



## EDUCATIONAL PACKAGE TO COPING INEFFECTIVE BREASTFEEDING IN PRIMIPAROUS MOTHERS

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ABSTRACT	Keywords
<p>Breastfeeding is the best way for maternal health as well as healthy growth and development of the baby. However, not all postpartum mothers succeed in breastfeeding smoothly. Various problems are encountered by mothers after giving birth related to breastfeeding, such as delayed breast milk production, engorged nipples, flat nipples, and even issues where the baby finds it difficult to latch onto the mother's nipple. One of the solutions for breastfeeding issues is providing an educational package.</p> <p><b>Objective:</b> The aim of the nursing analysis is to apply an educational package to effectively address breastfeeding problems in postpartum primiparous mothers. <b>Method:</b> The study employs a case study on three primiparous postpartum clients who are facing breastfeeding challenges. The nursing process approach is used along with evidence-based practice.</p> <p><b>Results:</b> The nursing intervention was conducted through four visits with the three primiparous mothers facing breastfeeding problems. The results showed improvement in their breastfeeding status. However, there was one indicator that was not achieved, which is direct breastfeeding. The educational package includes health education, a pocket-sized booklet, direct guidance on correct breastfeeding and attachment techniques for mothers with flat nipple issues, counseling, oxytocin massage, and Hoffman exercises to address flat or inverted nipple problems. The study <b>concludes</b> that an educational package can be applied effectively to address breastfeeding problems in postpartum primiparous mothers.</p>	<p><i>Primiparous mothers, breastfeeding problems, educational package</i></p>

## INTRODUCTION

Newborn babies should be breastfed as soon as possible, as breast milk holds numerous benefits for both the baby and the mother. The benefits of breast milk for babies include enhancing their immune system, preventing infections, supporting growth and development, guarding against chronic illnesses, protecting against allergies, and promoting cognitive development. On the other hand, the advantages of breast milk for mothers include weight loss, reducing postpartum bleeding, and fostering a stronger bond with the baby. Successful breastfeeding provides mothers with the opportunity to establish a strong and unique bond with their infants (Keevash et al., 2018).

**Exclusive Breastfeeding coverage** The global coverage of exclusive breastfeeding is only around 38%. Meanwhile, in Indonesia, according to data from the Ministry of Health, the percentage of exclusive breastfeeding for infants aged 0-6 months was 69.7% in the year 2021. This achievement already surpasses the 2021 target of 45% (Ministry of Health of the Republic of Indonesia, 2021). The promotion of exclusive breastfeeding should continue to be encouraged in accordance with the recommendations from the World Health Organization (WHO) and UNICEF, which call upon governments and all partners to support and protect mothers in providing optimal breastfeeding.

Breastfeeding is the best way to promote the health of both mothers and the growth and development of healthy infants. However, not all mothers succeed in breastfeeding smoothly. Many issues are encountered by mothers after giving birth that are related to breastfeeding. Breastfeeding problems are frequently reported by mothers in the early stages of childbirth, ranging from delayed milk production, engorged nipples, to difficulties in the baby's ability to latch onto the mother's breast for feeding. Research findings (Tokat et al., 2015) from a study involving 334 mothers indicated that 101 mothers (30.2%) experienced breastfeeding problems, including difficulties in the baby's latch for breastfeeding (72 cases, 21.6%), nipple issues (24 cases, 7.2%), and insufficient breast milk supply (6 cases, 1.8%).

A systematic review study conducted by (Karaçam & Sağlık, 2018) between October 2016

and February 2017, analyzing 27 articles and 7 theses, showed that the most frequently reported problems included breastfeeding issues (24.5%), inadequate infant weight gain (15.7%), lack of knowledge and experience about breastfeeding/need for education and support (17.8%). Other issues included flat/small nipples (7.7%), pain/sensitivity (3.9%), engorgement (10.8%), redness (28.8%), cracks/wounds/bleeding (26.1%), and mastitis (5.6%).

