



Literature Review: Factors affecting the implementation of early initiation of breastfeeding (EIBF) in maternity and breastfeeding mothers

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ABSTRAK

Latar Belakang: Inisiasi menyusui dini (IMD) yaitu proses kontak langsung antara kulit ibu dengan bayi dalam waktu satu jam pertama pasca persalinan. IMD berpengaruh terhadap kesejahteraan dan kelangsungan hidup pada bayi baru lahir. Pelaksanaan inisiasi menyusui dini secara global menurut WHO sebesar 42% dan rendahnya pelaksanaan IMD dipengaruhi oleh beberapa faktor.

Tujuan: Mengidentifikasi faktor yang mempengaruhi pelaksanaan IMD pada ibu bersalin dan menyusui berdasarkan studi empiris dalam lima tahun terakhir.

Metode: Metode penelitian dalam penelitian ini adalah literature review dengan jenis narrative literature review dengan menggunakan alur bagan untuk menentukan screening studi yang disesuaikan dengan tujuan penelitian. Pencarian sumber referensi literature dilakukan pada bulan Agustus tahun 2021 hingga bulan Maret tahun 2022 dengan data sekunder. Sumber referensi penelitian berupa 31 artikel internasional menggunakan 3 database yaitu PubMed, Scencedirect, dan Springer.

Hasil: Hasil penelitian menunjukkan bahwa pengetahuan ibu dapat dipengaruhi oleh ketersediaan informasi IMD, dan tingkat pendidikan ibu. Paritas memberikan pengaruh terhadap IMD, karena berkaitan dengan pengalaman menyusui pada ibu. Pada persalinan caesar dipengaruhi faktor pasca persalinan seperti nyeri sayatan operasi caesar, efek anestesi, dan persepsi ibu terkait produksi ASI, sedangkan pada persalinan normal terdapat kondisi kesehatan ibu yang dapat berpengaruh terhadap pelaksanaan IMD. Dukungan sosial (suami, keluarga, dan tenaga kesehatan) dapat mendorong kepercayaan ibu dalam pelaksanaan IMD.

Kesimpulan: Pelaksanaan IMD pada ibu bersalin dan menyusui terdapat beberapa faktor yang dapat mempengaruhi dan berkaitan dengan pengetahuan ibu, paritas, jenis persalinan, dukungan sosial, serta pelayanan kesehatan terhadap keberhasilan IMD.

KATA KUNCI: inisiasi menyusui dini; ibu bersalin; menyusui

ABSTRACT

Background: Early initiation of breastfeeding (EIBF) is the process of direct skin contact between the mother and the baby within the first hour after delivery. EIBF affects the welfare and survival of newborns. Implementation of early breastfeeding initiation globally according to WHO is 42% and the low implementation of EIBF is influenced by several factors.

Objectives: To identify factors that influence the implementation of EIBF in mothers who give birth and breastfeed based on empirical studies in the last five years.

Methods: The research method in this study was a literature review with the type of narrative literature review by using flowcharts to determine screening studies that were adjusted to the research objectives. A search for literature reference sources was carried

out from August 2021 to March 2022 with secondary data. Research reference sources are 31 international articles using 3 databases, namely PubMed, Sciondirect, and Springer.

Results: The results of the study show that the mother's knowledge can be influenced by the availability of EIBF information, and the level of education of the mother. Parity has an influence on EIBF, because it is related to the mother's experience of breastfeeding. In caesarean delivery, it is influenced by post-delivery factors such as caesarean incision pain, the effect of anesthesia, and the mother's perception of milk production, whereas in normal delivery there are conditions of the mother's health that can affect the implementation of EIBF. Social support (husband, family and health workers) can encourage mother's confidence in the implementation of EIBF.

Conclusions: There are several factors that influence and relate to the mother's knowledge, parity, type of delivery, social support, and health services on the success of EIBF in the implementation of EIBF in labor and breastfeeding mothers.

KEYWORD: early initiation of breastfeeding; maternity; breastfeeding mothers

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INTRODUCTION

Early initiation of breastfeeding (EIBF) is the process of placing a newborn baby on the mother's chest so that she can breastfeed immediately within the first hour after delivery. Early breastfeeding can increase the bond between mother and baby, and encourage consistent breastfeeding. Early initiation of breastfeeding has been shown to increase the success and sustainability of exclusive breastfeeding(1).

