The Relationship of Early Breastfeeding Initiation (IMD) with Milk Fluency in Postpartum Breastfeeding Mothers at Klinik Pratama

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ARTICLE INFO	ABSTRACT
Keywords: *Early Breastfeeding Initiation, Remove Early Breastfeeding Initiation breastfeeding smoothness*	The smooth production of breast milk is one of the supports for the fulfillment of nutritional intake, especially for infants. One of the efforts made by postpartum mothers to smooth breast milk production is by initiating early breastfeeding (IMD). The purpose of the study was to analyze the relationship between IMD and the smoothness of breast milk in postpartum breastfeeding mothers at Temu Waras Primary Clinic. The design of this study was correlative research with a cross-sectional approach. The population in this study were all postpartum breastfeeding mothers at Temu Waras Primary Clinic as many as 40 people. The sample size in this study amounted to 40 people taken by Accidental sampling. Data collection using a questionnaire then the data was processed using SPSS using the chi square test. The results of data analysis showed that Early Breastfeeding Initiation at Temu Waras Primary Clinic most of the respondents did early breastfeeding initiation as many as 28 people (70%) and Breast Milk Fluency at Temu Waras Primary Clinic most of the breast milk was fluent as many as 22 people (55%). Based on the chi square test, the significance value (Asymp. Sig) is 0.002 <0.05, meaning that ho is rejected and ha is accepted, so there is a relationship between IMD and breast milk fluency in postpartum breastfeeding mothers at Temu Waras Primary Clinic. It is recommended that mothers continue breastfeeding until the baby is 6 months old.
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1. INTRODUCTION

Pregnancy and childbirth are the beginning of a series of cycles in human life that occur naturally. [1] Labor is the process of expelling (birth) the results of conception that can live outside the uterus through the vagina to the outside world [2]. After the mother gives birth, the mother is said to be in the puerperium, which starts from 2 hours after the birth of the placenta up to 6 weeks (42 days) after that. [3] Following delivery, neonates typically undergo Early Breastfeeding Initiation (EBI), a practice that involves placing the newborn on the mother's chest for a minimum of one hour, during which time the infant will either locate the maternal nipple or spontaneously initiate breastfeeding. The initiation of breastfeeding in the early stages, also known as Immediate Breastfeeding Initiation (IMD), is considered one of the four fundamental pillars recommended by the World Health Organization (WHO) for the prevention of stunting. On the first day, the baby does not need fluids or food, but at the age of 30 minutes must be nursed by the mother, not for nutrition but to learn to suck or get used to sucking the nipple and also to prepare the mother to start producing breast milk (ASI). [4]

Early breastfeeding initiation (IMD) can bring up the suction reflex in the baby to suckle and plays an important role in exclusive breastfeeding. The baby will not be cold because if the baby is cold, the mother's chest temperature will increase to 20̊C. If the baby is overheated, the mother's chest temperature will automatically decrease to 10̊C. IMD provides great motivation and reduces the difficulty for the mother to breastfeed. [5]

Initiation of Early Breastfeeding (IMD) is referred to as the fourth stage of labor, which is after labor for up to 1 hour, placing the newborn in a prone position after the body has been dried but not cleaned, not wrapped on the mother's chest immediately after delivery and ensuring that the baby has skin contact with the mother, finds the nipple and gets colostrum or breast milk that first comes out. [6]

IMD stages in the first 30 minutes, the baby rests on the mother's stomach or chest because he is not ready to drink immediately after birth. Usually, he will be quiet for 20-30 minutes. The baby will make sucking sounds and put his hands in his mouth. The movement is the baby's effort in the direction or source of the nipple based on the source of smell, the baby begins to crawl towards the mother's chest, and his legs will press on the mother's stomach, moving towards the breast, the baby's movements are licking the mother's skin, jerking the head to the mother's chest, pressing the nipple, touching with his hand, then sucking the nipple of the breast he launches the milk release from the mother's breast. The baby's touch, lick, and lick on the nipple will stimulate the release of the hormone oxytocin. The benefits of the oxytocin hormone for the mother can make the mother calm and relaxed so that there is a sense of joy (happiness) and a sense of love for the baby, increase the pain threshold so that the mother is stronger to withstand pain and contract the muscles around the milk gland so that the milk can be spread out. To maintain prolactin in the mother's blood level before the first half hour after delivery, the baby's sucking will stimulate the pituitary to secrete the hormone oxytocin to work to stimulate smooth muscles to squeeze the milk in the aveoli, lobes, and ducts that contain milk released through the nipple. This situation will force the prolactin hormone to produce breast milk. With the release of milk, prolactin is stimulated to produce milk immediately. The more often the baby suckles, stimulating prolactin to continue producing milk.

