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# Factors Affecting the Implementation of Early Initiation of Breastfeeding (IMD) in Postpartum Mothers at RSUD Dr. Kanujoso Djatiwibowo Balikpapan

# Ni Nyoman Murti<sup>1\*</sup>, & Naomi Isabella Hutabarat<sup>2</sup>

1\*Poltekkes Kemenkes Kaltim, Indonesia, 2Poltekkes Kemenkes Medan, Indonesia \*Co e-mail: baratamurti@gmail.com<sup>1</sup>

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## **ABSTRACT**

Early initiation of breastfeeding (IMD) is a crucial process that allows newborns to begin breastfeeding within the first hour after birth. This practice strengthens the mother-child bond, enhances the baby's immune system, and reduces neonatal mortality. Despite its benefits, IMD implementation in Indonesia still encounters various challenges, and few studies have examined its influencing factors by region or facility. This study aims to identify the factors associated with IMD implementation among postpartum mothers at RSUD Dr. Kanujoso Djatiwibowo Balikpapan. A descriptive analytic design with a cross-sectional approach was used. The study involved 42 postpartum mothers selected through nonprobability saturated sampling. Data collection was conducted using questionnaires, and the results were analyzed with univariate and bivariate methods using the Chi-Square test. A total of 61.9% of respondents practiced IMD. Most had good knowledge (64.3%), belonged to the risk parity group (52.2%), received family support (54.8%), and had support from health workers (57.1%). Significant relationships were found between IMD implementation and maternal knowledge (p = 0.033), family support (p = 0.017), and health worker support (p =0.003). These findings suggest the importance of education and support to improve IMD practices. In conclusion, IMD implementation is significantly influenced by maternal knowledge, family involvement, and healthcare provider support. Strengthening educational and support interventions is essential to enhance IMD coverage in health facilities.

Keywords: Knowledge, Family Support, Health Worker Support





#### INTRODUCTION

Maternal and infant health is a crucial indicator of a country's success in health development. The neonatal period the first 28 days of life is particularly vulnerable, with numerous potential complications that significantly contribute to neonatal mortality. One simple yet impactful strategy to reduce neonatal deaths is the implementation of early initiation of breastfeeding (EIBF), defined as placing the newborn in direct skin-to-skin contact with the mother and initiating breastfeeding within the first hour after birth.

EIBF not only fulfills the newborn's first nutritional need through colostrum but also plays a vital role in maintaining body temperature, enhancing immune protection, establishing early maternal-infant bonding, and supporting the successful initiation of exclusive breastfeeding. According to UNICEF and WHO, EIBF has the potential to prevent up to 22% of neonatal deaths in developing countries. Studies indicate that infants who are breastfed within the first hour have a 33% lower risk of death compared to those who are not.

Despite these well-established benefits, and its inclusion in national maternal and child health policies, the implementation of EIBF remains suboptimal. Data from the 2021 Indonesian Basic Health Survey (Riskesdas) showed a decline in EIBF coverage from 58.2% in 2019 to 48.6% in 2021. This reduction reflects the persistent challenges in reaching all postpartum mothers, both in hospitals and other health care settings.

This downward trend is also reflected in the coverage of exclusive breastfeeding, which dropped from 69.7% in 2020 to 52.5% in 2021. These figures highlight not only unequal dissemination of maternal education but also systemic issues related to service delivery, cultural barriers, and insufficient support from health care providers in facilitating EIBF. Yet, EIBF has been proven to increase the likelihood of exclusive breastfeeding, which improves long-term child health and reduces household healthcare expenditures.

In East Kalimantan, improving maternal and neonatal health remains a priority. As one of the region's largest referral hospitals, Dr. Kanujoso Djatiwibowo Regional Hospital in Balikpapan plays a vital role in delivering high-quality maternal and child health services, including EIBF promotion. While the hospital is equipped with standard maternal care services, preliminary observations suggest that not all postpartum mothers engage in EIBF appropriately. Several factors may contribute to this issue, including limited maternal knowledge, cultural practices, inadequate family support, and inconsistencies in health worker assistance during the postpartum period.

Barriers to EIBF implementation in health care facilities often stem from insufficient maternal knowledge, underdeveloped attitudes and beliefs, and a lack of support from both family members and healthcare personnel. Maternal knowledge is foundational for shaping behaviors; well-informed mothers are better prepared both physically and emotionally to initiate breastfeeding early. In addition, family involvement, particularly from spouses, provides essential emotional and informational support that increases the likelihood of successful EIBF.