EIBF has been carried out globally in various countries with a percentage of 42% (2). In 2017 approximately 78 million newborns experienced delayed EIBF for more than the first hour of birth, and the majority occurred in low- and middle-income countries (2). *World Health Organization* (WHO) and UNICEF are targeting 70% of newborns to initiate early breastfeeding by 2030(3).

Implementation of EIBF for more than 1 (one) first hour of birth has a negative impact, especially on the health of the baby. EIBF at 2-

23 hours after birth increased the risk of death by 33% in the newborn, and the risk was increased twice as high for EIBF performed one day after birth (2). EIBF for more than 1 hour of birth can increase the risk of neonatal morbidity and mortality at the age of 0-28 days (4). In another study in Tanzania as many as more than 4,000 infants experienced delayed EIBF, with almost 50% increased risk of respiratory distress in the first six months of life (5).

Early initiation of breastfeeding is the first step in the sustainability of exclusive breastfeeding. Mothers' knowledge, breastfeeding experience, type of delivery, and family support and support from health workers influence exclusive breastfeeding (6). There are enabling factors that can affect the implementation of EIBF, namely the form of the physical environment which includes health services(7).

Knowledge is the main obstacle to

implementing early breastfeeding (8). Research in India shows that the mother's lack of knowledge about EIBF has a very strong influence on the delay in EIBF (9). Research in the Kilimanjaro region, Tanzania found that parity affected EIBF that the prevalence in mothers who gave birth to two children was higher than in those who gave birth once or were primiparous (10). Parity is considered to be a major factor in good mother-infant interactions for infant development (11). The implementation of EIBF based on the type of delivery has a different effect between the type of cesarean delivery and normal delivery, that delivery by cesarean section is the main factor in inhibiting the practice of EIBF (12). Delivery by caesarean section is a very strong possibility of reducing EIBF in newborns, due to the recovery time needed by the mother to recover from the effects of anesthesia (13). Implementation of early breastfeeding in normal delivery has been carried out quite well in the delivery room, but caesarean deliveries cannot be carried out because there is no Standard Operating Procedure (SOP) for mothers with caesarean deliveries or sectio caesaria (14). The husband's support is the main source of support that provides benefits to maternity and breastfeeding mothers (15). Health workers are the main factor in the success of EIBF in the right breastfeeding position after delivery (16). Family support is a factor that plays an important role in the practice of early initiation of breastfeeding (17). Family support is the main factor that influences a person's behavior (18). Health services are influenced by the availability of health workers, such as midwives and nurses who play an important role in health services by facilitating mothers to implement EIBF (19).

Implementation of EIBF in mothers giving birth and breastfeeding in this study were mothers who gave birth to their babies who then carried out early breastfeeding to improve the future of breastfeeding for babies, because there were things that allowed mothers not to carry out EIBF processes and continue exclusive breastfeeding, such as sore nipples and complaints others that can be overcome with knowledge related to ASI and breastfeeding (20). Therefore, mothers who give birth and breastfeed need the support of knowledge obtained from their husbands, family and health workers, as well as the existence of health services that facilitate mothers in the success of EIBF at the beginning of breastfeeding. The low implementation of EIBF is influenced by several factors that influence it. Previous studies have discussed the factors that influence the implementation of EIBF in various literature, so that in this literature study the researcher will describe five factors that are top priorities in influencing the implementation of Early Breastfeeding Initiation (EIBF) in mothers giving birth and breastfeeding with the literature review method.

MATERIALS AND METHODS

This study uses a literature review research design or a literature study. The literature review activity in this study consisted of collecting data, information, and facts regarding the factors that influence the implementation of Early Breastfeeding Initiation (EIBF) in maternity and breastfeeding mothers. The search for literature reference sources was carried out from August 2021 to March 2022 with secondary data using 3 databases, namely

PubMed, Sciencedirect, and Springer. Secondary data sources in the form of journal articles of international repute with the theme of implementing factors for early initiation of breastfeeding (EIBF).

Search for articles or journals using the following keywords: knowledge AND early initiation of breastfeeding, parity AND early initiation of breastfeeding, breastfeeding experience AND early initiation of breastfeeding, social support AND early initiation of breastfeeding, type of delivery AND early initiation of breastfeeding, health services AND early initiation of breastfeeding, providers AND early initiation of breastfeeding, midwives AND early initiation of breastfeeding, early initiation of breastfeeding AND maternity mothers AND breastfeeding mothers.

