



## Decision-Making and Breastfeeding Support Primiparous Mothers with a History of Caesarean Section in Breastfeeding



Dwi Margareta Andini <sup>a</sup>, Andari Wuri Astuti <sup>b</sup>, Fitria Siswi Utami <sup>c</sup>, Fifi Musfirowati <sup>d</sup>, Dewi Andariya Ningsih <sup>e</sup>, Amrina Nur Rohmah <sup>f</sup>

Manuscript submitted: 09 September 2022, Manuscript revised: 18 October 2022, Accepted for publication: 27 November 2022

### Corresponding Author <sup>a</sup>



### Keywords

*breast milk;*  
*caesarean section history;*  
*decision;*  
*primiparous;*  
*support;*

### Abstract

The type of delivery affects the success of exclusive breastfeeding. Mothers of Post-caesarean section have the risk of not giving exclusive breastfeeding to their babies because they feel uncomfortable. The pain felt by the mother will cause the mother to be reluctant to breastfeed her baby. This study aims to explore in-depth decision-making and breastfeeding support for primiparous mothers with a history of Caesarean Section in breastfeeding. The research design used in this research is a generic exploratory qualitative study. In this study, twelve mothers with a Caesarean section history were involved as research informants, who were selected using a purposive sampling technique. This data collection was carried out in the working area of the Umbulharjo I Health Center in Yogyakarta City in March-June 2019 using a semi-structured interview. Research data were analyzed using thematic analysis using the approach from Creswell, J.W. The analysis results obtained two themes: decision-making and breastfeeding support. Husbands and parents are essential aspects in providing support for primiparous mothers. The mother's obstacles are low maternal autonomy, the mother's condition after Caesarean Section, the lack of milk production after Caesarean Section, and breast problems. Improving health promotion on breastfeeding for Post-caesarean section mothers and self-efficacy is expected to increase the scope of breastfeeding for Post-caesarean Section mothers.

*International Journal of Life Sciences* © 2022.

*This is an open access article under the CC BY-NC-ND license*  
(<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

<sup>a</sup> IIK Bhakti Wiyata, Kediri, Indonesia

<sup>b</sup> Universitas A'isyiyah, Yogyakarta, Indonesia

<sup>c</sup> Universitas A'isyiyah, Yogyakarta, Indonesia

<sup>d</sup> Universitas Faletahan, Serang, Indonesia

<sup>e</sup> Universitas Ibrahimy, Situbondo, Indonesia

<sup>f</sup> Universitas Muhammadiyah Lamongan, Lamongan, Indonesia

---

**Contents**

Abstract.....	118
1 Introduction.....	119
2 Materials and Methods.....	120
3 Results and Discussions.....	120
4 Conclusion.....	132
Acknowledgments.....	132
References.....	133
Biography of Authors.....	135

---

## 1 Introduction

Many factors influence exclusive breastfeeding, including the type of mother's delivery, the husband's support/family support, and midwives. The relationship between midwives and women combines all aspects of midwifery services (Ningsih, 2021). Factors of mother's age and parity that can represent the mother's experience in breastfeeding, age less than 20 years, and mothers with parity (Primiparous) show a big risk for not doing exclusive breastfeeding for their babies AOR = 2.81: 95% CI: 2.16, 3.24. Multiparous mothers mostly do exclusive breastfeeding compared to primiparous mothers (Dachew & Biftu, 2014).

Research that was conducted by Tan (2011), showed that there was a relationship between parity and exclusive breastfeeding (OR: 1.68: 95% CI: 1.17, 2.42). Mothers with multiparous parity exclusively breastfed their babies compared to mothers with primiparous parity. Primiparous mothers will have difficulties breastfeeding due to a lack of knowledge about how to breastfeed correctly and a lack of previous breastfeeding experience. Likewise, a journal Agboado et al. (2010), stated that Primiparous mothers are more likely not to breastfeed exclusively. Besides primiparous factors, the type of delivery also influences the success of exclusive breastfeeding. Mothers of Post-caesarean Section have the risk of not giving exclusive breastfeeding to their babies.

Mothers of Post-caesarean Section will feel uncomfortable both physically and emotionally. The mother felt the pain would also limit the interaction between mother and baby and cause mothers to be reluctant to breastfeed their babies (Jikijela et al., 2018). However, other studies also explained that the delivery process by Caesarean Section could prevent the mothers' pain because it is not done vaginally. Still, Caesarean Section also has a higher risk of not being breastfed by the mother than babies born vaginally. This is because mothers who give birth via Caesarean Section will suffer pain and difficulty breastfeeding their babies, as well as delays in initiating early breastfeeding, decreasing prolactin secretion (Bodner et al., 2011; Senarath et al., 2012; Alves et al., 2013).

Based on the 2018 Riskesdas, the proportion of breastfeeding patterns for infants aged 0-5 months in Indonesia is 33.7%, exclusive breastfeeding is 9.3% partial breastfeeding, and 33% predominant breastfeeding. The efforts conducted in DIY to increase breastfeeding coverage were by expanding the capacity of health workers, i.e., breastfeeding counselor training for health workers and breastfeeding motivator training, community empowerment, counseling about breastfeeding, and increasing midwife's knowledge about exclusive breastfeeding. These efforts were made to achieve exclusive breastfeeding in DIY Province. Several factors contributed to the failure to achieve the target of exclusive breastfeeding coverage in the Province of DIY, i.e., the mother's age, parity, and the mother's delivery type, namely the Caesarean Section. CSR presentation with the highest proportion in DIY according to district/city: DIY City District (28.6%), Sleman (21.4%), Kulon Progo (13.4%), Bantul (11.1%) and Gunung Kidul ( 7.3%). (*Profil Kesehatan DIY, 2016*).

A preliminary study conducted by researchers found that the City of Yogyakarta had the highest CSR presentation (28.6%). However, the coverage for exclusive breastfeeding was still deficient. The lowest range of exclusive breastfeeding was in the City of Yogyakarta, in the Working Area of the Umbulharjo I Health Center, at 35.84%. From the data obtained at the Umbulharjo I Health Center, the total number of SC mothers in the Umbulharjo I Health Center area was 89 mothers; 17 mothers with a history of SC, 82% of Post-caesarean Section primiparous mothers were not exclusively breastfed. Therefore, based on the background

above, the author is interested in knowing more about decision-making and breastfeeding support for primiparous mothers with a history of Post-caesarean Section in the working area of the Umbulharjo I Health Center, Yogyakarta City, in 2019.

## 2 Materials and Methods

This research is a qualitative study. The data collected is naturalistic (Cresswell, 2018). This study does not aim to represent statistical data, but the researcher wants to describe the mother's experience using the mother's language or opinion.

The research design used in this research is a generic exploratory qualitative study (Cresswell, 2018). Generic exploratory qualitative studies are considered appropriate because these studies are flexible and can be used to discover a phenomenon, process, perspective, or worldview of the people involved. This research is a focused and in-depth exploration through their stories, conveying individual experiences and compiling a chronology of the meaning of the experiences of primiparous mothers with a history of Caesarean Section in breastfeeding. Respondent criteria in this study were primiparous mothers/first children, mothers with babies aged 7-12 months, mothers with Caesarean Section, and domiciled in Yogyakarta.

This research was conducted in the city of Yogyakarta in April-May 2019; the reason for choosing this place was based on the preliminary studies conducted. The city of Yogyakarta is a city that has the lowest exclusive breastfeeding coverage rate and the highest Caesarean Section coverage rate in the DIY Province in 2018. The research instrument used by researchers is a semi-structured interview guide. The aim is to find problems more openly, where the parties invited to interviews were asked for opinions and ideas (Cresswell, 2018). The following instrument is a tape recorder.

