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Role and Function of the Midwife in Health Services for Early Breastfeeding Initiation

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AGDOSI MAKASSAR

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Lembaga Asosiasi Guru Dan Dosen Seluruh Indonesia

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FOREWORD

Praise be to Allah SWT, for His abundance of grace and gifts, so that we can complete the book "Increasing the Degree Of Social Public Health: Role And Function Of The Midwife In Health Services For Early Breastfeeding Initiation", on time. Shalawat and taslim are always poured out to our junjungan the great Prophet Muhammad SAW, his family, companions and followers who are always blessed throughout the ages.

The book "Increasing the Degree Of Social Public Health: Role And Function Of The Midwife In Health Services For Early Breastfeeding Initiation" contains information about Role And Function Of The Midwife In Health Services For Early Breastfeeding Initiation. It is hoped that this book can provide information about the development of nursing in the world and Indonesia. We realize that this book is far from perfect, therefore criticism and suggestions from all parties of a constructive nature are always expected for the sake of perfection of this book. Finally, thank you to all those who have participated in the preparation of this book from beginning to end. May Allah SWT always bless all our efforts. Aamiin.

Makassar, 15 January 2024

Authors Team

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REFERENCE

Increasing the Degree of Social Public Health

**Role and Function of the Midwife in Health Services for
Early Breastfeeding Initiation**

CHAPTER 1

INTRODUCTION

A. Understanding Early Breastfeeding Initiation

Early Breastfeeding Initiation (EIB) is a series of activities where newly born babies carry out activities that end with finding their mother's nipple and immediately breastfeeding from their mother's nipple (Hartati, 2008).

Early Initiation of Breastfeeding (EIB) is the process of letting the baby breastfeed alone immediately after birth and breastfeed for an hour or more. In principle, IMD is direct contact between the mother's skin and the baby's skin, the baby is placed on his stomach on the chest or on the mother's stomach as soon as possible after the whole body is dried. IMD provides extraordinary miracles for both the baby and the mother. For mothers, the miracle that is immediately felt is that the mother feels relaxed, this will reduce pain at the time of expulsion of the placenta. Another miracle is an increase in uterine contractions so as to prevent bleeding in the mother. For babies, the sucking reflex and swallowing practice in the first hour will be very helpful for expelling colostrum which is very beneficial for the baby's immunity. (Ningsih, 2021)

B. Stages of Early Breastfeeding Initiation

The newborn is immediately dried and placed on the mother's stomach with skin-to-skin contact and is not separated from the mother for at least one hour; all infants will go through five behavioral stages before successfully breastfeeding. The following are the five stages of the baby's behavior (Roesli, 2008);

1. First 30 minutes: Stadium at rest or idle on standby. The baby is still and does not move, this special period of calm is an adjustment from the state in the womb to the state outside the womb. Bonding (affectionate relationship) is the basis of the baby's growth in a safe atmosphere. This increases the mother's confidence in her ability to breastfeed and educate her baby.
2. 30-40 minutes: making sounds, mouth movements like wanting to drink, kissing and licking hands. The baby smells and feels the amniotic fluid in his hands. This smell is the same as the smell of the liquid secreted by the mother's breast. This smell and taste will guide the baby to find the mother's breast and nipple.
3. Salivate; When he realizes that there is food around him, the baby starts to salivate.

4. The baby begins to move towards the breast. Areola (breast) as a target, with feet pressed against the mother's stomach. He licks the mother's skin, jerks his head against the mother's chest, turns right and left, and presses and squeezes the nipple area and its surroundings with his tiny hands.
5. Finds, licks, turns nipples, opens mouth wide and latch on well.

Early initiation of breastfeeding is when the baby begins to breastfeed on its own immediately after birth, also known as the breast crawl.

Looking for breasts. IMD does not involve stuffing the mother's nipple into the baby's mouth, but the baby tries to find and lick the mother's skin and then finds the mother's nipple. Done within the first hour of the baby's birth. The stages include (Ningsih, 2021) ;

1. Immediately after the baby is born, the baby is placed on the mother's stomach.
2. Dry the baby's entire body including the head as soon as possible, except for the hands.
3. The umbilical cord is cut and then wrapped. Vernix (white fatty substance) that sticks to the baby's body should not be

cleaned because this substance makes the baby's skin uncomfortable.

4. Without being swaddled, the baby is directly placed on the mother's chest or stomach with skin contact between the baby and the mother's skin. Mother and baby are covered together.
5. Babies have the right to look for their mother's nipples. Mothers can stimulate the baby with a gentle touch, but don't force the baby to drink milk.
6. Help the mother to recognize the baby's signs or behavior before breastfeeding (pre-feeding), which can last a few minutes or an hour or even more, including:
7. Putting hands in mouth, sucking movements, or making sounds.
8. Move towards the breast.
9. The areola area is usually targeted.
10. Touching the nipples with hands.
11. Finding the nipple, reflex looking for the nipple (rooting) is attached to the mouth wide open

C. Early Breastfeeding Initiation Steps

Doing the recommended early initiation of breastfeeding, namely;

1. Once born, the baby is placed on the mother's stomach which has been covered with a dry cloth

2. Dry the baby's whole body including the head as soon as possible, except for the hands.
3. The umbilical cord is cut and then wrapped
4. Vernix (a white fatty substance) that sticks to the baby's body should not be cleaned because this substance makes the baby's skin comfortable.
5. Without being swaddled, the baby is directly placed on the mother's chest or stomach with skin contact between the baby and the mother's skin. Mother and baby are covered together. If necessary, the baby is given a hat to reduce heat loss from his head.

D. Benefits of Early Breastfeeding Initiation namely;

1. Children who can breastfeed early can easily breastfeed later, so breastfeeding failure will be much reduced. In addition to getting colostrum which is beneficial for the baby, exclusive breastfeeding will reduce mortality
2. Breast milk is the liquid of life, which besides containing food also contains absorbent. Formula milk is not given enzymes so its absorption depends on enzymes in the child's intestine. So that ASI does not 'seize' the child's enzymes.
3. Mothers often complain about an insufficient supply of breast milk, even though breast milk is produced on

demand (the baby's request), if a lot is taken, a lot will be given, while babies who are given formula milk need one week to secrete substances they don't need.

4. Sucking the baby at the breast stimulates the release of the hormone oxytocin, which helps involution of the uterus and helps control bleeding.

