



## ROLE PROVIDER IN GIVING PAIN COMFORTABLE TO MOTHER POST SECTION CAESAREA (SC) IN THE IMPLEMENTATION OF EARLY INITIATION OF BREASTFEEDING

Sestu Retno Dwi Andayani<sup>1\*</sup>, Nursalam<sup>2</sup>, Budi Santoso<sup>3</sup>, Rachmat Hargono<sup>4</sup>

<sup>1</sup>Health Science Program, Faculty of Health Public Science, Airlangga University

<sup>2</sup>Faculty of Nursing, Airlangga University

<sup>3</sup>Faculty of Medicine, Airlangga University

<sup>4</sup>Department of Health Promotion and Behavior science, Faculty of Public Health Science, Airlangga University

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### ABSTRACT

**Introductions:** The implementation of early breastfeed initiation is strongly influenced by the method of delivery. Labor with section Caesarea (SC) is one of the difficulties implementation of early breastfeed initiation. It is associated with pain due to surgical wounds, the effects of anesthesia, discomfort mother, and yet the milk discharge after surgery (Prior, 2012). Barriers of early breastfeed initiation than caused by the helplessness of the patient can also be caused by a lack of the role of the health care team (doctor specialist anesthetist, pediatrician, obstetrics and gynecology specialists, nurses, and midwives). This is supported by studies in Rio de Janeiro (2014), which showed that mothers who had just given birth have little or no autonomy in the decision to perform of early breastfeed initiation in the first hour of delivery. **Purpose:** The purpose of this study to determine the role of providers (nurses and midwives) to provide comfort to women with section Caesarea (SC) in the implementation of the early breastfeed initiation. **Material and Methods:** The design of explanation with a population of women in the post section Caesarea (SC) in Jombang and Madiun General Hospital in February to May 2016. The sample sizes were 282 with total sampling technique. **Results:** all the exogenous variables affected the endogenous variables. The biggest influence was the influence of the nursing intervention provider, with a value of 0.943. **Conclusions:** The factor of provider influenced on nursing intervention. Provider also affected the comfort factor and factor Early initiation of Breastfeeding either directly or indirectly. **Recommendation:** it needed to be an act of providers to facilitate the implementation of the early breastfeed initiation in women who with Section Caesarea (SC) so that the mother can carry early breastfeed initiation.

**Keywords :** Provider, Section Caesarean, Nursing Intervention, comfort, Early initiation of breastfeeding.

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### INTRODUCTION

Health problems in Indonesia, among others, are still high infant mortality rate (IMR) and Maternal Mortality Rate (MMR) (Hasiana, 2014). Early breastfeeding is one of the interventions that can significantly reduce infant mortality (Raharjo 2014). In some countries, the average implementation

of Early Initiation Breastfeeding is low, while demand operation Section Caesarea (SC) is increasing and may have an impact on the success of breastfeeding (Prior et al, 2012). Early Breastfeeding Initiation 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, 2012).

The reason of mother did not carry out the Early Breastfeeding Initiation is due to the surgical site pain (92%), discomfort (78%), anesthesia (74%). Pain post Section Caesarea (SC) if not addressed can reduce a mother's ability to implement the Early Breastfeeding Initiation (Storm 2007).

The problem of maternal post Section Caesarea (SC) besides pain is anxious. Anxiety in post SC caused by the crisis situation in the face of labor SC, 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 (Doengus, 2001). Excessive anxiety can bring harm to the mother and the baby, for example, the mother may experience post partum depression (Skoteris, et al, 2008).

WHO said that the level of Early Initiation of Breastfeeding in the world in 2010 amounted to only 43% of the birth rate. In Asia, the rate Early Initiation of Breastfeeding is 27% -29% of babies born (Flavia, 2012). 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, to the 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% (Risksedas, 2013). While the percentage of Early Initiation of Breastfeeding in East Java province with 21% of the birth rate (Margustin, 2012).

The incidence of caesarean section in East Java province in 2009 amounted to 3,401 operations of 170,000 deliveries, or about 20% of all deliveries (East Java Health Office, 2009). While in Jombang deliveries of SC in 2014 as many as 3870 and there are no data regarding the implementation of the 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 deliveries of SC.

