

THE EFFECT OF MATERNAL HEALTH EDUCATION ON FAMILY SUPPORT IN THE BREASTFEEDING PROCESS OF NEWBORN BABIES

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Abstract: Introduction. The quality of maternal and newborn care, the most important period in childbirth, prevents maternal and infant mortality. Childbirth and the puerperium and healthy newborns, family support is needed to prevent disturbances during pregnancy, childbirth and early breastfeeding during the puerperium. The purpose of implementing maternal health education for family support in the early process of breastfeeding newborns.

Method. Analytical observational research with cross sectional design. The research design of the independent maternal health education from health workers obtained by postpartum mothers during ANC visits during the first to third trimesters of pregnancy with the dependent variable being family support in the process of breastfeeding newborns. Consecutive Sampling n 60 postpartum mothers at the Maternity Hospital Sayang Ibu Balikpapan. Data collection using instruments according to the MCH handbook. Data analysis univariate frequency distribution, bivariate Chi Square test.

Results and Discussion. Maternal health education has an effect on family support for the initial process of breastfeeding for newborns. Maternal Health Education sig p-value 0.011. There were 7 (12.9%) mothers who did not receive assistance from health workers but received support in the early process of breastfeeding their babies. There were 13 (46.4%) mothers who felt the assistance of health workers but did not receive support for the early process of breastfeeding their babies. The OR value of maternal health education is 4.121. Postpartum mothers do not feel the assistance of health workers, the risk is 4 times that they do not receive early support for breastfeeding their babies from experiencing assistance from health workers

Conclusion Maternal health education from pregnant women to postpartum has not been implemented properly. maternal health education to secondary school, when the bride and groom and antenatal care continues.

Keywords: Maternal Health Education, Early breastfeeding, Newborns and post partum mother

INTRODUCTION

Maternal and infant deaths that occur mostly on the day of birth, with mostly preventable causes. Research shows that up to 3 million people can be saved from maternal and infant mortality each year through the coverage of high-quality care provided during pregnancy, delivery and newborn care and when experiencing illness with additional surgical costs (WHO.2017).

WHO and UNICEF have launched a Network to Improve the Quality of Health Care for Mothers, Infants and Children in order to reduce disease and prevent maternal and infant mortality, as well as to improve problems experienced by mothers during care through the quality of care provided by health workers, also the experience experienced by patients while being treated. (WHO. 2017).

Addressing the quality of care that has not been felt by every mother and baby will be the basis for reducing maternal and newborn mortality in order to achieve the SDG targets related to health. The period around delivery is most important to save the maximum number of maternal lives and prevent infant mortality. WHO has outlined a global vision in which every pregnant woman and newborn receives quality care in the mother's period during pregnancy, into labor through to termination and the postnatal period for mother and newborns through Universal Health Coverage and Quality by 2030 (WHO. 2016).

Studies show that family and community support are important factors for successful breastfeeding. Many mothers benefit from breastfeeding and early initiation of breastfeeding is important. Mothers from rural areas found low knowledge about the importance of breastfeeding their babies, they tended to get less family support for breastfeeding. Without family support, it can be obtained that the implementation of early breastfeeding initiation in rural areas will be lower (Joshi SK, Barakoti B, Lamsal S. 2012)

Education and sources of knowledge have a significant effect on breastfeeding practices. But there was a significant difference in the practice of giving the first feeding in different educational groups, the group with higher education was breastfeeding as the first choice, while the other group gave prelacteal food.

