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The Competencies of Nurses and Midwives in Implementing the 10 LMKM in the Postpartum Inpatient Ward at "X" Hospital in South Tangerang City

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ABSTRACT

The Ten Steps to Successful Breastfeeding (10 LMKM) positions nurses and midwives as key actors in supporting the success of exclusive breastfeeding in hospitals. However, maternity care units have not yet achieved the 100% target, and the competencies of healthcare workers in implementing the 10 LMKM remain unclear. This study aims to analyze the competencies of nurses and midwives in implementing the 10 LMKM in the postpartum inpatient ward of "X" Hospital, South Tangerang City. This study employed a qualitative research design with a case study approach, using in-depth interviews with three managerial staff members and six postpartum mothers, Focus Group Discussions (FGDs) with three nurses and three midwives, observations, and document reviews. Data were analyzed using the Miles and Huberman model, with source and method triangulation, and were processed thematically using NVivo software. The findings indicate that clinical knowledge and skills were adequate but remained primarily technical in nature, while breastfeeding education practices were reactive and unstructured. Discrepancies were identified between written policies and actual practices in the field, documentation of breastfeeding support services had not yet become a priority, and there was a need for independent information media and standardized educational materials. This situation has affected the achievement of breastfeeding education targets, which have not yet reached 100%. The competencies of nurses and midwives remain predominantly technically oriented and require strengthening through policy integration, proactive education strategies, and systematic monitoring mechanisms to support the comprehensive implementation of the 10 LMKM. Therefore, strengthening policies, providing continuous training, improving documentation systems, and establishing effective monitoring mechanisms are necessary to optimize the implementation of the 10 LMKM.

INTRODUCTION

Exclusive breastfeeding is a public health intervention that has been proven effective in reducing infant morbidity and mortality and improving maternal and child health outcomes. The success of exclusive breastfeeding is greatly influenced by the support provided by healthcare workers in healthcare facilities, from the delivery period to the post-discharge period (Fauziah & Riono, 2021). In this context, the competence of nurses and midwives is a determining factor because they are the healthcare professionals who most frequently interact directly with mothers during the critical breastfeeding period, both in assisting breastfeeding

practices and ensuring the continuity of education and support after mothers leave healthcare facilities.

The Ten Steps to Successful Breastfeeding (10 LMKM) as part of the Baby-Friendly Hospital Initiative (BFHI) places healthcare worker competence as one of its core components. The 2018 WHO–UNICEF global standard confirms that all maternity care staff must possess adequate knowledge and skills to support breastfeeding practices in accordance with international policies and codes (World Health Organization, 2018). This emphasis demonstrates that the implementation of the 10 LMKM is determined not only by the availability of written policies but also by the ability of healthcare workers to translate these policies into consistent, educational, and sustainable clinical practices (Flynn et al., 2023; Harrison & Graham, 2021). Support provided by healthcare workers to mothers in the form of education and breastfeeding assistance enables mothers to continue exclusive breastfeeding after discharge from healthcare facilities for up to six months (Li et al., 2021). Uneven competency levels may result in situations where basic technical practices are implemented, but promotive and preventive aspects, policy compliance, and monitoring systems are not yet fully integrated.

The concept of competence in healthcare services encompasses the integration of knowledge, skills, and professional behaviors (Sockalingam et al., 2020; Suprapto, 2026; Yaqoob Mohammed Al Jabri et al., 2021). Competency models, such as the McClelland Iceberg Model, illustrate that visible components, including technical knowledge and skills, are often easier to observe than underlying components, such as motivation, values, and regulatory compliance. Imbalances among these components may cause clinical practices to operate technically but remain insufficiently aligned with global policies and standards (Esamai et al., 2023). Furthermore, competency development requires continuous training and consistent evaluation systems to ensure that breastfeeding support practices do not rely solely on individual habits but are embedded within standardized professional practices (Mukuria-Ashe et al., 2024).

