



(RESEARCH ARTICLE)



Qualitative study midwives' experiences of Early Initiation Breastfeeding (EIBF) in Surabaya

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Abstract

Early initiation of breastfeeding (EIBF) is proven to be a very beneficial practice for both mother and baby. The EIBF should have been carried out for 1 hour, but the 2017 EIBF achievement in East Java, EIBF carried out in less than 1 hour was 84.90% and that carried out in 1 hour was 15.10%. This research is a qualitative phenomenological research, the sample was taken using purposive sampling using 5 participants. The aim of this research was to determine midwives' experiences regarding EIBF. Midwives' perceptions of EIBF practices have an impact on mothers and babies, as well as lactation success. Supporting factors for quality EIBF include the support of husband and family as well as health workers who are willing to provide opportunities and motivate EIBF. Factors inhibiting the implementation of early initiation of breastfeeding are maternal and family resistance, the mother's lack of knowledge about Early initiation of breastfeeding and the lack of experience of birth attendants in carrying out Early initiation of breastfeeding. EIBF practices are carried out according to procedures, but there are still obstacles that cause EIBF to not be implemented well. Providing education to staff and patients, as well as implementing total care ratios in implementing EIBF are identified as guaranteeing the success of EIBF.

Keywords: Early initiation of breastfeeding; Skin to skin contact; Cesarean section delivery; Midwives; Breastfeeding

1. Introduction

The implementation of EIBF in the world is 47%, in South Asia 39% ¹. In Indonesia, according to Basic Health Research 2018, the implementation of EIBF reached 58%, the implementation of EIBF in East Java was 73.6% in 2021 based on data from the East Java Provincial Health Office. An interesting phenomenon was found from the results of a survey by the Central Statistics Agency that in 2017 EIBF carried out in less than 1 hour was 84.90% and those carried out according to the standard were more than 1 hour just reach 15,10% ². The birth rate in the city of Surabaya in 2019 showed a birth rate of 22,370 people and this number increased very significantly in 2020, namely 56,419 births (Badan Pusat Statistik Kota Surabaya, 2020), but the data on breastfeeding in Surabaya in 2021 was only 83.31%. the lowest achievement in East Java province ³.

The application of EIBF is closely related to the profession of nurses and midwives, this is evidenced by the results of a study ⁴ conducted in the city of Debre Tabor, North West Ethiopia, which found that nurses and midwives carry out 89.9% of EIBF. So it can be said that the quality of EIBF implementation is influenced by the attitude and behavior of nurses and midwives who carry out EIBF ⁵. States that the attitude and behavior of a health worker in carrying out the actions taken is influenced by the perception he believes. The attitude of midwives in providing this service is what

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greatly determines the quality of a service ⁶. Midwives are expected to be able to improve the quality of services by providing evidence-based practices and avoiding practices that are detrimental to clients ⁷.

2. Material and methods

This study was conducted in East Java province involving 5 midwives working in hospitals, health centers and independent midwife practices using a phenomenological qualitative research design. The participant determination technique was purposive sampling.

2.1. Research Materials

This study uses primary data, this data was obtained from the results of in-depth interviews with midwives using interview guidelines.

2.2. Procedure

Data collection was carried out by face-to-face interview method. Before conducting the interview, the researcher introduced himself and explained the objectives, benefits, research procedures, rights and obligations of participants, and guarantees of participant rights. The researcher also allowed prospective participants to ask questions about the research to be conducted. After the prospective participant states that he agrees and is willing to become a participant, the researcher asks for a signature on the informed consent sheet and then agrees with the participant regarding the place and time of the interview. The duration of the interview lasted approximately 60-90 minutes.

2.3. Data Analysis

Once the data is collected, the researcher will make a verbatim transcript of the recorded interview. The researcher created a verbatim transcript by assigning a specific code and number to each participant. After creating the transcript, the researcher re-examined the interview recording with the transcript to ensure the correctness of the data. Data analysis uses thematic analysis methods that are following the phenophysiological approach. In the thematic analysis method, with the stages of data understanding, coding and categorization, thematic and interpretation.