The inclusion criteria used in this study were articles with provisions discussing maternity and breastfeeding mothers, midwives or nurses. An article discusses the factors of implementing early initiation of breastfeeding (EIBF) which includes factors of mother's knowledge, parity or breastfeeding experience, type of delivery, social support, and health services. Articles with a cohort, cross-sectional, qualitative, and mixed method research designs, as well as in addition to literature research with publications after 2017 and articles in English.

Article searches conducted through three databases found 596 articles from PubMed, 835 articles from Springer, and 493 articles from Science Direct. Assessment of study quality with critical appraisal checklist indicators with an average score of more than 50% at the last screening, 31 articles met the requirements.

RESULTS AND DISCUSSION

RESULTS

The selection of articles begins with searching using keywords in the three databases used, then checking duplicate articles and finding titles that match the keywords, then checking articles based on title, abstract, and full text to meet the eligibility criteria. Furthermore, the feasibility of the articles was tested using Critical Appraisal, so 31 articles were obtained that met the criteria and were feasible based on an assessment of the quality of the study. The population and sample of research articles used as data were also identified. Data measurement tools in the form of questionnaires or interview questions used in the selected articles were also identified. The articles used in this study were coded with serial numbers according to the order of the year of publication of the articles.

DISCUSSION

Based on **Table 1** there is early initiation of breastfeeding affects the welfare and survival of newborns (21). The level of delay and the scope of implementation of EIBF varies in different countries, so it is important to know the factors of implementing EIBF in an effort to improve the welfare of mothers and babies in the successful implementation of early breastfeeding. Identifying factors that influence the implementation of EIBF in maternity and breastfeeding mothers using five factors such as maternal knowledge, parity, type of delivery, social support, and health services which are the main priorities in influencing the implementation of early initiation of breastfeeding in maternity and breastfeeding mothers(6,7).

Table 1. Tabulation of study characteristics

Writer's name Year	Research Title	Type Study	Data collection
Elif Yilmaz, Fatma Doga Ocall, Zehra Vural Yilmaz, Meryem Ceyhan, Osman Fadil Kara, Tuncay Kucukozkan (2017)	<i>Early initiation and exclusive breastfeeding: Factors influencing the attitudes of mothers who gave birth in a baby-friendly hospital</i>	Cross sectional	Data collection was carried out using a questionnaire
Sara N. Kiani, Katherine M. Rich, Darby Herkert, Cara Safon, Rafael Perez-Escamilla (2017)	<i>delivery mode and breastfeeding outcomes among new mothers in Nicaragua</i>	Cross sectional	Closed survey with verbal informed consent conducted in person at 3 primary health centers in Leon, Nicaragua
Wasim Khasawneh, Ayat Abdelrahman Khasawneh (2017)	<i>predictors and barriers to breastfeeding in north of Jordan: could we do better?</i>	Cross sectional	Collection by structured questionnaire survey
Fira S. Azzeh, Awfa Y. AlazzeH, Haifa H. Hijazi, Haneen Y. Wazzan, Monya T. Jawharji, Abdelelah S. Jazar, Amira M. Filimban, Ali S. Alshamrani, Mai S. Labani, Taghreed A. Hasanain, Ahmad A. Obeidat (2018)	<i>Factors Associated with Not Breastfeeding and Delaying the Early Initiation of Breastfeeding in Mecca Region, Saudi Arabia</i>	Cross-sectional	Closed pre-test questionnaire with 3 variables
Halima Khatun, Carly A Comin, Rajesh Shah, M. Munirul Islam, Nuzhat Choudhury, Tahmeed Ahmad (2018)	<i>Uncovering the barriers to exclusive breastfeeding for mothers living in Dhaka's slums: a mixed method study</i>	Mix method	Semi-structured interviews, and in-depth interviews
Mahat Jimale Mohamed, Sophie Ochola, Victor O. Owin (2018)	<i>comparison pf knowledge, attitudes and practices on exclusive breastfeeding between primiparous and multiparous mothers attending Wajir District hospital, Wajir country, Kenya</i>	Cross sectional	Structured questionnaire with closed and open questions
Meseret Ekubay, Aster Berhe, Engida Yisma (2018)	<i>initiation of breastfeeding within one hour of birth among mothers with infants younger than or equal to 6 months of age attending public health institutions in Addis Ababa, Ethiopia</i>	Cross sectional	Data collection is done by using a questionnaire
Melina Mgongo, Tamara H. Husein, Babill Stray-Pedersen, Siri Vangen, Sia E. Msuya, Margareta Wandel (2018)	<i>"We give water or porridge, but we don't really know what the child wants" a qualitative study on women's perceptions and practices regarding exclusive breastfeeding in Kilimanjaro region, Tanzania</i>	Qualitative	Focuss Group Discussion (FGD)

