

MOTHER'S EXPERIENCES REGARDING EARLY BREASTFEEDING INITIATION (IMD): SCOPING REVIEW

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ABSTRAK

The Early Breastfeeding Initiation Program (IMD) was promoted as an effort to encourage the provision of colostrum to newborns, while preventing high infant and neonatal mortality. After the baby is born, immediately do skin-to-skin contact. This review is intended to find out the experience of mothers doing Early Initiation of Breastfeeding (IMD) based on existing articles. This scoping review method uses the Arkey H & O'Malley framework in 2005. The five stages of the review process are (a) identification of review questions, (b) identification of relevant studies, (c) study selection, (d) data mapping (data charting), (e) compiling, summarizing, and reporting results. From the articles reviewed, 7 articles received grade A with a quantitative design of one article and a qualitative design of six articles. Based on the results of the scoping review that has been carried out, it was found that the mother's experience of IMD is influenced by husband's support, family support, and support from health workers. Factors that influence the implementation of IMD include mother's knowledge, mother's attitude, parity, and education. Barriers to the implementation of the IMD were delivery by cesarean section and non-adherence in the ANC examination. The reasons mothers do not want IMD are breast milk does not come out, feel tired, the baby is immediately separated from the mother, and pre-lacta feeding. Conclusion: ANC non-compliance is one of the obstacles in the implementation of IMD.

ABSTRACT

Program Inisiasi Menyusui Dini (IMD) digalakkan sebagai upaya untuk mendorong pemberian kolostrum pada bayi baru lahir, sekaligus mencegah tingginya kematian bayi dan neonatal. Setelah bayi lahir, segera dilakukan *skin-to-skin contact*. Review ini dimaksudkan untuk mengetahui pengalaman ibu melakukan Inisiasi Menyusui Dini (IMD) berdasarkan artikel-artikel yang ada. Metode *scoping review* ini menggunakan framework Arkey H & O'Malley tahun 2005. Lima tahapan proses review yaitu (a) identifikasi pertanyaan review, (b) identifikasi studi yang relevan, (c) pemilihan studi, (d) pemetaan data (*data charting*), (e) menyusun, merangkum, dan pelaporan hasil. Dari artikel yang

direview 7 artikel mendapatkan grade A dengan desain kuantitatif satu artikel dan desain kualitatif enam artikel. Berdasarkan hasil *scoping review* yang telah dilakukan didapatkan bahwa pengalaman ibu mengenai IMD dipengaruhi oleh dukungan suami, dukungan keluarga, maupun dukungan tenaga kesehatan. Faktor-faktor yang mempengaruhi pelaksanaan IMD antara lain pengetahuan ibu, sikap ibu, paritas, dan pendidikan. Hambatan pelaksanaan IMD adalah persalinan dengan section cesarea dan ketidakpatuhan dalam pemeriksaan ANC. Alasan ibu tidak mau IMD adalah ASI tidak keluar, merasa lelah, bayi langsung dipisahkan dengan ibunya, dan pemberian makanan pralakta. Kesimpulan: Ketidakpatuhan ANC merupakan salah satu penghambat dalam pelaksanaan IMD.

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INTRODUCTION

Indonesian Health Profile Data in 2018, AKB in 2015 reached 24 / 1000 live births and Neonatal Mortality Rate (AKN) in 2017 reached 15 / 1000 live births. AKB has achieved the 2030 Sustainable Development Target (SDGs) of 25 per 1000 live births, and it is hoped that AKN can also achieve the target of 12 per 1000 live births. The World Health Organization (WHO) states that AKB is mostly due to nutritional factors, namely as much as 53%.

One of the main steps in preventing infant and neonatal mortality is to provide adequate and quality nutritional intake to the baby. Giving colostrum to newborns is the most important part of efforts to meet nutritional intake in the first years of life. Colostrum is the first fluid secreted by the maternal breast glands and is a white blood cell or antibody containing immunoglobulin A (IgA), which serves to provide protection against the intestines in newborns (Roesli, 2012). Therefore, this yellowish viscous liquid is important in maintaining the baby's body's resistance to germ and bacterial infections so as to increase the baby's immunity.

