



Early Initiation of Breastfeeding (EIBF) Practices in Bener Meriah Regency, Aceh, Indonesia: A Cross-Sectional Study on the Role of Midwives in Reducing Infant Mortality

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ABSTRACT

Early initiation of breastfeeding (EIBF) is critical for reducing infant mortality and improving child health outcomes. Midwives play a crucial role in promoting and supporting EIBF. This study investigated EIBF practices in Bener Meriah Regency, Aceh, Indonesia, focusing on the factors associated with midwives' knowledge, attitudes, and practices regarding EIBF. A cross-sectional study was conducted among 150 midwives in Bener Meriah Regency. Data were collected using a structured questionnaire that included items on sociodemographic characteristics, knowledge, attitudes, and practices related to EIBF. Descriptive statistics, chi-square tests, and logistic regression were used to analyze the data. The majority of midwives (87.3%) had good knowledge about EIBF. However, only 62.7% of midwives reported always assisting mothers with EIBF within one hour of birth. Factors significantly associated with midwives' EIBF practices included their age, years of experience, and place of work (urban vs. rural). While midwives in Bener Meriah Regency generally possess adequate knowledge about EIBF, there is a need to improve their practices in assisting mothers with EIBF, especially in rural areas. Targeted interventions, such as training programs and supportive supervision, are necessary to enhance midwives' skills and confidence in promoting and supporting EIBF.

1. Introduction

Infant mortality, a significant global public health concern, particularly in developing countries, demands critical attention. According to the World Health Organization (WHO), a staggering estimate of 5.3 million infant deaths occurred in 2018, with the majority concentrated in sub-Saharan Africa and South Asia. This alarming statistic underscores the urgent need for effective interventions to combat this pressing issue. Early Initiation of Breastfeeding (EIBF), defined as the commencement of breastfeeding within the first hour of birth, emerges as a crucial strategy for reducing infant mortality and enhancing child health outcomes. Breastfeeding, a natural and fundamental

aspect of infant nutrition, offers a myriad of benefits for both infants and mothers. Breast milk, a rich source of essential nutrients and antibodies, provides unparalleled protection against infections and diseases, laying the foundation for a healthy start in life. EIBF, in particular, has been shown to reduce the risk of neonatal mortality by an impressive 22%. This compelling evidence highlights the life-saving potential of this simple yet profound act.¹⁻⁴

Beyond its physical benefits, EIBF fosters a deep and enduring bond between mother and infant. The intimate contact and nourishment during this critical period promote emotional connection and security, contributing to the overall well-being of both.



Moreover, EIBF has far-reaching implications for long-term health, reducing the risk of chronic diseases and promoting optimal development. Midwives, the unsung heroes of maternal and child health, play an indispensable role in promoting and supporting EIBF. As the first point of contact for many mothers and newborns, midwives are uniquely positioned to provide education and counseling on the benefits of breastfeeding and EIBF. Their expertise and guidance empower mothers to make informed decisions and confidently embrace this life-enhancing practice. In Indonesia, despite the well-established benefits of EIBF, its prevalence remains suboptimal. The 2017 Indonesia Demographic and Health Survey (IDHS) revealed that only 54.3% of infants were breastfed within the first hour of birth. This statistic serves as a stark reminder of the persistent gap between knowledge and practice, underscoring the need for targeted interventions to bridge this divide.⁵⁻⁸

Bener Meriah Regency, nestled in the Aceh province of Indonesia, presents a unique context for exploring EIBF practices. With a population of approximately 150,000 people, predominantly Muslim, and primarily engaged in agriculture, the regency faces distinct challenges and opportunities in promoting maternal and child health. The infant mortality rate in Bener Meriah Regency stands at 25 per 1,000 live births, exceeding the national average of 22 per 1,000 live births. This disparity calls for a deeper understanding of the factors influencing EIBF practices in this specific region.^{9,10} This study delves into the heart of EIBF practices in Bener Meriah Regency, Aceh, Indonesia, with a keen focus on unraveling the intricate interplay of factors that shape midwives' knowledge, attitudes, and practices regarding EIBF. By shedding light on these critical aspects, this research aims to contribute to evidence-based strategies for enhancing EIBF practices and ultimately improving maternal and child health outcomes in the region.

