



COMPARISON OF BREASTFEEDING SUPPORT PERCEPTIONS BETWEEN POSTPARTUM MOTHERS AND HEALTH CARE PERSONNEL IN PUBLIC HOSPITAL

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ABSTRACT

Breastfeeding support increases the confidence of breastfeeding mothers who have a positive impact on the achievement of exclusive breastfeeding. Still, there are many breastfeeding mothers who have not received optimal support. This is caused by differences in perception between breastfeeding mothers and health workers. This research was a descriptive study comparing the perceptions of breastfeeding support in postpartum mothers and health care workers. A total of 197 postpartum mothers and 37 health workers in the postpartum ward of the Banyumas district hospital, Central Java, filled out the questionnaire containing questions related to breastfeeding support. The results of this study showed 85.7% of postpartum mothers reported to be taught breastfeeding techniques and this was done by 100% of health workers. Eighty six percent of postpartum mothers received early breastfeeding initiation, 50.3% were performed in the first hour after delivery, and 97.3% stated this procedure was introduced by 97.3% of health workers. Fifty one percent of postpartum mothers received information about the signs of the baby had enough milk, and 97.3% of health workers claimed to provide this information. More than 50% of postpartum mothers did not ask for breastfeeding assistance, while 100% of health workers claimed to have provided breastfeeding assistance. Fifty three percent of postpartum mothers were given information on the presence of breastfeeding volunteers, and 70.3% of health workers provided this information. Thirty nine of postpartum mothers acquired information about breastfeeding counseling facilities and only 64.9% of health workers delivered this information. Conclusion: There is a gap in perception of breastfeeding support between postpartum mothers and health workers.

Keywords: perception, breastfeeding support, postpartum mothers, health workers

ABSTRAK

Dukungan menyusui akan meningkatkan kepercayaan diri ibu menyusui yang berdampak positif pada capaian ASI eksklusif. Namun demikian masih banyak ibu menyusui yang belum memperoleh dukungan optimal. Hal ini disebabkan oleh perbedaan persepsi antara ibu menyusui dengan tenaga kesehatan. Penelitian ini merupakan studi deskriptif yang membandingkan gambaran persepsi dukungan menyusui pada ibu postpartum dan tenaga kesehatan. Sebanyak 197 ibu postpartum dan 37 tenaga kesehatan di ruang postpartum rumah sakit wilayah Kabupaten Banyumas mengisi kuesioner yang berisi pertanyaan terkait dukungan menyusui. Hasil penelitian ini menunjukkan 85,7% ibu postpartum mengaku diajarkan teknik menyusui dan hal ini dilakukan oleh 100% tenaga kesehatan. 86,6% ibu postpartum menerima inisiasi menyusui dini, 50,3% dilakukan pada 1 jam pertama setelah melahirkan, dan hal ini diakui telah dilakukan oleh 97,3% tenaga kesehatan. 51,3% ibu postpartum memperoleh informasi tanda bayi cukup ASI, dan 97,3% tenaga kesehatan mengaku memberikan informasi tersebut. Lebih dari 50% ibu postpartum tidak meminta bantuan menyusui, sedangkan 100% tenaga kesehatan mengaku telah memberi bantuan menyusui. 53,3% ibu postpartum diberi informasi adanya kader ASI, dan 70,3% tenaga kesehatan memberikan informasi tersebut. 39,6% ibu postpartum mendapatkan informasi tentang fasilitas konseling menyusui dan hanya 64,9% tenaga kesehatan yang menyampaikan informasi tersebut. Kesimpulan: Terdapat kesenjangan persepsi dukungan menyusui antara tenaga kesehatan dengan ibu postpartum.

Kata kunci: persepsi, dukungan menyusui, ibu postpartum, tenaga kesehatan

INTRODUCTION

Supporting breastfeeding mothers is one way to improve the achievement of exclusive breastfeeding. Pradanie (2015) stated that breastfeeding support increases the confidence of postpartum mothers in breastfeeding and promotes the success of exclusive breastfeeding. The confidence gained from breastfeeding support can increase the mother's positive perception while breastfeeding. This is in line with Anggraeni et al (2016) study which affirmed that breastfeeding mothers' perceptions increases the duration of exclusive breastfeeding period.