Another study involving 1437 mothers with full-term singleton babies revealed that 40% of mothers had experienced early breastfeeding problems, including 40% who faced issues with infant latching and 38% who experienced sore, cracked, and painful nipples (Feenstra et al., 2018). Problems related to nipple pain, breast discomfort, inadequate breastfeeding information and support, inconsistent information, societal and cultural pressures to breastfeed, and excessive exposure to formula milk advertisements also put mothers at a higher risk of early weaning (Keevash et al., 2018). Furthermore, mothers who give birth via cesarean section, young women especially those under 25 years old, and first-time mothers (primipara) are more likely to perceive themselves as having insufficient breast milk supply (Hobbs et al., 2016), leading to a tendency to discontinue breastfeeding earlier (Mangrio et al., 2018).

Failure in the breastfeeding process often arises due to various problems, both related to the mother and the baby. Some mothers may choose to feed breast milk through a bottle when the baby refuses to latch, causing confusion when attempting to breastfeed later, leading to nipple confusion and breastfeeding refusal. Breastfeeding issues in the early postpartum period can result in the cessation of breastfeeding, which consequently affects the coverage of exclusive breastfeeding. Infants who are not exclusively breastfed have a 3.94 times greater risk of death from diarrhea compared to those who receive exclusive breastfeeding (Ministry of Health, 2010).

Breastfeeding problems commonly occur in the initial postpartum period because it's a time of adaptation between the mother and the baby while going through the breastfeeding process. This often leads to painful breastfeeding

experiences, emphasizing the need for healthcare professionals to prepare mothers for potential breastfeeding problems after childbirth.

Breastfeeding is actually a skill that can be learned, but during the first month, many mothers and babies encounter challenges that require time and practice to overcome. Addressing breastfeeding problems presents a good opportunity to establish a stable milk supply and continue breastfeeding for a longer duration (Garbin, 2020).

There are various methods that can be employed to tackle breastfeeding problems, including prenatal education, counseling, motivation, and follow-up, strong motivation, proactive lactation management, social support, warm compress application, the use of breast milk and olive oil, and the utilization of breast shields. These strategies have been reported as effective in both quasi-experimental studies and case studies based on systematic reviews (Karaçam & Sağlık, 2018).

Breastfeeding counseling is an intervention provided to enhance breastfeeding rates and exclusive breastfeeding. Breastfeeding counseling is conducted through face-to-face sessions and continued via telephone both before and after childbirth (McFadden et al., 2019). Antenatal education, postpartum support, direct breastfeeding guidance, peer support, postpartum follow-up through telephone, and combinations of these interventions are employed (CDC, 2013).

A systematic review and meta-analysis conducted by (Wong et al., 2021) indicate that educational and supportive interventions have been proven effective in increasing exclusive breastfeeding rates at 2 and 6 months, as well as partially breastfeeding rates. These interventions also enhance self-efficacy in breastfeeding at 2 months.

The success of breastfeeding also requires support and education for both parents throughout pregnancy, during hospital stays, postpartum, and the early stages of the newborn's life. First-time mothers (primipara) should be encouraged to engage in skin-to-skin contact with their baby, hold the baby in a comfortable breastfeeding position, establish a good latch, and provide breastfeeding on demand whenever the baby shows hunger cues. Assistance from nurses, midwives, or lactation consultants is crucial to

ensure comfortable breastfeeding, increase the mother's confidence, and evaluate the baby's positioning, latch, sucking, and swallowing during breastfeeding (Wesley, Sherin E.; Allen, Erin; Bartsch, 2022).

Considering the complexity of breastfeeding issues, especially in primiparous mothers, it is necessary to employ an appropriate approach to address breastfeeding problems. A series of interventions is needed to support breastfeeding success, as the success of breastfeeding is influenced by various factors ranging from the smoothness of breast milk production, breast anatomy, infant's sucking ability, to the mother's confidence in the breastfeeding process.

Addressing breastfeeding problems in postpartum primiparous mothers requires more than just a single intervention. It's important to combine various interventions packaged within an educational framework. This educational package could include health education about the benefits and correct techniques of breastfeeding, direct guidance on proper breastfeeding techniques, methods to enhance breast milk production such as evidence-based practices like oxytocin massage, and the necessity of a support system to prepare mothers psychologically and boost their confidence in the breastfeeding process.