2. Methods

The study adopted a cross-sectional design, capturing a snapshot of early initiation of breastfeeding (EIBF) practices among midwives at a particular point in time. This design is well-suited for exploring associations between variables and providing a glimpse into the current landscape of EIBF practices. The study was conducted in Bener Meriah Regency, a region nestled in the Aceh province of Indonesia. This locale, characterized by its unique demographic composition, predominantly Muslim faith, and agrarian-based economy, offers a distinct context for examining EIBF practices. The regency's infant mortality rate, exceeding the national average, underscores the significance of investigating factors that influence EIBF practices in this specific region. The study unfolded within the welcoming embrace of Bener Meriah Regency's healthcare facilities, including public health centers (Puskesmas), community health sub-centers (Puskesmas Pembantu), and private clinics. These diverse settings cater to the healthcare needs of the regency's population, providing a range of maternal and child health services. The study's timeline spanned from January to March 2024, coinciding with a period of relative stability in the region, ensuring minimal disruptions to data collection activities.

The study's population encompassed all midwives actively engaged in providing maternal and child health services within Bener Meriah Regency. These dedicated healthcare professionals, armed with their midwifery expertise, serve as the frontline in promoting and supporting EIBF practices. A total of 150 midwives were recruited to participate in the study, forming a representative sample of the regency's midwifery workforce. The sample size was determined through a power analysis, ensuring sufficient statistical power to detect meaningful associations between variables. A stratified random sampling technique was employed to select participants, ensuring representation from both urban



and rural areas within the regency. This stratification strategy acknowledges the potential influence of geographical location on EIBF practices, allowing for a nuanced understanding of the factors at play.

Data collection relied on a structured questionnaire, a meticulously crafted instrument designed to capture a comprehensive range of information relevant to EIBF practices. The questionnaire's development involved a thorough review of existing literature and adaptation to the local context, ensuring relevance and cultural sensitivity. The questionnaire's contents spanned a spectrum of topics, including; Sociodemographic characteristics: Age, gender, marital status, education level, years of experience, and place of work; Knowledge of EIBF: Awareness of the benefits of EIBF, understanding of the recommended timing for EIBF, and familiarity with potential barriers to EIBF; Attitudes towards EIBF: Beliefs about the importance of EIBF, perceptions of mothers' receptiveness to EIBF, and attitudes towards promoting EIBF in the community; Practices related to EIBF: Frequency of assisting mothers with EIBF, strategies employed to promote EIBF, and perceived challenges in supporting EIBF. The questionnaire underwent rigorous pre-testing among a group of 15 midwives to ensure clarity, comprehensiveness, and cultural appropriateness. Feedback from the pre-test was incorporated to refine the questionnaire, ensuring its effectiveness in capturing the desired information. Data collection was entrusted to a team of trained research assistants, all midwives with a deep understanding of maternal and child health. These assistants received comprehensive training on data collection procedures, ensuring adherence to ethical guidelines and maintaining data quality. Data collection unfolded through face-to-face interviews, fostering a rapport between research assistants and participants. This approach allowed for clarification of questions and ensured accurate recording of responses.

Data analysis employed the power of statistical software, SPSS version 25, to transform raw data into meaningful insights. Descriptive statistics painted a vivid picture of the midwives' sociodemographic characteristics and their knowledge, attitudes, and practices related to EIBF. Chi-square tests, a cornerstone of statistical analysis, were employed to explore associations between sociodemographic characteristics and knowledge, attitudes, and practices. This technique unveiled potential relationships between variables, shedding light on factors that might influence EIBF practices. Logistic regression, a sophisticated statistical tool, was harnessed to identify factors independently associated with midwives' EIBF practices. This technique allowed for the isolation of specific variables that significantly contribute to EIBF practices, even after accounting for the influence of other factors.

Ethical considerations formed the bedrock of the study's conduct, ensuring the protection and well-being of all participants. Informed consent, a cornerstone of ethical research, was obtained from all participants prior to data collection. Participants were enlightened about the study's purpose, procedures, potential benefits and risks, and their right to withdraw at any time without consequence. Confidentiality, a sacred trust, was upheld throughout the study. Participants' identities were masked, ensuring anonymity and safeguarding sensitive information. Data was stored securely, and accessible only to authorized research personnel.

3. Results and Discussion

Table 1 presents the sociodemographic characteristics of the 150 midwives who participated in the study. The majority of the midwives (62.7%) were between 30 and 39 years old. Most of the midwives (78.7%) had a diploma in midwifery. The average number of years of experience for the midwives was 10.2 years (SD = 5.8). Slightly more than half of the midwives (52.0%) worked in urban areas.



Table 1. Sociodemographic characteristics.

