



## PERCEPTIONS AND EXPERIENCES OF MOTHERS WITH A HISTORY OF EPISIOTOMY ON BARRIERS AND SOCIAL SUPPORT IN BREASTFEEDING

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### Abstract

**Background:** Breastfeeding rates in Indonesia have decreased significantly in recent years. In 2021, less than half of babies in Indonesia (48.6 percent) were breastfed in the first hour of life, down from 58.2 percent in 2018. Only 52.5 percent were exclusively breastfed in the first six months, which is a decrease sharply from 64.5 percent in 2018. The success of breastfeeding is determined by several inhibiting and supporting factors, one of which is anxiety due to an episiotomy. Episiotomy is often performed to prevent more severe perineal tearing during labor, but there is controversy regarding the benefits and risks of episiotomy, as well as its impact on breastfeeding practices. **Objective:** To describe the perceptions and experiences of mothers with a history of episiotomy regarding barriers and support in providing breast milk at 7 days postpartum at Airlangga University Hospital, Surabaya City. **Method:** This research was conducted using qualitative methods with a phenomenological approach/Interpretive Phenomenological Analysis (IPA). The method for taking subjects used purposive sampling. The population in this study were all postpartum mothers who gave birth vaginally at Airlangga University Hospital, Surabaya in August – November 2023. Research subjects who met the inclusion criteria were postpartum mothers in the first 7 days who gave birth vaginally with an episiotomy at UNAIR Hospital for the period August – November 2023. This research involved a total of 8 informants. The analysis method used is content analysis. **Results:** It was found that the perception of mothers with a history of episiotomy regarding breastfeeding and their intention to breastfeed was still low. The experience of providing breast milk varies greatly and mothers tend to be physically and emotionally uncomfortable. Social support is very important for mothers' behaviour in providing breast milk. There are physical and psychological barriers associated with episiotomy including pain, physical discomfort, anxiety about health and recovery so that breastfeeding behavior becomes disrupted.

keyword : Perception, Experience, Episiotomy, Barriers, Support, Breast Milk

### INTRODUCTION

A quality generation or what is usually called the golden generation can be determined in the first 1000 days of life (Victora et al., 2018). Breastfeeding rates in Indonesia have decreased significantly in recent years, therefore UNICEF and

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WHO are calling for more efforts to protect, promote and support breastfeeding (UNICEF, 2023). In 2021, less than half of babies in Indonesia (48.6 percent) were breastfed in the first hour of life, down from 58.2 percent in 2018. Only 52.5 percent were exclusively breastfed in the first six months, which is a decrease sharply from 64.5 percent in 2018 (UNICEF, 2023).

The success of breastfeeding is determined by several inhibiting and supporting factors. The results of previous research stated several obstacles and supports in breastfeeding, including family support, social support, medical personnel and government policies. Apart from that, there is one factor that influences the smooth flow of breast milk, psychological factors. Postpartum mothers are in the taking in and taking hold phase, where in the first week after giving birth they need emotional support from their husband and family and encouragement to breastfeed (Achmad & Wabula, 2023).

Anxiety about pain can also be caused by an episiotomy. Episiotomy is a surgical procedure commonly performed during labor to widen the birth canal by making an incision in the perineum (the area between the vagina and anus) to facilitate the birth of the baby. Episiotomy is often performed to prevent more severe perineal tears during labor. However, there is controversy regarding the benefits and risks of episiotomy, as well as its impact on exclusive breastfeeding practices. Post-episiotomy mothers said that they felt pain and discomfort when breastfeeding their babies (Smith, 2021).

It cannot be denied that in reality the exclusive breastfeeding coverage rate is still less than what was expected. Based on the health profile of Surabaya in 2020, data on the percentage of breastfeeding in the city of Surabaya was 73.5%. A preliminary study carried out in the RSUD delivery room in April 2023 showed that the number of normal births was 40 people and 25 of them had an episiotomy. Of the 8 people who gave birth by episiotomy, there were 6 people who were able to provide breast milk without any additional food. This means that there are still 25% postpartum mothers who cannot provide breast milk without any additional food, while Airlangga University Hospital Surabaya has received a BFHI (Baby-Friendly Hospital Initiative) certificate from AIMI in 2015. Baby-friendly hospital initiative (BFHI) is program that supports maternity and newborn service facilities



throughout the world to encourage breastfeeding with 10 steps towards successful breastfeeding (LMKM) (Gomez et al, 2018).

