

Knowledge Of Pregnant Women In The Third Trimester About The Initiation Of Early Breastfeeding (Iebf)

Farida Kartini^{1,2*}, Hikmah¹

¹Faculty of Health Sciences, Universitas 'Aisyiyah Yogyakarta

²Center for Women, Family, and Disaster Studies Universitas 'Aisyiyah Yogyakarta

*Email: faridakartini@unisayogya.ac.id

Abstract

Purpose: The success of IEBF is an early signal of the success of exclusive breastfeeding. This is very important considering the low achievement of exclusive breastfeeding of 32.4%. IEBF is done as soon as the baby is born. Therefore, in order for IEBF to run well, it is necessary to have a good understanding of pregnant women about IEBF. To determine the level of knowledge of pregnant women in the third trimester about IEBF.

Methods: This research is a descriptive research. The population of this study is pregnant women in the third trimester who visit the Ngampilan Health Center, Wirobrajan Health Center, Mergangsan Health Center, Tegalrejo Health Center and Jetis Health Center. In the sampling period, namely in October 2013. Pregnant women who were willing to become research respondents at the Ngampilan Health Center were 17 pregnant women, Wirobrajan Health Center as many as 15 pregnant women, Mergangsan Health Center as many as 25 pregnant women, Tegalrejo Health Center as many as 26 pregnant women and Jetis Health Center as many as 37 pregnant women. The sampling technique is a quota sample. Thus, the number of samples in this study is 121 pregnant women in the third trimester.

Data analysis uses univariate analysis.

Results: The characteristics of the respondents showed that pregnant women were mostly at a healthy reproductive age. The most education is high school. Most mothers have already received information about IEBF. These maternal characteristics are not yet supportive at the level of maternal knowledge, because there are still many pregnant women in the third trimester who have a low level of knowledge about IEBF.

Suggestion: There needs to be research on the evaluation of the implementation of health promotion carried out by Puskesmas.

Keywords: IEBF, postpartum, knowledge, initiation, breast

Introduction

The current health development goals are directed at achieving the *Millennium Development Goals* (MDGs). In the MDGs, there are 2 goals that are closely related to midwifery, namely reducing mortality rates and improving maternal welfare. One of the efforts to achieve this goal is to provide exclusive breastfeeding. Many factors affect the success of exclusive breastfeeding, one of which is doing Early Breastfeeding Initiation (IEBF) as soon as the baby is born. IEBF is a government policy that has been

established since 2007 [6].

Nationally, the achievement of exclusive breastfeeding has only reached 32.4%. This achievement is still very far from the exclusive breastfeeding achievement target of 80%. The proportion of babies who get breast milk in the first 1 hour after birth only reaches 43.9% [12]. In the Special Region of Yogyakarta, the achievement of exclusive breastfeeding was only around 34.71% in 2010 [3].

This situation makes it a concern considering that breast milk is a baby food that is always ready to be available and almost all mothers can give it. Most of the deliveries are without problems in both the mother and the baby, so it is very possible to breastfeed immediately after birth. Most importantly, with breast milk, mothers do not need to spend money, time to prepare breast milk and the baby will get very good nutrients and immune substances and are needed by the baby for his growth and development in the future. Therefore, in the Qur'an, Surah Al-Baqarah verse 233 Allah says:

