



HUSBAND INVOLVEMENT TO ACCOMPANYING HIS WIFE IN THE IMPLEMENTATION EARLY INITIATION OF BREASTFEEDING TO POST CESAREAN SECTION DELIVERY AT HOSPITAL

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ABSTRACT

Background: The process of Early Initiation of Breastfeeding on cesarean section is rarely implemented. This is because pain from the surgical wound, the effect of anesthesia, discomfort, and yet the milk discharge after surgery. **The purpose of this study** was to determine the involvement of husband in accompanied his wife in cesarean section in the implementation Early Initiation of Breastfeeding. **Method:** Design of explanation with a population of women post cesarean section in Jombang and Madiun General Hospital in February to May 2016. The sample size was 282 with total sampling technique. **Results and analysis:** all variable involvement of the husband (support and interaction) directly influence the health care need of cesarean section's mother, health care need does not affect the implementation of Early Initiation of Breastfeeding, with a value of $\lambda \Rightarrow 1.96$. **Conclusion:** involvement (support and interaction) husband is very necessary to reduce health care need in mothers laboring cesarean section. Early Initiation of Breastfeeding success in the mother post cesarean section is not only influenced by health care need, but also influenced by other factors.

Keywords: cesarean section, early initiation of breastfeeding, health care need, pain, anxiety

INTRODUCTION

Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) remains one of the problems in Indonesia (Hasiana and Tinia, 2014). Early breastfeeding is one of the interventions that can significantly reduce infant mortality (Raharjo, 2014). In some countries, the average implementation Early Initiation of Breastfeeding is low, while demand operation of Cesarean Section is increasing and may have an impact on the success of breastfeeding (Emily *et al.*, 2012). Early Initiation of Breastfeeding is an attempt to restore the rights of the baby on his mother who had been robbed by birth practitioners who help the delivery process (Lamula and Sutriyani, 2012).

The reason of mother who did not do the breastfeeding initiation were because of surgery wound (92%), discomfort (78%), anesthesia effect (74%). If the pain of post section Caesarea would not addressed can reduce a mother's ability to implement the early breastfeeding initiation (Doenges *et al.*, 2013).

The problem of maternal post cesarean section besides pain is anxious. Anxiety in post cesarean section caused by the crisis situation in the face of cesarean section labor, threats against self-concept related to the welfare of the mother and baby, and transmission interpersonal, marked by increased tension, distress, fear of something happening, feeling unable to care for her baby to the maximum, and agitated (Doenges *et al.*, 2013). Excessive anxiety can bring harm to the mother and the baby, for example, the mother may experience post partum depression (Skouteris *et al.*, 2008).

WHO reported that the level of Early Initiation of Breastfeeding in the world in 2010 amounted to only 43% of the birth rates. In Asia, the rate Early Initiation of Breastfeeding is 27% -29% of babies born. Early Initiation of Breastfeeding national coverage of 34.5% and there are 18 provinces, whose scope is below the national average. Early Initiation of Breastfeeding has increased from 29.3% in 2010 to 34.5% in 2013, in addition Early Initiation of Breastfeeding highest percentage is in the province of West Nusa Tenggara with 52.9% while the lowest in the province of West Papua by 21.7%.. While the percentage of Early Initiation of Breastfeeding in East Java province is 21% of the birth rate (Margustin and Zuana, 2012).

The incidence of cesarean section in east Java province in 2009 amounted to 3,401 operations of 170,000 deliveries, or about 20% of all deliveries. While in Jombang deliveries of cesarean section in 2014 as many as 3870 and there are no data regarding the implementation of Early Initiation of Breastfeeding (Jombang District Health Office). In addition, data from hospitals Jombang in 2014 there were 577 cesarean deliveries and by 2015 as many as 540 cesarean deliveries. Results of a preliminary study in hospitals Jombang conducted on 20 January until 26 February to 25 respondents indicated that the husband's support as many as 12 respondents and conducting Early Initiation of Breastfeeding as much as 8 respondents who received support while her husband and did the Early Initiation of Breastfeeding by 4 respondents (Margustin and Zuana, 2012).

