
**MANAGEMENT ANALYSIS OF EARLY BREASTFEEDING
INITIATION PROGRAM AT RUMBAI BUKIT PUSKESMAS, RUMBAI
DISTRICT, IN 2023****Ayuliana Angraini¹, Rahmi Pramulia Fitri^{2*}, Dwi Sapta Aryantiningih³, Mailiza
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rahmipramuliafitri@gmail.com***Abstract**

Early Breastfeeding Initiation or often abbreviated as IMD is an opportunity given to a baby immediately after birth by placing the baby on the mother's stomach, then allowing the baby to find the mother's nipple and breastfeed until satisfied. The aim of this research is to carry out management analysis of early breastfeeding initiation program planning (IMD), management analysis of the implementation of the early breastfeeding initiation program (IMD), management analysis of the evaluation of the early breastfeeding initiation program (IMD). Qualitative descriptive research method. The conclusion of this research is quality human resources for implementing early breastfeeding initiation because qualified health workers can provide a good understanding to mothers about the importance of implementing early breastfeeding initiation. In terms of human resource quality, the qualifications of midwives are sufficient, namely with an average education of at least D3 in midwifery and D4 in midwifery. The planning has been programmed quite well, the IMD organization is quite good including the IMD program policies, the implementation is quite good by recording activities with documentation and checklist sheets.

Keywords: Early initiation of breastfeeding (IMD), planning, implementation, evaluation

INTRODUCTION

Early Breastfeeding Initiation or often abbreviated as IMD is an opportunity given to a baby immediately after birth by placing the baby on the mother's stomach, then allowing the baby to find the mother's nipple and breastfeed until satisfied. This process is carried out at least the first 60 minutes (1 hour) after the baby is born (Ministry of Health, 2021). Early initiation of breastfeeding and exclusive breastfeeding help children survive and build the antibodies they need to be protected from various diseases that often occur in childhood, such as diarrhea and pneumonia. Evidence also shows that breastfed children perform better on intelligence tests. However, in Indonesia, only 1 in 2 babies under 6 months of age are exclusively breastfed, and only slightly more than 5% of children are still breastfed at the age of 23 months. This means that almost half of all Indonesian children do not receive the nutrition they need during the first two years of life. More than 40% of babies are introduced to complementary foods too early, namely before they reach 6 months of age, and the food given often does not meet the baby's nutritional needs. 40% of infant deaths occur in the first month of life and IMD can reduce the risk factors for this death, thereby reducing 22% of infant deaths at 28 days (Edmond in Hamzah 2021). IMD can reduce the risk of postpartum bleeding and reduce infections after giving birth because the first sucking can speed up the expulsion of the placenta due to the release of the hormone oxytocin (Yasita, 2013).

The reported infant mortality rate (IMR) in Riau Province was 1,758 deaths, including 596

infant deaths, 632 toddlers and 36 toddlers. The causes of death were 33% LBW, 22% asphyxia, 11% congenital abnormalities, 2% sepsis, others 31% (Riau Province Health Profile, 2020).

RESEARCH METHODS

The type of research used in this research is qualitative descriptive research. Location of the research was carried out at the Rumbai Bukit Community Health Center, Rumbai District, Research Time: The research was carried out from January to July 2023. The core informants in this research were the Head of the Rumbai Bukit Community Health Center, 1 (one) person, the cadre holding the IMD program or the health officer in charge of the IMD Community Health Center program Rumbai Bukit was 1 (one) person as the main informant. Supporting Informants, namely 5 (people) mothers who have breastfed after 28 days.

RESULTS AND DISCUSSION

Based on the results of interviews, observations and document searches carried out by researchers regarding the planning of the Early Breastfeeding Initiation (IMD) program at the Rumbai Bukit Community Health Center, Rumbai District, it can be seen that the initial planning for the IMD program was to provide mothers with an understanding of the importance of implementing IMD. Early initiation of breastfeeding is carried out in hospitals, midwife practices and other maternity homes and must be carried out as soon as possible after the baby is born. This is also shown from the results of observations that there is a planning flow for the planned IMD programs and activities.