Writer's name Year	Research Title	Type Study	Data collection
Valerie J Flaherman, Shannon Chan, Riya Desai, Fransisca Handy Agung, Hendri Hartati, Fitra Yelda (2018)	<i>Barriers to exclusive breast-feeding in Indonesian hospitals: a qualitative study of early infant feeding practices.</i>	Qualitative	Semi-structured interview
Anamaria Cozma-Petru, Ioana Badiu-Tisa, Oana Stanciu, Loena Filip, Roxana Banc, Laura Gavrilas, Daniela Ciobarca, Simona Codruta Heghes, Doina Miere (2019)	<i>determinants of early initiation of breastfeeding among mothers of children aged less than 24 months in Northwestern Romania</i>	Cross sectional	Data collection was carried out using a structured questionnaire
Bereket Molla Abie, Yitayal Ayalew Goshu (2019)	<i>Early initiation of breastfeeding and colostrum feeding among mothers of children aged less than 24 months in Debre Tabor, northwest Ethiopia: a cross sectional study</i>	Cross sectional	Data collection was carried out using a questionnaire
Hawa Abdu, Measho Gebrselassie, Muhammad Abdu, Urmale Mare Kiss, Woldemichael Tadesse, Misgan Legesse Liben (2019)	<i>Knowledge and practice of immediate newborn care among midwives and nurses in public health facilities of Afar regional state, Northeast Ethiopia</i>	Cross-sectional institution based	Questionnaire and observation checklist
Nawal Abdulghani, Kristina Edvardsson, Lisa H. Amir (2019)	<i>Health care providers' perception of facilitators and barriers for the practice of skin-to-skin contact in Saudi Arabia: A qualitative study</i>	Descriptive qualitative	Semi-structured interviews with HCPs in each hospital from June to September 2017
Jia Li, Tuan T. Nguyen, Xiaobei Wang, Roger Mathisen, Jin Fang (2020)	<i>Breastfeeding practices and associated factors at the individual, family, health facility and environmental levels in China</i>	Cross sectional	Data collection was carried out using a questionnaire
Sandra Wagner, Claire Kersuzan, Severine Gojard, Christine Tichit, Sophie Nicklaus, Xavier Thierry, Marie Aline Charles, Sandrine Lioret, Blandine Lauzon-Guillain (2019)	<i>Breastfeeding initiation and duration in France: the importance of intergenerational and previous maternal breastfeeding experience results from the nationwide ELFE study</i>	Cohort	Data collection is done by interview using a questionnaire
Senait Gebreslasie Gebremeskel, Tesfay Tsegay Gebru, Berhanu Gebrelassie Gebrehiwot, Hadush Negash Meles, Betell Berhane Tafere, Guesh Welu Gebrelassie, Fisseha Tekulu Welay, Meresa Berwo Mengesha, Desta Abraha Weldegeorges (2019)	<i>Early initiation of breastfeeding and associated factors among mothers of aged less than 12 monthss children in rural eastern zone, Tigray, Ethiopia: cross-sectional sudy</i>	Cross sectional	Data collection was carried out using questionnaires and face-to-face interviews
Tilksew Ayalew, Tilahun Tewabe, Yohannis Ayalew (2019)	<i>Timely initiation of breastfeeding among first time mothers in Bahir Dar city, North West, Ethiopia, 2016</i>	Cross sectional	Data collection using structured questionnaires and interviews