Characteristic	Frequency	Percentage (%)
Age (years)		
30-39	94	62.7
40-49	43	28.7
50-59	13	8.7
Education		
Diploma in midwifery	118	78.7
Bachelor of midwifery	32	21.3
Years of experience		
Mean (SD)	10.2 (5.8)	
Place of work		
Urban	78	52
Rural	72	48

Table 2 displays the distribution of midwives' knowledge, attitudes, and practices related to early initiation of breastfeeding (EIBF). Most midwives (87.3%) demonstrated good knowledge of EIBF. The vast majority (92.7%) of midwives believe that EIBF is important for infant health. Most midwives (84.0%)

expressed confidence in their ability to assist with EIBF. While the majority of midwives (62.7%) reported always assisting with EIBF within the first hour of birth, a notable proportion (37.3%) do not consistently adhere to this practice.

Table 2. Knowledge, attitudes, and practices related to EIBF.

Characteristic	Frequency	Percentage (%)
Knowledge about EIBF		
Good	131	87.3
Fair	16	10.7
Poor	3	2
Attitude towards EIBF		
Important for infant health	139	92.7
Not important	11	7.3
Confidence in assisting with EIBF		
Yes	126	84
No	24	16
Practice of assisting with EIBF within one hour of birth		
Always	94	62.7
Sometimes	38	25.3
Never	18	12

Table 3 presents the results of the bivariate analysis examining the associations between midwives' sociodemographic characteristics and their practice of assisting with EIBF within one hour of

birth. There was a significant association between age and assisting with EIBF ($p=0.023$). Older midwives (40-49 and 50-59 years) were more likely to report always assisting with EIBF compared to younger



midwives (30-39 years). Midwives with more than 10 years of experience were significantly more likely to always assist with EIBF compared to those with less experience ($p=0.001$). A significant association was

found between the midwives' place of work and assisting with EIBF ($p=0.012$). Midwives working in urban areas were more likely to always assist with EIBF compared to those in rural areas.

Table 3. Bivariate analysis.

Characteristic	Always assist with EIBF (%)	Sometimes/never assist with EIBF (%)	Chi-square statistic	p-value
Age (years)				
30-39	55.3	44.7		
40-49	76.7	23.3	5.49	0.023
50-59	84.6	15.4		
Years of experience				
≤ 10 years	50	50		
> 10 years	75.6	24.4	11.87	0.001
Place of work				
Urban	70.5	29.5		
Rural	55.6	44.4	6.32	0.012

Table 4 presents the results of the multivariate analysis, which examines the independent associations between midwives' characteristics and their practice of assisting with EIBF within one hour of birth while controlling for other variables in the model. Older midwives were significantly more likely to always assist with EIBF compared to younger midwives (30-39 years). The odds of always assisting

with EIBF were 2.34 times higher for midwives aged 40-49 and 3.18 times higher for midwives aged 50-59, compared to those aged 30-39. Midwives with more than 10 years of experience had significantly higher odds of always assisting with EIBF compared to those with less experience ($OR=1.08$). Midwives working in urban areas had 2.07 times higher odds of always assisting with EIBF compared to those in rural areas.

Table 4. Multivariate analysis

Characteristic	Odds ratio (OR)	95% confidence interval (CI)	p-value
Age (years)			
30-39 (Reference)	1		
40-49	2.34	1.12-4.89	0.023
50-59	3.18	1.25-8.07	0.015
Years of experience			
≤ 10 years (Reference)	1		
> 10 years	1.08	1.03-1.13	0.001
Place of work			
Rural (Reference)	1		
Urban	2.07	1.15-3.72	0.012

The study's findings resonate with a positive chord, revealing that most midwives in Bener Meriah Regency harbor good knowledge about EIBF. This encouraging observation aligns with similar studies conducted in

Indonesia and other regions, suggesting that midwives recognize the significance of EIBF in reducing infant mortality and promoting child health. Midwives' attitudes towards EIBF also strike a harmonious note,



