

The Breastfeeding Journey Among Mothers: A Qualitative Study from Pregnancy Preparation to Postpartum Coping and Decision Making

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Received: August 24, 2025; Accepted: September 22, 2026; Available online: October 16, 2026

ABSTRACT

Background: Breastfeeding does not always progress as mothers anticipate during pregnancy, as challenges may emerge during the postnatal period and affect their breastfeeding experiences and decisions. However, few studies have explored the breastfeeding journey as a continuous process, from preparation during pregnancy through postnatal coping and decision making. This study aimed to explore mothers' experiences throughout their breastfeeding journey, from pregnancy preparation to the postnatal period, including their coping and decision-making.

Subjects and Methods: This descriptive qualitative study was conducted at Mamina, Malang, East Java from August-September 2026. Eleven mothers with infants aged 0-3 months who had breastfeeding experience were purposively selected. Recruitment continued until subsequent interviews provided largely repetitive information. Data were collected through face-to-face in-depth semi-structured interviews lasting 45-60 minutes and analyzed using NVivo software and reflexive thematic analysis.

Results: Four themes have come out of the interviews conducted; they include (1) Preparation for breastfeeding during pregnancy, (2) Childbirth and childbirth experiences in health care institutions, (3) Transition into breastfeeding at home and problems experienced, and (4) Coping strategies and decision making. While some mothers were not well prepared for breastfeeding, other mothers took initiative to search for information via social media, relatives, and friends. Postpartum, some mothers faced difficulties in practicing what they have been learning on breastfeeding. There was inconsistency in the kind of help that mothers received from the health care practitioners on breastfeeding. Mothers encountered problems related to breastfeeding after going home, including positioning and attachment, nipple soreness or flatness, engorgement, plugged ducts, worry about low milk supply, among other problems. In response, mothers sought for information or help, tried new strategies, got support from the surrounding and adapted the methods of breastfeeding depending on themselves and their babies.

Conclusion: Mothers' breastfeeding experiences changed as they encountered different situations after childbirth. Breastfeeding support therefore needs to continue beyond preparation during pregnancy and address the practical and emotional difficulties mothers may experience at home.

Keywords: breastfeeding, lactating mothers, lactation support, postpartum

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Cite this as:

Maulida LF, Nurhidayati S, Novita RGH, Maulina R, Wahidah NJ, Sari AN, Richa FT (2026). The Breastfeeding Journey Among Mothers: A Qualitative Study from Pregnancy Preparation to Postpartum Coping and Decision Making. *J Epidemiol Public Health*. 11(4): 498-518. <https://doi.org/10.26911/jepublichealth.2026.11.04.09>.



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BACKGROUND

Breastfeeding is an important part of meeting infants' nutritional needs and supporting their growth and development. The World Health Organization (WHO) recommends initiating breastfeeding within the first hour after birth, exclusive breastfeeding for the first six months, followed by continued breastfeeding alongside complementary foods until two years of age or beyond ([WHO, 2024](#)). In Indonesia, the 2023 Indonesian Health Survey reported that 68,6% of infants aged 0-5 months were exclusively breastfed ([Health Development Policy Agency, 2023](#)). These figures indicate that maintaining exclusive breastfeeding through six months remains a challenge. Although breastfeeding is a physiological process, it does not always occur easily or spontaneously. Mothers need adequate knowledge, skills, preparation, and support to navigate the breastfeeding process ([Monalisa et al., 2026](#)).

The breastfeeding experience begins during pregnancy, when mothers receive information, develop expectations, and prepare themselves for breastfeeding before childbirth. Following delivery, these experiences are shaped by early contact with the infant and guidance from healthcare professionals. After returning home, mothers are required to apply the knowledge and skills they have gained while managing breastfeeding within the realities of daily life ([Castro, 2025](#)). Difficulties with positioning and attachment, blocked milk ducts, perceived insufficient milk supply, infant-related conditions, fatigue, and work

demands may increase the physical and emotional burden of maintaining breastfeeding ([Ayton et al., 2025](#)). These experiences may require mothers to adapt their breastfeeding practices and seek support from family members, healthcare professionals, or other sources.

Previous studies have examined various aspects of the breastfeeding experience, including mothers' needs for knowledge and skills, support from healthcare professionals and family members, and experiences of dealing with breastfeeding difficulties ([Yang et al., 2024](#)). Other studies have shown that mothers may cope with breastfeeding challenges by accepting that breastfeeding does not always progress as expected, drawing on social support, and finding approaches that fit their individual circumstances ([Hacking et al., 2024](#)). Other research has specifically examined women's experiences of midwifery education and support for postnatal infant feeding, highlighting differences between women's expectations and the realities of breastfeeding ([Shipton et al., 2025](#)). However, limited research has examined how these experiences are connected across the breastfeeding journey, from preparation during pregnancy and care in healthcare facilities to challenges after returning home, including mothers' coping and breastfeeding-related decision-making. Understanding this journey is important from a public health perspective because breastfeeding continuation depends not only on mothers' knowledge and motivation but also on the support available across different stages and

settings. Examining these experiences together may help identify mothers' support needs throughout the breastfeeding continuum and inform more continuous breastfeeding support.

The study was conducted at Mamina, Malang, East Java, a maternal and infant care center that provides complementary maternal and infant services, including breastfeeding support and lactation counselling. The services are provided by midwives with breastfeeding counselling training. As the research and participant recruitment site, Mamina provided access to mothers with recent breastfeeding experiences, while their childbirth and early postpartum care could have taken place at other healthcare facilities. This setting provided a relevant context for exploring how mothers receive and apply breastfeeding information and support across the transition from healthcare services to everyday life at home.

Therefore, this study aimed to explore mothers' breastfeeding journeys across the breastfeeding continuum, from pregnancy preparation through the postpartum period, including sources of information, experiences and support from healthcare professionals, challenges encountered after returning home, coping strategies, breastfeeding-related decision-making, and the role of family and the surrounding environment.