All newborns should drink colostrum to help them fight illness, according to the World Health Organization (WHO). The World Health Organization advocates for the prompt commencement of breastfeeding within the initial hour following birth. In accordance with recommended guidelines, neonates are exclusively fed with breast milk and are not supplemented with any other form of sustenance or hydration, such as water. Breastfeeding is conducted on an as-needed basis, without any predetermined schedule, and without the use of bottles or pacifiers (WHO, 2018). Early Breastfeeding Initiation (IMD) is one of the 4 WHO pillars for stunting prevention. Based on data on infant mortality rates in East Java, namely in 2018, as many as 4,016 and in 2020, 3,614, this has decreased greatly. Based on data from districts or cities in East Java, the coverage of newborns receiving IMD in 2019 amounted to 68.2%, and in 2020 amounted to 71.8%. This coverage has increased compared to 2019. This increase shows the level of understanding of health workers in health facilities and birth mothers' importance of IMD for newborns, which affects the success of exclusive breastfeeding. [7]

Early breastfeeding initiation (IMD) has been shown to reduce neonatal mortality. Infants who can breastfeed within the first hour and allow skin-to-skin contact between the infant and mother can reduce infant mortality by 22% in the first 28 days. [6] According to research, 13% of infant deaths can be prevented by breastfeeding because it contains antibodies that protect babies against diseases that can cause death. Mothers often have difficulty breastfeeding their babies. One of the problems causing such failure is not performing IMD. [8]

The results of another study revealed that if the baby can suckle in the first 20-30 minutes after birth, it will build a sucking reflex in the baby and can increase subsequent milk production. (JMK, 2018). The smooth production of breast milk is one of the supports for fulfilling nutritional intake, especially for infants. One of the efforts made by postpartum mothers to smooth breast milk production is by initiating early breastfeeding (IMD).

Based on the initial or preliminary study of breastfeeding mothers who do IMD. Data were obtained that the breast milk was smooth or not if IMD was done in the first hour because the three research results stated that breastfeeding in the first hour can increase the production or smoothness of breast milk in breastfeeding mothers and also function in infants as an anti-body to protect infants against diseases that can cause death. So the role of health workers is very important in the success of IMD in Indonesia. The purpose of the study was to analyze the relationship between IMD and the smoothness of breast milk in postpartum breastfeeding mothers at Temu Waras Primary Clinic.

2. METHOD

The present investigation employs a cross-sectional design utilizing correlation analysis to examine the interplay between risk factors and their corresponding outcomes. This methodological approach involves the collection of data at a single point in time to explore the dynamics of the relationship between variables [9].