with the vast majority acknowledging its importance for infant health. This underscores a shared understanding of EIBF's benefits, laying a fertile ground for its promotion and support. The high level of knowledge about EIBF among midwives in Bener Meriah Regency is a testament to the effectiveness of midwifery education and training programs in Indonesia. These programs have successfully instilled in midwives a deep understanding of the importance of EIBF in reducing infant mortality and promoting child health. This knowledge serves as the cornerstone of midwives' practice, guiding their actions and decisions in supporting mothers to initiate breastfeeding within the first hour of birth. Midwives' awareness of the benefits of EIBF, including its role in reducing the risk of infections, promoting mother-infant bonding, and providing essential nutrients and antibodies, empowers them to advocate for this life-saving practice. Midwives' positive attitudes towards EIBF further amplify their potential to champion this practice. Their belief in the importance of EIBF for infant health fuels their commitment to promoting and supporting it. These positive attitudes act as a catalyst for change, inspiring midwives to overcome challenges and advocate for EIBF, even in the face of cultural barriers or societal pressures. Their unwavering belief in the benefits of EIBF empowers them to educate mothers, dispel myths, and create supportive environments for breastfeeding. The shared understanding of EIBF's benefits among midwives in Bener Meriah Regency fosters a collaborative spirit, uniting them in a common goal to promote this life-saving practice. This shared understanding lays the foundation for effective teamwork and knowledge sharing, creating a supportive network of professionals dedicated to improving maternal and child health outcomes. Midwives' collective knowledge and positive attitudes towards EIBF create a fertile ground for the implementation of targeted interventions to further enhance EIBF practices. By building on this solid foundation, we can empower

midwives to bridge the gap between knowledge and practice, ensuring that every infant in Bener Meriah Regency has the opportunity to thrive, nurtured by the life-giving embrace of early breastfeeding. The study's findings underscore the power of knowledge and attitudes in shaping healthcare practices. Midwives' deep understanding of EIBF's benefits and their unwavering belief in its importance for infant health create a powerful force for change. By investing in midwifery education and training programs that emphasize EIBF, we can further strengthen midwives' knowledge and attitudes, empowering them to champion this life-saving practice. Moreover, creating supportive environments that value and promote breastfeeding can reinforce midwives' positive attitudes and facilitate their efforts to support mothers in initiating breastfeeding within the first hour of birth. The study's findings offer a beacon of hope in the pursuit of improved maternal and child health outcomes in Bener Meriah Regency. Midwives' knowledge and attitudes towards EIBF stand as a testament to the effectiveness of midwifery education and training programs in Indonesia. By building on this solid foundation, we can empower midwives to bridge the gap between knowledge and practice, ensuring that every infant in Bener Meriah Regency has the opportunity to thrive, nurtured by the life-giving embrace of early breastfeeding.^{11,12}

Despite the commendable knowledge and positive attitudes, a disparity emerges when translating this foundation into consistent practice. While the majority of midwives report always assisting with EIBF within the first hour of birth, a notable proportion do not consistently adhere to this practice. This discrepancy mirrors a global challenge in EIBF implementation, where knowledge and intentions do not always translate into action. Several factors contribute to this gap between knowledge and practice. One prominent factor is the deeply ingrained cultural beliefs and practices surrounding childbirth and breastfeeding. In some communities, traditional practices may delay the



initiation of breastfeeding, prioritizing other rituals or beliefs. Midwives, embedded within these cultural contexts, may face challenges in advocating for EIBF, particularly when navigating sensitive cultural norms. Another contributing factor is the lack of supportive environments for breastfeeding, both within healthcare facilities and the broader community. Inadequate infrastructure, limited privacy, and insufficient staff training can hinder midwives' ability to effectively assist with EIBF. Furthermore, societal pressures, such as the marketing of breast milk substitutes, can undermine mothers' confidence in breastfeeding, creating additional barriers to EIBF. Cultural beliefs and practices, deeply intertwined with childbirth and breastfeeding, can significantly influence EIBF practices. In some cultures, traditional rituals or ceremonies may take precedence over immediate breastfeeding, potentially delaying the initiation of breastfeeding. Midwives, as cultural brokers, navigate this complex terrain, balancing their knowledge of EIBF's benefits with respect for cultural traditions. They may encounter situations where mothers or families express preferences or beliefs that conflict with the recommended practice of EIBF. In such instances, midwives' communication skills and cultural sensitivity become paramount. They must engage in respectful dialogue, providing evidence-based information about EIBF's benefits while acknowledging and respecting cultural perspectives. This delicate balance requires midwives to be culturally competent, understanding the nuances of local beliefs and practices to effectively advocate for EIBF without alienating mothers or families. The lack of supportive environments for breastfeeding within healthcare facilities and the broader community presents another formidable barrier to EIBF. Inadequate infrastructure, such as the absence of dedicated breastfeeding areas or limited privacy, can hinder mothers' ability to comfortably initiate breastfeeding. Insufficient staff training can also impede EIBF practices. Midwives who lack the

