



THE IMPLEMENTATION OF ERLY INITIATION BREASTFEEDING ON INTRANATAL MOTHER TO DEVELOPE BOUNDING ATTACHMENT IN

Rina Mardiyana

Universitas Bina Sehat PPNI Mojokerto

Corresponding Email: rinamardiyana03@gmail.com

ABSTRACT	Keywords
Early initiation of breastfeeding (IMD) is the first time for baby to learn to breastfeed at the first hour of life outside the womb. The warmth of the mother's breast when the baby is placed on the mother chest, will make the baby feel the vibration of love. Edmond (2006) in Ghana proved breastfeed infants be given a chance in the first hour, and left skin contact with the mother (at least for an hour), it can prevent infant mortality by 22%. Research design using analytical methods with one shot case study approach. The population is all maternal at the independent practice of midwife Ny Rindra Deviasi, SST, M.Kes in kalang kalen village, dlanggu subdistrict, Mojokerto district as many as 12 people. Data collection instrument using checklist and questionnaire. The results showed that of the 12 people who did early breastfeeding initiation (IMD) got 11 people (91,7%) require care support after growing bonding attachment and 1 people (8,3%) require more support after growing bonding attachment. The results showed a correlation between the implementation of early initiation of breastfeeding on intra natal mother to develop bonding attachment at TPMB Ny Rindra Deviasi., SST., M.Kes in kalang kalen village, dlanggu subdistrict, Mojokerto regency. With the results of this study are expected to pregnant women to exercise early initiation of breastfeeding after childbirth because it is very beneficial for both mother and baby.	Early Initiation Breastfeeding, Bonding Attachment Development

INTRODUCTION

Every mother produces milk, which we call breast milk, as a natural food for the baby. Breast milk is the single most perfect food to ensure a baby's growth and development in the first six months. In addition to the correct breastfeeding process, the baby will get good physical, emotional, and spiritual development in life.

Early breastfeeding initiation or often called IMD is the period of learning to breastfeed in the first hour of a baby's life outside the womb. There are several reasons for the importance of

early breastfeeding initiation (IMD), namely, when the baby can suckle immediately after birth, the colostrum can come out faster and the baby will get this colostrum faster, which is the golden liquid or the first liquid that is rich in antibodies and is very important for intestinal growth and resistance to infection that the baby needs for its survival. The warmth of the mother's chest when the baby is placed on the mother's chest, will make the baby feel the vibration of love, namely feeling calm, feeling protected and psychologically strong. The baby will be calmer because the

breathing, heartbeat of the mother's skin will calm the baby, reduce stress due to the birth process and increase the baby's immunity.

The term "bonding" is used to describe the relationship between parents and their baby in the early days of the baby's birth. A safe and secure birth, and a healthy baby will evoke very turbulent emotions in most parents, even the birth attendants. The efforts of the previous few hours are momentarily forgotten as the mother looks at her baby for the first time. Characteristically, the first question that arises in the mother's mind is about the baby's gender, then quickly moves on to the baby's condition/health. After getting certainty about these two things, the mother will immediately move on to examining her baby. The mother will begin the examination of her baby by examining her baby's entire body. After that, the mother will stroke the baby's body with all her hands before embracing the baby's body with her hands, which often occurs in a face-to-face position so that eye contact can be realized.

METHOD

In this study using a pre-experimental research design with a *one shot case study* approach, namely if the pretest post test design is carried out pretest, then in one shot case study this is done by giving treatment / treatment then observed to see the impact or influence (Hidayat, 2010). This study analyzes the implementation of early breastfeeding initiation inpartu mothers on *bonding attachment*.

The population in this study were all inpartu mothers at TPMB Mrs. Rindra Deviasi, SST, M.Kes in kalang kalen village, dlanggu subdistrict, Mojokerto regency. from March to May 2023, as many as 12 respondents. The sampling technique in this study uses total sampling or saturated sampling which means the sampling method by taking all members of the population into the sample. Analysis of the implementation of early breastfeeding initiation inpartu mothers on the onset of *bonding attachment* using *Cross Tab*.

RESULTS

Table 1. Characteristics of Respondents Based on Mother's Age

Mother's			
No.	Age	F	%
1	<20 Years	2	16.7
2	20-35 Years	10	83.3
3	>35 Years	0	0
Total		12	100

Source: Primary Data, 2023

Based on Table 1 shows that most respondents were between 20-35 years old, as many as 10 respondents (83.3%).