Writer's name Year	Research Title	Type Study	Data collection
Getnet Gedefaw, Martha H. Goedert, Eskaziaw Abebe, Asmamaw Demis (2020)	<i>Effect of cesarean section on initiation of breastfeeding: findings from 2016 Ethiopian Demographic and Health Survey</i>	Cross sectional	Data collection is carried out from surveys.
Juan Wen, Guiling Yu, Yan Kong, Furong Liu, Holly Wei (2020)	<i>An exploration of the breastfeeding behaviours of women after cesarean section: a qualitative study</i>	Qualitative	Face-to-face semi-structured interview
Nuket Paksoy Erbaydar, Tugrul Erbaydar (2020)	<i>Relationship between caesarean section and breastfeeding: evidence from the 2013 Turkey demographic and health survey</i>	Retrospective cohort	Data was collected by means of a survey using a structured questionnaire designed for ages 15-59 years and registered in the household
Sonia Hernandez-Cordero, Ana Lilia Lozada- Tequeanes, Ana Cecilia Fernandez-Gaxiola, Teresa Shamah- Levy, Matthias Sachse, Paula Veliz, Izchel Cosio Barroso (2020)	<i>barriers and facilitators to breastfeeding during the immediate and one month postpartum periods, among Mexican women: a mixed methods approach</i>	Mix method	Semi-structured surveys and interviews
Urooj Aqeel, Ramesh Kumar, Ukasha Ishfaq (2020)	<i>caesarian- sections and early initiation of breast-feeding practices in tertiary care hospitals of Islamabad</i>	Cross sectional	Pre-structured questionnaire
Xiao Xiao, Alice Yuen Loke, She-ning Zhu, Hong-mei Shi, Fei-wan Ngai (2020)	<i>"the sweet and the bitter": mothers' experiences of breastfeeding in the early postpartum period: a qualitative exploratory study in China</i>	Qualitative	Semi-structured, face-to-face and in-depth interviews
Ayewew Mose, Daniel Adane, Haimanot Abebe (2021)	<i>Skin-to-skin care practice and its associated factors among postpartum mothers in Gurage Zone, Southern Ethiopia: a cross-sectional study</i>	Cross sectional	Data collection using structured questionnaire
Dasheka Zukiswa Theodorah, Rala Ntombana Mc'Deline (2021)	<i>"the kind of support that matters to exclusive breastfeeding" a qualitative study</i>	Qualitative	In-depth face-to-face interviews using semi-structured interview guidelines
Dorothee van Breevoort, Francesca Tognon, Arne Beguin, Amara S. Ngegbai, Giovanni Putoto, Ankie van den Broek (2021)	<i>determinants of breastfeeding practice in Pujehun District, Southern Sierra Leone: a mixed method study</i>	Mix method	Semi-structured interviews and focus group discussions (FGD)
Erica Jane Cook, Faye Powell, Nasreen Ali, Catrin Penn-Jones, Bertha Ochieng, Gurch	<i>improving support for breastfeeding mothers: a qualitative study on the experiences of breastfeeding</i>	Qualitative	Focuss Group Discussion (FGD)

Writer's name Year	Research Title	Type Study	Data collection
Falguni Debnath, Nilanjan Mondal, Alok Kumar Deb, Debjt Chakraborty, Subhrangshu Chakraborty, Shanta Dutta (2021)	<i>Determinants of optimum exclusive breastfeeding duration in rural India: a mixed method approach using cohort and content analysis design</i>	Mix method	Open and semi- structured interviews
Laura burnham, Aishat Gambari, Paige Beliveau, Jennifer Ustianov, Margaret G.Parker, Anne Merewood (2021)	<i>Perspectives of Nurses in Mississippi on Implementation of the Baby-Friendly Hospital Initiative</i>	Descripti ve qualitativ e	Data collection by interview with focus groups for 90 minutes
Mervi Hakala, Pirjo Kaakinen, Maria Kaariainen, Risto Bloige, Satu Elo (2021)	<i>Maternity Ward Staff Perceptions of Exclusive Breastfeeding in Finnish Maternity Hospitals: A cross-sectional study</i>	Cross sectional	Data collection by questionnaire
Rakesh Kumar, Rajlaxmi Mundhara (2021)	<i>a cross-sectional study of knowledge, attitude, and practice toward breastfeeding among postnatal mothers delivering at a tertiary care center in Garhwal, India</i>	Cross sectional	Semi-structured interview

Table 2. Identification of the effects of maternity and breastfeeding mother's knowledge of EIBF

EIBF factor	Researcher, Year	Description	
Mother's Knowledge	(Azzeh <i>et al.</i> , 2018)	Mother's knowledge of EIBF is influenced by the availability of EIBF information. (Azzeh <i>et al.</i> , 2018:9)	EIBF Information
	(Mgongo <i>et al.</i> , 2018)	Lack of knowledge is caused by a lack of information obtained through counseling from health workers, this can lead to low implementation of EIBF. (Mgongo <i>et al.</i> , 2018:5)	
	(Cozma-Petrut <i>et al.</i> , 2019)	Mother's knowledge regarding skin-to-skin contact with the baby immediately after birth can be increased by the information obtained by the mother during ANC counseling visits. (Cozma-Petrut <i>et al.</i> , 2019:9).	
	(Erbaydar dan Erbaydar, 2020:4)	Mother's understanding is higher regarding the importance of implementing EIBF in newborns, if the mother's education is higher. (Erbaydar dan Erbaydar, 2020:4).	Mother's education
	(Burnham <i>et al.</i> , 2021)	Mother's knowledge is influenced by mother's education which is an important factor in the acceptance of early breastfeeding practices (Burnham <i>et al.</i> , 2021:5).	

