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Implementation of Early Breastfeeding Initiation and Bounding Attachment for Postpartum Mothers at Halilulik Hospital In 2021: A Qualitative Study

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ABSTRACT

Breastfeeding is a knowledge that has existed for a long time and has an important role in maintaining human life (Astuti, 2013). Babies really need *BA* This situation is very important for babies to be able to adapt to their new environment. This research is *operational research* with a qualitative approach. This research will provide an analysis of matters relating to the implementation of *IMD* and *BA* in pregnant women at HALILULIK RSKM by using a systems approach. The place for this implementation analysis research is at the Halilulik RSKM. This research activity will be carried out in August September 2021. The subjects for this study were pregnant women (Bumil), health workers in the Midwifery Unit, namely doctors in charge, heads of rooms, midwives and nurses. HALILULIK RSKM did not find any problems in planning, organizing, controlling while for implementation problems were found because they were related to BPJS. Collaboration is needed between health institutions, especially related hospitals, to include the importance of implementing *IMD* and *BA* as hospital activity programs and policies for maternal health and especially for the growth and development of babies.

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INTRODUCTION

Breastfeeding is a knowledge that has existed for a long time and has an important role in maintaining human life (Astuti, 2013). In order to popularize breastfeeding from an early age so that they have readiness for breastfeeding, supporting factors are needed that continuously strive for successful breastfeeding, which among other things depend on the role played by elements and factors such as the role of health workers, the role of the home. hospital and government, the physical role of the mother, family factors, and community factors as well as the baby factor. One of the introductions to breastfeeding is by carrying out Early Breastfeeding Initiation (*IMD*) for newborns (Saleha, 2009). *BA* is a process resulting from the continuous interaction between infant and parents who are mutually loving, providing both emotional fulfillment and mutual need. *BA* / inner bond between baby and mother is closely related to healthy psychological growth and baby development (Sukma, Hidayati, and Jamil, 2017).

According to data from the *United Nations Children's Fund* (UNICEF) for 2019, the IMD rate in Indonesia ranks second in Southeast Asian countries, after Myanmar 76%, Thailand 50% and the Philippines 54%. In 2018, nationally the percentage of newborns who received IMD was 71.17%. This figure has exceeded the 2018 Strategic Plan target of 47.0%. The province with the highest percentage of newborns receiving IMD was West Sulawesi (88.49%) while the province with the lowest percentage was Maluku (23.18%). There are three provinces that have not reached the 2018 Strategic Plan target, namely Maluku, Central Sulawesi and North Sulawesi. Implementation *The Millennium Development Goals* (MDG 's) ended in 2015, but the MDG 's targets are continued on an ongoing basis through the post-2015 development agenda contained in the *Sustainable Development Goals* (SDG 's). One of the goals of SDG 's is to ensure healthy lives and promote well-being for all people of all ages. Until 2030 it can reduce the Maternal Mortality Rate (MMR) to below 70 per 100,000 live births, and end the Infant Mortality Rate (IMR) at least 12 per 1,000 KH (Ermalena, 2017). MMR in Indonesia based on data obtained from the health profile of the Republic of Indonesia (2018) has decreased. It was recorded that in 2015 there were 4,999 cases to 4,912 cases in 2016 and in 2017 semester I there were 1,712 cases. While the number of cases of infant mortality in Indonesia obtained from the Indonesian Ministry of Health (2018) also decreased from 33,278 in 2015 to 32,007 in 2016, and in 2017 in semester I there were 10,294 cases. related technical. The results of the 2017 Indonesian Demographic and Health Survey (IDHS) showed an AKN of 15 per 1,000 live births, an IMR of 24 per 1,000 live births, and an AKABA of 32 per 1,000 live births. The Under-five Mortality Rate has reached the 2030 Sustainable Development Target (TPB/SDG 's) which is 25/1,000 live births and it is hoped that AKN can also reach the target of 12/1,000 live births.

IMD is a process carried out in the first minutes of a baby's birth where the baby seeks its own mother's nipple. Early initiation of breastfeeding greatly affects the baby, namely the baby becomes calmer, less stressed, breathing and heart rate are more stable, this is because the skin contact between the mother and the baby strengthens the bond of affection between mother and child (Mochtar, 2011).

IMD has become the theme of the 2007 World Breastfeeding Week commemoration, namely "Breastfeeding the First Hour of Life followed by Exclusive Breastfeeding for 6 months, Saving more than 1 Million Babies". The benefit of this IMD is that it makes it easier for the baby to start the breastfeeding process and so that the baby is not confused about looking for his mother's nipple when breastfeeding. For mothers, it can increase the mother's chances to strengthen and continue breastfeeding activities during infancy, and psychologically increase the inner bond between mother and baby in the form of affection and caress BA, a bond that is mutually loving and gives both emotional fulfillment and mutual need, so knowledge is needed about the importance of IMD and BA, so that the readiness of mothers in breastfeeding babies can be carried out optimally (Bahiyatun, 2009).