Through this approach, primiparous mothers would receive adequate information, hands-on training in proper breastfeeding practices, and the necessary support to overcome challenges that might arise. By integrating and tailoring interventions to individual needs, it's expected that breastfeeding problems can be more effectively managed. Mothers can then feel more comfortable and confident in providing breast milk to their infants.

**METHOD** The method used is descriptive analysis in form of a case study conducted focused on particular case to be observed using a nursing care approach. In this case study there were 3 subjects of postpartum primiparous who experience breastfeeding problems. This educational package includes: Health Education, breastfeeding counseling and guidance, oxytocin massage, and the provision of a support system. The instrument for this case

study method uses blood pressure meter, weight scale, thermometer.

are as follow. The assessment of three postpartum primiparous patients with experience breastfeeding problems with main problem breast milk had not come out.

## RESULTS

Based on the results of the assessment conducted by the author, the data presented in tabular form

Tabel 1. Patient assessment

Name	Age	Pregnancy history	assessment
Mrs.S,	21	PIA0 postpartum on the 11th day after a cesarean section	The breastfeeding has not been smooth, and the baby refuses to suckle at the breast. On the first day, breast milk did not come out; on the second day, colostrum came out only from the right breast, and on the third day, breast milk came out from the left breast. The baby is constantly crying. On the fifth day, breast milk is pumped with a yield of about 15 cc, on the sixth day, 20-25 cc, and on the seventh day, 40 cc, causing concern for the mother. Physical examination reveals small and flat nipples, black and dirty areolas, and soft breasts. Assessment of the baby: The baby urinates less than 8 times in 24 hours, the baby's birth weight was 3022 grams, and on the seventh day, the baby's weight is 2850 grams. The baby appears jaundiced on the face and sclera.
Mrs. L,	24	PIA0 postpartum on the 11th day after a cesarean section	The baby consistently cries and refuses to breastfeed due to flat and large nipples. On the second day, a small amount of breast milk starts to come out. The baby is given both breast milk and additional formula milk through a nipple/bottle. On the eleventh day, breast milk is pumped, yielding 40-50 ml. The mother is confused because the baby cries every time during feeding, and the breast feels soft upon palpation. The assessment shows that the baby urinates less than 8 times in 24 hours, the birth weight was 3300 grams, and on the eleventh day, the baby's weight is 3200 grams.
Mrs. R,	24	PIA0 postpartum on the 10th day after a cesarean section	The baby refuses to breastfeed on the left breast due to flat nipples, and breast milk has not started flowing smoothly. The baby often cries. On the fifth day, the client experiences fever, and the right breast becomes swollen, preventing the provision of breast milk to the baby. Breast examination reveals flat nipples on the left breast, black-colored areola, minimal milk production, and soft breasts. The baby urinates less than 8 times in 24 hours, with a birth weight of 3500 grams and a weight of 3400 grams on the tenth day.

**Nursing Diagnosis:** Based on the results of the assessment that has been carried out in 3 managed cases, nursing diagnosis of ineffective Breastfeeding related to inadequate milk supply and breast anomaly (flat nipples).

### Implementation Nursing

Implementation was carried out based on the previously formulated plan for 10 days, from April 12th to April 22nd, 2022, during 4 home visits to the clients. The nursing interventions provided to the clients included:

During the first visit, a comprehensive assessment and physical examination were conducted on all three clients to identify breastfeeding-related issues, including examining the condition of their breasts and

nipples. Additionally, the readiness of the clients to receive information and their willingness to breastfeed were identified. The response observed was that all three clients had issues with flat nipples. Another action taken was to assess the mothers' knowledge about breastfeeding and the challenges they faced while breastfeeding. All three clients mentioned that they had no prior breastfeeding experience, leading to limited knowledge about breastfeeding. They also expressed their issues, such as the baby not latching properly and even refusing to breastfeed, as well as insufficient milk production. During this visit, the clients were advised to perform Hoffman's Exercises to address the issue of flat or inverted nipples. Subsequently, discussions were held with the clients to determine an appropriate

time for health education sessions and to prepare educational materials, such as pocket-sized booklets.

