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Analysis of Policy Implementation and Availability of Infrastructure on the Implementation of Early Breastfeeding Initiation After Cesarean Section Delivery in Private Hospitals in Kudus District

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ABSTRACT

Early initiation of breastfeeding (IMD) is placing the infant on the mother's chest or abdomen and allowing the infant to seek the mother's nipple within the first hour of birth. Cesarean section (SC) poses challenges to the implementation of Early Breastfeeding Initiation (IMD) in both internationally and nationally recommended hospital programs for maternal and infant care. The purpose of this study was to analyze policy implementation and analyze the availability of hospital facilities in the implementation of Early Breastfeeding Initiation (IMD) after Sectio Caesarean delivery. The research design was descriptive qualitative. The main informants of the study were SPOg doctors, implementing midwives and the Head of the Central Surgical Unit. Supporting informants are laboring mothers, central surgery unit nurses, pediatricians, hospital management. Data collection using in-depth interviews and observation. Data validity strategy using source triangulation. There is a policy contained in the decree of the hospital director and the hospital SOP as a work instruction for the implementing unit, monitoring is carried out every delivery and the division of tasks is carried out situationally. The number, competence and infrastructure are available well enough to support the implementation of IMD after Sectio Caesarea delivery in the hospital

INTRODUCTION

Efforts to achieve the Sustainable Development Goals (SDGs) are to ensure healthy lives and promote well-being for all ages. The target is to end preventable deaths in newborns and children under five by 2030. The target for each country is to reduce neonatal mortality to less than 12 per 1000 births and under-five mortality to as low as 25 per 1000 births. In Indonesia, the target of reducing neonatal mortality by 2024 is expected to reach 10 per 1000 live births (Kemenkes RI, 2023).

Early Breastfeeding Initiation (IMD) plays a significant role in achieving the Sustainable Development Goals (SDGs), especially in the third goal of good health and well-being with the target of reducing neonatal mortality by 12 per 1000 live births. The Indonesian government program is in line with WHO and UNICEF guidelines that recommend early initiation of breastfeeding as a life-saving measure, with early initiation of breastfeeding reducing the number of deaths that occur before the first month of life, 22% of infants will be saved (Schwarzenberg, 2019). Globally, exclusive breastfeeding coverage for infants <6 months from 2014-2020 reached 44%². In Sub-Saharan Africa, a region with high infant and child mortality rates, only 33% of infants are exclusively breastfed. (Hesrcu-Kluska, 2019)

Early initiation of breastfeeding is one of the ten steps listed by the WHO for successful breastfeeding. One of the ten steps is step four. So in the Ten Steps to Successful Breastfeeding the commitment of health facilities is needed to provide services to mothers from the womb to delivery. In Indonesia, the government's support for the implementation of Early Breastfeeding Initiation (IMD) is contained in Government Regulation No. 33/2012 Article 9 (paragraph 1) "Health workers and health care facility providers are required to provide

IMD to newborns to their mothers for a minimum of one hour" (PP No. 33, 2012). (Roesli Utami, 2008)

The hospital where the study was conducted is a mother and baby friendly hospital that has implemented normal labor care, one of which is IMD. Based on Medical Record data in 2022, the percentage of SC delivery types that received IMD was 73% and the percentage of spontaneous labor types that received IMD was 93%. In 2023, the percentage of SC deliveries that received IMD was 72% and the percentage of spontaneous deliveries that received IMD was 97%. This figure shows that the coverage of IMD in SC and spontaneous deliveries at the research hospital has exceeded the target because in 2022, the national percentage of newborns who received IMD was 75.58%. and has exceeded the 2021 Strategic Plan target of 50.0% (Kemenkes RI, 2023)

METHODS

The type of research used is qualitative research which is a research process that produces descriptive data in the form of speech or writing from the behavior of the people observed, and uses in-depth interview methods to obtain in-depth and careful information about Policy Implementation and the availability of Infrastructure Facilities on the Implementation of Early Breastfeeding Initiation after Sectio Caesaria delivery in Kudus Regency Hospitals. The main informants in this study were the SPOg doctor, Midwife Coordinator and Head of the central surgery room at the Kudus Regency Private Hospital. The data analysis used was thematic analysis with the stages of data reduction, data presentation and conclusion drawing.

RESULTS AND DISCUSSION

The informants recruited in this study amounted to people. The characteristics of the informants can be seen based on table 1.