2.4. Ethical considerations

Participants are provided with information about what will be done and all data is kept confidential and used only for research purposes. Participants participated in a series of research voluntarily, without punishment and kept confidential. This research was approved by the Health Research Ethics Committee of the Faculty of Medicine, Universitas Airlangga on February 26, 2024, with protocol number 55/EC/KEPK/FKUA/2024.

3. Results and discussion

From the results of in-depth interviews with participants, 4 themes were obtained, namely midwives' perceptions of EIBF, midwives' experiences in implementing EIBF in their workplaces, support for quality EIBF, and obstacles to quality EIBF. Furthermore, the four themes are divided into several subthemes.

3.1. Midwives' Perception of EIBF

EIBF has a positive effect on maternal and infant psychology, infant growth and development, prevention

"In my opinion, early initiation of breastfeeding prevents postpartum bleeding. It is a very good program, especially for bonding between the baby and the mother. It has a good effect on the mother and the baby. You see... especially for the baby, it can also... stimulate when the baby later... starts breastfeeding". (R1, 39 y.o)

"The baby sticks skin to skin, so that the baby does not get hypothermia, like that. And there is a strong emotional bond between mother and baby.."(R3, 36 y.o)

"If the effect on the mother can reduce bleeding, for example in the beginning after delivery, that's... that's in general. there are many positives."(R1, 39 y.o)

EIBF has a positive effect on the psychology of the mother and baby, the growth of the baby, preventing hypothermia, preventing postpartum bleeding. Participants argued that EIBF has a psychological effect, namely the formation of a bond between mother and baby. Bonding is an emotional attachment and dependency between a mother and her baby

or child, starting at birth. "Early contact between a mother and her baby can affect their psychosocial and emotional well-being in the future. Within an hour of birth, oxytocin levels increased in the mother, while increased catecholamines increased neonatal memory retention to encourage immediate skin contact ." EIBF is skin-to-skin contact between mother and baby, so the baby will experience heat transfer by conduction, the mother's warm body comes into contact with the baby's skin, the conduction process conducts the mother's body heat to the baby's body, so that the baby's body temperature will adjust to the warm temperature of the mother's body. The touch that occurs when the baby does the cremation and licking of the baby's nipples will stimulate the release of oxytocin, which is important because it causes the uterus to contract, helping to expel the placenta and reducing maternal bleeding ⁸.

3.2. EIBF helps babies succeed in breastfeeding.

"...especially for babies, it can also... ee... stimulate when the baby later... ee... starts breastfeeding."(R1, 39 y.o)

"...EIBF is early initiation of breastfeeding, where this is to introduce the baby to its mother for the first time, to introduce breast milk."(R4, 47 y.o)

"...also trains the baby's reflexes. Yes, if EARLY INITIATION OF BREASTFEEDING is placed on the mother's chest, so that it trains the baby's movements when crawling, looking for the nipple, also improving the reflexes for sucking, swallowing, when to breastfeed."(R5, 37 y.o)

During EIBF, it generally takes 1 hour for babies to find their mother's nipples.

"...Usually later it will drool. Then after that it finds. On average, it doesn't take up to an hour for the baby to find the nipple. It can do it." (R2,47 y.o)

EIBF contributes to the success of lactation, EIBF is the beginning of the baby's recognition of his mother's nipples and stimulates the breastfeeding reflex. The lactation stage process is when the baby finds the mother's nipple, then the baby sucks the areola area, then the milk comes out and the baby swallows the milk. EIBF allows babies to undergo the lactation stage, namely finding their mother's nipples, where in the EIBF stage after 30 minutes, the baby finds, licks, sucks on the nipple, opens its mouth wide, and adheres well, and begins to breastfeed. The experience of finding a nipple and sucking it is the first experience for babies to do lactation.

Midwives in carrying out EIBF comply with EIBF practice guidelines.