Several previous studies have examined the implementation of the 10 LMKM and healthcare worker competencies in breastfeeding support. Research by Hanifah and Kartini (2022) found that lactation support in developing countries remains fragmented and inconsistent, with healthcare worker competence serving as a key determinant. Fauziah and Riono (2021) conducted a systematic review of the BFHI and found that the implementation of the 10 LMKM significantly improved exclusive breastfeeding rates but emphasized that healthcare worker competence was a critical success factor. Sari et al. (2024) evaluated the implementation of the 10 LMKM in independent midwifery practices in Depok and found that although all midwives assisted with early initiation of breastfeeding (Inisiasi Menyusu Dini [IMD]) and rooming-in practices, written policies regarding the 10 LMKM were still inadequate. Susilawati et al. (2022) identified that reinforcing factors, such as healthcare worker support and professional involvement, were important components in promoting exclusive breastfeeding success. Mukuria-Ashe et al. (2024) investigated healthcare professional competency development for BFHI in Malawi and emphasized that continuous training and competency evaluation are essential for sustainable implementation. Similarly, Esamai et al. (2023) highlighted that policy integration and regulatory compliance are often weak despite adequate technical skills. In Indonesia, Pahalawati and Yulman (2022) described

the importance of the 10 LMKM steps but noted that implementation gaps remain across hospitals. A study by Dwinanda et al. (2021) found that working mothers faced challenges in maintaining exclusive breastfeeding, underscoring the need for comprehensive support from healthcare workers. Research by Wang et al. (2022) demonstrated that midwife-led breastfeeding training programs significantly improved breastfeeding outcomes, highlighting the importance of structured competency development. Furthermore, Soumah et al. (2021) identified determinants of exclusive breastfeeding practices in Guinea and found that healthcare worker support was among the most significant factors. However, studies specifically examining the comprehensive competencies of nurses and midwives in implementing the 10 LMKM in postpartum inpatient settings in Indonesia remain limited, particularly regarding the integration of technical skills, policy understanding, educational practices, and documentation procedures.

Hospital "X" in South Tangerang is a private hospital that has implemented the 10 LMKM since 2014; however, the competency level of nurses and midwives in the postpartum inpatient ward in providing breastfeeding support remains unclear. Data from August to October 2025 showed that 60–80% of mothers received breastfeeding education in the ward, while breastfeeding support coverage had not yet reached the 100% target. Pre-research survey data collected in November 2025 indicated that 12 out of 19 mothers (63.5%) received brief breastfeeding education. Based on this background, it is important to analyze the competencies of nurses and midwives in implementing the 10 LMKM in postpartum inpatient wards.

This study aims to describe healthcare worker competencies in supporting the implementation of the 10 LMKM and to identify competency aspects that have been well established, as well as those requiring further strengthening, to ensure more comprehensive and sustainable implementation. The benefits of this research include providing valuable input for Hospital "X" in developing targeted competency improvement programs, serving as a reference for hospital management in strengthening clinical credentialing systems and monitoring mechanisms, offering insights for healthcare workers regarding areas requiring competency improvement, and providing empirical evidence for policymakers in developing national guidelines. This study also contributes to the limited body of knowledge regarding healthcare worker competencies in implementing the 10 LMKM within Indonesian hospital settings.

METHOD

This study used a qualitative design with a case study approach to analyze the competencies of nurses and midwives in implementing the Ten Steps to Breastfeeding Success (10 LMKM) in the postpartum inpatient ward of Hospital "X," South Tangerang City, from December 2025 to January 2026. A qualitative approach was selected to explore competency-related aspects, including knowledge, skills, and professional practices, within the context of actual healthcare service implementation (Hanifah & Kartini, 2022). This approach enabled the identification of competency patterns related to technical practices, promotive and preventive efforts, and policy compliance in the implementation of the 10 LMKM.

The research informants consisted of 15 participants selected through purposive sampling based on their direct involvement in maternity services and breastfeeding support. The informants included three managerial staff members, three nurses, three midwives, and six

postpartum mothers who had undergone either normal delivery or cesarean section (Sectio Caesarea [SC]). The diversity of informant sources provided perspectives on policy implementation, clinical practice, and service recipient experiences, considering that effective breastfeeding support requires consistent understanding and practice across different service levels.

Data were collected through in-depth interviews, Focus Group Discussions (FGDs), clinical practice observations, and document reviews of Standard Operating Procedures (SOPs) and breastfeeding support documentation systems. Interviews and FGDs explored knowledge, skills, educational practices, and policy understanding related to the 10 LMKM. Observations assessed the application of competencies in clinical practice, including early initiation of breastfeeding (Inisiasi Menyusu Dini [IMD]), breastfeeding assistance, communication with mothers, and post-discharge support. Document reviews examined the alignment between competency practices, written policies, and internal monitoring systems. The data collection guidelines were adapted from the WHO–UNICEF 10 LMKM competency framework (World Health Organization & UNICEF, 2020).

