

Midwifery Practice

(optimal Services For Women's Health)



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Penerbit
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 mercy and grace, so that we can complete the book with the title Midwifery Practice (Optimal Services for Women's Health), on time. Shalawat and taslim are always poured out to our junjungan the great Prophet Muhammad SAW, his family, companions and followers who always say all the time.

This Midwifery Practice (Optimal Services for Women's Health) book contains information about Midwifery Practice especially women's health. It is hoped that this book can provide information about the development of midwifery science 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 start to finish. May Allah SWT always bless all our efforts. Aamiin.

Makassar, 18 Desember 2023

Tim Penulis

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MIDWIFERY PRACTICE

Optimal Services for Women's Health

CHAPTER 1

Introduction

A. Understanding Early Breastfeeding Initiation

Early Breastfeeding Initiation (EBI) is a series of activities where a newborn baby instinctively carries out activities that end with finding his mother's nipple and immediately suckling from his mother's nipple (Hartati, 2008).

Early Initiation of Breastfeeding (EBI) is the process of allowing the baby to breastfeed on its own immediately after birth and breastfeeding for an hour or more. In principle, EBI is direct contact between the mother's skin and the baby's skin, the baby is placed prone on the mother's chest or stomach as soon as possible after drying the whole body. EBI provides extraordinary miracles for both babies and mothers. For mothers, the miracle that is immediately felt is that the mother feels relaxed. This will reduce the pain during expulsion of the placenta. Another miracle is the increase in uterine contractions, thereby preventing bleeding in the mother. For babies, the sucking reflex and swallowing exercises in the first hour will be very

helpful for the release of colostrum which is very beneficial for the baby's immunity. (Ningsih, 2021)

B. Stages of Early Breastfeeding Initiation

Babies who are born are immediately dried and placed on the mother's stomach with skin-to-skin contact and are not separated from the mother for at least an hour. All babies will go through five stages of behavior before they can successfully breastfeed. The following are the five stages of baby behavior (Roesli, 2008);

1. First 30 minutes: The stadium rests or remains in a state of alertness. The baby is still and does not move, this special calm period is an adjustment to the transition from the state in the womb to the state outside the womb. This bonding (affectionate relationship) is the basis for 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 fluid released by the mother's breasts. 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. The areola (breast) is the target, with the legs pressing on the mother's stomach. He licked his mother's skin, jerked his head against her chest, turned his head to the right and left, and touched and squeezed the nipples and surrounding area with his tiny hands.
5. Finds, licks, rolls the nipple, opens the mouth wide and latches 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. EBI 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 tied. 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 immediately placed face down on the mother's chest or stomach with contact between the baby's skin and the mother's skin. Mother and baby are covered together.
5. The baby is left to look for the mother's nipple. Mothers can stimulate the baby with gentle touches, but do not force the baby to breastfeed.
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 breasts.
9. The areola area is usually the target.
10. Touching the nipples with his hands.
11. Finding the nipple, reflex to find the nipple (rooting) attached with the mouth wide open.

C. Steps for Early Breastfeeding Initiation

Carrying out the recommended initiation of breastfeeding is;

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

D. The benefits of Early Breastfeeding Initiation are;

1. Children who can breastfeed early can breastfeed very easily later, so that breastfeeding failure will be greatly reduced. Apart from getting colostrum which is beneficial for babies, exclusive breastfeeding will reduce mortality

2. Breast milk is the fluid of life, which apart from containing food also contains absorbents. Formula milk is not given enzymes so its absorption depends on enzymes in the child's intestines. So that breast milk does not 'seize' the child's enzymes.
3. Mothers often complain about the lack of breast milk supply, even though breast milk is produced based on demand (the baby's request), if a lot is taken, a lot will be given, whereas babies who are given formula milk need a week to excrete substances they don't need.
4. The baby's sucking on the breast stimulates the release of the hormone oxytocin, thereby aiding uterine involution and helping control bleeding.

