



The Effectiveness of Duration Skin to Skin Contact and Telactation in Exclusive Breastfeeding for Postpartum Mothers in Tangerang

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ABSTRACT

Skin to Skin Contact (SSC) immediately after birth (SSC), proved could initiate breastfeeding for the first time. Sustaining breastfeeding could stop because the mother cannot be fencing their problems, and the end to stop to breastfeed their baby. the telactation was a solution for mothers with difficulties during lactation with support during pandemics. The aim analysis the characteristic (age, education level, type of birth, and parity), duration of SSC, and telactation to exclusive breastfeeding during two weeks at home. Methodquasi-experimental design, one group posttest-only. Analysis independent T-test, and regression logistic binary among102 respondents with accidental sampling. The results are the majority of mothers age 20-35 (85.3%), Have the highest level of education (93.1%), spontaneous delivery (65.7%), and multipara (69.6%). Duration SSC 31-60 minutes (64.7%) active telactation (83.3%) at least twice during two weeks and (72.5%) have breastfeeding exclusively. SSC<30 minutes positively 16 times and SSC 30 minutes have 26.7 times to exclusive breastfeeding. Parity, duration SSC, and telactation significant to Exclusive breastfeeding ($p<0.05$). Regression logistics was found parity (pvalue 0.036), duration SSC \geq 30 minutes (pvalue 0.005) and telactation (pvalue 0.014). SSC \geq 30 minutes 4 times, parity 3 times, and telactation 4 times influence mothers to exclusive breastfeeding during two weeks at home. The competency of the health professional should be increased and the telactation was one of the alternatives to apply a continuum of care for postpartum mothers who want to breastfeed, with health protocol during the pandemic.

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INTRODUCTION

The WHO recommendation to support successful breastfeeding which will also have an impact on the achievement of exclusive breastfeeding is to facilitate skin to skin contact (SSC) or skin contact between mother and baby then start breastfeeding in the first hour after birth and be exclusively breastfed for 6 months. Breastfeeding newborns in the first hour of life or better known as early initiation of breastfeeding (IMD) is very important for the survival of newborns and the success of breastfeeding in the long term. Research conducted at the Kereng Pangi Health Center in Kalimantan showed that infants who did not initiate early

breastfeeding were 9.17 times at risk of not getting exclusive breastfeeding compared to infants who did early initiation of breastfeeding (Mawaddah, 2018). Recent research has shown that SSC of mother and baby immediately after birth helps to start early breastfeeding and increases the chances of successful exclusive breastfeeding for one to four months of life as well as the entire duration of breastfeeding (UNICEF, 2020).

Skin to skin contact or commonly called SSC is placing the baby on the mother's chest immediately after birth. The process of skin to skincontacts and early initiation of breastfeeding significantly increases the success of exclusive breastfeeding for baby (Sharma, 2016). Baby that facilitated

of SSC have been shown to show more efficient sucking patterns, increase the ability to breastfeed in baby and express milk in mothers (Karimi et al., 2019). In a study conducted by Bramson, et al. (2010) by collecting data from 19 hospitals, that longer skin-to-skin contact between mother and baby will increase the success of exclusive breastfeeding during hospitalization (pvalue <0.001).

Availability of health care for mothers and baby, starting from pregnancy check-ups, delivery with SSC and IMD processes, and treatment periods in the hospital room. Mothers and babies certainly still need ongoing care at home. Continuing care or CoC (Continuity of Care) is the basis of health services that can improve the welfare of mothers and babies. The implementation of CoC for postpartum maternal care is still low in Indonesia, around 70%-86% in the period 2007 to 2016 (Ministry of Health, 2019). The impact of this pandemic can cause stress and worry for postpartum mothers who are still adapting to breastfeeding activities. Breastfeeding mothers really need to continue to get support in the form of assistance so that they can overcome problems during the breastfeeding process.

During the pandemic, there were also advertisements for formula milk both in various media, where it was informed that it could be easily obtained and free for certain products as a form of caring for the fight against corona. This will have a negative impact for mothers who are still adapting to breastfeeding during this pandemic, will decide to provide nutrition to their babies because there is no support and assistance received.

This Pandemic period, the use of tele-counseling is an alternative in overcoming the problems of breastfeeding mothers at home. Patel & Pusdekar (2019), said one to one counseling is the standard so that mothers can breastfeed, providing home visits is no longer possible. The use of mobile phones and other assistive devices in the postpartum period can increase the rate of exclusive breastfeeding. Tele-counseling interventions are also used to optimize women's mental health (Vlassopoulos et al., 2020). (Grubestic & Durbin, 2020). Tele-lactation can use communication technologies such as Skype, Facetime, and social media (eg, Facebook). Telelactation can provide support and provide information needed during breastfeeding that is not fulfilled because of the distance to reach health facilities.

Hospitals are individual health care facilities, places of birth, and places where life begins. In connection with this, the management of breastfeeding in hospitals plays an important role in the success of mothers breastfeeding their baby. Nationally, the implementation of the IMD in 2018 was 71.7% and has reached the Renstra target in 2018 of 47.0% (Ministry of Health RI, 2019). The hospital in an effort to support the Government's program has made policies and SOPs related to early breastfeeding initiation which includes SSC, but in practice the SSC process has not been carried out optimally. Therefore, many mothers who give birth vaginally and by cesarean have not been able to breastfeed optimally, both from mothers who have not been able or have experience in positioning and the baby's ability to breastfeed (Kahalon et al., 2021).

