

Midwife Responsibility in Implementing Early Initiation of Breastfeeding as a Right of Newborns Based on Government Regulation Number 33 of 2012 Concerning Exclusive Breastfeeding

Hempi Wanty Saragih, Muhammad Arif Sahlepi

Abstract

Early Initiation of Breastfeeding (EIBF) constitutes a critical step in exclusive breastfeeding provision that plays a significant role in reducing infant mortality rates and improving maternal health. Midwives bear moral, professional, and legal responsibilities in ensuring the implementation of EIBF in accordance with the Ministry of Health Regulation Number 13 of 2012. This study analyzes midwives' responsibility in implementing EIBF using a systematic literature review with a descriptive qualitative approach. The findings indicate that midwives' responsibilities encompass implementing EIBF according to standard operating procedures, providing education to mothers, and ensuring the newborn's right to receive breast milk immediately after birth. The level of knowledge, attitudes, and institutional support significantly influences EIBF success. This research concludes that midwives' responsibility in implementing EIBF is not merely an ethical and professional obligation, but also the implementation of legal protection for newborns' rights to receive exclusive breastfeeding.

Keywords: Midwife Responsibility, Early Initiation of Breastfeeding, Exclusive Breastfeeding, Ministry of Health Regulation No. 13/2012

Hempi Wanty Saragih¹

¹Master of Health Law, Universitas Pembangunan Panca Budi, Indonesia e-mail: hempisaragih83@gmail.com¹

Muhammad Arif Sahlepi²

²Master of Health Law, Universitas Pembangunan Panca Budi, Indonesia e-mail: arif.sahlepi@dosen.pancabudi.ac.id²

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Introduction

Breast milk provision constitutes one of the most effective health interventions in enhancing infant health and survival. According to the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF), infants should initiate breastfeeding within the first hour after birth and undergo exclusive breastfeeding for 6 months. Early Initiation of Breastfeeding (EIBF) is the first breastfeeding practice conducted through skin-to-skin contact between mother and infant within the first hour of birth. EIBF offers numerous benefits including accelerating milk production, strengthening mother-infant bonding, and reducing neonatal mortality risk.

Data from Statistics Indonesia (BPS) indicate that the percentage of EIBF in Indonesia has increased: 63.05% (2020), 64.55% (2021), and 65.74% (2022). In North Sumatra, 66.42% of infants aged <6 months received exclusive breastfeeding, while in Simalungun, 62.5% of mothers who gave birth implemented EIBF. Midwives play a crucial role in ensuring EIBF implementation in childbirth service facilities. Based on Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding Provision, healthcare workers including midwives are obligated to support and facilitate EIBF implementation.

However, field practices continue to face obstacles such as insufficient knowledge, limited facilities, and suboptimal policies. The gap between ideal policy and field practice raises the research question: "What is the Responsibility of Midwives in Implementing Early Initiation of Breastfeeding as a Right of Newborns Based on Government Regulation No. 33 of 2012?"

Research Methodology

This study employs a systematic literature review design with a qualitative-descriptive approach following the PRISMA 2020 guidelines. Literature searches were conducted online through PubMed, ScienceDirect, Google Scholar, Garuda, and university repositories. Search keywords included: ("early initiation of breastfeeding" OR "EIBF") AND ("midwife") AND ("Indonesia" OR "Ministry of Health Regulation 13/2012").

The search focused on articles published between 2007 and 2024. Inclusion criteria comprised: empirical research articles on EIBF implementation in Indonesia, studies highlighting the role of midwives, publications in Indonesian or English with full text availability, and relevance to the Ministry of Health Regulation No. 13 of 2012. Selection proceeded through four stages: identification (124 articles), duplicate elimination (101 articles), screening (38 articles), and final selection (18 articles meeting the criteria). Data were analyzed using thematic narrative analysis based on midwife roles, facilitating/inhibiting factors, and alignment with policy.