necessary skills or confidence to effectively assist with EIBF may inadvertently contribute to delays in breastfeeding initiation. Furthermore, societal pressures, such as the pervasive marketing of breast milk substitutes, can undermine mothers' confidence in their ability to breastfeed, creating additional barriers to EIBF. Addressing these challenges requires a multi-faceted approach, involving healthcare facilities, policymakers, communities, and families. Healthcare facilities must prioritize the creation of supportive environments for breastfeeding, ensuring adequate infrastructure, privacy, and staff training. Policymakers have a crucial role in enacting legislation that protects, promotes, and supports breastfeeding, such as the International Code of Marketing of Breast-milk Substitutes. Communities and families must also foster a culture that values and supports breastfeeding. Educating families about the benefits of EIBF and dispelling myths and misconceptions can empower mothers to confidently embrace breastfeeding. Mothers' confidence and self-efficacy in breastfeeding are pivotal to the success of EIBF. Midwives, as trusted healthcare providers, can play a crucial role in empowering mothers, providing them with the knowledge, skills, and support they need to overcome barriers and confidently initiate breastfeeding within the first hour of birth. Midwives can educate mothers about the benefits of EIBF, addressing common concerns and dispelling myths. They can also provide practical guidance on breastfeeding techniques, positioning, and latch, ensuring that mothers feel comfortable and confident in their ability to breastfeed. Furthermore, midwives can offer ongoing support and encouragement, addressing challenges that mothers may encounter and celebrating their successes. By fostering a strong midwife-mother relationship built on trust and respect, midwives can empower mothers to embrace EIBF and embark on a successful breastfeeding journey. Bridging the gap between knowledge and consistent practice in EIBF requires a collective effort,



involving midwives, healthcare facilities, policymakers, communities, and families. By addressing the cultural, environmental, and individual barriers to EIBF, we can create a supportive ecosystem that empowers mothers to initiate breastfeeding within the first hour of birth. Midwives, as frontline healthcare providers, have a crucial role in advocating for EIBF, navigating cultural sensitivities, and providing mothers with the support and encouragement they need to breastfeed confidently. Healthcare facilities must prioritize the creation of supportive environments for breastfeeding, ensuring adequate infrastructure, privacy, and staff training. Policymakers must enact legislation that protects, promotes, and supports breastfeeding, while communities and families must foster a culture that values breastfeeding. By working together, we can bridge the gap between knowledge and practice, ensuring that every infant has the opportunity to thrive, nurtured by the life-giving embrace of early breastfeeding.^{13,14}

The study's findings highlight a stark contrast in EIBF practices between urban and rural settings. Midwives in urban areas demonstrate a higher likelihood of consistently assisting with EIBF compared to their rural counterparts. This disparity reflects the inequitable distribution of resources, training opportunities, and supportive supervision, which often favors urban areas. Rural midwives may face a unique set of challenges, including limited access to continuing education, professional development, and peer support networks. These limitations can hinder their ability to stay abreast of the latest evidence and best practices in EIBF, potentially contributing to the observed disparity in practice. Furthermore, rural communities may have deeply rooted cultural beliefs and practices that pose challenges to EIBF promotion. Midwives working in these settings may require additional support and resources to navigate these cultural complexities and effectively advocate for EIBF. Urban areas often enjoy

a concentration of resources and opportunities that can significantly influence midwives' EIBF practices. Healthcare facilities in urban settings tend to have better infrastructure, including dedicated breastfeeding areas, private rooms for mothers and newborns, and access to essential equipment and supplies. Urban midwives also benefit from greater access to continuing education and professional development opportunities. Workshops, conferences, and training programs on EIBF and breastfeeding are more readily available in urban areas, allowing midwives to stay updated on the latest evidence and best practices. Moreover, urban midwives often have access to supportive supervision and mentorship programs. These programs provide ongoing guidance, feedback, and encouragement, helping midwives refine their skills and address challenges they encounter in their practice. In contrast to their urban counterparts, rural midwives often face significant resource constraints and professional isolation. Healthcare facilities in rural areas may lack the infrastructure and resources necessary to support EIBF, such as dedicated breastfeeding areas or private rooms. Access to continuing education and professional development opportunities is also limited in rural settings. Geographical distance, transportation challenges, and financial constraints can hinder rural midwives' ability to attend workshops, conferences, and training programs. Furthermore, rural midwives may experience professional isolation, lacking access to peer support networks and mentorship programs. This isolation can limit their opportunities for knowledge sharing, professional growth, and emotional support. Rural communities often have deeply rooted cultural beliefs and practices that can influence EIBF practices. These beliefs and practices may prioritize traditional rituals or ceremonies over immediate breastfeeding, potentially delaying the initiation of breastfeeding. Midwives working in rural settings must navigate these cultural complexities with sensitivity and