Based on the description above, it can be seen that the postpartum period is a period that is closely related to psychological aspects and anxiety can influence breast milk production so it is hoped that the results of this research can describe the perceptions and experiences of mothers with a history of episiotomy regarding obstacles and support in breastfeeding which can be used as a basis for development. appropriate interventions to increase exclusive breastfeeding coverage.

## METHOD

This research used a qualitative method with a phenomenological approach. This research was carried out at Airlangga University Hospital, Surabaya. The population in this study were all postpartum mothers who gave birth vaginally at Airlangga University Hospital, Surabaya in August – November 2023. Research subjects who met the inclusion criteria were postpartum mothers in the first 7 days who gave birth vaginally with an episiotomy at UNAIR Hospital for the period August – November 2023, able to communicate verbally well, and stated that he was willing to be a research subject and met the exclusion criteria, the condition of the mother and baby being unhealthy in emergency cases. The sampling technique used was purposive sampling. The research variables are the perception of mothers with a history of episiotomy, the experience of mothers with a history of episiotomy, barriers for mothers with a history of episiotomy in providing breast milk, and Social support of mothers with a history of episiotomy in breastfeeding. Data were collected using in-depth interviews with a semi-structured question method obtained from the concepts of the theory of planned behavior (TPB) and social cognitive theory (SCT) to understand the supporting and inhibiting factors that can influence behavior change. To see whether this instrument can be used or not, a validity test was first carried out on 4 informants according to the inclusion and exclusion criteria. The results of the validity test include that the informant was able to understand and answer the questions asked by the researcher well. The analysis method used is content analysis. Ethical tests are carried out first before

the research. Ethical tests are used to see whether the research is appropriate or not. This research has received a letter of ethical feasibility from Airlangga University Hospital, Surabaya No. 086/KEP/2023.

## RESULT AND DISCUSSION

A total of 8 informants were obtained according to the criteria whose characteristics were identified based on age, parity, baby age and occupation.

**Table 1. General Description of Informants**

Informant	01AJ	02SY	03NV	04FR	05SN	06EN	07AN	08ZR
Informant's age	19 years	27 years	30 years	31 years	26 years	39 years	30 years	28 years
Parity	1	1	2	2	2	2	3	1
Baby age	5 days	5 days	6 days	6 days	7 days	7 days	7 days	7 days
Occupation	Home maker	Home maker	Admin	Private sector employee	Home maker	Home maker	Home maker	Home maker

The following will explain the data on family type and residence which is presented in table form.

**Table 2. Data On Family Type And Residence Of Informants**

Informant	Family Type		Residence
	Nuclear Family	Extended Family	
01AJ		v	
02SY	v		
03NV	v		
04FR	v		
05SN	v		Private ownership
06EN	v		
07AN	v		
08ZR		v	

Based on the table above, family type and place of residence are assumed to play a role in the mother's choice to breastfeed her baby. Most informants live in privately owned houses with their nuclear families, their husbands and children. The following data on the health history of the mother and baby as well as the rooming in policy on the first postpartum day at the hospital are presented in tabular form.

**Table 3. Data On Maternal And Infant Health History And Rooming-In Policy On The First Postpartum Day**

Informant	Health History on the First Postpartum Day		Rooming in Policy on the First Day Postpartum
	Maternal Health History	Baby's Health History	
01AJ	Healthy	Healthy	v
02SY	Hypertension	Healthy	x
03NV	Healthy	Healthy	v
04FR	Healthy	Healthy	v
05SN	Healthy	Hyperbilirubin	x
06EN	Healthy	Healthy	v
07AN	Healthy	Healthy	v
08ZR	Healthy	Healthy	v

The research results contained 4 themes, the perception of mothers with a history of episiotomy regarding breastfeeding, the experience of mothers with a history of episiotomy in breastfeeding, social support, and barriers for mothers with a history of episiotomy in breastfeeding.