"The procedure is when the baby is born then we immediately turn it over, we dry it first, what do we assess the baby first, if the baby is fit, we immediately turn it over on the mother's stomach or chest, yes, directly while we what is it called waiting for one minute, yes, so we immediately put it on the mother, then we check the mother's fundus, if there are no problems, then we inject oxytocin, then do the cutting while it is claimed that we immediately do Early Breastfeeding Initiation. We put it on the mother's chest, then we advise the mother to what is it called embrace the baby while we still pay attention to the baby, yes, the baby is scared, the baby, what is his nose, embrace it, yes, when he can't, what is the position, yes, his nose is scared, what is it hit, while he can't breathe, so later he will automatically see, yes, while looking for his nipple, yes, it usually takes about 1-2 hours."(R4, 47 y.o)

3.3. Midwives' experience in implementing EIBF in their workplace

Midwives involve families when doing EIBF.

"Even though the information was given when the mother gave birth, she could still accept what was given. Oh yes, because we also involve the couple that we have been doing so far. So it's not just the mother, yes... not just the patient."(R2, 47 y.o)

"...If there is a family member accompanying you, they can be involved in supervising the baby.." (R3, 36 y.o)

During EIBF, it generally takes babies 1 hour to find their mother's nipples.

"...Usually later he drools like that. Then after that he finds it. On average, it doesn't take an hour for a baby to find his nipple."(R2,47 y.o)

EIBF which is carried out for 1 hour, will take a lot of time for the delivery assistant (midwife), therefore the role of the partner or family is needed to help the mother and baby during the EIBF. Midwives also have the responsibility to do other things after giving birth help, doing documentation and midwives are needed to handle other patients. Families

can be involved to help monitor the position and condition of the baby as well as the comfort of the mother during the EIBF process. Couples and families during the EIBF process will greatly help achieve quality EIBF.

The results of interviews with participants showed that the practice of EIBF at a midwife's independent practice place can be carried out for 1 hour or more, in community health centers the implementation varies, it can be 1 hour or it can be less than 1 hour, while EIBF carried out in hospitals cannot be done for 1 hour. According to the participants, the EIBF was only carried out for a short time, so as long as the mother and baby experienced skin contact to the skin. The reason conveyed by the participants was due to the limited manpower to accompany the EIBF for up to 1 hour. The number of patients with the number of officers is not balanced, on the other hand, many other tasks must be completed by the midwife on duty. The duration of EIBF is at least 1 hour based on evidence that the new baby can find his mother's baby in approximately 1 hour. Babies from the beginning of EIBF until they successfully find their mother's nipples undergo 5 stages, The five stages of baby behavior before breastfeeding are as follows: The first 30 minutes are a rest or quite alert stage in which the baby is still and motionless, occasionally his eyes are wide open and he looks at his mother. This special quiet time is an adjustment to the transition from the in-content state to the out-of-content state. This bonding (affectionate relationship) is the basis for the baby's growth in a safe atmosphere. This increases the mother's confidence in breastfeeding and educating her baby. Father's confidence is also part of the success of breastfeeding and educating children with mothers. Between 30-40 minutes, the baby will make sounds, and mouth movements such as wanting to drink, kiss, and lick hands. The baby smells and feels the amniotic fluid in his hand, this smell is the same as the smell of fluid released by the mother's breast. This smell and taste of the breast will guide the baby to find the breast and nipple. The baby will salivate when he realizes that there is food around him, the baby begins to salivate. The baby begins to move to the breast, the areola as a target with the feet pressing the mother's abdomen, the baby will lick the mother's skin, stomp the head to the mother's chest, turn to the right and left, and touch and squeeze the breast and its surroundings. The baby finds, licks, sucks on the nipple, opens its mouth wide and adheres well, and begins to breastfeed ⁹.