CHAPTER 2

IMPORTANCE INITIATION EARLY BREASTFEEDING

Early initiation of breastfeeding is a very important activity in the delivery process. The benefits of Early Breastfeeding Initiation include;

1. The mother's skin is a thermoregulator/thermal synchronizer for the baby's temperature, because the skin on the chest of mothers who give birth is one degree hotter than mothers who do not give birth. If the baby is cold, the mother's skin temperature automatically rises two degrees to warm the baby and if the baby is hot, the mother's skin temperature automatically drops one degree to warm the baby.
2. Mother and baby feel calmer, the baby's breathing and heartbeat are more stable.
3. The 'good' bacteria that the baby swallows when licking its mother's skin will multiply to form colonies in the baby's skin and intestines, outcompeting the 'bad' bacteria in the environment.
4. The 'bonding' (bond of affection) between mother and baby will be better because in the first 1-2 hours the baby is conscious.

5. Babies who are given the opportunity to breastfeed early are more successful at exclusive breastfeeding and will be breastfed longer.
6. Early initiation of breastfeeding can stimulate the release of the hormone oxytocin which can reduce the risk of bleeding in the mother.
7. The baby will get colostrum breast milk (the first breast milk that comes out), which is rich in immune system, important for resistance to infection, for intestinal growth, and even the baby's survival.
8. Mother and father will feel very happy to meet their baby for the first time in conditions like this.

Preparation for Early Breastfeeding Initiation can be done in the following stages;

1. Meetings of hospital leadership, obstetricians, pediatricians, anesthetists, midwives, health workers on duty in delivery rooms, mothers' care rooms.
2. Train relevant health workers who can help and support breastfeeding mothers, including assisting with proper early initiation of breastfeeding.

At least antenatal (pregnant women), two health worker meetings with parents, discussing the benefits of breastfeeding and

breastfeeding, correct breastfeeding management, early initiation of breastfeeding including early initiation of birth with drugs or actions (Wardani, 2008).

CHAPTER 3

APPLICATION OF EXCLUSIVE BREASTFEEDING

A. Understanding Exclusive Breastfeeding

Breastfeeding or more precisely breastfeeding is that babies are only given breast milk at the age of 0-6 months, without the addition of other liquids such as formula milk, oranges, honey, tea, water, and without additional solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge, and team rice (RI Health Office, 2007:3)

B. Exclusive Breastfeeding Implementation Study

Prior to 2001, the World Health Organization (WHO) recommended exclusive breastfeeding for 4-6 months. However, in 2001, after systematically conducting research articles and consulting with experts, WHO revised the exclusive breastfeeding recommendation from 4-6 months to 6 months. The results of the article concluded that infants who were exclusively breastfed for up to 6 months generally had fewer digestive diseases, and experienced fewer growth disorders.

The definition of exclusive breastfeeding varies, but the definition that is often used is the WHO definition which states that exclusive breastfeeding is giving only breast milk without any liquid or solid food except vitamins, minerals or

medicine in the form of drops or syrup until the age of 6 months.

Several studies have used different definitions of exclusive breastfeeding, such as giving only breast milk in the last 24 hours. The Early Healthy For Healthy Living Research (ASUH) in 8 districts in West Java and East Java uses this definition. The Healthy Starts study in the North Jakarta area by Mercy Corps measured the prevalence of exclusive breastfeeding with these definitions. Although the definition of exclusive breastfeeding used varies, some are strict and some are loose, the coverage of exclusive breastfeeding is never high.

WHO recommends giving only breast milk for up to 6 months for optimal benefits for both mother and baby. However, there were several important recommendations and notes that were disclosed in the study by the expert team. This first recommendation can be achieved if potential problems such as the nutritional status of pregnant and lactating mothers, the micronutrient status (iron, zinc and vitamin A) of the baby and routine health services for the baby (measurement of growth and clinical signs of micronutrient deficiency) have been successfully addressed.

If this has not been achieved then problems may arise such as growth faltering in the babies of lactating mothers who are forced to give their babies exclusive breast milk for 6 months. Second, there is a need to provide appropriate complementary foods for breast milk and introduce adequate and safe nutritious foods in subsequent breastfeeding. In this case, it is necessary to study appropriate complementary foods for breast milk, including according to the nutritional condition and age of the baby.

The average period of exclusive breastfeeding in Indonesia is only 1.7 months, so it is necessary to provide clear instructions regarding what complementary foods can be given. Third, the conditions needed to implement this policy are the provision of adequate social and nutritional support for mothers who are breastfeeding. The implementation of exclusive breastfeeding for 6 months must be supported by various policies such as leave for breastfeeding mothers, formula milk marketing laws, sanctions for advertising formula milk, sanctions for midwives who provide and introduce formula milk to babies, and improving the quality of antenatal care.

Government Regulation of the Republic of Indonesia number 33 of 2012 concerning the provision of exclusive

breast milk to babies in Indonesia consists of five provisions including the stipulation regarding exclusive breastfeeding for 6 months and continuing until the child is 2 years old with the provision of additional age-appropriate food. It is also stipulated that health workers should be notified to mothers about the recommendation for exclusive breastfeeding.

C. Application of Exclusive Breastfeeding

Based on results interview with informant in study This when researcher ask kada a number informant about How how regulation government about exclusive breastfeeding, informant said that :

“... So far This Already walk but depends from mother, right also given counseling about breast milk ...” (EL, 22 years old)

“... there is socialization, given something like that education and counseling as well ...” (PW, 39 years) (interview deep)

When researchers ask is Mother socialize to Mother pregnant about importance breastfeeding. Following expression informant :

“... Yeah usually do communication two direction or in a way directly, this has also been done cooperation Formerly with Polytechnic For conduct seminars...” (JH, 40 years old) (interview deep)

However when researcher more Furthermore ask to Mother pregnant is socialized Exclusive breastfeeding, as follows expression informant:

"... If you're in the poly content explained just pull it mother's nipples ... " (ST, 29 years old)

"... No Once socialized Because Possible Already considered adaji information for example conveyed on television ..." (AW, 25 years) (interview deep)

From answers informants, so to speak that midwife assume so far this already done socialization temporary according to mother pregnant no given complete understanding about importance a mother give breast milk to the baby.