Karlstrom (2007) in his research found that women Section Caesarea (SC) 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 Section Caesarea (SC) often find it difficult to achieve a comfortable position for breastfeeding (Francis, 2007 & Smith, 2010). Mothers who give birth section Caesarea often unable to fulfill its role as a mother because the mother is weak condition after giving birth.

Readiness of mothers who give their breastfeed to the newborns in need of psychological preparation, because the mother has a role of change. Based on nursing theory Maternal Role Becoming a Mother Attainment- developed by Ramona T. Mecer, which suggested 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 closer to the baby and get the support of a couple (husband) including express satisfaction and appreciation further role after childbirth (Alligood, 2002).

Fatigue, stress, pain, and health complications in Section Caesarea (SC) is important in terms of breastfeeding, the lack of help enable mothers can not 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 or relatives can be an important source of moral and physical support and engage with their babies from birth (Vicenzo, 2010).

Barriers of Early Initiation of Breastfeeding than caused by the helplessness of the patient, can also be caused by a lack of the role of the health care team (doctor specialist anesthetist, pediatrician, obstetrics and gynecology specialists, nurses, and midwives). This is supported by studies in Rio de Janeiro (2014), which showed that mothers who had just given birth have little or no autonomy in the decision to perform Early Initiation of Breastfeeding in the first hour of delivery. This is because they have to follow the procedures for newborn care was implemented by the hospital and medical team to help the delivery process.

The pain and anxiety in the mother may cause discomfort. Discomfort in post SC mother in need of nursing management. As stated by Karistrom (2007), in the first 24 hours after the SC, the mother has a pain that requires treatment for pain that occurs. In addition to medical treatment, nursing mothers also need action that can provide a sense of comfort. Comfort Theory of Kolkata stresses some concepts to meet the need of comfort. These needs include physical, psycho spiritual, and social. Some types Comfort is defined as follows: Relief; a state in which a receiver (recipient) has the fulfillment of specific requirements, Ease; a state of calm and pleasure Transcendence; a condition in which an individual reaches the above problem. The purpose of nursing care proposed by Kolkata is the fulfillment of basic human needs for comfort so that mothers feel mild post SC, subsides, and better health conditions that cause anxiety.

Physical comfort needs including deficits in physiological mechanisms are impaired or at risk due to illness or invasive procedures. Physical needed that look like the pain is easy to handle with or without medication. Standard comfort of intervention geared to regain and maintain homeostasis. Psycho spiritual comfort needs including the need for self-confidence, motivation and trust that the client calmer when he underwent painful invasive procedures or trauma that can not be cured. These needs are often met with nursing actions soothing for the soul as well as the client is targeted for trasedense such as relaxation and distraction, the touch and care. Facilitation themselves were to entertain strategies and words of motivation. These actions include special interventions for caregivers often difficult to take the time to do it but when the nurses took time then his actions will be very meaningful. This action can facilitate clients and families achieve transcendence. Socio cultural comfort needs is needed to guarantee cultural enrichment, advocacy, positive body language, and caring. This need is met through coaching involves an attitude of optimism, health messages and encouragement, appreciation of the achievement of the client, friendship nurse while on duty, the development of appropriate information on every aspect related to the procedure, and recovery of consciousness after anesthesia. Social needs is also included family needs to respect cultural traditions (Kolcaba and Dimarco, 2005, Wong, 2009).