3.4. Midwives in carrying out EIBF comply with EIBF practice guidelines.

"The procedure is when the baby is born then we immediately turn it over, we dry it first, what do we assess the baby first, if the baby is fit, we immediately turn it over on the mother's stomach or chest, yes, directly while we what is it called waiting for one minute, yes, so we immediately put it on the mother, then we check the mother's fundus, if there are no problems, then we inject oxytocin, then do the cutting while it is claimed that we immediately do the EIBF. We put it on the mother's chest, then we advise the mother to what is it called to embrace the baby while we still pay attention to the baby, yes, the baby is scared, the baby, what is his nose, embrace it, yes, when he can't, what is the position, yes, his nose is scared, what is it hit, while he can't breathe, like that, so later he will automatically see, yes, while looking for his nipple, yes, it usually takes about 1-2 hours."(R4, 47 y.o)

Midwives conduct EIBF with a duration of 15 minutes to 2 hours.

"If it's here, eh... I don't think it's optimal, sis... if it's here, because... eh... one thing is, energy. eh, there are so many patients, and sometimes the staff is meant to wait for the baby... that's it, whereas there are a lot of eh staff... what is this... ee... there aren't any people who have to wait, and there are a lot of sick patients that we have to serve first, like that. .. The time... it's only a short time, sis, so it's not even ten minutes."(R1, 39 y.o)

"Hmm... as I said earlier, miss... around 15 - 25 minutes, but it can be quicker than that depending on the patient's condition and the number of patients. If there are a lot of patients giving birth, it can't take long, miss, our midwives are also taking care of other patients."(R3, 36 y.o)

"...yes it usually takes about that time, 1-2 hours."(R4, 47 y.o)

"For us, it takes 30 minutes to an hour, miss. So after we finish hecting, we usually... we end the early initiation of breastfeeding, like that. . So that it's easy for us to clean the mother, so we end the early initiation of breastfeeding. Most of the time, it's like that, an hour after this the baby is born. Ee... What's it called..., early initiation of breastfeeding..."(R5, 37 y.o)

Midwives provide information about EIBF from the time of pregnancy, during ANC, during the delivery process and immediately after the baby is born.

"Providing information about Early initiation of breastfeeding as mentioned earlier, which must be carried out in the practice during the ANC in the third trimester, then when the patient is in labor, we prepare it before the active phase, so

she can still talk to them, ma'am. Later, if the baby is healthy, we will carry out early initiation of breastfeeding, then at birth, then at birth until postpartum, while later after we finish, we will continue to provide breast milk until exclusive breastfeeding..”(R4, 47 y.o)

EIBF is still carried out in SC delivery, but the implementation time is considered the risk of hypothermia so EIBF in C-Section delivery lasts for a short time.

“Yes, the obstetrician gave permission..or the same as the nurse, that's how it is..you can guess whether the mother's condition is the same as the anesthesia, too. Is it possible for the mother to initiate early breastfeeding, like that... just for a little while, we don't dare to stay too long because the baby is afraid of hypothermia so we hold it, if that's the case, we can't leave it, sis, hold it like that..”(R1, 39 y.o)

3.4.1. Quality EIBF Supporters

Midwives in carrying out EBF are following the EBF practice guidelines. Government Regulation number 33 of 2012 concerning Exclusive Breastfeeding, in Article 9 paragraph 2 states, Early breastfeeding initiation as referred to in paragraph (1) is carried out by placing the baby on his stomach on the mother's chest or abdomen so that the baby's skin is attached to the mother's skin. From the interview, the midwife has practiced EBF following the guidelines determined by the government.

The results of interviews with participants showed that the practice of EIBF at a midwife's independent practice place can be carried out for 1 hour or more, in Community Health centers the implementation varies, it can be 1 hour or it can be less than 1 hour, while EIBF carried out in hospitals cannot be done for 1 hour. According to the participants, the EIBF was only carried out for a short time, so the mother and baby experienced skin-to-skin contact. Regarding the short-term EIBF, the reason conveyed by the participants was due to the limited manpower to accompany the EIBF for up to 1 hour. The number of patients with the number of officers is not balanced, on the other hand, many other tasks must be completed by the midwife on duty. Based on the 48th WHO recommendation, uncomplicated newborns should continue to have skin contact (EIBF) with their mothers during the first hour after birth to prevent hypothermia and encourage ¹⁰. Regarding the reason why EIBF is carried out in 1 hour, it is related to the five stages of baby behavior before breastfeeding, which has been explained earlier.