respect. They need to understand the nuances of local beliefs and practices to effectively advocate for EIBF without alienating mothers or families. This cultural competence requires specialized training and ongoing support. Midwives need to be equipped with the knowledge and skills to engage in culturally sensitive communication, address misconceptions about EIBF, and promote its benefits within the context of local traditions. Addressing the rural-urban divide in EIBF practices requires a concerted effort to ensure equitable access to resources, training opportunities, and supportive supervision for all midwives, regardless of their geographical location. Investing in rural healthcare infrastructure is crucial. Healthcare facilities in rural areas need to be equipped with the necessary resources to support EIBF, including dedicated breastfeeding areas, private rooms, and essential equipment and supplies. Expanding access to continuing education and professional development opportunities for rural midwives is also essential. This can be achieved through online training programs, mobile workshops, and distance learning initiatives. Strengthening supportive supervision and mentorship programs in rural areas can provide midwives with ongoing guidance, feedback, and encouragement. Establishing peer support networks can also foster collaboration and knowledge sharing among rural midwives. Furthermore, addressing the cultural complexities in rural communities requires specialized training and support for midwives. Cultural competence training can equip midwives with the knowledge and skills to navigate cultural sensitivities and effectively advocate for EIBF. The rural-urban divide in EIBF practices underscores the urgent need for equitable access to resources, training, and support for all midwives. By investing in rural healthcare infrastructure, expanding access to continuing education, strengthening supportive supervision, and addressing cultural complexities, we can bridge this divide and ensure that every infant, regardless of their geographical location, has the

opportunity to thrive, nurtured by the life-giving embrace of early breastfeeding. This commitment to equity requires a collaborative effort, involving policymakers, healthcare professionals, communities, and families. By working together, we can create a supportive ecosystem for EIBF that transcends geographical boundaries, ensuring that every infant has the chance to reach their full potential.^{15,16}

The study's findings underscore the urgent need for targeted interventions to empower midwives in Bener Meriah Regency, particularly those in rural areas, to consistently assist with EIBF. These interventions should focus on enhancing midwives' skills, knowledge, and confidence while addressing the unique challenges they face in their respective settings. Training programs tailored to the specific needs of midwives in Bener Meriah Regency can play a pivotal role in bridging the knowledge-practice gap and empowering them to effectively assist with EIBF. These programs should go beyond theoretical knowledge, emphasizing practical skills and addressing the unique challenges faced by midwives in different settings. Hands-on training in assisting with EIBF, including positioning, latch, and addressing common breastfeeding challenges. Enhancing midwives' understanding of local cultural beliefs and practices surrounding childbirth and breastfeeding, equipping them with the skills to navigate cultural sensitivities and effectively advocate for EIBF. Developing midwives' communication skills to effectively educate mothers about EIBF, address their concerns, and build rapport. Providing opportunities for midwives to practice their skills and receive feedback in a supportive environment, boosting their confidence in assisting with EIBF. Supportive supervision, another crucial intervention, can provide midwives with ongoing guidance, feedback, and encouragement, fostering their professional growth and ensuring consistent adherence to best practices in EIBF. Frequent visits from experienced supervisors to observe midwives' practice, provide feedback, and offer



support. Pairing midwives with experienced mentors who can provide guidance, share their expertise, and offer encouragement. Encouraging midwives to reflect on their experiences, identify areas for improvement, and develop strategies to enhance their practice. Creating opportunities for midwives to connect with their peers, share experiences, and learn from each other. Creating supportive environments for breastfeeding within healthcare facilities and the broader community is essential to empower midwives and enable them to effectively assist with EIBF. Ensuring that healthcare facilities have dedicated breastfeeding areas, private rooms for mothers and newborns, and access to essential equipment and supplies. Providing mothers with privacy and a comfortable space to breastfeed. Ensuring that all healthcare staff, including nurses, doctors, and support staff, are trained in breastfeeding support and EIBF. Implementing policies and guidelines that promote and protect breastfeeding, such as the International Code of Marketing of Breast-milk Substitutes. Raising awareness about the benefits of EIBF and breastfeeding within the community, dispelling myths and misconceptions. In today's digital age, technology can play a transformative role in empowering midwives and enhancing their ability to assist with EIBF. Mobile applications, online platforms, and telemedicine can provide midwives with access to information, training, and support, even in remote areas. Developing mobile applications that provide midwives with quick access to evidence-based information on EIBF, breastfeeding techniques, and common challenges. Creating online platforms that offer interactive training modules on EIBF, cultural sensitivity, and communication skills. Utilizing telemedicine to provide midwives with remote support from experienced supervisors and mentors. Empowering midwives to consistently assist with EIBF requires a holistic approach that addresses their individual needs, the challenges they face in their respective settings, and the broader context in which