وَالْوَالِدَاتُ يُرْضِعْنَ أَوْلَادَهُنَّ حَوْلَيْنِ كَامِلَيْنِ لِمَنْ أَرَادَ أَنْ يُبَيِّمَ الرِّضَاعَةَ وَعَلَى الْمَوْلُودِ لَهُ رِزْقُهُنَّ وَكِسْوَتُهُنَّ بِالْمَعْرُوفِ لَا تُكَلَّفُ نَفْسٌ إِلَّا وُسْعَهَا لَا تُضَارَّ وَالِدَةٌ بِوَلَدِهَا وَلَا مَوْلُودٌ لَهُ بِوَالِدِهِ وَعَلَى الْوَارِثِ مِثْلُ ذَلِكَ فَإِنْ أَرَادَا فِصَالًا عَنْ تَرَاضٍ مِنْهُمَا وَتَشَاوُرٍ فَلَا جُنَاحَ عَلَيْهِمَا وَإِنْ أَرَدْتُمْ أَنْ تَسْتَرْضِعُوا أَوْلَادَكُمْ فَلَا جُنَاحَ عَلَيْكُمْ إِذَا سَلَّمْتُمْ مَا آتَيْتُم بِالْمَعْرُوفِ وَاتَّقُوا اللَّهَ وَاعْلَمُوا أَنَّ اللَّهَ بِمَا تَعْمَلُونَ بَصِيرٌ ﴿٢٣٣﴾

"Mothers should breastfeed their children for two full years, that is, for those who want to perfect breastfeeding. And the obligation of the father to feed and dress the mothers by means of ma'ruf. A person is not burdened but according to his level of ability. Let not a mother suffer misery for her child and a father for her child, and the heirs are obliged to do so. If both of them want to wean (before two years) by their own volition and consultation, then there is no sin against them. And if you want your child to be breastfed by someone else, then there is no sin for you if you give the payment you deserve. Fear Allah and know that Allah is Seeing what you are doing."

In the word of Allah, it is very clear that the best for baby food is breast milk, not formula milk, because it is clearly said that if the mother does not want to breastfeed her baby, then the baby can be breastfed to someone else instead of being given milk other than breast milk. Breast milk is milk produced by a mother after giving birth. Breast milk consists of colostrum that is released on the first day after childbirth until about day 3, transitional breast milk on days 4 to 14 and after that (day 15 onwards) permanent breast milk. Colostrum contains a lot of proteins and antibodies that are needed by babies [11]. The amount of colostrum is not as much as transitional breast milk and permanent breast milk and the time is very short so it is very good if given to the baby immediately. Therefore, the policy of immediately carrying out IEBF on newborns is very appropriate.

The absorption of colostrum by babies has an impact on the formation of the baby's body immunity properly so that it can reduce the incidence of morbidity and mortality of babies. Edmond et al. (2006) found that babies who underwent IEBF in the first hour of birth reduced the risk of neonatal death by 22%. On the other hand, if the baby at 1 o'clock of birth is not IEBF, it can increase the infant's mortality by 2-4 times. However, the implementation of IEBF requires the readiness of mothers and families of babies. This has an effect on the success of IEBF itself. Research conducted at St. Carolus Hospital in 2008 found that of the 276 babies who underwent IEBF successfully, only 75% succeeded in doing so [14].

Judging from the success rate of IEBF, it is necessary to have strong motivation and encouragement from mothers and families to do IEBF as best as possible. This motivation and encouragement will arise well if supported by good knowledge about IEBF in his mother and family. Good knowledge will greatly affect a person's behavior in action. From the results of the research conducted by Apriani (2012), it was found that there was a positive relationship between the level of knowledge and the behavior of postpartum mothers about the correct way to breastfeed.

Based on the existing phenomenon, it is necessary to research the knowledge of pregnant women, especially in the third trimester of pregnancy about IEBF. This is important considering that if the mother knows and understands what and how IEBF, the mother will be motivated and encouraged to do IEBF during childbirth. This study aims to determine the level of knowledge of pregnant women in the third trimester about IEBF. The results of this study are expected to provide input for health practitioners to prepare mothers in the third trimester to want to carry out IEBF properly.