CHAPTER 2

Importance Initiation Early Breastfeeding

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

1. The mother's skin is a thermoregulator / thermal synchrony 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 cool 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. '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 breastfeed 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 body immunity, 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. Meeting of hospital leaders, obstetricians, paediatricians, anesthesiologists, midwives, health workers on duty in the delivery room, maternity care room.

2. Train relevant health workers who can help and support breastfeeding mothers, including assisting with the correct initiation of early breastfeeding.

At least antenatal (pregnant women), two meetings between health workers and parents, discussing the benefits of breast milk and breastfeeding, correct breastfeeding management, early initiation of breastfeeding including early initiation of birth with medication or action (Wardani, 2008).

CHAPTER 3

Implementation of Exclusive Breastfeeding

A. Definition of Exclusive Breastfeeding

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

B. Exclusive Breastfeeding Implementation Study

Before 2001, the World Health Organization (WHO) recommended exclusive breastfeeding for 4-6 months. However, in 2001, after systematically reviewing research articles and consulting with experts, WHO revised the recommendation for exclusive breastfeeding from 4-6 months to 6 months. The results of the article's review concluded that babies who are exclusively breastfed until 6 months generally suffer less from gastrointestinal diseases and experience 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 the provision of 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.

Some studies use different definitions of exclusive breastfeeding such as giving only breast milk in the last 24 hours. Early Healthy Research for Healthy Living (EHRHL) in 8 districts in West Java and East Java used this definition. The Healthy Starts study in the North Jakarta area by Mercy Corps measured the prevalence of exclusive breastfeeding using several definitions. Although the definitions of exclusive breastfeeding used vary, 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 mother and baby. However, there are several important recommendations and notes expressed in the expert team's study. Firstly, this 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 babies and routine basic health services for babies (measurement of growth and clinical signs of micronutrient deficiencies) 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 insist on giving 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 connection with 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 of the Republic of Indonesia Regulation 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 inform mothers about the recommendation for exclusive breastfeeding.

C. Implementation of Exclusive Breastfeeding

Based on results interview with informant in study This when researcher ask kada a number informant about 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 sort of 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 carry on celebrate 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 delivered on television ..."(AW,25 th) (interview deep)

From the answer informant, one might say that midwife consider 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 extent of implementation giving breast milk to baby, here expressed by the informant as following :

"... Still need improved because there is more breast milk well, rare Sick baby i ..."(ST, 29 years old)

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

Implementation breastfeeding to baby still need done enhancement monitoring the baby can breastfeeding in a way

exclusive, so required cooperation with health other. During do study seldom found breastfeeding mother come return to Hospital for give immunization to the baby, more Lots found Mother pregnant just come check it out its content.

After the informant more Far asked 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 her mother breast-feed Because problem appearance (EL, 22 years old)

"... Malnutrition his mother, his knowledge not enough, you can because indifferent his 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 the answer 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 mothers to provide exclusive breastfeeding can walk with ok, here it is answer informant :

"... No whole because right normal no ksinimi again check, normal they direct to public health center near his house ..." (JH, 40 years old)

"... controlled so that exclusive breastfeeding ..." (PW, 39 years) (interview deep)

Monitoring to breastfeeding is difficult for done because no all mother who gave birth his son come return for inspection furthermore to the baby, will but if mother come return to Hospital they still give control to giving breast milk to baby.

From analysis answer informant stated that regulation about Exclusive Breastfeeding try executed with good although in application sometimes outside from what to expect remember behavior every person is different so that if not based on with element 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

MIDWIFERY Practice

An attitude is not automatically realized in an action. To realize an attitude into a real action, supporting factors or enabling conditions are needed, including facilities or facilities and 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, they still depend on guidance or use a guide.

2. Practice mechanics

If a subject or person has done or practiced something automatically, it is called a mechanical practice or action.

3. Adoption

Adoption is an action or practice that has developed

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 health practice, or can be said to be health behavior. Therefore,

this health practice indicator also includes various things including (Nototmodjo, 2007):

1. Attitudes towards illness and disease are how a person assesses or thinks about the 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 a healthy life, namely a person's assessment or opinion regarding ways to maintain and how to (behave) live a healthy life. In other words, opinions or assessments of food, drink, exercise, relaxation (rest) or adequate rest, and so on for health.
3. Attitudes towards environmental health are a person's opinion or assessment of the environment and its influence on health. for example, opinions or assessments regarding clean water, waste disposal, pollution and so on.