The process of skin to skin contact and early initiation of breastfeeding significantly increases the success of exclusive breastfeeding for babies (Sharma, 2016). Researchers see that the implementation of skin to skin contact is not optimal yet in the maternal service process in E and A Hospital Tangerang because the skin to skin contact process is still considered an IMD process. One of the supporting factors in successful breastfeeding is skin-to-skin contact as early as possible after the baby is born. The researcher wants

to implement the CoC program through a health education program for mothers who have SSC experience, in the form of treatment for three days in a hospital (RS) and followed by telelactation on breastfeeding education for two weeks after giving birth to empower mothers to carry out their new roles safely.

METHOD

This research method uses quantitative research with a quasi-experimental research design with a one-group design with only post-treatment measurements (one group posttest-only design), namely observing after treatment without a control group and without a pre-treatment group. The statistical test used in this study was an independent T test which aims to analyze the relationship and binary logistic regression to analyze the effectiveness of the duration of skin to skin contact and telelactation on the success of exclusive breastfeeding for two weeks at home.

The univariate variables of this study were age, education, parity, duration of mothers who experienced skin to skin contact and mothers who gave exclusive breastfeeding during treatment at Hospital E and Hospital A and the activity of mothers who participated in telelactation. Bivariate analysis, the statistical test used in this study was the independent T test which aims to analyze the effectiveness of the duration of skin to skin contact and telelactation on the success of exclusive breastfeeding during treatment with breastfeeding. Multivariate analysis using binary logistic regression was used when the variables studied were more than 2 variables. In this study there were independent variables (parity, SSC duration < 30 minutes and > 30 minutes, and telelactation) and the dependent variable (Success of exclusive breastfeeding) wherein other variables that did not have a relationship were excluded in this relationship test. The parameter significance test was simultaneously conducted to assess whether all variables had a significant effect on the success of exclusive breastfeeding.

In this study, the average number of mothers who gave birth spontaneously in 2 hospitals was 20 people/month. The sampling technique used in this study is Accidental Sampling. The formula to calculate the minimum sample size needed for accuracy in making estimates or proportion estimates in this study uses the Slovin formula. Total respondents are 120. The inclusion and exclusion criteria in this study are,

Inclusion criteria:

- 1) Mothers who gave birth spontaneously and CS
- 2) Skin to skin contact in first hour after delivery with a duration of 0-30 minutes and 31-60 minutes.
- 3) The condition of the mother and baby is stable.

Exclusion criteria

- 1) Mothers who gave birth spontaneously and CS but the baby requires resuscitation
- 2) Mothers who gave birth by cesarean section
- 3) Mothers who don't do skin to skin contact

The location of the research was carried out in two private hospitals in Tangerang. This location was chosen because this program/model will improve the preventive service program at Hospitals E and A that do not yet have

SOP for skin to skin contact and telelactation. Research time starts from February to September 2021.

The measurement tool in this study used a stopwatch where the observations were recorded in the observation sheet. This study also conducted an interrater reliability test with the Kappa statistical test, which is a type of test used to equalize perceptions in this case between researchers and research assistants. The interrater reliability test was carried out to 2 midwives at the research hospital by giving several questions to equalize perceptions related to the observation sheet to be carried out in the study. The results of the Kappa statistical test obtained a value of 1,000, which means the correlation is perfect and valid, this shows that the perception of the midwife who helps researchers is the same as the perception of the researcher.

In this study, data were collected using a questionnaire which included: Respondent's Demographic Form, containing the characteristics of the respondents, such as age, parity, education filled out by nurses in the midwifery room in 2 hospitals.

Skin to Skin Contact and Telelactation Duration Form including the time the baby was born, the duration of skin to skin contact using a stopwatch within 0-30 minutes and 31-60 minutes,

Observation of breastfeeding during treatment in Hospital E for spontaneous and Hospital A for spontaneous and cesarean section for 3 days.

The telelactation form includes active participation, namely making contact 1-2 times and more than 3 times in 2 weeks, which is accompanied by breastfeeding problems faced for 2 weeks at home.

Research ethics received ethical approval by KEPPK STIK Sint Carolus No: 032/KEPPKSTIKSC/IV/2021.