Mothers who had a cesarean more experience complications, pain, recovery is prolonged, back to the hospital, fatigue, discomfort, stress, anxiety, etc. The women with Cesarean Section reported pain with a fairly high level before the first 24 hours. This has an impact on breastfeeding and newborn care. For the mother Caesarean required more pain medication after surgery are used to comfort the mother. Mother's post Caesarea Section often find difficult to achieve a comfortable position for breastfeeding (Francis, 2007; Smith, 2010; Lauwers and Swisher, 2011).

Mothers with cesarean section often unable to fulfill its role as a mother because the mother in weak condition after giving birth. Steps can be taken to improve the Early Initiation of Breastfeeding in mothers who delivered with cesarean section not to worry because it can affect milk production for breastfeeding anxiety inhibits spending. Achievement of the mother's role can be achieved by Early Initiation of Breastfeeding. Readiness of new mothers to provides breast milk to the newborns in need of psychological preparation because the mother has a role change. Based on nursing theory Maternal Role Attainment- Becoming a Mother suggests that the main focus of this theory is the description of the process of achieving the role of the mother and the process of becoming a mother. Achievement of the role of the mother can be successful if the mother to be close to the baby and get the support of a couple (husband) including express satisfaction and appreciation further role after childbirth (Alligood, 2006).

Mothers who experience anxiety can affect Early Initiation of Breastfeeding as anxiety can affect milk production. Therefore, the first puff baby will spur spending prolactin hormone, which will be issued at the beginning of the birth of breast milk contains colostrum, which is high enough. Mothers with cesarean section or normal delivery should do Early Initiation of Breastfeeding on her baby, because Early Initiation of Breastfeeding can save 22% of the life of the baby prior to 28 days.

Fatigue, stress, pain, and health complications in Cesarean Section are important in terms of breastfeeding, lack of help enable mothers can't breastfeed early, which may affect lactation and breastfeeding cause failed. Families have been encouraged to be present in the operation, to share the birth of their baby. Father can be an important source of moral and physical support and engage with their babies from birth (Vicenzo *et al.*, 2010).

A father's role in the success of breastfeeding is very large. Stable emotional state determines the positive attitude of the mother. The emotional stability can be achieved if the husband or family provides maximal support and motivation. Support can give an impression that he is loved and cared for, have pride and appreciated. So it will affect the emotional mother, she will calm, comfortable, confident, in implementing the Early Initiation of Breastfeeding to the baby. Husband's involvement in Early Initiation of Breastfeeding will motivate mothers to breastfeed. If the mother is motivated and optimistic breastfeed, her milk will smooth out (Roesli, 2012; Paramita, 2015).

Mercer nursing theory puts the interaction between mother, baby and father. Father or intimate partner contributes to the process of achieving the maternal role that the implementation can't be replaced by others. Nurses play a major role helping the baby is born to make the transition to a safe and helping mothers and people nearby (husband) to do transition into parenting (Nursalam, 2014).

Cesarean Section is not a barrier mothers to do Early Initiation of Breastfeeding. Support from husband will lead to a better understanding and aware, and willing to implement the recommendation. If the mother is willing to follow the advice, the mother will be ready to make the process of breastfeeding (Roesli, 2012). Support from the nearest person be a benefit to success or failure of breastfeeding, the greater the support obtained the greater the mother's ability to breastfeed (Wiji, 2013).

MATERIALS AND METHODS

In this study the type of research was explanative observational. Type of explanative observational study aimed to collect data from respondents to answer the strategic issue that is going on, which means that women post cesarean section do not carry out a Early Initiation of Breastfeeding. The design used *cross sectional*. where cause and effect variables were measured at the same time (Karlstrom, 2007). This study investigated the influence of her husband's involvement (support and interaction) to the maternal anxiety post cesarean section, and the effect of anxiety on the implementation of the Early Initiation of Breastfeeding to comfort the mother, the effect of a sense of comfort to the implementation of the Early Initiation of Breastfeeding.

The population of this study was a women post cesarean section in Jombang and Madiun General Hospital in February to May 2016. The sample in this study was all Mother Post cesarean section in Jombang and Madiun General Hospital who meet the inclusion and exclusion criteria for a number of 282 respondents. Sampling in this research was total sampling. how to select a sample of the same population with the number of population (Nursalam, 2014). Exogenous variable in this study was a factor involvement of the husband (support and interaction), and endogenous variables were maternal anxiety, and implementation factors to do Early Initiation of Breastfeeding.

The instrument in this study used a questionnaire. After the data is collected, the data processing is done through the stages Editing, Coding, Scoring, and Tabulating.