Methods

a. Research Design

This study uses a quantitative method with a descriptive research design. This design was chosen because the researcher wanted to get an overview of the level of knowledge of pregnant women in the third trimester about IEBF.

b. Population and Sample

The population of this study is pregnant women in the third trimester who visit the Ngampilan Health Center, Wirobrajan Health Center, Mergangsan Health Center, Tegalrejo Health Center and Jetis Health Center. In the sampling period, namely in October 2013, the number of pregnant women with K4 visits (third trimester) of each health center was: Ngampilan Health Center as many as 18 pregnant women, Wirobrajan Health Center as many as 16 pregnant women, Mergangsan Health Center as many as 28 pregnant women, Tegalrejo Health Center as many as 28 pregnant women and Jetis Health Center as many as 38 pregnant women. Pregnant women who are willing to be respondents at the Ngampilan Health Center are 17 pregnant women, Wirobrajan Health Center is 15 pregnant women, Mergangsan Health Center is 25 pregnant women, Tegalrejo Health Center is 26 pregnant women and Jetis Health Center is 37 pregnant women. The sampling technique is a quota sample. Thus, the number of samples in this study is 121 pregnant women in the third trimester.

c. Operational Definition

The level of knowledge of pregnant women about Early Breastfeeding Initiation is the understanding of pregnant women about breastfeeding for the first time immediately after the baby is born who starts to breastfeed is a baby, not from the mother. Data on the level of mothers' knowledge about IEBF is known from the correct answers given by mothers based on the questionnaire given. The data scale used is ordinal with good criteria if the answer is correct >75-100%, while if the answer is correct 50-75% and less if the answer is correct 1-50% and bad if there is no correct answer.

d. Data Inference Tools and Techniques

The instrument used to collect data is a questionnaire. This questionnaire contains

questions that include the meaning of IEBF, the benefits of IEBF for mothers and babies, the time to implement IEBF and the methods/steps of IEBF. The type of instrument used in this study is a questionnaire with open-ended questions. The selection of this questionnaire is intended to obtain the most valid information possible from the respondents without giving the respondents the opportunity to answer randomly or approximately.

Data collection was carried out with the help of 7 research assistants taken from students. Before data collection is carried out, a perception equation with the research assistant is carried out. At the time of data collection, before the respondents fill out the questionnaire, they first explain and ask for their approval to become a respondent. After the respondent agrees to it, a questionnaire is given and then waited until the respondent completes the questionnaire, then the questionnaire is taken again.

e. Data Analytics

The data analysis to be used is univariate analysis, namely with percentages. This analysis will be carried out by computerization.

Results and Discussion

a. RESULTS

This research was conducted in 5 health centers consisting of 2 outpatient health centers, namely the Ngampilan Health Center and the Wirobrajan Health Center. Three inpatient health centers are the Mergangsan Health Center, Jetis Health Center and Tegalrejo Health Center. The five health centers all provide pregnancy care services/Ante Natal Care (ANC). The implementation of this service is carried out 1-2 times a week depending on the existing schedule. in each health center.

One of the activities in ANC services is Communication, Education and Information (CIE). This CIE is carried out by midwives. One of the discussions on CIE is about IEBF, especially in the third trimester. However, the CIE carried out by the Midwife in the KIA room of the Puskesmas is very limited considering that the time to serve the mother is very short even though the mother who does ANC visits is quite a lot starting from the first to the third trimester, so the midwife cannot give the CIE in depth. Therefore, the Pregnant Women Class was held. In addition, for pregnant women in the third trimester, lactation counseling is also carried out by lactation counselors, but because this activity takes time, not all pregnant women are willing to participate in this activity on the grounds that there are other activities or needs. For pregnant women who experience nutritional problems, a referral is made for nutrition consultation in the nutrition section. In this section, the CIE material provided also mentions IEBF and breast milk.

Pregnant women classes are a means to learn together about health for pregnant women, in the form of face-to-face in groups that aim to improve the knowledge and skills of mothers regarding pregnancy, pregnancy care, childbirth, postpartum care, newborn care, myths, infectious diseases and birth certificates.

The implementation of this Mother's class in each Health Center is not the same. Some are once every 1 month, once every 3 months or more depending on the program that has been prepared by the Health Center. The Mother's Class, which is held once a month, involves Independent Practice Midwives in the work area of the Puskesmas and local Health Cadres. This pregnant woman class can be followed by every pregnant

woman who is willing and willing, so there is no obligation to participate.