Support given to breastfeeding mothers tends to low. Ida and Irianto's research results (2015) showed that almost 50% of postpartum mothers did not get sufficient support while breastfeeding. This form of support is provided by health workers, husbands and families. Ramadani (2017) explained in his paper that mothers whose families support exclusive breastfeeding have the opportunity to give exclusive breastfeeding 3.5 times higher than mothers whose families do not support. This result was obtained after controlling their knowledge and experience of breastfeeding. Of the results, 43.3% families forbid mothers from giving food or other drinks to babies during the first 6 months of age, and less than 50% of postpartum mothers performed early initiation of breastfeeding.

Breastfeeding support is needed by mothers in the postpartum period, but there are still differences in perception in terms of the kinds of breastfeeding support from the point of view of health workers, patients and families. Differences in perceptions between health workers and postpartum mothers may influence the behavior of health workers in providing care. A shared perception on breastfeeding support between health workers and postpartum mothers is needed so that health care is carried out appropriately and as required. The difference in perception of breastfeeding support between health workers can be influenced by several factors. According to the research of Fitriani & Muftililah (2018) factors that influence the perception of a nursing mother include knowledge,

experience, interests, hopes and breastfeeding culture. Previous research conducted by Ida and Irianto (2015) illustrated the form of breastfeeding support conducted by mothers, husbands and health workers in the community with samples of breastfeeding mothers whose babies aged 6 to 12 months. While the sample of this study is breastfeeding mothers who are being treated in the hospital after giving birth. From the differences in sample and background that have described, this study aimed to compare the perceptions of breastfeeding support between postpartum mothers and health workers in the puerperal ward of the hospital.

METHOD

This research was a descriptive study which compared the perceptions of breastfeeding support in postpartum mothers and health workers in hospitals. This research was conducted in the postpartum ward of the Hospital in the District of Banyumas from July to October, 2019. The variables being compared were breastfeeding support perceived by postpartum mothers, and breastfeeding support from the point of view of health workers. This research was conducted at the Banyumas Regency Hospital, with a total sample of 197 respondents postpartum mothers and 37 health workers (nurses or midwives in the postpartum ward) who met the study criteria. Sampling for postpartum mothers respondents was carried out by consecutive sampling method, whereas health workers were chosen using total sampling. Criteria for inclusion of postpartum mothers were vaginal delivery or with treatment, maternal and neonatal care, mothers accompanied by family, and babies with no complications that required a longer standard treatment day. Accompanying families are those who live with the mother. Inclusion of health workers were nurses or midwives who work in the postpartum ward and were willing to participate. This research instrument is a modification of the instrument by Ida and Irianto (2015) which consists of several questions about the form of breastfeeding support in terms of

health workers, husband, and family (mother or mother-in-law), and a modification of the questionnaire from Rayfield, Oakley, Quigley (2015) which consists of several questions about breastfeeding support perceived by postpartum mothers. Data analysis of this study used the frequency distribution of each indicator of breastfeeding support by comparing the answers from health

workers and postpartum mothers.

RESULT

The description of the characteristics of postpartum mothers in this study is presented to explain their ethnicity, occupation, marital status, education, type of childbirth, number of children, and family income.

Table.1 Frequency distribution and characteristics of postpartum mothers percentage

| Characteristics of Postpartum Mothers | Number (N) | Percentage (%) | p |
|---------------------------------------|------------|----------------|-------|
| Ethnic Group | | | 0.003 |
| Java | 193 | 98 | |
| Sundanese | 4 | 2 | |
| Employment status | | | 0.174 |
| Employed | 38 | 19.3 | |
| Unemployed | 159 | 80.7 | |
| Marital Status | | | 0.001 |
| Married | 194 | 98.5 | |
| Unmarried | 3 | 1.5 | |
| Occupation | | | 0.199 |
| Elementary school | 27 | 13.7 | |
| Middle School | 66 | 33.5 | |
| High school | 77 | 39.1 | |
| College | 26 | 13.2 | |
| No school | 1 | 0.5 | |
| Mode of Delivery | | | 0.252 |
| Normal | 82 | 41.6 | |
| Induction | 25 | 12.7 | |
| Vacuum/Forceps | 11 | 5.6 | |
| Caesarean section | 79 | 40.1 | |
| Parity | | | 0.548 |
| 1 | 78 | 38.6 | |
| 2 | 72 | 36.5 | |
| 3 | 32 | 16.2 | |
| 4 | 12 | 6.1 | |
| 5 | 5 | 2.5 | |
| Family Income | | | 0.806 |
| Less than minimum wage | 76 | 38.6 | |
| Equal with / above minimum wage | 121 | 61.4 | |
| Pregnancy Class Visit | | | 0.152 |
| Ever | 127 | 64.5 | |
| Never | 70 | 35.5 | |

From table 1, it is identified that the majority of postpartum mothers are Javanese, the majority of postpartum mothers do not work or housewives (80.7%), only 1.5% of respondents whose marital status is unmarried, majority respondents' highest education are junior high school (33.5%) and high school (39.1%), most types of childbirth are normal (41.6%), 38.6% of respondents are at their first parity and 36.5% are at their second, 61.4% of respondents earned

above the minimum wage, and the majority of postpartum mothers attended pregnancy class (64.5%).