Mothers have received breastfeeding guidelines from health workers and mothers with higher levels of education indicate better breastfeeding knowledge and practices (Roshan R, Sajjad S, Tanvir S. 2018)

In the Chinese cultural and occupational environment, it was found that mothers with higher education levels were less likely to breastfeed their babies, compared to mothers with lower levels of education (Zhao. J, Zhao Y, Du M, Binns CW & Lee AH. (2017). If the number of women starting to breastfeed between women increases, it is carried out below and varies in ethnicity can be together with health professionals and non-health professional-led counseling and peer intervention support. But if it is done by each of them will get low-quality breastfeeding education (Balogun OO, et all. 2016)

Knowledge of maternal and newborn health is felt to be very important for pregnant women and their families, so that mothers and their families can obtain information about ongoing pregnancy, danger signs during pregnancy, preparation for delivery, early breastfeeding after birth, schedule for examination of pregnant women, postpartum, as well as immunization and infant care until the child reaches the age of 2 years (SIJARIEMAS, 2017)

The 2016 Indonesian Health Profile describes the coverage of TTS of pregnant women 65.28%. service coverage for pregnant women K4 85.3%, coverage for delivery in health care facilities 80.61%, coverage for newborns carried out by IMD 51.9%, coverage for postpartum visits KF3 84.41%, Mortality rate for infants and toddlers in 2015 22.23% and 26.2%,.(Indonesian Health Profile, 2017). This national condition needs attention from health services which in some aspects have shown improvement but still need to increase the knowledge and curiosity of both young women and couples of childbearing age in improving their reproductive health.

Data and Information on the Indonesian Health Profile in 2016 the estimated number of fertile ages 15-49 for East Kalimantan is 78,486, estimated pregnant women are 82,224, estimated maternity is 78,486 people, while the estimated number of live births is 74,749, estimates for 0 years are 70,749. This data shows the need for comprehensive care. for both mother and newborn, the period after

the baby is born early initiation of breastfeeding is paramount to save maximum life and prevent stillbirth ((Ministry of Health Data and Information Center, 2017).

The results of the 2016 study using the Ante Natal Risk Questionnaire (ANQR) were effective in helping early detection of postpartum depression in primiparous, multiparous and grande multiparous pregnant women. effectively used in early detection of pregnant women who can experience postpartum depression so that they can provide early breastfeeding after giving birth (Sipasulta & Nurhayati, 2016). The psychosocial condition of pregnant women is influenced by the mother's condition during adolescence, so it requires attention for health service providers. Through maternal health education to prepare adolescents and couples of childbearing age in their reproductive health.

Reproductive health problems Riskesdas in 2013, married women aged 10-54 years, 2.6 percent married for the first time at the age of less than 15 years and 23.9 percent married at the age of 15-19 years. The pregnancy rate between 10-54 years old is 2.68 percent, there are 0.02% pregnancies less than 15 years old even though it is very small and teenage pregnancies aged 15-19 years are 1.97 percent. If a young pregnancy under 20 years is still found, it will affect the process of early breastfeeding and the success of exclusive breastfeeding does not reach the target.

Efforts made by the Balikpapan City Health Office to reduce maternal mortality from data on 9 maternal deaths, in addition to infant mortality from 78 cases and Toddler 6 cases through the issuance of KIBLA Regulation Number 9 of 2015, strengthening the use of MCH books, implementing maternal perinatal audits, as well as improve coordination of maternal perinatal programs in the East Kalimantan region by forming a maternal perinatal team in Balikpapan, as well as strengthening the human resources of the PONED Health Center, increasing partnerships and improving the recording and reporting system (Balikpapan City Health Office, 2015).

In the first few days after giving birth, the mother produces a small amount of yellowish milk called colostrum. It is rich in nutrients and provides all the calories

your baby needs for the first few days. Many women worry that their baby is not getting enough milk soon after delivery, when small amounts of colostrum are said to be normal. This is because babies are born with excess fluid and sugar stores so that they can be used when there is not much milk supply. If you continue to breastfeed, more milk will be produced within three to five days. Babies will lose weight the first few days of life but gradually two weeks after delivery they will regain their weight.

