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Model of Anticipation Guidance Through Family Centered Care (FCC) to Increase Family Competence in Newborn Baby

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Abstract

Anticipation guidance based on Family-Centered Care (FCC) is a mentoring model for sharing information about baby care in order to prepare pregnant women and families to have competence in caring for babies. This study aims to determine the effect of FCC-based anticipatory guidance on family practices in baby care. This study designed as a quasi-experimental study using a control group conducted in the City of Bima from June to November 2018. The sample size studied was determined by the accidental sampling method with a sample size of 25 respondents for each group. The chi-square test has analyzed data. Research shows that there is no significant difference between FCC-based anticipation guidance and Early Breastfeeding Initiation (p = 0.358), umbilical cord care (p = 0.703) and breastfeeding (p = 0.375), however, the frequency of respondents receiving FCC-based anticipation guidance carries out IMD practices and breastfeeding alone up to the age of two months are greater than anticipatory guidance groups that are not FCC based. The family-centered anticipation guidance model through home visits needs to be applied to bring the distance closed between the community and health workers.

Keywords: Anticipation Guidance; Family Canter Care

INTRODUCTION

Anticipation guidance through Family-Centered Care (FCC) is a model of counseling given to pregnant women and their families about care for babies after birth. This prenatal guidance model expects to anticipate the need for skills to care for babies not only for mothers but also involves other family members as a support system as a healthy Indonesia program that puts forward a family approach. The education process provided to pregnant women and families is a process of guiding to anticipate various needs by the growth and development of infants in the future, including education about health care consisting of immunization and initiation of early breastfeeding and related to breastfeeding.

Children's health status influenced by the care pattern given by the family, which must be carried out by the family since the new baby is born. The ability of families to provide care for newborns influenced by the knowledge and experience they have, including their values and culture. Studies that explore issues of concern to prospective parents who will have babies show that respiratory status and routine baby care such as sleep habits and defecation, regurgitation and cord care are the main concerns for prospective parents so the results of this study recommend to the giver health services, especially child care, to improve services in the form of health education for pregnant women and families during the consultation process during the mother's pregnancy to support the ability of families to care for newborns (Costa et al., 2018).

An observational study of 50 families with children under five in some integrated health posts in Bima City on infant care practices found that only 22 mothers (44%) gave Early Breastfeeding Initiation (IMD) to babies at birth, 18 mothers (36%) gave Exclusive breastfeeding. As for daily baby care such as umbilical cord care, feeding, and bathing for babies, the majority of mothers do it based on hereditary traditions. The still low practice of IMD and exclusive breastfeeding can cause babies to lose the opportunity to get the best nutrition for growth and development, especially in the golden period in the first two years of life.

There are several reasons for the still low practice of IMD and exclusive breastfeeding by mothers, including labor through cesarean section, the health status of babies born with complications and the low level of support from families and the lack of optimal use of the MCH book as a media for information and education for the family. Information in MCH books is usually only exposed to pregnant women. At the same time, other family members, as support systems rarely invited to read and understand the contents of the MCH Handbook.

This risks causing differences in perceptions between family members about health care both for pregnant women themselves and for their babies after birth. According to Hasanah and Fitriyah (2018), knowledge remains an important thing that must be understood and understood by the husband because the husband has a great responsibility for the care of pregnancy. Wardyani (2017) in Hasanah and Fitriyah (2018) also explained that one way to increase the husband's knowledge is to provide exposure to the information contained in the MCH handbook. The MCH handbook has a series of data on information on how to care for a wife's pregnancy during pregnancy to delivery and how to care for the baby (Hasanah & Fitriyah, 2019).

Referring to the explanation, efforts to increase knowledge about baby care are not only intended for mothers, but families as a support system must also be involved in the education and guidance process so that they have the same understanding of baby care correctly and adequately. Therefore, a prenatal health education model needed that not only focuses on the mother but also involves other support systems such as husband and parents. The development of an FCC-based anticipatory guidance model can be a method for optimizing education about newborn care for families. This study aims to determine the effect of FCC-based anticipatory guidance on the practice of newborn care by families in the City of Bima.

METHOD

The study was a quasi-experimental study to assess the effect of FCC-based anticipatory guidance on family newborn care practices. Anticipation guidance is given to third-trimester pregnant women both primary and multiparous, which is divided into two groups, namely pregnant women by involving the family as a treatment group and the control group is pregnant women who are given anticipation guidance without being accompanied by the family. Guidance activities are carried out through home visits and using pamphlets that contain material about IMD, breastmilk, and how to care for the umbilical cord as an educational medium. Research respondents were determined based on data from pregnant women in several health centers in Bima City. In the span of research from June to November 2018, there netted respondents who met the inclusion criteria of 26 respondents for each group.