A study obtained data that *Bounding Failure* (failure in the process of forming mother and child bonds) is related to the occurrence of *Child Abuse* (child abuse) and *Maltreatment incidents* (errors in care), where this can cause potential problems in the form of physical violence against children and can cause behavioral and emotional deviations of children. A study states that baby massage is able to effectively increase the newborn's BA so that the baby's development is more optimal. A study states that baby massage can improve (Andini ., et. Al, 2014).

This can be done in two ways, namely by carrying out IMD and implementing Joint Care . In carrying out this IMD, the baby is immediately placed on the mother's stomach or chest where there is direct contact between the baby's skin and the mother's skin which functions as a barrier for the baby to maintain his body temperature (Maesaroh,2011). IMD is also able to stimulate the baby's primitive reflexes, namely the *rooting* reflex and *sucking reflex* . Meanwhile, in the implementation of rooming-in, mothers are given the opportunity to care for their own babies (Cheraghi,2010). Cuddles, touch including in this case is baby massage, can accelerate the creation of a *bonding attachment* between mother and child. In implementing this policy, HALILULIK Hospital

management tools are needed that can support the achievement of the objectives, namely the implementation of IMD and BA in delivery services at HALILULIK Hospital. General Purpose In general, this research was conducted to evaluate the implementation of IMD and Bounding Attachment at KM HALILULIK Hospital.

RESEARCH METHOD

This research is *operational research* with a qualitative approach. This qualitative research design was carried out through structured interviews, document review, and observation. This study will provide an analysis of matters relating to the implementation of IMD and BA in pregnant women at HALILULIK RSKM by using a systems approach. The place for this implementation analysis research is at the Halilulik RSKM. This research activity will be carried out in August-September 2021. The subjects for this research are pregnant women (Bumil), health workers in the Midwifery Unit namely the doctor in charge, head of the room, midwives and nurses at HALILULIK Hospital. The criteria for the subjects to be interviewed were people who knew about the implementation of IMD and BA in pregnant women at RSKM Halilulik.

RESULTS AND DISCUSSIONS

1. In Planning

action done	Based on these interviews, it is known that the emic concept is that the initial action that must be taken in planning IMD and BA is that it should provide understanding to pregnant women about the importance of IMD and BA so that at the time of delivery the mother already understands and is willing to do IMD and BA in the first hour of birth.
cause of action	Based on the FGD interviews, it is known that the emic concept is because the planning action for IMD and BA must be carried out so that you are fully aware of the benefits or importance of IMD and BA, but it's just not implemented.
IMD and BA actions implemented	Based on these interviews, it is known that the emic concept is that IMD and BA actions must be carried out in hospitals and other health service facilities.
The action must be done	Based on these interviews, it is known that the emic concept is that IMD measures must be carried out when the mother gives birth, especially immediately after the baby is born
that will carry out the action	Based on the interview, it is known that the emic concept is that the midwife or other health worker who is competent at the time of giving birth will carry out IMD.
how to carry out the action	Based on these interviews, it is known that the emic concept is the way to carry out IMD actions is through outreach to mothers and their families about the importance of IMD so that after the baby is born IMD can be carried out according to established procedures/standards.

2. Organizing

program policy	Based on these interviews, it is known that the emic concept is that the IMD program policy refers to normal delivery care and the implementation of the exclusive breastfeeding program.
Program Executor Bureaucratic Structure	Based on these interviews, it is known that the emic concept is that the bureaucratic structure of implementing the IMD and BA programs refers to national policies which are then regulated at the provincial and district/city levels based on normal delivery care.
Fixed Procedures or Standard Procedures	Based on these interviews, it is known that the emic concept, namely the standard procedure or IMD procedure standard, refers to the normal delivery care standard (APN).

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3. Implementation

Man	Based on these interviews, it is known that the emic concept is that man (human) in the implementation of IMD is a midwife who is competent in handling mothers giving birth.
Money	Based on these interviews, it is known that the emic concept, namely money in the implementation of IMD and BA, is based on existing service funds, but because there is no program implementation, the funds for program activities do not exist.
materials	Based on these interviews, it is known that the emic concept is that materials in the implementation of IMD and BA are cloth or blankets to cover the baby immediately after birth.
Methods	Based on these interviews, it is known that the emic concept, namely methods in implementing IMD, is that the baby is immediately placed on the mother's chest immediately after birth and then follows the IMD steps according to normal delivery care. In the Midwifery Unit, sometimes IMD and BA are carried out on the basis of health worker initiatives without any basic understanding or provision for mothers.