Pregnant women often do not carry out or implement correctly what health workers say. Maternal health education is not carried out because the mother does not understand, or does not meet the needs during antenatal visits. The cause of the occurrence of pregnant women not understanding can be due to one-way communication by health workers and besides that the mother does not get enough support from her husband and family to apply the information obtained. explanation of pregnancy, childbirth and early initiation of breastfeeding (IMD), postpartum, newborn care, exclusive breastfeeding, family planning and immunization of infants. (Ministry of Health RI. 2013: WHO, 2009).

I am interested in the implementation of maternal health education in the city of Balikpapan which has been achieved through classes for pregnant women and explanations of the MCH book during antenatal visits by health workers, but husband and family support is still needed in order to achieve the IMD target for early newborn breastfeeding, and exclusive breastfeeding. also the red line, malnutrition in infants and toddlers can be resolved, after that the results of this study will be presented to become a data base for the city of Balikpapan; Therefore, my research is “The Effect Of maternal health education on family support in the process of breastfeeding a newborn babies”

The purpose of implementing maternal health education for family support in the early process of breastfeeding a newborn babies in Balikpapan City

METHOD

The research design used a cross sectional study, this study studied the dynamics of the correlation between risk factors and their effects, by means of an observation approach or data collection at once (point time approach), where the types of research subjects were only observed. Once between variables, including the effect of maternal health education on family support in the early process of breastfeeding a newborn, were observed simultaneously at the same time (Notoatmodjo, 2012).

Researchers made observations on maternal health education from health workers obtained by postpartum mothers during ANC visits during the first to third trimesters of pregnancy with family support in the process of breastfeeding newborns. At Sayang Ibu Hospital, Balikpapan.

Hipotesa , There is no effect of maternal health education on family support in the early process of breastfeeding a newborn. The independent variable in this study was Maternal Health Education.

The dependent variable is family support in the early breastfeeding process. The population in this study were all postpartum mothers who gave birth at the Maternity Hospital Sayang Ibu in Balikpapan City during September to October 2018.

The sample of this study was taken based on the Consecutive sample, which was done by selecting all postpartum mothers and newborns who met and met the criteria, until the desired number of samples was reached (Dharma, 2011).

Inclusion criteria as a sample include postpartum mothers who give birth normally or with surgery, are willing to be respondents, can speak Indonesian well, can read and write. Exclusion criteria for post partum mothers who have problems with Consciousness.

The sampling technique that will be used in this study is non-probability example. Non-probability sampling is a sampling technique that does not give equal opportunity/opportunity for each element or member of the population to be selected be sample (Sugiyono,2007). The number of research samples was

determined based on the formula for proportion data with an infinite population (unknown), with the following calculations:



So the estimated proportion in 1 month is 60 samples.

Research Place.

This research was conducted at the Maternity Hospital Sayang Ibu in Balikpapan City.

Research Time

This research was conducted in the period September to October 2018.

Analysis

Test the normality of the data. Data analysis was carried out descriptively and analytically. Descriptive, The analysis uses a frequency distribution to calculate the frequency or number and percentage of aspects being measured. Analysis of Relationships Between Variables, Chi Square test bivariate. The analysis was conducted to determine the relationship between maternal health education and the support of husband and family in early breastfeeding for newborns in Balikpapan City using the chi square test because the study used data categories, namely ordinal and nominal.

RESULT AND DISCUSSION

Result

Based on the results of research conducted on 60 respondents of postpartum mothers and newborns to see the process of breastfeeding in newborns through independent variables, health education given to mothers during pregnancy includes care during pregnancy, preparation for delivery, danger signs of labor and newborns until postpartum period, also look at the factors of husband and family support.