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│                        Population                            │
│  All mothers breastfeeding after childbirth at KPTW          │
│            amounted to 40 populations                        │
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┌─────────────────────────────────────────────────────────────┐
│                   Sampling Technique                         │
│     The sampling technique used is Accidental sampling       │
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┌─────────────────────────────────────────────────────────────┐
│                         Sample                               │
│      There were 40 breastfeeding mothers in KPTW.            │
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┌─────────────────────────────────────────────────────────────┐
│                     Research Time                            │
│             August 27 to September 27, 2022                  │
└─────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────┐
│                     Research Design                          │
│         Correlation with Cross sectional Approach            │
└─────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────┐
│                      Data Analysis                           │
│  Frequency Distribution (Univariate), (Brivate) Chi Square   │
└─────────────────────────────────────────────────────────────┘
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┌─────────────────────────────────────────────────────────────┐
│                      Conclusion:                             │
│  If the p value > 0.05 then Ha is rejected, it is not        │
│  significant.                                                │
│  If the p value is < 0.05 then Ha is accepted, it is         │
│  significant.                                                │
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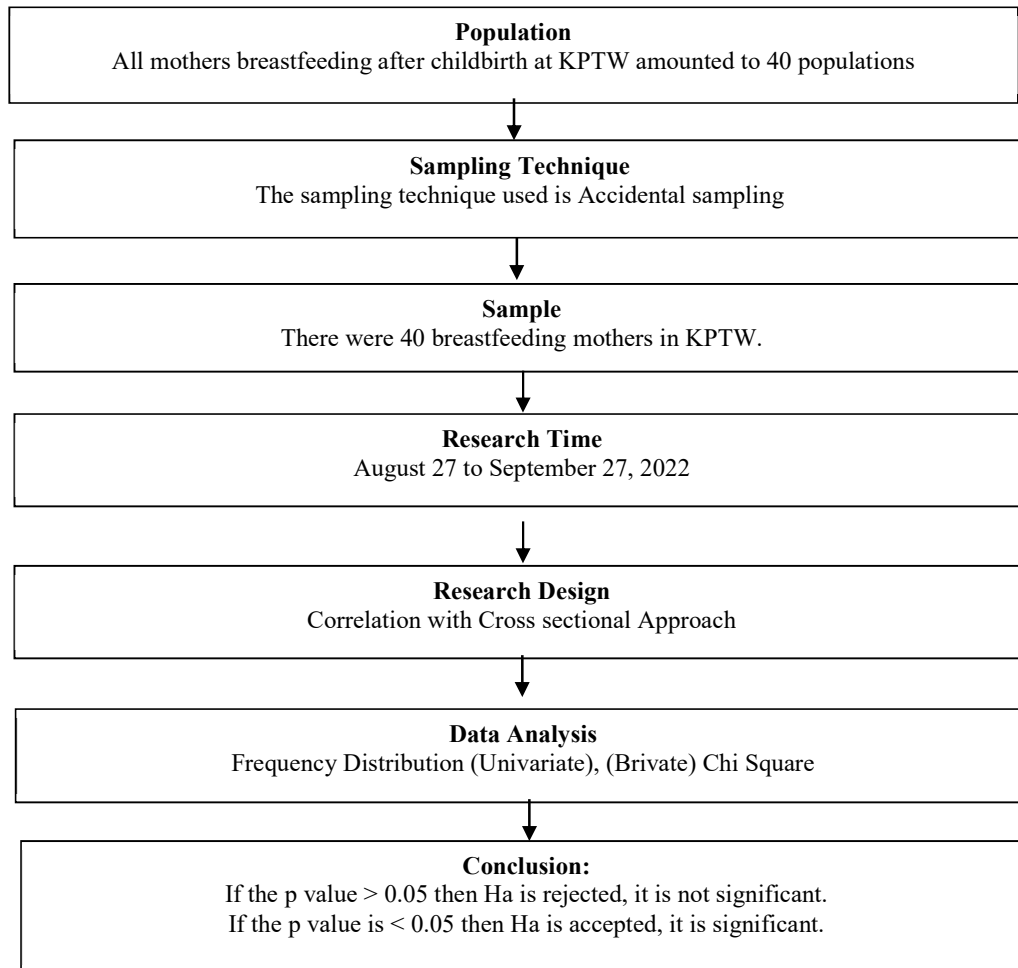
Figure 1. Framework on the relationship between breast milk fluency in postpartum breastfeeding mothers at Klinik Pratama Temu Waras.

The population under investigation in this study comprised exclusively of postpartum breastfeeding mothers who received care at Klinik Pratama Temu Waras. The sampling method is a means of selecting a sample size that conforms to the actual data source, while considering the population's characteristics and distribution, in order to obtain a representative sample. The sampling technique in this study is that researchers used accidental sampling techniques. According to Nursalam, (2017) Accidental sampling is a sampling technique based on chance, so consumers by chance or incidentally meeting with researchers can be used as samples, if it is deemed that people who happen to be found are suitable as data sources. [10]

Inclusion criteria:
1) All postpartum mothers at Temu Waras Primary Clinic
2) Mothers and their babies who are willing to be respondents.

The sample is part of the population selected for a particular study. The sample in this study were postpartum breastfeeding mothers at Temu Waras Primary Clinic totaling 40 mothers.

