

บทความวิจัยต้นฉบับ :  
สภาพปัญหาการเลี้ยงลูกด้วยนมแม่ของแม่หลังคลอดในโรงพยาบาลช่วงโควิดใน  
ประเทศไทย : การวิจัยเชิงคุณภาพแบบบรรยาย

Breastfeeding Problems of Postpartum Mothers in a Hospital during the COVID-19  
Pandemic in Thailand: A Qualitative Descriptive Study

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บทคัดย่อ

นมแม่เป็นสิ่งสำคัญสำหรับการตั้งแต่แรกเกิดไปจนถึง 6 เดือนแรกและให้ต่อเนื่องถึง 2 ปีในประเทศไทย พ.ศ. 2562 และ 2565 มีรายงานการเลี้ยงลูกด้วยนมแม่อย่างเดียว 6 เดือนแรก ร้อยละ 14 และ 29 ตามลำดับ ในช่วงสถานการณ์การระบาดของโควิด 19 ในประเทศไทย ระบบบริการในโรงพยาบาลเปลี่ยนแปลงคือ การกำหนดเวลา การเขี่ยมของญาติและคณะกรรมการเพื่อของสมาชิกในครอบครัว จึงเป็นประเด็นที่น่าสนใจว่ามารดาหลังคลอดมีปัญหาอย่างไรบ้างในระหว่างที่อยู่ในโรงพยาบาลระดับทุติยภูมิ วัตถุประสงค์ เพื่อศึกษาสภาพปัญหาการเลี้ยงลูกด้วยนมแม่ของแม่หลังคลอดในโรงพยาบาลระดับทุติยภูมิแห่งหนึ่ง ในภาคตะวันออกเฉียงเหนือ ของประเทศไทย เป็นการวิจัยเชิงคุณภาพแบบบรรยายเก็บรวบรวมข้อมูลเดือนกุมภาพันธ์ 2565 ด้วยการสัมภาษณ์เชิงลึก การสังเกตอย่างมีส่วนร่วม การจดบันทึก

ภาคสนามและการบันทึกภาพ การวิเคราะห์ข้อมูลใช้ชีวิเคราะห์เนื้อหา

ผลการวิจัย พบว่า ผู้ให้ข้อมูลเป็นมารดาหลังคลอด 28 คน อายุ 18 – 38 ปี อายุเฉลี่ย 28 ปี พบปัญหามี 3 ประเด็นหลัก ได้แก่ (1) การต้องแยกห่างจากสมาชิกในครอบครัว (2) การพึ่งพาพยาบาลดูดั้งบุคคลในครอบครัว ประเด็นย่อย (2.1) การสนับสนุนให้มารดาหลังคลอดเริ่มต้นการเลี้ยงลูกด้วยนมแม่ (2.2) ความคงอยู่เพื่อการเลี้ยงลูกด้วยนมแม่อย่างค่อนข้าง และ (3) การดูแลตนเองเพื่อประสบความสำเร็จในการเลี้ยงลูกด้วยนมแม่ ประเด็นย่อย (3.1) การจัดที่อยู่ลูกของแม่เพื่อให้นมลูก (3.2) การจัดท่าของลูกเพื่อคุณแม่ ข้อเสนอแนะ เป็นข้อมูลสำหรับพยาบาลพยาบาลพดุงครรภ์และวิชาชีพด้านสุขภาพใช้ในการวิจัย การพัฒนาปฏิบัติการพยาบาลและเป็นหลักฐาน เชิงประจักษ์เพื่อการพัฒนาโปรแกรมการดูแลสุขภาพของแม่หลังคลอด

คำสำคัญ : ปัจจัยการเลี้ยงลูกด้วยนมแม่; แม่หลังคลอด; โควิด 19; ประเทศไทย; การวิจัยเชิงคุณภาพแบบบรรยาย