Actions taken during the second visit included conducting a 30-minute health education session for both the clients and their families. The session covered the benefits of breastfeeding, breastfeeding problems, addressing flat nipple issues, and techniques to enhance breast milk production. The response observed from all three clients was that they were pleased to receive this breastfeeding education. As a second action, proper breastfeeding techniques and proper latch were taught and demonstrated to the clients. The third action involved requesting husbands and family members to provide support to the mothers during breastfeeding. Support could be in the form of motivation or assisting the mothers in fulfilling their household duties.

For the fourth action, the demonstration of oxytocin massage to enhance breast milk production was performed. Family members were encouraged to practice this massage daily. The response from all three clients was positive, as they were able to explain the technique of enhancing breast milk production, and their families were willing to demonstrate the oxytocin massage again.

The fifth action involved recommending the use of a spoon and cup to feed breast milk to the baby, as the baby had not yet latched properly onto the breast. Actions taken during the third visit involved providing support to the mothers during breastfeeding and ensuring that the baby's latch onto the breast was correct. As a second action, different breastfeeding positions were taught, such as sitting, lying down, and standing positions. Signs of adequate breastfeeding were also explained, and the response from all three clients was positive as they could explain the signs, such as increased body weight, more than 10 urinations, and non-concentrated urine color.

The next action included discussions with the mothers regarding their breastfeeding challenges. The author also recommended using a spoon and cup to feed breast milk. During the fourth visit, the author conducted an evaluation of the nursing care provided. This evaluation was performed by directly asking the clients and observing the mothers' breastfeeding abilities, the

condition of the nipples, breast milk production, baby's latch, adequacy of breast milk, and weighing the baby's body weight.

Client 1:

The client expressed that Alhamdulillah, breast milk production is now smooth. Each pumping session yields around 100-120 ml of breast milk from both breasts, and the client can even store breast milk in the refrigerator. The client mentioned that the baby still faces difficulty in breastfeeding directly from the breast. The client stated that they have now stopped using formula milk. Nipple protrusion has improved, baby's body weight has increased to 3000 grams, and urination frequency is around 10-12 times per day. Assessment: Partial resolution of the issue. Planning: Encourage the mother to continue trying breastfeeding. Advise to continue direct breastfeeding to the baby.

Client 2:

The client reported that breast milk production is now smooth. Each pumping session yields about 150 ml of breast milk from both breasts. However, due to the absence of a refrigerator, the client pumps breast milk right before feeding. The client mentioned that the baby is no longer supplemented with formula milk. The baby still refuses to latch onto the breast, preferring to do so when waking up, but only briefly. The baby appears to struggle with sucking, nipple protrusion has improved slightly, baby's body weight has increased to 3400 grams, and urination frequency is around 10-12 times per day. Assessment: Partial resolution of the issue. Planning: Encourage the mother to continue trying breastfeeding. Advise not to lose hope and remain persistent in breastfeeding the baby.

Client 3:

The client mentioned that the breast is no longer swollen, breast milk production is now smooth. However, the baby still tends to be fussy when breastfeeding on the left breast, showing a preference for the right breast. The baby appears to struggle with sucking on the left breast, nipple protrusion has improved slightly, baby's body weight has increased to 3600 grams, and urination frequency is around 10-12 times per day. Assessment: Partial resolution of the issue. Planning: Encourage the mother to continue

trying breastfeeding. Advise not to lose hope and remain persistent in breastfeeding the baby.

## DISCUSSION

The discussion of the case study begins with an analysis of the assessment results. The assessment results for the three clients revealed several common data points. Among the shared data are that all three clients are postpartum primiparous mothers with a history of giving birth cesarean section. Primiparous mothers are those who are giving birth for the first time. These mothers lack experience in breastfeeding, which can lead to confusion and anxiety when facing breastfeeding issues. Consequently, they might make hasty decisions, such as using bottles and providing formula milk. Research findings indicate that mothers who undergo cesarean section, especially young women under 25 years old and primiparous mothers, are more likely to perceive themselves as having insufficient breast milk supply (Hobbs et al., 2016), leading to a tendency to discontinue breastfeeding earlier (Mangrio et al., 2018).