The present investigation encompasses two distinct categories of variables, specifically independent variables and dependent variables (constrained). According to Hidayat (2017) posits that variables serve as characteristics, traits, or measures possessed or acquired by a research unit pertaining to a particular conceptual understanding. [11] Independent variables are those that have an impact on and alter the dependent variable. The present investigation concerns the commencement of

breastfeeding in its early stages. The term "dependent variable" is synonymous with the term "response variable". This study examines the correlation between breast milk proficiency and postpartum breastfeeding mothers at Temu Waras Primary Clinic.

Table 1. Operational Definition Of The Relationship Between Breast Milk Fluency In Postpartum Breastfeeding Mothers At Klinik Pratama Temu Waras

No	Variable	Definition	Indicator	Measuring instrument	Scale	Results
1	Independent Variable Early Breastfeeding Initiation	The process of a baby suckling immediately after birth, where the baby is left to find the mother's nipple on its own	1. Skin to skin 2. IMD 3. First 1 hour	Observation sheet	Nominal	Categories: a) IMD if score ≥5 b) No IMD if score <5
2	Dependent Variable Smoothness of breast milk in postpartum breastfeeding mothers	Smooth breastfeeding is characterized by the milk coming out or dripping and gushing profusely when sucked by the baby.	1. The mother's breasts feel tense 2. Mother's milk is seeping	Observation sheet	Nominal	Categories: a) Current b) Not current

Research instruments are tools used by researchers to collect data, make it easier to work with, improve results in the sense that they are more accurate, complete and systematic, and facilitate processing. Data collection tools in the form of data collection tools or data collection sheets (observation sheets). An observation sheet or data collection sheet is a structured record that contains the contents of the evaluation of the measured variables [10]. The following is a data collection sheet in this study:

1) General data: is the patient's identity
2) IMD implementation data: is the management during IMD
3) Data on the fluency of breast milk in postpartum breastfeeding mothers: data on the mother when after giving IMD

Data Processing

According to Notoadmodjo [9] explains that data processing methods in quantitative research include editing, coding, evaluation, processing, cleaning, and aggregation. This study describes the data processing process as follows:

a. Editing

describe editing as an activity to review or correct observations. If the observation sheet is incomplete, you can collect the data again. Editing is done to double-check the integrity of the document and re-request if any errors are found.

b. Coding

Coding involves classifying respondents' answers. Data collection is done by converting the collected data into numbers and providing codes for each question to facilitate further data processing. The coding used in this study includes:

Table 2. Independent Variable Coding

Category	Coding
Before IMD	1
After IMD	2

Table 3. Dependent Variable Coding

Category	Coding
Current	1
Not Current	2

c. Prosesing / entry

Processing/input is the act of entering data into a spreadsheet using a program on your computer. The responses with the given category codes after being entered into the table and the frequency of the data were calculated. The data in this study was processed using computer processing techniques. Computer processing of these entries was done with the help of statistical programs.

d. Cleaning

Data cleaning is a technique that removes data that does not meet the requirements. Data cleaning is done after all the data has been successfully entered into the spreadsheet by rechecking the correctness of the data.

e. Tabulating

When the data is complete, it is sorted based on the required variables and entered into the frequency distribution table. After the calculation produces results, the values are put into the value categories created.

Data Analysis
Univariate Analysis

Univariate analysis is an analysis that aims to explain or explain the frequency distribution and proportion of each survey variable. [9] Univariate analysis of this survey was conducted to collect data on respondent characteristics such as age and gender. Frequency distribution format. The analysis used the frequency distribution from the following equation:

$$p = \frac{\Sigma f}{n} \times 100\% \qquad (1)$$

Description:
p = percentage frequency / relative frequency
f = number of class frequencies
n = number in the category

Bivariate Analysis

Bivariate analysis aims to determine whether there is a relationship between the variables studied. Because the data scale used in this study is order and nominal, this study uses data analysis techniques to test the hypothesis using chi-square. Chi-square is used to determine the relationship when the data is nominal. [12] Bivariate analysis using chi square test with SPSS. The conditions of this test are:

1. The frequency of respondents or samples used is large, because there are several conditions under which chi square can be used, namely:
   a. There are no cells with a real frequency value or also called Actual Count (F0) of 0 (Zero).
   b. If the shape of the contingency table is 2 X 2, then there must be no 1 cell that has an expected count ("Fh") of less than 5.
   c. If the table is more than 2 x 2, e.g. 2 x 3, then the number of cells with expected frequency less than 5 cannot be more than 20%.
2. If the contingency table is 2 x 2, then the formula used is "Yates correction".
3. If the 2 x 2 contingency table is as above, but does not meet the requirements as above, i.e. there are cells with expected frequencies less than 5, then the formula must be replaced with the "Fisher Exact Test" formula.