Healthcare professionals, especially midwives and physicians, have a central role in facilitating immediate EIBF after childbirth. However, in practice, not all providers actively promote



or support this process. Some may lack adequate training or be preoccupied with other urgent medical tasks, resulting in missed opportunities to educate mothers about EIBF during the prenatal and postpartum periods.

EIBF also contributes directly to achieving the Sustainable Development Goals (SDGs) by improving child survival through natural immunity, reducing the incidence of respiratory infections and diarrheal diseases, and decreasing long-term risks of obesity and diabetes. Mothers also benefit through quicker uterine recovery, reduced risk of breast and ovarian cancer, and stronger maternal-infant attachment.

Given the critical importance of EIBF and the persistent challenges in its implementation particularly within healthcare facilities there is a pressing need for research to explore the factors influencing EIBF practices among postpartum mothers. This study was conducted at Dr. Kanujoso Djatiwibowo Regional Hospital in Balikpapan, a key referral hospital serving a large maternity population in East Kalimantan. The findings of this research are expected to inform hospital policy enhancements, strengthen antenatal education, and empower healthcare workers and families in supporting successful EIBF and exclusive breastfeeding outcomes.

#### **METHODS**

This study employed a descriptive analytic design with a cross-sectional approach, conducted at Dr. Kanujoso Djatiwibowo Regional Hospital in Balikpapan, East Kalimantan. The study focused on postpartum mothers as the primary subjects. A non-probability sampling method was used, specifically the saturated sampling technique, involving a total of 42 respondents.

The inclusion criteria targeted mothers in the third stage of labor, defined as the period immediately following the birth of the baby and concluding with the expulsion of the placenta and amniotic membranes. During this stage, the researchers observed and facilitated the early initiation of breastfeeding (EIBF) process, following standard procedures. The average duration of EIBF was approximately 35–40 minutes, adjusted to align with the completion of perineal suturing (hecting).

Data collection was performed through structured interviews with postpartum mothers and their accompanying family members, conducted in the treatment room using a validated questionnaire. The data were analyzed using both univariate and bivariate statistical methods. The Chi-square test was employed to examine the relationships between variables, with a p-value < 0.05 considered statistically significant. All analyses were performed at a 95% confidence interval (CI).

#### **RESULTS**

#### 1. Univariate Analysis

This univariate analysis aims to explain or describe the characteristics of each research variable so that it can determine the mean, median, standard deviation and min-max values and obtain the following results:



# A. Early Initiation of Breastfeeding

Based on the results obtained Frequency Distribution of Respondents Based on the Implementation of IMD can be seen in Table 1 below :

Table 1. Frequency Distribution of Respondents Based on the Implementation of IM the RSUD

Dr. Kanujoso Djatiwibowo Balikpapan

	•	<u> </u>
IMD implementation	$\boldsymbol{F}$	%
No IMD	16	38.1
IMD	26	61.9
Total	42	100

Based on Table 1 shows that most of the 26 respondents (61.9%) implement IMD.

#### B. Mother's Knowledge

Based on the results obtained frequency distribution of maternal knowledge about IMD can be seen in Table 2 below :

Table 2. Distribution of Maternal Knowledge about IMD in RSUD Dr. Kanujoso Djatiwibowo Balikpapan

Mother's Knowledge	$\overline{f}$	%
Enough	27	64.3
Height	15	35.7
Total	42	100

Based on Table 2, it is found that most of the 27 respondents (64.3%) have sufficient knowledge about the implementation of IMD.

#### C. Family Support

Based on the results obtained frequency distribution of family support about IMD can be seen in Table 3 below :

Table 3. Distribution of Family Support about IMD in RSUD Dr. Kanujoso Djatiwibowo

Balikpapan

Dan	краран		
Family Support	F	%	
Support	19	45.2	
Not support	23	54.8	
al	42	100	

Based on Table 3, it was found that families who did not support the implementation of IMD were 54.8% and only 45% of families supported the activity.



# D. Support of Health

Support of Health Workers Based on the results of the study, the frequency distribution of health workers 'support for IMD can be seen in Table 4 below:

Table 4. Distribution of support for health workers about IMD in RSUD Dr. Kanujoso Diatiwibowo Balikpapan

,	1 1	
Health Worker Support	F	%
Support	24	57.1
Not support	18	42.9
Total	42	100

Based on Table 4, it was found that 24 respondents (57.1%) received Officer support in the implementation of IMD and only 42.9% of officers did not provide support for IMD activities.