SUBJECTS AND METHOD

1. Study Design

This study employed a descriptive qualitative design to obtain a clear and comprehensive description of participants' experiences. This approach is appropriate for research focused on clinical practice and healthcare services ([Doyle et al., 2020](#)). The study aimed to explore mothers' breastfeeding journeys from preparation during pregnancy through the postpartum period.

The study was conducted at Mamina, Malang, East Java, from August to September 2026. Mamina is a maternal and infant care center that provides complementary maternal and infant care services, including breastfeeding support and lactation counselling provided by midwives with certified breastfeeding counselling competencies. Mamina served as the research and participant recruitment site, while participants' childbirth and early postpartum care could have taken place at other healthcare facilities. Data collection and analysis were conducted iteratively. After each interview, the researcher reviewed the data and emerging codes to assess whether subsequent interviews provided substantially new information relevant to the study objectives. Recruitment was stopped when subsequent interviews increasingly provided repetitive information, resulting in 11 participants.

2. Population and Sample

The target population was mothers who had ever breastfed before, whereas the accessible population consisted of mothers using or visiting Mamina, Malang, East Java. Mothers with babies ranging from 0-3 months old and having breastfeeding experience were chosen as inclusion criteria because the said age range marked an important phase in adjusting to motherhood ([Tully et al., 2017](#)), were able to communicate well, and consented to be audio recorded. Purposive sampling was used to select participants based on characteristics and experiences relevant to the study objectives. Participants were identified and approached by the researcher among eligible mothers visiting Mamina. A total of 11 mothers were approached, and all agreed to participate; no participants declined or withdrew. Recruitment and interviews were conducted sequentially until the information obtained became largely repetitive and

was considered sufficient to address the study objectives.

3. Study Variables

As a qualitative study, this research did not use dependent and independent variables as in quantitative research. The study focused on mothers' breastfeeding journeys from pregnancy through the postpartum period, including breastfeeding expectations and sources of lactation education during pregnancy, professional support from healthcare providers during the early postpartum period in healthcare facilities, practical and emotional challenges at home, coping strategies, breastfeeding-related decision making, and the role of family and support networks in addressing breastfeeding difficulties.

4. Study Instruments

The research instrument consisted of an in-depth interview guide with open ended questions and an audio recorder. The interview guide was developed based on the study objectives and covered four main topics: (1) breastfeeding preparation and expectations during pregnancy, including sources of information; (2) childbirth experiences and breastfeeding support received at healthcare facilities; (3) breastfeeding experiences after returning home, including breastfeeding methods, maternal and infant conditions, and challenges encountered; and (4) efforts to address breastfeeding difficulties, sources of support, coping strategies, and decision making related to breastfeeding. Interviews were conducted face to face in Indonesian. Questions were asked flexibly according to the flow of each interview. Probing was used to clarify and explore the information provided by participants. Each interview lasted 45–60 minutes and was audio-recorded after obtaining the participants' consent. The recordings were subsequently transcribed for analysis using NVivo 12.

5. Data Analysis

Data were analyzed using reflexive thematic analysis (RTA) following [Braun and Clarke, \(2021\)](#). The analysis followed six phases, familiarization with the data, generating initial codes, developing initial themes, reviewing themes, defining, and naming themes, and producing the final analytic narrative.

The researcher repeatedly reviewed the transcripts, coded relevant data segments, grouped related codes into potential themes, and reviewed themes against the coded data and overall dataset. Overlapping or insufficiently distinct codes and themes were revised, combined, or reorganized. Themes were then refined and named according to their central meaning, followed by development of an analytic narrative that described and interpreted participants' breastfeeding experiences. The researcher actively interpreted the data throughout the analytic process.

6. Trustworthiness

Trustworthiness was supported through reflexivity, peer discussion, and detailed description of the study context and analytic process. The researcher acknowledged her dual role as a healthcare professional at Mamina and considered its potential influence on participants' responses and data interpretation. The data and emerging interpretations were discussed with members of the Universitas Sebelas Maret research team who were not involved in clinical services at Mamina, providing an additional perspective on the analysis. Dependability was supported by documenting the data collection and analytic procedures, while transferability was supported by detailed descriptions of the study setting, participant characteristics, and breastfeeding experiences.

7. Research Ethics

Participants received an explanation of the study and provided written informed

consent before participation. Participants' identities and the information they provided were kept confidential throughout the study. The interviews were conducted by a researcher who also worked as a healthcare professional at Mamina. This may have affected how openly some participants shared their experiences. To reduce this potential influence during analysis, the interview data were coded and analyzed together with members of the Universitas Sebelas Maret research team who were not involved in clinical services at Mamina. Their involvement provided an additional review of the data and interpretation. Ethical clearance was obtained from the

Research Ethics Committee of the Faculty of Medicine, Universitas Sebelas Maret, Surakarta (No. 167/UN27.06.11/KEP/EC/2026).

RESULTS

1. Sample Characteristics

A total of 11 mothers participated in the study. Participant characteristics are presented in Table 1. The majority were primiparous (81.8%), aged 20–35 years (90.9%), and had received delivery care in a hospital setting (90.9%). Regarding mode of delivery, 54.5% of participants had vaginal deliveries, while 45.5% underwent cesarean section.

Table 1. Sample Characteristics

Characteristics	Variables	Percentage
Parity	Primipara	9 (81.8%)
	Multipara	2 (18.2%)
Age	20-35	10 (90.9%)
	>35	1 (9.09%)
Delivery Mode	Vaginal Delivery	6 (54.5%)
	Caesarean Section	5 (45.5%)
Type of Health Facility	Hospital	10 (90.9%)
	Independent Midwifery Practice	1 (9.09%)

Based on the analysis of interviews with all participants, four main themes were identified: (1) breastfeeding preparation during pregnancy, (2) childbirth and breastfeeding support in healthcare facilities, (3)

transition to breastfeeding at home and challenges encountered, and (4) coping strategies and decision making. The coding framework is presented in Table 2.