### Abstract

*Breastfeeding is important for babies from birth to the sixth month and it should be continued for up to two years. In Thailand, the reported prevalence indexes of exclusive breastfeeding for the first 6 months 2019 and 2022 were 14 and 29 percent respectively. However, during the COVID-19 pandemic in Thailand, changes in the hospital service system took place in visiting periods for relatives, and keeping vigil over the sick by family members was not allowed. Therefore, it is interesting to know the problems postpartum mothers faced in the secondary care hospital. This study aimed to study the state of breastfeeding problems faced by postpartum mothers in a secondary care hospital in the northeastern region of Thailand. A qualitative descriptive study was conducted. Data were collected in February 2022 at a secondary care hospital of one northeastern province of Thailand, utilizing in-depth interviews, participatory observation, field notes, and photographs as data collection methods. The data analysis employed content analysis.*

*Results The informants were 28 postpartum mothers 18 to 38 years of age; the average age was 28 years. Breastfeeding problems of postpartum mothers indicated three themes: (1) being separated from family members,*

*(2) reliance on nurses as family members, subthemes: 2.1) support postpartum mothers to initiate breastfeeding, 2.2) maintain breastfeeding, and (3) self-care for breastfeeding success, subthemes: 3.1) mother's position, 3.2) baby's position. The findings serve as data for nurses, midwife nurses and other healthcare professions involved in postpartum care. Additionally, they also serve as empirical evidences for developing nursing practices in development of postpartum care programs.*

**Keywords :** Breastfeeding Problem; Postpartum Mother; COVID-19; Thailand; Qualitative Descriptive Research

### Introduction

Exclusive breastfeeding is promoted by World Health Organization from birth to the first 6 months up to at least 50%.<sup>[1]</sup> Babies should be exclusively breastfed for the six months after delivery and should continue for up to two years or beyond. In Thailand, the reported prevalence indexes of exclusive breastfeeding for the first 6 months during 2019 and 2022 were 14 and 29 percent respectively.<sup>[2]</sup> In 2021, a secondary care hospital of one northeastern province of Thailand reported that it had 2,536 cases of maternal obstetric service and their target was 100 percent of exclusive breastfeeding while in hospital.<sup>[3]</sup>

There are numerous factors influencing breastfeeding such as maternal factors, social support factors, healthcare provider factors, and child

factors.<sup>[4]</sup> Maternal factors include breastfeeding self-efficacy, previous breastfeeding experience, employment status,<sup>[5]</sup> subjective norm, industry support,<sup>[6]</sup> social support, and knowledge about the benefits and method of exclusive breastfeeding.<sup>[7]</sup> Social support factors include industry support,<sup>[6]</sup> family support,<sup>[8]</sup> peer support, and husband support.<sup>[9]</sup> Health care provider factors include support from nurses<sup>[8]</sup> and hospital personal support.<sup>[9]</sup> Finally, child factors include such factor as baby not sucking.<sup>[9]</sup>

The breastfeeding problems involve both postpartum mother aspects and baby aspects. Real postpartum mother aspects include problems such as positioning, nipple pain, breast engorgement, delayed lactogenesis, poor attachment to the breast, mastitis, breast abscess, plugged duct, and health problems of postpartum mothers. Baby aspects include problems such as sick newborn, tongue-tie, lingual frenulum, cleft lip and palate.<sup>[10]</sup> However, during the COVID-19 pandemic in Thailand, the Ministry of Public Health of Thailand made announcements about COVID-19 that the number of infected people had increased and it was recommended that everyone refrain from eating together/ drinking liquor in public places and that everyone avoid close contact with other people.

In a study in Na Chueak District, Mahasarakham Province, it was found that teenage postpartum mothers were still concerned about their image, shape and beauty. They believed

that breastfeeding would make their breasts saggy or become misshapen. They thought that breastfeeding was troublesome and disturbing. They also thought that teenage postpartum mothers had delayed lactogenesis and there was not enough milk for the baby's need, so they wanted to feed the baby with formula milk instead. That would be more convenient. Together with the belief of senior members in the family that breast milk of teenage postpartum mothers had delayed lactogenesis, they had small breasts, and milk would not be enough for the baby's needs. Therefore, they turned to feeding the baby with supplementary formular milk.<sup>[11]</sup>

In addition, a study in Mueang Roi-Et District, Roi-Et Province revealed that the biggest obstacle for breastfeeding of adolescent primiparous mothers was breastfeeding skill, followed by maternal health. The aspect with the least obstacle was social support. Regarding breastfeeding skill, the obstacles of mothers who have had caesarean section were delay breastfeeding and insufficient milk supply.<sup>[12]</sup>