The first step is to give colostrum to the baby by conducting Early Breastfeeding Initiation (IMD) while preventing high infant and neonatal mortality. Basic Health Research conducted in 2018 obtained data that in Indonesia the percentage of IMD in children aged 0-23 months was 58.2% and those who did not do IMD were 41.8%. IMD performed ≥ 1 hour covers 15.9% and IMD performed < 1 hour is 84.1% (Simaremare & Wulandari, 2021).

Early Initiation of Breastfeeding is the process of giving the baby the opportunity to find for himself (not forced/offered) the source of his food and suckle on his mother as soon as the baby is born for at least an hour.

After birth, the baby must be immediately brought closer to the mother's body by placing the baby on the mother's chest or abdomen so that there is contact between the baby's skin and the mother's skin (skin-to-skin contact). The baby will then show amazing

abilities, where the baby will attempt to crawl towards the mother's breast and find her nipple so that the baby will be able to suckle on its own. The way the baby feeds itself is called The Breast Crawl or crawling looking for breasts.

Based on research in Ghana, it was found that doing IMD can prevent infant mortality by 22% the first hour after delivery. It is stated that delaying IMD will increase the risk of death. Even if IMD is implemented too late, it can increase the risk of infant death by two to four times (Roesli, 2012). IMD also has a real influence on the success of exclusive breastfeeding. Mothers who do IMD are eight times more likely to succeed in exclusive breastfeeding than mothers who do not carry out IMD (Novianti & Mujiati, 2015). The ineffectiveness of IMD is due to the low knowledge of officers about IMD regulations and the motivation of officers in applying IMD to mothers. Another obstacle is not only due to lack of information, but uncooperative mothers sometimes make it difficult for health workers to not be able to IMD (Raharjo, 2014).

Government Regulation of the Republic of Indonesia no. 33 of 2012 concerning IMD in CHAPTER III article 9 paragraph 1 which states that health workers & providers of health service facilities are required to carry out IMD to newborns to their mothers for at least one hour. Article 9 paragraph 2 states that IMD is carried out by placing the baby on his stomach or chest so that the baby's skin sticks to the mother's skin (Indonesia, 2012). When helping with childbirth, midwives must help mothers in IMD practice, because midwives have a lot of time to interact with patients who are about to give birth (Handayani, 2020).

The level of public awareness regarding the practice of IMD in babies is still relatively low, therefore good insight is needed for mothers about the importance of implementing IMD. In the Qur'an, it is mentioned that breastfeeding to babies is in surah Al-Baqarah (2: 233), which means: "And mothers should breastfeed their children for two whole years, for those who want to breastfeed perfectly. Early scoping review aims to find out the mother's experience of IMD based on the results of studies that have been carried out.

METODE PENELITIAN

The method used is scoping reviews using the Arksey & O'Malley framework. There are five stages of the review process carried out, namely (a) identification of review questions, (b) identification of relevant studies, (c) selection of studies, (d) mapping of data (data charting), and (e) compiling, summarizing, and reporting results (Arksey & O'Malley, 2005).

The framework helps identify searchable question sections, refine the results and focus the review process on relevant outcomes to investigate possible possibilities to be developed. The PEOs framework used is intended to support the identification of key concepts over the focus of the question, develop appropriate search terms to describe the problem > selection of inclusion and exclusion criteria (Palfreyman, 2012).

Table 1. Framework

Populai	Expose	Outcome	Study Design
<i>Mother;</i>	<i>Mother</i>	<i>;</i>	<i>Experience</i>
<i>Women</i>	<i>;</i>	<i>Women</i>	<i>;</i>
<i>Wife</i>	<i>;</i>	<i>Wife</i>	<i>;</i>
<i>Female</i>	<i>;</i>	<i>Female</i>	<i>;</i>
<i>Breatfeeding</i>	<i>Breatfeeding</i>	<i>Imperession</i>	
<i>Mother</i>	<i>Mother</i>	<i>;</i>	<i>Incident</i>

In this review process, relevant articles were identified using the following inclusion and exclusion criteria:

A. Inclusion Criteria

1. International or National Journal.
2. Published in English or Indonesian.
3. Published from 2011 to 2021.
4. Articles that are relevant to the theme, discuss experiences of mothers in IMD practices which can be seen from the perspective of midwives, mothers, and husbands.
5. Original articles.
6. Accessible full text articles.