In this study, pregnant women who were used as respondents were those in the third trimester of pregnancy and visited to check their pregnancy at the KIA Puskesmas section. During this data collection, there were a total of 128 respondents. Seven people were not willing to be respondents, so there were 121 pregnant women in the third trimester who were willing to become respondents.

Characteristics Responden

Table 1 shows that most of the respondents are in a healthy reproductive age, which is 79.3% (96 people). The least is respondents with the age of <20 years as many as 8.3% (10 people). Most of the respondents had a high school education, which was 66.9% (81 people). The least is respondents with elementary education as much as 2.5% (3 people). The most respondents with a gestational age of 37-40 weeks were 41% (42 people). The least were respondents with a gestational age of 28-32 weeks as many as 31.4% (38 people). Most of the respondents 49.6% did not have children or this pregnancy was their first pregnancy. Most respondents had heard of IEBF, namely 96.4% (84 people). Respondents who received CIE from midwives were 39 mothers (32.3%) and from nutrition workers 12 mothers (9.9%).

Table 1. Characteristics of Respondents n= 121

Question	Frequency	%
Age:		
<20 years	10	8,3
20-34 years	96	79,3
≥ 35 years	15	12,4
Education:		
Not finishing elementary school	4	3,3
Elementary school	3	2,5
Junior high school	11	9,1
Senior high School	81	66,9
College/Universities	22	18,2
Gestational age:		
28-32 weeks	38	31,4
33-36 weeks	42	34,7
37-42 weeks	41	33,9
Number of children:		
0	60	49,6
1	44	36,4
2	13	10,7
3	3	2,5
4	1	0,8

CIE:		
Didn't get a CIE	70	57,9
CIE by Midwife	39	32,2
CIE by Health Workers	12	9,9

Table 2 shows that most of the respondents (62.8%) do not know the meaning of IEBF. This ignorance also dominated the answer to the question about when to do IEBF, which was 38.8%. Most of the respondents 92.6% did not know how long the IEBF was carried out. Most of the respondents (53.7%) had sufficient knowledge about the benefits of IEBF. The level of knowledge of respondents about IEBF is at most 48.8% in the category of poor.

Table 2. Respondents' Knowledge Level About IEBF

Question	Frequency	%
Definition of IEBF:		
Do not know	76	62,8
Enough to Know	25	20,7
Know	20	16,5
IEBF implementation time:		
Do not know	47	38,8
Enough to Know	29	24
Know	45	37,2
IEBF Implementation Period:		
Do not know	112	92,6
Enough to Know	6	5
Know	3	2,5
Benefits of IEBF:		
Do not know	51	42,1
Enough to Know	65	53,7
Know	5	4,1
Respondents' Knowledge Level About IEBF:		
Bad	36	29,8
Less	59	48,8
Keep	23	19
Good	3	2,5

Table 3. Cross-Age Tabulation with Respondents' Education Levels

Level Education Mother's Age	Not finis hing elem entar y scho ol (%)	Ele men tary sch ool (%)	Juni or high scho ol (%)	Senior high Scho ol (%)	College/U niversities (%)	Total (%)
<20 years	3 (2,5)	1 (0,8)	3 (2,5)	3 (2,5)	0 (0)	10 (8,3)
20-34 years	0 (0)	2 (1,7)	6 (5)	71 (58,7)	17 (14)	96 (79,3)
≥35 years	1 (0,8)	0 (0)	2 (1,7)	7 (5,8)	5 (4,1)	15 (12,4)
Total	4 (3,3)	3 (2,5)	11 (9,1)	81 (66,9)	22 (18,2)	121 (100)

Table 3 shows that respondents who are in the most healthy reproductive age 79.3% have a high school education level of 58.7%.