Planning is a systematic or orderly arrangement of steps to achieve goals or solve problems (Munzia, 2013). According to Dhaci (2013), planning in health is carried out by a person or group of people which is preceded by setting goals, recognizing health problems through analyzing community problem situations, determining and selecting the resources needed, arranging activities to be carried out, determining the amount of costs, determining implementation time, determining the location of the activity, determining targets, setting targets to be achieved, and preparing achievement indicators and forms of evaluation that will be carried out to solve health problems faced by the community.

The planning function in management is the most important function, where other functions only come into play when the planning function has been completed. Other management functions will run well if they can always be guided by the plans that have been prepared previously. Planning is an important fundamental process for selecting targets and determining how to achieve them, where this activity contains two main concepts in management activities, namely effectiveness and efficiency (Azrul, 2016).

The results of this research are in line with research by Munzia (2013) which explains that the initial action that must be taken in IMD planning is to provide mothers with an understanding of the importance of IMD so that mothers are fully aware of the benefits or importance of IMD. Those who will carry out IMD procedures are midwives or other competent health workers. Faisal (2020) also explained in his research that IMD planning

is carried out by providing mothers with an understanding of the importance of IMD, because IMD planning actions must be carried out so that mothers are fully aware of the benefits or importance of IMD. Similar to the results of Savitri's research (2018), the initial action that must be taken in the process of providing the IMD procedure is to provide the mother with an understanding of the importance of IMD so that the mother is fully aware of the benefits or importance of IMD. The IMD program refers to normal delivery care and the implementation of an exclusive breastfeeding program.

According to Novianti (2018), after the baby is born either normally vaginally or SC, if the mother and baby are in good health, the midwife or SpOG doctor will cut the baby's umbilical cord, clean the upper respiratory tract, dry the baby as much as possible by leaving the baby's hands wet, Don't swaddle, just cover the baby's body with a thin cloth and put on a hat, then place the baby between the mother's stomach and chest to make skin contact (mother's skin and baby's skin touch each other) for approximately 1-2 hours.

Based on the research results, supporting theories and related research above, the researcher assumes that the planning aspect has been programmed quite well, carried out by implementing a program that is driven jointly by midwives and other birth attendants. Early initiation of breastfeeding is carried out in hospitals, midwife practices and maternity homes and is carried out as soon as possible after the baby is born. And the way to do this is by implementing early breastfeeding initiation. When the baby is born, cut the umbilical cord, dry it starting from the body and other parts of the body except the hands so that the smell of the amniotic fluid remains attached, then the baby is placed on the mother's stomach with the baby facing towards the mother's head.

Implementation

Based on the results of interviews, observations and document searches conducted by researchers regarding the implementation of the Early Breastfeeding Initiation (IMD) program at the Rumbai Bukit Community Health Center, Rumbai District, it can be seen that IMD is carried out by other birth attendant midwives, there is no charge for the implementation of IMD, and the equipment used is a baby hat and blanket used to cover the baby's body. The way to initiate early breastfeeding is when the baby is born, cut the umbilical cord, dry it starting from the body and other parts of the body except the hands so that the smell of the amniotic fluid remains attached, then the baby is placed on the mother's stomach with the baby facing towards the mother's head. In accordance with the results of observations, IMD activities are carried out directly in the field.

Implementation is an action or implementation of a plan that has been prepared carefully and in detail. Implementation is usually carried out after the plan is considered ready. (Arifin, 2016). According to Damayanti (2014),

The implementation of IMD still requires monitoring from the relevant agencies, as evidenced by the results of research conducted by Rutmina (2012), which stated that 68.4% of midwives did not carry out IMD, and 27.3% of midwives carried out IMD.

Implementation of IMD is mandatory for every birth attendant. This IMD action can be carried out well if birth attendants understand the importance of IMD, have the intention, level of patience and good motivation to carry it out (Damayanti, 2014). The results of this research are in line with research by Novianti (2016) which explains that birth attendants such as midwives are the health workers who play the most role in implementing IMD because mothers cannot carry out IMD without help and facilitation from midwives or other birth attendants. When carrying out IMD, a blanket is hugged to keep the baby's body temperature warm. Newborn babies are not yet able to regulate their body temperature, so they will tend to experience physical stress due to changes in temperature outside the uterus (Sudarmi, 2019).