Another shared data point is that all three clients mentioned that their breast milk production was not yet smooth. Breast milk production is expected to become established around the third day postpartum. However, during the assessment on the 7th day (for Client 1), they were able to pump around 40 ml every 2-3 hours, on the 11th day (Client 2) about 40-50 ml every 2-3 hours, and for Client 3 on the 11th day postpartum, she expressed that her breast milk production was still not smooth, though not pumped. This could be due to an irregular breastfeeding schedule due to the use of pumping and a lack of knowledge on how to effectively increase breast milk production.

All three clients also expressed that they were unable to breastfeed their babies properly, as their babies refused to latch onto the breast and became fussy every time they attempted breastfeeding. Upon further examination, it was discovered that the reason behind the babies' refusal to latch onto the breast was that all three clients had introduced bottle feeding with formula early on, even before their breast milk production became well-established. This led to a phenomenon known as "nipple confusion," where the baby struggles to transition between breast

and bottle feeding. Nipple confusion occurs when a baby has difficulty latching onto the breast directly for breastfeeding due to early exposure to bottle feeding. The decision of these clients to introduce bottle feeding was influenced by the fact that they had flat nipples and their babies were reluctant to latch onto the breast.

The assessment results indicate that all three clients are experiencing issues related to breast anatomy, specifically with their nipple structure, as they are all facing the problem of flat nipples. Nipples play a crucial role in the breastfeeding process. The assessment findings reveal that the first client has small and nearly flat nipples, the second client has flat nipples and large breasts, and the third client has flat nipples on her left breast. Anatomical variations in the breast, especially nipple-related problems, can create difficulties for babies in latching onto the nipple and areola, hindering effective milk transfer. This can result in babies being unwilling to breastfeed.

Mothers with flat or inverted nipples often encounter challenges in breastfeeding due to improper latch, leading to inadequate milk transfer. This situation can cause frustration for the mother, leave the baby feeling unsatisfied, and potentially lead to early cessation of breastfeeding (Nabulsi et al., 2022).

The three clients also experience psychological distress in the form of anxiety due to the inadequate flow of breast milk and the fussiness of their babies during breastfeeding. This anxiety leads them to worry about their babies' well-being, prompting them to resort to using bottles and supplementing with formula milk. Another common observation is that when breastfeeding, the babies seem to struggle with achieving proper latch-on to the breast. Correct latch-on, where the baby's mouth properly covers the areola, is crucial for effective breastfeeding. It ensures that the baby sucks slowly, rhythmically, and without making a clicking sound, while also preventing nipple soreness. Client 3 faced a unique issue compared to the other two clients. On the fifth day after giving birth, she experienced fever and breast engorgement accompanied by pain. Consequently, she was reluctant to breastfeed.

Nursing Problem Analysis

Based on the assessment data from the three clients, the author formulates the nursing diagnosis of ineffective breastfeeding related to inadequate milk supply and breast anomaly (flat/non-prominent nipples). This diagnosis is established referring to the Indonesian Nursing Diagnosis Standards, which state that major data for validating a diagnosis are found at approximately 80 - 100%, while minor data are not mandatory to be present, yet can support the diagnosis determination (Tim Pokja SDKI DPP PPNI, 2017).

Based on the assessment results of the three clients, the gathered data support the establishment of the diagnosis of ineffective breastfeeding. Ineffective breastfeeding is a condition where both the mother and the baby experience dissatisfaction or difficulties in the breastfeeding process. The data from the three clients align with the major symptoms and signs of ineffective breastfeeding, including subjective data like maternal anxiety, and objective data such as the baby's inability to latch onto the breast, no milk dripping or squirting, less than 8 times urination in 24 hours, and continuous soreness or nipple pain beyond the second week ((Tim Pokja SDKI DPP PPNI, 2017). To address the issue of ineffective breastfeeding, the author proceeds to develop an action plan. This plan is formulated based on the Indonesian Nursing Intervention Standards (Tim Pokja SIKI DPP PPNI, 2019). The expected outcome of addressing ineffective breastfeeding is an improved breastfeeding status.

