

Factors Influencing the Success of Early Initiation of Breastfeeding (IMD) in Postpartum Mothers

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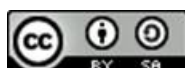
ABSTRACT

Early Initiation of Breastfeeding (IMD) is an important intervention that supports newborn survival and maternal health, especially in the first hour of life. IMD can prevent around 22% of neonatal deaths and provides benefits in the form of improving the baby's immune system through colostrum and stabilizing the baby's body temperature. In addition, IMD is also beneficial for the mother, such as accelerating uterine involution and supporting the formation of emotional bonds between mother and baby. Although the benefits are very significant, the implementation of IMD in the field still faces various challenges, such as lack of understanding of health workers, limited facilities, and policies that do not provide optimal support, especially for cesarean deliveries. In Indonesia, the low coverage of IMD reflects the gap between national health policies and their implementation in the field, with only 58.2% of babies receiving IMD. Factors that influence the success of IMD include the mother's level of knowledge, mental readiness, and support from competent health workers. This study uses a descriptive qualitative approach to describe the factors that influence the success of IMD in postpartum mothers. The results of the study are expected to provide recommendations for improving policies and practices of maternal and child health services, as well as expanding the coverage of IMD in Indonesia

Keywords: IMD Factors; Postpartum Mother; IMD Success

INTRODUCTION

Early Initiation of Breastfeeding (IMD) is a very crucial intervention in supporting the survival of newborns, especially in the first hour of life. According to the World Health Organization (WHO, 2021), the implementation of IMD can prevent around 22% of neonatal deaths if carried out optimally. Colostrum that comes out during the first breastfeeding contains immunoglobulin A and other bioactive components that play an important role in forming the baby's immune system and protecting against respiratory and digestive tract infections. In



addition, skin contact between mother and baby during IMD has also been shown to physiologically stabilize the baby's body temperature, reduce postpartum stress, and stimulate the production of the hormone oxytocin which is important in uterine contractions and breast milk release (Solehati et al., 2025).

On the other hand, IMD is not only beneficial for babies, but also has a positive impact on mothers. The early breastfeeding process helps accelerate uterine involution and reduces the risk of postpartum hemorrhage. Furthermore, the practice of IMD supports the formation of a psychological bond between mother and baby (bonding attachment) which is important in the emotional development of children in the future. However, although there is a lot of scientific evidence supporting the importance of IMD, its implementation in the field still faces serious challenges, including the lack of understanding of health workers, limited facilities, and the lack of policies that accommodate space and time for IMD, especially in deliveries performed by cesarean section (Meliana, 2023). Therefore, efforts to promote, educate, and strengthen the evidence-based health service system are very important to ensure that IMD can be implemented comprehensively and evenly.

The low coverage of IMD in various regions reflects the gap between national health policies and their implementation at the basic service level. Research by Sinaga & Siregar (2020) shows that only around 58.2% of babies in Indonesia receive IMD, this figure is still far from the target set by the Ministry of Health. This shows that although IMD has become part of the standard delivery service, there are still many health facilities, especially in remote and rural areas, that have not been able to integrate this practice systematically. Factors such as lack of training for health workers, the absence of applicable technical guidelines, and local cultures that do not support early breastfeeding practices are challenges in implementing IMD in the field.

In addition, the role of health workers as the main agents in encouraging the success of IMD is often not optimal. Research by Setyowati et al. (2020) shows that the lack of understanding of health workers regarding the IMD procedure and the perception that this practice can only be carried out during normal deliveries also hamper the scope of IMD implementation. In fact, WHO recommends that IMD is still carried out on babies born by cesarean section if the condition of the mother and baby allows. The lack of integration of IMD practices in hospital protocols, as well as the absence of a consistent monitoring and evaluation system also exacerbate this condition. Therefore, increasing the capacity of health workers, revising delivery service policies, and community-based approaches are strategic steps that need to be prioritized in expanding the scope and success of IMD in Indonesia.

Factors that influence the success of Early Initiation of Breastfeeding (IMD) are very complex and interrelated. From the mother's perspective, education level, knowledge of the benefits of IMD, mental readiness, and previous childbirth experience play a major role in determining the success of this practice. A study by Nurjaya et al (2020) showed that mothers who have adequate knowledge of IMD are 3.4 times more likely to successfully carry out IMD

compared to those who do not have knowledge. In addition, psychological factors such as anxiety and postpartum pain can also hinder the mother's readiness to immediately breastfeed her baby. Therefore, an educational approach that begins during the antenatal period is very important in equipping mothers with knowledge and readiness to face the early breastfeeding process.

