

Implementation Early of Initiation Breastfeeding (EIB) by Health Workers in the Maternity Room of 'Aisyiyah Ponorogo General Hospital During Covid-19 Pandemic

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ABSTRACT

Background: Early of initiation breastfeeding (EIB) can reduce the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). The COVID-19 pandemic reduced early initiation of breastfeeding activities. As a result of the COVID-19 pandemic, access to essential services such as breastfeeding counseling in hospitals has been disrupted.

Purpose: The purpose of this study is that researchers want to examine the implementation of the EIB by health workers in the maternity room of "Aisyiyah Ponorogo" General Hospital during the COVID-19 pandemic.

Methods: The research used was qualitative with a case study design. The social situation in this study was delivery support health workers in the Maternity Room and Perinatology Room with informants consisting of five implementing midwives and six implementing nurses. The data collection process was carried out until the data collected experienced data saturation. Data validity was tested using source triangulation, namely patients who gave birth at "Aisyiyah Ponorogo" General Hospital.

Results: EIB at 'Aisyiyah Ponorogo General Hospital has always been applied to newborns since 2010 and underwent adjustments during COVID-19 pandemic. The EIB was not implemented due to several conditions which made it impossible. Supporting factors for the implementation of early initiation of breastfeeding are the number and ability of health workers and the facilities available from both the hospital and the patient's family. The obstacle in this study is the perinatology room which is located far away so that the nurses in the perinatology department have difficulty carrying out several tasks at once which will cause a discrepancy in the duration of EIB implementation.

Conclusion: Collaboration between the hospital, health workers, and the community is needed in an effort to increase the implementation of EIB. Starting from the existence of policies from the Hospital, the ability of health workers and the willingness of the community to improve the implementation of EIB.

Keywords: covid-19, EIB, implementation

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BACKGROUND

Early of Breastfeeding Initiation (EIB) can reduce the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). One of the causes of MMR in Indonesia is the occurrence of postpartum hemorrhage. One program that can prevent postpartum hemorrhage is breastfeeding for 6 months because when the baby sucks the smooth muscles of the nipple, the pituitary gland will release the hormone oxytocin. The hormone oxytocin can stimulate the uterine muscles to contract better, thereby reducing the occurrence of bleeding. (Susilawati, 2020).

According to the 2013 basic health research (Riskesdas), the highest percentage of breastfeeding in children aged 0-23 months is 1-6 hours (35.2%). The process of starting to breastfeed in the first hour after birth / EIB is only 34.5%. EIB has increased in 2018. Based on the results of the 2018 Riskesdas, the proportion of EIB in children aged 0-23 months is 58.2%. of this proportion, only 15.9% did EIB \geq 1 hour. The 2019 Strategic plan target regarding the coverage of newborns getting EIB is 50%. Whereas in East Java it is known that the coverage of Newborns Receiving EIB in 2019 is 69.81%. Ponorogo Regency, in 2019, 37.2% did EIB in newborns less than one hour old. So that in 2019 Ponorogo Regency has not met the target set regarding EIB coverage in newborns (Kemenkes, 2019).

The COVID-19 pandemic reduced EIB. This condition occurs because the visits of pregnant women are limited, so that pre-natal lactation counseling services are hampered. Lactation counseling is one of the keys to the success of the exclusive breastfeeding program. Not to mention the mothers giving birth who are positive for COVID-19. This makes EIB not run because it avoids close contact with the mother so that breastfeeding as often as possible according to the baby's needs is also not carried out (Harsono, 2020).

As a result of the COVID-19 pandemic, access to essential services such as breastfeeding counseling in hospitals, health clinics, and through home and hospital visits has been disrupted. Inaccurate information circulating about the safety of breastfeeding has reduced breastfeeding rates because mothers are afraid of passing diseases to their babies (WHO, 2020).

METHODS

The research used was qualitative with a case study design. The social situation in this study was delivery support health workers in the perinatology room and room with informants consisting of 5 implementing midwives and 6 implementing nurses. The data collection process was carried out until the data collected experienced data saturation. Test the validity of the data using source triangulation, namely patients who gave birth at "Aisyiyah Ponorogo General Hospital.

