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“Midwifery Education Reform”

Midwifery Education Association
of Indonesia



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INTERNATIONAL SEMINAR “MIDWIFERY EDUCATION REFORM”

Midwifery Education Association of Indonesia

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THE PREFACE

Our praise to God Almighty for all His grace and guidance that have been given to us so that the proceedings of International Seminar on the theme "Midwifery Education Reform" can be realized. These proceedings contain the results of research and oral presentation with different midwifery topics presented in the oral presentation of the event.

We as the Committee should really hope that the publication of these proceedings can add references for observers and midwives to further increase research activities on the issues related to the improvement of the quality of Midwives in Indonesia. On this occasion, we deliver profuse gratitude to researchers, sponsors, invited guests, other participants, and especially Prof Helen Spiby, Dr Louis Walker, Dr. Brigitte Lynch J.M. Metha, M. Med. Ed, Directorate General of Research Strengthening and Development, Ministry of Research, Technology and Higher Education, Agency of Health Human Resources Development and Empowerment, Ministry of Health of the Republic of Indonesia , The President of Indonesian Midwives Association, and The Chairman of Midwifery Education Association of Indonesia who have contributed to the success of this activity.

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EDITORIAL TEAM

OPENING SPEECH

Assalamualaikum Warohmatullohi Wabarokatuh
(May peace, mercy and blessings of Allah be upon you)
Best wishes for all of us

Let our praise be upon the presence of God Almighty, for His Grace and His gift, these proceedings of the International Seminar and Call for Paper II under the theme 'Midwifery Education Reform' can be published. The board of management of Midwifery Education Association of Indonesia (AIPKIND) delivers the deepest gratitude to the Research and Development Division because, with each member's hard work and enthusiasm, these proceedings have successfully been published.

Regarding the theme that falls into 'education reform', AIPKIND projects its hope that a fundamental change in the system and implementation of midwifery education in Indonesia shall come to reality. As the ultimate goals of the projection, all of us hope that midwifery services and practice can transform into a better state where security, safety, and satisfaction as the whole package for midwifery service users are no longer a dream. We have been showing our best efforts to facilitate the implementation of this call for paper or other forms of academic activities in order to realize the ideals of reform in both midwifery education and services. For that, we invite the right resources in the related fields in the hope that this call for paper is not only useful for getting academic value or 'Cum', but also beneficial for the improvement of midwifery services and education.

These proceedings contain the results of research and oral presentations on various midwifery topics expected to be useful in order to strengthen midwifery practice/service and development. With the publication of these proceedings, we look forward to knowing that these proceedings can become invaluable references for all midwifery actors and observers. Furthermore, our series of activities, consisting of international seminar, oral presentation, and publication of proceedings, can indeed enhance the activity of research on issues related to improving the quality of Midwives in Indonesia.

We are grateful for your participation in this international seminar and oral presentation. We also put big hope into the upcoming research publication in both/either SEAJOM and/or AIPKIND's next call for paper; therefore, your participation is highly expected. Lastly, this work can hopefully be used by those who need and useful for the profession and the entire community as the users of midwifery services, regarding the wellbeing of women, mothers, infants, toddlers and their families, and ultimately our beloved homeland.

Wassalamualaikum Warohmatullohi Wabarokatuh.

Jakarta, October 5, 2016

**Midwifery Education Association of Indonesia (AIPKIND)
Chairman,**

Jumiarni Ilyas, Dra., Kes.

THE PROFILE OF MIDWIFERY EDUCATION ASSOCIATION OF INDONESIA (AIPKIND)

Midwifery Education Association of Indonesia (AIPKIND) was born on October 28, 2008, together with Indonesian Midwifery Association (IBI), wishes together with educational institutions in improving the quality of education in Indonesia. At the beginning of the formation of AIPKIND was appointed caretaker 3 persons consisting of the Chairman, the Secretary and the Treasurer based in Jakarta.

In line with the high development activities and educational activities involving AIPKIND, Coordinator of the territory (Korwil) in accordance with 13 districts Kopertis DiktiKemendikbud RI that aims to facilitate the coordination of both to Trustees AIPKIND and Stakeholder Education. Korwil is supported by 42 sub Korwil to further facilitate communication. In accordance with the results of the coordination meeting of Korwil in December 2012, the proposed development Korwil be appropriate 33 province in Indonesia given the number of affordable educational institutions in every region Kopertis. Thus the number of sub-korwil also increased according to the needs of the Association.