Table 1. Normality Test Results of Dependent Variables

	Shapiro-Wilk		
	Statistic	df	Sig.
Support for Post Partum Mothers	.610	60	.000
a Lilliefors Significance Correction			

Resource:

In the table above, it can be seen the value of Sig. in the Kolmogorov-Smirnova and Shapiro-Wilk column is .000 which means 0.000. And if the value of Sig. less than 0.05 then the data are not normally distributed. But this data has written Lilliefors Significance Correction, meaning that the data is in accordance with the Lilliefors adjustment

Table 2. Husband and Family Support for Postpartum Mothers Early Breastfeeding

	Husband and Family Support for Postpartum Mothers		
	Frequency	Percent	Valid Percent
Post Partum Mothers Supported Early Breastfeeding	22	36.7	36.7
Post Partum Mother is not supported early Breastfeeding	38	63.3	63.7
Total	60	100	100

The data above Postpartum mothers do not feel the assistance of health workers as many as 32 mothers 53.3%.

Table 3. Description of maternal health education

	Maternal health education		
	Frequency	Percent	Valid Percent
Postpartum mothers feel the help of health workers	28	46.7	46.7
Postpartum mothers do not feel the assistance of health workers	32	53.3	53.3
Total	60	100	100

The data above for Postpartum Mothers who did not receive early breastfeeding support were 38 mothers, 63.3%.

Table 4. Description of The Effect of maternal health education on family support in the early process of breastfeeding of newborn

Maternal Health Education	Support for Post Partum Mothers			
	Post Partum Mothers Supported Early Breastfeeding		Post Partum Mother is not supported early Breastfeeding	
Postpartum mothers feel the help of health workers	15	53.6%	13	46.4%
Postpartum mothers do not feel the assistance of health workers	7	21.9%	25	78.1%
Total	22	36.7%	38	63.3%

The data above describes 13 (46.4%) people who felt the assistance of health workers but did not receive initial support for breastfeeding. There were 7 (21.9%) postpartum mothers who did not receive assistance from health workers but received early breastfeeding support.

Discussion

The results of the influence of maternal health education on family support in the process of breastfeeding newborn mothers did not feel the assistance of health workers as many as 32 mothers 53.3%. and postpartum mothers who did not receive early breastfeeding support as many as 38 mothers, 63.3%. The supporting data for postpartum mothers do not feel the assistance of health workers to 32 mothers. Most of them do not take advantage of Maternal and Child Health services at the Puskesmas, there are 3 mothers who have checked themselves 2 to 3 times at the Puskesmas but because there is no Ultra Sono Grafi examination to determine the condition of the fetus then they move around to check for pregnancy to the hospital or doctor's practice. Results of pregnant women do not take classes for pregnant women and classes for babies. By providing training and counseling about breastfeeding. Yurtsal & Kocoglu 2018 stated that mothers from the prenatal period to the end of the month after the first postpartum, would increase 50.4 times higher exclusive breastfeeding in the first 6 months postpartum, from mothers who were not given training only 26.3%. mothers, increased when they were given training and counseling on breastfeeding

UNICEF and WHO recommend following exclusive breastfeeding for the first six months of life, starting within one hour of birth. Continuing to exclusively breastfeed without other foods for the first six months enhances sensory and cognitive development, and protects infants from infectious and chronic diseases (Selim. 2018). The attention for pregnant women is especially important when husbands provide a wide space for their future children and how to enlarge, nurture them, and the process of giving milk after birth into the world. So that the wife will not feel alone as a parent. Knowing that her husband is always present

and will provide full support for herself and those in the womb causes the wife to feel safe (Herlinda. 2016)

Regular and successful breastfeeding is very important for the baby's health, mothers with higher education tend not to exclusively breastfeed their babies, mothers with higher education and also from high households support early breastfeeding when the baby is born. So if you are going to give breast milk, you should be able to consider issues related to the mother's level of education (Tang. K. et all. 2019).

We found as many as 13 (46.4%) postpartum mothers who felt the assistance of health workers but did not receive initial support for breastfeeding. There were 7 (21.9%) postpartum mothers who did not receive assistance from health workers but received early breastfeeding support.