Based on the characteristics of the respondents in table 1, it is known that the ethnic characteristics and marital status have a value of $p < 0.05$ which means that the ethnicity and marital status have a significant relationship with the perception score of breastfeeding support. Ethnic groups have an influence on perceptions of breastfeeding support in postpartum

mothers in terms of cultural differences that lead to differences in support systems especially in breastfeeding mothers. This is in line with the study of Septyaningsih and Farapti (2018) which stated that the beliefs and traditions influence the exclusive breastfeeding practice. While marital status is significantly related to the perception of breastfeeding support as it is directly related to the support system, where married women get support from their husbands to breastfeed compared to unmarried women who do not have such source of support.

A description of the characteristics of postpartum mothers age is presented in table 2 which includes the average age, lowest age and highest age.

Table 2. Characteristics of postpartum mothers age

| Postpartum mothers age | Number | p |
|------------------------|--------|-----|
| Average Age | 29.8 | 0,4 |
| Minimum Age | 17 | 22 |
| Maximum Agel | 44 | |

Based on table 2 it can be seen that the average age of respondents is 29.8 years. The lowest age is 17 years and the highest age is 44 years. Based on the age characteristics, it is known that overall respondents are included in the reproductive age category. The p value in table 2 shows the number 0.422 which means that the age of the respondent is

not significantly related to the score of breastfeeding support.

The description of the characteristics of health workers in the postpartum ward in this study is presented in table 3 which describes ethnicity, marital status, education, and career path.

Table 3. Frequency distribution and percentage of health workers characteristics in the postpartum room

| The Characteristics of health workers | Number (N) | Percentage (%) |
|---------------------------------------|------------|----------------|
| Ethnic Group | | |
| Java | 36 | 97.3 |
| Sundanese | 1 | 2.7 |
| Marital Status | | |
| Married | 34 | 91.9 |
| Unmarried | 1 | 2.7 |
| Divorced or died | 2 | 5.4 |
| Education | | |
| Diploma | 25 | 67.6 |
| Bachelor | 10 | 27 |
| Specialists Nurse | 1 | 2.7 |
| Career path | | |
| Primary nurse | 8 | 21.6 |
| Associate nurse | 28 | 75.7 |
| Head of ward | 1 | 2.7 |

Mothers is presented in table 4. The form of data presentation in this study includes the number and percentage of respondents' answers related to perceptions of breastfeeding support according to postpartum mothers.

Table 4. frequency distribution of Perception of Support by Postpartum Mother

| Perception of Breastfeeding Support according to postpartum mothers | Yes | % | No | % |
|---|-----|------|-----|------|
| Postpartum mothers are taught how to position the baby for breastfeeding. | 169 | 85.7 | 28 | 14.3 |
| Mother receives 'skin to skin' contact with the baby immediately after giving birth. | 171 | 86.6 | 26 | 13.2 |
| The baby is placed on the mother's chest in the first hours after giving birth. | 99 | 50.3 | 98 | 49.7 |
| Postpartum mothers are informed the signs of the baby getting enough milk. | 101 | 51.3 | 96 | 48.7 |
| Postpartum mothers ask for help when experiencing problems related to breastfeeding. | 96 | 48.7 | 101 | 51.3 |
| Postpartum mothers receive adequate assistance and support for breastfeeding. | 190 | 96.4 | 7 | 3.6 |
| Postpartum mothers receive complete information about the existence of health cadres or community support groups that can help mothers when breastfeeding babies at home. | 105 | 53.3 | 92 | 46.7 |
| Postpartum mothers are informed about breastfeeding counseling facilities. | 78 | 39.6 | 119 | 60.4 |
| Postpartum mothers get help or information about | 83 | 42.1 | 114 | 57.9 |

| Perception of Breastfeeding Support according to postpartum mothers | Yes | % | No | % |
|---|-----|---|----|---|
| breastfeeding problems that may be encountered at home. | | | | |

DISCUSSION

Breast milk (ASI) is the main food source for infants that has the best nutritional content for babies compared to other foods or drinks. Exclusive breastfeeding implies breastfeeding for newborns up to 6 months old without additional food or other drinks except drugs and vitamins as indicated by the doctor (World Health Organization, 2013). Breast milk provides enormous benefits for both the baby and the mother, the nutrition in breast milk is adjusted to the ability of baby's digestive organs so that it will be more easily absorbed into the body and optimize its function. The results of the study stated that breastfed children have stronger endurance and better intellectual function than those who do not. Mothers who breastfeed are protected from the occurrence of postpartum hemorrhage.

