes infant due to high level of infection (Cavicchiolo, Lolli, et al., 2020). Low birthweight is neonate population in high-risk infection of Covid 19. Low birthweight has bigger risk to have respiratory infection (Cavicchiolo, Trevisanuto, et al., 2020; Gale dkk., 2020). Covid 19 becomes an important attention for health service provider about the care of low birthweight. The low birthweight of baby has a risk of transmitting of Covid 19 vertically and horizontally. Though the vertical and horizontal transmitting is rarely happening, covid 19 is related to higher mortality and morbidity neonate. Therefore, vertical transmission through intrauterine and transplacental cannot be completely ruled out (Trevisanuto dkk., 2020). The detection of Covid 19 in the amniotic fluid and the placenta of an infected woman, to breast milk provides the possibility for trans vertical missions (Auriti et al., 2020; Gale et al., 2020; Sheikahmadi et al., 2021).

WHO collaborating with UNICEF has a target in reducing the incidence of low birthweight by 30 percent in the prevalence of low birthweight in the world between 2012 and 2025 which is carried out in several stages with the Annual Average Rate of Reduction (AARR) low birthweight is 1.00 percent per year in the period 2021 to 2015 and the Annual Average Rate of Reduction (AARR) increases by 2.74 percent per year between 2012 and 2025, to meet the global target of 10.5 percent low birthweight prevalence (UNICEF, 2019). The first year of life, babies with low birthweight are a difficult challenge for parents since they tend to be difficult to adapt, predict and require more attention compared to babies born with a normal birthweight (Bener, 2013).

The prevalence of low birthweight is varying across regions of the world, starting from 7.2 percent in developing country to 17.3 percent in Asian. In South Asian, the prevalence of low birthweight is 26.4 percent in 2015 and it is five times higher than East Asian which is 5.1 percent (UNICEF, 2019). Breastfeeding has a health benefit both for baby and mother, for instance, it helps the development of positive relationship, support the bonding of mother and baby, and help the development of attachment through the provision of mother's intimate interaction to baby regularly (Gibbs et al., 2018). Breast milk is the best source of nutrient received by baby as it contains colostrum which is rich in antibodies and contains protein for endurance and is useful for killing germs. Moreover, breast milk also contains certain enzymes that has a function as absorbent substances that will

not interfere with other enzymes in the intestine (Oddy, 2017). In Indonesia in 2020 the coverage of babies received exclusive breastfeeding reached 69.62 percent, although they had met the target which reach 47 percent in 2018, but the increase from the previous achievement (66.69 percent) in 2019 was not significant (Ministry of Health, 2020). However, mothers who have babies with low birthweight have difficulties at the beginning of childbirth.

For multifactorial reason, the baby who born prematurely has little possibility to begin breastfeeding even have shorter duration in breastfeeding. The challenge and obstacle to breastfeed among mothers having babies with low birthweight are the breastmilk supply, frustration due to pumping and insufficient support and guidance from outpatient health care providers after discharge from the hospital, and feeling of failure (Kair et al., 2015).

The pandemic COVID-19 brings considerable challenges for countries to maintain the provision of high-quality and essential mother and newborn health services. Countries grappling with the pandemic need to divert significant resources, including midwives, from regular service childbirth to response efforts. Mothers with newborns may have difficulty accessing services due to transportation disruptions and lockdown measures or are reluctant to come to health facilities for fear of contracting it (Costantini et al., 2021). The greater the stress of the mother, the more possibility for them to stop giving breast milk to her baby. On the contrary, allowing mothers to stay with her premature babies, will encourage early breastfeeding. Currently mothers separated from their premature babies face significant challenges such as inadequate milk supply, breast swelling, delayed initiation of breast milk supply and failure to breastfeed. Those who want to breastfeed should pump the milk during the baby's hospitalization, most mothers struggle to establish and maintain an adequate milk supply because the expression of the hand and breast pumps is not as effective in stimulating and maintaining the milk supply such as breastfeeding the baby in the breast (Yang et al., 2019).