Mothers cannot be expected to do it themselves. Early and exclusive breastfeeding after the baby is born, because mothers need help due to fatigue after going through the delivery process. Normal postpartum mothers and cesarean sections need to be supported by hospitals and maternity centers, health workers, government and families so that the initial breastfeeding process is successful, supporting breastfeeding starting from the first hour after giving birth through early initiation of breastfeeding.

Giving mothers all the support they need to start breastfeeding within the first hour after delivery has tremendous health benefits. But we can't stop there. Mothers should have the freedom to continue breastfeeding for as long as they choose. It is our collective responsibility to remove the barriers in our society that make breastfeeding so difficult

Of the 60 postpartum mothers, 13 mothers gave birth through cesarean section, this situation is one of the reasons why some mothers are unable to breastfeed before starting the breastfeeding process. Shrimpton. 2017 in his comments Mothers giving birth by cesarean section usually face many challenges after delivery, such as managing the effects of anesthesia, recovering from surgery, and seeking help to safely carry the baby. However, with the right support from husbands and families who can initiate early initiation of

breastfeeding, implement breastfeeding policies in maternal wards, and involve fathers in breastfeeding, most newborns born by Caesarean section can be breastfed within the first hour.

Breastfeeding education includes mother's knowledge about breastfeeding, the decision to breastfeed the baby, or initiation of breastfeeding is more effective than breastfeeding support provided to mothers including support for breastfeeding and professional and family support regarding the duration of breastfeeding (Chan Man Yi & Heung Sin Man. 2011). Direct skin-to-skin contact helps regulate the body temperature of newborns and exposes them to beneficial bacteria from their mother's skin. These good bacteria protect babies from infectious diseases and help build their immune system. Skin-to-skin contact immediately after birth until the end of the first feeding also has many other benefits. It has been shown to increase the chances of a baby being breastfed, prolong the duration of breastfeeding, and also increase the rate of exclusive breastfeeding.

There is no conclusive evidence supporting antenatal breastfeeding education to increase initiation of breastfeeding, the proportion of women who provide breastfeeding or exclusive breastfeeding at three or six months or duration of breastfeeding. It is necessary to evaluate the effectiveness and side effects of antenatal BF education, especially in low- and middle-income countries. Evidence supports antenatal breastfeeding education relevant to high-income settings (Lumbiganon. et all. 2016)

Make sure the period of pregnancy is not only borne by the wife unilaterally, but also involves the full role of the husband. Husbands must also monitor the condition of their pregnant wives, there must be healthy communication between partners. and keep his wife happy and relaxed. Couples should often discuss about their prospective baby and all the preparations including discussing the initial process of breastfeeding a baby who is about to be born. (Herlinda. 2016)

It was found that 25 (78.1%) postpartum mothers who did not receive the support of their husbands and families also did not receive good medical education during their pregnancy visits because some of them worked 8 hours in

the morning so they did not check at the Puskesmas but went to a practicing doctor. So that they cannot go to the Puskesmas to obtain maternal health education, both for pregnant women and for babies. Some of the reasons that postpartum mothers do not carry out the initial process of breastfeeding are babies born with premature rupture of the membranes and some with meconium amniotic fluid causing 1 baby to be treated as an infant warmer, so that the baby is born not placed on the mother's stomach for the beginning of the breastfeeding process.

Giving mothers all the support they need to start breastfeeding within the first hour after delivery has tremendous health benefits. But we can't stop there. Mothers should have the freedom to continue breastfeeding for as long as they choose. It is our collective responsibility to remove barriers in our society so that helping mothers face when breastfeeding becomes very difficult (Selim, 2018). The mother should hold the baby on her chest with skin-to-skin contact immediately after birth. But it may still take twenty minutes before the baby begins to suckle spontaneously, and most should start feeding within an hour (Shrimpton, 2017). Early initiation of breastfeeding is associated with a reduced risk of death, initiation of breastfeeding after the first 24 hours of life is associated with an 85% increased risk of neonatal death compared with infants who initiate breastfeeding within 24 hours of birth (Smith et al. 2017).