RESULTS AND DISCUSSION

Table 1
Frequency Distribution of Respondents' Characteristics During Treatment at Hospital

Variabel	f	%
Age		
≤ 20 yo	0	0.0
20-35 yo	87	85.3
≥ 35 yo	15	14.7
Level of Education		
Low	7	6.9
High	95	93.1
Type of felivery		
Normal	67	65.7
Sectio Caesaria	35	34.3
Parity		
Primipara	31	30.4
Multipara	71	69.6
Duration SSC		
0-30 Minutes	36	35.3
31-60 Minutes	66	64.7
Telelactation		
Not participating	17	16.7
Actively participate	85	83.3
Exclusif Breastfeeding		
No (Mix feeding)	28	27.5
Yes	74	72.5
Total	102	100

(Source: Primary Data, 2021)

Table 2.
The Effectiveness of the Duration of Skin to Skin Contact 0-30 and 31-60 Minutes on Exclusive Breastfeeding Success

Duration SSC	N	Min-Max	Mean	P-value	T
≤ 30menit	36	15.0-30.0	18.5	0.045	15.98
>30menit	66	31.0-120.0	60,5	0,000	26.7

(Source: Primary Data, 2021)

Table 3.
Relationship of Maternal Age, Education, Parity, Skin To Skin Contact and Telelactation to Exclusive Breastfeeding Success

Group	Exclusive Breastfeeding Success				p-value
	No breast milk/Mix		Ex breast milk		
	n	%	n	%	
Age					
20-35 years old	23	26.4	64	73.6	0.393
35 years old	5	33.3	10	66.7	
Education					
Low	2	28.6	5	71.4	0.622
Tall	26	27.7	69	71.6	
Type of Delivery					
Normal	23	26.4	64	73.6	0.393
SC	5	33.3	10	66.7	
Parity					
Primipara	13	41.9	18	58.1	0.029*
Multipara	15	21.1	56	78.9	
SSC					
<30 minutes	16	44.4	20	55.6	0.005*
31 minutes	12	18.2	54	81.8	
Telelactation					
Not participating	10	58.8	7	41.2	0.003*
Actively participate	18	21.1	67	78.8	

Tabel 4
The results of the multivariate logistic regression test Parity, Skin To Skin Contact and Telactation on the Success of Exclusive Breastfeeding

		Sig.	Exp(B)	95% C.I.for EXP(B)	
				Lower	Upper
Step 13 ^a	Parity	.029	3.301	1.126	9.671
	Duration SSC1	.558	2.152	.165	28.021
	SSC2	.005	4.256	1.537	11.787
	Telekaktasi	.014	4.456	1.361	14.590
	Constant	.005	.001		
Step 2 ^a	Paritas	.036	3.060	1.078	8.684
	Duration SSC2	.005	4.236	1.538	11.668
	Telelaktasi	.014	4.369	1.345	14.186
	Constant	.001	.003		

(Source: Primary Data, 2021)

The benefits of exclusive breastfeeding for babies are to increase the baby's body resistance and help the development process of baby's brain and physic (Brahm & Valdés, 2017). Exclusive breastfeeding can also help reduce the risk of sudden infant death syndrome (CDC, 2018). Breastfeeding can improve children's nutritional status so that reducing morbidity and mortality, and if started early, can reduce neonatal mortality (Sharma, 2016).

Table 1 shows the frequency distribution of respondents (mother's age, mother's education and parity) during treatment at Hospital E and Hospital A, namely the majority aged 20-35 years as much as 85.3%, higher education (\geq SMA) as much as 93.1%, and the type of spontaneous delivery, or normal 65.7% and multipara as much as 69.6%.

The results of research conducted by Fakhidah & Palupi, (2018) and Untari, (2017) show that the average number of mothers who give birth to the majority is at the age of 20-35 years. The level of education is an effort made by humans to improve the intellectual and emotional aspects (Syafri & Zen, 2017). In a research conducted by Dewi et al (2017), it was explained that 76.9% of mothers who gave birth had higher education, namely at the high school / SMA and college level. According to Untari (2017), most of the mothers who gave birth were mothers with multiparous obstetric status as much as 62.5%. In the research of Bramson et al. (2010), said the type of spontaneous or normal delivery (69.8%) was more than cesarean section (30.2%). Most of the duration is 31-60 minutes as much as 64.7% and actively participates in telactation as much as 83.3%. Skin contact mother with baby should be done minimum in an hour it was because some baby will find mother's nipple in 30-60 minutes once skin to skin contact done. (Health Ministry of Indonesia, 2011)

The results of this study as conducted by Lau et al (2018) said that the majority of Skin To Skin Contacts were done for 30 minutes with the type of spontaneous delivery and cesarean section. Hakala et al (2017) said 41-51 minutes was the time required for SSC for mothers with spontaneous labor. according to Uscher-Pines et al (2020) and Kapinos (2019) implementation of telactation at home after discharge from the hospital was dominantly followed by postpartum mothers who participated in more than 50% of the total participants. On Exclusive breastfeeding during treatment at Hospital E & Hospital A was mostly successful as much as 72.5%. In the results of research by Lau et al (2018) and Kapinos (2019) Exclusive breastfeeding is more

dominant successfully, more than 50% in mothers who receive telactation and experience skin to skin contact.

Table 2 shows the difference in the duration of SSC 30 Minutes and > 30 minutes with a t value of 15.98 (p-value 0.045) and 26.7 (p-value 0.000) which means that the duration of SSC more than 30 minutes has a positive impact on exclusive breastfeeding both during hospitalization and two weeks at home. . The factor that influences a mother to breastfeed during the postpartum period is practice based on hospital standards that facilitates mother and baby to make skin-to-skin contact immediately after birth in accordance with BFHI (Baby Friendly Hospital Initiate) standards. Chapin et al (2021) said that the step of successful breastfeeding is in stage 4, namely facilitating SSC immediately after birth, this requires competence from health workers. Chapin et al (2021) said continuity breastfeeding mother supported by a second step from BFHI where health workers in maternity need skill in competence in accompanying breastfeeding mother.

