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Birth Assistance And Delivery Methods In The Practice Of Early Breastfeeding Initiation At Kasih Fatimah Maternity And Children's Hospital

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ABSTRACT
Worldwide, approximately three million infants die every year in their first month of life, and 22.3% of neonatal deaths can be prevented with Early Initiation of Breastfeeding (EIBF). Immediate breastfeeding initiation after birth is an integral part of safe delivery procedures and is widely recognized as a beneficial practice. Delayed breastfeeding initiation has been found to increase the risk of mortality among newborns. Objective: The aim of this study is to determine the relationship between birth attendants and delivery methods with EIBF at Kasih Fatimah Maternity and Children's Hospital. Method: A descriptive-analytic approach using a cross-sectional design was employed, involving 80 samples selected through consecutive sampling. Results: The study revealed that 77 respondents (96.3%) initiated breastfeeding within <1 hour, with 62.5% of patients assisted by midwives, and 62.5% giving birth via vaginal delivery. No significant relationship was found between birth attendants and delivery methods with EIBF ($p>0.05$). Conclusions: Although these results demonstrate a high level of EIBF practice and no significant association with EIBF, there is potential for improvement in the implementation of EIBF procedures in the hospital.

Keywords: caesarean section (C-section); early initiation of breastfeeding (EIBF); midwife; ob-gyn (obstetrician-gynecologist); vaginal birth

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INTRODUCTION

In the current era of globalization, a critical health issue that needs attention is the low health status of mothers and children. This concern is evidenced by the high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). The Infant Mortality Rate (IMR) is a sensitive indicator of all intervention efforts made by the government, especially in the health sector (Kemenkes Rl, 2023). One of the main agendas of the Sustainable Development Goals (SDGs) is to reduce maternal and infant mortality rates. The prevalence of MMR remains around 305 per 100,000 live births, which has not yet reached the target of 183 per 100,000 live births by 2024, while the prevalence of IMR is 22.23 per 1000 live births (Kemenkes RI, 2020). Data from the Central Statistics Agency (2023) also show that in North Sulawesi province, the Neonatal Mortality Rate (NMR) and Infant Mortality Rate per 1000 births are at 33. The reduction of neonatal mortality (0-28 days) is crucial since neonatal deaths contribute to 59% of infant deaths. To address this issue, the government continues to make preventive efforts to reduce IMR, one of which is by implementing the Early Initiation of Breastfeeding (EIBF) program (Badan Pusat Statistik, 2023).

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding up to two years or beyond with complementary foods (Alayón et al., 2022). Globally, about three million babies die each year in the first month of life, and 22.3% of neonatal deaths can be prevented with EIBF. Inappropriate feeding practices cause at least 35% of child deaths under five, with more than two-thirds of these deaths occurring during infancy. It is estimated that 11.6% of infants can be saved through breastfeeding promotion programs, making EIBF essential for child health (Gebremeskel et al., 2019).In 2021, the national percentage of newborns receiving EIBF was 82.7%. The province with the highest percentage of newborns receiving EIBF was DKI Jakarta (98.5%), while Bali had the lowest percentage (59.8%). The national EIBF target for 2021 was 58%, so all provinces surpassed the target. The EIBF presentation in North Sulawesi province was 67.6%, still below the national average (82.7%) (Kemenkes RI, 2022).

Breastfeeding initiation after childbirth is an integral part of safe delivery procedures and is widely recognized as a beneficial practice (UNICEF, 2018). It is an effective intervention that can reduce neonatal mortality and morbidity. Several studies have found that breastfeeding reduces the risk of neonatal death, particularly from infections such as diarrhea, neonatal sepsis, pneumonia, and meningitis (Phukan et al., 2018).Recent evidence shows that newborns breastfed within one hour of birth are 29% less likely to die in the first 28 days of life compared to those breastfed 2-23 hours after birth. Early breastfeeding initiation within one hour can prevent up to 22% of all newborn deaths, and recent Lancet Every Newborn series suggest that mortality reduction could reach up to 44% (Karim et al., 2018).According to research by Mary et al. (2022), several factors influence delayed EIBF, including cesarean delivery methods related to recovery time from spinal anesthesia, maternal fatigue, and uncomfortable breastfeeding positions due to post-operative pain. Research by Dorgham et al. (2014) found that EIBF rates were higher in vaginal deliveries compared to cesarean deliveries. The support of birth attendants and the knowledge/information the mother receives are also related to this factor. Cooperation between the mother and birth attendant can increase the success of EIBF. Birth attendants' support for the mother should include physical and psychological support, as well as nutritional counseling to meet the breastfeeding mother's nutritional needs (Tracz et al., 2021).

