

TESIS

**MODEL PELAKSANAAN IMD (INISIASI MENYUSU DINI)
PADA IBU BERSALIN DI RSUD PROF.DR.SOEKANDAR
MOJOSARI MOJOKERTO**

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**UNIVERSITAS AIRLANGGA
FAKULTAS KESEHATAN MASYARAKAT
PROGRAM MAGISTER
PROGRAM STUDI ILMU KESEHATAN MASYARAKAT
SURABAYA
2013**

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TESIS

**Untuk memperoleh gelar Magister Kesehatan
Minat Studi Kesehatan Ibu dan Anak
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
Universitas Airlangga**

Oleh:

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SURABAYA
2013**

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PENGESAHAN

**Dipertahankan di depan Tim Penguji Tesis
Minat Studi Kesehatan Ibu dan Anak
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat Universitas Airlangga
dan diterima untuk memenuhi persyaratan guna memperoleh gelar
Magister Kesehatan (M.Kes)
pada tanggal 22 Agustus 2013**

Mengesahkan

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PERSETUJUAN

TESIS

**Diajukan sebagai salah satu syarat untuk memperoleh gelar
Magister Kesehatan (M.Kes)
Minat Studi Kesehatan Ibu dan Anak
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
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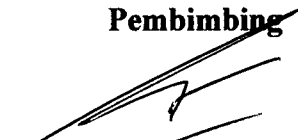
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PERNYATAAN TENTANG ORISINALITAS

Yang bertanda tangan di bawah ini, saya:

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Angkatan : 2011
Jenjang : Magister

menyatakan bahwa saya tidak melakukan plagiat dalam penulisan tesis saya yang berjudul:

Model Pelaksanaan IMD (Inisiasi Menyusu Dini) Pada Ibu Bersalin di RSUD Prof.Dr.Soekandar Mojosari Mojokerto.

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Demikian surat pernyataan ini saya buat dengan sebenar-benarnya.

Surabaya,

Agustus 2013

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SUMMARY

Implementation Model for Early Breast-Feeding Initiation among Delivery Mothers at Prof.Dr.Soekandar Hospital in Mojosari Mojokerto

Baby's death rate in Indonesia is far from the expected Millennium Development Goals in the year 2015, which amounts to 0,023 of the living births. One of the way outs to lessen the cause of death is by breast-feeding the babies within one hour after the baby was born, called the Early Breast-Feeding Initiation, which exclusively continues for as long as 6 months, and breast-feeding should continue for two years or more. Early Breast-Feeding Initiation is believed to help increase body strength against deceases with high death risk (e.g. neural cancer, leukemia and other deceases). Early Breast-Feeding Initiation Programme at Prof. Dr. Soekandar Hospital in Mojosari Mojokerto started in the year 2010, but its implementation had not been maximal, because there had not been any support from institutions related to the programme. The data at the hospital stated that only 50% of the babies had Early Breast-Feeding Initiation. Babies who had Early Breast-feeding Initiation were those who were born normally, whereas those who were born with a special treatment and those with caesarian surgery did not have Early Breast-Feeding Initiation.

Based on the above mentioned cases and background this study is aimed at 1) analyzing the implementation of the Early Breast-Feeding Initiation on mothers who delivered baby, 2) analyzing the obstacles in the implementation of the Early Breast-Feeding Initiation, 3) developing a model for the implementation of the Early Breast-Feeding Initiation on mothers who delivered baby. This study is a qualitative kind of research, which lasted from December 2012 until July 2013. The informants of the research were the midwives who worked in the labour ward and mothers who gave birth normally. The methods of the research were observation, thorough interviews and Focus Group Discussion. The data analysis used descriptive analysis by analyzing the data in this research. The analysis used included the data collecting stage, the data reduction stage and the data presentation stage.

The result of the observation during implementation of the Early Breast-Feeding Initiation showed that mothers who gave birth directly abide by the midwives' instruction to hold the baby without first telling the mother that the Early Breast-Feeding Initiation would be implemented. The obstacle that occurred during the implementation was the fact that mothers felt very tired and hungry, so that when the midwives told them to hold their babies, they sometimes let the babies fall out of their arms.

The thorough interviews with the mothers who gave birth about the information they had received during the Ante Natal Care period showed that the information the mothers had had was mostly about the nutrition that pregnant mothers needed. Only a few mothers knew of the information about Early Breast-Feeding Initiation. The result of the Focus Group Discussion that the midwife should give mothers who delivered baby the information when they came for periodic examination or consultation. Mothers also hoped that their husbands could wait in the delivery room to help the mothers with whatever they needed.

The result of the observation during the implementation of the Early Breast-Feeding Initiation showed that the midwives looked like they were in a hurry and not in accordance with the Standard Operational Procedure of the hospital. The result of the thorough interviews about the implementation of the Early Breast-Feeding Initiation, showed that all the midwives were able to explain the steps of the implementation correctly. The obstacle that occurred during the implementation was the fact that there were not enough midwives, so that the programme could not be implemented maximally. The result of the Focus Group Discussion showed that all the midwives agreed the hospital should immediately find more midwives.

The implementation of the Early Breast-Feeding Initiation was not in accordance with the Standard Operational Procedure of the hospital. During the implementation, the obstacle come from two sides, the first comes from the side of the mother who gave birth, who felt very tired and hungry and their not knowing about the Early Breast-Feeding Initiation. The next obstacle comes from the side of the midwife, for the fact that there were not enough midwives with the result that the Early Breast-Feeding Initiation programme could not be maximally implemented.

A model for the implementation of Early Breast-Feeding Initiation on mothers who gave birth was developed, in which the husbands or other family members took part by staying with the wife when she was in labour. The hospital advised that implementation of the programme should be socialized in accordance with the Standard Operational Procedure. The socialization should be carried out on a routine basis and scheduled on the day meeting of the clinic. The hospital also organized a fixed procedure. The facilities used had a standard determined by the hospital (baby cap and blanket).

The hospital supervise the midwives when Early Breast-Feeding Initiation programme was taking place and reminded all nurses and midwives to actively note down Early Breast-Feeding Initiation activities on a checklist in order that evaluation and monitoring can be done.