Furthermore, a study in Mueang Nakhon Ratchasima District, Sung Noen District, Pak Thong Chai District, and Dan Khun Thot District, Nakhon Ratchasima Province, found that the breastfeeding problems on the mother aspect included working outside the home, lack of knowledge and experience, not doing baby breastfeeding caused by worrying about the shape of the breasts, insufficient milk supply, abnormal

nipples (inverted nipples, dimpling, and mastitis), obstruction of milk ducts, improper baby holding position, and holding the breast incorrectly. On the child problem aspect, the problems included the child not sucking or allowing the child to suck to the areola.<sup>[13]</sup>

Finally, a study in Mueang Khon Kaen District, Khon Kaen Province revealed that the mothers had the knowledge level regarding breastfeeding practice as high as 73.50 percent. The knowledge that the mothers gave most of the right answers (99.10 percent) was that breast milk can be expressed and preserved for later use. Meanwhile, the knowledge that the mothers gave least of the right answers (15.20 percent) was the appropriate length of time of keeping the milk in the freezer.<sup>[14]</sup>

Previous studies indicated that there were studies on reports when postpartum mothers were discharged from the hospital after delivery. However, during COVID-19 pandemic in Thailand, changes in the hospital service system occurred, including restrictions of visiting periods for visiting relatives and family members. Therefore, it is interesting to know the problems postpartum mothers faced in the secondary care hospital.

### Objective

Aimed to study the breastfeeding problems faced by postpartum mothers in a secondary care hospital during the COVID-19 pandemic in Thailand.

### Scope of Study

This is a descriptive qualitative study using multiple-case studies to describe the situation of postpartum mothers who attended the postpartum ward in a secondary care hospital in a province in the northeastern region of Thailand. The postpartum mothers spoke Thai and their postpartum period was 1-4 days. The multiple-case studies were conducted in February, 2022.

### Conceptual Framework

The study's conceptual framework was constructed on the basis of a review of the relevant literature regarding exclusive breastfeeding, postpartum mothers in Thai context, including factors related to breastfeeding, breastfeeding problems of postpartum mothers and child, and multiple case studies.

Exclusive breastfeeding is promoted by World Health Organization from birth to the first 6 months up to at least 50%.<sup>[1]</sup> Babies should be exclusively breastfed for six months after delivery and should continue for up to two years or beyond. There are numerous factors influencing breastfeeding such as maternal factors, child factors, health care provider factors, and social support factors.<sup>[4]</sup> Postpartum mothers and child face many problems when they turn to exclusive breastfeeding such as positioning, nipple pain, breast engorgement, delayed lactogenesis, poor attachment to the breast, mastitis, breast abscess, plugged duct, health problems of postpartum mothers, sick newborn, tongue-tie, lingual frenulum, cleft lip and palate.<sup>[10]</sup>

This study used multiple case studies design to describe the phenomena of postpartum mothers. According to Munball et al.<sup>[15]</sup> multiple case studies are appropriate when the researcher is interested in describing the same phenomenon over multiple individuals. This study described the experience of postpartum mothers in a hospital during COVID-19 pandemic in Thailand. The outbreak of COVID-19 in Thailand has led to changes in the hospital service system, including the limitation for visiting relatives and restrictions on family members' keeping vigil. The multiple case design is particularly applicable when combined with exclusive breastfeeding during COVID-19 in Thailand and postpartum mothers who attended the postpartum ward in a secondary care hospital.

## Methodology

The materials in this study consisted of (1) in-depth interviews, (2) participatory observation of the informants' environment was performed before, during and after the interview, together with noting the demographic data on the field note form. (3) field notes, and (4) photographs. A smartphone was used to take photographs of the environment before the interview.