Midwives provide information about EIBF from the time of pregnancy, during ANC, during the delivery process and immediately after the baby is born. All participants said that the best time to provide information about EIBF is during ANC which is in the 3rd trimester. EIBF information is also repeated when the mother comes to the chosen place of delivery, when the in labor is then continued when the baby has been born and EIBF will be carried out. According to McFadden, et al. 2019 quoted by Sudarmi et al., (2022) ¹¹, breastfeeding counseling should ideally be given to pregnant women. Sudarmi et al., (2022) ¹¹ also cited the research of Gupta, et al. 2019 ¹², found that there is a positive role of skilled counseling by trained breastfeeding counselors during the antenatal period during the first six months of life and can increase the self-efficacy of breastfeeding mothers and solve most breastfeeding problems during the postpartum period.

EIBF is still carried out in SC delivery, but the implementation time is considered the risk of hypothermia so that EIBF in SC delivery lasts for a short time. The participant explained that at the place of work, EIBF was also carried out on mothers with cesarean section but the implementation of EIBF could not be carried out optimally, due to the concern of the officers, such as anesthesiologists, obstetric and gynaecology doctors, anesthesia nurses and even midwives who assisted in the caesarean section of the baby would experience hypothermia if EIBF was carried out in the operating room. Decree of the Minister of Health of the Republic of Indonesia Number 1204/MENKES/SK/X/2004, the temperature requirement of the Operating Room is 19 – 24°C and the humidity is 45 – 60% ¹³. With this ambient temperature, hypothermia is indeed possible. However, skin-to-skin contact during EIBF, allows the transfer of mother's body heat to the baby's body continuously through the conduction process, and it is also necessary to ensure that the baby is covered with a warm blanket and wears a hat to prevent hypothermia through the evaporation process.

Other participants gave different opinions on the implementation of EIBF in caesarean section. According to the participants, EIBF carried out in the operating room will prevent hypothermia and the mother can feel the presence of the baby, and the mother feels calm because she ensures the baby is healthy. Research shows that the benefits of EIBF, hypothermia that increases the risk of neonatal death by up to five times can be prevented by practicing EIBF ¹⁴. EIBF benefits maternal and newborn health by increasing breastfeeding rates, stabilizing newborn temperatures, and encouraging maternal and infant bonding. There is a mutual interaction that acts as a generator of energy release to the mother, mother-baby closeness, happiness, peace, and satisfaction expressed by the mother ¹⁵. EIBF practices have the

potential to improve the birth experience, encourage breastfeeding, and provide better safety with less exposure to opioids and benzodiazepines for mothers and their newborns ¹⁶

Mothers who already understand EIBF can undergo EIBF well.

"The main supporter is the mother's knowledge about early breastfeeding initiation, Sis. If the mother already understands what early breastfeeding initiation is, then we will be able to immediately carry out early breastfeeding initiation without any difficulty....."(R3, 36 y.o)

The condition of healthy mothers and babies is very possible to carry out EIBF.

"In terms of the patient, maybe the mother is fine, meaning there is no critical condition for the mother, so eh, the mother is stable, and the baby is also stable, like that..."(R1, 39 y.o)

"...Unless it is an emergency condition, which requires the baby to receive treatment first, then we have no choice but to postpone the early initiation of breastfeeding. That's it, sis. But, overall, if the conditions are all normal, we will definitely do the early initiation of breastfeeding..."(R5, 37 y.o)

The support of the husband and family helps the smooth EIBF process.

"...then support from the family too, because we don't always wait for the mother and baby to finish the early breastfeeding initiation process, right? We ask for help from the husband or family to help wait for the early breastfeeding initiation process..."(R3, 36 y.o)

"Then, maybe also from the support of the family or husband. Maybe beside her being accompanied by a companion, husband, or family, the mother feels more comfortable, ... I see That's the term someone is watching, right. There is someone who watches the baby, whether it falls or not, like that..."(R5, 37 y.o)

Health workers are willing to give opportunities and motivate them to do EIBF during the birth process.