RESULTS**Characteristics of Informants**

The main informants in this study were 6 informants from the Mashitoh Room and 5 people from the Perinatology Room who had the following characteristics:

Table 1. Characteristics of Informants

No Resp	Name	Age (th)	Gender	Education	Length of Work (th)	Job/Position
01	NH	55	Female	Diploma III Study Program In Midwifery.	30	Head of Mashitoh Room

02	HZ	40	Female	Diploma IV Study Program In Midwifery.	15	Midwife in Mashitoh Room
03	NT	41	Female	Diploma III Study Program In Nursing	18	Nurse in the Perinatology Room
04	TJD	39	Female	Bachelor of Nursing	15	Kepala Ruangan Perinatologi
05	IPL	31	Female	Bachelor of Nursing	6	Nurse in the Perinatology Room
06	RPS	36	Female	Diploma IV Study Program In Midwifery.	11	Midwife in Mashitoh Room
07	HTH	31	Female	Bachelor of Nursing	2	Nurse in the Perinatology Room
08	SN	36	Female	Bachelor of Nursing	12	Nurse in the Perinatology Room
09	WR	30	Female	Diploma III Study Program In Midwifery.	6	Bidan Pelaksana di R. Mashitoh
10	HC	37	Female	Diploma III Study Program In Midwifery.	12	Midwife in Mashitoh Room
11	S	46	Female	Bachelor of Nursing	24	Nurse in the Perinatology Room

The informants in this study were between the ages of 31 until 55 and all were female. The education possessed by the informants was from **Bachelor of Nursing**, diploma IV study program in midwifery, and diploma III study program in midwifery where they were placed in a work space that was in accordance with their area of expertise, namely in the mashitoh room which was a delivery room at the 'Aisiyiah General Hospital Ponorogo with midwives personnel while the perinatology room with nurse personnel. The two rooms worked together when carrying out delivery assistance in the mashitoh room.

DISCUSSION

EIB implementation policy at 'Aisiyiah Ponorogo General Hospital during the COVID-19 pandemic.

Some informants gave an explanation with some hesitation that the policy regarding EIB had existed since the Perinatology Room was formed, which started in 2010. At that time the implementation related to EIB was still going through the process of structuring and completing a simple guideline or standard operating procedure (SOP). The implementation of EIB is one of the neonatal services, namely PONEK. But so far the implementation of EIB is not necessarily the same in practice, it all depends on the condition of the mother after giving birth and the physical condition of her baby. The implementation of EIB began with EMAS

(Expanding Maternal & Neonatal Survival) by making adjustments and improvements to the SOP for implementing EIB from the team at 'Aisyiyah General Hospital.

The Indonesian government supports the WHO and UNICEF policies regarding the EIB Program as a life-saving measure. The EIB activities have been introduced by the Government of Indonesia since 2007. Breastfeeding in the first hour of life which begins with skin-to-skin contact between mother and baby is declared a global indicator. This is a new thing for Indonesia, and is a government program, so it is hoped that all health workers at all levels of health services, both private and community, can socialize and implement it to support the success of the program, so that it is hoped that quality Indonesian human resources will be achieved. (Depkes RI, 2008).

Activities in implementation of EIB and exclusive breastfeeding are also supported by the government regulation of the republic of indonesia number 33 of 2012 concerning exclusive breastfeeding. The contents contained therein include that exclusive breastfeeding is the responsibility of the government, both the central, provincial and regional governments. The regulation also stipulates an article in the implementation of EIB in which health workers and providers of health service facilities are required to carry out early initiation of breastfeeding for newborns (Presiden RI, 2012).

In accordance with the statement from the informant supported by evidence regarding the Indonesian government's program related to the implementation of IMD that the implementation of EIB at 'Aisyiah Public Hospital began in 2010. This activity proves that 'Aisyiyah General Hospital also supports a program from WHO and a program from the government that was formed since 2007 related to EIB implementation policies. The Indonesian government has supported the WHO and UNICEF programs and requires all health workers at all levels of health services, both private and public, to carry out EIB in newborns for 1 hour.

During the COVID-19 pandemic, the Government of Indonesia issued a Practical Guidance Protocol for Health Services for Mothers and Newborns During the COVID-19 Pandemic Number: B-4 on April 5 2020. The protocol was prepared with reference to the references issued by the ministry of health and professional organizations, such as: guidelines for pregnant women, postpartum mothers and newborns during the COVID-19 pandemic (Kemenkes, 2020).