**Study Design:** This study used a qualitative descriptive approach, a pragmatic one that helps uncover the facts of a phenomenon. In addition, a qualitative description is a theoretical approach that helps researchers discover and understand a phenomenon.<sup>[16]</sup>

**Study Setting and Sample:** This study was conducted with the postpartum mothers attending

the postpartum ward, Mahasarakham Hospital, Mahasarakham Province in Northeastern Thailand. Data were collected in February 2022. Purposive sampling was used to recruit informants based on the following inclusion criteria: the informants were breastfeeding postpartum mothers at the time of the study in the postpartum ward, able to speak and understand the Thai language. Exclusion criteria: the postpartum mothers and the child were separated. For example; the child was sick or did not live with the postpartum mothers.

**Data Collection:** The head of the postpartum ward introduced the principal (PI) to the postpartum mothers who were selected by using the inclusion criteria and the PI visited at the bed of the postpartum mothers in the postpartum ward and interviewed them. A field note form and an interview guide were used in the interview which lasted 15-30 minutes. Appointments were made for additional interviews until the data were saturated. The semi-structured interview was conducted using interview guides such as "Mother, is there any milk flowing?" "Try holding your baby as well" "What problem do you need the nurse to help?" This research report is a part of the research entitled Development of a Nursing Practice Model for Postpartum Mothers to Promote Breastfeeding: Action Research. It is in Step 1: Situation Analysis. This step deals with gathering evidences of the current situation.

**Data analysis:** Content analysis was conducted using the technique described by Creswell<sup>[17]</sup>. It consisted of data preparation, coding, and presenting the data. First, the PI

transcribed the data from Isan dialect to the Thai language and from Thai to English. The data were transcribed verbatim. Analysis started on the first day of the interviews and continued until the end of the study. Second, the coding process was conducted to classify the data into broader categories or themes. In addition, the codes provided saturation of ideas and recurring patterns when comparing the data for similar and different breastfeeding problems. As a result, the PI had to reassemble the coding categories according to the emerging themes in the data. Finally, the process of presenting the data in theme and subthemes with quotes to verify the data. The PI confirmed the data with the informants by giving them a copy of their interview to verify. Two or three visits were made to clarify interpretations and findings.

**Trustworthiness:** Lincoln and Guba defined four criteria for assessing the trustworthiness of qualitative research, one which is triangulation.<sup>[18]</sup> Triangulation ensures the reliability of data, e.g., triangulation of time, space, and personnel. Informant data were used to verify the conclusion of this study. Temporal triangulation means collecting data about the same phenomenon over a period of time. In this study, the PI spoke with informants several times. In addition, spatial triangulation was conducted by collecting data on the same phenomenon in multiple case studies to verify consistency of data. Finally, this study triangulated individuals by using different types of informants such as age, parity, and type of delivery. The researcher used four procedures to increase the credibility of the data: prolonged engagement, sustained observation, debriefing

with peers, and member checking. An audit trail technique was used to enhance through detailed field notes and participation observations during and after interviews. The PI also read through the data several times to confirm the relationship between data points, codes, and categories.

### Ethical Considerations

Before this study began, the principal investigator (PI) obtained approval from The Human Research Ethics Committee of Srimahasarakham Nursing College, which was IRB SNC 13/2022, and The Human Research Ethics Committee of Mahasarakham Hospital, which was MSKH\_REC 65-02-085.

### Results

The data from the informants, in summary, revealed the age, gravida, and type of delivery. There were 28 families that met the study criteria for this study. The informants included 28 informants with 28 postpartum mothers. Their age ranged from 18 to 38 years with a mean age of 28 years. The largest age group was the 20-30 years with a mean age of 25.56 years ( $SD = 3.68$ ), followed by the 31-40 years, with a mean age of 35.86 ( $SD = 1.93$ ), and the 18-19 years with a mean age of 18.40 years ( $SD = 2.97$ ), respectively. In addition, the groups of parity were parity 1 which had 18 cases (64.28%), parity 2, with 5 cases (17.86%), and parity 3, with 5 cases (17.86%). Finally, the type of delivery included normal, with 16 cases (57.14%), cesarean section, with 10 cases (35.72%), and vacuum extraction, with 2 cases (7.14%) (see Table 1).