Method of Scoping Review

The method used in this analysis is scoping review by using PRISM-ScR checklist which have 22 assessment items, 20 important reporting items and 2 optional items. The topic in the research that will be researched by researchers is the findings from articles in previous research journals, i.e., about the experience of breastfeeding on baby with low birthweight during the pandemic. In this literature process, it uses a framework called Population Exposure Outcome (PEOs).

Table 1 Framework scoping review

Population	Exposure	Outcomes	Study Research
Breastfeeding mother having baby with low birthweight	Pandemic Covid-19	Practice breastfeeding	of Qualitative, Cross Sectional

Based on the framework PEOs, the question of scoping review is “what is the experience of breastfeeding on baby with low birthweight during the pandemic?”

Eligibility Criteria

- a. Inclusion Criteria
 - 1) Original article
 - 2) Article published in Indonesia and English Language
 - 3) Published between 2019-2021
 - 4) Article discussing about the breastfeeding on baby with low birthweight
 - 5) Article discussing about breastfeeding during the pandemic COVID 19
- b. Exclusion Criteria
 - 1) Artikel review
 - 2) Letter as well as book review
 - 3) Article published under 2019

Source of Data

The database used to find relevant articles in compiling this scoping review, such as PubMed, Pro Quest, Willey, and using gray literature, i.e., Google Scholar. Literature search strategy using keywords that have been determined, by adding "OR", "AND" which is appropriate with the topic, i.e., "Mother's OR Mom's AND Experience OR Perspective AND Breast-feeding OR Sucking OR Lactating AND Pandemic Covid-19 AND Low birth weight".

At the article selection stage, the reviewer uses the Covidence program. Featured articles are included in the PRISM flowchart of the studies column imported for title and abstract screening while non-conforming articles are included in the irrelevant studies column. Researchers used the results of mapping through the Covidence website. After filtering the articles, 7 articles were obtained which will then be assessed using a critical appraisal with JBI (Joanna Briggs Institute). Furthermore, data preparation and reporting of results are carried out.

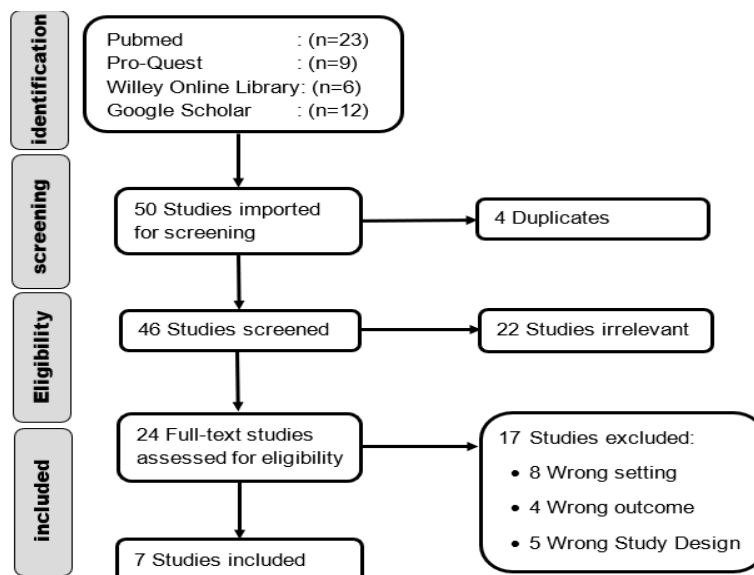


Figure 1 PRISM Flow Diagram

After finding 7 relevant articles to answer this scoping review question. The next stage is data charting.