In interviews conducted about the extent of its implementation giving breast milk to darling, here expressed by the informant as following :

"... still need improved because there is more breast milk OK, rarely Sick Greetings, I ..." (ST, 29 years old)

"... happened gift but problem its survival no can we monitor because they sometimes go just community health center ..." (EL, 22 years old) (interview deep)

Implementation breastfeeding for baby still need done enhancement monitoring for the baby can suckling in a way exclusive, so needed cooperation with hall health others. Forever do study seldom found breastfeeding mother come return to

House Sick For give immunization to the baby, more Lots found mother pregnant just came check content.

After the informant more Far ask about what to be inhibitor No implementation exclusive breastfeeding to baby as said informant as following :

“... Breast milk is not There is or less, it's also normal because Malaski Mother breast-feed Because problem appearance (EL, 22 years old)

“...Lack of nutrition mother, her knowledge not enough, you can because indifferent mother ... (SC, 26 years)

“... Hepatitis B is active So Mother forbidden breast-feed Because the baby can moved, nipples not out (JH, 40 years) (interview deep)

From answers or explanation given informant Enough complete about reason why baby no can breastfeeding in a way exclusive. When researchers ask to informant of the monitoring process carried out to mother to provide exclusive breast milk can walk with OK, here it is answer informant :

“... no overall Because right normal No ksinimi Again check, normal they direct to Public health center near his house ...” (JH,40 yrs)

“... being controlled so that exclusive breastfeeding ...” (PW, 39 years) (interview deep)

Monitoring to Giving breast milk is difficult For done
Because No all mother who gave birth his son come return For
inspection furthermore to the baby, will but in that case Mother come
return to House Sick they still give control to giving breast milk to
dear.

From analysis answer informant put forward that regulation
about exclusive breastfeeding try run with Good although in
application sometimes outside from what to expect remember
behavior every person is different so that If not based on with not sure
awareness and responsibility answer so regular breastfeeding
exclusive Can neglected whereas Actually very important For given
to baby to be more healthy and optimal growth.

CHAPTER 4

EARLY BREASTFEEDING INITIATION PRACTICE

An attitude has not yet been realized in an action. To realize an attitude into a real action, supporting factors or enabling conditions are needed, including facilities or infrastructure (Nototmodjo, 2007). These practices or actions can be divided into 3 levels according to their quality, namely;

1. Guided Practice

If the subject or someone has done something still depends on guidance or using a guide.

2. Practice mechanics

If the subject or someone has done or practiced something automatically then it is called a mechanical practice or action.

3. Adoption

Adoption is an action or practice that has developed.

After a person knows the stimulus or object of health, then makes an assessment or opinion on what is known, the next process is expected that he will implement or practice what he knows or responds to (judged good). This is what is called health practice, or one might say health behavior. Therefore this health practice indicator also includes various things including (Nototmodjo, 2007):

1. Attitudes towards illness and disease, namely how a person's assessment or opinion of symptoms or signs of disease, causes of disease, ways of transmitting disease, ways of preventing disease and so on.
2. Attitudes on how to maintain and how to live healthy, namely the assessment or opinion of a person on ways to maintain and ways to (behave) a healthy life. In other words, opinion or evaluation of food, drink, exercise, relaxation (rest) or enough rest, and so on for health.
3. Attitudes Towards Environmental Health, namely one's opinion or assessment of the environment and its effects on health. For example opinions or assessments of clean water, waste disposal, pollution and so on.

Based on the informant's answer when asked about the extent of the preparations made for the mother who is about to give birth, the informant gave the answer that:

"...The preparation of tools, of course, shipping assistants and baby equipment ..." (EL, 22 years)

"... Equipment such as masks, hand guards, the patient has been prepared both physically and mentally ..." (SC, 26 years) (in-depth interview)

When researchers asked informants about what mothers did after the baby was born. Following are the results of interviews with informants:

"...if the baby's condition is really good, IMD will be carried out, then baby care..."(PW, 39 years)"

"... well weighed, injected like babies in general ..." (RK, 53 years) (in-depth interview)

In carrying out early initiation of breastfeeding, they first look at the condition of the baby, whether it can be done or not. Furthermore, when the researcher asked the informant whether after carrying out IMD on the baby, the baby's movements were followed until he found the mother's nipple. The results of in-depth interviews with informants are as follows:

"...followed up so that if there is a problem, for example, before it was thought that the mother was breastfeeding but it turns out that her nose is blocked..."(JH, 40 years)

"...sometimes yes but sometimes not because there are more patients who want help with delivery..."(NH, 21 years) (in-depth interview)

Midwives try to follow the implementation of early breastfeeding initiation so that the baby can move smoothly to find the mother's nipple, but sometimes they are hampered by having to help other mothers who are about to give birth. When the researcher asked

the informant about what hinders early initiation of breastfeeding, the informant said the following:

"...The mother is bleeding and hepatitis, the baby or mother is not healthy,..." (SC, 26 years old).

".....lack of oxygen, poor condition of mother and baby...(EL, 22 years old). (deep interview)

From the informants' answers, it can be explained that in carrying out IMD, midwives take various considerations, both the condition of the mother and the condition of the newborn baby. Furthermore, when the researcher asked the informant about the steps taken so that the baby could grow healthily, the informant answered as follows:

"... give exclusive breast milk to babies, mothers eat lots of nutritious food such as vegetables, nuts, katuk leaves, give vitosin, oh yes, it is important for mothers to know how to breastfeed so that breast milk flows smoothly. "(PW, 39 years)

"... keep clean, eat nutritious and have enough breast milk " (EL, 22 years) (in-depth interview)

Based on the analysis of the informant's answers, it can be interpreted that the most important preparation before birth is the readiness of the tools that will be used in childbirth, in addition to the

physical and mental preparation of the mother who will later give birth, for the implementation of early initiation of breastfeeding they just have to see the condition of the baby whether it can be done or not. No. The informants were enthusiastic when the researchers asked the informants about the steps taken to ensure that babies are healthy and strong, they agreed that it is very important to give breast milk to babies as well as giving vitamins so that babies grow well.

After someone knows the stimulus or health object, then makes an assessment or opinion about what is known, the next process is expected to be that he will implement or practice what he knows or reacts to (judged good). This is what is called practice or action.