Table 4. Cross-tabulation of Puskesmas Status with CIE IEBF Status

Community Health Center Status	Status with CIE IEBF			Total (%)
	No CIE	CIE Midwife	CIE Nutritionis t	
Outpatient	13 (10,7)	14 (11,6)	5 (4,1)	32 (26,4)
Hospitalization	57 (47,1)	25 (20,7)	7 (5,8)	89 (73,6)
Total	70 (57,9)	39 (32,2)	12 (9,9)	121 (100)

Table 4 shows that pregnant women who do ANC at inpatient health centers, most of 47.1% do not get a CIE about IEBF. In outpatient health centers, most of 11.6% have received a CIE about IEBF from midwives.

Table 5. Cross-tabulation of Mother's Level of Knowledge about IEBF with Respondent's Age

Age of Pregnant Women	<20 years (%)	20-34 years (%)	≥ 35 years (%)	Total (%)
Level of Knowledge				
Bad	4 (3,3)	28 (23,1)	4 (3,3)	36 (29,7)
Less	6 (5)	49 (40,5)	4 (3,3)	59 (48,8)
keep	0 (0)	17 (14)	6 (5)	23 (19)
Good	0 (0)	2 (1,7)	1 (0,8)	3 (2,5)
Total	10 (8,3)	96 (79,3)	15 (12,4)	121 (100)

Table 5 shows that pregnant women with a healthy reproductive age of 79.3% have a level of knowledge about IEBF in the category of less than 40.5%.

Table 6. Cross-tabulation of Mother's Level of Knowledge about IEBF with Education Level

Education Level	Not finishing elementary school (%)	Elementary school (%)	Junior high school (%)	Senior high School (%)	College/ Universities (%)	Total (%)
Level of Knowledge						
Bad	2 (1,7)	1 (0,8)	5 (4,1)	24 (19,8)	4 (3,3)	36 (29,7)
Less	2 (1,7)	2 (1,7)	6 (5)	40 (33)	9 (7,4)	59 (48,8)
keep	0 (0)	0 (0)	0 (0)	14 (11,6)	9 (7,4)	23 (19)
Good	0 (0)	0 (0)	0 (0)	3 (2,5)	0 (0)	3 (2,5)
Total	4 (3,3)	3 (2,5)	11 (9)	81 (67)	22 (18,2)	121 (100)

Table 6 shows that the level of knowledge of mothers about IEBF is the highest with the category of less than 48.8%, dominated by respondents with high school education (33%).

Table 7. Cross-tabulation of Mother's Knowledge Level about IEBF with Gestational Age

Gestational Age Level of Knowledge	Age			Total (%)
	28-32 weeks (%)	33-36 weeks (%)	37-42 weeks (%)	
Bad	15 (12,4)	10 (8,3)	11 (9)	36 (29,7)
Less	14 (11,6)	25 (20,7)	20 (16,5)	59 (48,8)
Keep	7 (5,8)	7 (5,8)	9 (7,4)	23 (19)
Good	2 (1,70)	0 (0)	1 (0,8)	3 (2,5)
Total	38 (31,4)	42 (34,7)	41 (33,9)	121 (100)

Table 7 shows that the most level of knowledge of mothers about IEBF is less than 48.8%, dominated by mothers with a gestational age of 33-36 weeks.

Table 8. Cross-tabulation of Mother's Knowledge Level about IEBF with CIE Status from Health Workers

CIE status of health workers Level of Knowledge	No CIE (%)	CIE Midwife (%)	CIE Nutritionist (%)	Total (%)
	Bad	31 (25,6)	5 (4,1)	
Less	29 (24)	23 (19)	7 (5,8)	59 (48,8)
Keep	10 (8,3)	8 (6,6)	5 (4,1)	23 (19)
Good	0 (0)	3 (2,5)	0 (0)	3 (2,5)
Total	70 (57,9)	39 (32,2)	12 (9,9)	121 (100)

From table 8, it can be seen that the level of knowledge of mothers about IEBF is the most categorized as less than 48.8%, of which 24% do not get CIE.

b. Discussion

Respondents in this study were 79.3% in the age range of 20-35 years. This age is a period of healthy reproduction. The healthy reproductive period is a very good time to give birth where the possibility of risks due to pregnancy and childbirth for mothers and babies is low [1]. As many as 49.6% of the respondents of this pregnancy are the first pregnancy. In the first pregnancy, mothers generally pay more attention to pregnancy. This is also the first experience for mothers.