Table 2 Data *Charting*

Title/Autor/Year/Grade	Aim	Data Collection	Participant/Sample Size	Result
A qualitative study on the breastfeeding experience of mothers of preterm infants in the first 12 months after birth/ (Palmér & Ericson, 2019)/ Q1	to analyze and interpret the resulting data for the experience of nursing mothers.	This study used a qualitative method derived from a multicenter randomized controlled trial, using thematic analysis through a questionnaire containing open-ended questions.	270 mothers of premature babies gave 496 written comments through a questionnaire containing open-ended question.	Mothers experience breastfeeding their premature babies in different ways, and each mother finds her own way of breastfeeding. Awareness of the diversity of breastfeeding experiences give professionals better caring and supportive relationship. The entire chain of care for premature babies and their mothers (for example, maternity, neonatal health care and child) needs to have a caring approach and holistically meet the uniqueness in each mother's breastfeeding situation. The approach allows the health care professional to prepare, care for and support the mother nursing the premature baby, to meet each mother where she is and to give each mother the right to her own breastfeeding journey. for the provision of caring and supportive professional relationships
Breastfeeding experiences and perspectives on support among Chinese mothers separated from their hospitalized preterm infants: a qualitative study/ (Yang et al., 2019)/ Q1	The study identified the difficulties faced by mothers in establishing breast milk supply during separation of their premature babies, and the importance of access to the support of health professionals.	This research uses qualitative methods, using thematic analysis and interviews	11 mothers of premature babies.	Mothers of premature babies report physically and mentally challenging breastfeeding experiences during the period they are separated from their babies. They viewed milking as an integral part of their mother's role, although some found that milking is exhausting. With little professional support available, mothers rely on nonprofessionals to establish breastfeeding.
"It was all taken away": Lactation, embodiment, and resistance among mothers caring for their very-low-birth-weight infants in the neonatal	The purpose of this study is to gain a deeper understanding of how hyper medical	This research is cross-sectional qualitative research	Mother participants who had VLBW premature babies were	The health and well-being of their VLBW mothers and premature babies. We illustrate how technocratic treatment systems limit a healthcare provider's ability to provide family-centered

intensive care unit/ (Palmquist et al., 2020)/ Q1	management of premature birth and infant feeding in the NICU environment affects the health and well-being of postpartum mothers.	with interview techniques and through a short electronic survey.	treated in the NICU.	postpartum care or trauma informed in a NICU setting.
Evaluation of breastfeeding care and education given to mothers with low birthweight babies by healthcare workers at a hospital in urban Tanzania: a qualitative study/ (Tada et al., 2020)/ Q1	The study identifies the gap between the current breastfeeding treatment interventions and education and ideal breastfeeding care and education interventions are recommended by WHO and Tanzanian local mothers with BBLR babies in a resource- constrained setting.	Qualitative Research Methods with semi- structured interviews.	19 mothers with Babies with low birthweight.	Mothers with low birthweight babies need special attention and support in terms of their ability to breastfeed to ensure the achievement of recommended EBF levels and to help lower neonatal mortality rates.
Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support/ (Brown & Shenker, 2021)/ Q1	To know the experience of breastfeeding during COVID- 19	Filling questionnai re	online survey with 1219 breastfeedin g mothers in the UK with babies aged 0–12 months	The results highlight two different experiences: 41.8 percent of mothers feel that breastfeeding is protected due to lockdown, but 27.0 percent of mothers struggle to get support and have many of the barriers that stem from lockdown with some stopping breastfeeding before they are ready. Mothers with low education, with more challenging living circumstances and from black ethnic backgrounds and minorities find the impact of challenging lockdowns and stop breastfeeding.
Barriers and facilitators to kangaroo mother care implementation in Cote d'Ivoire: a	Assessing the obstacles and facilitators of the	Data collection used semi- structured	The sample consisted of 32 mothers who were	44 semi-structured interviews were conducted, 12 with health care providers and 32 with mothers. The obstacles identified