All postpartum mothers already have a MCH Handbook which is a material for maternal health education when pregnant women come to check their pregnancy from trimester one to three. So that all pregnant women have read and understood the contents of the open MCH, but it was found that during the observation of postpartum mothers, it turned out that not all of the 60 mothers had read and understood the contents. There are some husbands who just found out the contents of the MCH book, when they explain what the metrics of maternal health education should be known to the mother since pregnancy, the husband and family are expected to read and know which discusses the danger signs for postpartum mothers, so that if the mother is in a suitable condition then immediately taken for help. There are still 16 postpartum mothers with anemia Hb between 8.1 and 10.5 g/dl, besides that there are 5 mothers whose Hb exceeds

normal, besides that some babies cannot bond with their mothers because their leukocytes are not high, this condition needs husband's support and family so that the initial breastfeeding process can be smooth and colostro can be obtained properly

Poor practices in maternity hospitals can interfere with early initiation of breastfeeding with negative consequences in exclusive breastfeeding during the first month and increase the risk of neonatal death. Initiation of breastfeeding within 1 hour of birth ends with a reduced risk of neonatal death. Neonates who started breastfeeding after the first hour of life had twice (combined odds ratio [OR] 2.02; 95% CI: 1.40, 2.93) the risk of death in the first month of life compared with those who were breastfed within the first hour. (Shrimp. 2017)

The educational status of mothers allows early initiation of breastfeeding to increase, it is necessary that long-term approaches to prioritizing education for women and girls should be explored. In the short term, low-educated or uneducated mothers should be the target of breastfeeding promotion strategies such as counseling and peer education. (Smith et al. 2017) Infants who start breastfeeding between 2-23 hours after birth have a 33% greater risk of neonatal death than infants within one hour of starting breastfeeding. Babies who have just started the initial process of breastfeeding more than 24 hours after birth will experience a risk of neonatal death above 100% greater.

Early initiation of breastfeeding was associated with a reduced risk of death, initiation of breastfeeding after the first 24 hours of life was associated with an 85% increased risk of neonatal death compared with infants who started breastfeeding within 24 hours of birth. Early breastfeeding includes skin-to-skin contact between the newborn and the mother, this may be one of the mechanisms that can improve neonatal survival. Causes of morbidity include diarrhea, respiratory tract infections and nutrition (Smith et al. 2017). Selim. 2018 Working women don't have to decide between breastfeeding and work. When p returns to work, nursing mothers need support from their husbands and families and employers in order to continue breastfeeding. The International Labor Organization has recommended that governments give women the right to 18

weeks of maternity leave and ensure they have time and space to continue breastfeeding when they return to work. It is very important for breastfeeding mothers in the workplace to have sufficient time and space to continue breastfeeding or express and store breast milk.

The assumption of researchers prioritizing education for women and children must be explored so that they are prepared from adolescence and during preparation for marriage to know about the importance of breastfeeding for a mother to give her baby for life from the Health Office, so that teenagers and prospective brides already know and are ready to provide breast milk for their children. her baby. This condition requires husband's support and family support so that the early breastfeeding process can be smooth and the baby can get colostrum which contains lots of antibodies properly, making the baby healthy and developing and developing well.

CONCLUSION

Maternal health education from pregnant women to postpartum has not been implemented properly. maternal health education to secondary school, when the bride and groom and antenatal care continues

ETICAL CLEARENCE

Permission letter as the first step to start the research will be given to the Director of the Maternity Hospital Sayang Ibu where the research is conducted. After obtaining the permission letter, then this research began. Mothers who are planned to be involved in this study will initially be given a letter of consent (Information and Consent Form) to be involved in the study accompanied by an explanation of the benefits and final results of the study. Research ethics certificate from KEPK Poltekes Kemenkes Kaltim

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