Based on the data collection technique, the data collection technique that is considered appropriate to use is a semi-structured interview. Researchers conducted semi-structured interviews with informants to obtain information or data relevant to the research objectives. Interview with the informant at the location agreed upon by the researcher and the informant. The researchers conducted interviews with informants for a maximum of 60 minutes using a previously tested semi-structured topic guide. Thematic analysis was used in this study.

## 3 Results and Discussions

This research was conducted in the working area of the Umbulharjo I Health Center, Yogyakarta City. The research's specific location is at the mother's house, who is willing to be an informant in the study. Mothers selected as informants were primiparous mothers who had a history of delivery by Caesarean Section and had babies aged 7-12 months. Characteristics of informants are as follows:

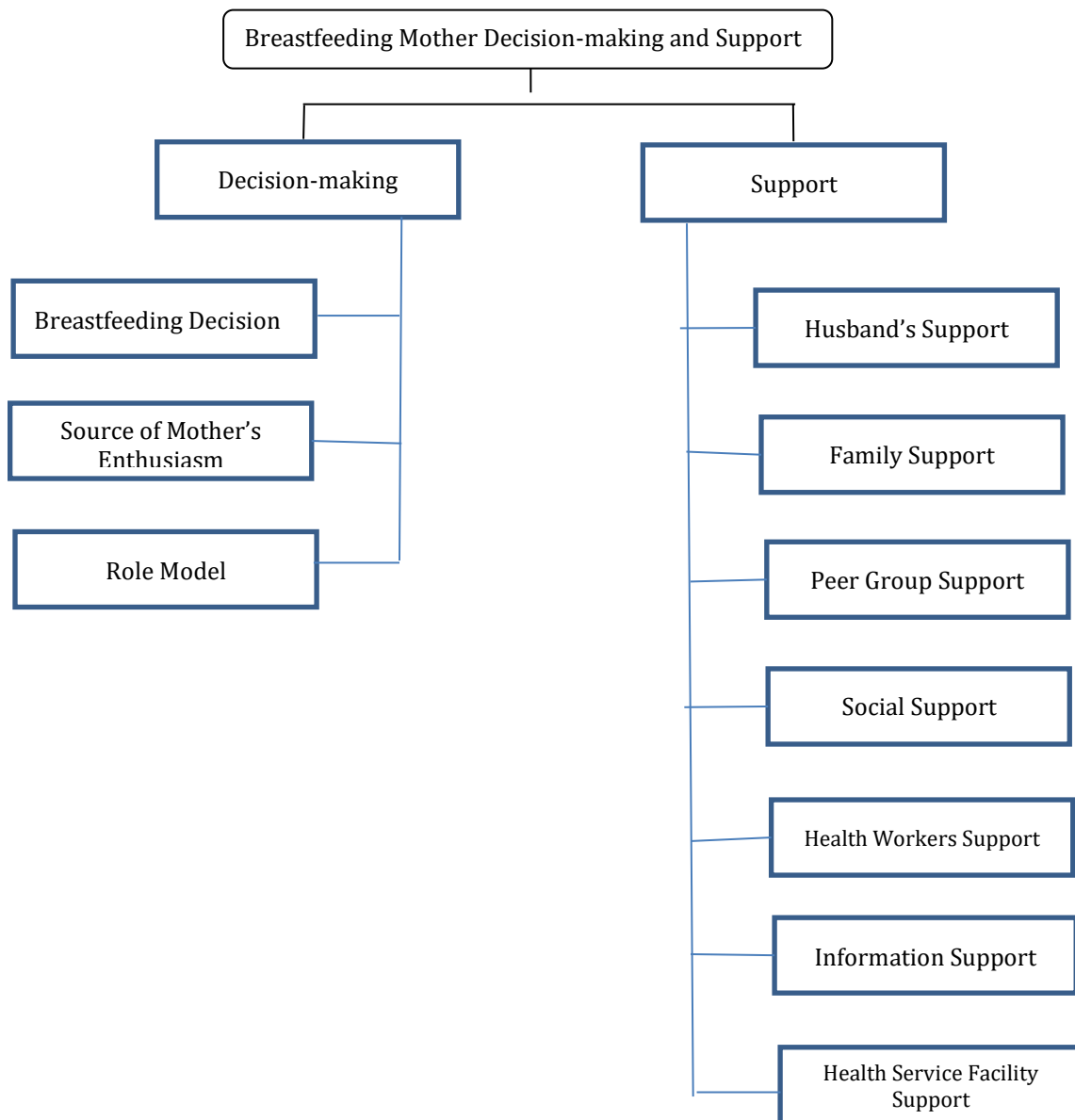
Table 1  
Informant characteristics

Name	Age (Yo)	Last Education	Job	Child Age (Mo)	Husband in Home	Parents in Home	Duration of Breastfeeding (Month)	Breastfeeding Pattern
Informant 1	27	Bachelor	Housewife	7	No	Yes	7	Exclusive
Informant 2	31	Senior High School	Housewife	9	Yes	Yes	-	No
Informant 3	28	Bachelor	Student	7	Yes	Yes	7	Exclusive
Informant 4	29	Bachelor	Housewife	9	Yes	No	9	Partial
Informant 5	25	Bachelor	Teacher	8	Yes	No	8	Predominant
Informant 6	25	Diploma 4	Housewife	11	Yes	Yes	11	Exclusive

Informant 7	25	Bachelor	Entrepreneur	9	Yes	Yes	3	Partial
Informant 8	27	Bachelor	Employee	10	Yes	No	-	No
Informant 9	28	Bachelor	Housewife	8	Yes	No	3	Partial
Informant 10	27	Bachelor	Teacher	8	Yes	Yes	8	Predominant
Informant 11	27	Diploma 3	Housewife	9	Yes	Yes	3	Partial
Informant 12	29	Bachelor	Student	11	No	No	11	Exclusive

### Thematic analysis results

The research data were processed and analyzed thematically. The results of this study are two core themes: decision-making and support for primiparous mothers with a history of Caesarean Section in breastfeeding are as follows:



### *Decision-making*

The decision-making theme describes the experiences that mothers go through when they are about to start breastfeeding. Within this theme, there are three sub-themes: Breastfeeding Decisions, Sources of Mother's Enthusiasm, and Role Models.

#### *Breastfeeding Decision*

The sub-theme "Breastfeeding Decisions" describes mothers' experiences making breastfeeding decisions. Most of the informants said that decision-making was purely taken by themselves, as stated by informants 1 and 4 as follows;

From myself, Miss, my husband takes it easy. It just so happened that from 8 months, the milk came out, so ee, so right now, the baby hasn't been put in any single room. The breast milk has seeped out on its own." (Informant 1, 27 years old, 7-months-old child, fully breastfed).  
Oh myself (previously researchers asked decision makers in breastfeeding)" (Informants 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

In addition, several informants also said that the husband was involved in decision-making, as stated in the statements of informants 5 and 6 below:

Er, at first I talked to my husband and brother, how good was it. Then my husband honestly leaves the decision up to me, Miss. I knew better, he said, so my husband is just obedient." (Informants 5, 25 years old, 8-month-old child, breastfed until now, not exclusive breastfeeding).  
For breastfeeding, it's both me and my husband, Miss" (previously, the researcher asked about decision-making) (Informants 6, 25 years old, 11-months-old child, breastfed until now, exclusive breastfeeding).

There were other parties that influenced the mother in making breastfeeding decisions; the mother said they were health workers, husbands and parents were also involved in the decision-making, as stated by informant 3:

I made the decision myself, but there were other factors, for example, the doctor suggested it, my husband also suggested it, mother did too." (previously, the researcher asked about decision-making in breastfeeding) (Informant 3, 28 years, 7-months-old child, exclusive breastfeeding).