The expected nursing outcome components resulting from the ineffective breastfeeding issue after a 10-day nursing intervention with four visits include an improved breastfeeding status with the following outcome criteria: improved baby's latch onto the mother's breast, mother's ability to position the baby correctly, more than 8 urinations by the baby per 24 hours, increased baby's weight, increased dripping/squirting of breast milk, adequate breast milk supply, increased maternal confidence, baby's improved sleep after breastfeeding, increased baby's sucking ability, prominent breast nipple, and reduced maternal anxiety.

To achieve these goals, several actions are taken, including identifying the condition of the breast and nipple. Identifying the condition of

the breast and nipple is crucial to determine whether there are any abnormalities that could hinder the breastfeeding process. While a flat nipple plays a vital role in breastfeeding, having flat nipples doesn't necessarily mean that a mother cannot provide breast milk to her baby.

Another action is to encourage the client to breastfeed her baby more frequently. Flat nipples can naturally protrude with the help of the baby's sucking motion; it just requires patience and extra effort during breastfeeding. Therefore, mothers are advised to continue breastfeeding because the more frequent breastfeeding sessions, the more the baby's suction will help draw out the nipple. Flat nipples should not be a major concern as long as the baby can properly latch onto the breast during breastfeeding.

The next step is to identify the mother's knowledge about breastfeeding and the challenges she faces during breastfeeding. This is crucial to assess the extent of the mother's understanding of breastfeeding, which plays a role in the success of breastfeeding. Early recognition of breastfeeding issues allows for swift resolution. Addressing breastfeeding challenges presents a favorable opportunity to establish a strong milk supply and continue breastfeeding for a longer duration (Garbin, 2020).

The author also suggests that husbands and other family members provide support to the mother. Breastfeeding is not solely the mother's responsibility; husbands and other family members should also offer support for successful breastfeeding. The assessment results indicate that the level of family support varies among the three clients. Client 1 lives with her mother, but her husband is in Jakarta. Client 2 lives alone as her husband works and returns home late, while client 3 lives with her in-laws. Research findings indicate that spousal support enhances a mother's breastfeeding self-efficacy. Mothers who receive support from their husbands are ten times more likely to report confidence in breastfeeding compared to those who don't receive such support (Nepali & Shakya, 2019). Breast milk production is influenced not only by physical factors like diet, rest, or breastfeeding frequency but also by the mother's psychological well-being.

Psychological issues such as anxiety experienced by breastfeeding mothers can hinder

the let-down reflex. The let-down reflex ensures that breast milk is ready to be released from the breast. The milk ejection reflex can occur when a mother hears, sees, or even just thinks about her baby. Breastfeeding mothers should maintain positive thoughts and affirmations and should strive to stay happy, as happiness triggers the release of oxytocin hormones, which facilitate milk ejection. Encouraging mothers to provide breast milk using a spoon is done with the hope that the baby can transition away from the bottle.

Numerous research findings have proven effective in addressing breastfeeding problems, such as the use of oxytocin massage to boost milk production, the Hoffman technique to address flat nipples, and health education to enhance maternal knowledge. There isn't a single solution that can address all breastfeeding-related issues comprehensively. Therefore, to tackle issues like ineffective breastfeeding, a combination of various evidence-based interventions can be compiled into an educational package. This educational package might consist of health education, the Hoffman technique, oxytocin massage, breastfeeding support, and counseling, whether in-person or through platforms like WhatsApp.

The health education provided to the clients focuses on addressing the issue of inverted nipples and improving breast milk production. The educational material is presented through the "Happy Package" Pocket Booklet for successful breastfeeding. This booklet not only covers techniques for addressing flat nipples and boosting milk production but also provides comprehensive information on various aspects of breastfeeding, including the concept of breast milk, its benefits, proper breastfeeding techniques, troubleshooting breastfeeding issues, breast milk storage, and more. The pocket booklet serves as a structured educational tool to address health-related problems.