qualitative study/ (Kourouma et al., 2021)/ Q1	implementation of KMC in the Cote d'Ivoire, a year after its introduction, as well as proposed solutions to improve the implementation of KMC in the state.	interviews	treated with their children who received KMC and those who returned home who received KMC and 12 Health care providers.	are lack of supplies, insufficiency of human resources, lack of inpatient rooms, lack of home visits, lack of food for mothers, lack of cooperation between health services involved in newborn care, increased workload, confidence in carrying a baby. on the chest, paternal resistance, low rates of exclusive breastfeeding, lack of public awareness. The facilitators identified were healthcare provider training, strong leadership, low KMC costs, the value of health care providers' perceptions of KMC, maternal relationships with healthcare providers, maternal adherence to KMC and the capacity of KMC units to network with external organizations.
Breastfeeding Experiences During the COVID-19 Lockdown in the United Kingdom: An Exploratory Study Into Maternal Opinions and Emotional States/ (Costantini et al., 2021)/ Q2	The purpose of the study is to explore: Sources of advice and support available to breastfeeding mothers during and before the COVID-19 lockdown. Mothers' opinions about statements and recommendatio ns made by the World Health Organization about the importance of breastfeeding and breastfeeding during the pandemic COVID-19; The emotional condition of the mother (i.e., symptoms of anxiety and	the online survey included demographi c questions, as well as the Generalized Anxiety Disorder Questionnai re and the Patient Health Questionnai re. Mothers were further examined about opinions about breastfeedi ng practices during the COVID-19 pandemic by the cross- sectional method.	4,018 Women aged at least 18 years, residents of the UK, were breastfeedin g at the time of the study, with children aged 0-36 months	Participants agreed with the importance of breastfeeding, even if a mother was showing symptoms of COVID-19. Difference opinion about the practice of breastfeeding (for instance, the use of donor and lactation breast milk), were found between participants in relation to the duration of breastfeeding and the number of children. Participants with more than one child showed a higher negative emotional state, i.e., symptoms of anxiety. Except for Internet use, participants showed a decrease in all sources of advice and support for breastfeeding during the COVID-19 lockdown.

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condition of
breastfeeding.

Result and Discussion

The result obtained systematically from extracted data from scoping review article is arranged in four (4) topics, include mother acceptance with the condition, implementation of breastfeeding, health services, and breastfeeding support.

Mother Acceptance with the Condition/Transition

The recognition of low birthweight is still very poor, this case leads to the practice of breastfeeding to low birthweight babies as well as improper home care for newborns with high risk. Mother's knowledge and practices of care can be improved through health education and should be extended to the community to reach mother who give birth at home. Mechanisms to support mothers to maintain good practices should be carried out by utilizing supportive village and social health teams (Nabiwemba et al., 2014). This statement is in line with the results of research conducted by (Desmond & Meaney, 2016) stating that some mothers have shame with breastfeeding status, some mothers do not want to admit that they are in the process of breastfeeding, so some women do not continue the breastfeeding process and do not ask about facilities so that they can support them to continue breastfeeding.

In going through the transition period, mothers have physical, psychological, and social changes so that they can irritate their feelings as a mother, and foster relationships with newborns. Therefore, mothers who have babies with low birth weight will go through the transition period, if the mother can pass well and can adapt then she can take good care of her baby. In this study, mother feels worried that the baby would be dehydrated due to lack of drinking, feeling afraid to holding her baby due to the small body size (Toni et al., 2016).

Health agencies and professionals should consider the mother's point of view and opinion about breastfeeding during the pandemic COVID-19. Interventions are urgently needed to support breastfeeding mothers. The pandemic COVID-19 has greatly impacted breastfeeding practices, due to the importance of breastfeeding, even if a mother is showing symptoms of COVID-19. Meanwhile, different opinion

about the practice of breastfeeding (for example, the use of donor and lactation breast milk), were found between participants in relation to the duration of breastfeeding and the number of children. In this era of the COVID-19 pandemic, most breastfeeding mothers show a higher negative emotional condition, i.e., anxiety symptoms (Costantini et al., 2021).