However, some mothers did not breastfeed their babies due to restrictions from other parties, as informed by informants 2 and 7:

Actually, it's hard for me to decide to give formula milk, but that is fate. It's okay. My mother told me to give formula milk, but my baby kept crying (researchers asked the decision maker to provide formula milk) (Informant 2, 31 years, 9-months-old child, not breastfed).  
Myself, Miss, but my parents-in-law forced me to use formula milk. Unfortunately, they said the baby was still thirsty, so I had to give formula milk. (previously, the researcher asked about the decision to breastfeed) (Informant 8, 27 years, 10-months-old child, not Exclusively Breastfeeding).

#### *Source of Mother's Enthusiasm*

The sub-theme "sources of mother's enthusiasm" describes the commitment of mothers to breastfeed and not to breastfeed. Some informants said that the mother's decision to breastfeed was because the mother felt that her baby had struggled a lot to be life, so the mother thought that she had to struggle harder to breastfeed, as stated in informant 4;

I had a baby heart check, and the baby wasn't breathing. Miss, that's why I have to fight. The main thing is breast milk and how I can do it. I have to get my breast milk without a donation. No matter what, it has to come out (Informant 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

Furthermore, several informants stated that the decision not to breastfeed was made because the mother was frustrated, and her baby frequently cried. She felt it was insufficient for her baby only to be given breast milk. As stated by the informant;

My baby is only carried by my mother, then sleeps again. But later, he will cry again so that he will be thirsty, he can suck, but the milk doesn't come out. I'm sorry for him. I've already decided if it still doesn't come out, I'll give him formula milk. (Informants 3, 28 years, 7-months-old child, exclusive breastfeeding)  
,, but yeah, I still don't provide breast milk, but the baby still cries. We're afraid he will have jaundice if he doesn't drink enough. When I got home, not even a drop came out, Miss. I already told him,,,, so the baby kept crying, ,,,. But it still didn't come out, Miss. finally, my baby just kept crying. So I decided to be given formula milk (Informant 2, 31 years, 9-months-old child, not breast milk).

### *Role Model*

The sub-theme "role model" describes the success of breastfeeding because several informants 3, 8, and 6 revealed that they followed the example of someone who had successfully breastfed;

,,,, my husband's sister also has a baby. So there's a sense of competition. She can breastfeed exclusively. *Why can't I do it? So from her, I was motivated (previously, the researcher asked for a role model in breastfeeding)* (Informants 3, 28 years, 7-months-old child, exclusive breastfeeding).

,,,, my sister-in-law, Miss, succeeded in exclusive breastfeeding, and until two years, she still breastfeeds, even though she works she pumps milk for stock,,,, my sister is a nurse, so I ask her if there is anything complicated (informant 11, 27 years, 8-months-old child, not exclusive breastfeeding).

If I give an example, there is Miss. My sister and twin all had babies, and both were exclusively breastfed. The three of us are together in a home. So it's like I can learn from them and have an idea of that later. So I'm motivated too, Miss. they can do it, why can't I? Yes, that's it, Miss (Informant 6, 25 years old, 11-months-old child, Breastfeeding until now, Exclusive Breastfeeding).

### *Breastfeeding Support*

The breastfeeding support theme describes the experience of the support received by mothers during breastfeeding. This theme includes seven categories; husband support, family support, information support, peer group support, social support, health worker support, and health service facility support.

#### *Husband's Support*

Informants in this study had different husband's support, both psychological and physiological support. The sub-theme "husband's support" describes the support that mothers get from their husbands in breastfeeding. That can be seen in the answers of informant 4. The following is the informant's statement:

My husband supports so much because it's better than formula milk, and thank God I have lots of breast milk (Informants 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

My husband's support is more attention because Caesarean Section is extraordinary after the birth. My body is hard to move. It hurts too. Pumping is difficult (Informants 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

The type of support provided by husbands for the implementation of breastfeeding is not only psychological but also practical; this was expressed by informants 1, 4;

My husband usually massages and then buys milk for nursing mothers... after CS, it's hard to tilt, then I get help. So my husband was the one who helped tilt the baby because the cesarean wound hurt, Miss, so my husband was the supporter, carrying the baby towards me, but the baby didn't want it. Yes, Miss, my husband helps" (Informant 1, 7-months-old child Fully Breastfeeding).

Yes, my husband gives, for example, buying milk so that there will be more breast milk, like for example, when it's time to pump, my husband will help fix my position, Miss. (Informant 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

Aside from that, several informants claimed that the husband's support did not affect breastfeeding success due to the mother's milk production, as stated by informant 2;

Actually, my husband supported me in giving my baby breast milk, but in the end, my husband also said I'd buy our baby formula milk. How else the milk could not come out. Yes, my husband and in the end gave my baby formula, my husband consoled me" (Informant 2, 31 years, 9-months-old child, not breastfed).

The first time, my husband, Miss. Then my family also recommends just giving formula milk because the milk doesn't come out. What I would give the baby, they said. (previously, the researcher asked those who suggested giving formula milk) (Informant 5, 25 years, 8-months-old child, Breastfeeding until now, not Exclusive Breastfeeding).

### *Family Support*

Informants in this study had different family supports, both psychological and physiological support. The sub-theme "family support" describes the support mothers get from their immediate family in breastfeeding, family support. Other informants revealed that they did not get the support of their husbands and parents, especially their mother-in-law, in the breastfeeding process, so breastfeeding mothers felt frustrated; informant 7 revealed:

I already told my family, Miss, I wanted to give exclusive breastfeeding, but they disagreed. Then my husband said it was okay to provide him with milk. So I'm stressed, Miss, my husband like that, so I felt down (Informant 7, 25 years old, 9-months-old child, not exclusively breastfed).

,,,, yes, I really want it. I threw the formula when I was at home. Because of the lack of support from my mother-in-law and my husband, I can't do it, I've set it aside, and I'm working. I give it back when I go home every 2 hours. My friends and colleagues at work are told to go home to breastfeed. It turned out that my child was full and had been given formula milk, so he drank a little breast milk (Informants 7, 25 years old, 9-months-old child, not exclusively breastfed).

However, on the other hand, informants revealed that parents, especially mother-in-law, did not support breastfeeding and even forbade mothers to breastfeed, following the statements of informant 7 and Informant 8;

,,, My mother-in-law told me to give formula milk, and I didn't want to give it, but I was forced (previously, the researcher asked the reason for giving formula milk when the baby was born) (Informant 7, 25 years old, 9-months-old child, not exclusively breastfed).

The prohibition of breastfeeding by parents-in-law frustrated the mother. It made the family disharmonious until finally, the mother and her husband divorced because there were frequent debates due to differences of opinion and desires that arose after the birth of their child. The following is the statement of informant 7:

I'm already divorced, Miss. (Informant 7, 25 years old, 9-month-old child, not exclusive breastfeeding).

My husband is afraid and can't be away from his mother. He's been spoiled from a long time ago. If he wants to eat, his mother prepares him. Sometimes I prepare. If he wants to take a bath, the towel must be prepared. His mother and father have married 20 years apart. So it's like the father is afraid of the mother. His mother has decided on everything. His father actually defended me, Miss, but He can't do anything. My husband also obeys his mother (Informant 7, 25 years old, 9-months-old child, not exclusively breastfed).

I want to get support, Miss, so just support me, don't have to interfere in the decisions of my small family. Actually it's not a problem to give advice, but accept my wish to breastfeed too. (Informant 7, 25 years old, 9-months-old child, not exclusive breastfeeding).