"The officer's side, what is it called... we provide assistance during early breastfeeding initiation. We provide assistance and then we provide support that the mother is definitely capable. She definitely can. Things like that. These are the compliments that we give to the mother. That's all..."(R2, 47 y.o)

"From us, we support all of them, miss. From the health workers, midwives, doctors, we support uh... what is it called early breastfeeding initiation. All support it..."(R5, 37 y.o)

According to the participants, mothers' knowledge of EIBF is a factor supporting the implementation of quality EIBF. Mothers who previously had knowledge of EIBF are easier to do EIBF. Maternal knowledge contributes positively to the implementation of EIBF in eastern Ethiopia ¹⁷. There is also a substantial correlation between maternal knowledge and EIBF practice ¹⁸

In the condition of a mother who experiences complications or the baby experiences an emergency after birth, EIBF cannot be performed. Unhealthy maternal conditions, such as postpartum hemorrhage, eclampsia seizures, and unhealthy baby conditions such as severe asphyxia, prematurity, and multiple births are conditions that cause babies to be unable to undergo EIBF ¹⁹. Emergency conditions must be handled first as a rescue effort.

A total of 4 participants stated that the support of husbands and family is a factor that supports quality EBF practices. the presence of husbands and families who assist in the implementation of EBF greatly helps the implementation of EBF until the specified time ²⁰. Parental education and motivation were identified as important factors in the success of EIBF(Koopman et al., 2016). Maternity mothers need support from their social environment to be able to carry out educational programs to implement EBF ²¹

Health workers are willing to give opportunities and motivate them to do EBF during the birth process. Quality EBF is determined by the support and knowledge of health workers, because a health worker is the main implementer of EBF. Knowledge of the correct EBF will ensure the implementation of quality EBF.

3.5. Quality EIBF Inhibitors

The mother or baby is in an unhealthy condition.

"Ehh the health condition of both the baby and the mother... if the baby doesn't cry then we can't initiate early breastfeeding. Then if for example the mother has postpartum hemorrhage and needs to be treated, it is also not possible to initiate early breastfeeding."(R3, 36 y.o)

"Unless it is an emergency situation, which requires the baby to receive treatment first, then we have no choice but to postpone the early initiation of breastfeeding. That's it, sis.."(R5, 37 y.o)

There was a rejection from the mother.

"ee.. the patient refused to undergo early initiation of breastfeeding, eeh...."(R1, 39 th)

"Yes, it has been conveyed earlier. There are some because of what was said earlier. In bad language, it is an unwanted child...."(R2,47 y.o)

Mom lacks knowledge about EIBF.

"then secondly, the mother feels afraid. Because will my baby be okay if he/she is on top of me for a long time. That is what some mothers are afraid of?."(R2, 47 th)

"...sometimes, what's the name, a primi pregnant woman, just giving birth for the first time, sometimes there are patients who are carrying a baby, with conditions like that, sometimes they are a bit uncomfortable, there are those like that, Sis."(R5, 37 y.o)

The family does not support EIBF.

"with family, ee... not cooperative."(R1, 39 y.o)

"Then there are patients who lack support from their partners or families. That's all.."(R2, 47 y.o)

"The mother or the elderly mother-in-law is usually the one who is in a hurry because she is afraid that her younger sibling will not drink enough or something, so she will be in a hurry to give them breast milk substitutes for two hours or one hour, usually like that.." (R4, 47 y.0)

The delivery assistant is inexperienced in performing EIBF.

"If it's from the energy, if it's from the energy, maybe this exists, some do it, some don't because we come from various kinds of experiences, yes, what's called experience, it's different... some do it and some don't, sis...."(R5, 37 y.o)

The mother did not bring the equipment needed for EIBF.

"The inhibiting factor may be that sometimes the patient is not ready to bring complete equipment, baby clothes or baby carriers, baby hats. In the health center, most patients come suddenly, ma'am, they don't bring any preparation, so that's what makes it difficult for us, while for the early breastfeeding initiation procedure, the baby really has to be warm, there's a replacement cloth, if possible, cover his head, when he doesn't bring anything, we have no choice but to find a way to use an underpat or how to still carry out early breastfeeding initiation...."(R5, 37 y.o).