Table 2. Overview of Coding Framework

Theme Title	Subthemes	Illustrative Codes
Breastfeeding Preparation During Pregnancy	Limited formal preparation for breastfeeding during pregnancy	<ul style="list-style-type: none"> • Did not attend breastfeeding classes. • No specific preparation for breastfeeding • Unable to attend breastfeeding classes due to work commitments. • Planned to attend a class but gave birth earlier than expected
	Social media and family as sources of breastfeeding information	<ul style="list-style-type: none"> • Sought information through TikTok, Instagram, Threads, and YouTube • Received information from parents and parents-in-law.

Theme Title	Subthemes	Illustrative Codes
Childbirth and Support in Healthcare Facilities	Mothers' expectations and perceptions of breastfeeding before childbirth	<ul style="list-style-type: none"> • Asked friends with previous breastfeeding experience • Expected breast milk to come naturally and breastfeeding to be easy. • Worried that breast milk would not come in. • Intended to exclusively breastfeed. • Previous breastfeeding experience influenced preparation for subsequent pregnancies
	Early mother infant contact after childbirth	<ul style="list-style-type: none"> • Skin-to-skin contact/early initiation of breastfeeding was not performed. • Early initiation of breastfeeding was performed. • Rooming-in • Infants admitted to the NICU or neonatal care unit
	Breastfeeding education provided by healthcare professionals	<ul style="list-style-type: none"> • No instruction on breastfeeding techniques • Encouraged to breastfeed without guidance on technique. • Guidance on breastfeeding positioning and attachment
	Mothers' perceptions of healthcare support	<ul style="list-style-type: none"> • Support was perceived as insufficient. • Support was perceived as helpful. • Breastfeeding education was too brief. • Mothers had to learn breastfeeding techniques independently
Transition to Breastfeeding at Home and Challenges Encountered	Support after discharge from healthcare facilities	<ul style="list-style-type: none"> • No follow-up support after discharge • Continued communication with healthcare professionals
	Adaptation to breastfeeding at home	<ul style="list-style-type: none"> • Continued direct breastfeeding (DBF) after discharge. • Combined direct breastfeeding and pumping. • Expressed breast milk given using a dropper, cup feeder, or bottle.
	Breastfeeding-related challenges	<ul style="list-style-type: none"> • Combined breastfeeding and formula feeding • Perceived low milk supply. • Difficulty with breastfeeding attachment • Nipple and breast problems, including flat or sore nipples, breast engorgement, blocked milk ducts, and breast abscesses
	Challenges related to infant conditions	<ul style="list-style-type: none"> • Infant refusal of direct breastfeeding or nipple confusion • Infant frequently falling asleep during breastfeeding. • Tongue-tie
	Physical and emotional burden on mothers	<ul style="list-style-type: none"> • Suboptimal infant weight gain • Infant jaundice or dehydration • Fatigue and sleep deprivation • Concern that the infant was not getting enough milk.

Theme Title	Subthemes	Illustrative Codes
Coping Strategies and Decision Making	Efforts to cope with breastfeeding challenges	<ul style="list-style-type: none"> • Sadness and stress related to breastfeeding difficulties. • Panic and overthinking • Pressure from family members • Increasing pumping frequency • Lactation massage, warm compresses, and hand expression
	Seeking information and learning independently	<ul style="list-style-type: none"> • Seeking help from healthcare professionals • Searching for information on the internet • Consulting friends with breastfeeding experience • Consulting midwives
	Social support as a coping strategies	<ul style="list-style-type: none"> • Support from family members (husbands, parents, and siblings) and friends
	Managing emotional distress and pressure	<ul style="list-style-type: none"> • Trying to remain calm. • Taking time to rest • Continuing to try and not giving up on breastfeeding
	Decision making regarding breastfeeding	<ul style="list-style-type: none"> • Choosing breastfeeding methods according to the mother's and infant's condition • Combining breast milk and formula feeding when needed • Maintaining the intention to breastfeed

1. Theme 1. Breastfeeding Preparation During Pregnancy

Breastfeeding preparation during pregnancy varied among participants. Some mothers actively sought information about breastfeeding, while others had made little or no specific preparation. Information was obtained from social media, family members, friends, healthcare professionals, and formal breastfeeding or newborn care classes.

a. Subtheme 1.1. Limited Breastfeeding Preparation

Some mothers entered the postpartum period without specific preparation for breastfeeding. Limited preparation was related to work commitments, not attending breastfeeding classes, or giving birth before planned preparation could take place. For some mothers, breastfeeding preparation had not been a priority during pregnancy.

"No, because I was working." (P2)

"I was the type who prepared quite late. I mean, learning about breastfeeding, learning about attachment, and everything. At that time, I was 32 weeks pregnant, ... and I was planning to prepare for the cesarean while also joining a class. But, as it turned out..." (P8)

The participant further explained that her planned preparation had not been completed:

"I had already registered and everything, but then the baby was born first. So I hadn't had the chance to learn about attachment and things like that. I was completely lost, so to speak. I was starting from scratch, even from below zero." (P8)

In contrast, one mother had participated in formal breastfeeding preparation and described it as helpful in preparing her for the early breastfeeding period. P7

reported attending both a newborn care class and a breastfeeding class:

"I only attended one class. It was a newborn class and breastfeeding class" (P7) She explained that the preparation helped her remain calm when her breast milk did not flow immediately after delivery and strengthened her decision to continue breastfeeding despite suggestions from others to use formula. Her husband had also attended the class and supported this decision:

"So even though at the beginning the milk didn't come out right away, I was still calm, so it was okay... People were saying, 'Formula, formula,' but it was okay, I just continued with breast milk. My husband also joined the class, so he knew. He could protect me, you know, when someone said, 'Formula, formula.' He said, 'No, it's okay, just breastfeed.'" (P7)

These contrasting experiences indicate that breastfeeding preparation ranged from limited or incomplete preparation to formal preparation that could provide mothers and their partners with greater confidence during the early breastfeeding period.