Due to the mother's lack of knowledge about exclusive breastfeeding, the mother followed her parents' advice to be given complementary foods before the age of 6 months, as stated by informant 4:

Maybe it's because I'm in the village, so when the baby was crying, I'm told to feed it, so I gave Serelac, Miss. I hope that I will breastfeed my second child until he is 6 months old (previously, the researcher asked the reason why the mother didn't give exclusive breastfeeding) (Informant 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

#### *Peer Group Support*

The sub-theme "peer group support" describes the support from a group of breastfeeding mothers that mothers get during breastfeeding. Some informants said that they get breastfeeding support from fellow breastfeeding mothers. The following is the statement of informant 1:

If we checked together while queuing at the child polyclinic, the mothers often told me their breast milk didn't come out, so they were stressed. Because my younger sibling also had stress, the milk couldn't come out because my younger sibling was like that for the first time, she got stressed, and then she got blue. Usually, they support each other breastfeeding mothers (Informant 1, 27 years old, Child Age 7 Months, Full ASI) (Informant 1, 27 years old, 7-month-old child, full breastfeeding).

The next support was obtained from fellow breastfeeding mothers from the WA group organized by the Umbulharjo 1 Health Center, namely the WA KP ASI group (ASI Support Group). Informant 6 revealed:

At first times, there was a group of fellow breastfeeding mothers named KP ASI. There, fellow breastfeeding mothers shared their experiences of what the problems were. So it's like getting support from friends in the group (Informants 6, 25 years old, 11-Months-old child, Breastfeeding until now, Exclusive Breastfeeding).

However, informant 3 revealed that she did not have support from her friends because her college friends were not yet married. The following is the statement of informant 3:

No Miss, from myself. Most of my friends are still not married and have children. (previously, the researcher asked if there were other people as role models/model figures in breastfeeding) (Informants 3, 28 years, 7-months-old child, exclusive breastfeeding).

#### *Social Support*

The sub-theme "social support" describes the surrounding support that mothers get during breastfeeding. Some informants said they received support for breastfeeding from people around them, just as informant 1 said she received support from friends. The following is the statement of informant 1:

My friends support me, Miss (Informant 1, 27 years old, 7month-old child, exclusive breastfeeding).

Some informants revealed that they received support for breastfeeding from co-workers, such as giving mothers time to breastfeed during working hours. That was expressed by informant 7:

,,, I come home every 2 hours. My co-workers ask me to go home. My child was full and had been given milk, so he drank a little breast milk. He didn't want to, breastfed for a while (previously, the researcher asked how the mother felt when she couldn't give breast milk) (Informant 7, 25 years old, 9-months-old child, not breastfed Exclusive).

#### *Health Workers Support*

The sub-theme "support for health workers" describes the support from health workers in implementing breastfeeding for mothers. Several informants revealed that health workers were very supportive of implementing exclusive breastfeeding. The following are the expressions of informants 3 and Informant 6:



„ 2 days my milk did not come out at all; Miss., the hospital nurse, said later in 3 days the baby can survive without drinking breast milk. It had been 2 days. I was already sorry.... I wanted to give formula milk. But the hospital nurse said, you don't have to do that. The baby is still okay. Then after that, I was ordered to drink Legen. Do you know Legen, Miss? It's like a coconut but small. Yes, that's the one with really sweet water. Then the milk came out. And they gave medicine from the hospital. (Informants 3, 28 years, 7-months-old child, exclusive breastfeeding).

The hospital workers also supported it, and the nurses too. If the milk hasn't come out yet, they kept massaging this part, and then I continued breastfeeding. If it hasn't been 2 hours, they were patient every hour like that. (Informants 6, 25 years, 11-Months-old child, Breastfeeding until now, Exclusive Breastfeeding). However, on the other hand, several informants revealed that in the implementation of breastfeeding, health workers were not very supportive in providing information and assistance in implementing breastfeeding. The following were the statements of informants regarding the lack of support from health workers:

I'll tell you, Miss, but the nurses assisted me only when they visited the room (Informant 1, 27 years old, 7-Months-old child, Fully breastfeeding).

Informants revealed that health workers did not prohibit giving formula milk while in the hospital. The following is the statement of informant 5:

„If I gave formula milk, they kept quiet. They did not prohibit giving formula milk. The nurse knew, Miss, when I gave formula milk, there was a pack of formula milk and a pacifier in my room, so the nurse just said, " Oh, the baby drinks this. But it's not banned at all. (previously, the researcher asked the hospital whether it was forbidden to give formula milk) (Informant 5, 25 years, 8-Months-old child, Breastfeeding until now, not Exclusive Breastfeeding).

The mother also stated that during the implementation of breastfeeding after Caesarean Section, the mother was not accompanied by health workers. The following were the statements of informants 1 and 2:

„ no Miss, not accompanied. My husband is looking for our way (previously, the researcher asked during breastfeeding at the hospital to receive assistance from health workers) (Informant 1, 27 years old, Child Age 7 Months, Full ASI)

„ The nurse just told me to breastfeed without formula milk but did not assist (Informant 1, 27 years old, 7-month-old child, fully breastfeeding).

### *Information Support*

The sub-theme "information support" describes the information support that mothers received during preparation before breastfeeding and during breastfeeding. The research findings said that some informants received information support from healthcare facilities. The following are the expressions of informants 1, 2, 3, and 8:

Do you know, Miss? I joined the breastfeeding mothers class, Miss, um, to prepare for breastfeeding. So there was a program in the hospital. I have never been to the Public health center, Miss. (Informant 8, 27 years old, 10-months-old child).

Informants disclosed that in providing information at health service sites, named classes for pregnant women, health workers used media to convey breastfeeding information by using visual aids. Below are the expressions of informant 6:

Yes, we were using a doll, especially if the breast milk couldn't come out; how the milk came out by the massage model. Then, for example, if the nipple is a bit inward, how it got to come out, right? There were various cases. I mean, we got a lot of benefits from the Public health center because it is close to our house (Informant 6, 25 years old, 11-months-old child, breast milk until now, exclusive breastfeeding).

However, several informants also revealed that health workers did not provide enough information regarding breastfeeding, as stated by informant 4:

from the doctor, He just suggested breastfeeding, but the explanation was lacking. (Informants 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

Yes. For example, when I was pregnant, the doctor told me, "tomorrow, give your baby breast milk, Ma'am". But there was no explanation at all (previously, the researcher asked about the lack of information, only when in the poly during pregnancy checks) (Informant 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

Several informants revealed that they had never received information about breastfeeding from health care providers or health workers, as stated by informants 3 and 4:

Nope, I've never even been to the health centre. It means I never go to the health centre from pregnancy to delivery. At least there is a Posyandu, but in the Posyandu I was also not informed. I just was weighed. (previously, the researcher asked whether the mother had ever received information on breastfeeding either at the health center, hospital, or other health care facility) (Informant 3, 28 years, 7-months-old child, exclusive breastfeeding).

Some informants revealed that they checked their pregnancies at a health service but were not given information regarding breastfeeding. The informant said:

If I went to the doctor, I just checked the USG, then the doctor said that the baby was healthy, here were the buttocks, head, and legs like that, but never told me to give breast milk (Informant 5, 25 years old, 8-Months-old child, breastfeeding until now, not exclusive breastfeeding).

No, because I was not used to being like the others. They participated in pregnancy exercises and were given attention, like being given bread. I've never been visited Miss. (Informants 10, 27 years old, 8 months old, not breastfeeding exclusively).

One of further information supports by the internet or social media. Most millennial primiparous mothers revealed that information about breastfeeding was obtained from the internet. The informant explained:

I just read from the internet, Miss (mother laughs) (previously, the researcher asked where the source of information about breastfeeding came from) (Informant 1, 27 years old, 7-month-old child, exclusive breastfeeding).