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

"...Preparation of equipment of course, birth aid and baby equipment ..." (EL, 22 years)

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

When researchers asked informants about what the mother did after the baby was born. The following are the results of interviews with informants:

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

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

In implementing early breastfeeding initiation, they first look at the baby's condition, whether it can be done or not. Furthermore, when the researcher asked the informant whether after carrying out EIB 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 so that if there was a problem, for example, in the past it was thought that the mother was breastfeeding but it turned out that her nose was stuffy..." (JH, 40 years old)

"...Sometimes yes but sometimes not because there are more patients who want help with their birth..." (NH, 21 years old) (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:

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

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

From the informant's answers it can be analyzed that in carrying out IMD midwives take various considerations both from the condition of the mother and the condition of the newborn. 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 foods such as vegetables, nuts, katuk leaves, give vitosin, oh yes, it is important to know how to breastfeed mothers so that breast milk flows smoothly. "(PW, 39 years old)

"... keep it clean, eat nutritious food and get enough breast milk " (EL, 22 years old) (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. 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 and develop 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 the mother who was about to give birth, the informant gave the answer that of course the preparation of tools, for example masks, hanskund, birth attendant (midwife) 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 (IMD) 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 that need to exist for the implementation of a behavior. The facilities available should be of adequate quantity and type and always ready to use. To take action, complete facilities must be supported and must have been prepared beforehand.

When researchers asked informants about what the mother 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 EIB is carried out, the baby continues to be cared for, another informant added that it is weighed, given injections like babies in general.

In implementing early breastfeeding initiation, they first look at the baby's condition, whether it can be done or not. Furthermore, when the researcher asked the informant that after carrying out EIB 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 breast-feeding 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 giving birth.

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, research conducted showed 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 continue their duties. Babies can find their own mother's breasts. 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 can grow healthily, the informant answered as follows, giving exclusive breast milk to the baby, the mother eating lots of nutritious food such as vegetables, nuts, katuk leaves, giving vitosin, oh yes, how to breastfeed the mother It is important to know that breast milk flows smoothly and is kept clean, eat nutritious food and get enough breast milk.

Afifah explained her research that an imperfect breastfeeding position, ineffective attachment, will affect the process of expressing breast milk, nipples will become sore, breast milk will not come out smoothly, which will cause 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, in addition to 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 to see whether it can be 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 and develop well.

CHAPTER 5

Motivation Implementation of IEB

Motivation originate from language latin which means to move. By general refers to existence force, a moving impulse we for behave certain. Therefore that, deep learn 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 somebody.

Motivation is something stimulant desire (want) and power mover will 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), award (recognition), challenge, responsibility, development, involvement and opportunity.

According to Siswanto (2007) theory motivation can differentiated become two group that is :

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

Problems that are often found in the field ie not yet all officer paramedic given ordered and given enough information to recommend 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 correct, the benefits of exclusive breastfeeding, and good and appropriate 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 result including in give service health to public. When researchers ask to informant about what to expect in giving service, below answer informant:

"... We anyway hope that Mother follow what was said ..."

(EL, 22 years old)

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

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

"... Satisfied, the feeling relieved Because can help Mother gave birth ..." (SC, 26 years) (interview deep)

Furthermore when researcher ask to informant that How criteria become midwife exemplary and what own desire For get award 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 years old)

"... disciplined, skilled, good his devotion, has knowledge as well as experience, if given charter have you ever ..." (RK, 53 years old) (interview deep)

In operate his task they try as good as maybe, it works sincere in help society, will but if given appreciation they are also happy, next when researcher ask to informant about step What is being done for devotion to nation and state, informant give same answer like stated namely :

"... We work with as good as perhaps, appropriate with work , try help with OK ... " (PW, 39 years old)