With the rapid development of Midwifery Education Association of Indonesia, it is time for this Association to come with good governance and implement its quality. The quality of organization of education is marked by the compliance institution meet the elements set out in the standards of higher education.

LEGAL ENTITIES

Since its inception, AIPKIND has been recorded in the Office of notary public Trsimorini Asmawel, SH No. 19 dated June 17, 2010, with TAX ID 13-022.226.9-024.000, is registered in the Registrar of State/Commerce/Ham Central Jakarta, Central Jakarta District Court with number 45/PMH/2010 dated August 12, 2010.

AIPKIND and legal entities have been listed on November 12, 2012 at the notary office Goddess Tenty Septi Artiany M.Kn, SH, no. 21/12, authorized and registered in the Ministry of Justice and human rights REPUBLIC of INDONESIA No. AHU – 232. AH. 3 January 2012 in 2012.

**LIST OF KEY SPEAKER ON SCIENTIFIC SEMINAR AND CALL FOR
PAPER II ON 6-7 OCTOBER 2016**

1. Prof Helen Spiby
2. Dr Louis Walker
3. Dr. Brigitte Lynch
4. J.M. Metha, M. Med. Ed
5. Directorate General of Research Strengthening and Development, Ministry of Research, Technology and Higher Education
6. Agency of Health Human Resources Development and Empowerment, Ministry of Health of the Republic of Indonesia
7. The President of Indonesian Midwives Association
8. The Chairman of Midwifery Education Association of Indonesia

RUNDOWN

INTERNATIONAL SEMINAR “MIDWIFERY EDUCATION REFORMATION” MERCURE HOTEL, ANCOL JAKARTA PUSAT Oct, 6th – 7th 2016

Thursday, Oct 6 th 2016		
08.00 – 10.00	Re-registration	Committee
10.00 – 10.15	Welcome dance “Medley Nusantara	MC : Mardiana Sari adam, SST
10.15 – 10.45	1. Opening 2. Welcome speech from Chief of AIPKIND “Midwifery Education Association of Indonesia 3. Welcome speech from “Indonesian midwives Association”	Ita Syafrani, SSiT. Mkes Dra. Jumiarni Ilyas, Mkes Dr. Nurjasmi, MKes
10.45 – 11.00	Coffee Break	Committee
11.00 – 11.10	Welcome speech and opening ceremony from Welcome speech and Official Opening by : Directorate General of Research Strengthening and Development, Ministry of Research, Technology and Higher Education	Dr. Mohammad Dimiyati
11.10 – 11.40	Keynote Speaker 1. Ministry of Research, technology and higher education of The Republic of Indonesia Topic : The government policy and support in research development at higher education of midwifery 2. Agency of Health Human Resources Development and Empowerment, Ministry of Health of the Republic of Indonesia Topic : The Role BPPSDM-Health in the utilization of midwifery education graduates”	Dr. Mohammad Dimiyati Drg. Usman Sumantri, MARS
11.40 – 11.45	Souvenir handover	Dra. Jumiarni Ilyas, Mkes
TOPIC I		
11.45 – 12.30	“Young Leadership Midwives”	Dr. Bridget Lynch

Thursday, Oct 6th 2016		
12.30 – 13.00	Discussion	Moderator: Yetty L. Irawan, MSc
13.00 - 13.05	Souvenir handover	Dra. Tati Rostati, Mkes
13.05 – 14.05	Lunch break	
TOPIC II		
14.05 – 14.50	“Art And Science in Midwifery Practice”	Prof. Helen Spiby
14.50 – 15.20	Discussion	Moderator: Dizza Budiono, MSc
15.20 – 15.25	Souvenir handover	Yetty L. Irawan, MSc
15.25 – 15.40	Coffee Break	
15.40 – 18.00	Oral Presentation 1: Panel I to Panel VI	Committee
18.00 – 19.00	Break	
19.00 – 22.00	Oral Presentation 2: Panel IV to VII	Committee