Based on the informant's answer, when asked about the extent of preparations made for mothers who were about to give birth, the informant answered that the preparation tools were of course, for example, masks, handkinds, delivery assistants (midwives) and baby equipment, the patient was also prepared both physically and mentally.

In this regard, Desi Arumawati, in her research on the Evaluation of the Implementation of the Early Breastfeeding Initiation (EBI) Program at the Sultan Agung Islamic Hospital, Semarang, explained that complete facilities and in accordance with predetermined standards are expected to improve the quality of

service. Resources are factors needed to carry out a behavior. The available facilities are planned to be in adequate quantity and type and always ready to use. To take action, complete facilities must be provided and must have been prepared beforehand.

When researchers asked informants about what mothers did after the baby was born. The following are the results of the interview with the informant, if the baby's condition is good then EBI is carried out, the baby continues to be cared for, another informant added that they are weighed and given injections like babies in general.

In carrying out early initiation of breastfeeding, they first look at the condition of the baby, whether it can be done or not. Furthermore, when the researcher asked the informant that after carrying out EBI on the baby, whether the baby's movements were followed until he found the mother's nipple.

The results of in-depth interviews with informants are as follows, followed so that if there is a problem, for example, in the past it was thought that the mother was breastfeeding but it turned out that her nose was stuffy, but other informants stated that sometimes yes but sometimes not because there were other patients who wanted help with the delivery.

Midwives try to follow the implementation of early breastfeeding initiation so that the baby can move smoothly to find the mother's nipple, but sometimes they are hampered by having to help

other mothers who are about to give birth. However, according to Dr. Utami Roesli, in research conducted, it was stated that there were not enough health workers available, which was not a problem because when the baby was at the mother's chest, birth attendants could carry it out. The baby can find the mother's breast on its own. Involve the father or closest family to look after the baby while providing support to the mother.

Furthermore, when the researcher asked the informant about the steps taken so that the baby could grow healthy, the informant answered as follows, exclusive breastfeeding for the baby, the mother eats a lot of nutritious foods such as vegetables, nuts, katuk leaves, gives vitamins, oh yes It is important for mothers to know how to breastfeed so that breast milk flows smoothly and is kept clean, eats nutritious food and has enough breast milk.

Afifah explained her research that the breastfeeding position was imperfect, the latch was ineffective, which would affect the process of expressing milk, the nipples became chafed, the milk flow was not smooth, which caused the baby to feel dissatisfied and refuse to breastfeed.

Based on the analysis of the informant's answers, it can be interpreted that the most important preparation before birth is the readiness of the tools that will be used in childbirth, apart from that, the physical and mental preparation of the mother who will later give

birth, and for the implementation of early initiation of breastfeeding, they just have to see the condition of the baby, whether it can done or not. The informants were enthusiastic when the researchers asked the informants about the steps taken to ensure that babies are healthy and strong, they agreed that it is very important to give breast milk to babies as well as giving vitamins so that babies grow well.

CHAPTER 5

MOTIVATION IMPLEMENTATION OF IMD

Motivation originate from Language Latin word meaning move. By general refers to existence the force, the driving force we for behave certain. Therefore it, deep Study motivation we will relate with desires, wishes, drives and goals. Motivation according to Terry G is desires that exist within oneself somebody the individual who pushed it for do deed or behavior. Whereas according to Tuti (2006) defines motivation as something things that cause and those that support something action or behavior someone.

Motivation is something stimulant desire (want) and power mover desire Work someone, who has objective certain people want to achieved. Motivation somebody will very determined by the stimulus, the stimulus in question is machine mover motivation somebody so that give rise to disturber behavior of the person concerned. the stimulus usually covers Performance (achievement), Reward (recognition), Challenge, Responsibility (responsibility), Development (development), Involvement (involvement) and Opportunity (opportunity).

According to Siswanto (2007) theory motivation can different become two group namely:

1. Theory factor - focused satisfaction in self individuals who strengthen, direct, support and stop behavior.
2. Process theory that describes and analyzes How how Behavior issued, directed, supported and terminated.

Problems often found in the field is not yet all officer paramedic given order and give Enough information so you can imagine it every mother for breast-feed baby them, as well exists wrong practice with bottle feeding to new baby born. Officer health must teach about maintenance baby, train Mother breast-feed with good and right, the benefits of exclusive breastfeeding, and good and proper breastfeeding, so can add knowledge mother and also should capable foster motivation and confidence self that can breast-feed in a way exclusive (Siregar, 2004).

In operate duties and responsibilities answer need something sacrifice to good results including in give service health to society. When researchers ask to informant about what to expect in gift service, below answer informant:

"... us anyway hope that Mother follow what was said ..."(EL, 22 years)

"... the best service we can do , sincerely in work , no There is burden ..."(JH,40 yrs) (interview deep)

When the informant ask more Far about is obtain Satisfaction in help public as well as How how his feelings. Following answer informant as following:

“... Satisfied, the feeling inheritance Because can help Mother gave birth ...” (SC, 26 years) (interview deep)

Furthermore when researcher ask to informant that How how criteria become midwife exemplary and what own desire For get valued from government, then the informant answered as following:

“... if for become midwife example naturally have a diploma, work not enough more than 10 years, not yet Once can appreciation ...” (JH, 40 yrs)

“... disciplined, smart, good his devotion, has knowledge as well as experience, if given charter ever ji ...” (RK, 53 years) (interview deep)

In operate he continued they try the best maybe, it works sincere in help society, will but in that case given appreciation they are happy too, next when researcher ask to informant about step what to do For devotion to nation and state, informants give same answer for example put forward namely :

“... us Work with the best perhaps, appropriate with work, try help with OK ... ” (PW, 39 years old)

“... me Work in accordance standard service midwifery, sincerity, character and honesty .. (JH, 40 years old) (interview deep)

For know more in about role midwife in IMD then researcher ask about How how form promotion given health to public about initiation suckle early, then the informant replied :

“... Deep effort promotion health to our community explains in that case Want to give birth to should come to the officer health yes, so can help his son with congratulations, IMD is welcome, you know too they .. ” (MR, 31 years old)

“... Yes For promotion health We as midwife always Act to moms So always diligent come check her pregnancy , because with thereby easy visibility health fetus (RK, 53 years) (interview deep)

Based on analysis from answer informant can interpreted that informant try give good service to society. They Work with with full not quite enough answer as well as do effort promotion health to Mother pregnant so that the condition mother and baby healthy, deep gift valued fully no become waters in give help will but they Work the best Possible in give quality service.