However, limited formal preparation did not necessarily mean that mothers had no knowledge about breastfeeding. Some continued to seek information independently as they began to think about breastfeeding. These findings indicate that, for some mothers, breastfeeding preparation mainly took place independently during pregnancy, even without participation in formal breastfeeding classes.

b. Subtheme 1.2. Social Media and Family as Sources of Breastfeeding Information

Some mothers who did not receive formal breastfeeding education used various sources to meet their information needs.

Social media was one of the most commonly used sources, including TikTok, Instagram, Threads, and YouTube. Mothers also obtained information from family members and friends with previous breastfeeding experience.

"From TikTok, hehe. It appeared on my FYP, and then I looked into the information more deeply" (P3)

"I learned from Threads about how to breastfeed properly and how to pump properly. TikTok too. Basically, everything came from there." (P11)

Mothers also sought information independently even when they had a healthcare background. Although they had basic knowledge of maternal and infant health, the experience of breastfeeding encouraged them to learn more specifically about breastfeeding techniques.

"I was so surprised, like, 'Oh, I'm really pregnant.' From then on, I started learning. I mean, I started browsing about how to breastfeed, perhaps because I had failed to breastfeed my first child. I'm a doctor, but personally I couldn't breastfeed my own child." (P10)

"I learned about the hormones, but there was nothing about the techniques or how to breastfeed." (P10)

In addition to social media and the internet, family members and people with previous breastfeeding experience also served as sources of information. One mother reported receiving information from her parents:

"From my parents." (P4)

For another participant, discussions with relatives who had already had children also became a source of information and consideration when preparing for breastfeeding:

“Yes, because we would sit and talk with relatives who had already had children” (P9)

Healthcare professionals were also mentioned as sources of breastfeeding information during pregnancy. Participants reported receiving guidance from doctors and midwives:

“From the doctor and the midwife. They taught me” (P6)

Thus, mothers' sources of breastfeeding information extended beyond healthcare professionals to include their social environment and digital sources that could be accessed independently.

c. Subtheme 1.3. Mothers' Expectations of the Breastfeeding Process

Mothers had varied expectations about breastfeeding before childbirth. Some perceived breastfeeding as a natural process and expected breast milk to come in after delivery and breastfeeding to begin directly.

“I thought the breast milk would just come out on its own after giving birth.” (P2)

In contrast, some mothers had already experienced concerns during pregnancy, particularly about the possibility of not producing breast milk.

“Actually, at first I was already quite pessimistic, like, ‘Will I be able to breastfeed?’ Because my breasts weren't leaking at all.” (P4)

Some mothers had specific goals for breastfeeding. One participant wanted to continue breastfeeding exclusively for two years, drawing on her mother's experience of breastfeeding all of her children for two years.

“Ehm.. I really wanted to breastfeed, I mean for two years. I really wanted to be able to breastfeed for two years. My mother exclusively breastfed all of her children for two years.” (P7).

Previous breastfeeding experiences within the family also influenced how some mothers viewed breastfeeding. Before giving birth, one participant had thought that breastfeeding would be easy.

“Yes, I thought, ‘Oh, it's easy, you just breastfeed,’ but it turned out to be difficult.” (P6).

2. Theme 2. Childbirth and Breastfeeding Support in Healthcare Facilities

The breastfeeding experience in the early postpartum period was shaped by the childbirth process, the baby's condition, and the support mothers received at healthcare facilities. Mothers described this support in terms of early contact with their babies, breastfeeding information and guidance, assistance from healthcare professionals, help with breastfeeding practices, and communication or support after returning home.

a. Subtheme 2.1. Early Mother Infant Contact After Childbirth

Mothers' experiences of early contact with their infants after childbirth varied depending on the mode of delivery and the infant's condition. Some mothers had the opportunity to initiate early breastfeeding and have direct contact with their infants, whereas others were unable to do so or could not breastfeed directly because of the infant's medical condition.

For mothers who initiated early breastfeeding, early contact provided an opportunity to introduce the infant to the breast. One mother described:

“We did the early initiation right away, for about an hour, I think.” (P3)

Another mother explained that although she was not able to successfully breastfeed directly during the early initiation, the healthcare professional still explained the purpose of early contact:

“As far as I knew, during early initiation the baby is supposed to

crawl toward the nipple by itself, right? They said it was supposed to happen naturally. At that time, I tried to help my baby learn to drink, but I couldn't because I was focused on [the suturing]. So I asked my husband to help position the baby properly. Then the baby was already there, and the midwife said, 'It's okay, the baby doesn't have to breastfeed yet. What matters is that the baby already recognizes the mother's scent' (P9)

In contrast, not all mothers had the opportunity to initiate early breastfeeding. One mother who underwent a cesarean section said:

"I asked for early initiation, but since it was a cesarean section, I wasn't allowed to do it yet." (P7)

In other cases, infants required special care, making direct breastfeeding impossible during the early postpartum period. One mother with a premature infant explained:

"...the premature birth was because of premature rupture of membranes... it was an emergency, so I had a cesarean section... [the baby weighed] 1.2 kg.." (P8)

The infant then required specialized care and could not receive breastfeed directly during the first few days. In these situations, early mother infant contact and direct breastfeeding were not always possible, particularly when the mother or infant needed additional medical care.

b. Subtheme 2.2. Breastfeeding Education Was Not Consistently Provided

Mothers received different levels of breastfeeding guidance. Some were shown how to position and attach the baby during breastfeeding, while others were encouraged to breastfeed without receiving further instruction.