The prevalence of EIBF in Kotamobagu City is currently 60.97%, still below the average rate of North Sulawesi Province (Badan Pusat Statistik, 2023). In this regard, the objective of this research is to identify and analyze the Early Initiation of Breastfeeding (EIBF) practices carried out at Kasih Fatimah Maternity and Children's Hospital in Kotamobagu, North Sulawesi. Additionally, this study aims to explore the relationship between birth attendants (such as midwives and obstetricians) and delivery methods (such as vaginal birth and caesarean section) with EIBF practices.

METHOD

This descriptive-analytic study used a cross-sectional design. Primary data were obtained from observations in the delivery room and operating room, and secondary data from medical records. The research was conducted at Kasih Fatimah Maternity and Children's Hospital in Kotamobagu, North Sulawesi, from April to May 2023. The inclusion criteria were mothers with babies born during the April-May 2023 period, no congenital abnormalities, EIBF performed by a doctor/midwife, and willingness to participate as respondents. The exclusion criteria were incomplete maternal characteristic data. The research sample was taken using consecutive sampling, with newborns at Kasih Fatimah Maternity and Children's Hospital in

Kotamobagu, North Sulawesi, during April-May 2023. From approximately 285 newborns, 80 samples were obtained using the Solvin formula:

$$n=N/(1+N\ 〖(e)〗^2) \quad (1)$$

The instruments used in this study were questionnaires containing data from direct observations and medical records of patients recorded during the April-May 2023 period. The data included respondent characteristics such as maternal age, education, EIBF interval, birth attendant, delivery method, attachment, and breastfeeding position. Direct observation was conducted to observe the EIBF process in babies immediately after birth, including a brief interview first, observing the duration of EIBF, and ensuring proper breastfeeding attachment and position.Data analysis in this study involved univariate and bivariate analyses. The Chi-Square test was used to evaluate the relationship between birth attendants and delivery methods with EIBF practices. Data processing was done using SPSS version 23.0 statistical software. This study received ethical approval from the Research Ethics Committee of the Faculty of Medicine and Health, Universitas Muhammadiyah Jakarta, with number 41/PE/KE/FKK-UMJ/IV/2023. Participants provided informed consent. The authors ensured that all procedures adhered to the appropriate guidelines and regulations.

RESULTS

In this study, from a total of 80 mothers who were subjects, the frequency distribution of maternal age and education revealed some interesting findings. The most common age range of participating mothers was 26-35 years, accounting for 82.5%. This indicates that most mothers involved in the study are in a relatively mature and experienced age group. Regarding education level, the majority of mothers (about 58.8%) had a high school level of education, indicating that most respondents had completed secondary education. When examining birth attendants, the majority of mothers (about 62.5%) reported that their birth attendant was a midwife. Similarly, about 62.5% of mothers delivered vaginally, indicating that normal vaginal delivery was the most common method used among respondents.Moreover, nearly all respondents (96.2%) reported initiating EIBF within less than one hour after their baby's birth, reflecting a high level of adherence to recommended EIBF practices for maximum health benefits to the baby. Additionally, all respondents (100.0%) reported practicing correct breastfeeding attachment, indicating a good understanding of proper breastfeeding techniques. Lastly, the "football hold" position was the most commonly used breastfeeding position by mothers, with a percentage of 37.5% (Table 1).

The study revealed that most respondents, 98.0%, who gave birth with the assistance of midwives reported initiating EIBF within less than one hour after birth. Meanwhile, about 93.3% of respondents who gave birth with the assistance of obstetricians also reported the same EIBF interval. This indicates that, concerning the role of the birth attendant, both midwives and obstetricians have a high acceptance rate of EIBF practices shortly after birth among respondents.Moreover, these findings show that there is no significant relationship between the chosen birth attendant and the EIBF interval, as indicated by a p-value of 0.553. Regarding delivery methods, the results show a similar pattern, where 98.0% of respondents who delivered vaginally reported initiating EIBF within less than one hour, and about 93.3% of respondents who delivered via cesarean section also reported the same EIBF interval. These results also show that there is no significant relationship between the delivery method used and the EIBF interval, as indicated by the same p-value of 0.553.

