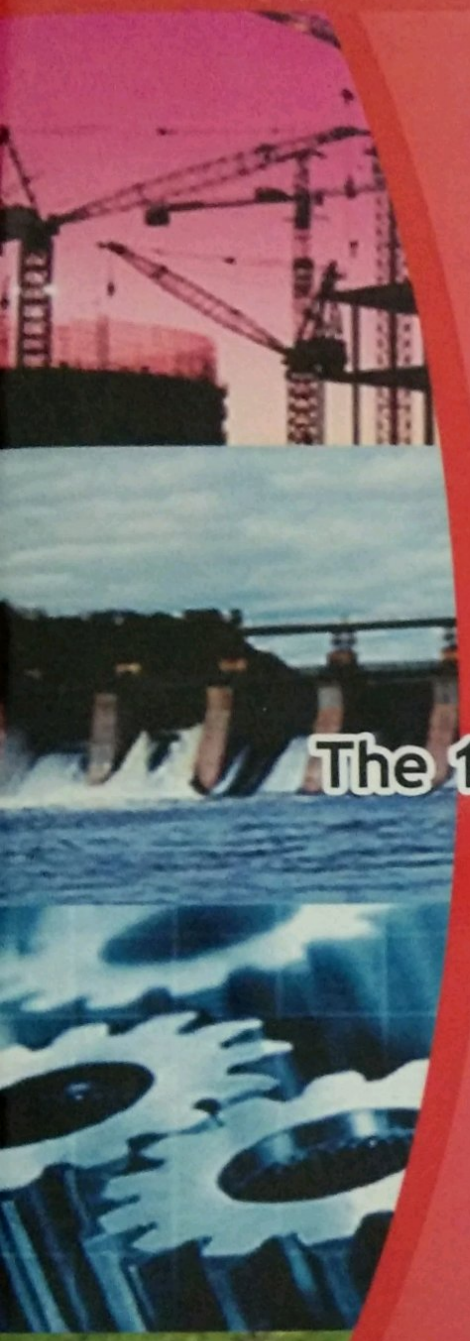

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OP049

THE SUCCES OF INITIATION EARLY BREASTFEEDING (IEB) INFLUENCED BY TYPE LABORATORY

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ABSTRACT

The period of the first hour of birth a baby is a baby learns to suckle period or sucking nipples that can prepare the production of mother's milk colostrum. The study was conducted at Sultan Agung Islamic Hospital Semarang to know the difference success Initiation early Breastfeeding (IEB) between normal deliveries by caesarean. Comparative study with a sample of 48 respondents in puporsive sampling. The results showed the success of the IEB time difference between normal delivery and caesarean (Mann Whitney test p = 0.000). 87.5% normal deliveries managed to IEB, while 95.8% did not successfully perform caesarean IEB. Providing motivation should IEB since pregnancy. Mother with caesarean delivery can perform passive IEB.

Keywords: *Caesarean deliver; Initiation Early Breastfeeding (IEB); normal delivery.*

INTRODUCTION

Exclusive breastfeeding is good nutrition for infants. Scope of exclusive breastfeeding until 6 months of decreases. Results of Indonesia demographic baseline survey in 1997 and 2002, more than 95% of mothers never breastfeed their babies, but the first breastfeeding within one hour tended to decline from 8% in 1997 to 3.7% in 2002. Scope of exclusive breastfeeding until 6 months decreased from 42.4% in 1997 to 39.5% in 2002. Meanwhile, the use of formula milk have increased more than 3 times for years from 10.8% in 1997 to 32.5% in 2002 (1,2).

The success of exlusive breastfeeding begins with the production of colostrum as early as possible. Production of colostrum is associated with the Initiation Early Breastfeeding as a method of breast stimulation. The results showed that 76.7% of colostrum given one hour after the birth. Giving colostrum is also influenced by factors of birth attendant (3,4).

Giving colostrum after an hour further implicated in the death of a newborn. 22% of newborn deaths could be prevented if the baby is breastfed by his mother in the first hour of birth. IEB is the baby begins to suckle their own immediately after birth. In the first hour should breasfed to her mother, not for nutrition but to learn to breastfeed or to get used to suck mother's nipple and prepares tostart producing milk colostrum (1,5).