Interpretations were then made using the following virtual determinants:

    a. H0 is accepted if the p value > 0.05 then H1 is rejected, thus there is no relationship between variables x and y.

    b. H0 is rejected if p value ≤ 0.05 then H1 is accepted thus there is a relationship between variables x and y

3. RESULTS AND DISCUSSION
General data

Table 4. Frequency Distribution of Respondents by Age at the Temu Waras Primary Clinic

No	Age	Frequency (f)	Percentage (%)
1	< 20 years	5	12.5
2	20-35 years	35	87.5
3	>35 years	0	0
	Amount	40	100

Based on Table 4, it was found that the majority of respondents aged 20–35 years were 35-year-olds (87.5%).

Table 5. Frequency Distribution of Respondents based on Education Level at the Temu Waras Primary Clinic

No	Level of education	Frequency (f)	Percentage (%)
1	Elementary school graduate	8	20.0
2	Middle school graduate	19	47.5
3	High school graduate	9	22.5
4	College	4	10.0
	Amount	**40**	**100**

Based on table 5, it was found that the majority of respondents were 19 junior high school graduates (47.5%).

Table 6. Frequency Distribution of Respondents by Occupation at the Temu Waras Primary Clinic

No	Work	Frequency (f)	Percentage (%)
1	IRT	31	77.5
2	Self-employed	2	5.0
3	Farm Workers	7	17.5
	Amount	**40**	**100**

Based on table 6, it was found that most of the respondents were housewives, 31 people (77.5%).

Table 7. Frequency Distribution of Respondents based on the Number of Children at the Temu Waras Primary Clinic

No	Number of children	Frequency (f)	Percentage (%)
1	Primipara	16	40.0
2	Multipara	21	52.5
3	Grandmultipara	3	7.5
	Amount	**40**	**100**

Based on table 7, it was found that most of the respondents were multiparous, as many as 21 people (52.5%).

Custom Data

Table 8. Frequency Distribution of Respondents based on Early Breastfeeding Initiation at Temu Waras Primary Clinic

No	Early Breastfeeding Initiation	Frequency (f)	Percentage (%)
1	IMD	28	70.0
2	Not IMD	12	30.0
	Amount	**40**	**100**

Based on table 8 it was found that most of the respondents initiated early breastfeeding as many as 28 people (70%).

Table 9. Frequency Distribution of Respondents based on the Fluency of Breastfeeding at the Temu Waras Primary Clinic

No	Kelancaran ASI	Frequency (f)	Percentage (%)
1	Fluent	22	55.0
2	Not smooth	18	45.0
	Amount	**40**	**100**

Based on table 9, it was found that most of the ASI was current, as many as 22 people (55%).

Table 10 Cross-tabulation Cross-tabulation of Early Breastfeeding Initiation with Smooth Breastfeeding at Temu Waras Primary Clinic

No	Early Breastfeeding Initiation	Smooth breastfeeding				Total	
		Fluent		Not smooth			
		F	%	f	%	f	%
1	IMD	20	50	8	20	28	70
2	Not IMD	2	5	10	25	12	30
	Amount	**22**	**55**	**18**	**45**	**40**	**100**

Based on table 10, it is found that Early Breastfeeding Initiation tends to be smooth ASI by 50%, and those who do not Initiate Early Breastfeeding tend to not breastfeed not smoothly by 25%.

Data analysis

Based on the Chi Square Test analyzed using SPSS, a significance value (Asymp. Sig) was obtained between early breastfeeding initiation and smooth breastfeeding at the Temu Waras Primary Clinic of 0.002 0.05, meaning that ho is rejected and ha is accepted, so there is a relationship between early breastfeeding initiation and the smoothness of breastfeeding at the Temu Waras Primary Clinic. The hypothesis in this study is accepted and proven statistically.