Research findings indicate that the systematic use of educational tools like pocket booklets and flip charts significantly influences the success of early breastfeeding initiation (Fatmasari et al., 2020).

This pocket booklet is provided to the clients with the hope that they can reread contents and enhance their knowledge about breastfeeding. This is important because the

health education sessions are limited in time, typically lasting around 30-40 minutes. Furthermore, the breastfeeding process itself is a long-term commitment, extending from exclusive breastfeeding for the first 6 months to continued breastfeeding until the child reaches 2 years of age. Hence, having adequate knowledge about breastfeeding is essential.

All three clients expressed their satisfaction with receiving comprehensive information about breastfeeding and During pregnancy, in the midst of a pandemic situation and limited visiting hours, information, especially regarding breastfeeding, is not obtained. Consequently, these clients felt that they lacked information, especially about breastfeeding, during their pregnancies. The next step is to perform the Hoffman exercise to address the issue of flat or inverted nipples. The Hoffman exercise is a manual technique that can help break the adhesions at the base of the nipple that cause it to be inverted (Youssef Ahmed Abd-Ella & Fouad Mohammed, 2021).

The Hoffman exercise involves placing the thumb and index finger of one hand around the nipple, facing each other, and then applying gentle pressure while pulling the nipple out. The fingers are then rotated in a clockwise direction, maintaining the same action of pressing and pulling the nipple out. This exercise is repeated five times a day, and clients can be encouraged to perform it themselves. The Hoffman exercise is considered more advantageous compared to other methods for addressing flat or inverted nipples, as it is deemed safer, simple, and painless. Additionally, it can be performed by the mother at any time without requiring healthcare assistance (Youssef Ahmed Abd-Ella & Fouad Mohammed, 2021).

The next step is to enhance breast milk production through oxytocin massage. Oxytocin massage involves gentle massage along the back, specifically along the spine, as an effort to facilitate the flow of breast milk from the nursing mother's breasts. Oxytocin massage can become more effective when performed regularly and with gentleness and affection. This massage is believed to trigger an increase in the production of the hormone oxytocin. Oxytocin is a hormone that assists the body in the process of milk ejection.

Oxytocin massage can boost breast milk production by stimulating neurotransmitters in the spinal area, sending signals to the medulla oblongata. This, in turn, prompts the medulla oblongata to send direct messages to the hypothalamus in the posterior pituitary gland, leading to the release of oxytocin hormone and the let-down reflex. This oxytocin hormone aids in milk production. Research findings indicate that primiparous postpartum mothers who perform oxytocin massage are eight times more likely to experience faster and smoother breast milk production compared to those who do not (Seri Usman, Sudarto, 2019).

Clients' responses after undergoing oxytocin massage show that all three clients reported practicing the massage and experienced an increase in breast milk production. Client 1 obtained 100-120 ml of breast milk per pumping session, client 2 obtained around 150 ml, and client 3 obtained approximately 130 ml.

The author also provided guidance to the three clients through a series of 4 home visits. This guidance included teaching proper breastfeeding techniques and introducing various nursing positions. This was done because breastfeeding failures often stem from incorrect positioning and attachment of the baby, leading to sore nipples that make the mother hesitant to breastfeed, a decrease in milk production, and a baby's reluctance to nurse. Proper breastfeeding techniques stimulate the hormone prolactin, produced by the anterior pituitary gland, and oxytocin, produced by the posterior pituitary gland, resulting in smoother breast milk flow (Himalaya & Maryani, 2021). Comfortable and safe breastfeeding positions are crucial for both the mother and the baby. Breastfeeding positions can be done while lying down, sitting, or even standing.

The author also emphasized the need to increase breast milk production by encouraging adequate hydration, consuming plenty of green vegetables, and getting sufficient rest to ensure smooth milk production. Additionally, the author recommended pumping breast milk to ensure that the baby receives breast milk rather than formula.

