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Identification of The Most Common Problems During Lactation in Primipara Mothers

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Abstract

Breastfeeding problems that develop in the postpartum phase create conditions that negatively impact breastfeeding. Problems that often arise during lactation such as thoughts of insufficient milk, scarring of the nipples, blockage of milk flow, breast swelling, mastitis, breast abscesses, and flat nipples. The purpose of this study is to identify the most common problems during lactation in the first days after childbirth of primipara mothers. The research was conducted by crossectional studies on postpartum mothers by collecting data/variables on demographics and obstetrics as well as the manifestation of maternal problems during lactation. Data was collected by asking questions on a questionnaire sheet, then collected in excel, and conducted statistical analysis using the chi square test through the SPSS application. The results of this study are that the most common problem experienced by respondents is difficulty sleeping, out of 40 respondents there are 32 respondents (80%) who have difficulty sleeping day and night. The results of the statistical analysis stated that there was a significant relationship between parity and the respondents' sleep difficulties during lactation, problems with poor breastfeeding, problems of not being able to breastfeed their babies, problems of not being able to take care of their babies (P value=0.015; P value=0.032; P value= 0.012; P value = 0.029 in order) and there was no association between parity and the problem of loss of appetite during the lactation period (P value 0.071). The most common problem that occurs during lactation is trouble sleeping.

Keywords: Lactation; Parity; Primipara, Postpartum

Introduction

Breastfeeding is an unbeatable way of providing ideal food for healthy baby growth and development and has a unique biological and psychological influence on the health of mothers and babies. Breastfeeding is a natural human process, but it is not as simple as the general public imagines. Challenges in the lactation process process is often caused by the occurrence of several problems, both problems for the mother and baby. For some mothers who do not understand the correct way to breastfeed, breastfeeding failure is often considered a problem only for their children. In addition, mothers often complain that their babies often cry or "refuse" breastfeeding, and so on which is often interpreted as not enough milk, or the breast milk is not good, not good or their opinion so that it often leads to the decision to stop breastfeeding (Carlson et al., 2025; Ningsih et al., 2021; Ridha, 2023). This shows that babies in Indonesia still lack exclusive breast milk. The incidence of diarrhea for infants aged 0-28 days was 13.9%, for 29 days to 1 year old was

13.9%, and for 1-4 years old was 13.10%. Breastfeeding babies aged 0-1 years has a very important meaning, especially regarding the fulfillment of nutritional needs and other substances that form immunity to diseases. Exclusive breastfeeding at the age of 0-6 months is considered very strategic, because at that age the baby's condition is still very labile and susceptible to various diseases.

Lactation is a physiological process of milk secretion regulated by prolactin and oxytocin, which allows breastfeeding. When the mother cannot get nutritional intake or the child cannot grow and develop optimally, formula milk will be given as an alternative. According to WHO, exclusive breastfeeding must be maintained for at least 6 months after childbirth and skin contact can increase the chances of exclusive breastfeeding (Mirong & Yulianti, 2023; Ridha, 2023). This is supported based on the report on breastfeeding in Indonesia which does not reach 100% of the time. And the world number of babies with exclusive breastfeeding reaches 41% (Helmizar et al., 2024; Idris & Astari, 2023).

Based on data in Bireuen City in 2023 with the number of babies born 4,069, there are 3,197 with IMD, and the number of 6-month-old babies is 4,283, only 1465 are with exclusive breastfeeding. This can show that the success of exclusive breastfeeding still does not get optimal results. Given the advantages of the composition of breast milk, which is very significant compared to formula milk, the provision of formula milk must be suppressed. The main difference lies in carbohydrates, proteins, fats as well as vitamins and agents that play a protective role against infections (Normaliani et al., 2024; Nurani et al., 2023).

The formation and production of breast milk can be decreased by maternal factors such as changes related to time, obesity, and diet, while this has not been proven, because there is no clear correlation between nutritional value and milk composition. As for the long-term benefits, it was concluded that breastfeeding longer reduces the risk of obesity, overweight and type 2 diabetes (Dewey et al., 2021; Tuoyire & Tampah-Naah, 2024).

The current WHO recommendation to continue breastfeeding is not always maximum, because there are many factors that cause premature breastfeeding failure. The most common causes during lactation that are also the cause of stopping breastfeeding include low milk production, painful nipples, bleeding, mastitis and postpartum depression (Dewina, 2024; Puspitasari et al., 2022). Moreover, breastfeeding lacks support and proper education plays an important role in the duration of breastfeeding. Incorrect technique and position can lead to failure in the breastfeeding process (Simeulue et al., 2023). Based on this background, the author formulated the most common problems in providing breast milk during the breastfeeding period.