B. Exclusion Criteria

1. Opinion papers
2. Blogspot
3. Articles discussing mothers who do not do IMD

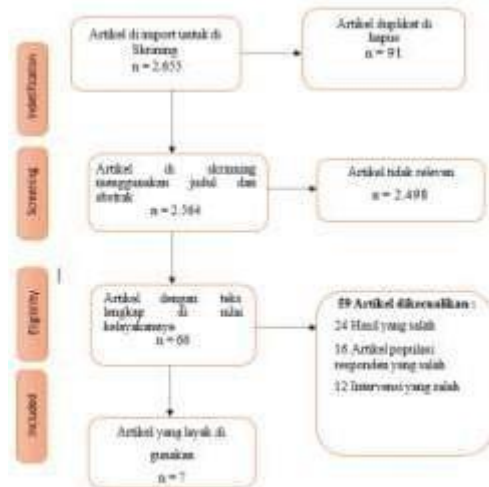
In conducting evidence searches, relevant databases are used, namely using the Science Direct, Pubmed, and ProQuest databases. In addition, researchers searched for Grey Literature using Google Scholar as a search engine and looked at the Specific Website, namely WHO, UNICEF, Ministry of Health, and Permenkes. After determining the relevant database, then in the search process using keywords by adding "OR", "AND". The search strategy and specific keywords to be used in the search process are as follows:

Element	Key Word
Population	Nursing Mothers Mother or women or wife or female or breastfeeding mother
Exposure	IMD IMD or early Initiation of breastfeeding or early breastfeeding
Outcome	Experience Experience or view or perspektif or opinion or imperession or incident

The seven articles that deserve review are then done critical appraisal. The results obtained from 7 articles reviewed were of good quality (grade A) with a score between 32 and 36. The selected research design uses qualitative and quantitative research

methods. The article with a score of 32 because the points of sampling are taken, data analysis, ethics and bias are not explained in detail.

These articles are assessed using the bullet library tool. These tools are used to ascertain the level of objectives, methods, sampling, data analysis, and reporting of results in relevant empirical studies found in a transparent and rigorous manner. These indicators make it possible to make an assessment and assess the quality of the research under



review.

RESULTS AND DISCUSSION

A. Support

The results of the review of the 7 articles conducted, found several themes that are in accordance with the focus of the review, namely, support for IMD implementation, factors that influence IMD, implementation obstacles. The mapping results in this scoping review showed results related to IMD practice support, which included husband support and midwife support.

1. Husband support

Interventions shown to fathers can improve IMD practices soon after birth. This study demonstrates the feasibility and benefits of involving fathers to improve IMD practice. In this study, fathers were not only advised to interact with mothers to practice IMD, but were invited to play an active role in interacting and advising family members (eg mother-in-law or grandmother) to support mothers. Fathers greatly influence the practice of IMD, with active and supportive father involvement during pregnancy and at delivery, enabling success in the practice of IMD (Bich et al., 2016).

In line with research fathers have an influential role in IMD practice, this shows that fathers play an important role in breastfeeding success in the first hour. Despite the fact that many men want to be involved in the pregnancy of their partner, antenatal and perinatal care, it usually does not include information and training for pregnant women. Although some fathers participated in IMD

practices, researchers found that they were poorly informed about the benefits of IMD (Hunter, 2014).

2. Midwife support

To ensure that babies have access to colostrum, midwives always make observations. In communicating with mothers, midwives use the word "we". This is intended to give confidence to mothers to be able to participate in decision making and develop plans in the implementation of IMD. Midwives institutionally and professionally will always support the implementation of the lactation process (Burns et al., 2011). (Ariyani & Handayani, 2015) that midwives help puerperal mothers to start breastfeeding on time. Health workers take the time to motivate and assist the mother's delivery process so that they can carry out IMD and exclusive breastfeeding. Good clinical support with the practice of IMD can encourage the increase in IMD carried out by the wife. In line with research (Khanal et al., 2015) explained that help and support from midwives at the time of delivery had a positive impact on IMD practices.

B. Factors

1. Knowledge

Knowledge is the result of "knowing" and takes place after someone has sensed a particular object. In general, knowledge is closely related to the level of education. Good knowledge has a lot of influence on one's mindset. The higher the degree of knowledge of a person, the higher the awareness and ability of a person to obtain information so that he can apply it smoothly in his life (Notoatmodjo, 2014).