The author conducted counseling sessions with the three clients directly during home visits and through WhatsApp. This approach aimed to provide a platform for the

clients to express all their breastfeeding-related issues, allowing for a discussion of alternative solutions. A systematic review and meta-analysis study conducted by (Wong et al., 2021) indicated that educational and supportive interventions have been effective in increasing the rate of exclusive breastfeeding at 2 months and 6 months, as well as partial breastfeeding rates, and enhancing maternal breastfeeding self-efficacy at 2 months. The WhatsApp Bidan Breastfeeding Support Line also had a positive impact on the breastfeeding process during the early postpartum period and on infant anthropometric measurements (Burcu Yurtal; Oznur Hasdemir, 2022). The response from the three clients indicated that they were pleased to have a nurse provide guidance for consulting about breastfeeding issues. They felt more comfortable sharing their problems and engaging in discussions, which made them more informed, calm, and motivated to breastfeed their babies.

The implementation of the education package is provided to address the issue of ineffective breastfeeding due to the interconnected nature of the underlying causes. For instance, if a mother is not providing her breast milk to the baby due to a problem with flat or inverted nipples, it can lead to difficulties in the baby's ability to latch on effectively. This could cause the mother to become anxious and introduce bottle feeding, which can result in nipple confusion when the baby is put to the breast. The mother might then become hesitant to breastfeed directly, leading to a decrease in the frequency of breastfeeding and consequently a reduction in milk production. Moreover, the anxiety experienced by the mother can affect the let-down reflex, which plays a role in milk ejection.

Achieving successful breastfeeding goes beyond having good maternal knowledge; it requires practical skills from the mother as well. The challenges of breastfeeding need to be addressed comprehensively, considering both the physical aspects, like the baby's latch and the mother's nipple condition, as well as the psychological aspects, such as the mother's confidence and emotional state. This holistic approach ensures that both the mother's and baby's needs are met, enhancing the likelihood of successful breastfeeding.

The evaluation results of the ineffective breastfeeding problem show an improvement in breastfeeding status with the following indicators: increased baby attachment to the mother's breast, improved positioning of the baby by the mother, more than 8 urinations by the baby per 24 hours, increased baby weight, enhanced breast milk production, boosted maternal self-confidence, prominent nipple appearance, and increased maternal tranquility. For all three clients, most of these indicators have been achieved. However, client 1 and client 2 have reported that their babies are still unwilling to breastfeed from the breast. As for client 3, the baby is willing to breastfeed from the right breast, but not yet from the left breast.

Referring to the data, it can be concluded that the issue of ineffective breastfeeding has been partially addressed, as there are outcome indicators that have not been achieved, namely the baby's unwillingness to breastfeed directly from the breast. The problem of nipple confusion experienced by all three babies has not been fully resolved since the babies were introduced to the bottle early on. It takes a long time for babies to adapt to breastfeeding directly from the breast. When sucking breast milk from the mother's breast, a baby needs to work hard by using around 40 facial muscles, while when using a bottle, the baby doesn't need to exert much effort. The baby simply needs to open its mouth and apply slight pressure, and the bottle will release milk immediately. Babies facing nipple confusion don't easily transition to breastfeeding or proper latching onto the mother's breast, especially if they have been introduced to a bottle from the beginning.

Patience and extra effort from the mother are required to overcome nipple confusion. Techniques such as skin-to-skin contact, breastfeeding with the correct positioning (especially proper latch), feeding the baby before they become very hungry, and maintaining the mother's calmness are all essential to address the issue of nipple confusion.

The journey to successful breastfeeding involves multiple factors, and each baby's response will vary. The process of transitioning from bottle feeding to direct breastfeeding can take time, and it's important for mothers to remain

patient, consistent, and supportive during this phase. Overcoming nipple confusion requires both physical adjustments and emotional support, with the ultimate goal of establishing a successful and comfortable breastfeeding relationship between the mother and baby.

#### CONCLUSION

For postpartum primiparous mothers experiencing issues with ineffective breastfeeding, after receiving care during 4 visits with the implementation of an educational package, it can be concluded that their breastfeeding status has improved, with most of the established indicators being achieved.

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