Methods

The study was conducted with a cross-sectional study, door to door to respondents. The sample in this study were postpartum mothers who gave birth at the Marhani Independent Midwife Practice in Bireuen Regency, totaling 40 people. Due to limited time and number of respondents, the author took the total sampling technique as the sample in this study.

The research instrument was a questionnaire containing indicators of the most common problems during lactation that had been tested for validity and reliability. The statistical test used in this study was the Chi-Square test using the SPSS application. Data analysis in this study only sought the relationship between the independent variable (parity) and the dependent variable (lactation problems in postpartum mothers). Health problems during the postpartum period

studied by the author were based on the list of health problems in postpartum midwifery care listed in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/320/2020 Concerning Midwife Professional Standards. The dependent variables in this study are maternal problems during lactation, namely difficulty sleeping, poor breast milk supply, lack of/loss of appetite, inability to breastfeed, and mothers who are unable to care for their babies. From the list of problems, it will have bad consequences if not handled immediately, especially for primiparous mothers who have no previous experience, there is a very high risk of experiencing baby blues or postpartum depression.

Results

a. Univariate Analysis

Characteristics of Respondents

Based on the survey results, the percentage of respondent characteristics was obtained in the following:

Table 1. Characteristics of Respondents

Characteristic	Sum	Percentage
Age:		
a. Reproductive age	31	78
b. High risk	9	22
Parity:		
a. Primipara	26	65
b. Multipara	10	25
c. Grandemultipara	4	10
Work:		
a. IRT	25	63
b. Civil servants	8	20
c. Self employed	7	18
Education:		
a. elementary school	5	13
b. Junior high school	6	15
c. Senior high school	19	48
d. S1	10	25
Distance to Fakes:		
a. <1 km	17	43
b. 1-2 km	15	38
c. >2 km	8	19
Economic Status:		
a. <1 million	21	53
b. 1-3 million	10	25
c. >3 million	9	22

(Source: Primary Data, 2024)

Based on table 1, it can be concluded that the majority of respondents' age is reproductive age, which is between 21-35 years old (78%), for the most dominant parity characteristic is primipara (53%), for the work of the majority of respondents is IRT (63%), in the last educational characteristics of the respondents are mostly at the senior higt school (48%), the percentage of the distance where the respondent lives to health facilities is on average <1 Km (43%) and the average economic status of the respondents ranges below <1 million (53%).

Lactation Problems

Table 2. Lactation Problems

Problem	Sum	Percentage
Do mothers have trouble sleeping	32	80
Does the mother experience unsmooth breastfeeding	25	63
Does the mother suffer from a lack of appetite	25	63
Can mothers not breastfeed their babies	20	50
Whether mothers can't take care of their babies	19	48

(Source: Primary Data, 2024)

Based on table 2 above, it can be explained that the most common problem experienced by respondents is difficulty sleeping, out of 40 respondents there are 32 respondents (80%) who have difficulty sleeping day and night. From the results of interviews with respondents, primiparous mothers do not have enough experience about the needs and adjustments during lactation, most respondents who have just had children experience symptoms of difficulty sleeping. These symptoms are felt by mothers after waking up to give milk or hearing their children crying, mothers find it difficult to fall back asleep, so that the difficulty sleeping experienced by mothers also affects the condition the next day. The results of this study suggest that the quality and duration of postpartum maternal sleep play an important role in the lactation process. Adequate and quality sleep can improve breastfeeding self-efficacy, breastfeeding frequency, and sleep efficiency, all of which contribute to breastfeeding success. Conversely, sleep disturbances can decrease maternal self-confidence and sleep efficiency, which can affect the lactation process.

b. Bivariate Analysis

Parity relationship with sleep difficulties

Table 3. Parity Relationship with Sleep Difficulties

Variable			lactation problems 1			P value
			Not	Yes	Total	
Parity	Primipara	Count	8	18	26	
		Expected Count	12.4	13.7	26.0	
		% within Paritas	30.8%	69.2%	100.0%	
	Multipara	Count	8	2	10	
		Expected Count	4.8	5.3	10.0	
		% within Paritas	80.0%	20.0%	100.0%	
	Grandemultipara	Count	3	1	4	0.015
		Expected Count	1.9	2.1	4.0	
		% within Paritas	75.0%	25.0%	100.0%	
Total		Count	19	21	40	
		Expected Count	19.0	21.0	40.0	
		% within Paritas	47.5%	52.5%	100.0%	

(Source: Primary Data, 2024)

In table 3, it can be explained that the respondents who most often experience sleep difficulties are primipara mothers with a percentage of 69.2%. The results of *the chi-square* statistical test stated that the p value was 0.015, if p<0.05 means that there was a meaningful relationship between parity and the respondents' sleep difficulties during lactation. From the results of interviews with respondents, it was found that mothers who had only one child did not have enough experience regarding the needs and adjustments during lactation, especially experiencing difficulty sleeping. Mothers said they woke up every night when their babies cried and when breastfeeding.