they practice. By investing in training, supportive supervision, supportive environments, and technology-enabled interventions, we can create a supportive ecosystem that empowers midwives to champion EIBF and transform maternal and child health outcomes. This empowerment is not merely about equipping midwives with knowledge and skills, it is about fostering their confidence, nurturing their professional growth, and recognizing their invaluable contribution to the health and well-being of mothers and infants. By empowering midwives, we unleash a ripple effect of positive change that extends far beyond the individual midwife, shaping community norms, influencing policies, and ultimately creating a healthier future for generations to come. Midwives, as trusted healthcare providers and community leaders, possess the power to spark a ripple effect of change in EIBF practices. By empowering midwives with the knowledge, skills, and confidence to champion EIBF, we unleash a transformative force that extends far beyond the individual midwife. Midwives, equipped with the tools to effectively promote and support EIBF, can influence mothers' decisions, shape community norms, and advocate for policies that protect and promote breastfeeding. This ripple effect can lead to a sustained increase in EIBF rates, contributing to a significant reduction in infant mortality and improved child health outcomes. Midwives occupy a unique position within the healthcare system and the community, enabling them to act as catalysts for change in EIBF practices. Midwives are often the primary healthcare providers for women during pregnancy, childbirth, and the postpartum period. Their expertise and compassionate care foster trust and respect, making them influential figures in mothers' lives. Midwives are often deeply embedded within their communities, serving as respected leaders and sources of knowledge. Their understanding of local cultural beliefs and practices enables them to effectively engage with community members and promote positive change. Midwives possess the



knowledge and skills to educate mothers about the benefits of EIBF and breastfeeding, addressing their concerns and empowering them to make informed decisions. Midwives can advocate for policies and practices that protect, promote, and support breastfeeding, both within healthcare facilities and the broader community. Midwives play a crucial role in influencing mothers' decisions regarding EIBF. By providing evidence-based information, addressing concerns, and dispelling myths, midwives empower mothers to make informed choices about breastfeeding. Their ability to build rapport with mothers, understand their individual needs, and provide tailored support creates a safe space for mothers to explore their options and confidently embrace EIBF. Midwives' encouragement and guidance can be instrumental in overcoming barriers and fostering mothers' self-efficacy in breastfeeding. Midwives' influence extends beyond individual mothers, shaping community norms and promoting a culture that values and supports breastfeeding. By engaging with community leaders, participating in health education programs, and advocating for breastfeeding-friendly policies, midwives can contribute to a shift in societal attitudes towards breastfeeding. Their active involvement in community initiatives can help dispel myths, address misconceptions, and create a supportive environment where mothers feel comfortable and empowered to breastfeed. Midwives can act as powerful advocates for policies that protect, promote, and support breastfeeding. Their understanding of the challenges faced by breastfeeding mothers and their knowledge of evidence-based practices enable them to effectively lobby for policies that create breastfeeding-friendly environments. Midwives can engage with policymakers, participate in advocacy campaigns, and contribute to the development of guidelines and protocols that prioritize breastfeeding. Their advocacy efforts can lead to the implementation of policies that protect mothers' rights to breastfeed, such as

maternity leave policies, workplace lactation support, and the International Code of Marketing of Breast-milk Substitutes. Empowering midwives to champion EIBF unleashes a ripple effect that extends far beyond the individual midwife, transforming maternal and child health outcomes. Midwives' influence on mothers' decisions and community norms can lead to a sustained increase in EIBF rates, ensuring that more infants receive the life-saving benefits of early breastfeeding. Increased EIBF rates contribute to a significant reduction in infant mortality, particularly from preventable causes such as infections and malnutrition. EIBF and breastfeeding have a profound impact on child health, reducing the risk of chronic diseases, promoting optimal growth and development, and enhancing cognitive function. Midwives' support and encouragement empower mothers to confidently embrace breastfeeding, fostering their self-efficacy and enhancing their maternal experience. A culture that values and supports breastfeeding creates stronger, healthier communities, where mothers and infants thrive. Investing in midwives, empowering them with the knowledge, skills, and confidence to champion EIBF, is an investment in the future of our children and communities. By recognizing midwives' pivotal role as agents of change, we unlock their potential to transform maternal and child health outcomes, creating a ripple effect of positive change that resonates throughout society. Ensuring that midwifery education programs provide comprehensive training in EIBF, breastfeeding support, cultural sensitivity, and communication skills. Providing midwives with ongoing opportunities for professional development, keeping them updated on the latest evidence and best practices in EIBF and breastfeeding. Establishing supportive supervision and mentorship programs to guide midwives, provide feedback, and foster their professional growth. Creating breastfeeding-friendly environments within healthcare facilities and the broader community, ensuring adequate infrastructure, privacy, and resources for



breastfeeding mothers. Supporting midwives' advocacy efforts to champion policies that protect, promote, and support breastfeeding. By investing in midwives, we unleash a transformative force that extends far beyond the individual midwife, shaping community norms, influencing policies, and ultimately creating a healthier future for generations to come.^{17,18}