An assessment of family practice for caring for infants carried out in three monitoring visits, namely within the first seven days of the baby's age and at the age of one and two months. Monitoring visits conducted to obtain information about IMD practices, breastfeeding, and cord care. The data collection

instrument used an observation sheet that contained steps for umbilical cord care and an interview guide about the history of IMD and breastfeeding. Measurement of the validity of the research instruments carried out through a contrast test that is by consulting the observation sheet and interview guide to colleagues who have expertise in the field of child nursing. The first monitoring did when infants aged 3-7 days to assess the history of IMD, breastfeeding, and umbilical cord care. The second and third monitoring intend to assess the practice of breastfeeding only. The score in the IMD practice follows the provisions if the respondent performs a complete practice according to the cord care steps, then a score one will be given.

In accordance with the statistical problem of the research, namely the comparative analytic categorization of unpaired, the data are then analyzed using the Chi Square test to assess the effect of FCC-based anticipatory guidance on family practice in baby care. This research ethical clearance number 224/UN 18.8/ETIK/2018 issued by ethic comitee University of Mataram.

RESULT AND DISCUSSION

Table 1. Characteristics of Respondents

Characteristics	Intervention		Control	
	n	%	n	%
Age				
• Reproductive	22	84.6	24	92.3
• Risk Age	4	15.4	2	7.7
Educational Stage				
• Elementary				
• Secondary	1	3.8	2	7.7
• Higher education	16	61.5	17	73.1
	9	34.6	7	26.9
Income				
• Low				
• Midlle	14	53.8	20	76.9
	12	46.2	6	23.1
Early Initiation of breastfeeding				
• Yes	20	76.9	17	65.4
• No	6	23.1	9	34.6
Caring for the umbilical cord				
• Appropiate				
• Inappropiate	21	80.8	23	88.5
	5	19.2	3	11.5
Breastfeeding				
• Breastmilk	19	73.1	16	61.5
• Formula	7	26.9	10	38.5
Newborn baby health status				
• Well	24	92.3	24	92.3
• High Risk	2	7.7	2	7.7
Parity				
• Nulliparity				
• Primiparity	2	7.7	0	0
• Multiparity	10	38.5	9	34.6
	14	53.8	17	65.4

Labour Profile				
• Spontaneous	20	76.9	18	69.2
• Sectio Cesarea	6	23.1	8	30.8
• Other	0	0.00	0	0

Based on table 1, the majority of respondents in the two groups are in the productive age group, namely in the age range of 25 to 35 years. In this age range is an excellent time to give birth and care for babies. According to education and economic level, some respondents in the two groups are middle educated and have a low economic level. Education level is a factor that can influence the mother's knowledge about newborn care as the result of previous studies to indicate that there is a relationship between the level of formal education of mothers with knowledge of pregnant women about newborn care (Puspaningrum & Setyorini, 2014).

Historical parity data show that the majority of respondents are multiparous mothers, and according to the history of childbirth shows that most respondents gave birth spontaneously.

The history of most respondents having given birth and caring for a baby more than once can be a factor that determines the behavior and commitment of mothers in providing care for newborns as the results of a study on the practice of exclusive breastfeeding shows that the mother's experience is related to the practice of exclusive breastfeeding (Hastuti, Machfudz, & Febriani, 2015).

Table 2. Frequency Distribution of Respondents according to early breastfeeding guidance and anticipation practices

Anticipation practies	**Early Breastfeeding**							
	Yes		**No**		**Total**		**OR (95% CI)**	**P value**
	n	**%**	**n**	**%**	**n**	**%**		
Based on FCC	20	76,9	6	23,1	26	100	1,765 (0,5 – 5,9)	0,358
Not Based on FCC	17	65,4	9	34,6	26	100		
Total	37	71	15	29	52	100		

Table 2 shows the results of the analysis of the relationship between the types of anticipation guidance and the practice of Early Breastfeeding Initiation. It found that there were 20 (76.9%) respondents who received FCC-based anticipation guidance, which did early breastfeeding while among mothers who received FCC-based anticipation guidance there was 17 (65.4%) did early breastfeeding. Statistical test results obtained p-value = 0.358, so it can conclude there is no difference in the proportion of early breastfeeding practices between mothers who receive FCC-based anticipation guidance and those that are not FCC-based.

Table 3 Frequency distribution of espondents according to the type of anticipation guidance and practice of umbilical cord care

Anticipation Guidance	Umbilical cord care							
	Suitable		Not suitable		Total		OR (95% CI)	P value
	n	%	n	%	n	%		
Based on FCC	21	80,8	5	19,2	26	100	0,116 – 2,578	0,703
Not based on FCC	23	88,5	3	11,5	26	100		
Total	44	0,85	8	0,15	52	100		

Table 3 shows the results of the analysis of the relationship between the type of anticipation guidance and the practice of umbilical cord care. It found that there were 21 (80.8%) respondents who received FCC-based anticipation guidance who performed cord care according to the standard, while among mothers who received anticipatory guidance did not base on FCC, there were 23 (88.5%) who carried out cord care according to the standard. Statistical test results obtained p-value = 0.703, so it can conclude there is no difference in the proportion of umbilical cord care practices between mothers who receive FCC-based anticipation guidance and those that are not FCC-based.