Table 4. Parity Relationship with Breastfeeding Problems is not Smooth

Variable			lactation problems 2			P value
			Not	Yes	Total	
Parity	Primipara	Count	6	20	26	0.032
		Expected Count	9.8	16.3	26.0	
		% within Paritas	23.1%	76.9%	100.0%	
	Multipara	Count	6	4	10	
		Expected Count	3.8	6.3	10.0	
		% within Paritas	60.0%	40.0%	100.0%	
	Grandemultipara	Count	3	1	4	
		Expected Count	1.5	2.5	4.0	
		% within Paritas	75.0%	25.0%	100.0%	
Total		Count	15	25	40	
		Expected Count	15.0	25.0	40.0	
		% within Paritas	37.5%	62.5%	100.0%	

(Source: Primary Data, 2024)

In table 4, it can be explained that the respondents who most often experience inconvenient breastfeeding are primipara mothers with a percentage of 76.9%. The results of *the chi-square statistical test* stated that the p value was 0.032, it can be concluded that p<0.05 means that there is a meaningful relationship between parity and the problem of poor breastfeeding of respondents during lactation.

Table 5. Parity Relationship with Appetite Deficiency/Loss of Appetite Problems

Variable			lactation problems 3			P value
			Not	Yes	Total	
Parity	Primipara	Count	6	20	26	0.071
		Expected Count	9.8	16.3	26.0	
		% within Paritas	23.1%	76.9%	100.0%	
	Multipara	Count	7	3	10	
		Expected Count	3.8	6.3	10.0	
		% within Paritas	70.0%	30.0%	100.0%	
	Grandemultipara	Count	2	2	4	
		Expected Count	1.5	2.5	4.0	
		% within Paritas	50.0%	50.0%	100.0%	
Total		Count	15	25	40	
		Expected Count	15.0	25.0	40.0	
		% within Paritas	37.5%	62.5%	100.0%	

(Source: Primary Data, 2024)

In table 5, it can be explained that the respondents who most often experience a lack of appetite are primipara mothers with a percentage of 76.9%. The results of *the chi-square* statistical test stated that the p value was 0.071, it can be concluded that p<0.05 means that there is no meaningful relationship between parity and less/less appetite of respondents during lactation.

Table 6. Parity relationship with the problem of not being able to breastfeed the baby

Variable			lactation problems 4			P value
			Not	Yes	Total	
Parity	Primipara	Count	10	16	26	
		Expected Count	13.0	13.0	26.0	
		% within Paritas	38.5%	61.5%	100.0%	
	Multipara	Count	9	1	10	
		Expected Count	5.0	5.0	10.0	
		% within Paritas	90.0%	10.0%	100.0%	
	Grandemultipara	Count	1	3	4	0.012
		Expected Count	2.0	2.0	4.0	
		% within Paritas	25.0%	75.0%	100.0%	
Total		Count	20	20	40	
		Expected Count	20.0	20.0	40.0	
		% within Paritas	50.0%	50.0%	100.0%	

(Source: Primary Data, 2024)

In table 6, it can be explained that the respondents who most often experience a lack of appetite are primipara mothers with a percentage of 61.5%. The results of *the chi-square* statistical test stated that the p-value was 0.012, it can be concluded that p<0.05 means that there is a meaningful relationship between parity and respondents who cannot breastfeed their babies during lactation.

Table 7. Parity relationship with the problem of not being able to take care of the baby

Variable			lactation problems 5			P value
			Not	Yes	Total	
Parity	Primipara	Count	16	10	26	
		Expected Count	13.7	12.4	26.0	
		% within Paritas	61.5%	38.5%	100.0%	
	Multipara	Count	5	5	10	
		Expected Count	5.3	4.8	10.0	
		% within Paritas	50.0%	50.0%	100.0%	
	Grandemultipara	Count	0	4	4	0.029
		Expected Count	2.1	1.9	4.0	
		% within Paritas	0.0%	100.0%	100.0%	
Total		Count	21	19	40	
		Expected Count	21.0	19.0	40.0	
		% within Paritas	52.5%	47.5%	100.0%	

(Source: Primary Data, 2024)

In table 7, it can be explained that the most respondents who cannot take care of babies are primipara mothers with a percentage of 38.5%. The results of *the chi-square* statistical test stated that the p value was 0.029, it can be concluded that p<0.05 means that there is a meaningful relationship between parity and respondents who cannot take care of their babies during lactation.