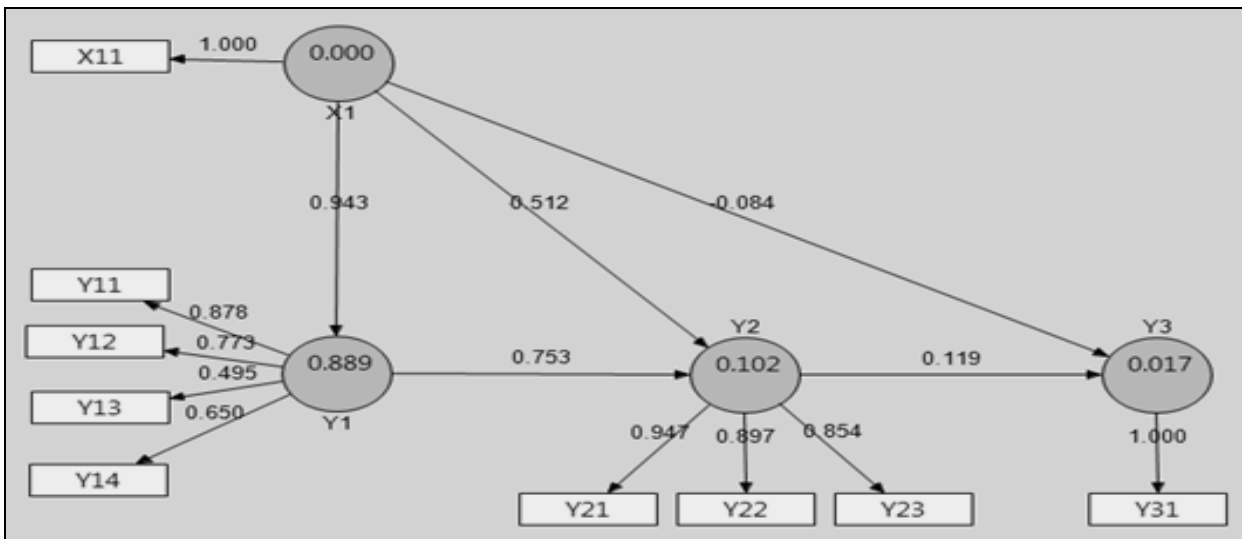
## **MATERIALS AND METHODS**

In this study the type of research is observational explanative. Type of observational study aimed at collecting data explanative respondents to answer the strategic issue that is going on, which means that women do not carry out a post SC in Early Initiation of Breastfeeding. The design used is cross sectional, where cause and effect variables were measured at the same time (Supriyanto and Johan, 2011). This study investigated the effect of the involvement of nursing intervention provider, to comfort the mother, and the implementation of the Early initiation of Breastfeeding, the effect of nursing intervention on comfort, the influence of nursing intervention on the implementation of the Early Initiation of Breastfeeding, the effect of comfort on the implementation of the Early Initiation of Breastfeeding.

The study population was the mother post SC in Jombang and Madiun General Hospital from February to May 2016. Samples in this study were all Mother Post SC 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, namely how to choose among the same population sample of the total population (Nursalam, 2014). Exogenous variables in this study were the provider, the endogenous variable nursing intervention, comfort, and Early Initiation of Breastfeeding. The instrument used in this study was a questionnaire and observation. After the data is collected, the data processing is done through the stages Editing, Coding, Scoring, and Tabulating.

Provider role models provided comfort to the mother in the post Section Cesarean in Early Initiation of Breastfeeding includes four variables (constructs) that constructs provider (X1), construct nursing intervention (Y1), constructs comfort (Y2) and construct Early Initiation of Breastfeeding (Y3). Constructs were described by the indicator, the indicator role of provider (X1.1) describe constructs provider (X1), an indicator of relaxation (Y1.1), indicators of distraction (Y1.2), mentoring indicator (Y1.3) and facilitation indicators (Y1. 4) explain the construct nursing intervention (Y1). Furthermore, physical indicators (Y2.1), psychological indicators (Y2.2), and social indicators (Y2.3) is an indicator that describes the construct of maternal comfort (Y2), then the Early initiation of Breastfeeding performance indicators (Y3.1) describes construct Early initiation of Breastfeeding (Y3).



**Picture 1.** The model of role provider in implementation of Early initiation of breastfeeding to mother post Section Caesarean (SC)

**RESULT AND DISCUSSION**

Table 1 showed that the educational characteristics of respondents, the majority of respondents' education is secondary education (graduate of SMA / SMK / MA or equivalent), with a percentage of 59.6%. 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 labor SC based on the table above, are known to the majority of respondents had never received information about labor SC that as many as 73.4%. While, it has not been informed of SC delivery that as many as 26.6%. The majority of respondents obtained information of SC delivery of health personnel which amounted to 66.2%.