I looked for it on the internet, searching by myself (mother laughs) Millennial mother, Miss. (Informant 1, 27 years old, 7-months-old child, fully breastfeeding)

I just read and learned it from the internet. Then, when I wanted to crosscheck, I used to go to a pediatrician or midwife, Miss.

The informant also revealed that the information obtained was from social media. The informants said:

First, I looked at Instagram and then saw it on YouTube. At first, when I was pregnant, I looked for what kind of good recommended pumping equipment. (previously, the researcher asked where the mother got information about breast pumping) (Informant 3, 28 years, 7-months-old child, exclusive breastfeeding).

,,, I often read articles like fathers and mothers on the internet, and then I looked for information on the internet about exclusive breastfeeding. I also followed an Instagram account that discusses breastfeeding, Miss. So the source of information was more from the internet. (Informants 5, 25 years old, 8-months-old child, breastfeeding until now, not exclusive breastfeeding).

One of the informants revealed that she was unfamiliar with the internet and social media use. The following is the statement of informant 4:

Because When it comes to social media, I don't really follow Miss. I just use the internet for WhatsApp Application, hehe (previously, the researcher asked whether the mother had ever received information from social media or the internet) (Informants 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

However, some informants stated that they did not get breastfeeding information from friends:

No, Miss. There was nothing from my friends. I just read and learned it from the internet. Then, when I wanted to crosscheck, I used to go to a pediatrician or midwife, Miss.

Further information support is information from family, friends, and people around about the food or drink consumed by the mother, which is considered able to increase milk production. The following are the expressions of informants 1, 2, 3, and 8;

,,, I often eat Katuk leaves and spinach, Miss (Informant 1, 27 years old, 7-months-old child, fully breastfed).  
Javanese people drink herbal medicine in a rush, right? In the morning, I drink it, and then Katuk leaves (Informant 2, 31 years, 9-months-old child, not breastfeeding).

Informants revealed that they consume meatballs which its contains can increase milk production, informants revealed:

There is research, Miss, someone who works at the health center, she made meatballs, I have forgotten the ingredients, it was said can increase milk production (Informant 2, 31 years, 9-months-old child, no breast milk).

Some informants also said they consumed breast milk boosters (increased milk production). Mothers only consumed drugs or vitamins that doctors gave. The following were the results of interviews with informants:

,,, I forgot the brand, Miss., because it was from the hospital. But recently I have been drinking the green one. Erm, the name was Asivit, but it didn't affect me directly then. It would affect the next day or the next two days; it just came out. (Informant 3, 28 years old, 7-months-old child, exclusive breastfeeding).

### *Health Service Facility Support*

The sub-theme "Health Facility Support" describes health service support regarding implementing IMD, hospitalization, procurement of ASI counselors, ASI donors, or other hospital policies that can benefit breastfeeding mothers. The first source of breastfeeding support is the implementation of IMD. The results of the study showed that the majority of informants did not do IMD. The following is the informant's statement:

,,, It's said if there was still colostrum, it could be said as IMD. But that time, the baby wasn't pasted on after the birth. They just showed the baby's face, and then enough (Informant 3, 28 years, 7-months-old child, exclusive breastfeeding).  
It wasn't done there. The health worker just showed the baby for a while and let me kiss the baby. Because the section hasn't been completed, Miss (previously, the researcher asked whether the baby was attached to the mother's chest) (Informant 2, 31 years, 9-months-old child, not breastfed).

Several informants revealed that they did not do IMD because the baby's condition required treatment in the NICU, as stated by informant 8:

,,, I didn't do IMD, Miss. My baby was 2.1 kilos, so he got treatment in the NICU (Informant 8, 27 years old, 8-months-old child).

The next source of breastfeeding support is hospitalization. The mother who was hospitalized with her baby increased breastfeeding success.

The study found that the mother was admitted to the room with her baby after the mother left the post-cesarean recovery room. The following are the statements of informants 1 and 2:

yes, Miss, after 6 hours, my baby had been with me. The doctor's advice is if the anesthetic was gone, I could give breast milk to my baby (Informant 1, 27 years old, 7-months-old child, fully breastfed).

The informant revealed that the baby and mother were not looked after together because the post-cesarean section mother could not move her body. The following was the expression of informant 4:

---

No, I can't move my body because, until the second day, my husband delivered breast milk just to the window (Informant 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

However, on the other hand, the informant revealed that she was not admitted to being hospitalized together with his baby because the baby's condition was unstable, the informant's statement is below

From the first day, my baby was given formula milk, Miss. I was not treated together because the baby was being cared for in the baby room (Informant 7, 25 years old, 9-months-old child, not exclusively breastfeeding).

The next source of breastfeeding support is the availability of breastfeeding counselors at healthcare facilities. Several informants revealed that ASI counselors at the hospital helped ensure the smooth running of the breastfeeding process. As the informant said:

„ from the breastfeeding counselor, Miss, that day there was a problem, the nipples were sinking. The counselor and nurse gave a syringe, Miss. I also brought it home, Miss. I used it at home (researchers asked where to get information on the nipple suction/syringe used by the mother) (Informants 5, 25 years, 8-months-old child, breastfed until now, not exclusive breastfeeding).

However, other informants said that there were no ASI counselors at the place where she gave birth, as stated by informant 1:

There was no ASI counselor there, Miss. I was ever at the place where my sister gave birth. I saw the nurse accompanying her, telling her to tilt, and giving her the pillow. Then, I also learned from the experience of looking for my sister. The nurses ordered to give breast milk, not formula milk, but they didn't help, and there was no ASI counselor either (Informant 1, 27 years old, 7-Months-old child, Full ASI).

The next source of breastfeeding support is breast milk donors. Several informants revealed that they donated their milk to other patients who were being treated at the same time. As stated by informant 12 follows:

Those days, I used to share breast milk with the patient next to me, Miss. My baby and her baby were treated in the children's room. So because her mother's milk was not enough, I donated mine. Poor her, Miss. (Informant 12, 29 years old, 11-months-old child, exclusive breastfeeding).

Based on the research results, the informants revealed that the hospital had not provided ASI donor facilities. Still, the health workers suggested looking for breast milk donors to the mother's relatives, and the hospital's policy allowed ASI donors. The following was the statement of informant 2:

No, Miss. Only from the hospital to deal with the baby crying. if there were relatives who are breastfed, they could donate their breast milk (previously, the researcher asked what the hospital would do to handle it and if there was any help to take it) (Informant 2, 31 years, 9-months-old child, no breastfeeding)  
For health workers, the solution was to use breast milk donors (has the mother ever asked for help to overcome problems in breastfeeding) (Informant 2, 31 years, 9-months-old child, no breastfeeding)  
That's great, Miss; the program doesn't allow formula milk at the Pratama Clinic. That's why it has to be fought for, although we must look for breast milk donors (Informant 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

However, informant 5 revealed that the hospital where she gave birth did not recommend using donor breast milk. The following was the statement of informant 5:

Nurses at the hospital have never suggested donor breast milk (previously, the researcher asked whether the mother agreed with donor breast milk) (Informant 5, 25 years old, 8-months-old baby, breastfed until now, not exclusive breastfed).

Informants said they support breast milk donors because it is in religious law. The following is the informant's statement:

---

I support breast milk donation. Well, because in Islamic law, donors are allowed to give breast milk (Informants 5, 25 years old, 8-months-old child, breast milk until now, not exclusive breastfeeding).

However, other informants stated that they did not support breastfeeding donors, as follows:

Anyway, I kept trying to pump and express my breast milk. Anyway, my milk had to come out no matter what, so I didn't have to use donor breast milk, Miss. (Informants 4, 29 years, 9-months-old child, 4 months exclusive breastfeeding).

Several models and frameworks have been used so far to explain health in society and strategies to improve the health status of a population. One of the models and theoretical frameworks that can be used is Ecological Systems Theory.