The policy files related to EIB implementation have been stored in the RS SIM which is programmed on the computer at 'Aisyiyah General Hospital. The form of this policy is in the form of guidelines for implementing services for newborns in the Perinatology room. However, this policy underwent changes and adjustments during the COVID-19 pandemic. Starting from steps in assisting the birth process, then policies in making decisions regarding the implementation of EIB and exclusive breastfeeding to the process of caring for mothers and their babies. This policy changed over time during the pandemic according to the instructions of the leadership and following the regulations from the health protocol issued by the Indonesian ministry of health, but the formulation team from the 'Aisyiyah General Hospital is still in the process of revising and compiling EIB implementation guidelines.

The changes in the implementation of EIB at 'Aisyiyah General Hospital during the pandemic included that if the mother who gave birth tested positive for COVID-19 then after the baby was born she was immediately separated from her mother and placed in an incubator, EIB was not carried out and then the mother was treated in an isolation room. If the baby is in normal condition, the baby can be brought by a family that does not live in the same house as the mother and the baby is brought home with the permission of the mother via video call. Whereas mothers who give birth are not confirmed positive for COVID-19, the EIB

implementation process is still implemented in accordance with the existing procedures at the 'Aisyiah General Hospital.

Implementation of the EIB program in the delivery room of 'Aisyiyah General Hospital Ponorogo during the COVID-19 pandemic

Implementation Time of IMD

Implementation of IMD depends on existing conditions. Both sectio caesarea (SC) and normal are actually in a guideline still carried out by EIB. However, in the implementation at 'Aisyiyah General Hospital in SC births, IMD was rarely done because the temperature in the operating room was cold and there was fear that it would cause the baby to experience hypothermia. Whereas in normal births it is still recommended to carry out EIB because the process of normal births is in the delivery room. the process of implementing EIB is not immediately implemented after the baby is born, this does not match the criteria specified in the EIB implementation procedure, but the process is after 5 to 10 minutes of being born. After the baby is born, the baby will be cleaned beforehand to check the baby's health status starting from fitness, no cyanosis, has good reflexes, cleaned the mucus for about 5 minutes and then just do EIB, but some take 15 minutes to cleaning and checking the baby's condition before placing the baby on the mother's chest. If there is an emergency from the mother or baby, for example bleeding, the mother is in severe pain or there are health problems in the baby, the EIB will be postponed or even not implemented.

In the EIB process which is carried out at the 'Aisyiyah General Hospital, the baby is not placed directly on the mother's chest after the baby is born because the health worker will make sure in advance that the baby does not experience any problems or has any physical abnormalities. This is done to avoid an incident if the baby has a physical disorder, then the one who knows first is the health worker, so that the health worker will provide information and education related to the disorder experienced by the baby to the family and mother.

In 2004 there was a decree of the Indonesian minister of health No. 450/MENKES/SK/IV/2004 concerning Exclusive Breastfeeding (ASI) for infants in Indonesia. Mothers who have just given birth can only breastfeed their babies 30 minutes after giving birth, which is done in the delivery room. Health workers help mothers to breastfeed all babies and all mothers without restrictions on the duration and frequency of breastfeeding (Sujudi, 2004). In that year there was still no program regarding the implementation of EIB, but it was still only an appeal to provide exclusive breastfeeding for newborns.

In 2008 an activity module on EIB was prepared which contained the stages in IMD where health workers who help mothers go through the birthing process will carry out birth management activities as usual. Like wise if the mother had to undergo a caesarean section. After birth, the baby is quickly dried as needed without removing the vernix (white skin). Vernix (white) soothes baby's skin. The baby is then placed on the mother's chest or stomach, with the baby's skin against the mother's skin. To prevent the baby from getting cold, the baby's head can be put on a hat. Then, if necessary, blanket the baby and mother. Babies who are laid on their stomach on the mother's chest or stomach, are left to find their own mother's nipple (the baby is not forced into the nipple). Basically, babies have a strong instinct to find their mother's nipples. The baby is left in a skin-to-skin position with the mother's skin until the first feeding is complete. After finishing breastfeeding, the new baby begins to be separated to be weighed, measured, stamped, given vitamin K and eye drops. Mother and baby stay together and are cared for. Room-in-room allows you to breastfeed your baby whenever he needs it, because breastfeeding has not yet been scheduled. Care-in will also increase the bond between the mother and the baby, he will rarely cry because he always feels close to the mother and this can also make it easier for the mother to rest and breastfeed (Depkes RI, 2008).