There are many factors that determine the success of exclusive breastfeeding mothers, include knowledge and attitudes towards breastfeeding, social support and self-efficacy (Rafizadeh et al, 2019). Breastfeeding support is a crucial factor in the success of exclusive breastfeeding mothers. Atameha's research (2016) found that mothers who receive support from their husbands and mothers (grandmothers) reported a longer exclusive breastfeeding period than mothers without support from their families. This is also in line with research by Ida & Irianto (2015) which claimed that mothers who get support from their husbands will likely to give exclusive breastfeeding 3.7 times higher than mothers whose husband gives less support.

Breastfeeding support is an effort that can be done by all parties in order to provide assistance and facilities for breastfeeding mothers. Postpartum mothers breastfeeding support can be obtained from the closest persons, namely their husband and family, as well as the community and health workers. Some forms of support for breastfeeding mothers include motivating them to keep giving

only breast milk without adding other foods to the baby, providing information related to breastfeeding for postpartum mothers, facilitating postpartum mothers to get adequate rest during breastfeeding, such as helping with housework. Other forms of support include introducing mothers to health cadres in the community and counseling services that can help postpartum mothers in overcoming problems during breastfeeding (Rayfield et al, 2015). Health workers support breastfeeding mothers by providing information and interpersonal support (Gill, 2001).

According to Rayfield et al (2015), the description of breastfeeding support in postpartum mothers consists of several indicators including postpartum mothers being taught on how to position babies for breastfeeding, obtaining Early Breastfeeding Initiation (IMD) in the first hour of postpartum, being informed about the signs of a baby get sufficient breast milk, getting help and support for breastfeeding, getting information about cadres in the community, and breastfeeding counseling facilities which will help postpartum mothers to overcome problems related to breastfeeding at home.

The first form of breastfeeding support is postpartum mothers being taught on how to position babies for breastfeeding. Based on the data in table 3, 85.7% of postpartum mothers reported to have been taught on how to position babies for breastfeeding, while in table 4 it is mentioned that 100% of health workers claimed to teach postpartum mothers regarding this skill. These results indicate that there is a gap of 14.3% of postpartum mothers who claim to get information from other sources instead of health workers. This is probably due to the factor of postpartum mothers' sufficient knowledge so that health workers did not feel the need to teach the correct way to breastfeed. Another contributing factor may be the parity number. Based on the respondents' characteristics, the number

of multiparous mothers are bigger than the primiparous, therefore it is assumed that they have a better knowledge about breastfeeding. According to the results of the study it can be seen that mothers who have experience on breastfeeding have better knowledge related to breastfeeding compared to primiparous mothers.

The second form of support is that postpartum mothers get an early initiation of breastfeeding within one hour of birth. In table 3, it can be seen that 86.6% of postpartum mothers received 'skin to skin' contact with the baby immediately after birth and only 50.3% of postpartum mothers performed early initiation of breastfeeding within one hour of birth. This result is different from the statement of health workers in table 4 which claimed that 97.3% of health workers introduced early initiation of breastfeeding to postpartum mothers. This difference can be influenced by several factors such as the condition of the mother and baby at delivery. Babies with normal birth weight are highly likely to start breastfeeding within one hour of birth than mothers who have babies with low birth weight. Mothers who delivered by section cesarean are more likely to delay breastfeeding initiation (Ezeh et al, 2019).

The third form of breastfeeding support is that postpartum mothers are taught how to identify the signs of a baby getting sufficient milk. The results of the study showed that only 51.3% postpartum mothers reported that they obtained this information from health workers in the postpartum ward. This result is different from the statement of health workers, as showed in table 4, that 97.3% of health workers informed the mothers about the signs of the baby gets enough milk. Based on these results there was a gap between the statements of nurses and postpartum mothers. This may be caused by several factors such as mother's knowledge, experience and perceptions about the adequacy of breast milk. Some postpartum mothers assumed their breast milk did not come out in the first three days of postpartum even though physiologically breast milk is produced and will come out on the third day postpartum. The second lactogenesis process starts

around 30-40 hours after giving birth, but usually new mothers experience full breasts about 50-73 hours (2-3 days) after delivery. The production of breast milk is actually not straight after birth (Widayanti, 2014). This often leads to wrong perceptions in postpartum mothers therefore they choose to give formula milk for their babies. Anggraeni (2017) argued that mothers' perceptions about the adequacy of milk production will affect the length of breastfeeding.