Based on the research results, supporting theories and related research above, the researcher assumes that the implementation aspect is good enough by recording activities using documentation and checklist sheets, an IMD report book by recording the number of babies in IMD. Implementing early breastfeeding initiation are midwives and other birth attendants. There is no charge for early initiation of breastfeeding. What is used in the IMD process is a baby hat and blanket which is used to cover the baby's body. Evaluasi. Based on the results of interviews, observations and document searches carried out by researchers regarding the evaluation of the Early Breastfeeding Initiation (IMD) program at the Rumbai Bukit Community Health Center, Rumbai District, it can be seen that the program evaluation is seen from the number of birth rates, and seeing how many people are doing IMD or not. The follow-up plan carried out is to provide direction to the mother and family support regarding the implementation of IMD as well as holding workshops at the community health center. Sanctions are not applied but rewards will be given if the mother and baby successfully initiate early breastfeeding in the form of a certificate. The observation results show that to evaluate the IMD program a meeting will be held.

Evaluation is a routine process of collecting data and measuring progress on program objects, monitoring changes that focus on processes and outputs. Evaluation involves calculating what we do, namely observing the quality of the services we provide on a continuous basis and must be carried out continuously. (Arifin, 2016). Basically, evaluation is monitoring the implementation of activities, not an activity to look for errors, but to help carry out continuous corrective actions (Arifin, 2016). The results of this research are in line with research conducted by Arumawati (2012), who explained that the evaluation of the IMD program was carried out by observing and monitoring events that occurred during the birthing process by seeing how many babies were born with IMD and how many were not, so that the reasons were known for certain. . Similar to the research results of Faisal, et al (2019), evaluating the IMD program by observing and monitoring events that occur during the birth process by seeing how many babies are born with IMD and how many are not, so that the reason is known for certain. Other research stated by Krisnansari (2010) stated that the follow-up plan for the IMD program was to conduct outreach to mothers and implement Community Health Center workshops.

Based on the research results, supporting theories and related research above, the researcher assumes that the evaluation aspect is good, where the reporting and recording of the results of IMD implementation are reported through monthly reporting. This evaluation reporting is an ongoing routine activity and must be carried out continuously.

CONCLUSION

Based on the results of the research and discussion, the following conclusions can be drawn, planning has been programmed quite well, carried out by implementing a program that is carried out jointly between midwives and other birth attendants. Early initiation of breastfeeding is carried out in hospitals, midwife practices and maternity homes and is carried out as soon as possible after the baby is born. Implementation is quite good by recording activities using documentation and checklist sheets, an IMD report book by recording the number of babies in IMD. Implementing early breastfeeding initiation are midwives and other birth attendants. There is no charge for early initiation of breastfeeding. What is used in the IMD process is: baby hats and blankets used to cover the baby's body. Evaluation of the IMD program is good, where reporting and recording of the results of IMD implementation are reported through monthly reporting. This evaluation reporting is an ongoing routine activity and must be carried out continuously.