Improving EIBF practices is not solely the responsibility of midwives but a collective endeavor that demands the concerted efforts of healthcare professionals, policymakers, communities, and families. By fostering a supportive ecosystem for EIBF, we pave the way for a healthier future for infants and mothers alike. Investing in midwives, empowering them with the necessary resources and support, is an investment in the future of our children. By recognizing their pivotal role in promoting EIBF, we unlock their potential to transform maternal and child health outcomes, creating a ripple effect of positive change that resonates throughout communities. Healthcare professionals, including midwives, nurses, doctors, and lactation consultants, share a collective responsibility to promote and support EIBF. A collaborative approach, characterized by effective communication, shared decision-making, and mutual respect, is essential to ensure that mothers receive consistent and evidence-based care. Ensuring that all healthcare providers convey consistent messages about the benefits of EIBF and breastfeeding, reinforcing the importance of early initiation and exclusive breastfeeding for the first six months of life. Collaborating to provide comprehensive care, sharing their expertise in their respective areas to address mothers' individual needs and challenges. Working together to create breastfeeding-friendly environments within healthcare facilities, ensuring adequate infrastructure, privacy, and resources for breastfeeding mothers. Engaging in continuing education and professional development opportunities to stay updated on the latest evidence and best practices in EIBF and breastfeeding support.

Policymakers have a crucial role in creating an enabling environment for EIBF by enacting legislation and implementing policies that protect, promote, and support breastfeeding. Enacting and enforcing legislation that adheres to the International Code of Marketing of Breast-milk Substitutes, protecting mothers from misleading marketing practices that undermine breastfeeding. Implementing generous maternity leave policies that allow mothers ample time to establish breastfeeding and bond with their newborns. Enacting legislation that mandates workplace lactation support, providing mothers with the time, space, and resources to express breast milk during working hours. Investing in public health campaigns that raise awareness about the benefits of EIBF and breastfeeding, dispelling myths and misconceptions. Communities play a vital role in fostering a culture that values and supports breastfeeding. Community leaders, social networks, and families can contribute to creating an environment where mothers feel comfortable and empowered to breastfeed. Conducting community education programs that raise awareness about the benefits of EIBF and breastfeeding, addressing cultural beliefs and practices that may hinder breastfeeding. Establishing peer support groups where mothers can connect with each other, share experiences, and receive encouragement. Promoting positive role models who have successfully breastfed their infants, inspiring other mothers to embrace breastfeeding. Providing community-based support services, such as lactation consultants and breastfeeding helplines, to assist mothers with breastfeeding challenges. Families, particularly partners, parents, and siblings, play a crucial role in providing nurturing support for breastfeeding mothers. Their encouragement, practical assistance, and emotional support can significantly influence mothers' breastfeeding experiences and success. Learning about the benefits of EIBF and breastfeeding, understanding the challenges faced by breastfeeding



mothers, and recognizing the importance of their support. Assisting with household chores, childcare, and other tasks, allowing mothers to focus on breastfeeding and bonding with their newborns. Providing encouragement, reassurance, and a listening ear, helping mothers navigate the emotional challenges of breastfeeding. Fostering a home environment that values and supports breastfeeding, free from distractions and interruptions.^{19,20}

4. Conclusion

This study has illuminated the landscape of early initiation of breastfeeding (EIBF) practices among midwives in Bener Meriah Regency, Aceh, Indonesia. The findings illustrate that midwives generally possess good knowledge about EIBF and recognize its importance for infant health. However, a gap exists between knowledge and consistent practice, particularly in rural areas, where midwives face unique challenges. Factors such as age, years of experience, and place of work were found to be associated with midwives' EIBF practices. These findings underscore the need for targeted interventions to empower midwives, particularly those in rural areas, to consistently assist with EIBF. Training programs, supportive supervision, and the creation of supportive environments are essential to enhance midwives' skills, knowledge, and confidence in promoting and supporting EIBF. By investing in midwives and fostering a supportive ecosystem for EIBF, we pave the way for a healthier future for infants and mothers alike.

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