Table 1.
Distribution of Respondent Characteristics (n=80)

Characteristics	f	%
Age		
< 25 years	6	7.5
26-35 years	66	82.5
> 35 years	8	10.0
Education		
Primary school	9	11.3
Junior high school	12	15.0
Senior high school	47	58.8
Diploma III	2	2.5
S1	9	11.3
S2	1	1.3
Childbirth Attendants		
Midwife	50	62.5
Ob-gyn doctor	30	37.5
Delivery Method		
Vaginal	50	62.5
Caesarean section	30	37.5
EIBF Interval		
< 1 hour	77	96.2
> 1 hou	3	3.8
Breastfeeding Attachment		
Incorrect	0	0.0
Correct	80	100.0
Breastfeeding Position		
Cradle Hold	4	5.0
Cross-Cradle Hold	22	27.5
Football Hold	30	37.5
Side Lying	24	30.0

Table 2.
Relationship between Birth Attendants and Delivery Methods with EIBF Interval

Variables	EIBF Interval				p-value	OR (95% CI)
	< 1 hour		> 1 hour			
	f	%	f	%		
Childbirth Attendants					0.553	0.286 (0.25-3.294)
Midwife	49	98.0	1	2.0		
Ob-gyn doctor	28	93.3	2	6.7		
Delivery Method					0.553	3.500 (0.304-40.355)
Vaginal	49	98.0	1	2.0		
Caesarean section	28	93.3	2	6.7		

DISCUSSION

In this study, the age range of mothers was 26-35 years, and their education level was high school. As in previous studies, the results showed that younger women, particularly those aged 15 to 39, were more likely to initiate early breastfeeding than older women aged 40 to 49. Women's education was inversely related to EIBF, with higher education levels corresponding to lower percentages of EIBF practice (Gayatri & Dasvarma, 2020). This may be because mothers with higher education levels are often preoccupied with work, leading to earlier formula feeding (Wako et al., 2022).The study by Sihsiliya and Saputri (2018)found that more births were assisted by midwives compared to obstetricians. Birth attendants play a crucial role in the success of early initiation of breastfeeding (EIB), as they are essential in educating mothers about its importance. This is also observed in the current study, where, besides observing, birth attendants also guide the EIBF process with correct positioning. The

study by Tongun et al. (2019) found that the success rate of EIBF increased from 48% to 91% after providing education and training on EIBF to mothers in South Sudan by birth attendants. This study found that vaginal delivery was more common compared to cesarean section (CS). These findings align with other studies that show similar trends. Regardless of the chosen delivery method, WHO recommends skin-to-skin contact and keeping the mother and baby together as part of the 'Ten Steps to Successful Breastfeeding' policy (Deys et al., 2021).

The study by Wako et al. (2022) showed that the prevalence of mothers initiating early breastfeeding was higher with vaginal delivery compared to CS. This indicates that women who deliver vaginally are more likely to start early breastfeeding immediately after birth compared to those who deliver via CS (Gayatri & Dasvarma, 2020).Ali et al. (2020) conducted a study on the relationship between birth location and delivery method with EIBF practices and found that mothers who underwent CS were less likely to initiate EIBF compared to those who delivered vaginally. Complicated pregnancies often indicate CS, making mothers potentially not healthy enough to start breastfeeding within an hour after birth.This study found that most respondents (93.3%-98.0%) initiated EIBF within less than an hour after the birth of their babies. This reflects a very high compliance rate with EIBF practices among mothers delivering here. These findings are consistent with a study conducted in rural Bangladesh where mothers initiated EIBF within less than an hour after birth. This indicates that the practice of EIBF after birth has a high acceptance rate and may have become an essential part of maternal and infant care recommended in both study locations. This is very important because EIBF practice within a short time after birth provides significant health benefits for both babies and mothers (Raihana et al., 2019). Failure to practice EIBF within 1 hour or less than 24 hours after birth increases mortality risk by 40%, and delaying it beyond 24 hours increases mortality risk by 80% (Boakye-Yiadom et al., 2021).