SSC has benefits for both the baby and the mother. Some of the benefits for babies includestabilize the body temperature of newborns, stabilize blood glucose, reduce crying, and sudden infant death syndrome. The benefits for mothers when experiencing SSC are reducing maternal stress, reducing postpartum bleeding, increases the opportunity for early breastfeeding, which leads to exclusive breastfeeding, and increases bonding (Bonding Attachment) and maternal role satisfaction (Feldman-Winter et al., 2016). In research conducted by Hakala (2017), the duration of SSC in mothers with the spontaneous type of delivery took 41-51 minutes for SSC, while the CS type of delivery experienced more delays in SSC, this would have an impact on the continuity of breastfeeding.

The results of this study are in line with the research conducted by Bramson et al. (2010) with a prospective cohort study method collected that the duration of SSCt was divided into 4 times in the first 3 hours after birth (1-15 minutes, 16-30 minutes, 31-59 minutes, and 1-3 hours). In this research, it was found that longer skin-to-skin contact between mother and baby will increase the success of exclusive breastfeeding during hospitalization (p value < 0.001) so it can be concluded that SSC less than 30 minutes is less effective with successful exclusive breastfeeding. Other research is in line with research conducted by Safari et al., (2018) and Sharma (2016) which states that there is a relationship between SSC and the success of exclusive breastfeeding with p < 0.000. SSC has positive impact as

much as 3-4 times to 26 times in success of exclusive breastfeeding in newborn baby.

Research conducted by Walk et al (2017) states that there are many factors that influence exclusive breastfeeding properly, one of which is SSC and the type of delivery. The duration of SSC on the first day of birth has a positive impact on exclusive breastfeeding, but at the 2nd month and so on, the duration of SSC is not very significant in the effect of exclusive breastfeeding. The results of this research are different from the study conducted by Vila Candell et al (2018) which said that 68.6% of women breastfed exclusively if they had SSC after 1-3 months postpartum regardless of the duration of SSC ($p < 0.001$).

Based on the results of this research, the researchers assumed that the duration of SSC had an effect on exclusive breastfeeding during hospitalization and at home. The ability of mothers to exclusively breastfeed is supported by the majority of mothers who have higher education (\geq high school / SMA) of 93.1% and multiparas who have previous experience of 69.6% so that mothers doing SSC do not experience difficulties. Anxiety during childbirth can be overcome with this SSC so the mother can experience the process of bonding. The majority of mothers aged 20-35 years (66.7%), had and multiparous mothers (69.6%) and the type of spontaneous delivery (65.7%) which were able to influence mothers to exclusively breastfeed. Giving SSC early regardless of duration has an impact on the success of SSC, but the longer given the SSC is the better for bonding between mother-baby so that it affects lactogenesis and smoothness in exclusive breastfeeding.

Table 3 Table 5.6 statistical test results using the Chi Square test show that parity, duration of SSC and telelactation affect the success of exclusive breastfeeding in hospitals and at home with a p value < 0.05 , while the mother's age and education have no effect on the success of giving Exclusive breastfeeding in hospital and at home ($p > 0.05$).

Stevens et al. (2019), said that doing SSC immediately after birth can increase early initiation of breastfeeding, reduce the use of formula in hospitals and increase bonding which can stabilize the temperature and stress of newborns. SSC activities can not be separated from health education about breastfeeding (self-efficacy-based breast-feeding educational program or SEBEP) which is given for 2.5 hours at 28-38 weeks of pregnancy is able to make mothers have higher breastfeeding confidence which has an impact on increasing the average and duration of exclusive breastfeeding (Chan et al., 2016).

The results of research conducted by Bramson et al (2010) contradicted the results of this study by stating that the level of education, maternal age and type of delivery ($p < 0.001$) had a relationship with exclusive breastfeeding during hospitalization. Another inconsistent research result is that conducted by Ruxer et al. (2013), said that the duration of Skin to Skin (STS) in the hospital was not related to exclusive breastfeeding at 4 and 8 weeks postpartum, because one of the factors that could influence this was the competence of nurses in the maternity room who helped facilitate SSC properly. Research conducted by Ruxer et al. (2013) and Lau et al (2018) said that the duration or longer skin to skin contact more than 30 minutes is not significant with success of given exclusive breastfeeding but SSC immediately after birth in 30 minutes with any type of childbirth can increase exclusive breastfeeding in 4 and 8 weeks postpartum (Ruxer et al., 2013).

The results of this study contradict to the results of this research because the longer the duration of SSC, the greater

the opportunity, which is 26 times for exclusive breastfeeding. This is because the majority of the types of delivery are spontaneous, where pain after delivery is no longer something that the mother feels so much, and primiparous mothers have positive experiences through early initiation of breastfeeding that begins with SSC activities (Hakala et al., 2017). The results of this research contradict the research conducted by Lau et al (2018), which said that facilitating SSC for 30 minutes was positive and significant for the success of early initiation of breastfeeding compared to SSC of more than 30 minutes with childbirth type of CS and spontaneous.