Mothers who have high knowledge about IMD, will breastfeed their babies immediately after birth compared to mothers who have low knowledge. This situation is because mothers who have a high knowledge of breast milk, generally understand the many benefits of IMD practice. The main factor that results in the lack of success in implementing the correct IMD practice is the lack of correct knowledge about IMD for maternity mothers. A mother is obliged to have good knowledge of breastfeeding. Loss of knowledge about breastfeeding means the loss of meaningful food sources and optimal ways of care (Ariyani & Handayani, 2015)

2. Attitude

Attitude is a tendency or tendency learned by an individual to respond positively or negatively with moderate or sufficient intensity to an object, situation, concept or other. Attitudes will arise because of the considerations obtained from the information or knowledge obtained. This is in line with the theory that people weigh the pros and cons of behavior that fits their analysis. Mothers who have a negative attitude in implementing IMD are 3 times more at risk for not implementing IMD compared to mothers who have a positive

attitude. On this basis it is recommended that mothers always have a positive attitude towards the implementation of IMD (Ariyani & Handayani, 2015)

3. Parity

Mothers who have more than one child will tend to breastfeed early in life after birth. It was stated that a mother who has more than one child has a tendency to give her first breast milk within an hour after birth compared to mothers who only have one child. This is because the experience that mothers have in breastfeeding their children before makes mothers know better when to give their first breast milk to their children (Khanal et al., 2015).

C. Barriers to labor by cesarean section

SC delivery carries a risk that the baby born does not get IMD in the first hour. Effects of anesthesia, CS procedure, fatigue, reduced maternal vigilance and inadequate maternal skills to initiate breastfeeding are some of the reasons for delaying breastfeeding in CS births. (Khanal et al., 2015).

Previous research has shown that women who give birth by caesarean section are less likely to initiate early breastfeeding. A cesarean section results in a long period of mother-baby separation. It is caused by endocrinological changes of the mother caused by surgery and stressful conditions for women, which also take time to recover from the effects of anesthesia. In addition, babies born by caesarean section may have respiratory distress so they can be taken to the newborn's intensive care unit. Therefore, women with cesarean delivery are recommended to get specialized counseling in breastfeeding and support from trained providers on how to breastfeed properly. Furthermore, providing adequate support and guidance from trained health workers in the early period after delivery (Gayatri & Dasvarma, 2020).

Women giving birth by cesarean section the mother will feel sleepy because of the effects of the anesthetic, especially if there is a mother who must be completely anesthetized (unconscious while the cesarean section process is in progress). Anesthetic conditions or anesthesia of the mother in the process of childbirth will affect the baby after birth, among others, the baby will feel sleepy & also become less active (Roesli, 2012).

D. Mother's reason for practicing IMD

The main reason about 50% of babies are not breastfed within 1 hour after delivery is because the mother feels that her milk has not come out, feels tired after delivery, and the child's mother is separated after delivery (Bich et al., 2016). Separating mother and baby after delivery deprives the mother of an important opportunity to be able to perform IMD and an important opportunity to increase her natural oxytocin levels (Kolsoom, et al. 2018).

Pralacta feeding, including honey, ghee (fine butter), sugar water and animal milk, is associated with delayed initiation of breastfeeding (Bich et al., 2016; Khanal et al., 2015).

Women are positioned as 'suppliers' of valuable resources and midwives as 'experts' available to 'manage' breastfeeding. In this approach, obstetric practice is

focused on achieving breastfeeding, without regard to the needs of the mother. Midwives take a breastfeeding approach that positions women as 'passive' subjects where the knowledge gained by herself and even the knowledge contained is dismissed along with the socio and cultural aspects of her life (Burns et al., 2011).

CONCLUSION

Based on the results of a scoping review that has been conducted by the author regarding the mother's experience regarding IMD, the authors draw the conclusion that the mother's experience in carrying out IMD is influenced by husband's support, family support, and health worker support. In addition, factors that influence the implementation of IMD include mother's knowledge, mother's attitude, parity, and education. Obstacles in IMD such as delivery by cesarean section and non-adherence in ANC examinations. The reasons for mothers not practicing IMD include feeling that their milk is not coming out, feeling tired, and being immediately separated from their baby, as well as pre-lactation feeding.

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