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BIBLIOGRAPHY

- Astuti, H., Madinah, & Ernawati. (2022). Analisis faktor yang berhubungan dengan keberhasilan inisiasi menyusui dini (imd) pada ibu bersalin pasca pandemi covid-19 di ruang kebidanan rsud Puri Husada Tembilahan. *Fenomena Kesehatan*, 05(01), 20–30.
- Damayanti, W. (2016). Analisis pelaksanaan Inisiasi Menyusui Dini (IMD) di Puskesmas Kabupaten Tangerang Provinsi Banten. *IndonesiaMidwifery Journal*, 1(1), 1–10.
- Diba Faisal, A., Serudji, J., & Ali, H. (2020). Pelaksanaan Program Inisiasi Menyusui Dini Di Wilayah Kerja Puskesmas Lubuk Buaya Kecamatan Koto Tangah. *Jurnal Kesehatan Andalas*, 8(4), 1–9.
- Mandasari, P. (2022). Faktor-Faktor yang Berhubungan dengan Pelaksanaan Inisiasi Menyusui Dini (IMD) pada Ibu bersalin. 6(1), 31–35.
- Mardiah, M., Indrawati Lipoeto, N., & GANursal, D. (2012). Kinerja Bidan Dalam Mendukung Program Inisiasi Menyusui Dini (Imd) Di Kota Pekanbaru. *Jurnal Kesehatan Masyarakat Andalas*, 6(2), 62–66. <https://doi.org/10.24893/jkma.v6i2.91>
- Masyarakat, J. P. (2022). MANAJEMEN PEMBERIAN ASI EKSLUSIF SEJAK DINI PADA IBU. 2(57), 65–71.
- Sari, D. N., & Ambarwati, T. V. (2020). Gambaran Faktor Internal Dan Eksternal Pelaksanaan Inisiasi Menyusui Dini (Imd) Di Salah Satu Puskesmas Kabupaten Bandung Periode Maret-April 2019. *Jurnal Asuhan Ibu dan Anak*, 5(1), 9–14.

<https://doi.org/10.33867/jaia.v5i1.144>

- Susanti, E., & Armi, Y. (2014). Analisis Faktor-Faktor Yang Mempengaruhi Keberhasilan Inisiasi Menyusui Dini di Bidan Praktek Swasta Paulina Bukittinggi 2014. *Jurnal Kesehatan STIKes Prima Nusantara*, 5(2), 64–68. Arifin, & syamsul, 2016. *Buku Ajar DasarManajemen Kesehatan*, Pustaka Benua: Banjarmasin
- Aryani, N, 2018. *Jurnal Kesehatan Panca Bhakti Lampung. Faktor-Faktor Yang Berhubungan Dengan InisiasiMenyusu Dini Di Wilayah Kerja Puskesmas Satelit Bandar Lampung*’, *Akademi Kebidanan Panca BhaktiBandar lampung*, VI (1): 31-51
- Bisyawqi F, dkk, 2017. *Gambaran PerilakuPetugas Kesehatan Dalam Kegiatan Inisiasi Menyusu Dini(IMD) Di RsiIbnu Sina Dan Rsud Dr. Adnaan Wd Di Kota Payakumbuh Tahun2017*’,*Universitas USU: 1(1): 3-10*
- Dinkes Kota Palembang, 2017. *ProfilKesehatan Kota Palembang Tahun 2017*. Dinkes Prov. SumSel: Palembang diakses tanggal 3 april2021 pukul 20.15 dari <https://dinkes.palembang.go.id/tampu ng/dokumen/dokumen-157- 281.pdf>
- Dinkes Kota Palembang. 2018. *Profil Kesehatan Kota Palembang Tahun 2018*. Dinkes Prov.SumSel:Palembang
- Dinkes Kulonprogo, 2021. *Inisiasi Menyusu Dini*, Dinkes Kulonprogo: Kulonprogo
- Faisal, dkk, 2019. *Pelaksanaan ProgramInisiasi Menyusu Dini Di Wilayah Kerja Puskesmas/ Lubuk Buaya Kecamatan Koto Tengah*’, *Jurnal Kesehatan Andalas*, 8(4): 2-7
- Nuliana, J & Sari, V, 2019.*Faktor – FaktorYang Berhubungan Dengan Pelaksanaan Inisiasi Menyusu Dini (IMD)Oleh Bidan Di Bpm Wilayahkerjapuskesmas Nilam SariKota Bukittinggi Tahun 2018*’, *Stikes For De Kock Kota Bukittinggi*, 1 (1): 55-62
- Nurmaliza, 2018. *Hubungan Pengetahuan Dan Sikap Ibu Terhadap Pelaksanaan Inisiasi Menyusu Dini (Imd) Pada Ibu Bersalin Di Puskesmas Payung Sekaki Pekanbaru Tahun 2015*’, *Universitas Abdurrah Riau*, 2(1): 41-4