Data were analyzed thematically through transcription, coding, categorization, and interpretation to identify key themes representing competency patterns in the implementation of the 10 LMKM. The analysis focused on identifying existing competency strengths and gaps related to technical practices, regulatory compliance, health education, and documentation. NVivo software was used to support data organization, category mapping, and visualization of relationships among themes.

To ensure the credibility of the findings, this study applied method and source triangulation by comparing data obtained from interviews, FGDs, observations, and document reviews. This process strengthened the validity of the findings by confirming consistency between informant perspectives, observed practices, and available policy documentation.

RESULT AND DISCUSSION

This research was conducted at Hospital "X" South Tangerang City from December 2025 to January 2026.

Table 1. Characteristics of Managerial Informants

Informant	Age	Last Education	Breastfeeding Training	Length of Employment	Position
P1	40 years old	Diploma III (D3) in Midwifery	Breastfeeding Counseling	17 years	Head of Ward
P2	50 years old	Master's Degree (S2) in Nursing	-	12 years	Head of Nursing Division
P3	41 years old	Bachelor's Degree (S1) in Nursing	-	13 years	Chairperson of Nursing Committee

Source: Primary data from interviews, 2025-2026

The managerial staff informant consists of the head of the room who is the key informant and the only one who has attended breastfeeding counseling training. The supporting informants are the head of nursing and the chairman of the nursing committee.

Table 2. Characteristics of Nurse and Midwife Informants

Informant	Age	Last Education	Breastfeeding Training	Length of Employment	Position
PF.1	28 years old	Diploma III (D3) in Nursing	Webinar	6 years	Associate Nurse Practitioner
PF.2	23 years old	Diploma III (D3) in Nursing	Webinar	2.5 years	Associate Nurse Practitioner
PF.3	23 years old	Diploma III (D3) in Nursing	Webinar	2 years	Associate Nurse Practitioner
PF.4	35 years old	Diploma III (D3) in Midwifery	Webinar and Internal Socialization	12 years	Associate Midwife Practitioner
PF.5	30 years old	Diploma III (D3) in Midwifery	Webinar and Internal Socialization	10 years	Associate Midwife Practitioner
PF.6	30 years old	Diploma III (D3) in Midwifery	Webinar and Internal Socialization	10 years	Associate Midwife Practitioner

Source: Primary data from interviews and FGD, 2025-2026

The informants of the implementing officer in the postpartum inpatient room consist of 3 nurses and 3 midwives who have worked in the range of 2-12 years. There has been no breastfeeding training but has received internal socialization and webinars about breastfeeding. In the FGD, the informant provided information on knowledge, skills and documentation behavior in implementing 10 LMKM in the room. There are no specific activities for training, debriefing on breastfeeding is still in the form of webinars, seminars or internal socialization. The nursing committee has not integrated the competencies of the 10 LMKMs in the clinical credential and authority system comprehensively, so this training has not become a priority. This certainly affects the competence of officers in implementing 10 LMKMs and causes the assistance provided to be still technical and fragmented.

Table 3. Characteristics of Postpartum Mother Informants

Informant	Age	Parity	Delivery Process	Education
PI.1	36 years old	1	SC (Cesarean Section)	Senior High School
PI.2	28 years old	1	SC (Cesarean Section)	Senior High School
PI.3	29 years old	1	SC (Cesarean Section)	Senior High School
PI.4	29 years old	1	Normal Delivery	Bachelor’s Degree
PI.5	30 years old	1	Normal Delivery	Bachelor’s Degree
PI.6	24 years old	1	Normal Delivery	Senior High School

Source: Primary data from interviews, 2025-2026

The informants of the postpartum mothers consisted of 3 mothers with SC delivery and 3 mothers with normal delivery. This informant provides a perspective from the side of the service recipient.

Thematic analysis of interview data, FGD, observation, and document review resulted in a pattern of competence of nurses and midwives in the implementation of the Ten Steps to Breastfeeding Success (10 LMKM) which showed an imbalance between the dimensions of competence. The competencies that develop are relatively strong in the technical-procedural realm, especially in the practice of Early Breastfeeding Initiation (IMD) in normal childbirth, skin-to-skin contact, positioning and attachment assistance, and basic communication with mothers in the immediate postpartum period. This mastery reflects clinical skills that have been internalized as routine practice in maternity services. However, these competencies have not been fully integrated with policy understanding, structured preventive education, ongoing support at home, and systematic documentation as part of clinical governance. Research in several Independent Midwifery Practices (PMBs) also shows that all midwives have assisted IMD and combined care efforts but do not yet have a written policy on 10 LMKM (Sari et al., 2024).