#### 2. Bivariate Analysis

Bivariate analysis was conducted to see the effect between two variables, namely the independent variable (maternal knowledge, support of health workers, family support) and the dependent variable (implementation of IMD). All variables are categorical data so using Chi-Square test and obtain the following results:

# A. Relationship of maternal knowledge with IMD implementation

The results of research on the relationship of maternal knowledge with the implementation of IMD can be seen in the table below:

Table 5. Mother's knowledge relationship with the implementation of IMD in RSUD Dr.

Kanujoso Djatiwibowo Balikpapan							
		IMD				Tr. (1	
Mother's	N	NO		Yes		Total	
Knowledge	f	%	f	%	F	%	- p value
Enough	14	51.9	13	48,1	27	100	
Height	2	13.3	13	86,7	15	100	0.033
Total	16	38.1	26	61,9	42	100	_

Based on Table 5, it is known that the implementation of IMD is higher in mothers who have high knowledge as many as 13 respondents (86.7%) than mothers who have sufficient knowledge as many as 13 respondents (48.1%). While those who do not carry out IMD are higher in mothers who have sufficient knowledge as many as 14 respondents (51.9%) compared to high knowledge as many as 2 respondents (1.3%). Based on the results of The Chi-Square test showed the value of p value = 0.033 (p  $^{\circ}$  0.05). The results of this study mean that there is a relationship of maternal knowledge with the implementation of IMD.



# B. Relationship of Family Support with IMD implementation

The results of family support research with the implementation of IMD can be seen in Table 6 below:

Table 6. Relationship of Family Support with the Implementation of IMD in RSUD Dr.

Kanujoso Diatiwibowo Balikpapan

		IMD				. 1	
		No		Yes		Total	
<b>Family Support</b>	-						- p value
	f	%	f	%	f	%	varue
Not support	13	56.5	10	43.5	23	100	
Support	3	15.8	16	84.2	19	100	0.017
Total	16	38.1	26	61.9	42	100	_

Based on Table 6, it is known that the implementation of IMD is higher in respondents who receive Family Support, namely 16 respondents (84.2%) than those who do not receive family support as many as 10 respondents (43.5%). While those who did not implement IMD were higher in respondents who did not receive family support as many as 13 respondents (56.5%) than those who received family support as many as 3 respondents (15.8%). Based on the results of The Chi-Square test showed the value of p value = 0.017 (p  $^{\circ}$  0.05). The results of this study mean that there is a relationship of family support with the implementation of IMD.

#### C. Health Worker Support relationship with the implementation of IMD

The results of research support of health workers with the implementation of IMD can be seen in Table 7 below:

Table 7. Health Worker Support Relationship with the Implementation of IMD the RSUD Dr. Kanujoso Djatiwibowo Balikpapan

	IMD				Total		
		No		Yes		otai	
Support Of Health Workers	f	%	f	%	F	%	p value
	J	,,	,	,,		,,,	
Not support	12	66.7	6	33.3	18	100	
Support	4	16.7	20	83.3	24	100	0.003
Total	16	38.1	26	61.9	42	100	-

Based on Table 7, it is known that the implementation of IMD is higher in respondents who received support from health workers as many as 20 respondents (83.3% compared to those who did not receive support from health workers as many as 6 respondents (33.3%). While those who did not



implement IMD were higher in respondents who did not receive support from health workers as many as 12 respondents (66.7%) than health workers who supported as many as 4 respondents (16.7%). Based on the results of The Chi-Square test showed the value of p value = 0.003 (p  $^{\circ}$  0.05). The results of this study mean that there is a relationship between the support of health workers with the implementation of IMD.

#### **DISCUSSION**

#### 1. Univariate Analysis

His study found that 61.9% of postpartum mothers at Dr. Kanujoso Djatiwibowo Regional Hospital in Balikpapan successfully practiced early initiation of breastfeeding (EIBF). While this indicates that more than half of the mothers carried out EIBF, a significant proportion, 38.1%, did not. This gap is concerning, given that WHO and UNICEF (2020) emphasize EIBF as a vital early intervention to reduce neonatal mortality and increase the success rate of exclusive breastfeeding. Timely implementation of EIBF within the first hour after birth has been shown to reduce the risk of neonatal death by up to 22%.

In terms of maternal knowledge, the study found that 64.3% of respondents demonstrated a good level of knowledge regarding EIBF. This suggests that information dissemination about the benefits and procedures of EIBF has been moderately successful. However, around one-third of the mothers still lack awareness or understanding, which may hinder proper implementation. According to Bloom's taxonomy as cited by Notoatmodjo (2018), knowledge is part of the cognitive domain that forms the foundation for attitude and behavior. Thus, without sufficient knowledge, the adoption of healthy practices such as EIBF is less likely.