The results of this research on telecounseling or telelactation are in line with Chan., et al (2016), showing that Mothers who received telelactation in the form of breastfeeding counseling for 30-60 minutes by telephone at two weeks postpartum showed an increase in breastfeeding confidence in the mean value ($p < 0.01$) compared to the control group who did not receive the intervention. Exclusive breastfeeding was on average 11.4% in the intervention group while in the control group it was only 5.6% at six weeks postpartum.

The researcher assumed that there was a relationship between parity, duration of SSC and telelactation ($p < 0.005$), because the majority of the characteristics of mothers are primiparous and have experience of SSC duration > 30 minutes, will form a high level of breastfeeding confidence. Assistance in the form of active telelactation can be able to help mothers when they encounter difficulties or breastfeeding problems, this will automatically increase the level of mother's confidence, until finally the mother is able to maintain the continuity of exclusive breastfeeding.

Table 4 shows the results of the Backward logistic regression analysis, shows the relationship between each independent variable (parity, SSC duration < 30 minutes and 30 minutes, as well as telelactation) and the dependent variable (Success of exclusive breastfeeding) where other variables that have no relationship were excluded in this relationship test.

The parameter significance test was simultaneously carried out to assess whether all variables had a significant effect on the success of exclusive breastfeeding. The test results showed that all variables simultaneously affected the success of exclusive breastfeeding ($p = 0.001$). Thus, these variables statistically and individually affect the success of exclusive breastfeeding in hospitals and at home. In the results of data analysis on EXP(B) it can be seen that parity is 3 times to support the success of exclusive breastfeeding, while higher values are in SSC that is carried out for more than 30 minutes and telelactation is 4 times for the success of exclusive breastfeeding at home.

SSC activities carried out immediately after birth cause the baby needs care, these needs can increase neuropsychobiological, increase maternal behavior to respond to the baby's needs and increase lactogenesis (Conde-Agudelo & Díaz-Rossello, 2016). Mother-infant SSC activities have a positive impact on breastfeeding activities and are able to increase success in the average and duration of breastfeeding when breastfeeding is carried out for the first time (Karimi et al., 2019). Problems during breastfeeding and the need for virtual assistance with telelactation are breast pain, abrasions, and infection and attachment problems, and around 91% said they were satisfied with the services they received (Kapinos et al., 2019). In this research almost 90% is position problem and attachment that impact in breast pain because the breast is swollen and the nipple is blisters. It should be done

assistance minimum two active contact by chat WA, VC or zoom for two weeks.

The results of this research are in line with research conducted by Tara & Bagheri (2017), which showed that primiparous mothers who were facilitated by SSC who continued for the first two hours after delivery compared to mothers who experienced routine care at the Mother and Baby Care Hospital (BFHI), had a significant relationship in early initiation of breastfeeding within the first 30 minutes after birth and exclusive breastfeeding in the neonatal period (Khadivzadeh et al., 2017).

Chan et al(2016), said that breastfeeding mothers' self-confidence will develop in two weeks postpartum, in this study supported by telelactation activities that have a 4 times impact on the success of breastfeeding with exclusive breastfeeding. Mother's confidence will increase gradually supported by a high educational background, namely SMA which affects the success of exclusive breastfeeding 3 times and is supported by the experience of SSC immediately after giving birth with a duration of 30 minutes which provides a positive atmosphere in the experience of breastfeeding for the first time in primiparous mothers. and this is the first thing to feel the benefits immediately. The need for the same understanding and perception for nurses as standard operating procedures in the treatment room at the hospital, how to do SSC correctly on all mothers after delivery. Increase of nurse competence as the Second step from BHFI (Chapin et al., 2021).

The duration of the SSC intervention < 30 minutes and >31 minutes had an effect on exclusive breastfeeding during hospitalization and at home, having 15.98 and 29.7 times chances of success for exclusive breastfeeding. This opportunity can have a positive impact, because it is supported by the majority of mothers who have higher education 93.1% and multiparas who have previous experience as much as 69.6% so that mothers doing SSC do not experience difficulties. Anxiety during childbirth can be overcome with this SSC so the mother can experience this bonding process.

Factors that influence a mother to breastfeed during the postpartum period are practices based on hospital standards that facilitate mothers and babies to make skin-to-skin contact immediately after birth in accordance with standards of BFHI (Baby Friendly Hospital Initiate). Chapin et al (2021) said that the step of successful breastfeeding is in stage 4, that is facilitating SSC immediately after birth, this requires competence from health workers. The continuity of breastfeeding mothers is supported by step 2 of BFHI where health workers in the maternity area need skills in this case is competence in assisting breastfeeding mothers.

This study is in line with research conducted by Bramson et al., (2016), longer skin-to-skin contact between mother and baby will increase the success of exclusive breastfeeding during hospitalization (p value < 0.001) so it can be concluded that SSC is less than 30 minutes less effective has a not too big impact on the success of exclusive breastfeeding while in the hospital and at home.