Colostrum or early breast milk is very beneficial for the health of newborns and increase psychological closeness of the relationship between mothers with their babies. Research on the advantages of colostrum, among others, by Edmond and his colleagues, conducted in Ghana in July 2003 to June 2004. Research connect the timing of actions and patterns of breastfeeding initiation of breastfeeding with the incidence of infant mortality. The study was conducted on 10.947 infants born in good health and followed its development for a month. The results showed that infants be delatyed until 24 hours more, there was contact with his mother, had 2,5 times more deaths than the babies who made early initiation (6,7).

Post-Caesarean mothers find it difficult to take actionearly initiation of infants due to several factors, such as the influence of rooming in, the incision in the mother's abdomen, and the condition of weakness due to the influence of anesthesia given earlier. The failure of early initiation will also affect your milk production, because the hormone oxytocin that affect your milk production will be released when trigger by baby's sucking at the mother's nipple during breastfeeding. At the sime time as the baby still needs breast milk nutirents and also improve the immunity of his body. If there is no balance betwen milk production with the needs of breastfeeding mothers needed by the baby, it will result in failre often program 6 months of exclusive breastfeeding (8).

Postpartum mothers with normal deliveries in the firs hour is steel week, fatigue, and focus more attention to yourself. At the time the baby feeds on mother's pain uterus, pain in nipple for baby's tongue isrough. Sometimes mothers feel uncomfortable at the time the baby feeds. This adds to discomfort the mother when in the first hour suckling mother (9).
The following description illustrates the success of initiation early breastfeeding in women with cesarean delivery and the time initiation early breastfeeding success in women with normal deliveries. Also describe the time difference illustrates the success of IEB between mothers by caesarean and mothers with normal deliveries.

MATERIAL AND METHOD

This research is a quantitative, comparative study method. Population is taken from a normal childbirth and caesarean section in RSI Sultan Agung Semarang treated in obstetrics room. Research site in RSI Sultan Agung because the hospital has launched a program Initiation early breasfeeding for patient who underwent labor in hospital.
The number of respondents in this research is 48 respondent with the details of 24 patients undergoing normal delivery and 24 patients undergoing cesarean delivery. The sampling technique used purposive sampling. Collecting data with observations on the mother and baby for 24 hours after delivery.
Univariate analysis of variables with the distribution and percentage, mean and standar deviation data. Man Whitney test used to see the difference because the data distribution is not normal.

RESULT AND DISCUSSION

The result on the success of IEB in both groups of postpartum mothers with normal delivery or by

caesarean can be seen in table 1. Depiction of the time from birth until the baby is able to initiation early breastfeeding contained in table 2.

Table 1. The Success of IEB in Normal Labor and Childbirth Caesar in RSI Sultan Agung Semarang in 2009 (N=48)

Types of chilbirth	Successfull IEB		Unsuccessfull IEB		P value MannWhitney test
	F	%	F	%	
Caesar	1	4,2	23	95,8	0,000
Normal	21	87,5	3	12,5	

Table 2. Average Delivery Time IEB in Normal and Childbirth Caesar in RSI Sultan Agung Semarang in 2009 (N = 48)

Delivery type	Mean	Standard Deviation
Normal Labor	38,42 Minutes	16,82
Caesar Labor	154,45 Minutes	21,42

Research conducted has described the success of IEB for the baby to his mother in a normal delivery. The results showed that 21 of 24 patients successfully performed the first IEB in 1 hour postpartum, while 3 respondents did not successfully perform IEB at 1 hour first. Each postpartum mothers with normal deliveries are expected to successfully implement the IEB is not more than one hour postpartum. Reality shows some women experience obstacles. Some things that can hinder them, the mother who is still weak. Mothers also tend to rest alone than to have difficulty helping to guide their children to successfully undertake the program IEB (10).

IEB is a government program that was recommended in newborn infants, to feed themselves immediately to his mother. IEB way to put the babby in the mother's chest, and left to crawl to seek nipple milk. The program is conducted immediately after birth, should not be delayed to weigh or measure the baby's activity (10).

Research conducted in Ghana showed 22 percent of newborn deaths the infant mortality that occurred within the first month - could be prevented if the baby is breastfed by his mother in the first hour of birth. IEB program can save at least 30.000 Indonesian infants who died within the first month of birth (6, 11).