Results

3.1 Midwife Roles and Responsibilities in EIBF Implementation

Midwives bear professional, moral, and legal responsibilities in EIBF implementation. Article 9 of Ministry of Health Regulation No. 13/2012 mandates that healthcare workers must perform EIBF within a maximum of one hour after birth. Midwife responsibilities encompass:

1. EIBF Implementation According to Standard Operating Procedures

Ensuring skin-to-skin contact for a minimum of one hour, maintaining mother-infant proximity except for medical indications. Research demonstrates that midwives with adequate knowledge have a three-fold greater likelihood of correctly implementing EIBF.

2. Education

Providing counseling on EIBF benefits to pregnant women and families (Article 11). Midwives must actively disseminate the importance of EIBF from the antenatal care period.

3. Protection of Infant Rights

Article 10 stipulates that no food or drink other than breast milk shall be provided except for medical indications. This underscores the direct juridical responsibility of midwives.

The level of midwife knowledge and attitudes significantly influences EIBF implementation success. From the perspective of Socratic legal theory, EIBF implementation reflects the relationship between knowledge, morality, and legal responsibility.

3.2 Facilitating and Inhibiting Factors

1. Facilitating Factors:

- a. Hospital/primary health center policies mandating EIBF
- b. Lactation management training
- c. Family and healthcare team support
- d. Delivery rooms supporting skin-to-skin contact

2. Inhibiting Factors:

- a. Insufficient midwife staffing during delivery
- b. Hospital policies prioritizing postpartum medical procedures
- c. Low maternal awareness of EIBF importance
- d. Inadequate supervision from healthcare facility management

3.3 Alignment with Policy and Professional Ethics

Ministry of Health Regulation No. 13/2012 provides the juridical basis governing EIBF implementation. Article 10 stipulates that healthcare service facilities must provide infrastructure and healthcare personnel supporting EIBF and exclusive breastfeeding. However, midwives who have not fully implemented EIBF according to standards are still found due to insufficient policy dissemination and weak internal oversight. This indicates the need for enhanced capacity building, midwifery audits, and continuing education.

The Baby Friendly Hospital Initiative (BFHI) policy also requires strengthening to ensure all healthcare workers understand their responsibilities in supporting exclusive breastfeeding from the outset. Overall, midwife responsibility in implementing EIBF encompasses professional aspects (competence), legal aspects (regulations), and ethical aspects (code of ethics).

Conclusion

Based on the literature review findings, midwives bear moral, professional, and legal responsibilities in implementing Early Initiation of Breastfeeding (EIBF) as an integral component of quality midwifery services. EIBF implementation constitutes a concrete manifestation of the Ministry of Health Regulation of the Republic of Indonesia Number 13 of 2012 concerning Exclusive Breastfeeding Provision, which obligates healthcare workers to facilitate the breastfeeding process immediately after birth, within a maximum of one hour.

The analytical findings indicate that midwife knowledge levels and attitudes significantly influence EIBF implementation success. Midwives possessing adequate knowledge of EIBF benefits and procedures tend to demonstrate positive attitudes and implement EIBF according

to standard operating procedures. Conversely, insufficient understanding and institutional support constitute inhibiting factors frequently encountered in the field. From the perspective of Socratic legal theory, EIBF implementation by midwives reflects the relationship between knowledge, morality, and legal responsibility.

Accordingly, EIBF implementation represents a multidimensional responsibility encompassing legal aspects (compliance with Ministry of Health Regulation No. 13/2012), ethical aspects (professional moral responsibility), and professionalism (midwife competence and positive attitudes). Capacity enhancement through continuing education and institutional policy support constitutes key elements in strengthening EIBF implementation across all healthcare service facilities in Indonesia.

Suggestion

1. For Midwives: Continuously enhance knowledge and skills related to EIBF through training and continuing professional education.
2. For Healthcare Facilities: Provide comprehensive support to create an enabling environment for EIBF implementation and supervision.
3. For Government/Indonesian Midwives Association (IBI): Strengthen monitoring and evaluation of EIBF implementation, reinforce dissemination of Ministry of Health Regulation No. 13/2012.
4. For Researchers: Develop more in-depth studies using qualitative or mixed methods approaches.

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