Table 3. Identification of the effect of maternity and breastfeeding mother's parity on EIBF

EIBF factor	Researcher, Year	Description	
Parity	(Ekubay <i>et al.</i> , 2018)	Multiparous mothers have more previous breastfeeding experience, so they are more likely to carry out EIBF (Ekubay <i>et al.</i> , 2018:5).	Previous breastfeeding experience
	(Wagner <i>et al.</i> , 2019; Theodorah <i>et al.</i> , 2021) (Xiao <i>et al.</i> , 2020)	Primiparous mothers have lower breastfeeding experience than multiparous mothers (Wagner <i>et al.</i> , 2019:71; Theodorah <i>et al.</i> , 2021:5). Primipara mothers have negative breastfeeding experiences such as cracked nipple conditions, and this can cause low proportions of breastfeeding in newborns (Xiao <i>et al.</i> , 2020:6).	

Table 4. Identification of the Effect of Types of delivery of Maternity and Breastfeeding Mothers on EIBF

Type of Delivery	Researcher, Year	Description	
Caesar	(Yilmaz <i>et al.</i> , 2017; Khatun <i>et al.</i> , 2018)	After a cesarean section, there is pain in the surgical incision which can prevent the mother from making skin contact with the baby (Yilmaz <i>et al.</i> , 2017:4; Khatun <i>et al.</i> , 2018:10).	Painful
	(Wen <i>et al.</i> , 2020)	After a cesarean section, it causes pain which causes the mother to have difficulty breastfeeding and needs time to rest (Wen <i>et al.</i> , 2020:424).	
	(Aqeel <i>et al.</i> , 2020)	Post-cesarean pain is a factor in delaying EIBF (Aqeel <i>et al.</i> , 2020:2126).	
	(Cozma-Petrut <i>et al.</i> , 2019)	The effect of anesthesia on mothers with cesarean delivery affects the delay in EIBF because the mother does not have the power to make skin contact with the newborn (Cozma-Petrut <i>et al.</i> , 2019:8).	Anesthesia
	(Aqeel <i>et al.</i> , 2020)	Mothers who deliver by caesarean section are given spinal anesthesia, and this affects the implementation of EIBF (Aqeel <i>et al.</i> , 2020:2126).	
	(Khatun <i>et al.</i> , 2018; Wen <i>et al.</i> , 2020)	Mothers with cesarean deliveries have a perception that there is not enough breast milk, which causes mothers not to start breastfeeding early with their babies (Khatun <i>et al.</i> , 2018:7; Wen <i>et al.</i> , 2020:422).	Mother's perception
Vaginal	(Mgongo <i>et al.</i> , 2018)	Mothers with normal deliveries can do EIBF if the mother's health condition does not experience birth complications (Mgongo <i>et al.</i> , 2018:4).	Mother's health condition
	(Cozma-Petrut <i>et al.</i> , 2019)	Mothers who give birth by vaginal delivery with good health status allow skin-to-skin contact with the baby immediately after birth (Cozma-Petrut <i>et al.</i> , 2019:9).	

Table 5. Identification of the Effect of Social Support Mother Maternity and Breastfeeding on EIBF

EIBF factor	Researcher, Year	Description	
Husband's support	(Li <i>et al.</i> , 2020)	Husband who has knowledge related to the importance of the implementation of EIBF and giving colostrum immediately after birth can affect the implementation of the EIBF to the mother maternity (Li <i>et al.</i> , 2020:6).	Husband's knowledge
Family support	(Mgongo <i>et al.</i> , 2018)	The family of maternity mothers who obtain breastfeeding education can help mothers in the early breastfeeding process (Mgongo <i>et al.</i> , 2018:6).	Breastfeeding education
Support of health workers	(Flaherman <i>et al.</i> , 2018)	Health workers in providing newborn care, there are educational factors that can affect the knowledge of health workers. (Flaherman <i>et al.</i> , 2018:2691).	Education
	(Flaherman <i>et al.</i> , 2018)	The low training given to health workers, so as to affect the knowledge of health workers and become an obstacle to the implementation of EIBF (Flaherman <i>et al.</i> , 2018:2691).	Training
	(Hakala <i>et al.</i> , 2021)	All maternity ward staff in health service facilities that get training are the main ways to increase the scope of the implementation of EIBF (Hakala <i>et al.</i> , 2021:7).	