Table 1. Informant Characteristics

Informant	Gender	Age	Last Education	Status
Informant 1	Women	53	S2	SPOg Physician Coordinator
Informant 2	Women	37	D4	Hospital midwife coordinator
Informant 3	Male	56	S1	Head of Central Surgical Unit
Informant 4	Male	44	S2	Pediatrician Coordinator
Informant 5	Women	39	S1	Central Surgical Unit Nurse
Informant 6	Male	31	S2	Head of Inpatient Department / Hospital Management
Informant 7	Women	26	SMA	Patient

The table shows that the age of informants is in the range of 24-56 years with different working periods, namely the new working period of 7 years of work and the longest 31 years of work. The last education varies, namely S1 education as many as 2 informants, S2 education as many as 3, D4 education 1 informant and 1 person with a high school education. The results of in-depth interviews with the informants above, as follows.

Policy Implementation on Early Breastfeeding Initiation

The written policy for the implementation of IMD is contained in the Decree of the Hospital Director which contains the Implementation of the Guidelines for Initiation of Breastfeeding and Exclusive Breastfeeding in accordance with the following statement:

“...he policy is based on the Hospital Director's Decree on the Implementation of Guidelines for Early Breastfeeding Initiation and Exclusive Breastfeeding and is further reduced to SPO or Standard Operating Procedures.” (IU-01)

Standard Operating Procedure (SPO) contains the definition of IMD, the purpose of IMD, the

implementation procedure whether it is in normal labor or SC delivery, conducting joint care to place the mother and baby in the same room and related units involved in the implementation of IMD according to the statement:

“...Contains the definition of IMD, its objectives, policies, implementation procedures and related units that are responsible for it are the delivery room and perinatology for SPO there is also a procedure for joining infants, in one room the baby will be within reach of the mother for 24 hours” (IU-01, IU-02, IU-03)

“As far as I know, there is a Director's Decree which is the basis for a newborn to be entitled to IMD immediately after birth and is also strengthened by the existence of SPO as a reference for health workers in implementing IMD actions both in normal labor and by Sectio caesarea, but there needs to be socialization to health workers who participate directly in the process of supporting the implementation of Early Breastfeeding Initiation (IMD)” (IU-04)

“Yes, it needs to be socialized again because sometimes because I focus on technical nursing, I often don't understand the IMD procedure after sectio caesarea, often seeing the baby after birth placed on the mother's chest..”(IU-05)

“..The SPO (Standard Operating Procedure) for normal and SC (Sectio Caesarea) delivery regulates the timing of implementation. The timing of IMD (Initiation of Early Breastfeeding) is also regulated, including when, to whom, where it is carried out, and the facilities and infrastructure needed. In addition, it also regulates the officer responsible for the implementation.”(IU-03)

Implementation of IMD (Early Breastfeeding Initiation) is included in the hospital's quality indicators and reported monthly. The head of obstetrics is in charge of monitoring each delivery to ensure the implementation of IMD in accordance with established standards.

“...Because IMD (Early Breastfeeding Initiation) is part of the hospital's quality indicators, reporting is done every month. Meanwhile, IMD monitoring is done every day whenever there is a delivery, whether it is a normal delivery or a SC delivery. I am responsible for monitoring IMD activities together with the specialized officer who handles reporting here.”. (IU-02)

“...There is a reporting flow every month, and monitoring is usually done when there is a delivery patient” (IU-02 and IU 03).

There is no specific division of tasks in the implementation of IMD at the Private Hospital where the study was conducted, everything is carried out situationally as stated by IU-01: “...There are no special officers, except for those who carry out actions, all midwives here who carry out labor activities, all of them, even doctors who carry out labor activities, do IMD just like I said earlier, the situation is like that” (IU-01).

IU-01 and IU-03 explained that there was one executive midwife in charge during the IMD process after Sectio Caesarea delivery, according to the statement: “...The midwife in charge of implementing newborn care, especially during the process of implementing early initiation of breastfeeding after Sectio Caesarean delivery, is the midwife on duty in the Perinatal room (Baby room) who is on shift, usually appointed by the head of the ongoing shift team” (IU-01) (IU-03).

There is a written policy implemented by the internal hospital as a guide so that the implementation of IMD can run in accordance with applicable regulations. The findings in this study are in line with other studies which state that the Decree (SK) functions as a driver in the implementation of the SOP. Both must support each other and written policies such as SOPs are very important for every activity in the field so that its implementation is more directed and controlled in accordance with existing standards. (Ni Made Rahayu Pradnyasari dkk, 2022)

In the SPO, there are provisions regarding the implementation of IMD for both normal delivery and SC delivery, which includes understanding, objectives, Director's Decree, and guidelines for the implementation process and related units. This SPO serves as a technical guide for midwives and other health workers in implementing IMD.