"... I work in accordance standard service midwifery, sincerity, character and honesty .. (JH, 40 years old) (interview deep)

For know more in about role midwife in EIB then researcher ask about how form promotion health provided to public about initiation breastfeeding early, then the informant answered :

"... In effort promotion health to our community explains if Want to give birth to should go to the officer health ma'am, so can helped his son with congratulations, EIB is welcome, you know too they .. " (MR, 31 years old)

"... Yeah for promotion health we as midwife always recommend to moms so always diligent come check it out her pregnancy, because with thereby easy monitored health fetus (RK, 53 years old) (interview deep)

Based on analysis from answer informant can interpreted that informant try give good service to public. 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 giving award fully no become precondition in give help will but they work as good as possible in give quality service.

In operate duties and responsibilities answer need something sacrifice to good result including in give service

health to public. When researchers ask to informant about what to expect in giving service, below answer informant, us anyway hope that mother follow what is delivered and the best service we can do, sincerely in work, no There is burden.

Informant try carry out his task in accordance with the code of ethics Indonesian midwives about obligation midwife to clients and society that every midwife always uphold high, appreciate, and practice oath his position in carry out task the proceedings.

When the informant asked about is obtain satisfaction in help public as well as how his feelings. Following answer informant as following, satisfied, feeling relieved because can help mother give birth to. Feeling satisfied no can be measured in form material obtained because heart that feels happiness can help others to finish the problem, as expressed informant that see they smile happy so we feel happy.

Furthermore when researcher ask to informant that how criteria become midwife exemplary and what own desire for get award from government, then the informant answered from results interview deep as following if for become midwife example naturally have a diploma, work not enough more than 10 years, not yet once can appreciation. Another informant

stated: that disciplined, skilled, good his devotion, has knowledge as well as experience, if given charter once.

In operate his task they try as good as maybe, it works sincere in help society, will but if given appreciation they are also happy, next when researcher ask to informant about step what is being done for devotion to nation and state, informant give same answer through interview deep ie we work with as good as perhaps, appropriate with work, try help with OK, works in accordance standard service midwifery, sincerity, character and honesty.

Based on analysis from answer informant can interpreted that informant try give good service to public. They work with full not quite enough answer, give award fully no become precondition in give help, them work as good as possible in give quality service.

CHAPTER 6

Midwife As IEB pioneer

A. Understanding Midwife

Midwife is someone who has complete an educational program midwives recognized by the state as well obtain qualified and awarded permission for operate practice midwifery. A midwife must give supervision care, and provide advice needed to woman during pregnancy, childbirth and post childbirth (post partum period) leads labor on not quite enough he answered Alone as well as care for babies new birth and children (Christine, 2006).

B. Task Midwife

Midwife acknowledged as responsible professional staff responsible and accountable, who works as partner Woman For give support, care and advice during pregnancy, labor and the postpartum period, leading labor on not quite enough answer yourself and give care to baby new birth, 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 carry out action emergency.

Midwife have task important in counseling and education health, not only to women, but also to family and community. Activity this must cover antenatal education and preparation become parents as well as can extend to health women, health sexual or health reproduction and care child.

Task main midwife that is build role as well as public through coaching posyandu and coaching health others, besides service members go straight to the posyandu and get help home births, also accepted reference problem health for given service necessary or referred more carry on in a way rational to public health center or facilities service more health good

C. Function Midwife

1. Do care midwifery for mother pregnant.
2. Do help labor.
3. Do help on mother postpartum.
4. Do maintenance on baby Which new born.
5. Do service health on child toddler and preschool
6. Give service KB.
7. Give guidance and service to disturbance system reproduction.
8. Give counseling on individual, family and public.

CHAPTER 7

Midwife As IEB Contributor

Authority interpreted as right for Reign or arrange. Power refers to ability for influence other people, meanwhile authority refers to right for do power the. Based on interview deep with informant about is mother give information to mother pregnant during inspection pregnancy, obtained answer like usually for example education, cleanliness breast milk, giving immunization, if I 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, this caused because not even an informant yet fully consider matter important for be delivered to mother pregnant, they give information and guidance in general course, even according to informant from mother pregnant at the time inspection usually direct just checked condition her pregnancy.