In operate duties and responsibilities answer need something sacrifice to good results including in give service health to society. When researchers ask to informant about what to expect in gift

service, following answer informants, us anyway hope that Mother follow what is delivered and the best service we can do, sincere in work, no There is load.

Informant try is implementing he continued in accordance with the Code of Ethics Indonesian midwives about obligation midwife to clients and society that every midwife forever uphold high, live, and practice oath position in is executing task his trial.

When the informant ask about is obtain Satisfaction in help public as well as How how her feelings. Following answer informant as following, satisfied, the feeling inheritance because can help mother give birth. Feeling satisfied no can be measured in form obtained material Because a feeling heart happiness can help others to finish the problem, as disclosed informant that see they smile happy so we feel happy too.

Furthermore when researcher ask to informant that how criteria become midwife exemplary and what own desire For get valued from government, then the informant answered from results interview deep as following in that case for become midwife example naturally have a diploma, work not enough more than 10 years, not yet once can appreciation. Another informant suggested that disciplined, skilled, good his devotion, has knowledge as well as experience, if given charter ever.

In operate he continued they try the best maybe , work sincere in help society, will but in that case given appreciation they are also happy, next when researcher ask to informant about step what to do For devotion to nation and state, informant give same answer through interview deep ie We Work with the best maybe, accordingly with work, try help with all right, work in accordance standard service midwifery, sincerity, character and honesty.

Based on analysis from answer informant can interpreted that informant try give good service to society. They Work with full not quite enough answer, give valued fully No become waters in give help them work the best possible in give quality service.

CHAPTER 6

MIDWIFE AS EIB PIONEER

A. Understanding Midwife

Midwife is someone who has complete an educational program state recognized midwives as well obtain qualified and awarded permission for operate practice midwifery. A midwife must give supervision nurturing, and giving advice needed to woman during pregnancy, childbirth and postpartum labor (childbirth) lead delivery on not quite enough he replied Alone as well as care for babies new birth and child (Christine, 2006).

B. Task Midwife

Midwife acknowledged as responsible professionals responsible and accountable, that works as partners woman for give support, care and advice during pregnancy, childbirth and the puerperium, lead delivery on not quite enough answer yourself and give parenting to baby new born and baby. Care This covers effort prevention, promotion normal delivery, detection Complications in mother and child, and access help medical or other appropriate assistance, as well is executing action emergency.

Midwife have task important in counseling and education health, no only to women, but also to family and society. Activity This must covers prenatal education and preparation become

parents as well as can widespread in the health sector women, health sexy or health reproduction and care child.

Task main midwife that is build role as well as public through training posyandu and training health other than member services go straight to posyandu and help delivery at homes, also accept reference problem health for given service necessary or referred more furthermore in a way rational to public health center or facility service more health good

C. Function Midwife

1. Do parenting midwifery for Mother pregnant.
2. Do help delivery.
3. Do help on Mother childbirth
4. Do maintenance on baby Which new born
5. Do service health on child toddler and used
6. Give service KB
7. Give guidance and service to disturbance system reproduction.
8. Give counseling on individual, family and society.

CHAPTER 7

MIDWIFE AS EIB CONTRIBUTOR

Authority interpreted as correct for Reign or arrange. Power refers to ability for affect others, meanwhile authority refers to correct for do power that. Based on interview deep with informant about is mother give information to mother pregnant during inspection pregnancy, obtained answer for example usually for example education, cleanliness breast milk, gift immunization, then checked also asked about nutrition, dangers pregnancy, place give birth, form help and so on.

Explanation provided informant to patient / mother pregnant about necessary information is known already enough good will but not yet alluded to about initiation breastfeeding early, p this caused because not even an informant yet fully assume matter important for be delivered to mother pregnant, they give general information and guidance course, even according to informant from mother pregnant at the moment inspection usually direct just checked condition her pregnancy.

In accordance with the researcher's observations do found that patient at this time enter in the poly content direct done ultrasound examination for know condition pregnancy and after that direct given. medicine / vitamins if its content in normal conditions will be but in that case There is problematic patients the fetus new be delivered

about efforts for guard its content. This thing also because incoming patients do inspection enough a lot of people, so available time no enough for explain in a way thorough.

Furthermore when other informants ask form services provided to mother pregnant as well as implementation, answers to anamnesa of informants, examination physical, advice, examination his heart as well as circumstances the baby is healthy or There is problem and adjusted with parenting normal delivery or abbreviated as APN which has set in standard national.

In give service to public specifically mother pregnant, informant try the best possible in is executing he continued Because must in accordance with SOP (Standard Operating Procedure) because already become experience for informant as well as not quite enough the answer he gave as power health so that they more know step what just have to did it in help delivery to be come.

About form assistance provided at the time delivery, informant said that patient prepared, then given motivation, if there is family given the information, do it normal delivery and led until postpartum. From answers informant technique about how mother who will give birth to already mastered in handle them fully ready in help delivery including equipment and assistance to patient / mother who will give birth.

Next when informant ask about importance initiation breastfeeding early, informant answer that baby protected from disease, breast milk is also fast out and good because contain antibody besides that That increase immunity body baby, as well can reduce bleeding in the mother, temperature baby good so that No happen hypothermia.

From the explanation informant can interpreted that understanding about EBI enough good based on explanation given, meanwhile when researcher ask about steps implementation initiation breastfeeding early, informant put forward that baby prone in chest his mother, abandoned look for mother's nipples, meanwhile another informant said moment baby new born clean the body, head and feet except hand, if good circumstances the baby done immediately EBI for 1 hour, likewise with another midwife answered cut rope center, then cleaned anyway except hands, apply skin to skin hat, half until an hour silenced for look for mother 's nipples.

By and large steps EBI implementation is known informant, however based on observation not yet fully done in accordance stages in a way systematic, p this can seen from diversity answer informant, information specifically Initiation breastfeeding early Still need improved because they assume that that knowledge this already common in society, will but Still needed accompaniment to mother get pregnant so they more understand in a way complete to maintain

her pregnancy until delivery. And the important thing is involve member family specifically husband for increase trust self mom, you can too help stimulate out hormone oxytocin so that mother more relaxing and stimulating milk production from boobs.