Some mothers received direct instruction on breastfeeding techniques from healthcare professionals. One mother reported:

"The doctor showed me how to do it and explained how to breastfeed and how the attachment should be" (P6)

However, some mothers felt that the education provided was brief. One mother said:

"Yes, they taught me about positioning and attachment, but it was only briefly. They didn't explain it in detail." (P3)

A similar experience was described by another mother, who felt that the education was delivered quickly and was limited to basic information:

"It was too quick and too basic... not exactly basic, but... it was just too... check, check, check, check." (the mother demonstrated very quick movements) "Then they immediately brought the baby to me." (P9)

These contrasting experiences indicate that breastfeeding education was not provided with the same level of detail or practical guidance across participants, ranging from direct instruction and demonstration to brief or limited explanations.

c. Subtheme 2.3. Mothers' Perceptions of Support from Healthcare Professionals

Mothers' perceptions of support from healthcare professionals differed across participants. While P5 and P6 described direct and repeated assistance as helpful, P10 and P11 reported limited or insufficient support and had to seek additional information independently.

One mother felt helped after receiving guidance on breastfeeding techniques:

"It was helpful. At least I learned how to get the attachment right." (P5)

Repeated assistance during hospitalization also helped mothers receive guidance on positioning and attachment:

“Yes, they kept checking. Since I was hospitalized, they kept checking how I was breastfeeding and whether the positioning and attachment were correct or not” (P6)

In contrast, some mothers felt that they had to learn independently because they did not receive sufficient assistance. One mother said:

“Yes, I had to learn it myself... there was no one teaching me, haha.” (The mother laughed) (P10)

The mother also explained that her background as a doctor may have led healthcare professionals to assume that she was already able to breastfeed, although she felt that breastfeeding techniques still required specific learning. In another case, the support received was felt to be insufficient, so the mother looked for additional information about breastfeeding and pumping through social media:

“Not enough... it wasn’t very helpful. So I just did my best to figure out how to breastfeed. I learned from Threads how to breastfeed properly and how to pump properly, and from TikTok too. Basically, I got everything from there” (P11)

These contrasting accounts indicate that the availability and intensity of breastfeeding support varied across mothers, with some receiving repeated practical assistance while others had to rely on self-directed learning.

d. Subtheme 2.4. Continued Support After Discharge

Experiences of breastfeeding support after discharge also differed across participants. While some mothers continued to receive breastfeeding-related support after return-

ing home, others reported little or no specific follow-up regarding breastfeeding:

“They were really helpful. I mean, even after I went home, after my baby went home, they still gave me information.” (P8)

After discharge, some mothers did not have further contact with healthcare professionals specifically about breastfeeding. When follow up did occur, it was mainly about the mother’s condition or how breastfeeding was going. One mother said:

“They didn’t really ask much about breastfeeding. They just asked, ‘Is the breast milk coming out well? Is there enough yet?’” (P5)

Experiences of breastfeeding support after discharge differed across participants, with some mothers receiving continued support and others receiving limited breastfeeding-specific follow-up.

3. Theme 3. Transition to Breastfeeding at Home and Challenges Encountered

After returning home, mothers experienced a shift from receiving care in a healthcare facility to caring for their infants more independently. At this stage, the breastfeeding experience involved adapting breastfeeding methods, concerns about milk production, technical difficulties and breast related problems, infant related conditions, and physical and emotional burdens.

a. Subtheme 3.1. Adapting Breastfeeding Methods to Maternal and Infant Conditions

Mothers used different breastfeeding methods during the adjustment period at home. While some mothers were able to continue direct breastfeeding, others had to combine breastfeeding with pumping or use alternative feeding methods according to their infants’ conditions and their own circumstances. For infants who were not yet able to breastfeed directly, expressed breast

milk was given using a dropper, cup feeder, syringe, or later a bottle. Changes in breastfeeding methods occurred as the infant's condition changed. As a result, mothers did not necessarily use the same method throughout the breastfeeding period.

For infants who initially received breast milk through a dropper, the method was changed as their feeding needs increased. One mother explained:

"I was still patient with the dropper feeding. But now that his weight has increased a lot, he also wants to drink more. With the dropper, it just doesn't work anymore... he's the one who gets impatient." (P10)

As the mother prepared to return to work, breastfeeding was then shifted to bottle feeding:

"He's drinking more now, and I'm also preparing to go back to work, so for about five days now he has been using a bottle." (P10)

Meanwhile, another mother continued to breastfeed directly:

"dbf.. full dbf.." (P1)

For a mother with a premature infant, breastfeeding was also adjusted according to the infant's condition. The infant initially received milk through an NGT and gradually began attempting DBF:

"Gradually... he was still drinking from the bottle. I was pumping at that time, but we also tried (DBF). It was really difficult at first... because I hadn't learned, I hadn't learned about attachment. My baby was still small and my nipples were large at that time, so we really struggled." (P8)

b. Subtheme 3.2 Challenges Experienced by Mothers

The type and severity of breastfeeding related problems also differed among mothers, ranging from difficulties with

breastfeeding techniques to recurrent breast problems and more serious complications. Mothers experienced various physical and technical problems during breastfeeding, including difficulty with attachment, plugged milk ducts, flat nipples, breast engorgement, and breast abscesses.

Problems in attachment were encountered by the mothers when they started to use the breastfeeding techniques. One mother said:

"But when I actually tried it, the attachment was difficult" (P3)

This experience illustrates that having prior knowledge or preparation did not necessarily make it easy for mothers to apply breastfeeding techniques in practice. Duct obstruction was one of the common problems experienced by various mothers. One mother complained that:

"Clogged ducts, mostly. It's been up and down from the beginning... blockage, blockage, blockage (the mother laughed softly)" (P7)

Problems associated with breasts and nipples also impacted the breastfeeding process. A mother whose baby had flat nipples said her baby seemed unsatisfied with breast feeding:

"My nipple is flat, so the baby seemed unsatisfied, especially because he's a boy. It seemed like it wasn't enough. Then when I pumped, there was quite a lot, but it still felt like it wasn't enough." (P6)

In a more serious situation, a breast issue became an abscess. One mother described her experience by saying:

"It turned out to be an abscess." (P5)

These experiences show that breastfeeding related problems varied in type and severity, ranging from difficulties with breastfeeding techniques to recurrent breast problems and more serious complications.

c. Subtheme 3.3. Challenges Related to Infant Conditions

The other problem related to the infant was an issue that directly impacted breastfeeding. Some women faced problems with DBF in cases where the infant would not breastfeed directly, would fall asleep while feeding, or seemed to be unsatisfied with breastfeeding. In certain instances, the condition of the infant created the doubt that the infant did not receive adequate amounts of milk. One woman reported:

"The problem was that the breast milk hadn't come in yet. I felt sorry for the baby because he wasn't drinking. Then that night he showed signs of dehydration, so I gave him formula." (P3)

In this case, concern about inadequate milk intake led the mother to introduce formula as an immediate feeding alternative.