Friday, Oct 7th 2016		
TOPIC III		
08.00 – 08.45	“Respectful Midwifery Care and Services”	Louis Walker
08.45 – 09.15	Discussion	Moderator: Dewi Purnamawati
09.15 – 09.20	Souvenir handover	Committee
09.20 – 09.35	Coffee Break	
TOPIC IV		
09.35 – 10.20	“Creating A Low-cost and Efficient Skills-lab Teaching/Learning Aid “	JM Metha, M.ed
10.20 – 10.50	Discussion	Moderator : Yulizawati
10.50 – 10.55	Souvenir handover	Committee
10.55 – 11.00	Closing	Master of Ceremony
10.45 - finish	Collecting certificate and proceedings (Registration Room)+Lunch	

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THE EFFECTIVENESS OF IMPLEMENTATION IMD (EARLY INITIATION OF BREASTFEEDING) THROUGH THE IMPROVEMENT OF SUCKLE SKILLS IN NEWBORN AND PRIMIPAROUS BREASTFEEDING SUCCESS AT MUHAMMADIYAH SURABAYA HOSPITAL

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ABSTRACT

The Infant mortality was still high in Indonesia, one contribute factor was the support of health workers towards the implementation of the IMD (Early Initiation of Breastfeeding) was still low. IMD has not been implemented to the fullest to date, resulting in newborns who would otherwise be doing early stimulation of the breast reaches its peak in the first hour to be delayed forty hours later, but it also resulted in a delay in ability primiparous to start breastfeeding her baby. The study aims to determine the effectiveness of the application of IMD to increased the ability to suckle the newborn and the mother primiparous breastfeeding success. The study design is a pre-experimental type of Static-Group Comparison. It was the collected data on October 6 to 5 November 2013. The study population was women gave birth in the hospital. Muhammadiyah Surabaya with a total sample of 28 consecutive sampling technique. Collection techniques by observation used the observation formats IMD, the ability of infant feeding and breastfeeding success. Effectiveness data analysis capabilities at IMD suckling babies with Fisher's Exact test showed statistically significant results with p value is $0.021 < \alpha 0.05$. The results of the data analysis of the effectiveness of the primiparous mothers breastfeeding success at IMD also showed a significant result p value is $0.007 < \alpha 0.05$. So the effective application of IMD to improve the ability to suckle the newborn and breastfeeding success primiparous mothers in Surabaya Muhammadiyah hospital.

Keywords: Early Initiation of Breastfeeding, Breastfeeding Ability, Breastfeeding

INTRODUCTION

The rate of newborn mortality in Indonesia was very high. Results of IDHS (Indonesian Demographic and Health Survey) in 2012 showed that the infant mortality rate in Indonesia is 32 per 1,000 live births, as many as 19 per 1,000 occurred in the neonatal period from birth to the age of 28 days. Whereas in 2015 the target figure should drop to 23 per 1,000 live births. (Department of Health., 2012). Based on the source of data in BPS showed that in province of East Java, the number of infant mortality rate (IMR) in East Java in 2012 amounted to 28.31 per 1,000 live births, while the number of AKB Surabaya at 23:18 per 1,000 live births (East Java Health Office, 2012).

One of the efforts that have encouraged the government to reduce the mortality rate of newborns was to implement the IMD (Early Initiation of Breastfeeding), but to date of application of the IMD in Indonesia was still did not up to as much as 65%, in accordance with Government Regulation No. 33 of 2012 on

Exclusive breastfeeding in article 9 stated that the Workers Health and Health Care facilities Operator is obligated to suckle Early initiation of the newborn to her mother for a minimum of one hour (Department of Health., 2012).

The results of Riskesdas data (2013) indicates that the amount of coverage of East Java IMD of 33.3% was still below the national IMD coverage in 2013 amounted to 34.5%. Babies who are given the opportunity to suckle within the first hour after birth to allowed skin contact the baby to the mother's skin showed 22% of the life of an infant under 28 days can be saved, while infants who were given the opportunity to suckle early, the result is 8 times more successful in the implementation of successful breastfeeding exclusive (Fika & Syariq, 2003; Roesli, 2008; Ministry of Department of Health., 2013).

Based on the preliminary study on 70 normal birth mothers in Muhammadiyah Surabaya Hospital on October 5 until November 30, 2012 showed that only 26 mothers (37.1%) were

successfully performed IMD, while 44 mothers (62.9%) did not succeed IMD.

The results of interviews with six health workers who worked in hospitals. Muhammadiyah was connected with the IMD is not successful; 1) the mother was unwilling / refusing done IMD especially at mothers primiparous 2) the number of patients much so that health workers should promptly clean up the mother, 3) maternity first child (Primigravida) having the time of delivery longer than multigravida, this resulted in the mother often fatigue and refused IMD.