Breastfeeding within the first hour to give protection to the infant. Babies will get nutrients that are important and they are protected from dangerous deseases in the most vulnerable period in his life (12). Results for the group of respondents by Caesarean showed that only one of the 24 respondents who managed to IEB in the forst hour. Other respondents ie 23 patients first breastfeeding after one hour of birth.

Postpartum mothers with Caesarean contained incision in the abdomen. My mother complained of pain in the area and stitches the incision in the abdomen, so she chose to rest and recover before alimp condition before providing IEB with the baby. For mothers, in conditions such pain it can not be forced to help the children in making IEB. This condition causes the mother with a new caesarean can successfully breastfeed the baby first after more than 1 hour postpartum.

IEB is one of the obstacles women undergoing cesarean delivery. The results showed 95.8% failed to provide her baby with IEB on the reasons she's still feeling pain in the stitches. Technique of the IEB conducted on the baby's caesarean placed on the mother's chest to do the IEB after the baby is removed through an incision made in the mother's abdomen and after cutting the umbilical cord (8). IEB technique in normal and casarean delivery are not much different, this should not be an obstacle IEB in caesarean deliveries. Obstaclesarise from within ourselves mothers who have caesaean deliveries.

Delays IEB in the mother after giving birth according to Roig, AO (13), among others due to lack of education delivery. Mother with cesarean delivery is slow due to lack of education abaout IEB, lack of support on mothers to do the IEB. IEB delay phenomenon associated with milk production. Total milk production in the first week caesarean mothers with less than mothers with normal delivery (14).

CONCLUSIONS

Type of birth determines the success of IEB. The results showed 87.5% of normal deliveries managed to IEB and the Caesarean that had only 4.2% IEB. In addition, there is a difference when the successful implementation of the IEB between normal delivery and caesarean section shown by Mann Whitney test ($p = 0.000$). The speed of the successful launch of IEB affect successful breastfeeding. Postpartum mothers with normal deliveries on average managed to start feeding before the hour. But this is different from postpartum mother-section, a new average can start feeding after two and a half hours after delivery.

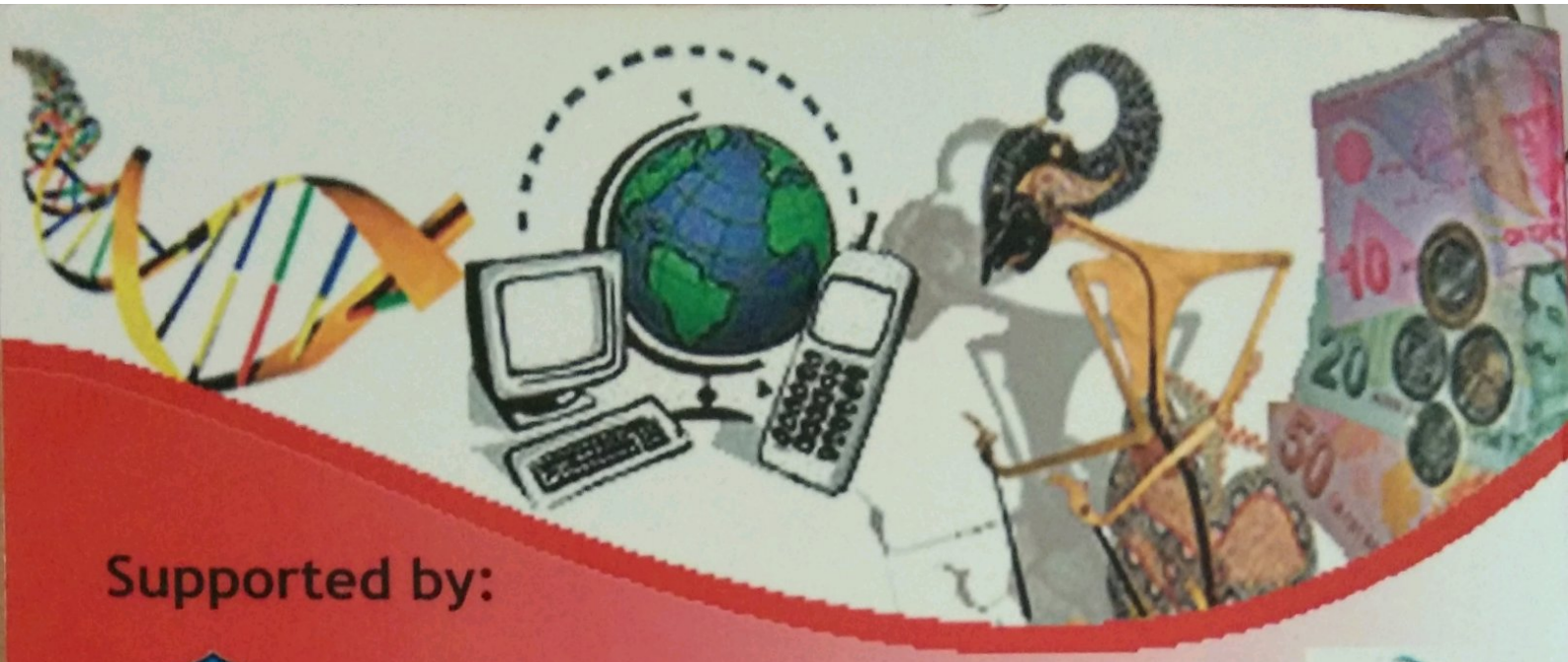
For RSI Sultan Agung Semarang advisable to further the success of the program early initiation of breastfeeding at birth, both normal and caesarean section. This program should be apriority for pregnant women, so that health workers can provide information abaout the importance of IEB for