Discussion

Early breastfeeding initiation (IMD) at the Temu Waras Primary ClinicThe results of the study in Table 5.5 showed that most of the respondents initiated early breastfeeding, as many as 28 people (70%). This shows that the baby suckles immediately after birth, as indicated by the baby's own mother's nipple. According to Setyowati, (2018) [13], early initiation of breastfeeding (IMD) is the process of allowing the baby, with its own instincts, to breastfeed immediately within the first hour after birth, with skin contact between the baby's skin and the mother's skin. The baby is left for at least an hour on the mother's chest. Early initiation of breastfeeding will help the success of exclusive breastfeeding and meet the needs of infants until they are 2 years old. The results of this study are relevant to a study conducted by Ritasari, (2017), which found that as many as 67% of postpartum mothers did IMD correctly.

Many factors influence a person's behavior in carrying out IMD, such as age, education, occupation, and graduation. The results showed that most of the respondents were aged 20–35,

graduated from junior high school or IRT, and were multiparous. Age is related to maturity in thinking. Older mothers are more likely to initiate breastfeeding because their age level will reflect their mindset and their literacy in behavior, including IMD. Parity reflects one's experience. Mothers with high parity will find it easier to do IMD compared to those who have just had children because, apart from having experienced the importance of IMD in previous births, mothers also know the benefits of IMD. Education reflects the amount of information obtained by respondents. Higher education has a tendency to easily access information and easily receive information. This will be a reference for the mother's behavior. Furthermore, work related to blind opportunities for accessing new information about breastfeeding or IMD Working mothers will have less opportunity to access information than those who do not work.

The success of IMD in this study was attributed to the role of health workers regarding newborn care for the first hour, stating that the baby must have skin-to-skin contact with the mother for at least one hour after birth, the baby must be permitted to initiate early breastfeeding and provide assistance if necessary, and postponing other procedures that must be performed on newborns until early initiation of breastfeeding has been completed. Based on the researcher's hypothesis, the prevalence of early breastfeeding initiation remains elevated due to the maternal perception that exclusive breastfeeding is the sole requisite for infant nourishment. The success of subsequent breastfeeding is contingent upon the prompt initiation of breastfeeding, as mothers who initiate breastfeeding within the first hour following delivery exhibit a 2-8 fold increase in the likelihood of exclusive breastfeeding. This initial contact is a sensitive period, so if it is too late, the child's development and successful breastfeeding will be disrupted.

The smoothness of breastfeeding in postnatal breastfeeding mothers at the Temu Sana Pratama Clinic

Based on Table 9, it was found that most of the ASI was current, as many as 22 people (55%). This illustrates that the milk is coming out, seeping, or the breasts are tense. According to Widiastuti & Jati, (2020), ASI expenditure is said to be uneven if the milk production is marked by breast milk that does not come out or drips and oozes profusely when suckled by the baby. Some of the criteria used as a benchmark to determine whether the amount of breast milk is smooth or not include indicators based on mother and baby. The results of this study are slightly different from the study conducted by Hayati dan Rumapea, (2022). The smooth flow of milk production at the Posyandu in Bangun Sari Baru Village, Tanjung Morawa, is mostly non-performing.

Non-fluent breastfeeding is indicated by the breasts feeling soft, the baby urinating less than 8 times a day, and the baby's weight not increasing according to age. This is due to the frequency of breastfeeding, the baby's birth weight, gestational age at delivery, the mother's age, a stressed mother, the use of contraceptive pills, and not carrying out early breastfeeding initiation. Soetjiningsih, (2016) found that the smooth production of breast milk is influenced by many factors, including the mother's age and parity. The results showed that most of the respondents were aged 20–35, graduated from junior high school or IRT, and were multiparous.