From the results discussion can explained that in authority midwife Already walk some, however not yet fully held from overall task midwife Because socialization about initiation breastfeeding early not yet walk fluent in accordance with regulation government Republic of Indonesia 2012 in article 9 paragraph 1 which reads "Health Personnel and organizers Facility Compulsory Health Services is implementing initiation breastfeeding early to New baby born to shortest mother for 1 (one) hour". Of course matter the become must be a problem handled by all related institutions.

Study This in line with study previously carried out by Afifah about Initiation Early Breastfeeding and Exclusive Breastfeeding in Johan Pahlawan sub - district West Aceh Regency obtained results that implementation of EBI at the time baby new born no regardless from role as well as officer health in matter This midwife, because midwife is the person who plays the most role in Maternal and Child Health Services (CHS) as well accompanying family support the occurrence of EBI. With implementation of EBI in a manner appropriate can motivating mother and baby for subsequent breastfeeding.

CHAPTER 8

THE ROLE OF THE MIDWIFE IN EXCLUSIVE BREASTFEEDING

Succeed or nope breastfeeding early on the spot service Mother maternity, home Sick very depends on the officer health that is nurse, midwife or doctor because they are the first will help mother giving birth do Early Breastfeeding Initiation (EBI).

Officer health in room maternity must understand good and correct management of EBI and lactation, officer health the expected always have positive attitude on EBI and exclusive breastfeeding. They expected can understand, live and want implement it. No matter how narrow the time given by the officer health it is expected Still can donate time. For motivating and helping mother finished maternity for implement EBI and exclusive breastfeeding. Readiness officer health including midwife in a lactation program is key success.

Role midwife in the success of EBI and exclusive breastfeeding no free from authorized midwife in give services for mothers and children as listed in Kepmenkes no 900/Menkes/SK/2002 Chapter V Article 18 namely increase maintenance and use of breast milk. Besides that with inform ASI at every woman pregnant as well as help mother start breastfeeding in the first hour after that born. To use support success Early Breastfeeding Initiation (EBI) and

Exclusive Breastfeeding, WHO recommends to whole power health to do contact breast milk or deep ASI meeting effort socialization program and each time doing service health mother and child :

- a. At the time of the first Ante Natal Care (ANC)/visit first (K1) at the Maternal and Child Health Clinic.
- b. At the second Ante Natal Care (ANC) / visit the second at the Maternal and Child Health Clinic.
- c. Do Initiation Early Breastfeeding (EBI) by midwives/doctors helper in-room delivery giving birth or room operation.
- d. Socialization of breast milk in the room maintenance on the day to 1-2.
- e. Socialization of breast milk at this time control First day to 7.
- f. ASI socialization at this time control second day to 36.
- g. ASI socialization at this time immunization.

CHAPTER 9

CARE MIDWIFERY

NO Register 060

Enter Date/Time : Dec. 03, 2023, 4:30 p.m wita
Date Assessment : Dec. 03, 2023, 16.50 hrs

A. COLLECTION DATA BASE

I. Data subjective

1. Biodata	WIFE	HUSBAND
Name	: Mrs. I	Mr. P
Age	: 28 years	33 years
Marry / How long	: 1x / \pm 4 years	1x / \pm 4 year
Ethnic group	: Buginese	Macassar
Religion	: Islam	Islam
Education	: elementary school	SD
Work	: IRT	laborer Daily
Address	: Bontokamase	

Anamnesis

a) Complaint Main

1. Mother feel heavy body increase moment using

birth control inject 3 month.

2. Mother feel worried moment increase heavy body.

b. History Midwifery

P1 A0

Child First, year 2016, JK man, BBL 3200 gr, helped by midwife, normal postpartum condition.

b. History Menstruation

- | | |
|-------------------------|-----------|
| 1. Menarche | : 14 year |
| 2. Duration | : 5 day |
| 3. Cycle | : 28 day |
| 4. Regular | : Yes |
| 5. Characteristic Blood | : Dilute |
| 6. Smell | : Fresh |

c. History Wedding

- | | |
|-------------------|-----------------|
| 1. Status wedding | : Marry |
| 2. Long married | : \pm 4 years |

d. History Contraception

Mother use injection 3 month during \pm 2 year, in midwife practice independent Ny. I.

e. History Health

1. History Health Which So

-
- a) Mother There isn't any history operation and op's name
 - b) Mother no once drinking alcoholic and smoke
2. History Health Now
- Mother did not suffer heart disease, hypertension, asthma, malaria, and DM.
3. History Health Family
- In family no there is disease contagious, decreasing, and chronic.

f. Pattern Need Daily

1. Nutrition

a) Eat

- Previously Use KB Frequency : 3 times a day
Type : Rice, fish, vegetable and fruit
Portions : Currently
- After Use KB
Frequency : 4-5 time a day
Type : Rice, fish, vegetable and fruit
Portions : Currently

b) Drink

- Previously Use KB Frequency : Enough

Type : White air

Portions : 6-7 glass per day

➤ After Using Birth Control Frequency : Fair

Type : White air

Portions : 9-10 glass per day

2. Elimination

a) CHAPTER

➤ Previously Use KB Frequency : 1 time a day

Yellow Consistency : Gentle

➤ After Using Birth Control Frequency : 2 times
a day

Yellow Consistency : Gentle

b) BAK

➤ Before Using Birth Control Frequency : 4-5
time a day Color: Ammonia Consistency:
Liquid

➤ After Use KB Frequency : 5-6 time a day
Color: Ammonia Consistency: Liquid

3. Rest

a) Sleep Afternoon

➤ Previously Use KB Long: \pm 1-3 hours

-
- After Use KB Long: \pm 2-4 hours
 - b) Sleep Evening
 - Previously Use KB Long : \pm 7-8 hours
 - After Use KB Duration: \pm 7-8 hours
 - 4. Activity : Process
 - 5. Pattern make love : ASI Exclusive
 - 6. Personal Cleanliness :
 - a) Bathe 2 time a day
 - b) Brush tooth 2 time a day
 - c) Washing hair 2-3 time a week
 - d) Change clothes every time wet and moist
 - 7. Pattern sexual : No there is problem
 - g. Data Biopsychosocial Spiritual & Economy**
 - 1. Mother and family know and understand about profit and loss contraception which will be used.
 - 2. Taking decision by husband.
 - 3. Mother religious Islam.
 - 4. Mother stay together family