**Table 1** Informant' characteristics (N=28)

Characteristics	Number (case)	Percentage (%)
Age (years)		
18-19	5	17.86
20-30	16	57.14
31-40	7	25.00
Parity		
1	18	64.28
2	5	17.86
3	5	17.86
Type of delivery		
Normal	16	57.14
Caesarian section	10	35.72
Vacuum extraction	2	7.14

**Table 2** Summary of the theme and subthemes of the breastfeeding problems

Theme	Subthemes
1. Being separated from family members	-
2. Reliance on nurses as family members	2.1 Support postpartum mothers to initiate breastfeeding 2.2 Maintain breastfeeding
3. Self-care for breastfeeding success	3.1 Mother's position 3.2 Baby's position

Theme 1: Being separated from family members

Regarding being separated from family members, the Ministry of Public Health of Thailand made announcements about COVID-19 that the number of infected people had increased and it was recommended that everyone refrain from eating together/ drinking liquor in public places and that everyone avoid close contact with other

people. Such conditions forced the postpartum mothers to separate from other family members like husband, parents or relatives who kept vigil over the postpartum mothers after delivery, relatives who helped hold the baby, propped the mother up when she wanted to go to the bathroom, helped her during meals. Such assistances were barred by the COVID-19 conditions. Below are what they said.

“...My husband looked after me after the delivery. My own mother will help bring up the child...but my husband isn't here now because visiting is prohibited. I have to help myself in everything...” (M6)

“I'm from another province. I went to work there and came home for the delivery...there was the amniotic fluid breaking so I came to the hospital...My family could not visit me at the postpartum ward because it was not the visiting time...during the COVID-19 pandemic...” (M20)

### Theme 2: Reliance on nurses as family members

Nurses are healthcare team members who need to be competent in promoting breastfeeding. When the COVID-19 pandemic occurred, family members were separated from the postpartum mother by restrictions on visiting time and no keeping vigil over the sick in the hospital. Therefore, the postpartum mother needs to rely on nurses' assistance and support in breastfeeding right from the child birth. The assistance is about knowing the baby's behavior when it is hungry, teaching the mother the positions of holding the baby, teaching the right way of breastfeeding, and giving breastfeeding every 2-3 hours, as well as supporting breastfeeding continuously even if the mother and the baby are separated because of the baby's sickness.

#### Subtheme 2.1: Support postpartum mothers to initiate breastfeeding

The process which helps bring about successful breastfeeding requires the fastest

breastfeeding within 30 minutes after delivery in case of normal delivery, or as soon as the mother becomes conscious in case of cesarean section. The breastfeeding needs to last at least 1 hour, with skin-to-skin hugging. From the study, it was found that the roles of the nurses in breastfeeding promotion, apart from encouraging skin-to-skin contact, they include giving advice about how to observe the baby's behavior when it is hungry, about how to look after the baby after breastfeeding. Below are what some mothers said.

“...I don't know the baby's behavior when it is hungry...the nurse advised the mother to observe the baby's behavior when it became hungry such as crying or sucking” (M1)

“... The baby acted as if it was about to vomit and I didn't know how to look after the baby after milk feeding ...the nurse demonstrated how to hold the baby over the shoulder after milk feeding, using a doll...” (M3)

“...What should I do when my baby vomits after milk feeding...the nurses demonstrate using a doll how to hold the baby on the shoulder after the baby milk feeding” (M7)

#### Subtheme 2.2: Maintain breastfeeding

After delivery, some baby is needed to be separated from the mother and be sent to the sick newborn unit or the newborn intensive care unit because of sickness. When the mother and the baby are separated, breastfeeding needs to be maintained by teaching the mother how to express breast milk, keep it and send it to the baby; such teaching is a role of the nurses in helping the

postpartum mother, as some postpartum mothers mentioned below.

“My baby and I were separated because of the baby’s cerebral edema from using the vacuum suction machine and observation was needed. There was teaching of how to express breast milk...” (M15)

“The doctor said I had little amniotic fluid, so a cesarean section was performed. The baby weighed 3,700 grams, having shortness of breath. The baby was sent to the sick newborn unit... I made a visit and learned that the baby was sent to newborn intensive care unit... I was taught how to express breast milk...” (M24)

### Theme 3: Self-care for breastfeeding success

After delivery, the postpartum mother must begin breastfeeding right away, even if there is no relative to look after her and the baby. Looking after herself and the baby, therefore, must be done by the mother herself, be it trying to sit to breastfeed the baby, putting clothes on the baby, or wrapping the baby. Below are what some mothers said.

