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Effectiveness of Using Latch Score as Breastfeeding Assessment and Early Preparation for Breastfeeding

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Abstract

Mothers whose babies have problems and are cared for separately make mothers feel less confident about breastfeeding because they think about the health of their babies. Lack of confidence in breastfeeding is a factor in the failure to breastfeed. An instrument is needed to assess the breastfeeding process as a nurse's initial step to establish nursing interventions in nursing mothers. Objective: Apply the use of the LATCH instrument as an initial assessment of breastfeeding so that it can assist nurses in arranging nursing interventions. Methods: case study with implementation based on Evidence Based Nursing Practice: LATCH SCORE was applied to three nursing mothers in two hospital. Results: four breastfeeding mothers were assessed by LATCH SCORE and then intervention was carried out in the form of education and counseling for breastfeeding mothers. Conclusion: This intervention is very effective in assessing position and attachment during breastfeeding, thus helping nurses to tailor interventions according to the needs of the mother. Suggestion: it is hoped that the maternity nurse can carry out a LATCH Score assessment to assist in the assessment and arrange interventions according to the needs of nursing mothers.

Keywords: LATCH Score, Education, Breastfeeding Counseling

Introduction

Becoming a parent is a challenging stage in life, one that creates feelings of both joy and worry, so every parent will try to develop confidence in their parenting role and prepare to become parents. Many factors influence the role of a mother, namely, the age of the mother when she first became pregnant, her social situation, the experience of giving birth, the economy, self-concept, anxiety, attitudes and the health of the mother herself. Various influential factors in achieving other roles are the level of

education, employment, level of welfare, and region (Leggogeni, 2016).

Breastfeeding (including direct breastfeeding and donor breastfeeding) is the optimal form of nutrition for infants, especially sick, premature, or infants with special conditions (Davanzo, Monasta, Ronfani, Brovedani, & Demarini, 2013). Breastmilk is essential for infant health (WHO, 2018; Chopel et al., 2019); hence, the World Health Organization (WHO) recommends exclusive breastfeeding for 6 months for newborns and continued breastfeeding with appropriate complementary foods for two years or

more worldwide (Nandi, Lutter, & Laxminarayan, 2017). Breast milk not only improves the health of the baby and mother, but it can also increase the baby's intelligence. This is because breast milk contains nutrients such as docosahexaenoic acid and arachidonic acid, which can support rapid brain development in infants, thereby improving long-term brain memory (Nandi et al., 2017).

Breastfeeding is very important for newborns, and in the BFHI program, every mother must receive counseling and education about breastfeeding, but in reality, only 48-59% of mothers receive education and counseling on breastfeeding (Ministry of Health, R.I., 2017). This education is not only given to mature mothers who have healthy babies but also to mothers who have sick babies. Babies born by cesarean section are more prone to delays in IMD (Chen et al., 2018). So this will have an impact on breastfeeding.

Mothers who give birth by cesarean section are more likely to give formula milk to their babies compared to mothers who breastfeed (Chen et al., 2018). This is because there is no experience of breastfeeding sick babies, and a lack of education about breastfeeding sick babies is the reason for the low interest of mothers in breastfeeding (Sipsma, Jones, & Cole-Lewis, 2015). Because sick and premature babies have factors that can affect their health, breast milk is known to be a protector for the baby's immune system (Y. Wang, Briere, Xu, & Cong, 2019). So that mothers who have sick babies need support from nurses for the experience of breastfeeding sick babies, not only in education but also in emotional support (Pentecost & Grassley, 2014).

Mothers who have sick children experience insecurity and anxiety about breastfeeding and require education and

counseling. To assist nurses in preparing education and counseling according to the mother's condition, nurses use the latch score as an instrument for assessing mothers in breastfeeding (Rojjanasrirat, Nelson, & Wambach, 2012).

This research was conducted based on evidence-based nursing regarding the use of LATCH scores by breastfeeding mothers. One of the studies used the latch score instrument to assess the need for education and counseling for breastfeeding mothers among young mothers. After being given education and counseling for young mothers, a latch score will be reassessed as an evaluation (Hasanah & Novayelinda, 2019). Assessing the breastfeeding status of sick infants who will be hospitalized with their mothers is useful for monitoring the quality of care, designing interventions, and exploring breastfeeding outcomes (Davano et al., 2013).

Method

The study used was a case study with the application of evidence-based nursing practice to the use of latch scores as an assessment and preparation for early breastfeeding. This research was conducted by determining the PICO. Population: the population studied in this study is breastfeeding mothers, especially mothers with hysterectomy with placenta accreta who have babies; Intervention, which is carried out, is the assessment of LATCH scores in breastfeeding mothers; Comparison intervention, in this study, there is none; Outcome: The expected result of this study is the knowledge of LATCH scores in breastfeeding mothers so that it can help nurses in designing interventions that are in accordance with the needs of mothers in breastfeeding and as discharge planning preparation for breastfeeding while at home.

Patients were assessed for early breastfeeding using a latch score with observation points for position, attachment, nipple type, and assistance in breastfeeding. In mothers who have been admitted, joining the baby can be done directly with the baby, while in mothers whose babies are being treated, it is done using a baby doll from the nurse. Then the patient and family are given breastfeeding counseling and education about breast milk, breastfeeding position, attachment, how to express breast milk, store breast milk, and give expressed breast milk.