**Table 1** General Data of Respondents' Distribution Frequency

Characteristics	Category	Frequency	
		$\Sigma$	%
Education	Basic (SD, SMP)	68	24.1
	Secondary (SMA, SMK, MA)	168	59.6
	High (D3, S1, S2, S3)	46	16.3
	Total	282	100
Jobs	Farmer	6	2.1
	Private	81	28.7
	Entrepreneur	23	8.2
	Government employees	12	4.3
	Housewife	160	56.7
Total	282	100	
Information about Section Ever		207	73.4
Caesarean (SC)	Never	75	26.6
Total		282	100
The sources of Information about Care givers		137	66.2
Section Caesarean (SC)	Mass media	8	3.9
	The electronic media	16	7.7
	Neighbors / friends / family	46	22.2
Total		282	100

**Table 2** The frequency distributions of *service provider* in Jombang and Madiun General Hospital on February until May 2016

Indicator	Category	Frequency	
		$\Sigma$	%
Nursing Services	Less	113	40,1
	Enough	133	47,2
	Good	36	12,8
	<b>Total</b>	<b>282</b>	<b>100</b>

According to the table 2, the service factor and lacking sufficient category are almost the same, which is to care enough for 47.2% and 40.1% less service.

**Table 3** The frequency distributions of *Nursing Intervention (Y1)* in Jombang and Madiun General Hospital on February until May 2016

Indicator	Category	Frequency	
		$\Sigma$	%
Relaxation	Less	86	30,5
	Enough	120	42,6
	Good	76	27,0
	<b>Total</b>	<b>282</b>	<b>100</b>
Distraction	Less	205	72,7
	Enough	65	23,0
	Good	12	4,3
	<b>Total</b>	<b>282</b>	<b>100</b>
Accompaniment	Less	234	83,0

Indicator	Category	Frequency	
		$\Sigma$	%
	Enough	38	13,5
	Good	10	3,5
	<b>Total</b>	282	100
Facilities of Early initiation of Breastfeeding	Less	100	35,5
	Enough	128	45,4
	Good	54	19,1
	<b>Total</b>	282	100

Factors of nursing interventions such as relaxation mothers post SC, is almost uniformly in all categories, services enough category as many as 42.6%, services 30.5% of less category and service both categories by 27%. Mother distraction service post SC Unknown majority distraction of nurse / midwife in the mother post SC is fewer categories which amounted to 72.7%. Indicator of husband mentoring and advisory services provider were known to the majority of the poor category as many as 83%. Early initiation of breastfeeding facilitation indicators of post SC Mother were unknown evenly majority facilitation service category value of Early initiation of breastfeeding is enough categories and less category. The Sufficient category as many as 45.4% and 35.5% for less category.

**Table 4** Frequency distribution of the *comfort level* in Jombang and Madiun General Hospital February to May 2016.

Indicator	Category	Frequency	
		$\Sigma$	%
Physic	<i>Relief</i>	204	72,3
	<i>Ease</i>	32	11,3
	<i>Transcendent</i>	46	16,3
	<b>Total</b>	282	100
Psychological	<i>Relief</i>	153	54,3

		<i>Ease</i>	93	33,0
		<i>Transcendent</i>	36	12,8
		<b>Total</b>	282	100
Social		<i>Relief</i>	195	69,1
		<i>Ease</i>	66	23,4
		<i>Transcendent</i>	21	7,4
		<b>Total</b>	282	100

**Table 5** Frequency Distribution of the Early initiation of Breastfeeding Implementation

Factor of Early initiation of Breastfeeding Implementation		Frequency	
		$\Sigma$	%
Implementation of Early initiation of Breastfeeding	Did not do the Early initiation of Breastfeeding	271	96.1
	Do the Early initiation of Breastfeeding	11	3.9
<b>Total</b>		282	100

According to the table 4 factors of comfort in all indicators (physical, psychological, social) known to the majority do not feel comfortable (relief).

Implementation of the Early initiation of Breastfeeding in infants of mothers post SC, based on table 5 above is known to the majority did the Early initiation of Breastfeeding which amounted to 96.1%.

Based on Table 6 above concluded that all valid indicators to explain its construction.