The process of implementing EIB in the General Hospital 'Aisyiyah Ponorogo is not in accordance with what is arranged in the government's EIB activity module because placing the baby on the mother's chest still has an interval of between 5 and 10 minutes after birth to do a physical health check on the baby. This action is not in accordance with government recommendations which suggest that after birth, the baby should be dried as soon as necessary without removing the vernix (white skin). In this case, only order as soon as possible to dry the baby as necessary. The baby is then placed on the mother's chest or stomach, with the baby's skin against the mother's skin. Whereas in the physical examination of the baby it is recommended to do it after the EIB process is complete.

In addition to the discrepancy in the time required for placing the baby after being born to the mother's chest, the discrepancy is related to the length of time in the EIB process. Most of the babies were removed by health workers at the 'Aisyiyah General Hospital in less than an hour. The EIB process will be stopped after the midwife or nurse who assisted the delivery in the SR General Hospital 'Aisyiyah Delivery Room has finished working on the patient's status within 15 to 30 minutes.

The time for carrying out EIB is not in accordance with the guidelines for carrying out EIB which has been regulated in government regulation of the republic of Indonesia number 33 of 2012 concerning exclusive breastfeeding in article 9, namely health workers and health service facility organizers are required to carry out early breastfeeding initiation for newborns to his mother for at least 1 (one) hour (Presiden RI, 2012).

Socialization of EIB implementation

Actions related to the implementation of EIB at the 'Aisyiyah Ponorogo General Hospital are always socialized situationally. The time for submitting information related to EIB and exclusive breastfeeding is usually conveyed by looking at the mother's condition. The location when informing about this is directly in the delivery room or in the patient's room. After the baby is born, the health worker will socialize at that time and directly in the delivery room related to EIB. Health workers will offer mothers or families related to availability in implementing EIB. However, the mother's choice to carry out or refuse EIB for various reasons, both technical and non-technical, was stated. In fact, if the mother and baby are in a stable condition, EIB should be implemented. Fundamentally, a mother's right to request or refuse EIB is protected by a regulation on Consumer Protection.

In accordance with the science of communication which states that the recipient of the message is an important element in the communication process, because he is the target of communication. If a message is not received by the recipient, it will cause various kinds of problems that often require changes, whether at the source, message or channel. In order for communication to be effective, the method of conveying messages or information needs to be carefully designed according to the characteristics of the communicant and the circumstances in the social environment concerned (Mulyana, 2014).

Wilbur Schramm in his work entitled *How Communication Works*, once revealed what is called the condition of success in communication, which conveys various messages, one of which is that messages must be designed and delivered in such a way as to attract the intended target's attention.

Effective communication occurs when the message conveyed by the communicator is well received or the same by the communicant, so there is no misperception. In order for communication to be successful, messages or information need to be conveyed continuously or continuously. All appeals must always be conveyed through various media continuously so that the message can be embedded in the minds and influence people's behavior (Effendy, 2017).

Related to the implementation of EIB situationally and directly located in the delivery room or in the patient's room, it is actually not a hassle for the patient, but the time in providing information at the Aisyiyah Ponorogo General Hospital is less than perfect, which is when the mother after giving birth definitely needs energy in her physical recovery . So if at that time it was socialized related to the implementation of EIB and exclusive breastfeeding, there would be information that was not conveyed perfectly. In addition, information must be conveyed repeatedly so that it can be conveyed optimally. However, in the 'Aisyiyah Ponorogo General Hospital, this is not implemented because the provision of information is only given once to the mother or after the baby is born. Submission of information is also given directly to mothers and their families without using any media.

Supporting factors in the implementation of IMD at 'Aisyiyah Ponorogo General Hospital Man

The number of health workers in delivery assistance at 'Aisyiyah General Hospital is sufficient. Health workers who are in charge of each delivery assistance consist of midwives from the delivery room or health workers, both midwives and nurses from the perinatology room. Midwives in the delivery room focus on maternal care, while health workers, both midwives and nurses on duty in the perinatology room, will focus on baby care and the implementation of EIB. The implementation of EIB also works with the patient's family in waiting for the EIB process to be completed. In addition, the 'Aisyiyah General Hospital also implements a shift system in each part of the room to reduce the workload on health workers in each room.

In addition to a sufficient number of health workers, the implementation of EIB at the 'Aisyiyah General Hospital is supported by the understanding and ability of the health workers who are in charge of the EIB process. Each health worker will take turns departing for training on the implementation of EIB and exclusive breastfeeding. Several types of training are APN training which is mandatory for all midwives to attend the training with the organizers, namely from the IBI Professional Organization. In addition, the training attended by health workers in the delivery room and perinatology room is LBW management training. Materials related to EIB are usually explained in this type of training. Another type of training that was attended by several health workers was neonatal resuscitation training for emergencies in delivery assistance.