From the perspective of health workers and the facility environment, competent and responsive professional support is the key to the success of IMD. Unfortunately, some hospitals still implement medical procedures that are not breastfeeding friendly, such as separating mothers and babies after delivery or providing formula milk without medical indications, which actually contradict the principles of IMD and complicate its implementation (Ginting, 2019). In addition, the lack of routine training and high workload also mean that health workers do not always have the time or ability to optimally assist the IMD process. Therefore, there needs to be policy reform at the health institution level, including the preparation of evidence-based standard operating procedures (SOPs) and an incentive system for facilities that successfully implement IMD well. This multidisciplinary and systems-based approach is essential to creating an environment conducive to the success of IMD broadly and sustainably.

The urgency to conduct research on factors that influence the success of Early Initiation of Breastfeeding (IMD) is increasing along with the increasing awareness of the importance of the first 1,000 days of life as the foundation for child growth and development. Unfortunately, there is still limited contextual data in various regions that reflect real conditions in the field, especially in areas with limited access to health services. Local and community-based research can provide a more specific picture of the obstacles and potentials in each region, so that the interventions developed are more relevant and applicable. As stated by Wang et al (2024), strategies for improving IMD practices need to be adjusted to local socio-cultural conditions so that they can be accepted by the community and have a sustainable impact.

Furthermore, the results of this kind of research are not only useful in the academic realm, but also have practical implications in the formulation of maternal and neonatal service policies. Empirical data on the determinants of IMD success can be the basis for revising technical guidelines for delivery services and training health workers that are more oriented towards breastfeeding-friendly practices. In addition, local governments and health service institutions can also use these findings to design evidence-based interventions, such as providing adequate IMD rooms, preparing SOPs that favor mothers and babies, and strengthening the monitoring and evaluation system for breastfeeding programs. Thus, this research not only answers academic needs, but also becomes a strategic instrument in improving the quality of maternal and child health services nationally.

RESEARCH METHODS

This study uses a descriptive qualitative approach with the aim of describing in depth the factors that influence the success of Early Initiation of

Breastfeeding (IMD) in postpartum mothers. This approach was chosen because it is able to reveal the meaning, perception, and experience of the subject holistically, which cannot be adequately explained through quantitative data alone. With this method, researchers can explore the contextual dynamics and complexity of the implementation of IMD which is influenced by various social, cultural, psychological aspects, and health service systems.

The subjects in this study were mothers who had given birth within the last 1-6 months, health workers (midwives, nurses, or doctors), and health facility management involved in delivery services at hospitals or health centers. The sampling technique used was purposive sampling, with inclusion criteria such as direct experience in IMD practices and willingness to be interviewed. Data were collected through in-depth interviews, participant observation, and documentation studies related to IMD policies and procedures. Data analysis was carried out thematically using the Miles and Huberman model, which includes the process of data reduction, data presentation, and drawing conclusions. Data validity was maintained through triangulation techniques of sources and methods, as well as member checking of informants to ensure the accuracy of the information obtained. This study is expected to provide a richer and deeper understanding of the barriers and supporters of IMD success, as well as provide recommendations for improving maternal and child health service policies and practices

RESULTS AND DISCUSSION

Internal Factors Affecting the Success of IMD in Postpartum Mothers

1. Knowledge and Education as Initial Capital for IMD Success

The success of Early Initiation of Breastfeeding (IMD) is greatly influenced by the knowledge and education possessed by the mother since pregnancy. Adequate understanding of the benefits and procedures of IMD is an important initial capital, because mothers who know the importance of skin-to-skin contact and the role of colostrum as the first natural immunization will be more mentally and emotionally prepared to carry out the process. This knowledge also forms a positive attitude towards breastfeeding, reduces doubts, and strengthens the mother's belief in caring for her baby optimally from the beginning of life. As conveyed by Mrs. R, a mother who successfully carried out IMD,

"I learned from the pregnancy class at the community health center, so when I gave birth I already knew what to do, didn't panic and was sure I wanted to immediately hug and breastfeed my baby."

This statement reflects how previously acquired knowledge can reduce fear and increase readiness in real practice.

Education provided systematically during pregnancy, such as through pregnancy classes and antenatal counseling, has been proven effective in increasing mothers' readiness to undergo IMD. A study conducted by Nasution (2017) showed that direct skin contact between mother and baby immediately

after birth increases the likelihood of successful exclusive breastfeeding until the age of 4–6 weeks. In this educational session, mothers not only receive theoretical information, but can also discuss and obtain emotional support that is important in building self-confidence. Good education helps mothers avoid misunderstandings, fight myths about breastfeeding, and encourage active involvement in the labor process.