**Table 6** the Results of Convergent Validity Construct test

<b>Construct</b>	<b>Indicator</b>	<b>Convergent Validity Test (Loading faktor)</b>	<b>Result test</b>
Provider (X1)	Role of provider (X1.1)	1,000	Valid
Nursing Intervention (Y1)	Relaxation (Y1.1)	0,878	Valid
	Distraction (Y1.2)	0,773	Valid
	Assistance (Y1.3)	0,495	Valid
	facilitation Early initiation of Breastfeeding (Y1.4)	0,650	Valid
Comfort (Y2)	Comfort physic (Y2.1)	0,947	Valid
	Comfort psychology (Y2.2)	0,897	Valid
	Comfort social (Y2.3)	0,854	Valid
Early initiation of Breastfeeding (Y3)	The implementation (Y3.1)	1,000	Valid

**Table 7** Results Test of Significance Effect (t-test) in Chart Track

<b>Construct of Exogen -&gt; Construct of Endogen</b>	<b>Original coefficient</b>	<b>t- Statistics</b>	<b>t-Table</b>	<b>The results of significance test</b>
Provider (X1) -> Nursing Intervention (Y1)	0,942	151,09	1,96	Significant
Provider (X1) -> Comfort (Y2)	0,511	2,80	1,96	Significant
Provider (X1) -> Early initiation of Breastfeeding (Y3)	0,084	2,38	1,96	Significant

Nursing Intervention (Y1) -> Comfort (Y2)	0,753	4,35	1,96	Significant
Comfort (Y2) -> Early initiation of Breastfeeding (Y3)	0,118	3,72	1,96	Significant

Influence Factor against Nursing Intervention Provider, Comfort Factor and Factor early initiation of breastfeeding. Provider factors that include nurses and midwives in this study the majority sufficient and less. Influence provider to nursing intervention in this study was the greatest. Nursing intervention was described by indicators relaxation, distraction, facilitation and assistance needed by the mother post SC. Nurses / midwives need to understand the conditions that total maternal care, so that the necessary assistance when mothers want to do the early breastfeed in the operating room.

The role of health workers are expected to Mercer (1990) in his theory is to assist women in performing their duties in the adaptation of functional roles of mothers and identify what factors influence the mother's role in the achievement of this function role and contribution of stress ante partum. Barriers of Early initiation of Breastfeeding than caused by the helplessness of the patient can also be caused by a lack of the role of the health care team (doctor specialist anesthetist, pediatrician, obstetrics and gynecology specialists, nurses, and midwives). Mothers who had just given birth have little or no autonomy in the decision to perform Early initiation of Breastfeeding in the first hour of delivery. This is because they have to follow the procedures for newborn care was implemented by the hospital and medical team to help the delivery process.

Mercer (2004) suggested that nursing is a dynamic profession with three main focused is the promotion of health, prevent illness, and provide nursing care for those who need to maintain optimal health. Nurses identify the client's goals, providing services to clients that include support, education, and nursing services to clients who are not able to care for himself (Alligood, 2002).

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Mothers who experienced the SC were not able to carry out her role as a mother should breastfeed the baby. The role of the provider is required by the mother that the mother is able to carry out their role, by providing nursing care since the mother has not arrived in the operating room. Some nursing actions implemented by the provider, among others, is to provide education on how to implement relaxation, distraction, and how to implement the Early initiation of Breastfeeding in post SC. Extension given to the mother would motivate the mother to perform well with early breastfeed. When implementing the operation, the provider assisted the mother to guide the implementation of relaxation and distraction as well as facilitating the implementation of the Early

initiation of Breastfeeding to 1 hour labor. Providers required a high motivation to assist mother during implementation of the operation.

The purpose of nursing care proposed by Kolcaba is the fulfillment of basic human needs for comfort in order to mothers feel mild post SC, subsides, and better health conditions that cause anxiety. Comfort Theory of Kolcaba stressed some concepts to meet the need for comfort. These needs include physical, psycho spiritual, social, and environmental. These needs are often met with nursing actions soothing for the soul as well as the client is targeted for transedence such as relaxation and distraction, the touch and care. Facilitate themselves to entertain strategies and words of motivation. These actions include special interventions for caregivers often difficult to take the time to do it but when the nurses took time then his actions will be very meaningful. This action can facilitate clients and families achieve transedence (Kolcaba and Dimarco, 2005, Wong, 2009).

Discomfort in post SC mother in need of nursing management. As stated by Karistrom (2007), in the first 24 hours after the SC, the mother has a pain that required treatment for pain that occurs. In addition to medical treatment, nursing mothers also need action that can provide a sense of comfort.