“....After the cesarean section of my first baby, I did not know how to hold my baby to breastfeed...putting on clothes and wrapping; the milk began to flow...” (M10)

“...I do not lie down to breastfeed because my nipples are short. When I lay the baby down, it will cry...Last night I sat to breastfeed the baby from 8:00 p.m. to 6:00 a.m....” (M25)

#### Subtheme 3.1: Mother’s position

Mother’s position is mother’s arrangement of how to hold the baby while breastfeeding that helps the baby to suck on the mother’s nipples and the areola efficiently. Proper position will help the baby to suck and swallow the milk better. This study found that mothers had problems with breastfeed position. The reason was that they just had the first baby, so they lacked experience, or it had been a long time since the last time they had a baby, and they forgot how to hold the baby for breastfeeding as advised by the nurse. Below are what they said.

“I became a mother after the first childbirth. I wanted a cesarean section. I got a back block with anesthetic. I feared cradle hold. My baby vomited after drinking my milk... I tried to hold the baby for breastfeeding according to the nurse’s advice, even though I didn’t have my relatives to help...” (M7)

“I forgot the correct way of holding the baby because my first child is 5 years old now... I tried to follow the nurse’s advice for breastfeed...I took care of my baby by myself because relative’s visits were not allowed...” (M2)

“This child is the second one. The first one is 5. I myself have a thyroid disease as my underlying disease. I have forgotten how to hold the baby. I would like to be taught again... well, the nurse then taught me how to hold the baby for breastfeeding...I tried to do it accordingly. I was by myself because relatives were not allowed to visit patients...” (M8)

### *Subtheme 3.2: Baby's position*

Baby's position is the way the mother helps the baby to suck the mother's nipple and areola efficiently. Proper baby holding position will help the baby to suck and swallow the milk better. The study found that mothers did not know the correct positions, but they could do it because they had experience from the previous child rearing or younger sibling rearing. Below are what they said.

“...I had my experience from rearing my first child...I never breastfed with the football hold and side lying position. I was afraid that I would fall asleep on my baby...the nurse had taught me and I tried to do it without any assistance from relatives...It's during the time of COVID-19, no relative's visit was allowed in order to keep me and baby safe from being infected...” (M27)

“...I don't know the positions of holding the baby...I won't give my advice. I have experience from rearing a younger sibling. My sibling is 5-6 months old. And I also have experience from rearing my older sister's child...I used that experience in looking after my baby when nobody else is around...” (M28)

### *Subtheme 3.3: Common problem in postpartum mothers; transient pain; sore nipples*

Transient pain occurs during the first few days because improper position of breastfeeding during the first few days after delivery. Sore nipples often occur and cause pain in the nipples because the nipples are composed of thin tissues and sensitive nerves. When there is a wound, the

mother will feel more pain. This study found postpartum mothers with short nipples who experience pain just in the first day after delivery. Below are what they said.

“...The right nipple is short, the left one is normal...” (M12)

“...I have a problem of short right nipple, and a wound on the left one...” (M22)

## Discussion

The aim of this study was to study the breastfeeding problems faced by postpartum mothers in a secondary care hospital in a northeastern province of Thailand. The findings revealed that the breastfeeding problems of postpartum mothers revealed three themes: being separated from family members, reliance on nurses as family members, and self-care for breastfeeding success.