Maternal anxiety model post cesarean section in the implementation of the Early Initiation of Breastfeeding includes three constructs: father constructs (X1), mother construct (Y1), and Early Initiation of Breastfeeding constructs (Y2). All three constructs are described by indicators

(variables observed) the husband's support indicator (X11), husband interaction indicator (X12) explaining father construct (X1). Indicators of maternal anxiety (Y11) describe mother constructs (Y1), and Early Initiation of Breastfeeding performance indicators (Y21) describes Early Initiation of Breastfeeding construct (Y2). Pictures of the research model more as follows.

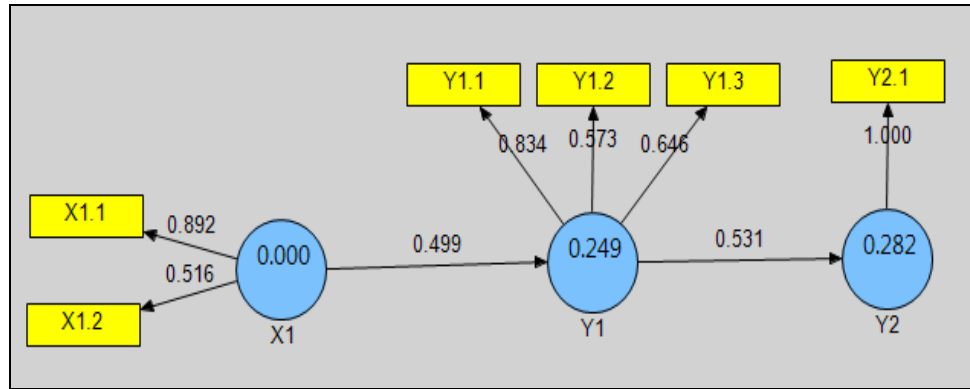


Fig 1: Maternal Anxiety Model Post Cesarean Section in the Implementation of the Early Initiation of Breastfeeding

RESULT AND DISCUSSION

Table 1 shows that the educational characteristics of respondents, the majority of respondents' education is secondary education (graduate SMA / SMK / MA or equivalent), with a percentage of 59.6%.

Table 1: Frequency Distribution of Respondents

No	Characteristic	Category	Frequency	
			Σ	%
1	Education	Basic (SD, SMP)	68	24.1
		Middle (SMA, SMK, MA)	168	59.6
		High (D3, S1, S2, S3)	46	16.3
		Total	282	100
2	Job	Farmer	6	2.1
		Private employees	81	28.7
		Entrepreneur	23	8.2
		Government employees	12	4.3
		Housewife	160	56.7
	Total	282	100	
3	Information about Cesarean section	Ever	207	73.4
		Never	75	26.6
		Total	282	100
4	Source information about cesarean section	Health worker	137	66.2
		Mass media	8	3.9

No	Characteristic	Category	Frequency	
			Σ	%
		Electronic media	16	7.7
		Neighbor/friend/family	46	22.2
		Total	282	100

The rest is a basic education and higher education. The majority of respondents' job is as a housewife with a percentage of 56.7%. Followed by a private employment of 28.7% and at least 2.1% were farmers. Information about cesarean section labor based on the table 1 are known to the majority of respondents had never received information about cesarean section labor that as many as 73.4%. While, has not been informed of cesarean section delivery that as many as 26.6%. The majority of respondents obtained information cesarean section delivery of health personnel which amounted to 66.2%.

Table 2 shows that maternal anxiety post Cesarean section against emotional reactions psychiatric post cesarean section, known to the majority of women post Cesarean section has a mild anxiety that is 76,6%. Anxiety experienced by mothers during the cesarean section held a majority in the lightweight category. So the anxiety indicators can't explain the factors of mothers in need of nursing services.

Everyone has experienced anxiety at certain times and with different levels. It may just be because people feel they have no ability to deal with things that might happen to him in the future. The theory of behavior explains that anxiety appears through classical conditioning, which means that a person develops anxiety reaction to things that never experienced before and reactions that have been learned from experience.