### *Aspects Contributing to Breastfeeding Problems for Primiparous Mothers with a History of Caesarean Section*

#### *Individual*

Individual factors are the main elements in the behaviour change mechanism. Individual factors in Ecological Systems Theory include knowledge, age, health level, attitude, behaviour, self-concept, autonomy, skills, and so on. Previous research stated that several factors were associated with the failure of exclusive breastfeeding, especially Caesarean delivery; the use of pacifiers, educational status, not utilizing breastfeeding support groups, being primiparous, and reintegrating into the workplace.

This study found that a mother's strong desire to breastfeed is essential to exclusive breastfeeding practice. Following the statement of [Mirkovic et al. \(2014\)](#), in their research, even though mothers have limitations due to health conditions, including post-cesarean section or working mothers, mothers can still breastfeed if they have high spirits. Mothers can also do it even though by pumping breast milk or only giving breast milk directly once a day. That is highly recommended. Ideally, the ideal time is 2-3 times the duration of providing breast milk for 15-30 minutes per session daily. Not giving exclusive breastfeeding is a health problem in Indonesia, one of which is driven by individual factors. Based on the study's results ([Ningsih & Rohmah, 2021](#)), it was reported that there was a need for an educational package for breastfeeding preparation so that prospective postpartum mothers could understand that they already had an idea of what to do during the breastfeeding process.

This qualitative study found that the perceived psychological disorders of the mother after Caesarean Section related to the mother's discomfort and tiredness feeling, the failure to adapt to her new role as a new mother, the desire to continue breastfeeding while under pressure that hindered breastfeeding, not getting assistance while in the hospital, and feeling guilty for failing to provide exclusive breastfeeding to their babies ([Walker et al., 2010](#); [Ye et al., 2006](#)). That is the same result as the literature according to [Arajzadegan, 2009](#) compared to mothers with vaginal delivery, mothers with Caesarean Section have lower mental health status. The reason for these changes is due to changes in social functioning, discomfort, and feeling more tired. [Small, 2000](#) stated that surgical birth is associated with morbidity, including depression, guilt, remorse, loss of self-esteem, prolonged pain, discomfort, grief reactions, dissatisfaction with support, and sometimes not getting along with the treating hospital staff. [Brown and Jordan, 2013](#) stated that women who deliver by Caesarean Section have problems in the process of lactation, mobilization, and longer duration of pain, causing discomfort to the mother. According to [Zanardo et al. \(2010\)](#), women who deliver by Caesarean Section are more likely to be unable to breastfeed their babies during delivery or when they are discharged. This disability is associated with the stress response of the mother's new role to her baby due to complications during delivery, finding difficulties, and premature cessation of breastfeeding. So it is necessary to prepare for a pleasant postpartum period to be able to provide exclusive breastfeeding properly ([Ningsih, 2020](#)).

#### *Microsystem Scope*

The concept of the microsystem scope is a relationship with the frequently interacting closest people. The closest people consist of husbands, parents, and midwives. Midwives can take a consciously chosen practical approach to manage care for women of reproductive age, which has a balanced focus between the 'women's

experience' and the health/well-being of the mother and baby (Ningsih, 2021). This level occurs in the environment where the individual lives, where individuals interact directly and with associations attended by individuals, for example, close family, friends, health facilities, groups of breastfeeding mothers, religious groups, etc.

This study showed that the emotional support received by informants is an important aspect that influences mothers' perceptions of breastfeeding. For example, breastfeeding mothers get the support of their husbands and families. They gain confidence again when their milk production decreases and are constantly reminded to give breast milk. That is the same result with research by Kirova & Snell (2019), which stated that mothers who receive emotional support from their partners feel more listened to and encouraged to help reduce self-doubt so that they are ready to begin and complete tasks without feeling rushed. Emotional conditions affect the breastfeeding process. Delaying breastfeeding can reduce the success rate of breastfeeding (Ningsih, 2022).

The study found that most mothers who received support from their husbands, family support, and the surrounding environment could exclusively breastfeed (Kwee et al., 2007; Lynch et al., 2003). Support from people around has been shown to increase the ability and confidence about breastfeeding. Mothers who receive less support from their families will have negative feedback regarding breastfeeding and lack confidence in their ability to breastfeed. Besides support from the family, the role of health workers is also essential by providing information related to breastfeeding and involving husbands. So that husbands are also more active, especially in activities related to breastfeeding (Hobbs et al., 2016; Nisa et al., 2017).

Family support has a direct impact on breastfeeding. Family support includes direct support from the husband or support from the family. Mothers who receive positive support will be more motivated always to do their best for their babies. If the mother is unfamiliar with many aspects of exclusive breastfeeding, she will always try to learn more about it (EL-Houfey & Saad, 2018; Atika et al., 2018).

#### *Mesosystem Scope*

Another source of support for mothers is from husbands who collaborate with health workers; in this case, husbands and health workers cooperate in providing breast milk for babies. Supporting a mother's ability to provide breast milk to her baby should be a goal of collaboration between families and healthcare providers. If the mother's milk cannot fulfill the needs of her baby's milk, then donor breast milk should be used. Efforts to establish, maintain, and increase breast milk supply should be a priority for healthcare providers (Busch et al., 2014).

#### *Exosystem Scope*

Work environment support seems to have become a habit nowadays. Generating a breastfeeding-friendly workplace environment helps mothers in their efforts and reinforces the idea that breastfeeding is a normal way of nutrition for babies and should be encouraged (Heinig, 2001; Armstrong & Reilly, 2002). A comfortable area for breastfeeding needs to be considered, and it is crucial to make positive efforts in their breastfeeding efforts. Displaying informative and supportive breastfeeding posters in the ASI corner is an example of an action that can be easily implemented (Busch et al., 2014).

Co-worker support also plays a role in breastfeeding practices. Encouragement from co-workers can convince a mother to continue her breastfeeding practice. That is the same result as the research of Zhuang et al. (2018), that co-worker support can influence a mother's decision to continue breastfeeding. The support provided can be the communication that supports and allows mothers to breastfeed their babies.

Professional practices and approaches related to lactation and breastfeeding in healthcare units have not fully supported mothers in breastfeeding. From the research data, it was found that there is no ASI bank service available in health services, so it is hope for mothers to get this facility (Mafaldo-Gómez & Reyes-Meza, 2022). Breast milk availability can influence health workers' attitudes and actions related to initiation and breastfeeding. There is no doubt that an ASI Bank in the scope of health services can increase breastfeeding in the neonatal unit, especially in exclusive breastfeeding. That can strengthen the culture of breastfeeding strongly (Bonet et al., 2015).

### *Macrosystem Scope*

This level is the most extensive layer based on beliefs, applicable laws, culture, etc. In Indonesia, the policy of exclusive breastfeeding is regulated in Government Regulation no. 33 of 2012 concerning breastfeeding; every mother who gives birth must provide exclusive breastfeeding to babies who are born, and every health worker or health service facility must support breastfeeding. At the health facility level, one of the policies that support breastfeeding is listed in the Mother and Baby Care Hospital (RSSIB) policy, also known as the baby-friendly hospital. Baby-friendly hospital policy or a strategy to improve health professional practice in the hospital environment, especially in the practice of providing nutrition to newborns (Schmied et al., 2011).

The study found that all informants revealed that IMD did not facilitate them after Caesarean Section delivery. This matter was because hospital regulations did not carry out IMD for all mothers with Caesarean Section deliveries, which was contrary to the expectations of mothers who had received IMD information since pregnancy and knew the benefits of IMD (Aghdas et al., 2014; Windrim et al., 2007). Mothers hope that IMD will still be carried out with any type of delivery. Evidence shows that good postpartum lactation support is essential to successful breastfeeding. Immediate postpartum contact (IMD), rooming-in, and breastfeeding on demand were the most critical influences on successful breastfeeding. In hospitals with policies that minimize mother-infant separation (Akbas & Akcan, 2011).