In accordance with the researcher's observations do found that patient at the time enter in the poly content direct done ultrasound examination for know condition her pregnancy

and after that direct given recipe medicine / vitamins if its content in normal conditions will be but if there is problematic patient the fetus new be delivered about efforts for guard its content. This matter also because incoming patients do inspection enough a lot of people, so available time no enough for explain in a way comprehensive.

Furthermore when other informants asked form services provided to mother pregnant as well as implementation, answer anamnesis informant, examination physical, advice, examination his heart as well as circumstances the baby is healthy or there is problem and adjusted with care normal delivery or abbreviated as APN which has set in standard national.

In give service to public especially mother pregnant, informant try as good as possible in carry out his task because must in accordance with SOP (Standard Operational Procedure) because already become experience for informant as well as not quite enough the answer he developed as power health so that they more know step what just have to did it in help impending birth come.

About form assistance provided at the time childbirth, informant said that patient prepared, then given motivation, if there is family given the information, do it normal and led birth

until postpartum. From the answer informant technique about how mother will give birth to already mastered in handling them fully ready in help labor including equipment and assistance to patient / mother who will give birth to.

Next when informant asked about importance initiation breastfeeding early, informant answer that baby protected from disease, breast milk is also fast out and good because contain antibody beside 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 EIB 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, left look for his 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 EIB for 1 hour, likewise with another midwife answered cut rope center, then cleaned anyway except hands, skin to skin use hat, half until an hour silenced for look for mother 's nipples.

In general steps EIB implementation is known informant, however based on observation not yet fully done in accordance

stages in a way systematic, this can seen from diversity answer informant, information especially initiation breastfeeding early still need improved because they consider that that knowledge this already common in society, will but Still required accompaniment to mother get pregnant so they more understand in a way complete to maintain her pregnancy until labor. And the important thing is involve member family especially husband for increase trust self mom, you can too help stimulate out hormone oxytocin so that mother more relaxing and stimulating milk production from breast.

From the results discussion can analyzed that in authority midwife already walk some, however not yet fully held from whole 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 workers and organizers facility mandatory health services carry out initiation breastfeeding early to new baby born to his mother was the shortest for 1 (one) hour". Naturally 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 subdistrict West Aceh

Regency obtained results that implementation of EIB 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 as well family attending support implementation of EIB. With implementation of EIB effectively appropriate can motivating mother and baby for subsequent breastfeeding.

CHAPTER 8

The Role of the Midwife in exclusive breastfeeding

Succeed or not breastfeeding early on the spot service mother maternity, Hospital very depends on the officer health that is nurse, midwife or doctor because they were the first ones will help mother giving birth do Initiation Early Breastfeeding.

Officer health in the room giving birth must understand good and correct management of IEB and lactation, officer health the expected always have positive attitude regarding IEB and exclusive breastfeeding. They expected can understand, appreciate and want carry it out. No matter how narrow the officer's time health that, is expected Still can to spare time. For motivating and helpful mother finished giving birth for implement IEB and exclusive breastfeeding. Readiness officer health including midwife in the lactation program is key success.

Role midwife in make IEB and exclusive breastfeeding a success No free from authority midwife in give services for mothers and children as listed in Minister of Health Decree no 900/Menkes/SK/2002 Chapter V Article 18, namely increase maintenance and use of breast milk. Beside that with inform

about breast milk every woman pregnant as well as help mother start breastfeeding in the first hour after born. To use support success Initiation early breastfeeding and exclusive breastfeeding, WHO recommends to all over power health to do breast milk contact or deep breast milk meeting effort socialization of the program and every time it is carried out 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 time of the second Ante Natal Care (ANC) / visit secondly at the maternal and Child Health Clinic.
- c. Do Initiation Early Breastfeeding (IEB) by a midwife / doctor helper birth in the room 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 during control First day 7th.
- f. Socialization of breast milk during control second day to 36.
- g. Socialization of breast milk during immunization.