Implementation of Breastfeeding

The Challenge and Obstacle in Breastfeeding During the Pandemic

Mother begins to breastfeed by pumping her breast. However, maintaining the lactation is challenge and face an obstacle, such as feeling afraid to be intimidated, the problem of body image, grandmom's influence from mother's side, feeling depressed or dilemmatic about pumping and back to work. Most of lactation inhibition of teenage mother reflect to their development stage (Rossman et al., 2017). In line with the study conducted by (Wijaya & Makiyah, 2021) about mother's experience having physical barriers in facing the challenge and obstacle in breastfeeding. The study stated that there are some physical problems during breastfeeding such as (blistered nipples, swollen breasts, sunk nipples) as well as coping management of mothers in facing physical obstacles/problems in breastfeeding. Almost all mothers have physical problems in breastfeeding, The physical obstacles, or problems they have become a problem for them to continue breastfeeding.

Mother of premature infant reports her challenge experience of breastfeeding physically and mentally during the period of separated from her baby. They viewed that pumping as an integral part of the mother, although some of them found that pumping was exhausting. With little professional support available, mothers rely on nonprofessionals to establish breastfeeding (Yang et al., 2019). According to research conducted by (Hornsby et al., 2019), explained that the common reasons that mothers tend to stop breastfeeding for 6 months of age are the supply of breast milk and difficulties in breastfeeding. Breastfeeding difficulties are reported most often by women at the first 1 month of breastfeeding due to not understanding how to breastfeed properly. The supply of breast milk increases as the duration of breastfeeding increases, so the mother thinks her milk is lacking.

The most common disadvantage of restrictions is the lack of face-to-face breastfeeding support when the mother is having difficulties. Some mothers report that they must explain the problem by phone or from across the room, they feel that their health professional does not want to approach them. For the problem of attachment, mothers need someone to support them and make small changes. Newborns lose a lot of weight due to the bonding of the tongue and poor attachment. Breastfeeding classes were canceled due to COVID. Research conducted by (De Rose et al., 2020) states that there is no evidence that breastfeeding with a mother who is positive for COVID-19 can cause true infection to neonate. Mother needs a support to breastfeed her baby. Meanwhile, the babies who do not get breast milk could have growth disorders and it is difficult to achieve their optimal growth and development such as impaired immune function and poor cognitive development (Safitri et al., 2021). The husband was not

allowed in the hospital when breastfeeding advice was given (Brown & Shenker, 2021).

Regarding exclusive breastfeeding, although health care providers have been trained in breastfeeding management and counseling, the low rate of exclusive breastfeeding among mothers treated in KMC (Kangaroo Mother Care) units hinders the implementation of KMC. Similar findings have been reported in studies conducted in Indonesia, where there is no mother with low birthweight baby gives exclusive breastfeeding, her baby is given formula milk. Exclusive breastfeeding is the main pillar of KMC not only for its nutritional benefits, but also for the connections. However, in the current context of CHUT, where maternity wards undergo rehabilitation, most children are referred from other health facilities and early breastfeeding is not always done at birth. Delays in transfers and hospitalization stress may explain this low rate of exclusive breastfeeding (Kourouma et al., 2021).

Breastfeeding Technique

Breastfeeding rate is almost unknown for mother having low birth weight baby. But all mothers want the best for their baby and start breastfeeding with a breast pump since the care of a low-weight baby is separated from the mother. Health workers are involved in this case, one of which is in providing time for mothers to adapt to the NICU environment and the routine of using breast milk pumps (Rossman et al., 2017).

Kangaroo Mother Care is a treatment for low birthweight babies or babies born prematurely by making skin contact between the baby and the mother's skin or skin to skin contact, where the mother uses her body temperature to warm the baby, as well as to help the baby to increase suction reflexes so that baby is expected to be fulfilled nutritional intake (Toni et al., 2016). The mother breastfeeds her premature baby in different ways, and each mother finds her own way of breastfeeding. Awareness of the diversity of breastfeeding experiences can give better professionals, caring and supportive relationship. The entire chain of care for premature babies and their mothers (e.g., maternity, neonatal and child health care) (Palmér & Ericson, 2019).