Results and Discussion

The difference in implementation in the four cases was the mother's experience and acceptance of her condition. The results of the latch score measurement showed that there were differences in values before and after breastfeeding education and counseling.

Table 1 Mean LATCH score before and after breastfeeding education and counseling

| Clients | Before | After |
|---------|--------|-------|
| 1 | 6 | 9 |
| 2 | 7 | 10 |
| 3 | 5 | 8 |
| 4 | 4 | 9 |

Result has shown us that significant results were obtained from the final evaluation of LATCH scores before and after educational and counseling interventions for postpartum mothers. In patient number two, the LATCH score was found to be higher than the other clients, this was because during pregnancy the client attended maternity classes conducted at the midwife and had been educated about breastfeeding positions and attachments. In client

number 3, the LATCH score was very low because the mother was not confident in breastfeeding, and was confused about her position.

The treatment of providing education was different, in patient number two the nurse only provided education about breastfeeding position, while in client number three the nurse provided breastfeeding counseling which was carried out every day for three days of maternal care. This applies to other clients, namely providing education and counseling on good position and attachment, signs of a baby getting enough milk, signs of a hungry baby, the benefits of breastfeeding, how to express breast milk, how to store expressed breast milk, how to give expressed breast milk to babies who are still being treated.

This study was conducted on mothers delivering by cesarean section with different infant conditions. Late initiation of breastfeeding and formula use are strongly associated with cesarean delivery (Chen et al., 2018). In addition, cesarean delivery is strongly associated with the risk of discontinuity in exclusive breastfeeding (Ip, Gao, Choi, Chau, & Xiao, 2016). Therefore, information and assistance from nurses are needed to initiate breastfeeding in mothers with cesarean deliveries.

Early breastfeeding assessment with the LATCH score is helpful in assessing the needs of young mothers in breastfeeding (Rojjanasrirat et al., 2012). The LATCH score assessment consists of 5 assessment points, namely L (Latch) to determine the attachment between the mother's breast and the baby's mouth, A (Audible) to determine whether there is a sound when the baby sucks the mother's nipple, T (Type of nipple) to determine the type of mother's nipple, whether exverted or inverted, C (Comfort) to determine the mother's comfort in breastfeeding position, and H (Help)

assistance in positioning the baby. With the value criteria of > 8 , the mother's latch score is good (Lau, Htun, Lim, Ho-Lim, & Klainin-Yobas, 2015).

After knowing the LATCH score of each patient respondent, the nurse conducts education according to the needs of the respondent. The provision of education and counseling can be tailored to the needs of the patient based on the results of the LATCH score. Breastfeeding education and counseling provided by the nurse as a researcher are about the position and attachment of the baby during breastfeeding. While other education is a sign of a hungry baby, breast milk is a sign of a baby getting enough breast milk.

In addition, education on how to express breast milk, how to store expressed breast milk, and how to give expressed breast milk as a mother's preparation if the baby is still being treated or when they return home later. This is in line with research conducted by Suryaningsih (2012), namely the need for education and counseling as assistance to breastfeeding mothers, especially mothers who have sick babies, in order to support mothers to continue breastfeeding.

Breastfeeding mothers really need help from nurses, especially in providing education and attachment during breastfeeding initiation. With proper positioning and breastfeeding education, it can empty the breasts properly and ultimately increase milk production, so that the smoothness of breast milk will also increase (Febriarsi, 2014). In addition, the application of good breastfeeding techniques can have an effect on increasing the frequency of breastfeeding, increasing the duration of time the baby sleeps or is calm, and increasing the frequency of urination in infants.

Not only education and counseling, breastfeeding mothers also need

emotional support, including appreciation support with positive affirmations and feedback, to appreciate their efforts to breastfeed and help them feel confident that they can successfully breastfeed (Pentecost & Grassley, 2014). So that it can increase the confidence of young mothers to continue breastfeeding. However, nurses' assistance is not only needed for breastfeeding mothers during hospitalization but also for continuity in providing support at home, with the help of lactation counselors, the community, and home visits for postpartum mothers (Johnson, Lamson, Schwartz, Goldhammer, & Ellings, 2015).

The application of the LATCH score instrument can be used to identify educational needs for breastfeeding mothers as well as determine breastfeeding positions and attachments. This can support the implementation of comprehensive nursing care. And can assist in achieving her role as a new parent. Comprehensive nursing care not only facilitates the needs of clients physically but also psychologically, so that young mothers are able to undergo their new role and can exclusively breastfeed for up to two years with additional complementary foods.

Maternity nurses are not only implementers of nursing care but also researchers who conduct research based on evidence-based nursing practice in carrying out nursing actions. The application of the LATCH Score instrument is carried out as an initial assessment of breastfeeding so that nurses can design interventions that will be carried out for breastfeeding mothers, and then nurses evaluate breastfeeding using the same instrument. This is done to increase the mother's knowledge and confidence in breastfeeding so that young mothers do not feel anxiety and lack of confidence in breastfeeding anymore.

Conclusions

The use of the LATCH Score instrument as an initial breastfeeding assessment can increase mothers' confidence in breastfeeding. Breastfeeding education and counseling can be designed after the initial breastfeeding assessment. Using LATCH Score, nurses can assess breastfeeding position and attachment, as well as the mother's motivation and willingness to breastfeed. After the LATCH Score assessment is conducted according to the results of each respondent's assessment, the nurse can develop appropriate nursing interventions. After the nursing intervention is carried out, the nurse will reassess with the LATCH instrument.

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