4. Control

evaluation	Based on these interviews, it is known that the emic concept is that the evaluation of the IMD program is to see and monitor events that occur in the delivery process by seeing how many babies are born with IMD and exclusive breastfeeding and how many are not, so that the reason is known for certain, but at HALILULIK RSKM it is not there is an evaluation.
Follow up plan	Based on these interviews, it is known that the emic concept is that the follow-up plan for the IMD and BA program is to socialize to mothers about the importance of IMD and BA and hold workshops in hospitals, but this is not carried out.
sanctions or rewards	Based on these interviews, it is known that the emic concept, namely sanctions or rewards in the IMD and BA programs, is that so far there has been no form of sanction or reward (reward) because there is no IMD and BA implementation program.

1. Planning

Based on the interviews, it is known that the initial action that must be taken in planning for IMD and BA is to provide understanding to mothers about the importance of IMD and BA in early pregnancy. The reason for planning IMD and BA must be done is so that the mother is fully aware of the benefits or importance of IMD and BA since the initial screening. IMD and BA actions must be carried out in hospitals and other health care facilities. IMD and BA actions must be carried out when the mother is giving birth, especially immediately after the baby is born. Those who will carry out IMD and BA actions are midwives or other health workers who are competent at the time the mother gives birth. The way to carry out IMD and BA actions is through outreach to mothers and their families about the importance of IMD during ANC visits so that after the baby is born IMD and BA can be carried out according to established procedures/standards.

2. Organizing

Based on the interviews, it is known that the IMD and BA program policies refer to normal delivery care and the implementation of exclusive breastfeeding programs. The bureaucratic structure for implementing the IMD program refers to national policies which are then regulated at the provincial and district/city levels based on normal delivery care. The regular procedure or IMD standard procedure refers to the normal delivery care standard (APN). At the HALILULIK RSKM, organizationally there is a grouping of activities according to the Annual Work Program,

but program policies, bureaucratic structures and SOPs for IMD and BA have not been implemented, so that responsible parties, processes, influencing factors, problems related to organizing the implementation of IMD and BA are not found.

3. Implementation

ANC visits in one month can reach approximately 200 and in one year there can be up to 1000 ANC examinations for pregnant women and almost all of them are BPJS referral patients from the Puskesmas. Likewise during the birth process. The doctor's decision is absolute in carrying out the action. At KM HALILULIK Hospital, INC services are carried out by obstetricians and based on data from 2019 to 2020, the total number of deliveries at KM HALILULIK Hospital has reached 980 and 80 percent of deliveries have undergone caesarean sections. So it is very unlikely that IMD and BA will be carried out as well as in normal delivery because BPJS patients and 6 hours after birth are allowed to go home so that educational or counseling related to maternal and infant health is very limited. Because the implementation of IMD and BA is not programmed, there is no provision of special funds to support this activity program. Those responsible for this program are all those involved in the midwifery unit, structural officials in clinical services, committees.

4. Control

At KM HALILULIK Hospital there are no follow-up plans for the IMD and BA programs, especially in conducting outreach to pregnant women about IMD and BA, the benefits and importance of IMD and BA to initiate exclusive breastfeeding success. Health workers who work directly in the midwifery unit or poly obgyn do not provide counseling, education as well as motivation to find out whether the mother wants to breastfeed her baby after giving birth. So there is no follow-up for the IMD and BA programs. So that there are no witnesses or rewards in this case because KM HALILULIK Hospital itself does not provide a place related to special support for the IMD and BA Programs for pregnant women until mothers give birth. From the existing infrastructure in the midwifery unit and in the hospital, there is little evidence of a joint movement in supporting exclusive breastfeeding for infants, which begins with carrying out IMD and BA, both education for pregnant women and implementation after being in the delivery room one hour after birth. At KM HALILULIK Hospital, there are also not enough posters, billboards, banners, brochures or solicitations that support the importance of IMD and BA, and there is no Lactation Corner or Special Counseling Room for MCH.

CONCLUSION

At KM HALILULIK Hospital there is no IMD and BA implementation program so an evaluation cannot be carried out to see and monitor the implementation of IMD and BA after giving birth in the first hour and support the success of exclusive breastfeeding also for pregnant women who want to do IMD and BA when giving birth to their babies. Because the implementation of the IMD and BA Programs does not exist and is not implemented enough, there are no follow-up plans and no rewards and sanctions.

Collaboration is needed between health institutions, especially related hospitals, to include the importance of implementing IMD and BA as a program of activities and hospital policies for maternal health and especially for the growth and development of babies in the future, especially in supporting government programs in supporting the success of exclusive breastfeeding, education, and the government to continue to increase efforts to increase the implementation of the IMD and BA programs so that the IMD and BA implementation rates are higher and reduce infant and neonatal mortality rates.

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