The optimal age bracket for reproduction, encompassing the capacity to lactate, is between 20 and 35 years. Nonetheless, it is noteworthy that mothers often exhibit apprehension, perplexity, and anxious reactions in response to their infants' crying, given that 20 years of age represents a relatively youthful stage of development wherein psychological maturation may still be incomplete. The mother's uneasy psychological response can affect milk production because it inhibits prolactin and oxytocin reflexes. At the age of over 35, a decrease in the function of reproductive hormones has begun, but at that age, emotional maturity has been reached, and mothers usually have various experiences with breastfeeding, both from themselves and others. Education is one of the factors that influence the smooth production of breast milk. Education influences the knowledge possessed by a person, and someone with a higher education is expected to have good knowledge so that positive attitudes and behaviors are formed. A high level of knowledge and understanding is expected to increase awareness and ability in self-management, time management, and lactation management so that breast milk production is smooth and able to maximize exclusive breastfeeding.

The employment status of the respondents indicated that the majority of respondents did not work. Motherhood's work is closely related to fatigue and time availability. Housewives have enough time to rest, so mothers are not too tired, and this will affect the release of the hormones oxytocin and prolactin, which facilitate the production and release of breast milk. But on the other hand, even though the mother is not working, every day she carries out her daily activities as a multi-tasking housewife. The duties of a housewife are many, including cooking, washing, and taking care of children and husbands. This is related to excessive workload. The parity status of the respondents is mostly multipara. Parity describes the number of births a woman has. Parity is a factor that has no direct effect on the smooth production of breast milk. Parity is related to the mother's experience during breastfeeding; primiparous mothers do not have sufficient experience with breastfeeding. The experience gained by the mother can broaden one's knowledge of breastfeeding.

The relationship between IMD and the smoothness of breastfeeding in breastfeeding mothers after childbirth at the Sane Gathering primary clinic

Based on Table 10, it was found that those who had early breastfeeding initiation tended to have smooth ASI by 50%, and those who did not have early breastfeeding initiation tended to have non-fluent ASI by 25%. Based on the Chi Square Test analysed using SPSS, a significance value (Asymp. Sig) was obtained between early breastfeeding initiation and smooth breastfeeding at the Temu Waras Primary Clinic of 0.002 0.05, meaning that ho is rejected and ha is accepted, so there is a relationship between early breastfeeding initiation and the smoothness of breastfeeding at the Temu Waras Primary Clinic. The hypothesis in this study is accepted and proven statistically.

According to Setyowati (2018), when the baby approaches the breast for the first time, the baby will be welcomed by the colostrum that has been there since the mother gave birth, and the baby's suction will stimulate the breast to produce milk and expedite the release of milk [13]. In the first days after giving birth, milk usually doesn't come out much, but early breastfeeding stimulates the breast glands to produce milk and expedites early milk release. The results of this study are relevant to those conducted by [14], who found that there is a relationship between the implementation of IMD and the speed of breastfeeding in postpartum mothers at RB Nilam Sari.

Increasing milk production needs to be done to increase the success of breastfeeding babies in an effort to improve health for babies and mothers. These efforts can be carried out, among others, by giving early breastfeeding, or what is known as "early breastfeeding initiation." Early breastfeeding will stimulate the nipples, where prolactin is formed by the pituitary, so that the secretion of breast milk will run more smoothly. The baby can suckle in the first minutes after birth. This will build a sucking reflex in the baby, which stimulates the nerve endings around the breast to the front of the pituitary gland, which is at the base of the brain, so that it produces the hormone prolactin. Prolactin will stimulate the breasts to produce milk and can increase milk production. In this study, it was found that respondents who did IMD did not all output their milk smoothly, and mothers who did not do IMD also did not all output their milk smoothly. It is known that the smoothness of breastfeeding is closely related to several factors that influence it besides the early initiation of breastfeeding, but the frequency of breastfeeding, the mother's nutrition, the mother's psychological condition, formula feeding, and breast care can also affect the smoothness of breastfeeding.

4.   CONCLUSION

Based on the results of the research, there are several implications that can be made for improvement in the field of midwifery, especially in midwifery services. It is expected that the results of this research will be used by midwifery service institutions as a source of information, especially in improving neonatal care related to the successful initiation of early breastfeeding. Then, in the field of education, it is expected to improve the quality and quantity of human resources in a competitive manner in accordance with the demands of society so that the provision of health services can run optimally. As well as for the health sector. It is hoped that the Puskesmas, or health agencies, can improve health insurance for all mothers and children through the utilization of health services.

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