Table 6. Identification of the effect of maternity and breastfeeding health services on EIBF

EIBF factor	Researcher, Year	Description	
Health services	(Abdulghani <i>et al.</i> , 2019)	Midwives and nurses as health care providers experience obstacles in the practice of EIBF, because they do not know the procedures in detail in the type of caesarean and vaginal labor, and the division of clear tasks in midwives and nurses (Abdulghani <i>et al.</i> , 2019).	EIBF Procedure
	(Hakala <i>et al.</i> , 2021)	Health services provided in treatment of childbirth and newborns, are most likely influenced by BFHI policies given to all staff of the maternity ward (Hakala <i>et al.</i> , 2021:8).	BFHI (Baby Friendly Hospital Initiative) policy
	(Flaherman <i>et al.</i> , 2018)	Health services in the form of BFHI policy can increase the knowledge of health service providers such as midwives and nurses (Flaherman <i>et al.</i> , 2018:2695)	

Based on **Table 2** it was found that knowledge of maternity and breastfeeding mothers can influence on women who can start EIBF after delivery. Mother's knowledge can be influenced by the availability of EIBF

information, and the mother's education. Information obtained by maternity and breastfeeding mothers can be through leaflets, posters, and banners, as well as from health workers (14). The delay in EIBF was

caused by the mother's low knowledge due to the lack of socialization from health workers about care for newborns (22). Insufficient information regarding EIBF correctly can affect the mother's knowledge (22). The lower the level of education of the mother, the less knowledge of the mother in performing EIBF on newborns (23), so the higher the education level of the mother, the easier it is to receive information related to EIBF and the higher the knowledge possessed by the mother.

Based on **Table 3** it was found that parity is closely related to the experience of breastfeeding the mother, both what happens to the primipara mother and the multipara mother. The mother's experience begins when a newborn baby sticks to the mother's chest, then does the suction immediately after birth, and it becomes the mother's skills related to breastfeeding (24). The more children who are born, it can improve the skills of mothers in doing EIBF appropriately (25). Previous breastfeeding experiences can have a positive influence on the implementation of the EIBF that the mother has the confidence to succeed in giving breast milk to her baby (24). Negative breastfeeding experience can be caused by excessive pain experience and the mother's breast condition can hamper the mother's decision to do early breastfeeding in newborns (24). In primipara mothers with the first experience of breastfeeding, often still experiencing problems in breastfeeding. Mothers who experience good attachment during the EIBF process can avoid breast nipples experiencing pain (16).

Based on **Table 4** that the type of delivery between delivery by cesarean section and vaginal delivery (normal) has a different effect on the implementation of EIBF. In the

type of vaginal delivery, there are maternal health conditions that can affect the implementation of early breastfeeding. Babies born with vaginal delivery can make skin contact with their mother immediately after birth if the health conditions of the mother and baby are in good health, unless the mother and baby are in unhealthy conditions such as the mother has anemia and the baby is hypothermic (26). In the type of cesarean delivery, several factors can hinder the mother in implementing EIBF, namely the pain caused by the incision during the cesarean section making the mother in labor experience limited body movements, thus requiring assistance from health workers during cesarean delivery (27). Cesarean delivery influences delaying EIBF because the mother needs time to recover from the effects of anesthesia. The effect of anesthesia on the mother causes the mother to be unconscious to care for her baby in the first hour after birth and makes breastfeeding difficult (28). Mothers with cesarean deliveries often have perceptions related to lack of milk production, and this can affect mothers in implementing EIBF. The act of giving birth by cesarean section causes pain at the cesarean section (29), so it has an impact on the smooth production of breast milk where the milk production in mothers with cesarean deliveries is on average less than the milk production in mothers with vaginal deliveries.