CHAPTER 9

Care Midwifery

No Register 060

Enter Date/Time : 03 September 2022, 16.30 wita

Date Assessment : 03 September 2022, 16.50 WIT

A. COLLECTION DATA BASE

a. Data Subjective

Biodata	WIFE	HUSBAND
Name	: Mrs. I	Mr. P
Age	: 28 years	33 years old
Marry / Long time	: 1x / \pm 4 years	1x / \pm 4 year
Ethnic group	: Buginese	Makassar
Religion	: Islam	Islam
Education	: elementary school	elementary school
Work	: IRT	Laborer Daily
Address	: Bontokamase	

1) Anamnesis

a. Complaint Main

1. Mother feel heavy body increase moment using birth control injection 3 month.
2. Mother feel worried moment increase heavy body.

2) History Obstetrics

P1 A0

Child first, year 2016, JK man, BBL 3200 gr, helped by midwife, circumstances normal postpartum.

3) History Menstruation

- a. Menarche : 14 year
- b. Long : 5 day
- c. Cycle : 28 day
- d. Regularly : Yes
- e. Characteristic Blood: Dilute
- f. Smell : Fresh

4) History Wedding

- a. Status wedding : Marry
- b. Long Marry : \pm 4 years

5) History Contraception

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

6) History Health

1. History Health Which So

- a. Mother no there is history operation and hospitalization.
- b. Mother no once drinks alcoholic and smoke.

2. History Health Now

Mom doesn't suffer disease heart, hypertension, asthma, malaria, and DM.

3. History Health Family

In family no there is disease infectious, decrease, and chronic.

7) Pattern Need Daily

1) Nutrition

a. Eat

- Before 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

- Before Use KB

Frequency : Fair

Type : Water

Portions : 6-7 glass per day

- After Use KB

Frequency : Fair

Type : Water

Portions : 9-10 glass per day

2) Elimination

a. CHAPTER

- Before Use

KB Frequency : 1 time a day

Yellow

Consistency : Soft

- After Use

KB Frequency : 2 times a day

Yellow

Consistency : Soft

b. BAK

- Before Use

KB 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

- Before Use

KB Long : \pm 1-3 hours

- After Use

KB Long : \pm 2-4 hours

b. Sleep Evening

- Before Use

KB Long : \pm 7-8 hours

- After Use

KB Duration : \pm 7-8 hours

4) Activities : Cook.

5) Pattern breast-feed : breast milk exclusive.

6) Personal Hygiene :

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.

8) Data Biopsychosocial Spiritual & Economy

a) Mother and family know and understand about profit and loss contraception which will used.

b) Taking decision by husband.

c) Mother religious islam.

d) Mother stay together family.

b. Data Objective

1) Inspection General

Circumstances General : OK

Awareness : Composmentis

TB : 160 cm

BB before 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

2) Inspection Physique

a. Head

Inspection : Clean, hair straight, no fall out.
Palpation : No there is lump and no there is painful press.

b. Face

Inspection : Not pale, nothing cloasma and looksworried.
Palpation : No there is edema and no there is painful press.

c. Eye

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

d. Nose

Inspection : Clean, no there is polyps, no there is secrets.
Palpation : No there is painful press.

e. Mouth

Inspection : Clean, lips no chapped, tongue clean, and no there is 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 enlargement gland thyroid, gland lymph, jugular vein, and no there is painful press.

h. Axilla

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, putting milk stand out, hyperpymentation on the areolamammae, and no there is mass.

Palpation : No there is painful press.

k. Abdomen

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 edema, no there is varicose veins.

m. Extremities

Inspection : Symmetrical left and right and no there is varices.

Palpation : No there is edema.

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

B. IDENTIFICATION DIAGNOSIS / PROBLEM ACTUAL

❖ **Diagnosis Midwifery**

Mrs. I KB inject 3 month with bodyweight increase.

