

The description of early initiation breastfeeding

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Abstract

Early Initiation Breastfeeding (EIB) giving a chance to improve bonding attachment between mother and her infant. Moreover, EIB help to decrease the incidence of postpartum hemorrhage, increase the continuing and period of breastfeeding. The study was conducted to describe the process of EIB in one of district hospital in Yogyakarta Province, Indonesia. A descriptive quantitative method was used to describe factors related to the process of EIB. 150 mothers who giving birth on the period of data collection were recruited as samples. The results show that the number of EIB is 44,7%. The most reason as the obedience of EIB is the limitation number of health care provider (42,86%).

Keywords : early initiation breastfeeding; giving birth; health care provider

Gambaran pelaksanaan inisiasi menyusui dini

Abstrak

IMD memberikan ikatan ibu dan bayi, merangsang produksi ASI, mengurangi kejadian perdarahan *postpartum*, keberlangsungan pemberian ASI *Eksklusif* dan periode lama menyusui. Penelitian ini bertujuan untuk mengetahui gambaran pelaksanaan IMD pada ibu bersalin. Penelitian ini merupakan penelitian *Kuantitatif*, dengan metode *Deskriptif Observasional*, menggambarkan pelaksanaan IMD dengan melihat hal-hal yang berkaitan dengan pelaksanaan IMD. Sampel penelitian 150 ibu bersalin Hasil penelitian, pelaksanaan IMD 44,7% dan tidak dilakukan IMD 55,3%. Alasan terbanyak tdk dilakukan IMD adalah keterbatasan petugas kesehatan 42,86%.

Kata kunci: inisiasi menyusui dini; persalinan; tenaga kesehatan

INTRODUCTION

World Health Organization (WHO) highly recommend to Early Initiation Breastfeeding (EIB) during the first two hours after giving birth. EIB have some advantages for mothers and her infants. Infant who get EIB will have more chance to get the colostrum which is highly contains of antibody and help them to improve their ability to prevent their body from infectious diseases (WHO, 2019). EIB giving chance to improve bonding attachment between mothers and their infants. Moreover, EIB helps to decrease factors related to postpartum

hemorrhage and improve continuing and period of breastfeeding. Delayed EIB was indicated the increasing of infant death (Victora, et al., 2016).

Some factors related to the successful of early initiation breastfeeding are mother's age, labor method, parity, and health condition of the newborn (Archana, Anita, & Amol, 2013). The main cause of delayed early initiation of breastfeeding is mother's condition after giving birth. Most of them are fatigue after giving birth. Another reason is Section Caesarea labor method as obstacle to Early Initiation Breastfeeding. As a result, the secretion of breastmilk is decreasing (Preddi, T, & D, 2015).

Indonesian government has the regulation PP. No.33 Tahun 2012 which cover the regulation about exclusive breastfeeding as a positive response to Early Initiation Breastfeeding and Exclusive Breastfeeding. The clauses on those regulation explain that every health care providers and health care facilities responsible to assurance that every mothers have chance to do Early Initiation Breastfeeding to their infants at least 1 hour during the first hour after giving birth (Kemenkes, 2012).

The results of national survey show that the percentage of infants who get Early Initiation of Breastfeeding in Indonesia in 2017 is 51,32% and the percentage of EIB in Yogyakarta Province at the same period is 54,10% (Profil Kesehatan Tahun 2018 (Data 2017), 2018). Wates regional hospital as Mother and Baby Friendly Hospital is the center hospital in Kulon Progo District. The percentages of Early Initiation Breastfeeding in those hospital fluctuated periodically. In 2016, the percentage was 36.55% and decrease to 27,7% in 2017 and 27,1% in 2018. Moreover, the percentage of EIB among mothers with Section Caesaria was 6,1% and 21% among mothers with normal labor (PONEK, 2019).

METHOD

A descriptive quantitative method was used in this study. 150 mothers who giving birth in May until June 2019 in Wates Regional Hospital were recruited as respondents. The data were collected using checklist consists of respondent's identity, age, parity, labor method, and the data of EIB process, as well as the information related reasons of delayed or unimplemented of EIB were assessed.

RESULT AND DISCUSSION

The result of characteristics respondent show that the percentage of mothers who giving birth by Caesarian Section and vaginally was quite similar 44,7% for Caesarian Section and 55,3% for normal labor. Cesarean section in Wates Regional Hospital was done based on medical indications of mothers or their infants. Most of them are mothers aged from 20 to 35 years old (86,7%). Regarding to the status of parity, majority of respondents are new mothers or mothers who did not have any experience for giving birth and early initiation breastfeeding before (47,4%).