The mother or baby is in an unhealthy condition. Conditions that prevent EBFI are unhealthy maternal conditions, such as postpartum hemorrhage, eclampsia seizures, HIV patients, and unhealthy baby conditions such as severe asphyxia, prematurity, and multiple births are conditions that cause babies to be unable to undergo EBFI ¹⁹.

Every procedure that will be given to the patient, of course through the consent of the patient, the participant mentioned the mother's refusal to do EBFI because the mother felt afraid when the baby was placed on top of the mother's body, and other participants mentioned the rejection from the mother because in primigravida did not know about EBFI, the mother felt uneasy when the baby was done EBFI. Other studies have stated that conditions that prevent the

implementation of EBFI in the form of maternal complications related to childbirth, and maternal chronic diseases are significant factors related to the practice of maternal skin contact with newborns immediately after birth ²².

Mom lacks knowledge about EBFI, from the results of the interview, the mother's refusal was caused because she did not know about the procedure and benefits of EBFI. The practice of EBFI has not been implemented properly and promotion of the benefits of EBFI for mothers and babies is needed by related parties ²³. The EBFI rate at birth is below optimal, and the most common reason is a lack of awareness regarding the important steps of newborn care ²⁴. Information during antenatal examinations to increase women's autonomy in the implementation of EBFI ²⁵.

Another factor that hinders quality EBFI raised by participants is the lack of support from their husbands or family members. The family is not cooperative, the husband and family do not support EBFI, and the family is in a hurry to give PASI to the newborn because of concerns that the baby will not drink enough. Fathers of newborns are rarely present at birth. There is a belief that "African fathers/men" may not want to have babies in EBFI so they are considered not to support the practice of EBFI. In addition, there is a habit of family members giving sugar water to babies immediately after the baby is born ¹⁹. In Saudi Arabia, fathers' awareness of EBFI is still lower than that of baby mothers, a father does not know about what EBFI is, so they are less supportive of EBFI ²⁶.

Assistants who are less experienced in EBFI, tend to be reluctant to do EBFI. Employee rotation between departments is one of the causes of the lack of experience of EBFI personnel. The new staff lacked knowledge about EBFI and had no experience in conducting EBFI ¹⁹ There is still a lot of reluctance or inability of birth attendants to accommodate traditional practices that are safe for mothers, ineffective inpatient practices, staff shortages, lack of privacy in inpatient wards are also reasons why EBFI is not implemented properly ²⁷. Compliance Officers conducting EBFI are still low, this is because officers are in a hurry to take babies for routine intervention on babies ²⁸.

The lack of equipment preparation to conduct EBFI is an obstacle to EBFI. According to the participants, when the mother did not bring equipment such as swaddles and baby hats, so the baby was covered with makeshift materials and the EBFI did not last long. This condition is in line with research conducted in Uganda, where it is stated that there is often a shortage of towels, one towel to dry and one towel to warm the baby, so that officers are worried about the baby having hypothermia ¹⁹. Another equipment obstacle in the Mbalinda study was also mentioned that the maternity bed was not equipped with wheels for transportation so that uninterrupted EBFI was impossible if the mother was in a weak condition and had to be immediately moved to the postpartum room because the delivery room was full, then the baby was carried by the family and the mother was moved using a wheelchair ¹⁹.

4. Conclusion

EBFI is a practice that is very beneficial for the welfare of mothers and babies. The implementation of EBFI midwives have carried out procedures in accordance with the set standards, but there are still obstacles that cause EBFI to not be carried out properly. The obstacles come from patients and health workers themselves. Providing education to officers and patients, as well as the implementation of the total care ratio in the implementation of EBFI was identified as a solution for the success of implementing quality EBFI.

Compliance with ethical standards

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Disclosure of conflict of interest

There is no conflict of interest in this study.

Statement of ethical approval

This study has received ethical clearance approval from the Ethics Committee of the Faculty of Medicine, Universitas Airlangga.

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