Many factors influence exclusive breastfeeding, one of which is the duration of SSC and the type of delivery. The duration of SSC on the first day of birth had a positive impact on exclusive breastfeeding, but at the second month and so on, the duration of SCC was not significantly affected by exclusive breastfeeding. The results of this study are different from the research conducted by Vila Candel et al (2018)said 68.6% of women breastfed exclusively if they had skin-to-skin contact after 1-3 months postpartum regardless of the duration of SSC (p < 0.001).

Significant relationship on parity, duration of SSC and telelactation (p<0.005), because the majority of the characteristics of mothers were multiparous and had experience of SSC duration > 30 minutes, would form a high level of breastfeeding confidence. Assistance in the form of active telelactation can be able to help mothers when they encounter difficulties or breastfeeding problems, this will automatically increase the level of mother's confidence, until finally the mother is able to maintain the continuity of exclusive breastfeeding.

SSC activity >30 minutes and parity and continuous care with telelactation were shown to have an effect on the success of exclusive breastfeeding for two weeks. Primiparous mothers who were facilitated by SSC that continued for the first two hours after delivery compared with mothers who experienced routine care at the Maternal and Infant Care Hospital (BFHI), had a significant relationship in early initiation of breastfeeding within the first 30 minutes after birth and exclusive breastfeeding in the neonatal period.(Khadivzadeh et al., 2017).

Chan et al (2016), said that breastfeeding mothers' self-confidence will develop in two weeks postpartum, in this study supported by telelactation activities that have a 4-times impact on breastfeeding success with exclusive breastfeeding. Mother's confidence will increase gradually supported by a high educational background, that is SMA (high school) which affects the success of exclusive breastfeeding 3 times and is supported by the experience of SSC immediately after delivery with a duration of 30 minutes which provides a positive atmosphere in the experience of breastfeeding for the first time in primiparous and this is the first thing to feel the benefits immediately.

The need for the same understanding and perception for nurses as standard operating procedures in the treatment room at the hospital, how to do SSC correctly in all mothers after delivery. This nurse competency improvement is in accordance with the second step of BFHI (Chapin et al., 2021).

LIMITATION OF THE STUDY

There is no limitation of this study.

CONCLUSION AND SUGESTION

The effect of SSC duration < 30 minutes had a positive impact on 15.98 times and >30 minutes had 26.7 times on exclusive breastfeeding during at hospital and two weeks at home. Parity, SSC and telelactation were associated with successful exclusive breastfeeding (p<0.05).

The results of the regression test obtained parity (p-value 0.036), duration of SSC >30 minutes (p-value 0.005) and telelactation (p-value 0.014). SSC≥30 minutes 4 times, parity 3 times and telelactation 4 times affect the success of exclusive breastfeeding for two weeks.

The importance of competency of health workers in facilitating SSC immediately after giving birth so that they can maintain the continuity of exclusive breastfeeding activities.

Telelactation can be an option in hospitals as an embodiment of continuous care while still paying attention to health protocols.