Table 2: Frequency Distribution of Fathers' Factor

No	Indicator	Category	Frequency	
			Σ	%
1	Support	Less	3	1.1
		Middle	278	98.6
		Good	1	.4
		Total	282	100
2	Interaction	Less	0	.0
		Middle	1	.4
		good	281	99.6
		Total	282	100

There are two factors that can affect levels of anxiety are predisposing and precipitation factors. In the predisposing factors, there are several theories that could explain anxiety, including the views of psychoanalytic, interpersonal view, the view of behavior, family studies and biological studies. Precipitation factors can be divided into two, namely the threat to the integrity of a person which includes physiological impending inability or reduced capacity to perform activities of daily living and the threat to the system a person may endanger the identity of self-esteem and social functions

are integrated person.

In the opinion of the researchers that the majority of respondents experiencing mild anxiety. This is because the mother Post Cesarean section was already reduced levels of fear because the respondent had been completed in operation and worry would be that something is bad or worrying already passed so that the respondents were able to overcome the psychological stressor in the face it after cesarean section surgery.

Husband's support is based on table 3 above is known to the majority of husbands provide enough support for his wife who gave birth by Cesarean Section, which amounted to 98.6%, and almost all of them have interaction in both categories, i.e. 99,6%.

Father factors are described by two indicators husband's support and spousal interaction. The results showed the majority husband provides sufficient support to the wife who gave birth to the cesarean section. Almost all married have a good interaction. Father Factors proved capable of improving maternal health care need post Cesarean section.

In the nursing theory by Mercer, father or intimate partner contribute to the process of achieving the role of mothers on their implementation can't be replaced by others. Interaction with father helps reduce stress and facilitate the achievement of the role of mother (Nursalam, 2014).

Mercer Identify that the emotional support and the award in question is the feeling of love, caring, trust and understanding, of the implementation role, and how he displays his role. Instrumental support as direct aid to help care for the baby as well as informational support to help people by providing useful information and deal with problems or situations.

Psychologically, a mother who supported her husband or family will be more motivated to give Mother's milk to her baby (Vicenzo, 2010; Roesli, 2012) noted that to compliance the needed harmony breastfeeding pattern tripartite relationship, between father, mother and baby. Breastfeeding success is largely determined by the role of the father because the father will also determine the smoothness reflex spending breast milk, which is strongly influenced by the state of emotion or feelings of the mother. Fathers can play an active role in assisting mothers in giving milk of mothers through support-emotional support and other practical assistance. The notion of the important role that this is the first step for a father to be able to support successful breastfeeding mothers so early.

A father has an important role in the success of breastfeeding mothers. Feeling and spirit of mothers to breastfeed and to continue to provide the best for their children rely heavily on the role of father to continue to maintain a conducive atmosphere. Breastfeeding be hampered if the condition of the father and mother are not in harmony, the mother did not have the support of her husband, can't communicate well, and the mother feeling unsafe and comfortable (Reni, 2011).

Support husband who is a supporting factor in the success of exclusive breastfeeding is an activity which is emotionally and psychologically given to mothers in breastfeeding. This relates to the thoughts, feelings, and sensations that can facilitate milk production. The husband is the closest person for breastfeeding mothers who are expected to always be on the maternal side, and are always ready to provide assistance. Success in breastfeeding mothers is inseparable from the support of her husband constantly. If mothers gain confidence and full support of her husband, the motivation for breastfeeding mothers to increase (Reni, 2011).

A husband's involvement in the implementation of the Early Initiation of Breastfeeding will motivate mothers and determine maternal emotional stability. Stable emotional state determines the positive attitude of the mother. This stability can be achieved if the husband or family gives a

support or motivation in maximum. Support gives an impression that he is loved and cared for, have pride and valued so that by itself will affect the emotional mother where he was more calm, comfortable. In addition, the father supported to recognize the behavior of the baby before feeding. It can last a few minutes or an hour. Support father will improve the confidence of mothers (Lamula, 2012).

In fact, it is appropriate because the husband is not allowed to accompany her in the operating room, especially when in the operating room, so that the support given by the husband is not the maximum. Support for her husband in the operating room is required to increase the confidence of mothers in implementing the Early Initiation of Breastfeeding. It concluded that even though the wife support her husband, but the husband does not stand beside the mother during surgery led to an increase in *health care need* mother post Cesarean section.