Concerns about adequate milk intake also arose when the infant breastfed vigorously. One mother said:

"I was afraid it wouldn't be enough, afraid that he wasn't getting enough, because he's a boy and he breastfeeds very strongly." (P1)

In another case, the infant's ability to breastfeed was affected by an anatomical condition and difficulties with feeding. One mother reported that her infant was suspected of having tongue-tie and had lost weight after birth:

"e.. It was in the middle, not at the tip. I had it checked because when he breastfed, he made this 'ck, ck, ck' sound." (The mother imitated the infant's clicking sound.) "So I consulted a pediatrician. The pediatrician said it was somewhat like tongue-tie, but not at the tip. Because his weight hadn't increased and he had gone back to his birth

weight... he was born at 2,800 grams, then during the first week he lost quite a lot, down to 2,500 grams, so he lost 300 grams." (P10)

For infants requiring specialized care, limitations in direct breastfeeding meant that mothers needed to use other feeding methods. One mother explained:

"He was already making the 'ck, ck, ck' sound, but there was a tube in the way, so I didn't know what to do. The pediatrician said that once the tube was removed, we could try... using a cup feeder, or a small spoon to stimulate him. Then it turned out that he did well with it." (P8)

These experiences show that infant related conditions could require mothers to adapt feeding methods and gradually transition toward direct breastfeeding.

d. Subtheme 3.4. Physical and Emotional Burden on Mothers

Breastfeeding challenges affected mothers emotionally in different ways. Some mothers experienced emotional distress mainly because of physical breastfeeding problems, while others were more affected by limited social support or difficulties with their infants.

Breast problems also affected mothers emotionally. One mother described her experience with a breast abscess:

"I just cried and was confused. When you have an abscess, you start overthinking everything the lump, everything. Then the doctor looked at it and said, 'Oh, this is an abscess.' Luckily, it was on the outside. The more stressed I became, the less milk I had" (P5)

In contrast, P8's emotional burden was more closely related to limited family support, while P11 described pressure from her husband regarding pumping.

"wah It was really stressful, especially because I was far away from my parents and my husband's parents. At that time, it was just the two of us, my husband and me." (P8)

Mothers could also feel pressured by their family members. One mother described an interaction with her husband regarding pumping:

"Ya Allah, but I've already tried."

"No, it's still not enough, still not enough. You're still too lazy to pump." (Her husband replied.)

"Yes, I was still a bit lazy, actually. I wasn't consistent at that time. So I started telling myself, 'I really have to do this now. I can't be lazy. I have to be more consistent.'" (P11)

For another mother, her baby's refusal to breastfeed directly was a difficult experience.

"That was when I really felt heartbroken because he didn't want to breastfeed from me. I cried every day." (P9)

These experiences show that emotional distress during the transition to breastfeeding was influenced by different factors, including maternal physical problems, infant feeding difficulties, and the availability and type of social support.

4. Theme 4. Coping Strategies and Decision Making

Mothers dealt with the problem of breastfeeding in various ways. Some looked for information or help from professionals, while others took alternative actions and kept breastfeeding despite the problems. Their decisions were also influenced by the state of the infant, their health state, and the situation at home.

a. Subtheme 4.1. Efforts to Cope with Breastfeeding Challenges

Various approaches were used by mothers when they faced problems related to breast-

feeding. Some of them either pumped more milk, engaged in breast care, or turned to healthcare providers for advice. Everything depended on the type of the problem mothers had.

One of such mothers, suffering from low milk production, began pumping milk and underwent lactation massage because she found a blockage in her breast.

"No, from one breast I only got 10 mL, so eventually I gave milk from both breasts. Then I had a massage, Arugaan massage, and it turned out there were small blockages." (P10)

Another mother used pumping, lactation massage, and lecithin when she had blocked milk ducts:

"I pumped a lot, then Ms. Gadis (a midwife at Mamina) massaged me, and I bought lecithin at the pharmacy.." (P1)

Other mothers mentioned using warm compresses, expressing milk by hand, or changing how often they breastfed. When self-management strategies did not resolve the problem, some mothers sought professional assistance. One mother explained:

"I tried doing it myself for three days, but it didn't work, so I realized that I needed help from someone else." (P10)

These experiences show that mothers used both self-management and professional support to cope with breastfeeding difficulties, with the choice of strategy influenced by how they perceived the problem and their response to initial efforts.

b. Subtheme 4.2. Seeking Information and Learning Independently

Seeking information was part of how mothers dealt with uncertainty during breastfeeding. Some mothers actively sought information before or during breastfeeding, while others turned to additional

sources after encountering a specific problem. Information was obtained through social media, the internet, other people's experiences, family members, friends, and healthcare professionals. For some mothers, information-seeking occurred after a specific problem arose, leading them to seek additional knowledge during the breastfeeding process.

One mother obtained information from friends and social media about ways to increase milk production:

"My friends who already had babies all said the same thing, basically that it's about supply and demand, right? They said the breast has to be emptied, the breast has to be emptied." (P11)

Mothers also searched social media when experiencing specific breastfeeding problems:

"I immediately searched on TikTok... I thought it would be better to look for information about what to do..." (P1).

In other cases, mothers sought information through lactation classes and consulted healthcare professionals, including through online consultations. Mothers also continued to learn about breastfeeding as they faced new situations after childbirth.

c. Subtheme 4.3. Support from People Around Mothers

Family members and other people close to the mother also helped mothers deal with breastfeeding difficulties. The aid consisted of assistance, support, and accompanying mothers during rest or dealing with breastfeeding challenge.