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REFERENCE

- Aksu, H., Küçük, M., & Düzgün, G. (2011). The effect of postnatal breastfeeding education/support offered at home 3 days after delivery on breastfeeding duration and knowledge: A randomized trial. *Journal of Maternal-Fetal and Neonatal Medicine*, 24(2), 354–361. <https://doi.org/10.3109/14767058.2010.497569>
- Brahm, P., & Valdés, V. (2017). Sociedad Chilena de Pediatría CIIInCal OveRvlew Benefits of breastfeeding and risks associated with not breastfeeding Beneficios de la lactancia materna y riesgos de no amamantar. *Benefits of Breastfeeding and Risks Associated with Not Breastfeeding*, 88(1), 15–21. https://scielo.conicyt.cl/pdf/rcp/v88n1/en_art01.pdf
- Bramson, L., Lee, J. W., Moore, E., Montgomery, S., Neish, C., Bahjri, K., & Melcher, C. L. (2010). Effect of early skin-to-skin mother-infant contact during the first 3 hours following birth on exclusive breastfeeding during the maternity hospital stay. *Journal of Human Lactation*, 26(2), 130–137. <https://doi.org/10.1177/0890334409355779>
- Centers for Disease Control and Prevention. (2018). CDC'S WORK TO SUPPORT & PROMOTE Breastfeeding. www.cdc.gov/nccdphp/dnpao%0Awww.cdc.gov/nccdphp/dnpao%0Ahttps://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html
- Chan, M. Y., Ip, W. Y., & Choi, K. C. (2016). The effect of a self-efficacy-based educational programme on maternal breastfeeding self-efficacy, breast feeding duration and exclusive breast feeding rates: A longitudinal study. *Midwifery*, 36, 92–98. <https://doi.org/10.1016/j.midw.2016.03.003>
- Chapin, E. M., Chen, C. H., Dumas, L., MacEnroe, T., Smith, L. J., Begin, F., & Grummer-Strawn, L. (2021). The Paradigm Shift in BFHI Step 2: From Training to Competency Verification. *Journal of Human Lactation*, 37(3), 532–538. <https://doi.org/10.1177/0890334421995098>
- Conde-Agudelo, A., & Díaz-Rossello, J. L. (2016). Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *Cochrane Database of Systematic Reviews*, 2016(8). <https://doi.org/10.1002/14651858.CD002771.pub4>
- Dewi, T., Rachmawati, I. N., & Sabri, L. (2017). Pengaruh Kontak Kulit ke Kulit Segera terhadap Keyakinan Ibu Menyusui Paska Bedah Sesar The Effect of Skin to Skin Contact Immediately to Maternal Breastfeeding Self-Efficacy after Cesarean Section “. 5.
- El-Gilany, A. H., & Abdel-Hady, D. M. (2014). Newborn first feed and prelacteal feeds in Mansoura, Egypt. *BioMed Research International*, 2014(December 2013), 2584–2587. <https://doi.org/10.1155/2014/258470>
- Fakhidah, L. N., & Palupi, F. H. (2018). Analisis Faktor Yang Mempengaruhi Pemberian Asi Eksklusif. *Jurnal Kebidanan*, 10(02), 181. <https://doi.org/10.35872/jurkeb.v10i02.291>
- Fauziah, S., & Sutejo. (2012). *Buku Aja Keperawatan Maternitas kehamilan*. Kencana.
- Feldman-Winter, L., Goldsmith, J. P., Moon, R. Y., Darnall, R. A., Goodstein, M. H., Hauck, F. R., Willinger, M., Shapiro-Mendoza, C. K., Watterberg, K. L., Cummings, J. J., Benitz, W. E., Eichenwald, E. C., Poindexter, B. B., Stewart, D. L., Aucott, S. W., Puopolo, K. M., Wang, K. S., Raju, T. N. K., Barfield, W. D., ... Couto, J. (2016). Safe sleep and skin-to-skin care in the neonatal period for healthy term newborns. *Pediatrics*, 138(3). <https://doi.org/10.1542/peds.2016-1889>
- Fu, I. C. Y., Fong, D. Y. T., Heys, M., Lee, I. L. Y., Sham, A., & Tarrant, M. (2014). Professional breastfeeding support for first-time mothers: A multicentre cluster randomised controlled trial. *BJOG: An International Journal of Obstetrics and Gynaecology*, 121(13), 1673–1683. <https://doi.org/10.1111/1471-0528.12884>
- Grubestic, T. H., & Durbin, K. M. (2020). The complex geographies of telelactation and access to community breastfeeding support in the state of Ohio. *PLoS ONE*, 15(11 November), 1–26. <https://doi.org/10.1371/journal.pone.0242457>
- Hakala, M., Kaakinen, P., Kääriäinen, M., Bloigu, R., Hannula, L., & Elo, S. (2017). The realization of BFHI Step 4 in Finland – Initial breastfeeding and skin-to-skin contact according to mothers and midwives. *Midwifery*, 50(March), 27–35. <https://doi.org/10.1016/j.midw.2017.03.010>
- Kahalon, R., Preis, H., & Benyamini, Y. (2021). Who benefits most from skin-to-skin mother-infant contact after birth? Survey findings on skin-to-skin and birth satisfaction by mode of birth. *Midwifery*, 92(August 2020), 102862. <https://doi.org/10.1016/j.midw.2020.102862>
- Kandice, K., Virginia, K., Debra, B., Ristin, Demirci, Mary, A. R., & Lori, U.-P. (2019).). The use of and experiences with telelactation among rural breastfeeding mothers: Secondary analysis of a randomized controlled trial. *Journal of Medical Internet Research*, 21(9).
- Kapinos, K. A., Virginia, K., Bogen, D. L., Ray, K. N., Demirci, J. R., Mary, A. R., & Uscher-Pines, L. (2019). The use of and experiences with telelactation among rural breastfeeding mothers; secondary analysis of a randomized controlled trial. *Journal of Medical Internet Research*, 21. <https://doi.org/https://doi.org/10.2196/13967>
- Karimi, F. Z., Sadeghi, R., Maleki-Saghooni, N., & Khadivzadeh, T. (2019). The effect of mother-infant skin to skin contact on success and duration of first breastfeeding: A systematic review and meta-analysis. *Taiwanese Journal of Obstetrics and Gynecology*, 58(1), 1–9. <https://doi.org/10.1016/j.tjog.2018.11.002>
- Kemenkes RI. (2011). *Buku Saku Pelayanan Kesehatan Neonatus Esensial*. Kemenkes. http://dinkes.acehselatankab.go.id/uploads/Buku_Saku_11.pdf
- Kemenkes RI. (2019). *Profil Kesehatan Indonesia 2018* Kemenkes RI. (2019). http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Data-dan-Informasi_Profil-Kesehatan-Indonesia-2018.pdf
- Khadivzadeh, T., Karimi, F. Z., Tara, F., & Bagheri, S. (2017). The effect of postpartum mother-infant skin-to-skin contact on exclusive breastfeeding in neonatal period: A randomized controlled trial. *International Journal of Pediatrics*, 5(7), 5409–5417. <https://doi.org/10.22038/ijp.2016.7522>
- Lau, Y., Htun, P., Lim, P. I., Ho-Lim, S., & Klainin-Yobas, P. (2015). Maternal, infant characteristics, breastfeeding techniques, and initiation: Structural equation modeling approaches.