Judging from the level of education of the respondents, most of the respondents

have a high school education. The education of the respondent/mother is related to the level of knowledge. A person who has a high level of education is assumed to also have a high level of knowledge as well. A person who has a high level of education will easily capture and understand what is conveyed as a form of communication. Changes will not occur when the message conveyed is not understood and remembered by someone [9].

Respondents mostly 57.9% never received information about IEBF. Only 42.1% of mothers received information/CIE about IEBF. Of this number, 32.2% of mothers get CIE about IEBF from midwives. In accordance with the role and function of Midwives, one of which is as an educator, in this case educating pregnant women to know and understand about maternal and fetal health. This education is provided through CIE to mothers during visits to midwives [5].

The CIE regarding IEBF should have been obtained by the mother when examining pregnant women. Similarly, it is assumed that mothers who have their pregnancies checked at health centers, both outpatient health centers and inpatient health centers. The CIE guide on IEBF is also found in the mother's KIA book. This KIA book is a must-have for every pregnant woman.

More mothers who check their pregnancy at the Puskesmas have never received information about IEBF. The data obtained also showed that mothers who carried out pregnancy checks at outpatient health centers tended to get more CIE about IEBF than those who checked for health at inpatient health centers. This is very interesting considering that the inpatient health center should have service synergy between each unit. should be able to carry out the function as a mother who checks her pregnancy at the Outpatient Health Center. This should not happen considering the possibility that the mother will give birth at the inpatient health center has a great chance. If the mother does not understand IEBF, it is likely that she will refuse to do IEBF.

The lack of optimal CIE activities in inpatient health centers may be due to the large number (about 2 times) of the number of mothers who check their pregnancies there compared to mothers who check their pregnancies at outpatient health centers.

Actually, to overcome this, each Health Center has an activity called the Mother Class. It's just that the activity This is not so optimal because the number of pregnant women who can participate in these activities is limited considering the limited funds. Besides that, not all mothers can participate in these activities because of the possibility of being busy so they are not willing to be participants. In addition, this Mother's class activity is not routinely carried out because it depends on the program and existing funds.

When viewed as a whole, most of the respondents had received information about IEBF, but the level of knowledge of mothers/respondents was the most in the category of less. Even though a person's level of knowledge about something greatly affects their opinions/attitudes and behaviors towards it. Mother's knowledge of IEBF will greatly affect the implementation of IEBF itself. A good understanding of the IEBF from pregnant women allows the mother to do the IEBF at the time of delivery. The research of Susanti & Hartini (2007) obtained the results that the knowledge of postpartum mothers about umbilical cord care is related to their behavior in caring for the umbilical cord.

This level of lack of knowledge can be influenced, among others, by the

characteristics of the respondents. Judging from the age factor, respondents with the age of <20 years have a tendency to have a poor and lacking level of knowledge. This is possible because he has not had too much experience and a low level of education. Respondents with the age of ≥ 35 years are likely to easily forget the information they have obtained. However, the low level of knowledge about IEBF is dominated by mothers with a healthy reproductive age, namely 20-34 years old. Judging from the level of education, most of the mothers who graduated from high school and PT. In fact, the purpose of education is to change behavior [9]. How will good behavior happen if mothers do not have knowledge about it.