The dominance of this technical competence shows that procedural aspects tend to be more easily developed in service practice than dimensions that demand policy internalization and consistency of educational behavior. These findings are in line with research that confirms that the role and support of health workers are important reinforcing factors in driving the success of exclusive breastfeeding, so that the quality of professional involvement in service practice is a decisive component (Susilawati et al., 2022). This condition shows that the competence of nurses and midwives in this context is still more prominent at the operational level than at the regulatory and systemic levels. Therefore, continuous competency strengthening is important so that breastfeeding support practices do not stop at procedural actions, but develop into comprehensive and consistent support.

The visualization of the results of the analysis using NVivo strengthens these findings. The Project Map shows that nodes related to IMD, skin-to-skin contact, breastfeeding assistance, and communication have the most dominant connectivity compared to nodes related to antenatal education, home support, support for babies with special needs, and understanding of policies and International Codes.

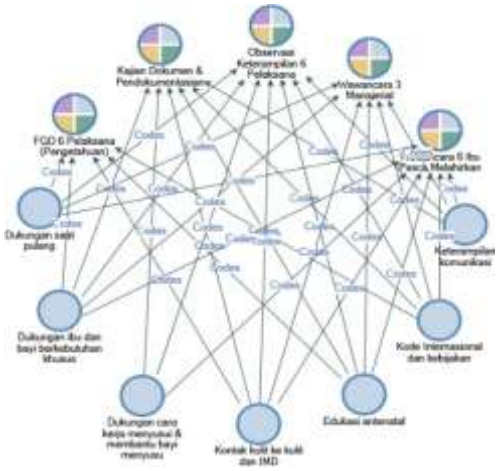

Figure 1. Project Map of Nurse and Midwife Competency in the Implementation of 10 LMKM
Source: NVivo analysis output, 2026

Figure 1 shows that the relationship between data sources is strongest in the aspect of basic clinical skills, while the promotive and regulatory aspects show a more limited connection. This pattern indicates that technical competencies have been more internalized than competencies that demand policy integration and service continuity.

In the education dimension, basic communication competencies have gone relatively well, but the approach used still tends to be reactive. Education is more often provided when mothers ask questions or have difficulty breastfeeding, not as part of a structured education package from the antenatal phase to post-home. This condition shows that social skills and meta-competence in anticipating maternal needs have not developed optimally. As a result, variations in information between health workers and between patients have the potential to occur, especially in the aspects of counseling the risk of using pacifiers or bottles, breastfeeding support for babies with special needs, and support planning when going home. Breastfeeding education practices in health facilities are often not thoroughly structured, so support often arises when problems have already occurred, rather than as a planned prevention.

The gap is also evident in the aspects of understanding policies and the International Code. Although several Standard Operating Procedures (SPOs) have been available, the socialization and internalization of policies have not been evenly distributed among implementers. Breastfeeding support practices tend to rely more on work habits than on mutually understood written guidelines. In fact, the implementation of 10 LMKMs requires policy integration and compliance with global standards in every service practice2. When a regulatory understanding is not yet strong, good technical competence does not always result in consistent and comprehensive implementation. In addition, breastfeeding support practices are influenced by health worker factors, service systems, and consistency of policy implementation, so contextual exploration is important to comprehensively understand the dynamics of the implementation of 10 LMKMs (Soumah et al., 2021). In the practice of service and written protocols, it can be defeated by habitual practice when the process of socialization, strengthening, and policy supervision is not running effectively (Dwinanda et al., 2021).

In terms of documentation, practice recording focuses more on clinical actions such as IMD and skin-to-skin contact, while breastfeeding education, risk counseling, and follow-up support have not been systematically documented. This limited documentation has implications for the difficulty of quality monitoring and evaluation of competency development in an ongoing manner. Research in China shows that after two trainings on nursing documentation knowledge, behaviors and practices, there is an improvement so that documentation by officers can be properly applied (Zhang et al., 2025).