There was still a lack of application of IMD right now cause most newborn delayed to do nipple stimulation at an early stage, so the ability reflex suckling infants should reach the peak in the first hour can be delayed forty hours later, other consequences was the lack of trust self mothers who do not have the experience of breastfeeding, especially in primiparous mothers find it difficult to breastfeed, even prefer to give formula due to feel the baby does not want to suckle. Results of research from Righard & Margareta 1990 proved in the group of infants who are born normal, but separated from their mothers showed that 50% can not breastfeed their own babies. Risk of infant death increased with the postponement of the IMD. Babies who are born do so IMD at 50 minutes better able to suckle, while babies who do not do IMD at the same age of 50% could not feeding well. At the age of six months and one year, babies are given the opportunity to suckle early, the results are 59% and 38% were still breastfed. While babies are not given the opportunity of early breastfeeding at the same age some 29% and 8% were still breastfed (Roesli, 2008).

Through efforts to achieve the successful implementation of the IMD requires special management of that; 1) personnel and health services, supportive, 2) it is recommended to provide an opportunity IMD mother gave birth to a caesarean section, 3) reducing the use of chemical drugs, 4) engage the support of family, 5) health education about the IMD, the advantages of breastfeeding and breastfeeding and feeding techniques which was at least two times during antenatal care, 5) infants in the IMD continued to do rooming (Roesli, 2008).

Baby care with the method of rooming in Muhammadiyah Surabaya Hospital has not been made in full, the baby is given to the mother at certain hours. Normal newborn care performed

in the neonatal started 2 hours after birth, this was done for reasons giving mothers a chance to rest. IMD is not only save the lives of babies, IMD followed by rooming also may achieve exclusive breastfeeding, IMD appropriately motivate mothers and babies for breastfeeding later (Queensland Maternity and Neonatal Clinical Guideline Program, 2010).

Based on the description indicates that, the application of IMD on Mother's maternity hospital. Muhammadiyah Surabaya was not maximized, resulting in delays in optimizing the ability to suckle which should reach its peak in the first hour after birth. Mother bore mainly primigravidae will lose the opportunity for a first contact with the baby, this resulted in the adaptation that is much longer in the process of breastfeeding and the mother felt that her baby is still adapting to breastfeeding reflexes are reflexes are looking for, but it is considered not stop breastfeeding.

This research aims to; 1) determine the effectiveness of the implementation of Early Initiation of Breastfeeding (IMD) to increase the ability of Breastfeeding Newborn, 2) determine the effectiveness of the implementation of Early Initiation of Breastfeeding (IMD) to successful breastfeeding in primipara.

RESEARCH METHODS

The research was a Pre-Experiment. The type of design used Static-Group Comparison, which was to determine the effect of an action on the group. The sample in this study was a couple of maternal and newborn normal in the Muhammadiyah Hospital of Surabaya began on October 6 until 5 November 2013 were taken using Consecutive Sampling as many as 28 pairs of maternal and newborn normal, which consisted of 14 mother-infant pairs in doing IMD during delivery and 14 mother-infant pairs were not in IMD, the data were collected by interviews and observations using instruments of observation format. The study began after obtaining a permit retrieval of data from Muhammadiyah Hospital of Surabaya.

The first stage of primary data collection was initiated by the informed consent to the respondent in accordance with the inclusion criteria and then make observations on a group of couples mothers who do IMD and a group of mothers who are not at IMD in normal labor, after 2 hours post partum observation ability

suckling infant and primiparous mothers breastfeeding success.

The ability to suckle the baby was assessed using observation sheets with indicators, namely 1) the baby tried and succeeded to the nipple itself 2) The baby's mouth wide open, her chin resting on his chest 3) most of the prop breast into the baby's mouth 4) babies were sucking strong cadence slowly 5) looks swallowing along with the rhythm of sucking 6) the mother's nipple is not sore. While the success rate for breastfeeding observations using the observation sheet indicators, namely 1) the general state of the mother and baby during breastfeeding 2) Breast Condition 3) the attachment of the baby while feeding. Data analysis using Fisher's Exact.