As for some health workers who have not departed because their status is new to work in that place, even though they have never participated in several trainings, while on duty they will always be accompanied by their seniors and given an explanation related to the implementation of EIB. In addition to carrying out assistance, the management of the 'Aisyiyah General Hospital also appealed to all health workers who had completed the training to inform other health workers about the results of their training through staff meetings so that new information obtained from the training results could be conveyed to all health workers.

Health workers on duty in the Delivery Room and Perinatology Room of 'Aisyiyah General Hospital have received training in turns and understand the steps in implementing EIB, but many of the EIB implementations applied to each patient are still not in accordance with EIB guidelines. Especially in terms of the implementation time, most of which are less than an hour, some babies are still assisted in finding the mother's nipple because the health workers can't wait to finish their task. Whereas in placing the baby's position it is correct even though there are several sequences that are not appropriate, including the process of physical examination of the baby and giving intervention to the baby should be done after the EIB is finished. However, this implementation was carried out at the beginning before EIB was carried

out on the grounds that if the baby had several abnormalities, the health workers would immediately find out in advance.

Money

EIB is part of the delivery service process stage so that in the process of implementing EIB there are no special fees billed to patients. Patients also feel that there are no special bills related to the implementation of the EIB. EIB is a community right that has been regulated in government regulations and this is also confirmed in the tariff list information in Early Breastfeeding Initiation Services for Newborns (EIB) where there is no charge for EIB services (PANRB, 2012).

This proves that the government fully supports the EIB program so that the 'Aisyiyah Ponorogo General Hospital also supports the implementation of the EIB program by not charging fees to patients. The implementation of the EIB is applied to all mothers who give birth at 'Aisyiyah Ponorogo General Hospital except for some patients whose conditions do not allow or refuse EIB.

Method

The stages in each EIB process have been implemented, although there are several actions that do not need to be carried out and the duration or sequence is not in accordance with the EIB guidelines. The placement of the baby's position is correct, that is, the baby is placed on the stomach or in the middle between the mother's two breasts without wearing clothes, the baby is only given a blanket or headgear (baby hat). After that the baby is left alone to find the mother's nipple. Sometimes, some health workers help the baby to find the mother's nipple, which is actually not necessary. The actions that are out of order, namely the process of physical examination of the baby and giving intervention to the baby should be carried out after the EIB process is complete, but at the 'Aisyiyah General Hospital the process was carried out even before the EIB was implemented.

This process is not in accordance with the activity module regarding EIB which contains the stages in EIB where health workers who help mothers go through the birth process, will carry out birth management activities as usual. Likewise if the mother had to undergo a caesarean section. After birth, the baby is quickly dried as needed without removing the vernix (white skin). Vernix (white) soothes baby's skin. The baby is then placed on the mother's chest or stomach, with the baby's skin against the mother's skin. To prevent the baby from getting cold, the baby's head can be put on a hat. Then, if necessary, blanket the baby and mother. Babies who are laid on their stomach on the mother's chest or stomach, are left to find their own mother's nipple (the baby is not forced into the nipple). Basically, babies have a strong instinct to find their mother's nipples. The baby is left in a skin-to-skin position with the mother's skin until the first feeding is complete. After finishing breastfeeding, the new baby begins to be separated to be weighed, measured, stamped, given vitamin K and eye drops. Mother and baby stay together and are cared for. Room-in-room allows you to breastfeed your baby whenever he needs it, because breastfeeding has not yet been scheduled. Hospitalization will also increase the emotional bond between the mother and the baby, he will rarely cry because he always feels close to the mother and this can also make it easier for the mother to rest and breastfeed (Depkes RI, 2008).

Material

In implementing the EIB, the Aisyiyah General Hospital does not require special tools to support the implementation of the process. What is needed is only a blanket or headgear that covers the baby during the EIB process. Blankets or headgear are usually brought by the mother from home along with other baby equipment. If there are several mothers who do not bring

these equipment, the hospital has the supplies needed by the baby, for example clothes, blankets, diapers or other equipment to lend.

Aisyiyah General Hospital does not have a special consultation room to inform or consult about EIB and exclusive breastfeeding. Socialization is delivered to patients while in the delivery room or in the patient care room. By implementing the provision of information in the patient care room, it will not be a hassle for the patient. When the patient lies in bed, the patient and family can still receive information related to EIB and other information, but this information may not be conveyed perfectly due to interference from noises around the patient's treatment room.