Health care need Factors can be explained by three indicators: physical (pain), psycho spiritual (anxiety) and social (husband and provider). Table 3 describes the need for care in the mother post Cesarean Section. The health care needs of the physical: the level of pain felt by the mother post Cesarean Section, the majority of respondents (96.8%) had moderate pain and severe level; only 3.2% said mild pain. The health care needs of the mother's perceived psycho spiritual post Cesarean Section, the majority of women experience moderate anxiety, which amounted to 86.9%. Health care needs with support, social interaction (husband and providers) are felt by the mother post SC, the majority of perceived support post Cesarean Section mother is fine, which amounted to 95.7%.

Table 3 Frequency Distribution of *Health Care Need*

Indicator	Category	Frequency	
		Σ	%
<i>Health Care Need: Physics (Pain)</i>	Mild pain	9	3.2
	Moderate pain	133	47.2
	High pain	140	49.6
<i>Health Care Need: Psychospiritual</i>	Normal	0	0
	Mild anxiety	32	11.3
	Moderate anxiety	245	86.9
	High anxiety	5	1.8
<i>Health Care Need: Social</i>	Support, lacking social interaction	0	.0
	Support, enough social interaction	12	4.3
	Support, good social interaction	270	95.7

Health Care Need Factors (Y1) has positive and significant impact on the implementation of the breastfeed initiation (Y2). This evident from the marked positive path coefficient of 0,531 with a value of 8.42 T statistically greater than the T-table (1.96), thus a factor Health Care Need (Y1) has

direct influence on the implementation of the breastfeed initiation (Y2) of 0,531, which means that every increase in Health Care Need factor (Y1)) will increase the implementation of the breastfeed initiation (Y2) amounted to 0,531. This means that the factor Health Care Need enhance the implementation of the breastfeed initiation.

These results indicate that the majority of women are still experiencing severe pain and moderate levels. This proves that the mother still required treatment to reduce the pain. Similarly to the psychological needs, you still need psychological health care for the majority of women experience moderate levels of anxiety. Health care needs the support of the majority is already well known.

Pain is a combination of physical reactions, emotions and behavior, which according to states that the client only the most know and understand about the pain that he felt. Therefore client said as an expert about the pain that he felt. There are various factors that can influence the perception and reaction of each individual to pain. A nurse must master and understand these factors in order to provide the right approach in the assessment and treatment of clients who have pain problems (Karlstrom *et al.*, 2007).

Meaning of pain in a person affected the way a person experiences pain and adapt to pain. A woman who felt pain during childbirth will perceive pain differently from other women the pain from being hit by her husband. Individuals who are experiencing pain often require support, assistance, protection of other family members, or close friends. Although the pain is still felt by the client, the presence of people nearby would minimize loneliness and fear.

The relationship between pain and anxiety are complex, one feels anxiety often increase the perception of pain, but pain can also cause feelings of anxiety. As an example of someone who has never operation and when it was told to be operating, the more increases the perception of pain. Fatigue / tiredness that one feels will increase the sensation of pain and reduce the ability of individual coping.

The majority of respondents in this study are patients referred from primary health care. So that the patient is tired and weak, it can improve the patient's perception of pain. Although logically the patient has done analgesic SAB, which should patients do not experience pain until about 2 hours. But because the pain is also influenced by psychological factors, because patients also experience anxiety impact of its operations cause the patient to feel pain. The results of this study can not explain the pain indicator factor of *health care need*.

The health care needs of the physical: the level of pain felt by the mother post SC, the majority of respondents are still experiencing severe pain and moderate levels. The health care needs of the mother's psychological perceived post SC, the majority of women experience moderate anxiety. Health care needs with support, social interaction (husband and providers) are felt by the mother post SC, the majority of perceived support post SC has been good mother. Although mothers still feel the pain caused by surgery, but the provider did not take action to reduce the nursing pain.

The level of one's attention to pain will affect the perception of pain. The attention that increases the pain will increase the pain response while efforts diversion (distraction) was associated with decreased response to pain. This concept underlies the various therapies to relieve pain, such as relaxation, guided imagery techniques, and massage.

Based on Table 4 shows that nearly all (96.1%) of mothers Post Cesarean Section at the Edelweiss Room in Jombang General Hospital not implement Early Initiation of Breastfeeding that a number of 271 respondents.

It is influenced by several factors one of which is education. The level of education affects the

mother in breastfeeding. Absorption varies and different information and are influenced by the level of education. Education will affect all aspects of human life, her thoughts, feelings, and attitudes. Higher level of mother's education makes higher level also in basic ability of implementing the breastfeed initiation.