Based on **Table 5** it was found that the active role of the husband can increase the mother's confidence to start breastfeeding early (30). The implementation of the husband's support for maternity and breastfeeding in the implementation of EIBF. The need for support from a husband who has

an understanding of the importance of EIBF and the benefits of giving colostrum. The better the husband's support given to the mother during maternity can increase the motivation of the mother to do the EIBF as soon as the baby is born (31). Family support is very much needed during maternity to support the implementation of EIBF and motivate mothers to make direct contact with babies in the first hour after birth. Family support is influenced by breastfeeding education involving the family to help encourage mothers in the practice of breastfeeding (32). The role of health workers is the key to the success of the implementation of early breastfeeding in maternity and breastfeeding mothers –(26). Health workers in providing EIBF care can be influenced by education and training factors, that high education in health workers makes the knowledge more broadly, especially in the success of early breastfeeding in mothers in maternity and breastfeeding (33). Increasing the ability of health workers in conducting eibfs on maternity mothers can be done with training (14). The training given to health workers is a form to improve the skills and knowledge of health workers on the implementation of early breastfeeding.

Based on **Table 6** it was found that health services provided by midwives or nurses on the success of the implementation of early breastfeeding are still found in several obstacles in the procedure for implementing EIBF, and breastfeeding policies that are friendly to maternal and infants, that the implementation of the EIBF has not been running optimally because there is no good division of tasks, to cause burden work on midwives and nurses in providing labor care

(34). The unavailability of a clear standard operational procedure (SOP) related to the implementation of EIBF carried out by midwives and nurses, so there are no EIBF practice procedures that explain in detail related to the division of tasks in health workers in the success of EIBF practices in maternity and breastfeeding mothers (35). Increased workload causes midwives and nurses to have a dual task, and this can hamper the implementation of EIBF (36).

Breastfeeding barriers can be overcome by the BFHI (Baby Friendly Hospital Initiative) policy. Maternal and infant policies and strategies as an effort to improve the skills of health facilities, as well as midwives or nurses need infrastructure that supports providing care to newborns (37). Maintenance of newborns with 10 steps of health services towards success of breastfeeding in Indonesia until now is not optimal, this is due to the low policies implemented in health service facilities (38). Hospital policy love for mothers and infants accompanied by a commitment from health service providers as an important factor in the success of breastfeeding after delivery (34). The implementation of maternal and infant hospitals in supporting the commitment of health service providers (39), there is a need for written policies related to the implementation of exclusive breastfeeding EIBF, and empowering ASI support groups.

CONCLUSION AND RECOMMENDATION

This literature review uses articles where the majority of the population are mother and baby pairs. Several factors that can affect the implementation of EIBF in pregnant and breastfeeding mothers include mother's knowledge, parity, type of delivery,

social support, and health services. The mother's knowledge factor is influenced by the availability of information and education of the mother, and parity is related to the experience of breastfeeding in mothers, whereas in multipara mothers have better breastfeeding experience to start breastfeeding earlier than primiparous mothers. Mothers with caesarean deliveries and vaginal deliveries have different influences on the implementation of EIBF, namely mothers with caesarean deliveries are influenced by postpartum factors such as cesarean section pain, anesthetic effects, and mother's perceptions regarding milk production, whereas in vaginal deliveries there are maternal health conditions that can affect EIBF implementation. Social support from husbands, families, and health workers can influence the implementation of EIBF, that husbands' support is influenced by the husband's knowledge of newborn information, and family support is influenced by breastfeeding education which can encourage mothers to do EIBF, while the support of health workers is influenced by factors education and skills training for health workers in the implementation of EIBF. The health services provided, especially midwives or nurses implementing EIBF, are influenced by EIBF procedures related to the division of tasks for implementing EIBF, and hospital and baby-friendly policies in facilitating mothers in successful breastfeeding.

Recommendations that can be given are mothers can expand the sources of information related to EIBF, as well as for couples and the community can motivate the mother to give birth in the implementation of the EIBF, as well as influence the confidence of the mother to make direct contact with her

baby immediately after birth. Health services are advised to be able to establish written policies related to Mother and Infant Hospitals in all health facilities collaborate between the management of the hospital and the health service providers, as well as monitor the implementation of newborn care as an evaluation material for the success of breastfeeding in maternity mothers and breast-feed. For further researchers, it is recommended to add a database used when using the Literature Review method. Subsequent researchers can also study systematically with the systematic review method and can use statistical analysis such as meta-analysis to obtain strong relationships in factors that can be related to the implementation of EIBF.

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