RESULTS AND DISCUSSION

The results of the research at the hospital. Surabaya Muhammadiyah can be seen in Table 1 and Table 2 as follows:

Table 1. Implementation Effectiveness Early Initiation of Breastfeeding (IMD) Toward Newborn Feeding Ability at Muhammadiyah Surabaya Hospital

Implementation of IMD	Ability of suckle		p-value
	Good	Less	
Implement of IMD	11 (78,6%)	3 (21,4%)	0,021
Not doing IMD	4 (28,6%)	10 (71,4%)	
Total	15 (53,6%)	13 (46,4%)	28 (100,0%)

Sources : Primary data

The results of the analysis of Fisher's Exact test showed the value of $p = 0.021 < \alpha = 0.05$, then the IMD affect the ability to suckle the newborn. Based on Table 1, show that of the 14 respondents in the IMD, the most of the ability to suckle the newborn well as 11 infants (78.6%). Meanwhile, from 14 respondents who are not at IMD, the majority of infants less good ability to suckle as much as 10 infants (71.4%).

The results showed number of infants in the IMD as many as 14 babies, most showed the ability to suckle good that 11 infants (78.6%). Every newborn is not completely powerless, because

the baby has several reflexes. Reflex is a reaction to stimuli, reflexes regulate the baby's movements automatically and are beyond its control. Reflex allows the baby to respond adaptively to the environment before it has a chance to learn more. Reflexes are looking for (rooting reflex) and sucking reflex is one of the important (Santrock, 2012).

Based on the results of research, looking at baby's reflexes when IMD occurred in the 30th minute to 40. Babies successful breast sucking on average 45 minutes to get to 57. The pattern of sucking baby in doing IMD deeper and more regular, followed by flow ASI expenditures. Reflex seeking occurs when cheeks swabbed/ stroked or touched the edge of the mouth, as a response to the baby will turn his head towards objects that touch it to find something that can be inhaled. While sucking reflex occurs when the baby is automatically sucked object placed in her mouth. Sucking reflex will peak in 20 to 30 minutes after the baby is born, if the baby is not breastfed immediately then sucking reflex will decline rapidly and will increase again in 40 hours later (Arun Gupta, 2007).

This is evident in the results showed the ability of infants not breastfed at IMD mostly less good, that 10 infants (71,4%). Through IMD babies have an immediate stimulus to reach the top of sucking reflex, this condition allows the baby will respond adaptively to suckle on the first day, especially a few hours of birth (Moore ER, Anderson GC., Bergman, 2007).

In addition to sucking reflex, according Rovee-Colier (2004) in Richard (2012) that the baby responds orientation, which includes the movement of the baby's head in the direction of sight or sound, newborns are still developing nerve, muscle and eye lens. Newborns estimated to be worth 20/240 vision, meaning that newborns are able to see objects at a distance of 20 feet and an adult at a distance of 240 feet.

Babies have spent more time looking at his mother's face compared to other people's faces. The results of the study at the time of the baby at IMD, the baby suffered a break-stage / motionless, his eyes wide open occasionally to see his mother. This special period of calm which is a transition adjustment of state in the womb to a state outside the womb. This phase lasts an average of 15 minutes to get to 30. In this phase is often considered that the baby did not reach the breast, so that the baby

immediately removed / brought to the breast or urgent action baby care.

At this stage of development of the sense of smell indicates that newborns are able to distinguish the shoulder, it can be seen from the results of studies that breast-fed babies will show a fondness for the smell of upholstery fabrics are exposed breast milk compared with a clean cloth (Santrock, 2011).

The results showed that infants do IMD, on 30-40 minutes to start making a sound, such as the mouth movements to drink, kiss and lick the hand. Babies smell and taste the amniotic fluid that was in his hand. This odor similar to the smell of the fluid emitted breast. The smell and taste will guide the baby to find the breast and the mother's nipple. The tasting babies have seen their sensitivity before birth, even infants aged 2 hours able to show different facial expressions when given a solution of sweet, sour and bitter. Various patterns of development and sensory perception in newborns shows that babies will be ready to receive stimuli to improve the ability to suckle efficiently.

The results of the study of 14 babies at IMD, there are 3 babies (21,4%) showed poor ability to suckle. According to the theory of visual perception by Rovee-Colier (2004) in Richard (2012) that the baby is able to distinguish between old and new stimulus stimulus. Newborns may experience habituation to the sight, sound, smell or touch repetitive. Habituation to sounds can be seen that the baby will change the frequency of absorb be slow because you want to hear the sound of the new rhythm. So that the baby in the next hour when he received stimulus suckling at 2 hours later, the baby showed less response to begin breastfeeding reflexes.