## **4 Conclusion**

- a) The mother herself decided to make breastfeeding in this study, but in practice, it was hampered due to pressure from those closest to the mother for reasons including insufficient milk production and not sufficient for the baby's needs; crying babies must be breastfed immediately.
- b) Primiparous mothers obtained various supports in facing obstacles during the implementation of breastfeeding. Husbands and parents are the main aspects in providing support for primiparous mothers. In addition to family support, support for health workers, health care facilities, social support, and information support are essential elements in the support system for the continuation of the breastfeeding process.

### *Acknowledgments*

Husband, children, and parents who always provide prayer and support to the author during the research.





## References


- Agboado, G., Michel, E., Jackson, E., & Verma, A. (2010). Factors associated with breastfeeding cessation in nursing mothers in a peer support programme in Eastern Lancashire. *BMC pediatrics*, *10*(1), 1-10.
- Aghdas, K., Talat, K., & Sepideh, B. (2014). Effect of immediate and continuous mother-infant skin-to-skin contact on breastfeeding self-efficacy of primiparous women: a randomised control trial. *Women and Birth*, *27*(1), 37-40. <https://doi.org/10.1016/j.wombi.2013.09.004>
- Akbas, M., & Akcan, A. B. (2011). Epidural analgesia and lactation. *The Eurasian journal of medicine*, *43*(1), 45.
- Alves, A. L. N., Oliveira, M. I. C. D., & Moraes, J. R. D. (2013). Breastfeeding-Friendly Primary Care Unit Initiative and the relationship with exclusive breastfeeding. *Revista de saude publica*, *47*, 1130-1140.
- Armstrong, J., & Reilly, J. J. (2002). Breastfeeding and lowering the risk of childhood obesity. *The Lancet*, *359*(9322), 2003-2004. [https://doi.org/10.1016/S0140-6736\(02\)08837-2](https://doi.org/10.1016/S0140-6736(02)08837-2)
- Atika, Z., Salimo, H., & Dewi, Y. L. R. (2018). Multilevel analysis on the determinants of exclusive breastfeeding at Gunung Anyar Community Health Center, Surabaya, Indonesia. *Journal of Maternal and Child Health*, *3*(3), 176-183.
- Bodner, K., Wierrani, F., Grünberger, W., & Bodner-Adler, B. (2011). Influence of the mode of delivery on maternal and neonatal outcomes: a comparison between elective cesarean section and planned vaginal delivery in a low-risk obstetric population. *Archives of gynecology and obstetrics*, *283*(6), 1193-1198.
- Bonet, M. L., Canas, J. A., Ribot, J., & Palou, A. (2015). Carotenoids and their conversion products in the control of adipocyte function, adiposity and obesity. *Archives of biochemistry and biophysics*, *572*, 112-125. <https://doi.org/10.1016/j.abb.2015.02.022>
- Busch, D. W., Logan, K., & Wilkinson, A. (2014). Clinical practice breastfeeding recommendations for primary care: applying a tri-core breastfeeding conceptual model. *Journal of Pediatric Health Care*, *28*(6), 486-496. <https://doi.org/10.1016/j.pedhc.2014.02.007>
- Cresswell, J. (2018). *Penelitian kualitatif & desain riset*. Pustaka Belajar.
- Dachew, B. A., & Biftu, B. B. (2014). Breastfeeding practice and associated factors among female nurses and midwives at North Gondar Zone, Northwest Ethiopia: a cross-sectional institution based study. *International breastfeeding journal*, *9*(1), 1-7.
- EL-Houfey, A. A., & Saad, K. (2018). Factors that Exclusive Breastfeeding. *International Journal Of Nursing, Midwife and Health Related Cases*, *4*(2), 16-28.
- Heinig, M. J. (2001). Host defense benefits of breastfeeding for the infant: effect of breastfeeding duration and exclusivity. *Pediatric Clinics of North America*, *48*(1), 105-123. [https://doi.org/10.1016/S0031-3955\(05\)70288-1](https://doi.org/10.1016/S0031-3955(05)70288-1)
- Hobbs, A. J., Mannion, C. A., McDonald, S. W., Brockway, M., & Tough, S. C. (2016). The impact of caesarean section on breastfeeding initiation, duration and difficulties in the first four months postpartum. *BMC pregnancy and childbirth*, *16*(1), 1-9.
- Jikijela, T. P., James, S., & Sonti, B. S. (2018). Caesarean section deliveries: Experiences of mothers of midwifery care at a public hospital in Nelson Mandela Bay. *Curationis*, *41*(1), 1-9.
- Kirova, K., & Snell, T. (2019). Women's experiences of positive postnatal partner support. *Journal of Reproductive and Infant Psychology*, *37*(2), 206-218.
- Kwee, A., Bots, M. L., Visser, G. H., & Bruinse, H. W. (2007). Obstetric management and outcome of pregnancy in women with a history of caesarean section in the Netherlands. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, *132*(2), 171-176. <https://doi.org/10.1016/j.ejogrb.2006.07.017>
- Lynch, C. M., Kearney, R., & Turner, M. J. (2003). Maternal morbidity after elective repeat caesarean section after two or more previous procedures. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, *106*(1), 10-13. [https://doi.org/10.1016/S0301-2115\(02\)00196-3](https://doi.org/10.1016/S0301-2115(02)00196-3)
- Mafaldo-Gómez, D. A., & Reyes-Meza, O. B. (2022). Training in values in environmental education in high school students: Case study: Education, environment, and society. *International Journal of Life Sciences*, *6*(2), 65-71. <https://doi.org/10.53730/ijls.v6n2.10561>
- Mirkovic, K. R., Perrine, C. G., Scanlon, K. S., & Grummer-Strawn, L. M. (2014). Maternity leave duration and full-time/part-time work status are associated with US mothers' ability to meet breastfeeding intentions. *Journal of Human Lactation*, *30*(4), 416-419.
- Ningsih, D. A. (2020). *Persiapan Masa Nifas Yang Menyenangkan Berdasarkan Evidence Based*. CV. AA RIZKY.
- Ningsih, D. A. (2021). *Midwifery Women Center Care Pada Masa Nifas dalam Buku Asuhan Kebidanan Pada Andini, D. M., Astuti, A. W., Utami, F. S., Musfirowati, F., Ningsih, D. A., & Rohmah, A. N. (2022). Decision-making and breastfeeding support primiparous mothers with a history of caesarean section in breastfeeding. International Journal of Life Sciences*, *6*(3), 118-136. <https://doi.org/10.53730/ijls.v6n3.13762>