Table 2. Characteristics of Respondents Based on Education

No.	Education	f	%
1	Elementary school	0	0
2	Junior high school	3	25
3	Senior high school	9	75
4	Undergraduate	0	0
Total		12	100

Source: Primary Data, 2023

Based on Table 2 shows that all respondents have a high school education as many as 9 respondents (75%).

Table 3. Characteristics of Respondents Based on Occupation

No.	Occupation	F	%
1	Civil servant	0	0
2	Self-employed	2	16.7
3	Private	4	33.3
4	Housewife	6	50
Total		12	100

Source: Primary Data, 2023

Based on Table 3 shows that most respondents did not work as many as 6 respondents (50%).

Table 4. Frequency distribution of early breastfeeding initiation implementation

Implementation			
No.	of IMD	F	%
1	Done	12	100
2	Not done	0	0
Total		12	100

Source: Primary Data, 2023

Based on table 4, it is explained that most respondents initiated early breastfeeding (IMD) after the delivery process was complete, namely 12 respondents (100%).

Table 5. Frequency Distribution of Onset of Bonding Attachment

No.	Onset of Bonding Attachment	F	%
1	Need Care Support	11	91.7
2	Need Extra Support	1	8.3
3	Need Intensive Support	0	0
	Total	12	100

Source: Primary Data, 2023

Based on table 5, it is explained that most respondents can bring up Bonding Attachment by only needing care support as many as 11 respondents (91.7%).

Table 6. Cross-tabulation of the implementation of early breastfeeding initiation inpartu mothers on the onset of bonding attachment

No	IMD	Onset Of Bonding Attachment						Total	
		Need Care Support		Need Extra Support		Need Intensive Support			
		f	%	f	%	F	%	f	%
1.	Done	11	91.7	1	8.3	0	0	12	100
2.	Not done	0	0	0	0	0	0	0	0
	Total	11	91.7	1	8.3	0	0	12	100

Source: Primary Data, 2023

Based on table 6 shows that if early breastfeeding initiation is carried out inpartu mothers, the bonding attachment that arises only needs care support, namely 11 respondents, and if early breastfeeding initiation is carried out but the bonding attachment that arises needs extra support, namely 1 respondent.

DISCUSSION

Implementation of Early Breastfeeding Initiation

Based on table 4 obtained data that there are 12 inpartu mothers, with all respondents doing early breastfeeding initiation after the delivery process is complete, namely 12 respondents (100%). Of the 12 respondents who initiated early breastfeeding after the labor process was complete, 1 of them did not know about early breastfeeding initiation.

Early breastfeeding initiation or often called IMD is the period of learning to breastfeed in the first hour of a baby's life outside the womb (Maryunani, A. 2009). The reason for the importance of early breastfeeding initiation (IMD) is that when the baby can suckle immediately after birth, the colostrum can come out faster and the baby will get this colostrum faster, which is the golden liquid or the first liquid that is rich in antibodies and is very important for intestinal growth and resistance to infection that the baby needs for its survival. The warmth of the mother's chest when the baby is placed on the mother's chest, will make the baby feel the vibration of love, namely feeling calm, feeling protected and psychologically strong. The baby will be calmer because the mother's breathing, heartbeat and skin calm the baby, reduce stress due to the birth process and increase the baby's immunity (Maryunani, 2009).

With the initiation of early breastfeeding after the delivery process, this will greatly benefit the baby. When the baby is on the mother's chest, there are many things that the baby can get. As listed above, when the process of early breastfeeding initiation is carried out, skin contact between mother and baby will have a big effect on the mother and baby, such as the vibration of love that is formed when the warmth of the mother's chest is felt by the baby. And this is what is felt by most mothers who have implemented early breastfeeding initiation after the delivery process.

Onset of Bonding Attachment

Based on table 5, it is obtained that most respondents have good bonding attachment, it can be seen that out of 12 respondents, 11 respondents (91.7%) have bonding attachment that only needs care support and 1 respondent (8.3%) has bonding attachment that needs extra support. Bonding Attachment can be defined as a unique relationship between two parents that is specific and lasts over time. And the bond between parents and their children starts from the period of pregnancy and increases in intensity during childbirth (Kannel and Kalus, 1998).