II. Data Objective

a. Inspection General

Circumstances General : Fine

Awareness	: composmentist
TB	: 160cm
BB previously KB	: 50 kg
BB now	:70 kg
LILA	: 25 cm
Sign vital	
Pressure blood	: 120/90 mmHg
Pulse	: 80x/minute
Respiration	: 20x/minute
Temperature	: 36.5 °C

b. Inspection Physique

a) Head

Inspection : Clean, hair straight, not fall out

Palpation : No there is lump and no there is painful press.

b) Face

Inspection : No print, no cloasma and visible worried

Palpation : No there is edema and no there is painful press

c) Eye

Inspection : Symmetrical left and right, red conjunctiva young, and sclera white.

d) Nose

Inspection : Clean, no there is polyps, no there is confidential

Palpation : No there is painful press.

e) Mouth

Inspection : Clean, lips no chapped, tongue clean, and there isn't any caries.

f) Ear

Inspection : Symmetrical left and right, clean, no looks exists cerumen

Palpation : No there is painful press and no there is lump.

g) Neck

Palpation : No there is plantation gland thyroid, gland limp, jugular vein, and no there is painful press.

h) Axillary

Palpation : No there is lumps and no there is painful press

i) Chest

Inspection : Symmetrical left and right

Palpation : No there is painful press

j) Breast

Inspection : Symmetrical left and right, put milk stand out, hyperpigmentation on the areola mama, and no there is mass

Palpation : No There is painful press.

k) Stomach

Inspection : No there is wound used operation

Palpation : No there is painful press.

l) Genetalia

Inspection : Clean, no there is hemorrhoids

Palpation : No there is swelling, no there is varies.

m) Extremities

Inspection : Symmetrical left and right and no there is varicose veins

Palpation : No there is edema

Percussion : Reflex spatella left (+), right (+).

B. IDENTIFICATION DIAGNOSIS/PROBLEM ACTUALLY

a. Diagnosis Midwifery

Mrs. I KB inject 3 month with BB increase

Data subjective:

- Mother become KB acceptor inject 3 month
- Mother have 1 child
- Mother feel experience increase heavy body

Data Objective :

- Signs Vita :

TD = 120/90mmHg

S = 36.5 °C

N = 80x/minute

P = 20x/minute

BB before birth control: 50kg

BB now: 70kg

Pattern Eat 4-5 time a day portion 1 plate.

b. Analysis and Interpretation Data

KB injection for 3 months contain the hormone progesterone Increased appetite and decreased physical activity resulting in overuse injection can cause heavy body increase (Koes Irianto 2012).

c. Problem :

▪ **Problem finance**

Data subjective :

- Mother feels anxious about weight gain Which Now.

Data objective :

- Expression face mother looks worried.

d. Analysis and data interpretation

Complaint which felt cause emotion which excessive so that arise flavor worried and worried. (Sarwono Prawiharjo, 2012).

C. IDENTIFICATION DIAGNOSIS/PROBLEM POTENCY

Problem Potential : Anticipate happening Obesity

Data subjective :

- Mother complains of weight gain

Data Objective :

- TV :
- TD : 120/90 mm Hg
- N: 80x/minute
- S : 36.5°C
- P : 20 x/minute

-
- BB previously KB : 50kg
 - BB now : 70kg

Analysis and Interpretation Data

- 1) Obesity is excess fat in body, which generally hoarded in subcutaneous tissue (under the skin), around body organs and sometimes occurs wide to in network his organs (Misnadierly, 2012).
- 2) Index mass body/Body mass index (BMI/BMI)
 - a) Heavy body less: BMI/BMI not enough from 18.50
 - b) Heavy body normal : BMI/BMI 18.50-24.99
 - c) Heavy body Pre obesity : BMI/BMI 25-29.99
 - d) Heavy body Obesity I : BMI/BMI 30-34.99
 - e) Heavy body Obesity II : BMI/BMI 35-39.99
 - f) Heavy obesity agency III : BMI/BMI more from 40 (Webster, 2016).

D. NEED ACTION QUICK / COLLABORATION

No There is data which continue

E. PLAN CARE WHICH COMPLETE

Diagnosis : One mother using KB inject 3 month with heavy body increases

Plan Objective :

-
- Ascension heavy body resolved
 - Worry resolved

Plan

- Criteria:

TTV within normal limits,

TD = 100-120mmHg Systole and 70-90mmHg
Diastole,

S = 36.5°C-37.5°C

No = 80 - 90x/minute

P = 18-24x/minute.

- Pattern eat regular and portion reduced
- Pattern activity exercising can regular
- Heavy body can resolved at least 55kg
- Mother no feel worried again

Date 03 September 2022 Punch : 16.56 WIT

1. Tell to mother and family about results inspection and the situation

Rationale : So mother and family know results the inspection

2. Berries know information about side effects KB inject 3 month

Rational : So that mother understand about side effects of injection KB 3 month.

3. Recommend mother for diets low calories

Rational : diet low calories is diet which low content calories with enough contain nitriene in accordance with need.

4. Recommend on mother for exercising regular

Rational : exercise body regular can increase body metabolism to prevent obesity and maintain heavy ideal body

5. Help mother for determine non-hormonal contraceptives suitable for that.

Rational : jelly mother can determine which choice where appropriate for him.

F. CARRY OUT ACTION CARE MIDWIFERY

Date 03 September 2022, 17.00 WIT

1. Tell to mother and family about results inspection and the circumstances;

a. TV :

TD :120/90 mmHg

N : 80x/minute

P : 20 x/minute

S : 36.5°C

BB Now : 70kg

2. Give know information about effect side KB inject 3 months;
 - a) Disturbance cycle period
 - b) Arising pimple
 - c) Push and sick head
 - d) Heavy body increase
 - e) Vaginal discharge

3. Advise mother for diet low calories

Result: mother understands and is willing to consume enough minerals in a day (8-9 glasses a day) and don't consume too much carbohydrates (reduced rice and side dishes in multiply portion 1 plate, 2 times in a day).

4. Advise on mother for exercising regular

Results : Mother understand with recommendation Which in give And Mother willing do sport for example walking and jogging.

5. Helping mothers to determine contraception compatible non-hormonal for him. Results : Mother understand And will speak even more previously to husband.