Table 2. Implementation Effectiveness of Early Initiation of Breastfeeding (IMD) related to succesfull breast feeding

Implementatio n of IMD	Sucesfull breastfeeding		p-value
	Good	Less	
Implementof IMD	11 (78,6%)	3 (21,4%)	0,007
Not doing IMD	3 (21,4%)	11 (78,6%)	

Total	14 (50,0%)	14 (50,0%)	28 (100,0%)
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Sources : Primary Data

The results of the analysis of Fisher's Exact test showed the value of $p = 0.007 < \alpha = 0.05$, then the IMD affect the success of breastfeeding mothers primiparous. Based on table 2, shows that of the 14 respondents in the IMD, mostly primiparous lactating mothers breastfeed well as 11 infants (78.6%). Meanwhile, from 14 respondents who are not at IMD, most mothers breastfeed less well primipara were 11 infants (78.6%).

Healthy infants at term showed a series of behaviors after birth and peak in feeding at or around the end of the first hour of life, using the sense of touch, sight, and hearing, and reflexes kicked / crawling and rooting, newborns can find and touch their breasts without aid. The first hour of life is considered as a sensitive period for breastfeeding, maternal-infant contact optimal during this period led to better results breastfeeding (Nita, 2007). The results of this study showed that infants at IMD, most have the ability to suckle good, this will motivate the mother to revitalize previous experience with breastfeeding early at 2 hours after birth. It is evident from the 14 respondents who do most moms IMD 11 mothers (78.6%) successfully breastfeed well, while respondents who are not in IMD mostly primiparous lactating mothers deficient by 11 mothers (78.6%).

Based on the results of suckle mothers is not good for 3 people (21.4%) although do IMD. The results showed the mother during breastfeeding difficulties can be caused by the mother feels her milk did not come out and feel unable to breastfeed properly, because there was no previous experience. According Roesli (2008) A mother who gave birth for the first time (primiparous) often experience some problems breastfeeding, one of the difficulties in the process of early breastfeeding.

The success of the baby while feeding through the stage IMD forming a positive perception that the mother would be easy to start breastfeeding in the next hours. The bond between mother and baby can be formed at an early stage through IMD, through IMD mother can immediately respond and perform their babies from birth stimulus and creating a climate for increased interaction in the next phase. IMD properly will

motivate breastfeeding mothers in the next. In accordance with the results of Essa, RM. and Aziz Ismail, NIA (2015) obtained significant results ($p < 0,01$) differences in the success of breastfeeding in the group that made skin contact between mother and baby immediately after birth than those babies who do routine maintenance directly after birth.

Although the implementation of the IMD had often disseminated through television, mass media and information campaigns, but at the time of the research results the majority of women (50%) refused to do IMD. Results of interviews with 14 respondents who are not at IMD, the mother complained of fatigue due to face a delivery. Another factor of the failure IMD HCW's improper conduct IMD, after the baby is born, the baby is placed on the mother's abdomen and then taken and baby care activities. Dissemination activities on the implementation of the IMD in RS. Surabaya Muhammadiyah been done, but not maximum, is still limited at the time of antenatal care, yet continued to provide motivation when birth mothers. This is evident from the results of the study were mostly mothers get information about IMD antenatal care, but some still refuse to IMD at the time of entry in the delivery room. Poor breastfeeding technique mostly looked at the difficulties of holding the baby, position of the head and shoulder on the elbow crease, the baby's body not facing the mother, resulting in the baby's body was twisted out and attachment of feeding poorly.

CONCLUSION

Based on the results of this study concluded that the IMD affect the ability of infant feeding ($p = 0.021$). Babies more quickly adapt and do a good adhesion and strong suction during feeding in the first 2 hours, this is due to some stimulus reflex that occurs at the time of IMD the first hour after birth. IMD also affect the success of breastfeeding mothers primiparous ($p = 0.007$).

IMD implementation is not yet fully done optimally, for it was recommended for health care workers are expected to further increase health education on the importance of IMD that begins when antenatal care is continued during intranatal care. Besides the importance of the policy of Muhammadiyah Hospital of Surabaya on the IMD proper implementation of health care workers who continued with infant care rooming.

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