The results of this study as shown in table 3 showed that 48.7% of postpartum mothers asked for help when experiencing breastfeeding problems. It can be inferred that more than 50% of postpartum mothers did not ask for help from health workers when facing breastfeeding problems. One of the factors that contributes to it is that postpartum mothers have sufficient knowledge so that they did not feel the need of helps in breastfeeding. This result, however, is different with the data in table 4 which shows that 100% of health workers provide assistance when postpartum mothers experience problems related to breastfeeding. This result is in line with the statement of postpartum mothers in table 3 where 96.4% of mothers received adequate assistance and support for breastfeeding. This result is supported by Ezeh et al (2019) which states that postpartum mothers need breastfeeding assistance in the first days after giving birth. This is caused because postpartum mothers are in the phase of taking in-adaptation, which means that postpartum mothers need adaptation to the transition conditions between pregnancy and becoming a mother. The taking-in phase is a period of dependency at which time the mother's focus of attention will be on her own baby. Rubin establishes a period of several days as a receiving phase where a mother also needs protection and care that can cause mood disorders in psychology (Rubin, 1977 in Tafiya, 2019).

The results of the study in table 3 also describes that 53.3% of postpartum mothers were given complete information about the existence of health cadre or community support group that could assist

mothers when breastfeeding at home. This is in line with the results in table 4 which mentions that only 70.3% of health workers provide this information. Provision of information to postpartum mothers is more related to physical problems faced by mothers and babies during hospitalization. Sometimes health workers in hospitals forget the important information that should be delivered to postpartum mothers regarding health cadres in the community who can actually be their representation to care for postpartum mothers upon returning home. Based on the research results by Donna & Cynthia (2006), the most important topic of health education according to mothers and health workers in hospitals including immediate physical health needs, personal care and mobility.

Based on the results of the study in table 3, only 39.6% of postpartum mothers received information about breastfeeding counseling facilities from health workers in the hospital. This is also in line with the statement of health workers in table 4 where only 64.9% of them provide information related to breastfeeding counseling facilities. According to Mulyani (2016), breastfeeding counseling has a significant effect on improving breastfeeding attitudes in postpartum mothers. Information about breastfeeding counseling can be conveyed by health workers to postpartum mothers, but it is rarely given. This may be due to their limited knowledge about breastfeeding counseling. Rahayu (2012) stated that nurses' knowledge in postpartum ward about breast milk and relactation is still lacking.

The other form of breastfeeding support is that postpartum mothers receive assistance or information about infant feeding problems that may be encountered at home. Only 42.1% of mothers obtained this information from health workers, whereas this is different from the results in table 4 which showed 91.9% or nearly 100% of health workers provide assistance or information about feeding problems that might be encountered at home. This is in accordance with the research by Ida and Irianto (2015) which stated that only 45.9%

of facilities and health workers provide adequate support for exclusive breastfeeding.

Based on the results of this research, there are still gaps in the acceptance of breastfeeding support perceptions between postpartum mothers and health workers in the hospital. The form of the gap includes some postpartum mothers feel they have not informed about the correct breastfeeding techniques and the signs of a baby get sufficient milk. Only 50.3% of postpartum mothers who reported to perform early initiation of breastfeeding and more than 50% of postpartum mothers did not ask for help from health professionals related to breastfeeding. On the other hand, almost 100% of health workers claimed to have provided breastfeeding support to postpartum mothers in the form of initiating early breastfeeding, teaching proper breastfeeding techniques, teaching signs of adequate milk and providing breastfeeding assistance.

CONCLUSION AND RECOMMENDATION

Based on the results of this study it can be seen that the majority of postpartum mothers have a positive perception of the support of health workers for breastfeeding. However, there are still some gaps in the acceptance of perception of breastfeeding support between postpartum mothers and health workers in hospitals. Suggestions from this study are the need for equality of perception between health workers and postpartum mothers regarding the form of breastfeeding support for postpartum mothers, as well as increasing nurses' knowledge about exclusive breastfeeding comprehensively. In addition, further research needs to look at the factors that cause differences in perceptions of breastfeeding support between health workers and postpartum mothers.

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