In mothers with a gestational age of 37-42 weeks, there are still many who have a poor level of knowledge and lack of knowledge about IEBF. This is concerning considering that mothers are waiting for birth in a matter of days or hours. If the mother does not understand IEBF, it is possible that the success of the implementation of IEBF is not optimal, which ultimately has an impact on exclusive breastfeeding. This is due to the Initiation Early Breastfeeding (IEBF) as soon as the baby is born. IEBF carried out in the first 30 minutes of the baby's birth is one of the 10 steps towards breastfeeding success based on the *Baby Friendly Hospital Initiative* in 1992 [15].

If the level of maternal knowledge is associated with CIE status, then the level of maternal knowledge is less in mothers who are CIE by midwives. It is ironic because the midwife should be able to provide the CIE well so that the mother can understand what is conveyed by the midwife to be implemented. If the understanding and memory of information is lacking, there will be no change. If the instructions are effective and the explanation is good, then it will be difficult for the mother not to follow what is conveyed [9].

The CIE given by Midwives is less effective, perhaps due to the many tasks that must be done by Midwives, while the existing Midwives are only a few, around 3-4 people. Ideally, a pregnant woman should at least get comprehensive services by a midwife taking at least half an hour. By that time, it is estimated that midwives can give CIE to mothers quite deeply. The reality that exists in the Puskesmas with so many patients when compared to the available time plus the number of Midwives is slightly reduced because there are Midwives whose outside duties increasingly make the services provided by Midwives ineffective. Consultation with Nutrition Officers is carried out only for mothers who have nutritional problems.

In addition, it is possible that the mother herself is no longer too concerned about what the midwife said. Mom is tired of waiting in line for checkups, plus maybe she has other needs after checking her pregnancy, so it seems that she is in a hurry to go home immediately.

This lack of knowledge is based on mothers' answers to questions about the definition, implementation time and duration of IEBF which most mothers answered did not know. The question of IEBF benefits is mostly quite knowledgeable. Most mothers only know what IEBF stands for, namely Early Breastfeeding Initiation and do not know the definition of IEBF itself.

The implementation of IEBF takes enough time. This needs to be known by the mother and her family so that they are ready to carry out IEBF. Without the support and readiness of mothers and families, it is likely that IEBF will not succeed properly.

The steps in IEBF are the first skin contact between mother and baby at least the

first 1 hour after birth. The baby is lying on the mother's chest and stomach with the head tilted. The position of the baby's head between the mother's breasts and under the nipples. Cover the mother and baby to prevent hypothermia. Both babies will use their instincts to do IEBF and the mother can assess her baby when it is ready to breastfeed. Wait until the baby starts crawling and searching for the nipple until he finds it and sucks it. Third, postpone all procedures to be carried out on newborns until the IEBF is completed [6]. Research conducted at St. Carolus Hospital in 2008 found that of the 276 babies who were carried out IEBF, only 75% succeeded in doing so. Of this number, 82% are babies born spontaneously [15].

The implementation of IEBF is carried out as early as 1 hour after delivery to 2 hours. Not many mothers know this. This ignorance is feared to have an impact on the mother's unpreparedness to do IEBF because perhaps the mother still feels tired due to the delivery process.

Maybe it is necessary for CIE to do this IEBF clearly and deeply and must be repeated at every subsequent meeting, it is not enough just once. Actually, you can read information about this IEBF in your KIA book. Storing long-term memories requires a more effective effort to learn through repetition and associating them with other thoughts [9].

In general, during CIE, there is not only one topic that midwives convey to mothers in a very short time, so it is likely that the information provided by midwives is not in-depth and clear. In fact, to store one piece of information in memory, it takes a break of 10-15 minutes after the information is conveyed. If other information is immediately given, the previous information will be hampered [9].

Conclusion

The characteristics of the respondents showed that most pregnant women were at a healthy reproductive age. The most education is high school. Most mothers have already received information about IEBF. These maternal characteristics are not yet supportive at the level of maternal knowledge, because there are still many pregnant women in the third trimester who have a low level of knowledge about IEBF.

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