Regarding parity, 52.2% of the mothers were classified into high-risk parity groups (either primiparous or grand multiparous). Mothers with low parity may lack breastfeeding experience and confidence, while those with high parity might experience fatigue or delivery complications that interfere with EIBF. These findings are consistent with Noviyanti et al. (2023), who reported that both physiological and psychological maternal factors significantly influence the success of EIBF.

Family support emerged as another key determinant, with 54.8% of respondents indicating they received such support during EIBF. This included emotional encouragement, informational assistance, and decision-making reinforcement. According to Social Support Theory, the mother's immediate environment, particularly her husband and nuclear family, plays a pivotal role in shaping health-related behaviors (Sarafino, 2011). This aligns with research by Listiana and Akmal (2020), which found that spousal support significantly enhances the likelihood of successful EIBF.

Furthermore, 57.1% of the mothers reported receiving adequate support from health workers, particularly midwives, during the EIBF process. As front-line healthcare providers, midwives are expected to play an active role in facilitating EIBF. However, a lack of initiative or insufficient involvement from health workers can impede this process. This is supported by Eko Heryanto (2016), who emphasized that the success of EIBF is closely linked to the active engagement and encouragement of medical personnel.



## 2. Bivariate Analysis

# A. Mother's Knowledge about the Implementation of IMD in RSUD Dr. Kanujoso Djatiwibowo Balikpapan

The results showed that among 42 respondents, 13 mothers (86.7%) with high knowledge successfully implemented Early Initiation of Breastfeeding (EIBF), compared to only 48.1% of mothers with moderate knowledge who did the same. Conversely, among the 38.1% of mothers who did not perform EIBF, 51.9% had only moderate knowledge, while only 13.3% had high knowledge. Based on the Chi-Square test, the p-value obtained was 0.033 (p < 0.05), indicating a significant relationship between maternal knowledge and the implementation of EIBF at Dr. Kanujoso Djatiwibowo Regional Hospital in Balikpapan.

These findings are consistent with a study by Haryati Astuti (2022), titled "Factor Analysis Related to the Success of EIBF," which found a significant relationship between maternal knowledge and the success of EIBF in the maternity ward of Puri Husada Tembilahan Hospital, with a p-value of 0.04 and an odds ratio (OR) of 4.41.

This study also aligns with research by Aisyah (2020), which reported a p-value of 0.000, indicating a strong correlation between maternal knowledge and EIBF success. The results suggest that the higher the mother's knowledge, the more likely she is to adhere to health recommendations. Increased knowledge about the importance of EIBF can contribute to saving up to 22% of newborns who might otherwise die within the first month of life. In support of this, the government has launched EIBF promotion campaigns to enhance the success of exclusive breastfeeding programs.

Maternal knowledge about EIBF is influenced by factors such as education level and access to information. While mothers with higher formal education levels are generally more knowledgeable, mothers with lower education levels may also possess high knowledge through previous experience or interpersonal communication.

The researchers assume that the relatively high proportion of mothers with good knowledge (74.4%) compared to those with low knowledge (25.6%) indicates that public awareness is increasing, supported by widespread access to information. This suggests that sources of knowledge are not limited to formal education but also include informal and experiential learning.

# B. Family Support Relationship on the Implementation of IMD in RSUD Dr. Kanujoso Djatiwibowo Balikpapan

The results showed that out of 42 respondents, 16 mothers (84.2%) who received family support successfully implemented Early Initiation of Breastfeeding (EIBF), compared to only 15.8% of mothers who received support but did not implement EIBF. Meanwhile, 56.6% of mothers whose families did not provide support also failed to carry out EIBF, compared to only 14.2% who managed to do so without support. Based on the Chi-Square test, a p-value of 0.017 (p < 0.05) was obtained, indicating a significant relationship between family support and the implementation of EIBF at Dr. Kanujoso Djatiwibowo Regional Hospital, Balikpapan.



These findings are consistent with research conducted by Nova Yasita (2018), titled *Factors* Related to the Implementation of Early Breastfeeding Initiation in Postpartum Mothers in the Yarsi Pontianak Hospital Delivery Room, which reported a p-value of 0.007. This indicates a significant relationship between family (husband) support and the implementation of EIBF among postpartum mothers.

Similarly, Noviyanti's study (2023) on *The Relationship of Family Support with the Success of EIBF in Primigravida Mothers at Ain Hartoko Medistra Clinic* found a p-value of 0.000 (p < 0.005), demonstrating a strong association between family support and successful EIBF. The better the support provided by the family, the higher the likelihood that primigravida mothers would succeed in initiating early breastfeeding.