A study at RSUD Dr. H. Ibnu Sutowo Baturaja showed that most mothers did not practice EIBF, due to their lack of knowledge and negative attitudes towards EIBF, and lack of support from family and health workers (Heryanto, 2016). This can affect milk production in the following days, as found in a study by Yanti, which showed that smooth milk production depends on the practice of EIBF and the baby's sucking on postpartum mothers (Yanti et al., 2018). Research conducted on Vietnamese mothers shows that the prevalence of EIBF practices is 25.5% among all mothers, 31.9% among mothers who had a normal delivery, and 9.0% among mothers who underwent a caesarean section. Caesarean delivery is one of the factors negatively associated with EIBF (Nguyen et al., 2023).All mothers in this study showed perfect baby attachment practices during breastfeeding, reflecting very high-quality breastfeeding practices among the research subjects, although this study did not evaluate the number of births among respondents. A study by Degefa et al. (2019) compared parity history with attachment during breastfeeding and found that first-time mothers (primiparous) tend to have worse positions and attachment during breastfeeding compared to mothers who have previous childbirth experience (multiparous). Previous experience and knowledge can play an important role in baby attachment during breastfeeding. A more holistic approach is needed to support and provide education in breastfeeding, especially for new primiparous mothers, and it is important to ensure effective attachment and successful breastfeeding practices. Ineffective attachment can cause mothers to experience nipple pain and soreness, which often becomes one of the reasons for early weaning in babies (Bourdillon et al., 2020).

Various breastfeeding positions can be practiced by mothers who want to breastfeed, with the most common position in this study being the football hold, followed by side-lying, then

cross-cradle hold, and cradle hold. The study by Degefa et al. (2019)stated that the baby's body position is important for good attachment and also increases breastfeeding success. Most breastfeeding difficulties can be completely avoided if good attachment and positioning are achieved during the first and early breastfeeding sessions. The term "attachment" describes how the baby's mouth takes the breast, and "positioning" describes how the baby's body is placed near the mother's body. Successful breastfeeding is determined by the correct breastfeeding position and attachment, as they are closely related. The study by Chouhan et al. (2020) emphasized that the level of education and counseling for breastfeeding mothers significantly affects good attachment and breastfeeding positions.

This study shows no significant relationship between birth attendants, whether midwives or obstetricians, with EIBF practice, differing from the study by Sihsiliya & Saputri (2018), which showed a statistically significant relationship between birth attendants and EIBF practice, and a significant relationship between the type of delivery and EIBF practice. Spontaneous delivery is more likely to implement EIB, as the chances of post-delivery complications for both the mother and baby are smaller compared to CS. The CS procedure requires more complex coordination between obstetricians, anesthetists, and nurses before, during, and after the delivery process. Research by Armdie et al. (2024) shows that the likelihood of early initiation of breastfeeding is higher among mothers who receive skilled birth assistance.This study shows no significant relationship between vaginal delivery and CS with EIBF practice. The study by Watt et al. (2012) also found the same, that the delivery method is not related to EIBF practice. Mothers who delivered through CS were not more or less likely to start breastfeeding compared to those with vaginal deliveries. A study in urban Tigray showed that the type of delivery determines the initiation time of breastfeeding in mothers, with EIBF being 53% less likely in mothers who delivered via CS compared to those who delivered vaginally. Delivery by CS is associated with pain and physical fatigue due to anesthesia, prolonged mother-child separation, and psychological stress, which causes EIBF practice to not be a priority for mothers and birth attendants (Gebretsadik et al., 2023). Research conducted at Clinic Amanah Pemalang shows that spontaneous delivery without complications increases the success rate of EIBF by 24.88 times compared to spontaneous delivery with complications (Widyaningsih et al., 2023). This is consistent with the research conducted by Kassa (2021), which states that factors supporting the success of EIBF include a safe delivery process for both mother and baby, as well as the health condition of the mother and baby post-delivery. Research by Armdie et al. (2024) also shows that mothers who deliver via caesarean section are less likely to initiate early breastfeeding compared to those who have a vaginal birth.

CONCLUSION

This study found that both birth attendants (midwives and obstetricians) and delivery methods (vaginal and cesarean) do not significantly influence the interval of Early Initiation of Breastfeeding (EIBF). These findings emphasize the need for consistent training and support for birth attendants to ensure the successful implementation of EIBF practices across all delivery methods. Further research is recommended to explore other factors influencing EIBF practices and to develop strategies to improve the rates of EIBF, particularly in areas with lower adherence. This will contribute to the reduction of neonatal mortality and improve child health outcomes in the long term.

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