**Table 4. Interview Questions**

Interview Questions
1. Can you tell me, what do you know about breast milk? What about exclusive breastfeeding? Probing: a. Where did you get this information from? b. What do mothers think about mandatory breastfeeding without additional food? c. What is the mother's view on additional foods other than breast milk? d. What makes mothers intend to give breast milk? e. Does the mother intend to breastfeed exclusively for the next 6 months?
2. How much support does the mother get in breastfeeding? Probing: a. What is the attitude of the people closest to breastfeeding? b. When giving breast milk, what is the role of those closest to you (husband, in-laws, health workers in the hospital)?
3. How much support does the mother get in breastfeeding? Probing: a. What is the attitude of the people closest to breastfeeding? b. When giving breast milk, what is the role of those closest to you (husband, in-laws, health workers in the hospital)?
4. What problems or obstacles have mothers experienced during breastfeeding since birth until now?

**Theme 1: Perceptions of Mothers with a History of Episiotomy Regarding Breastfeeding**

Perceptions which include individual intentions and beliefs greatly influence a person's behavioral patterns. For example, (Khani Jeihooni et al., 2023)

stated that the theory of planned behavior was developed by Ajzen and Fishbein in 1980, which is a model of behavior change (social-cognitive model of value expectations). This theory states that intention is the main determinant of behavior. In addition, Social Cognitive Theory (SCT) is very useful in research that focuses on behavior change in health promotion research. (Islam et al., 2022). From these two theories, it can be seen how knowledge, beliefs and intentions are some of the factors that can shape a person to choose and decide whether or not to practice a behavior. The research results revealed that the majority of respondents in the study had knowledge about breast milk. However, the concept of exclusive breastfeeding is still not widely understood, so it is natural that there are informants who intend not to give exclusive breastfeeding to their babies.

Based on the results of in-depth interviews with informants, the intention or desire of mothers with a history of episiotomy to provide breast milk for their babies can be seen from the following aspects. From the results of in-depth interviews, it was found that almost all informants were able to provide explanations, although not in detail, regarding breast milk.

*"If breast milk is important, sis" (02SY).*

The formation of breastfeeding behavior is of course based on strong intentions and reasons why the informant gives breast milk or cannot give breast milk. Several informants who gave breast milk to their babies stated the reasons, among others, because breast milk is important for the development of the baby, the importance of colostrum and its benefits, for the baby's immune system, it is more economical, and there are those who think that if they are given formula milk, they are worried that it will not be suitable and cause diarrhea, and the informant thought that his breast milk was smooth so he preferred to give breast milk. There are also those who state that because the initial goal is to give breast milk, no matter what the mother's physical condition is, she will still give breast milk. Apart from that, there is another reason, that the informant does not want the baby blues to happen again, such as when giving birth to her first child because she was unable to breastfeed.

*"Breast milk is also important, isn't it? The child needs more development, especially if my child is small or not," (02SY).*



Meanwhile, the mother's reasons for not or stopping giving breast milk to her baby include having finished taking leave from work, and the opinion of the informant that it depends on how long the baby wants to be given breast milk. Apart from that, because the baby often cried, the informant decided to give him formula milk.

*"For the second time, I'm working so I'll be able to get breast milk, I'll help with milk because the leave is only 2 months" (03NV).*

Perceptions regarding the age at which babies are only given breast milk, there are those who state that breast milk is given to babies when they are 1 - 2 years old, there are those who state that breast milk is given at least until the baby is 6 months old. However, there was one informant who stated that mothers who do not work can provide breast milk for their babies for 2 years without additional food at the age of 6 months.

*"As far as I know, breast milk is mandatory if the mother is not active or working, up to 2 years, if without other intake up to 6 months, as far as I know," (06 EN).*

Meanwhile, regarding the definition of exclusive breastfeeding, most informants did not know the definition of exclusive breastfeeding.

A person's beliefs have a significant influence on their decision-making process. In addition, mothers who breastfeed their babies believe that the breast milk they give is sufficient to meet their baby's needs, as they believe that breast milk is the best for their baby.