Table 1. Characteristics of respondents

	Frequency	Percentage
Labor method		
SC	67	44,7
Normal labor	83	55,3
Mother's Age		
< 20 tahun	4	13,3
20-35 tahun	130	86,7
Parity		
Primiparity	71	47,4
Multiparity	68	45,3
Grandemultiparity	11	7,3

Regarding to early initiation of breastfeeding data 55,3% mothers did not have any chance to do. As a mothers and baby friendly hospital, Wates Regional Hospital should provide any facilities for mother to do early initiation of breastfeeding. The rule of these process was clearly stated at PP Nomor 33 tahun 2012 about exclusive breastfeeding. The statement mentioned in clause 9 point (1) explain that health care professionals and health care facilities should facilitate mothers to do early initiation of breastfeeding at least for the first hour after giving birth.

Table 2. The Implementation of EIB regarding labor method, mother's age, and parity

	No EIB		EIB	
	f	%	f	%
Labor method				
SC	49	85,96	8	14,04
Normal	34	36,56	59	63,44
Mother's age				
<20 y.o	2	50	2	50
20-35 y.o	72	55,39	58	44,61
>35 y.o	9	56,25	7	43,75
Parity				
Primiparity	40	56,33	31	43,66
Multiparity	40	58,82	28	41,18
Grandemultiparity	3	27,3	8	72,7

Table 2 describes that mothers who giving birth by caesarean section were not implemented early initiation of breastfeeding. The data shows that only 14,04% mothers who implement early initiation of breastfeeding among those group. The percentage difference significantly with the number of mothers who giving birth by normal labor (63,44%). Actually, mothers who giving birth by any methods should implement early initiation of breastfeeding. It means that the method of labor process is not a barrier to implement early initiation of breastfeeding. Every mothers have an equality to do EIB (Roesli, 2012). However, some previous studies explain that caesarian section is the most barrier to implement early initiation of breastfeeding. Moreover, mother's confidentiality to do EIB and effect of anesthesia become factors which drive mothers to delay or not implement EIB (Batt, Parikh, Kantharria, Dahal, & Parmar, 2012). Furthermore, high percentage of caesarean section in Wates Regional Hospital as Comprehensive Obstetric and

Neonatal Emergency Hospital and high rate of rotation time of health care providers were indicated as some reasons of no implementing early initiation of breastfeeding (PONEK, 2019).

According to the data of implementation early initiation breastfeeding regarding to parity status, mothers who have more experiences in giving birth are more intend to implement early initiation of breastfeeding (72,7%), followed by primiparity mothers (43,66%), and multiparity (41,18%). In Wates Regional Hospital every pregnant mother have an equal chance to get the information related to breastfeeding. Midwives give the information and education related to breastfeeding during antenatal period at least 1 time for consulting to the lactation counsellor. These program aimed to improve the number of EIB implementation in Wates hospital.

Table 3. Some reasons to un-implement early initiation breastfeeding

	Frequency	Percentage
Factors from mother		
Postpartum hemorrhage	3	3,61
Unconsciousness	0	-
Psychology disorder	0	-
Factors from infant		
Hipotermi, Sianosis	8	9,64
Asphyxia	19	22,89
Meconium Aspiration	3	3,61
Low Birth Weight (LBW)	9	10,84
Congenital Disease	1	1,20
Others		
No support from family members	0	-
No support from health care providers	4	4,82
The limitation number of health care providers	36	43,37

Table 3 provides information that the most reason to un-implement early initiation of breastfeeding is the limitation number of health care providers (43,37%). Mother's factor to un-implement early initiation of breastfeeding is postpartum hemorrhage. It means that the reason is related to medical condition of the mother rather than mother's willingness to do. In condition of hemorrhage, mothers should get the intervention to prevent the continuing of hemorrhage. Mothers have to be stable and get accurate liquid to prevent hypovolemic shock. The process of the intervention to help the mother is a reason to un-implement early initiation of breastfeeding in order to safe mother's life (Muhammad, Hafiz, Zehra, & Halema, 2013).

According to data of infant's conditions as reason to un-implement early initiation breastfeeding, asphyxia is the highest number of the evidence (22,89%). Furthermore, all conditions of infants in this study explain that they need to get resuscitation or other treatment, as a result, the baby cannot be able to practice EIB.

Interestingly, the limitation number of health care providers in current hospital is the most reason to delay or un-implement early initiation breastfeeding. The comparison between the number of midwives and the patients which is not

ideal may be a part of some barriers to early initiation of breastfeeding (Laili, Ermiami, & Mira, 2016). Actually, current hospital has some breastfeeding counsellor. However, related to the rolling system of health care providers, some of them are work at the area which do not give a chance to give help for the mothers and their infants related to breastfeeding problems, especially early initiation of breastfeeding.

The data collected by researcher shows that early initiation breastfeeding is supported by husbands and other family members. However, an integrated support from all levels of health care professionals is needed. An improvement quality of breastfeeding counseling during antenatal period and commitment of health care professionals were needed to improve the achievement of early initiation breastfeeding target.

CONCLUSION

Concerning to the result, early initiation breastfeeding is supported by mother, health care professional, and family members. However, the limitation number of midwives who help the mother to do early initiation breastfeeding is an issue which need to solve as soon as possible in order to reach the target of early initiation breastfeeding.

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