Bonding Attachment can be measured or seen from several observable maternal behaviors, including whether the mother asks about the baby's condition, whether the mother only listens and without commenting, or even the mother is not interested in the baby. Whether the mother spontaneously touches the baby, the mother only sees without touching the baby, or even the mother does not see or touch the baby. Whether the mother can spontaneously talk to the baby, the mother will talk to the baby if necessary, or the mother does not talk to the baby. Whether the mother holds the baby with eye contact, whether the mother holds the baby with no eye contact, or even does not move the baby when the baby is on the lap. The mother expresses a positive impression of the baby's birth, the mother expresses less satisfaction, or even the mother does not express anything.

There is a lot of scientific evidence that early contact after birth is important in the relationship between parent and child. The background that respondents have in the onset of bonding attachment shows that most respondents only need care support, indicating that the bonding attachment formed is very good.

Implementation of Early Breastfeeding Initiation on the Onset of Bonding Attachment

Based on the research results in table 6 above, it shows that of the 12 postpartum mothers who initiated early breastfeeding, there were 12 respondents, who initiated early breastfeeding with the results of Bonding Attachment only needing care support as many as 11 respondents (91.7%), and Bonding Attachment arising in 1 other respondent (8.3%), namely, needing extra support. And of the 12 respondents, all of them initiated early breastfeeding after the labor process was completed.

According to Klaus, Kannel that there is a lot of scientific evidence showing that early contact after birth is important in the relationship between parent and child. There are several physiological benefits that can be obtained from early contact, namely, prolactin and oxytocin levels increase, the

sucking reflex is carried out early, active immune formation begins, accelerates the bond between parent and child. Skin contact in early breastfeeding is important because, first, the mother's chest will warm the baby appropriately, which will reduce infant mortality due to hypothermia. Second, both mother and baby feel calm. Third, the mother's skin will transfer the mother's skin bacteria to the baby's skin. By licking, the baby will transfer bacteria, thus competing with malignant bacteria in the environment, so that the baby has a higher resistance. Fourth, the love between mother and baby will be better established, because the baby is alert in the first 1-2 hours. Fifth, the baby will receive antibody-rich colostrum, which is important for intestinal growth and resistance to infection. Sixth, with early breastfeeding, the baby will be more successful in exclusive breastfeeding and longer breastfeeding. Seventh, touching, sucking, licking the mother's nipples will stimulate the release of the hormone oxytocin which is important for increasing uterine contractions after labor. (Utami.Sintha, 2008).

Table 3 shows that most respondents did not work, namely only as housewives as many as 6 respondents (50%). When the mother does not work, the costs for childbirth will be fully borne by the husband, if there are complications in childbirth, such as caesarean surgery, births that are not old enough to require special care and must be longer in the hospital, or there are congenital defects or defects that appear at the time of birth, then the parents' attitude will be overshadowed by anxiety about unexpected costs. (Saleha Sitti, 2009).

Table 2 shows that most respondents have a high school education as many as 9 respondents (75%). It cannot be denied that the higher a person's education, the more they receive information and ultimately the more knowledge they have. And vice versa, if someone has a low level of education, it will hinder the development of one's attitude towards acceptance, information and newly introduced values. And when respondents have less information, when the baby cries during

IMD, the mother wants to give up quickly to provide breast milk. A crying baby is not necessarily hungry. Let the baby find the nipple on its own. (Nuraisiah, Rukmawati, and Laelatul Badriah, 2012)

The background possessed by respondents in this study is high, so that respondents easily receive information. And most respondents also seek information either from mass media, or ask health workers.

In the community, lack of knowledge about early breastfeeding initiation can also affect the mother's desire to initiate early breastfeeding after birth and also the bonding attachment that is caused. And vice versa, when the mother's knowledge about early breastfeeding initiation is high, the mother will feel proud and happy to be able to initiate early breastfeeding after the delivery process is complete. A person's level of education will affect the view of something that comes from outside, people with higher education will tend to think more rationally than those with low education. And one of the factors encountered in the study was that the mother was not calm, and did not have the heart to initiate early breastfeeding because the mother felt sorry for her baby, where the mother felt uneasy because the baby was required to find the mother's nipple alone for a long time, which was at least 1 hour. The mother feels uneasy and insecure if she sees her baby occasionally crying during the early breastfeeding initiation process.