Table 4 Frequency distribution of respondents according to the type of anticipatory guidance and practice of breastfeeding

Anticipatory Guidance	Pure Breastmilk							
	Yes		No		Total		OR (95% CI)	P value
	n	%	n	%	n	%		
Based on FCC	19	73,1	7	26,9	26	100	1,696 (0,525-5,481)	0,375
Not Based on FCC	16	61,5	10	38,5	26	100		
Total	35	67,3	17	32,7	52	100		

The results of the analysis of several characteristics of respondents consisting of age, level of education, socioeconomic status, history of childbirth and childbirth, the health status of babies at birth and the status of ownership and the number of reading MCH books obtained an illustration that most of the respondents were at productive age, namely in the age range between 25 and 35 years which in this age group is an excellent time to give birth and care for babies.

This is supported by the explanation of Supartini (2004) in Oktafiani, et al. (2015), which states that the age range of 20-35 years is suitable for carrying out the role of caregiving. Based on the results of research by Oktafiani et al. (2015), it known that the majority of research respondents who are in the age range of 20-35 years have achieved the role of a good mother (Oktafiani, Fajarsari, & Mulidah, 2014). The majority of respondents have a secondary education with economic status in the middle strata. Based on the status of labor, most respondents gave birth spontaneously and have had more than one delivery. The health status of the respondent's baby at birth was mostly in good health.

Characteristics of respondents based on the frequency of reading the MCH book, more respondents have read the MCH book more than twice. This shows that the respondent's interest in reading MCH is right, however, the participation and initiative of other family members to participate in reading MCH is also necessary because the data shows that there are still many MCH books that are only read by mothers. The information about health care contained in the MCH handbook is complete. It needs to be understood by mothers and other family members to build ethical commitment among family members in caring for babies. Interviews conducted with respondents described that the MCH handbook was obtained from health workers when conducting pregnancy checks both at the Polindes and at the Puskesmas. Health workers will convey messages to read the MCH book. However, they have not guided how to read and understand the contents of the book as a whole. A result of research on the use of MCH books by mothers shows that the utilization and knowledge of mothers about MCH books can improve through educational activities in Toddler Classes (Ningtyas, 2017).

Coverage of exclusive breastfeeding remains a challenge for health workers. Based on this research data, there are still 32.7% of respondents who do not give breast milk only until the baby is two months old. That is, as many as 17 of the 52 respondents did not provide exclusive breastfeeding. The results of interviews conducted with respondents showed that most of the reasons mothers do not give breast milk only are mothers feel that their milk is small, so it does not adequately meet the needs of the baby. Some said that other family members suggested giving extra formula milk to make the baby fatter. A study of breastfeeding practices shows that the success of exclusive breastfeeding influenced by maternal confidence. Autogenic relaxation methods can reduce maternal anxiety and can increase the confidence of mothers to breastfeed so that the duration of breastfeeding becomes longer (Juanita & Suratmi, 2016). As the results of research on the needs of postpartum mothers with breastfeeding problems have not yet come out, it is known that

postpartum mothers expect nurses to provide psychosocial care through counseling, support in the form of convincing words to build confidence in breastfeeding babies. Also, postpartum mothers with breastmilk have not yet come out wanting a patient officer who is not in a hurry to give formula milk. Based on this research, psychosocial care determines the success of exclusive breastfeeding (Jeniawaty, Utami, & Nisa 'Cairo, 2016).

Statistical tests to determine the relationship between FCC-based anticipatory guidance with newborn care practices consisting of IMD and breastfeeding, immunization, umbilical cord care, and growth and development monitoring showed a value of p> 0.05 which means there were no significant differences between practices baby care in the group of respondents who received FCC-based anticipation guidance with a group of respondents who given anticipation guidance was not FCC-based. However, the frequency of respondents who received FCC-based anticipation guidance practiced IMD and breastfeeding only until the baby was two months old was more significant than the anticipation guidance group, which is not based on FCC. The results of the bivariate analysis between the characteristics of respondents with the practice of baby care showed that there was a relationship between the types of maternal labor and the practice of early breastfeeding, where mothers who gave birth through spontaneous labor had the same chance.

CONCLUSION

Statistically through the Chi Square statistical test showed a value of p> 0.05 which means there is no significant difference between the practice of infant care in the group of respondents who received FCC-based anticipation guidance with the group of respondents who provided guidance in anticipation not based on FCC, however the frequency of respondents get FCC-based anticipation guidance implementing early breastfeeding practices and breastfeeding only until the baby is two months old is greater than the anticipation guidance group that is not FCC-based.

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