*"Haven't heard of it and don't know about it either" (01AJ).*

The results of this research are in line with the results of research conducted by Lindawati (2019) which states that mothers who have good knowledge about the importance of breast milk will provide more exclusive breast milk than those who have less good knowledge.

## **Theme 2: Mother's Experience with a History of Episiotomy in Breastfeeding**

According to (Mardjun et al., 2019), in general, postpartum mothers often experience fatigue and mood changes such as anxiety, worry about themselves and

anxiety about their baby. This anxiety can have an impact on the smooth production of breast milk in postpartum mothers.

The research findings stated that after giving birth with a history of episiotomy, the informant experienced pain and discomfort when sitting or sleeping due to the presence of perineal suture wounds. However, the informant explained that the pain she felt was not as severe as when giving birth to her first child and the pain experienced by the informant had reduced after 6 - 7 days after giving birth.

*"It's still painful, especially when you just come home and do your usual activities because there's no one to help you at home, and there's someone else taking care of you. Whether you like it or not, you have to take care of it, poor sis, you're going to run out. Yes, it still hurts, but it's not as bad... as bad as the first pregnancy, even without the ointment it's already good... only when I'm urinating there's just a little stinging like that" (05SN).*

From the results of the interviews, it can be seen that almost all informants have experience providing breast milk starting from the first day of birth. However, there was another statement from the informant, that on the first day his breast milk still did not come out, so he decided to give him formula milk by bottle and this was discovered by health workers at the hospital and received a warning so the informant decided to give him breast milk. Apart from that, there were two informants who stated that they started giving breast milk to their babies when they were in the hospital on the second day postpartum because on the first day, their babies were still in the nursery.

Some mothers admitted that they felt stressed and irritable during their first breastfeeding experience on the first to second day while still in the hospital. After the fourth day postpartum, the mother feels emotionally stable compared to the beginning after giving birth.

*"So when I first started, I didn't breastfeed directly, gradually because the breast milk hadn't come out yet, so I didn't give breast milk straight away. Just don't give me a pacifier. Finally, the doctor said to me, sis, he said you can't give formula milk if something happens later... In the end, I didn't breastfeed slowly." (04FR).*





From the interview results, it was also found that there was one informant who shared his experience in providing breast milk not directly, but with ASIP (expressed breast milk).

*"I'm using a pump because I'm big, sis, and the baby's mouth is small..."*  
(02SY).

### **Theme 3: Social Support**

Social support is also believed to play a role in a mother's decision to breastfeed. Postpartum mothers are in the taking in and taking hold phase, where in the first week after giving birth they need emotional support from their husband and family and encouragement to breastfeed (Achmad & Wabula, 2023).

Based on the results of in-depth interviews conducted by researchers, it was found that social support came from people closest to the subject, including husbands, parents and health workers. At least the people closest to him made the informant feel helped in carrying out his duties of providing breast milk. However, the dominant role is just to provide information to facilitate breastfeeding, while the husband's role is to help with other tasks so as to lighten household duties. Apart from husbands, parents are part of the people closest to the informant who can encourage the informant's behavior in providing breast milk. One of them is by providing information to facilitate breastfeeding. The informant said that his mother asked him to perform wuwung and eat nutritious food.

*"My husband is very supportive, supports sis. It's a matter of what, so that the child is healthy. So that it gets bigger" (02SY).*

*"Yes, the doctor keeps getting scolded. If something happens to the baby, don't blame him... just get scolded. He said that the first time he was given breast milk. Eventually, your breast milk will gradually become soft"*  
(04FR).

### **Theme 4: Barriers to mothers with a history of episiotomy in breastfeeding**

The obstacles experienced by mothers with a history of episiotomy in providing breast milk can vary. Episiotomy is a surgical procedure commonly performed during labor to widen the birth canal by making an incision in the perineum (the area between the vagina and anus) to facilitate the birth of the baby. Episiotomy is often performed to prevent more severe perineal tears during labor.

This action is not for all cases, but at certain times is based on experience. However, there is controversy regarding the benefits and risks of episiotomy, as well as its impact on exclusive breastfeeding practices. (Smith, 2021; Muniroh, 2019).