CONCLUSIONS

(Tidak perlu menuliskan kesimpulan dan saran cukup ditulis dalam satu poin kesimpulan tanpa penomoran)

Based on the results of the study, it can be concluded that the implementation of early breastfeeding initiation at TPMB Mrs. Rindra Deviasi, SST, M.Kes in kalang kalen village, dlanggu subdistrict, Mojokerto regency, all respondents performed early breastfeeding initiation after the delivery process was completed, namely 12 respondents (100%), and 11 respondents (91.7%) showed that they only needed care support in handling their bonding attachment. So that if postpartum mothers do not immediately initiate early

breastfeeding, the bonding attachment between mother and baby can be hampered.

REFERENCES

- Al-Iraqi, S. B.2010.Tips for Childbirth without Problems. Jogjakarta. Blue Book
- Ambarwati and wulandari.2010.Midwifery Care. Jogjakarta. Nuha Medika
- Amirudin, Ridwan.2011.Early Breastfeeding Initiation Strategy to Reduce IMR. <http://www.kabarindonesia.com/berita>. [accessed February 13, 2023]
- Anonym. Obstetrics Physiology.Bandung
- Asrinah, Putri S.S, Sulistyorini D, Muflihah S.I, Sari N.D.2010.Midwifery care during labor.Yogyakarta.Graha Ilmu
- Badriah, L. Nuraisyah, and Rukmawati.2022. Normal Labor Care for Midwives. Bandung. P.T Refika Aditama
- Budiarto, Eko, 2002. Biostatistics for Medicine and Public Health. Jakarta. EGC
- Devi, Lia, and Sunarsih.2011.Midwifery Care for Postpartum Mothers. Jakarta. Salemba Medika
- Erawati, D. Ambar.2011.Textbook of Midwifery Care for Normal Labor. Jakarta. EGC
- Hall, J. And Baston H.2012.Midwifery Essentials Posnatal Volume4. Jakarta. EGC
- Haws, Paulette.2008.Quick Referral Neonate Care. Jakarta.EGC
- Hidayat, A. Aziz Alimul.2010.Health Research Methods Quantitative paradigm. Surabaya. Health Books Publishing
- Maryani, A. 2009. Care for mothers in the postpartum period. Jakarta. C.V. Trans Info Medika
- Mochtar, Rustam.1998.Synopsis of Obstetrics Obstetrics Physiology Obstetrics Pathology Jilid1. Jakarta.EGC
- Moody, J. Britten, J. And Hoogg K.2006.Breastfeeding the Easy Way Practical and Comfortable. Jakarta. Arcan
- Notoatmodjo, S.2010.Health research methodology. Jakarta. P.T Rineka Cipta

- Prawirohardjo, Sarwono.2006.Midwifery Science. Jakarta. Yayasan Bina Pustaka Sarwono Prawirohardjo
- Rochmah, Vasrah, E. Dahlina, and Sumastri.2012.Study Guide for the Care of Neonates Infants and Toddlers. Jakarta. EGC
- Salamah, U. And Suyanto.2008.Midwifery Research. Jogjakarta. Mitra Cendekia
- Saleha, Sitti.2009.Midwifery Care in the Postpartum Period. Jakarta. Salemba Medika
- Saryono, Setiawan A. 2010. Midwifery Research Methodology DIII, DIII, S1 and S2. Yogyakarta. Nuha Medika
- Suharsimi, Arikunto.2006.Research Procedures A Practical Approach (Revised Edition VI). Jakarta. P.T Rineka Cipta
- Subekte, B. Nike.2003.Practical Guidelines for Safe Motherhood Care in Normal Birth. Jkarta. EGC
- Sujiatini, D. Janah.2010.Lecture Notes on Nursing Care for Postpartum Women Askeb III. Yogyakarta. Cyrillus Publisher
- Sulistyaningsih.2011.Midwifery Research Methodology Quantitative- Qualitative. Yogyakarta. Graha Ilmu
- Tiar, Estu and Wahyuningsih, E. 2010. pocket book of neonate & infant care (first- year baby care). Jakarta. EGC
- Utami, Sintha.2008.100 Important Info on Childbirth. Jakarta. P.T. dian Rakyat
- Yuliarti, Nueheti.2010.The Miracle of Asi. Yogyakarta. C.V. Andi Offset
- Wood, J. Brink, J.2000.Basic Steps in Nursing Research Planning. Jakarta. EGC