the mother and baby. IEB programs should be programs in hospitals for pregnant women prior to delivery.

During the process of antenatal care (ANC), the nurse in advance to provide information abaout the importance of IEB for the moment undergoing childbirth, the mother of her baby to be able to prioritize the IEB. IEB program can also be given to patient by caesarean, IEB by conducting passive, ie with the help of nurses to get closer to his mother when the baby will suckle.

REFERENCES

1. Ministry of Health Republic Indonesia, Rights of the Child Indonesia Not Yet Fulfilled, 2004, Available online:http://www.depkes.go.id/index.php?option=news&task=viewarticle&sid=709&Itemid=2,December 20, 2009
2. Purwanti, Hubertin, Concept Application of Exclusive Breastfeeding, EGC, Jakarta, 2004
3. Hapsari, Dwi, Study of Various Factor Associated with First Breastfeeding (coloctrum), 2009, Available online:http://www.ekologi.litbang.depkes.go.id/data/abstrak/DwiHapsari.pdf,December 20, 2009
4. Swa, Colostrum, December 6, 2007, Available online: http://dripa.blog.unair.ac.id?caesarientificconsultant/colostrum, December 20, 2009
5. Handajani, Sri, Breastfeeding, Rights of the Child (String Events Calendar), Book Shopin Yogyakarta for the Foundation's brother, Surakarta, 2002.
6. Roesli, Utami, Know Your Exlusive Breastfeeding, (Matter V). Trubus Agriwidya, 2005.
7. Edmond, Karen M. Et.al. Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality, Pedriatics,117;e380-e386 (2000).
8. Roesli, Utami, Early Initiation of Breastfeeding Exlusive Breastfeeding Plus, EGC, Jakarta, 2008.
9. Suherni, et al, Nursing Postpartum Period. Fitramaya, Yogyakarta, 2009.
10. Hidayat, Aziz Alimul, Introduction of Pediatrics (for Midwifery Education), Salemba Medika, Jakarta, 2008.
11. Roesli, Utami, Breastfeeding, Rights of the Child (String Events Calendar), Book Shopin Yogyakarta for the Foundation's brother, Surakarta, 2002.
12. Machfoedz, Ircham, Making a Measurement Technique Research, Fitramaya, Yogyakarta, 2005.
13. Roig, AO, Martínez, MR, García, JC, et.all, FactorsCessation Associated to Breastfeeding before 6 months, Rev Lat Am Enfermagem, 18(3) :373-80 (2010).
14. Evans, KC, Evans, RG, Royal, R., et.all, Effect ofCaesareanSection on Breast Milk Transfer to Thermal term Newborn Over the First Week of Life, ArchDis Child Fetal Neonatal Ed, 88 (5):F380-2, (2003).



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