- PLoS ONE, 10(11), 1–17. <https://doi.org/10.1371/journal.pone.0142861>
- Lubbe, W., Botha, E., Niela-Vilen, H., & Reimers, P. (2020). Breastfeeding during the COVID-19 pandemic - a literature review for clinical practice. *International Breastfeeding Journal*, 15(1), 1–9. <https://doi.org/10.1186/s13006-020-00319-3>
- Mawaddah, S. (2018). Hubungan Inisiasi Menyusu Dini Dengan Pemberian Asi Eksklusif Pada Bayi. *Jurnal Info Kesehatan*, 16(2), 214–225. <https://doi.org/10.31965/infokes.vol16.iss2.185>
- Novita, R. V., Haryeni, S., Setiawan, D., & Pratitasari, D. (2020). Panduan telekonseling Pemberian Makan Bayi dan Anak Untuk Konselor.
- Patel, A., & Pusdekar, Y. (2019). Antenatal and Postnatal Counseling Support for Improving Breastfeeding Practices. *Indian Pediatrics*, 56(2), 107–108.
- Putri, R. H., Surmiasih, S., Kameliawati, F., & Afifah, H. (2020). Inisiasi Menyusu Dini dan Pencapaian Involusi Uterus pada Ibu Postpartum. *Faletehan Health Journal*, 7(03), 149–154.
- Ruxer, D. J., Burkhardt, M., Brewer, T., Leakeas, T., Shay, M., Mateer, K., & Seipel, B. (2013). The Impact of Increased Skin-to-Skin Contact on Breastfeeding Neonates on Exclusive Breastfeeding at 4 and 8 Weeks Postpartum. *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 42, S85–S86. <https://doi.org/10.1111/1552-6909.12176>
- Safari, K., Saeed, A. A., Hasan, S. S., & Moghaddam-Banaem, L. (2018). The effect of mother and newborn early skin-to-skin contact on initiation of breastfeeding, newborn temperature and duration of third stage of labor. *International Breastfeeding Journal*, 13(1), 1–8. <https://doi.org/10.1186/s13006-018-0174-9>
- Sakale, B., & Azembe, A. (2011). Factors influencing the utilisation of postnatal care at one week and six weeks among ibus at zomba central hospital in malawi. *Evidence Based Midwifery*, 9(4), 131–136. <http://www.rcm.org.uk/ebm>
- Saragih, E. C. (2017). Hubungan pemberian inisiasi menyusui dini dan asi dengan daya tahan tubuh pada bayi diposyandu wilayah kerja puskesmas saran padang kecamatan dolok silau kabupaten simalungun tahun 2017. 7–59.
- Sari, Y., Sunarsih, S., Tinggi, S., Kesehatan, I., & Palembang, A. (2020). Pengaruh Inisiasi Menyusu Dini (Imd) Terhadap Lama Pelepasan Plasenta Pada Ibu Bersalin Kala Iii Effect of Early Breastfeeding Initiation (Imd) To Length of Placental Release in Maternal Womb Iii. 5(1).
- Setiani, A. (2016). Asuhan Kebidanan Neonatus, Bayi, Balita Dan Anak Usia Pra Sekolah. PusDik SDM Kesehatan.
- Sharma, A. (2016). Efficacy of early skin-to-skin contact on the rate of exclusive breastfeeding in term neonates: A randomized controlled trial. *African Health Sciences*, 16(3), 790–797. <https://doi.org/10.4314/ahs.v16i3.20>
- shafaly, shorey. (2013). The effectiveness of a postnatal psychoeducation programme on outcomes of first-time mothers in singaporeNo Title. Available from ProQuest Dissertations & Theses Global. <http://scholarbank.nus.edu.sg/handle/10635/48527>
- Supardi, S., & Rustika. (2013). Buku Ajar Metodologi RisetKeperawatan. cv.trans info media.
- Syafril, & Zen, Z. (2017). No Title (pertama). Kencana.
- UNICEF. (2020). Issue brief maternal and child health. https://www.unicef.org/indonesia/A5-_E_Issue_Brief_Maternal_REV.pdf
- Untari, J. (2017). Hubungan antara Karakteristik Ibu dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Minggir Kabupaten Sleman. *Jurnal Formil (Forum Ilmiah) KesMas Respati*, 2(April), 17–23. <http://formilkesmas.respati.ac.id/index.php/formil/article/view/58/31>
- Uscher-Pines, L., Ghosh-Dastidar, B., Bogen, D. L., Ray, K. N., Demirci, J. R., Mehrotra, A., & Kapinos, K. A. (2020). Feasibility and Effectiveness of Telelactation Among Rural Breastfeeding Women. *Academic Pediatrics*, 20(5), 652–659. <https://doi.org/10.1016/j.acap.2019.10.008>
- Vila-Candel, R., Duke, K., Soriano-Vidal, F. J., & Castro-Sánchez, E. (2018). Affect of Early Skin-to-Skin Mother–Infant Contact in the Maintenance of Exclusive Breastfeeding: Experience in a Health Department in Spain. *Journal of Human Lactation*, 34(2), 304–312. <https://doi.org/10.1177/0890334416676469>
- Vlassopoulos, M., Pakrashi, D., Siddique, A., Islam, A., Rahman, T., & Ahmed, F. (2020). COVID-19 and Women ' s Mental Health : Evidence from a Telecounseling Intervention in.