Related to this, research by (Jairani, 2019) mentioned that procedural documents should contain technical implementation guidelines that are designed to provide clear concepts and are easily understood by activity implementers. Furthermore, a written policy owned by the internal hospital serves as a guide to ensure the implementation of IMD in accordance with applicable rules. This finding is supported by other studies that emphasize that written policies are very important in every activity, because they function as policy reinforcements and have binding force for implementers.(Rusdianah, E. dan Widiarini, 2019)

Availability of Facilities and Infrastructure

The availability of infrastructure during the implementation of Early Breastfeeding Initiation at the research hospital was available according to the needs during the Early Breastfeeding Initiation implementation process, this was confirmed by the informant in the interview:

“...The hospital has provided facilities such as baby rooms, baby hats, baby blankets and lactation corners, but often the patient's family brings their own clothes, gowns, baby blankets, so the staff usually adjusts the wishes of the patient's family...” (IU-03, IU-02 dan IU-06)

In SC delivery, the central surgical staff is responsible for preparing the room with the appropriate temperature for the baby, as well as providing blankets and beds for patients to support the implementation of IMD (Initiation of Early Breastfeeding) in the observation room or recovery room. In addition, supporting facilities such as baby hats, baby blankets and information media such as brochures or leaflets, which are used during the IMD process in the central surgery room are available but some are still not available such as IMD brochures/leaflets.

The statement was reinforced by information obtained from the informant as the person in charge of the central surgery room and one of the postpartum SC patients who was already in the postpartum room. "...Yes, as the person in charge of the central surgical room in this hospital, I am in charge of ensuring that the room temperature is in accordance with the needs of newborns and also ensuring that the recovery room used for the implementation of breastfeeding initiation has blankets and the availability of patient beds ..." (IU-03).

'... yesterday when my baby wanted to be placed on my chest, I was asked whether the baby hat and baby blanket would be used by myself or loaned by the hospital, because the family forgot to bring a baby hat so I decided to be willing to be loaned a baby hat and baby blanket by the hospital...' (IU-07)

IMD implementation requires the support of health care facilities that are able to improve IMD implementation and exclusive breastfeeding success. Based on the information provided by informant 1, it is found that there are still no information media facilities that are still not maximized.

'...If there is a Standard Operating Procedure SOP, then there must also be a brochure, every room has a brochure for IMD...' (IU-01)

"...there is no leaflet, even though it is necessary, especially if there are pictures..." (IU-01 and IU-02)

"...We usually explain the picture to the patient through talking, but I forget whether there is a leaflet or not. But I don't think there is one. There are no special facilities..." (IU-01)

"...there are no brochures or pictures about IMD in the central surgery room, because usually brochures about IMD are in the ANC room of the hospital..." (IU-03) Not many health workers were aware of the availability of leaflet information media related to IMD at the research hospital. On the other hand, staff said that information media such as leaflets with pictures are needed to provide information as early as possible to mothers who are about to give birth. The role of staff is the most important in influencing, educating and supporting breastfeeding practices and they need media support for IMD such as leaflets and posters as well as regular counseling by health workers to improve IMD implementation and breastfeeding success.

The findings of this study indicate that the research hospital has completed the necessary infrastructure facilities for the implementation of Early Breastfeeding Initiation but there is still a lack of information tools such as posters, brochures or leaflets. Evidence of this is the existence of a special room called the recovery room which is also used for the implementation of Early Breastfeeding Initiation after delivery by the Sectio Caesarea method. Other supporting facilities such as baby blankets, baby hats, room temperature, have also been fulfilled and are still in good condition. However, this study still found that information media facilities for patients were not maximally available. (Sukarti, I Gusti Ayu Trisna and Kurniati, 2020)

This study is in line with research conducted at Cilegon City Hospital which found that complete facilities have been provided to support the implementation of the IMD program. The form of the facility consists of posters, considering that not so much equipment is needed in carrying out IMD in the hospital. To carry out IMD, it is sufficient to use patient blankets and baby blankets and baby hats to keep the baby warm. (Mulia Lestari, 2019).

CONCLUSION

Based on the results of the research and discussion above, it can be concluded that the private hospital where the research was conducted already has a policy contained in the Decree of the Hospital director which is then reduced to the SOP as a technical implementation of IMD, especially IMD after Sectio Caesarea delivery. The availability of infrastructure is also good enough in the process of supporting the implementation of IMD after Sectio Caesarea.

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