Comfort Theory of Kolcaba stressed some concepts to meet the need for comfort. These needs include physical, psycho spiritual, social, and environmental. These needs are often met with nursing actions soothing for the soul as well as the client is targeted for transedence such as relaxation and distraction, the touch and care. When nurses were not able to provide a really quiet neighborhood, the nurse can assist clients and families to be able to accept the lack of an ideal setting (Kolcaba and Dimarco, 2005, Wong, 2009).

Nursing intervention was explained by the four indicators, namely relaxation, distraction, facilitation and husband's assisting. Four indicators were able to explain the factors nursing intervention. Relaxation is a way to calm the body, mind and soul from the stress being experienced by the mother. Facilitation here is nurses and midwives implement Early initiation of Breastfeeding maternal post SC. These results indicate that the services provided by nurses and midwives majority are sufficient and less. Mother's post SC physical condition is so weak that helps nurses and midwives, is expected by the mother. The results showed all mothers when surgery is not accompanied by her husband. Regulations prohibit hospitals participated husband during a surgical procedure. Actually mother really wanted was accompanied by her husband during the operation. It is affected factors husband mentoring is needed in nursing intervention factors.

Factors provider directly affects the comfort factor and also indirectly to the comfort factor by factor nursing intervention. Factors nursing intervention is explained by the four indicators, namely the facilitation of Early initiation of Breastfeeding, relaxation, distraction and mentoring husband. The results showed that the role of the provider is lacking in giving comfort to the mother in nearly all indicators (Early initiation of Breastfeeding facilitation, distraction and mentoring husband). This is why the mother feels uncomfortable during the conduct of operations. More than half of mothers feel uncomfortable at all the indicators (physical, spiritual psychological and social).

Comfort theory emphasized excellence in nursing practice through the comforts of life. Kolcaba developed a theory inspired comfort of Nightingale statement stated that what we saw or observed to be missing, but what is seen it should be able to save lives and improve the health and comfort of living (Mariner, 2006: 727). The uniqueness of this theory is the emphasis that the skills and character of the nurse is always judged by its ability to make patients more comfortable in his life biopsychospiritual and financially. In the perspective view of Kolcaba, Holistic comfort is defined as an experience that is immediate that into a strength through for a reduction (relief), (ease), and (transcendence) which can be fulfilled in four contexts of experience that cover physical, psycho

spiritual, social, and environment (Ruddy, 2007).

Eventually, the provider concerned about the needs of nursing services in the mother post SC, practice and earnestly implement the nursing as a discipline, so that they become accustomed to the comfort needs of the patients in her care. Moreover, the mother in the first hours of post SC desperately needs help from provider.

Nursing actions was given to the mother post SC and providers were needed by the mother, because the mother had been constrained by its operations. An act proper nursing will be able to provide a sense of comfort both physically, and socially psycho spiritual. Nursing actions could be given since the mother has not yet entered the operating room, by teaching relaxation techniques and distraction as well as explaining the way to do the early breastfeed initiation in the mother after the SC. Mothers should be counseled that the mother is able to implement the early breastfeed initiation, so that psychologically the mother will feel comfortable during the implementation of the Early initiation of Breastfeeding.

### **The effect of nursing intervention to the factor of comfort on mother Post Section Caesarea**

Factors of nursing intervention (facilities, relaxation, assisting) affected the level of comfort in the mother post Section Caesarean. Factors of nursing interventions such as relaxation of mothers post SC, was almost evenly in all categories, post SC Services distraction mother known the majority of services distraction nurse/ midwife in the mother post SC with less category. Factors of assisting husband and advisory services provider is known to the majority of the poor category. Factors facilitating post SC Mother to do early breastfeed initiation unknown fairly, evenly majority facilitation of service category value in early breastfeed initiation with enough category.

Comfort factor was explained by three indicators, namely the physical, psycho spiritual and social. All three indicators are able to explain the comfort factor, is the comfort here as the result of a holistic experienced by the mother after reaching a sense of comfort. There are three levels of comfort namely relief, ease and transcendent. Relief is a sense of mild discomfort where the mother is still not able to solve their own problems; ease is a condition of mothers who are at ease of both, transcendence while the mother was feeling very happy. The results of this study showed that all indicators feel comfort majority feel comfortable in a light level (relief), in which the mother has not been able to solve their own problems.