In fact in the study, maternal education level is almost entirely secondary education (high school), this is in accordance with the theory put forward by Nastiti (2012) that the higher level of education and the higher mother's ability to breastfeed, especially the implementation of Early Initiation of Breastfeeding. However, respondents in particular with a secondary education (high school) showed a refusal to do Early Initiation of Breastfeeding. This suggests that there are other factors inhibiting the implementation of Early Initiation of Breastfeeding.

The fact that the majority of respondents in the study did not carry out the Early Initiation of Breastfeeding, while respondents who did early initiation claimed that the baby placed on the mother's breast is only about 5-10 minutes without knowing the baby is breastfed or not. Once out of the operating room, the baby and the mother separated because treated in each chamber. In fact, if the Early Initiation of Breastfeeding should not occur in the operating room, the baby stays put on the mother's chest when transferred to a treatment or recovery. In addition, after the mother underwent surgery, the mother felt helpless to do activities mainly on the baby. Therefore, mothers need assistance for the implementation of the Early Initiation of Breastfeeding. This help can come from health worker who facilitates the mother to suckle Early initiation is done when the conditions allow.

Table 4 Frequency Distribution of Early Initiation of Breastfeeding Implementation

No	Early Initiation of Breastfeeding Factor	Category	Frequency	
			Σ	%
1	Early Initiation of Breastfeeding Implementation	No	271	96.1
		Yes	11	3.9
		Total	282	100

Mercer Theory said that one factor in the achievement of the mother's role to succeed if she can reach her role as a mother, in which one of the crucial role in the achievement of a mother is carrying out initiation Early, Early Initiation of Breastfeeding rarely if ever done in cesarean section childbirth, deliveries in this way requires a longer recovery time compared with spontaneous labor. Babies born by cesarean section spaced apart from her mother, because her mother is still recovering from the impact of anesthesia awareness (Vicenzo *et al.*, 2010).

Based on the research in the Edelweiss room, Jombang General Hospital, the of most mothers post cesarean section experiencing mild anxiety. Most of the respondents were never informed about the Early Initiation of Breastfeeding, it also became one of the factors inhibiting Early Initiation of Breastfeeding. Cesarean Section surgery is an action that can cause tension (stress). Mothers will be taken cesarean section commonly experience anxiety (anxiety) that varies from mild to severe. Mother is currently in a state of post cesarean section and mother in a helpless condition in meeting the needs of themselves, so that mothers need health care worker to perform Early Initiation of Breastfeeding to her baby. Many other factors that affect the achievement of the mother's role is one of them is health care workers who are in the operating room may not fully understand about the

preciousness of Early Initiation of Breastfeeding for new born babies through cesarean section surgery.

A husband's involvement in the implementation of Early Initiation of Breastfeeding will motivate mothers and determine maternal emotional stability. Stable emotional state determines the positive attitude of the mother. Support gives an impression that he is loved and cared for, have pride and valued so that by itself will affect the emotional mother where he was more calm, comfortable process Early Initiation of Breastfeeding. In addition, the father supported to recognize the behavior of the baby before feeding. It can last a few minutes or an hour. Support father will improve the confidence of mothers (Lamula and Sutriyani, 2012).

In the Mercer nursing theory, father or intimate partner contribute to the process of achieving the role of mothers on their implementation can't be replaced by others. Interaction dad helps reduce stress and facilitate the achievement of the role of mother (Nursalam, 2014).

In fact, it is appropriate because the husband is not allowed to accompany her in the operating room, especially during the implementation of early initiation of breastfeeding so that the support given by the husband is not the maximum. It concluded that even though the wife support her husband, but the husband does not contribute to the implementation of early initiation of breastfeeding in terms of caring for a wife for early initiation of breastfeeding is not done by the husband. Inhibiting not commit early initiation of breastfeeding is not because a husband who did not give support to the mother, but also health care worker facilitate husband to give its support early initiation of breastfeeding is not maximum, especially when performed in the operating room.

CONCLUSION

Based on the research that has been done can be concluded that:

1. Father factors that include husband support and husband interaction effect of reducing the anxiety factor in the mother post cesarean section.
2. Anxiety factors in post cesarean section mother doesn't significantly influence the implementation of early initiation of breastfeeding.

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