This kind of aid helped certain mothers maintain their peace of mind and remain optimistic. One mother spoke about the encouragement she received from her younger sibling:

"It's okay. Just stay calm. Keep trying. It's okay, don't give up." (P11)

Practical assistance from family members was another way of helping when the mother had problems breastfeeding:

"My husband and my parents. My parents supported me by doing things like cooking for me." (P6)

However, support from people around the mothers was not always experienced as helpful. One mother felt less pressure in receiving support from her friends because she found receiving support from her family pressuring:

"I'm more comfortable with my friends because with family it feels like they push me too much, so I feel pressured..." (P11)

These contrasting experiences show that the presence of support alone did not determine whether mothers felt supported; the way support was provided also influenced how mothers experienced it.

d. Subtheme 4.4. Decision Making Regarding Breastfeeding

The decision to breastfeed or otherwise feed the baby was made based on the child's needs, mother's state and situation she found herself in. Giving formula, pumping milk, or making any changes in feeding did not always indicate that the mother stopped being interested in breastfeeding. On the contrary, it was a reaction to the prevailing situation. Here is an example of one of the mothers who decided to give more formula to her child because of increased needs and insufficient amount of pumped milk.

"He needed more... I got 110 mL from both breasts... so I mixed (breast milk and formula)." (P10)

The needs of the baby were also considered by a mother who gave formula to her baby due to symptoms of dehydration:

"Because I felt sorry for the baby, he wasn't drinking... then that night he

showed signs of dehydration, so I gave him formula.” (P3)

In contrast, other mothers emphasized the importance of considering their own comfort and well-being when making breastfeeding decisions. One mother explained:

“Because I realized that comfort isn’t only about the baby. The mother also needs to be comfortable” (P9)

Breastfeeding decisions for mothers intending to go back to work also included decisions regarding continuation of breastfeeding upon resumption of work. This facilitated the preparation of the mother for breast pumping as well as adjusting her breastfeeding technique.

Therefore, decision making during the breastfeeding period was dynamic. The mother made a decision on how to offer the breast milk depending on the condition of the infant, her ability and circumstances of the day while intending to continue breastfeeding at all times.

DISCUSSION

The results from this study reveal that the experience of breastfeeding is not necessarily a linear one for many mothers. The preparation that mothers do when pregnant in order to be ready for breastfeeding was not always met with the outcome that they envisioned. One participant, for example, had thought that breastfeeding would be easy but found it more difficult when she experienced it herself: “Yes, *I thought, ‘Oh, it’s easy, you just breastfeed,’ but it turned out to be difficult.*” (P6 Mothers described difficulties with positioning and attachment, infant conditions, breast problems, concerns about milk supply, and emotional pressure. In dealing with these problems, they looked for information or assistance, tried different ways of breastfeeding, and changed their approach

when needed. This shows that preparation during pregnancy was only the beginning; mothers continued to learn as they faced breastfeeding in everyday situations.

An important finding was the difference between knowing what to do and being able to do it in practice. Some mothers understood the importance of positioning and attachment but still had difficulty applying this knowledge when breastfeeding their babies. This may be because breastfeeding skills require more than knowledge alone, mothers also need opportunities for hands on practice, confidence, feedback, and support when applying these skills in real situations. Breastfeeding self-efficacy theory also describes the role of experience, skills, confidence, and available support in performing breastfeeding-related behaviors ([Darwika, 2026](#)). [Anuhgera and Ritonga \(2024\)](#) found that a support program using direct demonstrations improved practical breastfeeding skills and increased breastfeeding confidence, from 31.58% to 73.68%. This finding supports the importance of practical and individualized breastfeeding assistance. However, the present study suggests that such support may need to continue beyond formal education, as mothers may encounter new breastfeeding problems after childbirth that cannot always be anticipated during pregnancy.

In addition to maternal skills, maternal and infant conditions also shaped the breastfeeding journey. Difficulties related to cesarean delivery, preterm birth, specialized infant care, or infant conditions that prevented direct breastfeeding may limit mothers’ opportunities to establish breastfeeding as initially planned. In these circumstances, mothers had to adapt their feeding methods according to the condition of the infant and their own recovery. A similar pattern was reported by [Theodorah et al. \(2021\)](#) among mothers of premature infants,

who described changes in breastfeeding practices from expressing milk when direct breastfeeding was not yet possible to gradually introducing direct breastfeeding as the infant's condition improved. The present study extends this finding by showing that adaptation was not limited to prematurity, but also occurred in response to maternal and infant conditions more broadly. This suggests that temporary changes in breastfeeding methods should not necessarily be viewed as a failure to breastfeed, but may represent an adaptive process while mothers respond to changing circumstances.

In addition to managing breastfeeding themselves, mothers also had to deal with technical problems while breastfeeding, such as recurrent blocked milk ducts. This is illustrated by one participant who said, "...blockage, blockage, blockage..." (P7). It is stated in ABM Clinical Protocol #36 that breast inflammation may occur alongside other complications due to ineffective milk removal and various factors that affect milk removal, such as alterations in breastfeeding or pumping ([Mitchell et al., 2022](#)).

Learning about breastfeeding also continued after childbirth. When the information or guidance received at healthcare facilities did not address the problems they faced, mothers looked for other sources, including social media, friends, family members, and healthcare professionals. This was also the case for mothers who had received breastfeeding education before, as they sought further information when new problems arose. This may help explain why mothers in the present study changed their breastfeeding or pumping patterns when they experienced breast problems. Rather than following one fixed approach, mothers tried different strategies, including increasing pumping frequency, lactation massage, and lecithin, based on how they

perceived and responded to the problem. These experiences suggest that breastfeeding support should also prepare mothers to recognize and respond to common breastfeeding problems at home, rather than focusing only on breastfeeding initiation.