Physically and mentally challenging breastfeeding experiences during the period they were separated from their babies. They considered pumping as an integral part of the role of their mothers, although some of them feel that milking is exhausting. With little professional support available, mothers rely on nonprofessionals to establish breastfeeding (Yang et al., 2019). Kangaroo Mother Care (KMC) is a high-impact, low-tech, and cost-effective intervention for the care of premature babies and low birth weight newborns. Care practices, including continued and extended early skin-to-skin contact between infants and caregivers; and exclusive breastfeeding (Kourouma et al., 2021).

The Health Service

The most important health service in the community is the midwife to the highest level such as in hospitals, i.e., nurses and their colleagues. Health workers play

an important role in the implementation of health. The most important sources of information about health services are health workers and health institutions (Toni et al., 2016). This statement is appropriate with the research conducted by (Brown & Shenker, 2021) stating that the support of health workers has a major influence on the sustainability of the practice of breastfeeding in low birthweight babies during the COVID-19 pandemic, and midwives as one of the health professionals play an important role for mother and child health services.

In the current context of CHUT, where mother wards undergo rehabilitation, most children are referred from other health facilities and early breastfeeding is not always done at birth. Delays in transfers and hospitalization stress explain the low rate of exclusive breastfeeding. Therefore, it is important for the medical personnel of the KMC unit to educate and encourage mothers to adopt exclusive breastfeeding. In addition, health facilities that refer newborns to the unit should begin early lactation and skin-to-skin contact during removal. On the other hand, refresher training on breastfeeding management and counseling should also be planned. Among all the barriers, the lack of collaboration between services responsible for newborn care and paternal rejection seems to be happening only in Côte d'Ivoire. As in many studies, the training of health care providers has been identified as a potential supporter of KMC implementation (Kourouma et al., 2021).

Breastfeeding Support

Potential interventions were identified and included focus groups with adolescent mothers and grandmothers from mother's side and lactation support by counselors (Rossman et al., 2017). Mothers of premature babies report physically and mentally challenging breastfeeding experiences during the period they are separated from their babies. mothers rely on nonprofessional support such as husbands, mothers, and surrounding circles to keep breastfeeding (Yang et al., 2019). Mothers are well informed about the benefits of breastfeeding and show a positive attitude. Nevertheless, only few of them maintain optimal breastfeeding practices in the first two years of a baby's life. Further efforts need to be directed towards overcoming barriers to knowledge and non-knowledge for optimal breastfeeding practices, the most important of which are working with employers, developing supportive employment policies, providing postnatal support, and working with laypeople and health professionals (Lee et al., 2013).

The lack of face-to-face breastfeeding support when the mother has difficulties. Some of them report that they have to explain the problem over the phone or from across the room, and they feel that their health professional does not want to approach them. For a problem as attachment, mothers need someone who can support them to make small changes. Newborns lose a lot of weight due to the bonding of the tongue and poor attachment. Breastfeeding classes are canceled because COVID can lead to the cessation of breastfeeding (Brown & Shenker, 2021). Some of the risk factors associated with premature cessation of EBF: cesarean delivery, use of pacifiers, lack of a bachelor's degree, absence in breastfeeding support groups, being primiparous, and reintegration into the workplace (Fernández-Cañadas Morillo et al., 2017).

The awareness of the diversity of breastfeeding experiences can give a better professional caring and supportive relationship. The entire chain of care for premature babies and their mothers (e.g., maternity, neonatal and child health care) (Palmér & Ericson, 2019). Mother knowledge and care practices can be improved through health education, especially during the COVID-19 pandemic, this socialization must be expanded to the community to reach mothers who give birth at home. Mechanisms to support mothers to maintain good practices during COVID-19 must be carried out by utilizing existing village health and social support teams (Nabiwemba et al., 2014).

Conclusion

The experience of breastfeeding on baby with low birthweight during a pandemic is the acceptance of mothers with conditions / transitions, challenges, and obstacles to breastfeeding during the pandemic, health services and breastfeeding support. Therefore, it needs a mechanism to support mothers to maintain good breastfeeding practices during a pandemic by utilizing existing health and social support teams, so that mothers who have Low Birth Weight (BBLR) babies will pass the transition period, if the mother can pass adapt well, they can take care of the babies optimally.

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