G. EVALUATION RESULTS CARE MIDWIFERY

Date September 03, 2022, 17.00 pm

1. Mother in circumstances Okay, in mark with:

TV :

TD : 120/90 mm Hg

N : 80 x/minute

P : 20 x/minute

S : 36.5°C

2. Mother already understand with effect side KB inject 3 month.
3. Mother willing diet low calories.
4. Mother willing exercising for example walk and jogging in a way regular
5. Mother want to consult to husband about election contraception non hormonal, which method the help and no raise heavy body. Documentation Care midwifery at KB Injection 3 month with Heavy Body Increase in midwife Practice Independent Hj. Ilante Date 03 September 2022.

Date 03 September 2022, 17.05 WIT

H. DATA SUBJECTIVE (S)

1. Mother aged 28 year

-
2. Mother KB inject 3 months
 3. Mother experience weight gain body

I. DATA OBJECTIVE (HI)

1. Circumstances General Mother Okay
2. Awareness compositometric
3. TV:

TD : 120/90 mm Hg

N : 80 x/minute S : 36.5 °C

P : 20 x/ min

BB : 70 kg

J. EVALUATION (A)

Mrs. I, KB inject 3 month with BB increase

K. PLANNING (IMPLEMENTATION AND EVALUATION)

Date 03 December 2022, at 17.20 WIT

1. Tell to Mother And family about results inspection and the circumstances;

TV :

TD : 120/90 mmHg

N : 80 x/minute

P : 20 x/minute S : 36.5°C

BB Now : 70 kg

-
2. Give know information about effect side KB inject 3 months;
 - a) Disturbance cycle period
 - b) Emergence pimple
 - c) Push and Sick head
 - d) Heavy body increase
 - e) Vaginal discharge
 3. Advise mother for diet low calories; mother understand and willing consume enough minerals a day (8-9 glasses a day) and not too much consume carbohydrates (reduce rice and increase the portion of side dishes by 1 plate, 2 times a day).
 4. Advise the mother to exercise regularly; I understand the recommendation which in give and mother willing do sport for example walk and jog.

BIBLIOGRAPHY

- Afifah, 2009. Initiation Early breastfeeding and exclusive breastfeeding in Johan Pahlawan sub-district West Aceh District, J USU Public Health page 15.
- Arumawati, Desi, 2012. Evaluation of the Implementation of the Early Breastfeeding Initiation Program at the Sultan Agung Islamic Hospital. J Public Health, Semarang.
- Anto, S., Andi Latif, S., Pannyiwi, R., Ratu, M., & Werdyaningsih, E. (2022). Workload Analysis and Nurse Performance in Implementing Nursing Care. Barongko: Journal of Health Sciences, 1(1), 41–46. <https://doi.org/10.59585/bajik.v1i1.38>
- Bungin, Burhan. 2011, Qualitative Research, Kencana Prenada Media Group, Jakarta.
- Breastfeeding Medicine Academy Protocol Committee: Protocol 2007. Management of Peripartum Breastfeeding for Healthy Full-term Mothers and Infants.
- Cristine Henderson and Kathleen Jones, 2006, Midwifery Concepts, EGC Medical Book Publishers, Jakarta.
- Edmon, K et al. 2006. Delay in Initiation of Breastfeeding Increases the Risk of Neonatal Death. Pediatric
- Fitriyani, 2010, Midwives' Actions in Implementing Early Breastfeeding Initiations in the Padangbulan Working Area, J USU Public Health.
- Fika & Syafiq, 2010. Trisakti Medical Journal. Jakarta
- Karindra, Aji, 2012. Comparison of Performance of Early Breastfeeding Initiation Based on Level of Knowledge of Pregnant Women. J Media Medika Muda, UNDIP, Semarang
- Martha, Cindy, 2012. Differences in Patterns of Breastfeeding between Mothers who do and do not do Early Breastfeeding Initiation. UNDIP Nutrition College Journal, Semarang.
- Nesi, Yunetra, 2012. Health Promotion in Midwifery Services. Salemba Medika, Jakarta.

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- Ningsih, M. (2021). The Miracle of Early Breastfeeding Initiation (IMD). *Sangkareang Mataram Scientific Journal* , 8 (Imd), 1–15.
- Notoadmodjo, Sudkidjo, 2007. Health Promotion Theory and Application. Rineka Cipta, Jakarta.
- Nursinah, A., Suabey, S., Kadir, E., Asmi, A. S., Purbanova, R., Henderika Litaay, S. C., & Pannyiwi, R. (2023). Environmental Sociology Approach From A Social Risk Perspective. *International Journal of Health Sciences*, 1(2), 102–110. <https://doi.org/10.59585/ijhs.v1i2.59>
- Roesli, Utami. 2008. Early Breastfeeding Plus Exclusive Breastfeeding Initiation. Bunda Library, Jakarta.
- RI Ministry of Health, 2007. Early Breastfeeding Initiation, Jakarta
- RI Ministry of Health, 2008. Activity Module Package. Initiation of Early Breastfeeding and Exclusive Breastfeeding. Guide to Learning with the Community, Jakarta.
- Riksani, Ria. 2012. The Miracle of Breast Milk. Healthy World, Jakarta
- Syafar, Muhammad. 2011, Report on the results of Exclusive PSP ASI Formative Research in South Sulawesi, UNICEF and South Sulawesi Provincial Health Office, FKM Unhas.
- Siregar, M.A. 2004. Exclusive breastfeeding and the factors that influence it, Medan, Department of Nutrition, Faculty of Public Health, University of North Sumatra.
- Tanberika, F. S., Sansuwito, T. B., & Hassan, H. C. (2023). Effectiveness Of Android Based Antenatal Care Application To Enhance Antenatal Care Adherence And Pregnant Mothers Health: A Literature Review. *International Journal of Health Sciences*, 1(4), 838–852. <https://doi.org/10.59585/ijhs.v1i4.203>

-
- Trilia, T., Nambiar, N., & Said, F. M. (2023). Risk Factors for Sexual Violence in Adolescents : Literature Review. *International Journal of Health Sciences*, 1(4), 803–816. <https://doi.org/10.59585/ijhs.v1i4.202>
- Yessi Aprillia, 2009, Analysis of the Socialization of the Early Breastfeeding and Exclusive Breastfeeding Initiation Program to Midwives in Klaten Regency. Diponegoro University Public Health Thesis, Semarang



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