- Masa Pandemi Covid-19* (P. Qorinah Estiningtyas Sakilah Adnani, M.Keb & D. R. Pangestuti (Eds.)). CV Penulis Cerdas Indonesia.
- Ningsih, D. A. (2022). *Bab III Evidence Based Dalam Nifas Dan Menyusui Normal Faktor Yang Mempengaruhi Pemberian ASI*. Get Press.
- Ningsih, D. A., & Rohmah, M. (2021). Developing an Educational Package through Handbook of How to Express Breast Milk for Working Mother at Sumberejo Banyuputih Village in Situbondo. *STRADA Jurnal Ilmiah Kesehatan*, 10(1), 1297-1305.
- Nisa, J., Salimo, H., & Budihastuti, U. R. (2017). Factor of socio demography and obstetric that influence the timeliness of early breastfeeding in Tegal regency. *J Matern Child Matern*, 2(2), 89-99.
- Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's perceptions and experiences of breastfeeding support: a metasynthesis. *Birth*, 38(1), 49-60.
- Senarath, U., Siriwardena, I., Godakandage, S. S., Jayawickrama, H., Fernando, D. N., & Dibley, M. J. (2012). Determinants of breastfeeding practices: an analysis of the Sri Lanka Demographic and Health Survey 2006–2007. *Maternal & child nutrition*, 8(3), 315-329.
- Tan, K. L. (2011). Factors associated with exclusive breastfeeding among infants under six months of age in peninsular Malaysia. *International breastfeeding journal*, 6(1), 1-7.
- Walker, A. (2010). Breast milk as the gold standard for protective nutrients. *The Journal of pediatrics*, 156(2), S3-S7. <https://doi.org/10.1016/j.jpeds.2009.11.021>
- Windrim, R., Seaward, P. G., Hodnett, E., Akoury, H., Kingdom, J., Salenieks, M. E., ... & Ryan, G. (2007). A randomized controlled trial of a bedside partogram in the active management of primiparous labour. *Journal of Obstetrics and Gynaecology Canada*, 29(1), 27-34. [https://doi.org/10.1016/S1701-2163\(16\)32367-2](https://doi.org/10.1016/S1701-2163(16)32367-2)
- Ye, X., Kuklennyik, Z., Needham, L. L., & Calafat, A. M. (2006). Measuring environmental phenols and chlorinated organic chemicals in breast milk using automated on-line column-switching-high performance liquid chromatography-isotope dilution tandem mass spectrometry. *Journal of Chromatography B*, 831(1-2), 110-115. <https://doi.org/10.1016/j.jchromb.2005.11.050>
- Zanardo, V., Svegliado, G., Cavallin, F., Giustardi, A., Cosmi, E., Litta, P., & Trevisanuto, D. (2010). Elective cesarean delivery: does it have a negative effect on breastfeeding?. *Birth*, 37(4), 275-279.
- Zhuang, J., Bresnahan, M., Zhu, Y., Yan, X., Bogdan-Lovis, E., Goldbort, J., & Haider, S. (2018). The impact of coworker support and stigma on breastfeeding after returning to work. *Journal of Applied Communication Research*, 46(4), 491-508.

## Biography of Authors

	<p>Dwi Margareta Andini is a Lecturer at Midwifery Department, Faculty of Health, IIK Bhakti Wiyata Kediri, Indonesia. Qualifications: Master of Midwifery, Registered Midwife, Bachelor of Midwifery, Diploma III of Midwifery. Actively conducting research and community service, especially in the scope of postnatal and breastfeeding midwifery care.  <i>Email: <a href="mailto:dwi.margareta@iik.ac.id">dwi.margareta@iik.ac.id</a></i></p>
	<p>Andari Wuri Astuti is a Senior Lecturer at Midwifery Department, Faculty of Health Sciences, Universitas 'Aisyiyah Yogyakarta, Indonesia. Currently she has a role as Head of Master of Midwifery Programme Study. She is registered midwife and one of Board members of Indonesian Midwifery Collegium. Over the last five years she has been involved in research projects related to Indonesian adolescent pregnancy, Indonesian midwifery services, sexual and reproductive health, in which were funded by Indonesian National Family Planning Board, Indonesian Ministry of Research, Technology and Higher Education, Sanofi Espoar Foundation and International Confederation of Midwives. Qualifications: Ph.D in Maternal and Child Healthcare, Master of Public Health, Registered Midwife, Bachelor of Midwifery, Diploma III of Midwifery.  <i>Email: <a href="mailto:astutiandari@unisayogya.ac.id">astutiandari@unisayogya.ac.id</a></i></p>
	<p>Fitria Siswi Utami is a senior lecturer at Universitas 'Aisyiyah Yogyakarta. Right now, she is a student of PhD program of School Healthcare University of Leeds, United Kingdom. She is focus on health education, emergency care, and continuity of care for her research.  <i>Email: <a href="mailto:fitriasiswi@unisayogya.ac.id">fitriasiswi@unisayogya.ac.id</a></i></p>
	<p>Ns. Fifi Musfirowati, M.kep., Born in Serang Banten January 1 1986, graduated with a master's degree in nursing at Muhammadiyah University Jakarta concentrating on Maternity Nursing in 2017. Currently working as a teaching staff at Diploma III Nursing Study Program at Faletihan University teaching Maternity Nursing, Pediatric Nursing and Nursing Methodology courses. Previously the author had worked as a nurse at Dr. Adjidarmo Hospital Lebak Rangkasbitung in 2010-2012 after graduating with a bachelor's degree in nursing at the Faletihan College of Health Sciences.  <i>Email: <a href="mailto:fifimusfirowati01@gmail.com">fifimusfirowati01@gmail.com</a></i></p>

	<p>Dewi Andariya Ningsih, S.ST., M. Keb is a permanent lecturer in the S1 Midwifery Study Program, Faculty of Health Sciences, Ibrahimy Situbondo University, East Java. D4 Midwifery at Husada Jombang College of Health Sciences in 2011, Masters Degree at Padjadjaran University Bandung in 2017 and is currently pursuing professional midwifery education at the Banyuwangi College of Health Sciences. Actively conducting research and community service, especially in the scope of postnatal and breastfeeding midwifery care.</p> <p>Google Scholar ID :  <a href="https://scholar.google.com/citations?hl=en&amp;user=2yFk8lYAAAAJ">https://scholar.google.com/citations?hl=en&amp;user=2yFk8lYAAAAJ</a>  ID/URL Orchid : <a href="https://orcid.org/0000-0003-1268-2603">https://orcid.org/0000-0003-1268-2603</a>  Researchgate ID <a href="https://www.researchgate.net/profile/Dewi-Ningsih-4">https://www.researchgate.net/profile/Dewi-Ningsih-4</a>,  Sinta ID : 6074259 SINTA - Science and Technology Index (<a href="http://ristekbrin.go.id">ristekbrin.go.id</a>),  Publons ID : <a href="https://publons.com/researcher/4688851/dewi-andariya-ningsih/">https://publons.com/researcher/4688851/dewi-andariya-ningsih/</a>,  Garuda ID : 3159965  Researcher ID : AAZ50112021  Email: <a href="mailto:dewiandariya01@gmail.com">dewiandariya01@gmail.com</a></p>
	<p>Amrina Nur Rohmah, S.Tr.Keb., M.Keb. is a lecturer for Bachelor Midwifery Program, Faculty of Health Sciences, Universitas Muhammadiyah Lamongan, East Java. Graduated from bachelor degree at STIKES Karya Husada in 2017 and master degree at Universitas 'Aisyiyah Yogyakarta in 2019. Actively conducting lectures, research, and community service, especially in the scope of maternal and neonatal care.</p> <p>Google Scholar ID :  <a href="https://scholar.google.com/citations?user=odFRpUsAAAAJ&amp;hl=id">https://scholar.google.com/citations?user=odFRpUsAAAAJ&amp;hl=id</a>  ID/URL Orchid : <a href="https://orcid.org/0000-0003-2211-4132">https://orcid.org/0000-0003-2211-4132</a>  Researchgate ID : <a href="https://www.researchgate.net/scientific-contributions/Amrina-Nur-Rohmah-2212779187">https://www.researchgate.net/scientific-contributions/Amrina-Nur-Rohmah-2212779187</a>  Sinta ID : 6778166  Publons ID : <a href="https://www.webofscience.com/wos/author/record/GPK-4085-2022">https://www.webofscience.com/wos/author/record/GPK-4085-2022</a>  Garuda ID : 4163491  Researcher ID : GPK-4085-2022  Email: <a href="mailto:amrinanurrohmah12@gmail.com">amrinanurrohmah12@gmail.com</a></p>