The need for independent information media and the standardization of educational materials are also findings in this study. There is no standardized information media and educational materials used by nurses and midwives in providing education to mothers both during treatment and when returning from the hospital. The information given to the mother still varies from one officer to another. This causes mothers' knowledge of important things in breastfeeding to vary. Educational media that is not updated or not actively used causes information not to be conveyed consistently (Salsabila & Wahyuni, 2024). The absence of standard instruments such as educational checklists causes variations in practices among health workers and complicates the process of evaluating service quality (Ilhami et al., 2022).

Education that relies only on oral communication without only risks producing variations in the content of the message and the depth of information that depend on the style and expertise of each health worker (Wang et al., 2022).

The Concept Map analysis shows that the documentation branch has a more limited relationship than the knowledge and technical skills branch, showing that this dimension has not been optimally integrated in service practice.

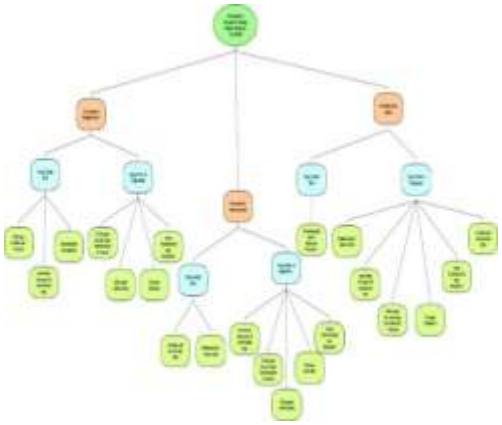

Figure 2. Concept Map of Nurse & Midwife Competency in the Application of 10 LMKM
Source: NVivo analysis output, 2026

Figure 2 shows the dominance of branches related to IMD and basic clinical skills, while branches representing policy, advanced support, and documentation appear smaller and less connected. This visualization confirms that the competencies that develop stronger are those that are technical and procedural.

Overall, the results of the study show that the competence of nurses and midwives in the implementation of the 10 LMKM is more dominant in the visible technical aspects, while the regulative, promotive, and documentary aspects are still partially developed. This imbalance between dimensions shows that competency development does not fully include integration between policy knowledge, advanced clinical skills, proactive educational behaviors, and documentation systems that support continuous monitoring. These findings reinforce the view that strengthening the capacity of health workers needs to be directed not only at improving technical skills, but also at the consistent integration of professional policies and behaviors in service systems5.

CONCLUSION

This study showed that the competencies of nurses and midwives in implementing the Ten Steps to Breastfeeding Success (10 LMKM) in the postpartum inpatient ward were not yet fully comprehensive and still demonstrated an imbalance among competency dimensions. Competencies that had developed relatively well were found in the domain of technical skills, particularly in the implementation of early initiation of breastfeeding (Inisiasi Menyusu Dini [IMD]) during vaginal delivery, skin-to-skin contact, breastfeeding positioning and attachment assistance, and basic communication when supporting breastfeeding mothers. However, competencies related to regulatory and promotive aspects, including understanding of the International Code of Marketing of Breast-milk Substitutes, internal hospital policies, structured antenatal education, support for mothers and infants with special needs, and post-

discharge breastfeeding support planning, still required strengthening. Furthermore, documentation of breastfeeding support had not yet been fully systematic or integrated as part of clinical governance. Existing documentation primarily reflected key clinical actions, whereas education, counseling, and follow-up support activities were not consistently recorded. This condition indicated that while technical competencies had been established, the integration of policy knowledge, proactive educational practices, and monitoring systems remained suboptimal. Such competency gaps may affect the consistency and quality of 10 LMKM implementation and hinder the institutionalization of sustainable breastfeeding support practices.

Strengthening the competencies of nurses and midwives in implementing the 10 LMKM should focus on achieving better integration between technical skills, policy understanding, proactive educational practices, and documentation systems. Continuous training should not only emphasize clinical procedures but also incorporate understanding of the International Code of Marketing of Breast-milk Substitutes, structured antenatal education, breastfeeding support for mothers and infants with special conditions, and the ability to develop discharge planning that ensures continuity of breastfeeding support after mothers leave healthcare facilities. In addition, hospitals should integrate competency assessments into internal monitoring systems, including improved documentation of breastfeeding education and counseling as components of clinical governance. The development of referral mechanisms to breastfeeding support communities should also be accompanied by strengthening healthcare worker capacity in delivering standardized and sustainable information. Through structured and continuous competency development, nurses and midwives are expected to implement the 10 LMKM more comprehensively, consistently, and in accordance with global breastfeeding support standards.

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