When the mother has sufficient knowledge and a positive attitude, the implementation of IMD can take place more smoothly and naturally. This also contributes to the sustainability of exclusive breastfeeding because the mother feels confident and understands its important role in the long-term health of the baby. Another study from the World Health Organization (WHO, 2021) also confirmed that early initiation of breastfeeding within the first hour of birth can prevent up to 22% of newborn deaths. Therefore, educational interventions that begin during pregnancy not only prepare mothers to undergo IMD but are also the main key in creating a strong foundation for optimal infant growth and development.

2. Psychological Readiness and the Influence of Childbirth Experience on IMD

The psychological readiness of the mother is one of the important factors that greatly influences the success of the implementation of Early Breastfeeding Initiation (IMD). Especially for mothers who have just given birth for the first time (primigravida), the new and unprecedented experience of giving birth often causes anxiety, fear, and uncertainty. This condition is exacerbated by physical and emotional fatigue after giving birth which can make the mother feel unprepared to immediately interact with her baby. A primigravida mother in an interview stated,

"When I first gave birth, I was so scared. I was even hesitant to hold the baby, afraid of hurting him. Especially when I was told to breastfeed straight away, I was confused about what to do."

This kind of lack of self-confidence is common, especially if the mother feels she lacks knowledge or is afraid of making mistakes.

This is in line with the findings of the study by Nirwana et al (2021) which stated that the level of anxiety in primigravida mothers has a negative correlation with the success of IMD, where mothers who experience high anxiety tend to delay initial contact with their babies. On the other hand, mothers who have given birth before (multigravida) tend to have better psychological readiness because they are supported by previous experiences of giving birth and breastfeeding. This experience provides a sense of confidence and a more mature understanding of the breastfeeding process, including the importance of IMD. This is reinforced by a study by Sudarmi et al (2024) which states that a positive birth experience, including previous successful breastfeeding, increases the mother's chances of implementing IMD optimally in subsequent births.

However, this psychological readiness does not just form naturally, especially for mothers who are giving birth for the first time. Therefore, the role of health workers is very crucial in providing empathetic psychosocial support and direct assistance after childbirth. A senior midwife in an interview said,

"First-time mothers need company. Sometimes just by holding their hands and talking softly, they become calmer and braver in breastfeeding their babies."

A warm, calming, and non-judgmental approach greatly helps mothers reduce anxiety and build their self-confidence. With the right support, mothers can feel safer and are able to undergo IMD calmly and warmly. This support is important because, according to research by Leiwakabessy & Azriani (2020), psychosocial interventions given within the first hour after delivery significantly increase the success rate of IMD.

The Role of Health Workers and Service Systems in Supporting IMD

1. Competence and Initiative of Health Workers as Determining Factors of IMD Practices

The success of Early Breastfeeding Initiation (IMD) practices is highly dependent on the competence and initiative of health workers involved in the delivery process. This competence includes theoretical understanding and practical skills in implementing IMD procedures appropriately, starting from technical steps such as not separating the baby from the mother after birth to understanding the importance of early skin contact in supporting successful breastfeeding and the stability of the baby's condition. A midwife who has undergone IMD training said,

"The IMD training gave me a deeper understanding of how this first contact really affects the health of the baby and the mother. Every time I do IMD, I feel more confident and sure, and more importantly, the mother and baby are more ready to continue breastfeeding."

This reflects how the training provided can increase health workers' awareness of the importance of IMD and motivate them to immediately take actions that support the sustainability of the practice.

However, in many health facilities, the implementation of IMD is often not carried out systematically, but rather depends on the initiative of individual health workers. According to a pediatrician who has long been involved in the IMD program,

"Although we already have procedural guidelines on IMD, in practice it often depends on each officer. Some are very supportive, but there are also those who do not pay much attention due to time pressure or lack of understanding."

This reliance on individual initiative, according to research by Argista et al (2024) increases the risk of inconsistency in health services. The study showed that although facilities have regulations on IMD, their implementation is often not uniform, which can lead to disparities in the quality of services across locations.

This inequality can cause not all babies to get the same rights to undergo IMD, even though they are in the same facility. This is reinforced by a study conducted by Sutraningsih et al (2021) which found that one of the main obstacles to the implementation of IMD is the lack of adequate training for health workers and the lack of supervision of existing procedures. Therefore, to create fair and equitable practices, ongoing training is needed for all medical personnel as well as routine supervision that ensures that the implementation of IMD becomes part of the standard service system, not just an individual choice. In this regard, Dr. W added,

"If we get more intensive training and mentoring, I am sure the practice of IMD can be more consistent and have a greater impact on maternal and infant health."