❖ **Data Subjective:**

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

❖ **Data Objective:**

– Signs _ Vitals:

TD = 120/90 mmHg

S = 36.5 °C

N = 80x/ minute

P = 20x/ minute

BB before birth control : 50 kg

BB now : 70 kg

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

❖ **Analysis and Interpretation Data**

3 month injection contraceptive contains the hormone progesterone causing lust eat increase and decrease activity physique as a result usage injection can cause heavy body increase (Koes Irianto 2012).

❖ **Problem:**

1. Problem Worry

Data subjective:

- Mother feels worried with increase heavy body Which Now.

Data objective:

- Expression face Mother looks worried.

❖ **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 POTENTIAL

Problem potential : Anticipation happen obesity

Data Subjective :

- Mother complained experience increase weight

Data Objective :

- TTV :

TD : 120/90 mmHg

N : 80 x/ minute

S : 36.5°C

P : 20 x/ minute

BB before KB : 50 kg

Current weight : 70 kg
Analysis And Data interpretation

1. Obesity is excess fat in body, which generally hoarded in network subcutaneous (bottom skin), around body organs and sometimes happen expansion to in network the organ (Misnadierly, 2012).
2. Mass index 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 body III : BMI/BMI more from 40 (Webster, 2016)

D. NECESSARY ACTION QUICK / COLLABORATION

No There is data Which support

E. PLAN CARE WHICH COMPLETE

Diagnosis : One Mother use KB inject 3 month with heavy body increases

Plan Objective :

- Ascension heavy body resolved

Worry resolved

Plan

- Criteria :

TTV in normal limits

BP = 100-120 mmHg Systole and 70-90 mmHg

Diastole

S = 36.5°C - 37.5 °C

N = 80 - 90x/ minute

P = 18-24x/ minute

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

Date September 03 2022 at : 16.56 WIT

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

Rationale : So mother and family know results the inspection

2. Give know information about effect side KB injection 3 month

Rational : So that mother understand about effect next to injectable birth control 3 month .

3. Advise Mother for dieting low calories

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

4. Advise on mother for exercising regular

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

5. Help mother for determine tool non-hormonal contraception suitable for him.

Rational : so that mother can determined which choice is right 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 situation ;

- TTV :
 - a. BP : 120/90 mmHg
 - b. N : 80 x/ minute
 - c. P : 20 x/ minute
 - d. S : 36.5°C
 - e. BB Now : 70 kg

2. Give know information about effect side KB inject 3 months ;

- a. Disturbance cycle period
- b. Emergence pimple
- c. Dizzy and sick head
- d. Heavy body increase
- e. Vaginal discharge

3. Advise Mother For diet low calories

Results : Mother understand and be willing Consume enough minerals inside a day (8-9 glasses a day) and don't too consume carbohydrates (minus rice And side dish side dishes in copy 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. Help mother for determine tool contraception suitable non-hormonal for him.

Results : Mother understand and will talk about moreover formerly to husband

G. EVALUATION RESULTS CARE MIDWIFERY

Date 03 September 2022, 17.00 Wita

- 1) Mother in circumstances good, in mark with :

TTV :

TD : 120/90 mmHg

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 like 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 on Mrs. I KB injection 3 month with heavy body increase in midwife practice independent Nur Ekawati Date 03 September 2022

Date 03 September 2022, 17.05 WIT

H. DATA SUBJECTIVE (S)

1. Mother aged 28 year
2. Mother ber -KB inject 3 months
3. Mother experience increase heavy body

I. DATA OBJECTIVE (O)

1. Circumstances general mother good
2. Awareness compositometric
3. TTV: TD : 120/90 mmHg
N : 80 x/ minute
S : 36.5 °C
P : 20 x/ min
4. BB : 70 kg.

J. ASSEASMENT (A)

Mrs. I KB inject 3 month with BB increase

K. PLANNING (IMPLEMENTATION AND EVALUATION)

Date 03 September 2022, at 17.20 WIT

1. Tell to mother and family about results inspection
Andthe situation ;
TTV :
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. Dizzy 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 side dishes portion 1 plate, 2 times in a day).
4. Recommend to mother for exercising regular; mother understand with recommendation which in give and mother willing do sport for example walk and jogging.

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