Size is defined as a sense of comfort nursing interventions designed to address the specific needs of patients to a sense of comfort, covering the needs of their physiologically comfortable, social, financial, psychological, spiritual, environmental, and physical intervention (Kolcaba & Di Marco, 2005). Scope of comfort comprising: a) Physical that is associated with the sensation of the body, b) psychospiritual that is associated with the internal awareness of self, including self-esteem, self-concept, sexuality, and the meaning of life, a relationship with God, c) environment is associated with external environment, conditions and things that influence it, d) social is related to interpersonal, family and social relationships.

Nursing actions is given to the mother post SC, providers is needed by the mother, because the mothers have been constrained by its operations. An act proper nursing will be able to provide a sense of comfort both physically, and socially psychospiritual. Nursing actions could be given since the mother has not yet entered the operating room, by teaching relaxation techniques and distraction as well as explaining how to do early breastfeed initiation in the mother after SC. Mothers should be counseled that the mother is able to implement the early breastfeed initiation, so that psychologically the mother will feel comfortable during the implementation of the Early initiation of Breastfeeding.

## **The influence of Provider Factors, and Comfort to implementation of Early Initiation of Breastfeeding on Mother Post Section Caesarian in hospitals.**

Implementation of Early initiation of Breastfeeding in this study directly influenced by four factors: baby, provider, health care need and comfort. While other factors (mother, husband, nursing intervention) and also affect the implementation of the early breastfeed initiation but indirectly. The results of this study indicate that almost all mothers did not carry early breastfeed initiation.

The role of the provider determines the success of early breastfeed initiation. Provider factors greatly affect the implementation of the early breastfeed initiation either directly or indirectly through nursing intervention factors and the comfort factor. Seeing the results of this study, the early breastfeed initiation would not be carried out if the provider does not facilitate the mother to early breastfeed initiation. The results showed that the role of the provider is lacking in giving comfort to the mother in nearly all indicators (relaxation, distraction, early breastfeed initiation facilitation and assisting husband). This is why the mother did not do the Early initiation of Breastfeeding. The provider thought with their own activities without regard to the importance of early breastfeed initiation.

SOP is needed in the improvements of the Early initiation of Breastfeeding implementation in post SC mother who will provide guidance to providers in implementing nursing actions (facilitation, relaxation, distraction and mentoring husband) to improve the comfort of the mother post SC.

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Maternal post SC, a sense of comfort they are very low (light) and have not been able to meet the needs of his own mother because of physical limitations (pain) as a result of the operation, which causes the mother has not been able to implement the early breastfeed initiation. Barriers of early breastfeed initiation were caused by the helplessness of the patient, can also be caused by a lack of role of providers (nurses, and midwives). This is supported by studies in Rio de Janeiro (2014), which showed that mothers who had just given birth have little or no autonomy in the decision to perform early breastfeed initiation in the first hour of delivery. This is because they have to follow the procedures for newborn care were implemented by the hospital and medical team to help the delivery process

## **CONCLUSION**

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

1. The provider factors greatly affect the nursing intervention was described by indicators relaxation, distraction, facilitation and assistance. Provider also affects the comfort factor and factor of early breastfeed initiation either directly or indirectly.
2. Factor of nursing intervention directly affected by the comfort factor described by physical indicators/ pain, and social psychospiritual, also indirectly affect the early breastfeed initiation factor.

3. Factors effect on the comfort factor of early breastfeed initiation.
4. For providers (nurses and midwives), need to provide health education early in pregnant women who planned the operation when the mother was still ANC, so that mothers prepared themselves better, especially from the psychological factor. Distraction and relaxation techniques, facilitation, patience and diligence provider was expected to implement the SC order caring mother for mothers to feel comfortable, so that the mother is able to implement the early breastfeed initiation.
5. For mothers who planned SC, it necessary in physical preparation, psychospiritual and social order when Mothers felt comfortable during surgery so she was able to carry out the Early initiation of Breastfeeding. Mother was expected to actively attend classes ANC and pregnant women to get information about her pregnancy.

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