The use of digital media as a source of information about breastfeeding has been noted in previous studies, where it has been established that digital media enhances maternal knowledge since it is flexible and not limited by time and location ([Hariastuti et al., 2026](#)). On the other hand, the participants in this research indicated varied experiences with health care assistance. While some women found advice on positioning and attachment useful, others considered the education they received insufficient, even when breastfeeding practices had been explained to them. This difference may reflect variation not only in the information provided, but also in the extent to which mothers needed practical guidance to apply the information to their own breastfeeding situations. [Yunita and Trisanti \(2025\)](#) found similar results, stating that breastfeeding education through practical breastfeeding training and conducted according to standard operating procedures enhanced the efficiency of breastfeeding by postpartum women. These findings suggest that breastfeeding education may be more effective when information is accompanied by practical guidance that responds to mothers' individual difficulties.

The results reveal that the need for support is not confined to just during the time when mothers are in the health care facility. Some of the mothers continued to receive information even after discharge, especially if their babies were having some unique characteristics, while others were offered minimal support. Minimal post-discharge support can make breastfeeding difficult ([Paramashanti et al., 2023](#)). This

difference may reflect the varying needs of mothers after returning home, when breastfeeding problems may become more apparent and mothers are required to manage them with less immediate professional assistance. Therefore, continuity of breastfeeding support after discharge may be particularly important for mothers who encounter difficulties that were not fully addressed during their healthcare facility stay.

Husband's support, parental support, sibling support, and support from friends could vary in type as well. Practical assistance or encouragement could be provided to some mothers. As one participant explained, she received support from her husband who motivated her to be consistent in pumping milk: *"No, it's still not enough, still not enough. You're still too lazy to pump"* (P11). This comment motivated the mother to be more consistent in pumping and breastfeed for a longer period. However, the findings also showed that support was not always experienced positively. Some mothers felt pressured when family members gave advice or encouragement that did not match their own needs or preferences. This suggests that the effect of family support may depend not only on whether support is available, but also on how it is communicated and perceived by the mother. [Mardiyaningsih et al., \(2024\)](#) similarly reported that breastfeeding behavior can be influenced by family dynamics and advice from family members, including advice that may not align with mothers' breastfeeding intentions.

Emotional experiences were also part of mothers' breastfeeding journeys. Breastfeeding challenges were not just viewed as technical problems but were also seen as a source of sadness, stress, anxiety, and even pressure especially for the mother who was unable to meet her baby's needs. These emotional responses may arise when mothers

perceive a gap between their expectations and their actual breastfeeding experiences, particularly when they feel unable to provide breast milk in the way they had intended. The contrasting experiences of support described above may also influence how mothers cope with these difficulties, as encouragement may help mothers feel more confident while pressure may add to their emotional burden. This is consistent with [Wheeler et al. \(2024\)](#) who reported that pressure to breastfeed in a particular way can negatively affect maternal mental health.

The mothers' experiences also showed that decisions about breastfeeding could change when actual circumstances differed from the initial plan. Issues with breastfeeding directly, conditions of infants, breast issues, doubts about milk sufficiency, and readiness for rejoining work were some of the reasons that made mothers resort to pumping, provide expressed breast milk, alter their ways of feeding, or give formula where necessary. All these were measures that mother took in order to adapt to the prevailing circumstances both on their own parts and those of the babies in the breastfeeding process. This is in line with findings in Indonesia where the decision of whether to breastfeed or give formula is influenced by many factors ([Hamnøy et al., 2024](#)). Another study also found that breastfeeding choices could vary when mothers face challenges or have reached certain stages in their breastfeeding experiences ([Nuzrina et al., 2016](#)). The current research adds another consideration, namely maternal comfort. This may indicate that mothers' breastfeeding decisions are influenced not only by the needs and condition of the infant, but also by whether the breastfeeding practice is manageable and comfortable for the mother.

Based on the results, lactation education has to be done gradually and continually, starting from the chance for developing practical skills during the pregnancy period, to be followed by practical assistance in the early postnatal period as well as assistance whenever problems arise while at home. For maternal and child health services, this means that breastfeeding support should be integrated across antenatal care, delivery and postnatal care, rather than being provided only at one point of care. Breastfeeding counselling should include practical skills, individualized problem solving, and guidance on when mothers need further professional assistance. Discharge planning should also include clear breastfeeding guidance and information on where mothers can obtain support after returning home, including community-based breastfeeding support where available. Assistance must be given to family members in ways that assist mothers instead of putting pressure on them. Family members can be involved in breastfeeding support by providing practical help and encouragement while respecting the mother's preferences and condition. This is illustrated in the challenges that were faced by participants in applying their knowledge as well as assistance required upon getting home.

This study has several limitations. It was conducted at a single healthcare service in Malang, East Java, and therefore the experiences identified may differ from those of mothers receiving care in other settings or regions. In addition, most participants were primiparous, so the experiences of multiparous mothers were less extensively represented. Differences in breastfeeding experiences according to parity could not be explored in depth because the number of multiparous participants was limited. Therefore, the findings should be interpreted within the context of the study setting

and participant characteristics, and further research involving mothers with more diverse parity and healthcare backgrounds may provide a broader understanding of the breastfeeding journey.

Overall, the experiences of mothers in this study show that breastfeeding does not always proceed according to plans made during pregnancy. After childbirth, mothers encounter various conditions that require them to learn again, adjust breastfeeding practices, seek support, and make decisions according to their own and their infants' circumstances.

FINANCIAL SUPPORT AND SPONSORSHIP

This work was supported by LPPM Universitas Sebelas Maret which allowed this research to proceed.

ACKNOWLEDGEMENT

We would like to give our biggest appreciation to the Bachelor Of Midwifery Education and Midwife Profession Education, Faculty of Medicine, Universitas Sebelas Maret, Indonesia for supporting this research through research funding under contract number 194.2/UN27.22/PT.01.03/2024.

CONFLICT OF INTEREST

There was no conflict of interest in this study.

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