Regarding *being separated from family members*, the Ministry of Public Health of Thailand made announcements about COVID-19 that the number of infected people had increased and it was recommended that everyone refrain from eating together/ drinking liquor in public places and that everyone avoid close contact with other people. Breastfeeding promotion services were activities in close contact with other people and there were risks of being infected with COVID-19 and spread the disease. Thus, it was necessary to adjust the form of services to suit the situation. This became a challenge for nurses in helping to solve problems of breastfeeding. The

no-visit regulation for relatives in the secondary care hospital was imposed. This separated postpartum mothers from their family members, including husbands, parents or relatives who came to look after and help them in holding the baby, to prop them up when they wanted to go to the bathroom, and to help them during meals. However, the hospital allowed communication between the postpartum mothers and relatives or family members through telephone, Line, or Line Call in order for the relatives to know how the postpartum mothers were. This is consistent with previous reports that during the COVID-19 pandemic, application of technology such as telephone, video call and social media was given high priority. [19]

In terms of *Reliance on nurses as family members*, nurses are healthcare team members who need to be competent in promoting breastfeeding. According to observations, the roles of nurses in supporting breastfeeding of the postpartum mother include helping the mother to know the baby's behavior when it is hungry, teaching the mother the positions of holding the baby, teaching the mother to let the baby suck the breast milk correctly and giving breastfeeding every 2-3 hours, as well as supporting breastfeeding continuously even if the mother and the baby are separated because of the baby's sickness. The roles of the nurses in teaching and giving advice on how to do things as well as talking with the mothers to help them solve problems that oc-

curred helped the mothers to be confident in their holding skill and in their observation when the baby was hungry. The roles of the nurses could make breastfeeding more successful when the guideline on breastfeeding practice promotion during the postpartum and before discharge was applied.<sup>[20]</sup>

Concerning *Self-care for breastfeeding success*, it was discovered that the outbreak of COVID-19 in Thailand led to changes in the hospital service system, including changes in visiting periods for relatives, and keeping vigil over the sick by family members was not allowed. The breastfeeding problems of postpartum mothers revealed 1) mother's position, 2) baby's position, and 3) common problems in postpartum mothers; transient pain; and sore nipples. These are consistent with the previous study which reported that the obstacles of breastfeeding which were found most were breastfeeding skills,<sup>[12]</sup> improper baby holding positions.<sup>[13]</sup> Observations in this study revealed that most postpartum mothers had the problem of breastfeeding, particularly baby holding skills, skills of putting the baby on the breast and having the baby leave the breast because they were mothers who just had the first child. Even for mothers who had had 2-3 children, they often forgot such skills as it was a long time in the past. And also, the skill of expressing the milk when the mother and the child have to be separated due to the child's sickness is another skill that especially needs nurse's advice in order

to keep breastfeeding going continuously when the child returns to be with her postpartum mother.

Another study related to breastfeeding during the COVID 19 pandemic is a study in Indonesia. The study is on breastfeeding experience of postpartum and lactating mothers (< 3 months) during the COVID 19 pandemic. The results indicated that the strengthening elements in breastfeeding mothers were maternal affection to their baby, support system from family and community, and having adaptive coping strategy. The weakening elements were impaired comfort, insufficient milk supply, financial problem, parenting problem and indifferent husband.<sup>[21]</sup> In addition, in the United Kingdom, the study about experiences of breastfeeding during the COVID-19 used an online. The study used online survey study examined the experiences of 1,219 women with infants under the age of 1 year to understand how the COVID-19 pandemic affected their infant feeding attitudes, choices and outcomes. The results revealed that 41.80% of mothers felt that breastfeeding was protected due to the lockdown, but 27.00% of mothers struggled to get support and had numerous barriers stemming from the lockdown with some stopped breastfeeding before they were ready. Mothers with a lower education, with more challenging living circumstances and from Black and minority ethnic backgrounds were more likely to find the impact of the lockdown challenging and stop breastfeeding.<sup>[22]</sup>

From the two studies in foreign countries, the issues consistent with this research is that postpartum mothers need support for breastfeeding from their families and society. The issue that is different is that this study took place while the postpartum mothers were in the hospital, while the studies in Indonesia and the United Kingdom were conducted while the postpartum mothers were out of the hospital. Therefore, the findings are different.

### Recommendation

The findings of this study suggests that the outbreak of COVID-19 in Thailand led to changes in the hospital service system, including changes in visiting periods for relatives, and keeping vigil over the sick by family members was not allowed. Nurse practice and midwifery are important for supporting postpartum mothers as a family member. There are issues such as providing appropriate care for their postpartum mothers and encouraging them to use exclusive breastfeeding to the first 6 months and continued breastfeeding for up to 2 years.

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