In the technical guidelines for class C hospital facilities and infrastructure, there are several requirements that must be met, one of which is that there must be facilities for serving the needs of the patient's family, namely (praying, waiting for patients, bathing, chapters, small kitchen/pantry, medical consultation). must be provided by the hospital is a room for conducting consultations by health professionals to patients and their families. The area of the room that must be provided is 9-16 m² with several facilities in the form of tables, chairs, filing cabinets, telephones/intercoms, other office equipment (Turgijono, 2007).

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2016 concerning Technical Requirements for Hospital Buildings and Infrastructure, it is stated that general consultation rooms in Class C and D Hospitals can be combined with nurse post rooms (Kemenkes RI, 2016).

Aisyiyah General Hospital is a type C hospital in Ponorogo. So that the hospital can provide the facilities and infrastructure suggested in the technical guideline. However, the consultation room can also join the nurse's post in the delivery room. The advantage is if the hospital has its own consultation room, namely the information that will be conveyed to patients will be conveyed effectively because in conveying information the health workers who provide information and the patient or patient's family as recipients of information are not disturbed by the conditions around the treatment room. However, the delivery of information must have a procedure that must be established, namely the process of conveying information must be given before the action is carried out and the patient is still in a stable condition when receiving the information where the patient can still mobilize to the consultation room.

Obstacles for Health Workers in implementing EIB in the delivery room of 'Aisyiyah General Hospital Ponorogo during the COVID-19 pandemic

The 'Aisyiyah General Hospital has enough health workers in the delivery room and perinatology department. However, some of the obstacles faced by the 'Aisyiyah General Hospital are when the birth process services are almost simultaneously for several patients in the delivery room and there are several babies being treated in the perinatology room which must be monitored continuously by the nurse in the perinatology department, there will be imperfections in the implementation of the EIB. Because the midwife on duty in the delivery room only focuses on maternal care, while the perinatology nurse assists the midwife in the birth process and carries out examinations on the baby and must monitor the EIB process which also has the same task, namely special monitoring of babies treated in the perinatology room. The perinatology room is far away and has a different floor from the delivery room and operating room, namely the delivery room on the 2nd floor, the operating room on the 3rd floor and the perinatology room on the 2nd floor. Meanwhile, the perinatology nurse has to do two tasks at once. Under these conditions, it can cause the EIB implementation time to not run according to the guidelines.

The Perinatology Room is a unit that provides health services for newborns who need special treatment, services are provided at the age of 0-28 days, especially for babies with high

risk. Health workers on duty in the perinatology room consist of nurses and midwives where in every birth process in the delivery room, those who play a role in assisting the delivery process are midwives from the delivery room and health workers from the perinatology room. In this case, an appropriate spatial arrangement is needed so that the path between the delivery room and the perinatology room at the 'Aisyiyah Ponorogo General Hospital can be reached. At the beginning of the pandemic, all informants were afraid of providing services to patients. However, as time went on, they felt used to helping deliveries during a pandemic. As long as you wear complete PPE, the fear of contracting COVID-19 will disappear by itself.

CONCLUSION

The implementation of the EIB at 'Aisyiyah Ponorogo General Hospital began in 2010. This activity proved that 'Aisyiyah Ponorogo General Hospital also supports a program from WHO and the Government of Indonesia by making an EIB guideline starting from the time when the preparation of these guidelines was adjusted to the understanding of health workers in The hospital is up to the adjustment of its implementation with the COVID-19 pandemic.

The EIB implementation process at 'Aisyiyah Ponorogo General Hospital is not in accordance with what is arranged in the EIB activity module, starting from the sequence when the baby is placed on the chest to the EIB implementation time which is less than 1 hour. However, socialization related to EIB is always implemented even though the time for delivering the information is not right where the information is conveyed to patients after the baby is born and the mother's position is still in the treatment room.

The supporting factors for the implementation of EIB at 'Aisyiyah Ponorogo General Hospital include the number of health workers providing EIB services in the delivery room who are adequate and already have the ability to carry out EIB. EIB implementation does not require special costs or equipment so that EIB can easily be implemented.

The perinatology room is far away and is on a different floor from the delivery room and operating room. Meanwhile, perinatology nurses have to carry out two tasks at once, namely helping patient care and monitoring specifically if there are babies being cared for in the perinatology room. Under these conditions, it can cause the EIB implementation time to not run according to the guidelines.

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