Thus, strengthening the competence of health workers through continuous training and strict evaluation not only improves the quality of IMD practices but also creates more consistent and equitable services. This will help optimize the benefits of IMD for maternal and infant health, as has been proven in many scientific studies that show a positive correlation between good IMD implementation and increased breastfeeding success and reduced neonatal mortality rates.

2. Limitations of Service Systems and the Importance of Institutional Regulations

The implementation of Early Breastfeeding Initiation (IMD) in various health facilities still faces significant obstacles, one of which is the limited service system and the absence of clear institutional regulations. Many institutions do not yet have standard operating procedures (SOPs) that explicitly support the implementation of IMD, so this practice is often not a mandatory part of the delivery process. A midwife who works at one of the major hospitals in Jakarta, in an interview, said

"Although we know the importance of IMD, we are often hampered by limited facilities and time. Without clear SOPs, IMD practices are sometimes neglected."

As a result, many hospitals or health centers still maintain conventional procedures such as separating mothers and babies immediately after delivery, for administrative reasons or non-urgent medical actions. This practice clearly contradicts the basic principles of IMD which emphasize the importance of skin-to-skin contact between mother and baby within the first hour after birth.

According to research published by the World Health Organization (WHO), direct skin-to-skin contact between mother and baby within the first hour is very important to encourage colostrum (the first breast milk rich in nutrients and antibodies), help the baby's adjustment process after birth, and strengthen the emotional bond between mother and baby. In addition, IMD also contributes to increasing the success of exclusive breastfeeding during the first six months of a baby's life. Research by Anggryni et al (2021) in the American Journal of Clinical Nutrition shows that late or incomplete IMD risks reducing the success rate of exclusive breastfeeding in babies, as well as increasing the risk of infection and growth disorders in babies.

In addition, the high workload and limited number of health workers worsen the situation. In many places, the lack of doctors, midwives, or nurses means that the IMD assistance process cannot be carried out optimally, especially if there is no special training that emphasizes the importance of IMD. dr Yt, an obstetrician and gynecologist, explained in an interview,

"We have a lot of patients, but only a few medical personnel are available to provide full attention to mothers and babies. This means that IMD is not always carried out according to standards."

This condition shows that the implementation of IMD does not only depend on individual commitment, but is also very much determined by system readiness.

Therefore, institutional policies are needed that support comprehensive breastfeeding-friendly practices. This includes providing facilities that allow mothers and babies to stay together, developing efficient service flows, and integrating the implementation of IMD into the health worker performance evaluation system. According to Sharma et al. (2015) in Maternal & Child Nutrition, the implementation of policies that support IMD, including improving facilities and training of health workers, has been shown to increase the success of IMD in many developing countries. Clear policies will help ensure that IMD practices become an integral part of quality maternal care. By building a service system that favors mothers and babies, health institutions can ensure the sustainability and effectiveness of IMD, while strengthening the foundation for the success of exclusive breastfeeding.

CONCLUSION

The success of Early Initiation of Breastfeeding (EIBF) in postpartum mothers is significantly influenced by both internal and external factors that are interrelated. Internal factors such as the mother's knowledge and education during pregnancy serve as a strong initial foundation in supporting emotional and mental readiness to carry out EIBF optimally. Mothers who are equipped with accurate information tend to develop a positive attitude towards breastfeeding and are more prepared to face the challenges that come after childbirth. In addition, psychological readiness, particularly among

primigravida mothers, plays a crucial role. A positive childbirth experience and psychosocial support from healthcare workers greatly contribute to building maternal confidence during the first breastfeeding experience. Meanwhile, external factors such as the competence of healthcare workers and the readiness of the healthcare system are also critical determinants in the implementation of EIBF. The skills and initiative of medical personnel who have undergone EIBF training significantly influence the success of this procedure. However, inconsistent implementation across healthcare facilities—often due to the absence of clear standard operating procedures (SOPs) and limitations in human resources and infrastructure—remains a major barrier. Therefore, strengthening institutional regulations, continuous training, and developing a health service system that supports mothers and newborns are essential to ensure consistent and equitable implementation of EIBF. With comprehensive support, EIBF not only enhances the success rate of exclusive breastfeeding but also contributes to reducing neonatal mortality rates and building a strong foundation for optimal child growth and development from the very beginning of life

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