

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

by Umi Ma'rifah

Submission date: 07-Nov-2019 10:46AM (UTC+0700)

Submission ID: 1208762032

File name: PROSIDING_MIDWIFERY_EDUCATION_REFORM-UMI.pdf (471.98K)

Word count: 3623

Character count: 18612

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

Umi Ma'rifah^{1*}, Aryunani²

^{1,2}Diploma of Midwifery, Muhammadiyah University of Surabaya, Indonesia

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 18 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 < α 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 < α 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.

17 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 actively 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-Collier (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-Collier (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	Succesfull 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%)
-------	-------------------	-------------------	--------------------

Sources : Primary Data

6

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 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 so 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.

ACKNOWLEDGEMENT

This research get support from many parties. Firstly, thanks to the Rector, Muhammadiyah University of Surabaya. Then the head of LPPM which has facilitated research in the following research grants funded from DP2M to skim research faculty beginner fiscal year 2013. We also thank the director of the Muhammadiyah hospital for that get permission in collection data as well as throughout the midwife who helped during research activities.

REFERENCES

- Arun, Gupta. (2007). *Initiating Breastfeeding Within One Hour Of Birth: A Scientific Brief*. http://bpni.org/Article/Initiating_breastfeeding_within_one_hour_.pdf.
- Dinkes Jati (2012). *Jatim dalam Angka Terkini*. http://dinkes.jatimprov.go.id/userfile/dokumen/JATIM_DALAM_ANGKA_TERKINI.pdf.
- Essa, RM., Aziz Ismail, NIA., (2015). *Effect of early maternal/newborn skin-to-skin contact after birth on the duration of third stage of labor and initiation of breastfeeding*, *Journal of Nursing Education and Practice*, Vol. 5, No.4
- Edmond KM., Zandoh C., Quigley MA., Amenga-Etego S., Owusu Agyei Seeba, Kirkwood BR., (2006). *Delayed Breastfeeding Initiation Risk of Neonatal Mortality*. *Pediatrics*. 117; 380-386.
- Fikawati, Sandra dan Syafik Ahmad. (2003). *Hubungan Antara Menyusui Segera (Immediate Breastfeeding) dan Pemberian ASI Eksklusif Sampai dengan Empat Bulan*. *Jurnal Kedokteran Trisakti*, Mei-Agustus, Vol.22, No.2 : 47-55.
- Kemenkes RI. (2012). *Profil Kesehatan Indonesia Tahun 2012*. <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2012.pdf>
- Kemenk RI., (2012). *Peraturan Pemerintah No.33 Tahun 2012 Tentang Pemberian Air Susu Ibu Eksklusif*. http://www.ippi.or.id/content/elibrary/dokumen/BUKU-PP-NO-33-2012_ASI_.pdf

Moore ER, Anderson GC, Bergman N. (2007)
*Early skin-to-skin contact for mothers and
their healthy newborn infants. Cochrane
Database of Systematic Reviews 2007,*
Issue 4. Pub 2. <http://www.thecochranelibrary.com>

9
Roesli, Utami. (2008). *Inisiasi Menyusu Dini
Plus ASI Eksklusif*. Jakarta: Pustaka Bunda.

Santrock, John W., (2011),
Masa Perkembangan Anak, Penerjemah,

Verawaty Pakpahan. Edisi 11. Salemba
Jakarta: Salemba.

Santrock, John W., (2012),
Perkembangan Masa Hidup, Penerjemah:
Benedictine W., Editor: Novieta S.
Sallama, Ed. Ke-11, Jilid I, Jakarta:
Erlangga.

1
Queensland Maternity and Neonatal Clinical
Guideline Program. (2010). *Breastfeeding
Initiation*. Statewide Maternity and Neonatal
Clinical Network

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

ORIGINALITY REPORT

10%

SIMILARITY INDEX

8%

INTERNET SOURCES

5%

PUBLICATIONS

8%

STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of Queensland Student Paper	1%
2	Submitted to Grand Canyon University Student Paper	1%
3	www.scribd.com Internet Source	1%
4	www.kangarocareusa.org Internet Source	1%
5	Mary J Renfrew. "Cleaning and sterilisation of infant feeding equipment: a systematic review", Public Health Nutrition, 02/26/2008 Publication	1%
6	ojs.umsida.ac.id Internet Source	1%
7	ebookmarket.org Internet Source	1%
8	Submitted to Griffith University Student Paper	1%

9	repository.uinjkt.ac.id Internet Source	1%
10	Submitted to University of Worcester Student Paper	1%
11	pt.scribd.com Internet Source	<1%
12	media.neliti.com Internet Source	<1%
13	Submitted to Universitas Negeri Semarang Student Paper	<1%
14	seajbel.com Internet Source	<1%
15	Submitted to University of Southampton Student Paper	<1%
16	Submitted to iGroup Student Paper	<1%
17	e-journal.jurwidyakop3.com Internet Source	<1%
18	Siti Maesaroh, Ani Kristianingsih, Heni Anggraini. "Gambaran Determinan Pemberian ASI Eksklusif pada Ibu dengan Bayi Usia 6â€“24 Bulan", Jurnal Aisyah : Jurnal Ilmu Kesehatan, 2018 Publication	<1%

19

Kajsa Brimdyr, Ann-Marie Widström, Karin Cadwell, Kristin Svensson, Cynthia Turner-Maffei. "A Realistic Evaluation of Two Training Programs on Implementing Skin-to-Skin as a Standard of Care", The Journal of Perinatal Education, 2012

Publication

<1%

20

Submitted to University of Newcastle

Student Paper

<1%

21

Submitted to University College London

Student Paper

<1%

Exclude quotes Off

Exclude matches Off

Exclude bibliography Off