The results of this research revealed several obstacles experienced by mothers with a history of episiotomy regarding breastfeeding, including:

#### 1. Pain or Discomfort

An episiotomy may cause pain or discomfort while breastfeeding, especially in positions that require pressure on the perineal area. The results of this study are in line with research by He et al (2019) which states that physical conditions such as pain due to episiotomy can influence breastfeeding behavior. Post-episiotomy mothers in the first month give breast milk to their babies in an uncomfortable position, which adds difficulty and fatigue to the breastfeeding process.

*"Yes, because the stitches are finished, it hurts, but the pain isn't that great, sis, so it doesn't have the same effect as breastfeeding. But yes, I have to sit like this. So I can't act much" (03NV).*

#### 2. Limited Mobility

After an episiotomy, the mother experiences difficulty in moving or sitting comfortably to breastfeed due to discomfort or pain in the perineal area.

*"Yes, if you sit down. Before sitting down to breastfeed, it doesn't hurt, sis... the pain is when I move. "So it's like getting up from sitting and then sitting down again and it hurts... Yo, it's actually not very comfortable, sis, but how else can you stay comfortable and still be breastfed" (07AN).*

#### 3. Psychological Disorders

One of the factors that influences the smooth flow of breast milk is psychological factors, anxiety. In general, postpartum mothers often experience fatigue and mood changes such as anxiety, worry about themselves and worry about their baby. This anxiety can have an impact on the smooth production of breast milk in postpartum mothers. (Mardjun et al., 2019).

The results of this study showed that mothers who were breastfeeding on the fourth to seventh day stated that they did not experience significant anxiety. However, mothers stated that in the first 3 days, mothers felt anxiety or fear related to breastfeeding, especially if they felt that pain or discomfort could be related to



breastfeeding activities. Apart from being worried about breastfeeding activities, the mother with a history of episiotomy explained that in the first 2 days postpartum she experienced stress because the baby was fussy, while breast milk had not yet come out. In fact, according to Demirchyan (2020) stated that the volume of breast milk only increases or is called breast milk during the transition period, on the fourth to tenth day. So mothers shouldn't be too anxious and worried about this. Another research finding was that the informant felt there were obstacles because his condition was not yet stable, both physically and psychologically, at the time he was in hospital and this was a challenge for the informant in providing breast milk for his baby, so what he did was provide additional food in the form of formula milk.

"I have to go along with it, sis, don't worry, my emotions are a bit high... my hormones are like I get emotional easily, I'm impatient... when I'm breastfeeding, my nervousness changes a bit, but I also get angry quickly" (07AN).

#### 4. History of the condition of the mother and baby

The results of this study showed that mothers with a history of episiotomy were unable to breastfeed on the first day when they were in hospital because the baby was still being treated for hyperbilirubin and there was one other informant who stated that he could not breastfeed because the mother was still in the recovery stage and still unable to be admitted to hospital so babies are given formula milk.

*"My blood pressure kept rising, sis, so the baby wasn't given to me. "Then my husband said that the midwife asked me to buy formula milk. I don't know why, because my husband didn't care... on the first day it seemed like he was given formula milk" (02SY).*

## CONCLUSION AND SUGGESTION

### Conclusion

The experience of episiotomy influences attitudes towards breastfeeding. Physical and psychological barriers related to episiotomy include pain, physical discomfort, anxiety about health and recovery, and feelings of lack of comfort can become

obstacles in the process of providing effective breastfeeding for mothers who have undergone episiotomy. Social and medical support plays an important role. This means that support from medical personnel, family and community has a significant impact in helping mothers overcome these obstacles. This support not only affects physical comfort but also gives mothers the confidence they need in providing breast milk.

### **Suggestions**

Providing a holistic post-episiotomy approach involving psychological support, appropriate information, and better physical care for mothers who wish to breastfeed with an orientation towards Baby-Friendly Hospital Initiative (BFHI) status.



## DECLARATION

### Conflict of Interest

Author declare there is no conflict of interest in this research

### Authors' Contribution

All author contribute from concept in writing draf article.

### Ethical Approval

Research Ethics Committee of Airlangga Hospital Surabaya.

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### Data Availability

The data supporting this research are available from the authors on reasonable request.

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