Breastfeeding success is also closely tied to the involvement of husbands and other family members. Adequate family support can serve as motivation for mothers to carry out EIBF and contributes to a positive maternal attitude toward the practice. The role of the family is crucial in creating a supportive environment that enables the smooth implementation of EIBF. Even during pregnancy, fathers or other family members can contribute by seeking information about pregnancy, infant care, and breastfeeding practices.

According to the researchers' assumptions, mothers who received only partial or inadequate support were less likely to successfully perform EIBF. This may occur because the support provided focused more on facilities and birth preparation, without sufficient attention to gaining knowledge about the importance of EIBF. As a result, both the mother and the family lacked understanding of the critical role of EIBF for both maternal and neonatal health. In contrast, mothers who received full and informed support were more likely to succeed, as their families were actively involved and cooperative throughout the labor and postpartum processes, including following healthcare workers' recommendations to perform EIBF. On the other hand, families that lacked awareness or support tended to offer formula milk, driven by sympathy for the mother's exhaustion or discomfort after giving birth.

# C. Health Worker Support Relationship on the Implementation of IMD in RSUD Dr. Kanujoso Djatiwibowo Balikpapan

The results showed that out of 42 respondents, 20 mothers (83.3%) reported that health workers supported the implementation of Early Initiation of Breastfeeding (EIBF), compared to only 33.3% who indicated that health workers did not provide support. Meanwhile, among the 42 respondents, 12 mothers (66.7%) reported that health workers did not support EIBF, compared to only 16.7% who received support but did not implement EIBF. Based on the Chi-Square test, the p-value was 0.003 (p < 0.05), indicating a statistically significant relationship between health worker support and the implementation of EIBF.

These findings are consistent with a study by Nidya Aryani (2020), titled *Health Worker Support for Early Breastfeeding Initiation (EIBF) in Maternity Mothers at the Independent Midwife Practice (PMB) Wirahayu, S.ST.*, which reported a p-value of 0.000. This result indicates a significant



association between the support of health workers and the successful implementation of EIBF among postpartum mothers.

Similarly, Yola Fadelia's study (2021), titled *Midwife Attitude Toward the Success of Early Breastfeeding Initiation at Aura Syifa Hospital, Kediri Regency*, also found a p-value of 0.000 (p < 0.005), reinforcing the conclusion that midwives' attitudes significantly influence the success of EIBF practices. The study noted that the presence and encouragement of health workers—nurses, midwives, or doctors—play a pivotal role in facilitating EIBF. These professionals are typically the first to assist postpartum mothers in initiating breastfeeding and provide reassurance and emotional support during the process. As key figures in the birthing process, health workers are instrumental in ensuring EIBF is successfully implemented.

Effective communication between midwives and mothers is essential to build trust and promote the willingness to carry out EIBF. Health workers, especially midwives, are expected to provide education on EIBF, such as discussing the benefits of breastfeeding during prenatal visits and offering guidance on breast care during pregnancy.

To strengthen the implementation of the EIBF program, maternity clinics must regularly evaluate the performance of their staff in supporting EIBF. Disciplinary action may be necessary for midwives who fail to fulfill their roles in accordance with EIBF protocols. In addition, ongoing training should be provided to midwives to ensure they are well-equipped with the necessary skills and knowledge to support and promote early breastfeeding initiation effectively.

#### **CONCLUSIONS**

Based on the research conducted at Dr. Kanujoso Djatiwibowo Regional Hospital in Balikpapan, it can be concluded that the implementation of Early Initiation of Breastfeeding (EIBF) among postpartum mothers still requires significant attention, despite more than half of the respondents (61.9%) having practiced it. A high level of maternal knowledge, strong family support, and active involvement of health workers were found to be significantly associated with the successful implementation of EIBF. These findings indicate that EIBF is influenced not only by medical or procedural conditions but also by psychosocial and educational factors surrounding the mother.

Overall, the results emphasize the importance of strengthening maternal education during pregnancy regarding the benefits of EIBF, enhancing the role of the family particularly the husband as the primary support system, and improving the competence and awareness of health workers in facilitating the early breastfeeding process. These three components are crucial in creating an enabling environment for the successful implementation of EIBF. Therefore, a holistic and collaborative approach among all stakeholders is essential to ensure that EIBF becomes not only a recommended policy but also an integral part of quality, mother-and-baby-centered maternity care.



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