Discussion

Based on the results obtained from this study, it was found that mothers who had one child (primipara) were more dominant in experiencing sleep difficulties during lactation, which was 69.2%, and from the results of statistical tests, the results were obtained that there was a relationship between parity and sleep difficulties. From the results of interviews with respondents that mothers who have just had one child have not had enough experience about their needs and adjustments during the lactation period, most of the respondents who have just had children experience postpartum blues symptoms including difficulty sleeping, feeling sad, irritable, difficulty concentrating, decreased appetite, crying for no reason, mood swings and others. This study is in line with the results of a previous study by Lusi & Putri (2024) with the title Parity Relationship, Sleep Patterns, and Husband's Support for Postpartum Blues in PMB Bdn. Hj. Rusmala Aini, SST, that there is a relationship between parity and postpartum blues problems in the postpartum period with a p value of 0.02.

One relevant study was conducted by Agustina et al (2023), at the Baturaja Timur Health Center, OKU Regency. This study used a quantitative approach with a cross-sectional design and involved 32 breastfeeding mothers as respondents. The results showed that there was a significant relationship between sleep quality and stress levels with breast milk production. Mothers with good sleep quality tend to have smoother breast milk production, with a p value = 0.004 for sleep quality and p = 0.001 for stress levels, both of which showed statistical significance. Based on table 4, it can be concluded that the respondents who most often experienced inadequate breastfeeding amounted to 76.9% and there was a meaningful relationship between parity and the problem of influent breastfeeding of respondents during lactation. This is in line with the research of Rahmawati & Saidah (2021), namely that there is a relationship between parity and smooth breast milk production with a p value of 0.001. parity affects the smoothness of breastfeeding because this is because mothers already have experience from the previous breastfeeding process, mothers who give birth more than 1 time have more knowledge and experience about the breastfeeding process than mothers who have just given birth once.

The results of the statistical test were obtained that there was no relationship between parity and the problem of lack of appetite of respondents during lactation. In this case, it can be assumed that eating disorders during the postpartum period can be caused by several things such as feelings of sadness and anxiety after childbirth can make the desire to eat neglected, there is a uterine infection that makes the mother experience nausea, vomiting, and loss of appetite, and mothers who experience postpartum depression may also experience a loss of desire to eat. To improve this situation, mothers can try to create a carefree atmosphere when eating, drink a glass of water before and 1 hour after meals, and can also do light exercise during the postpartum period (Levia et al., 2021; Mirong & Yulianti, 2023). Of these factors, there was no relation to the number of respondents' children with the problem of lack of appetite during lactation.

The relationship between parity and the problem of not being able to breastfeed babies is most often experienced by primiparous mothers. A study at PMB Ignasia Tripuji Astuti, Semarang, showed that primiparous mothers have a 10.83 times greater risk of having low breastfeeding self-efficacy compared to multiparous mothers. This shows that previous experience in breastfeeding can increase a mother's confidence in breastfeeding her next baby (Diah et al., 2022; Retnawati & Khoriyah, 2022).

The results of a study by Wilda (2025), obtained the majority of primiparous parity as much as 34.6%, the majority of respondents were unskilled as much as 65.4%. From the results of the statistical test, the ρ value (0.040 <α (0.05) was obtained. This means that there is a relationship between parity and correct breastfeeding skills in postpartum mothers at PMB Lilis Sugianti, S.Tr. Keb Pekanbaru City in 2024. Based on the SOP sheet for breastfeeding techniques, it was found that multiparous mothers were good at attaching, the baby's chin was attached to the mother's breast, part of the mother's areola entered the baby's mouth, the baby's lips were folded out so that they did not lick and the baby's mouth was wide open, the mother was also good at releasing the baby's suction by inserting her little finger into the baby's mouth through the corner of the mouth or the baby's chin was pressed down (Fajria et al., 2023; Mirong & Yulianti, 2023).

The results obtained from the relationship between parity and the problem of not being able to take care of the baby can be concluded that there is a meaningful relationship between parity and respondents who cannot take care of their babies during lactation. This is in line with research by Zulianti & Aniroh (2021), , which obtained an overview of the ability of primipara mothers in baby care to be categorized as good. Another study by Sasi et al (2022), highlighted the importance of physical and psychological support for breastfeeding mothers in overcoming barriers to breastfeeding. Interventions from health workers, such as education and counseling, as well as support from the surrounding environment, play a major role in the success of exclusive breastfeeding.

Conclusion

The conclusion that can be drawn from this study is that there is a meaningful relationship between parity and the problem of difficulty sleeping during lactation, the problem of breast milk not flowing, the problem of not being able to breastfeed the baby, the problem of not being able to take care of the baby, and there is no relationship between parity and the problem of loss/lack of appetite of the respondents during the lactation period. Hopefully this research can be used as a reference to be developed and continued research with other variables.

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References

Agustina, F., Efrianty, N., Citra Tri Sartika, R., & Darussalam, H. (2023). Analisa Kualitas Tidur Dan Tingkat Stres Terhadap Produksi Asi Ibu Menyusui. *Coping: Community of Publishing in Nursing*, *11*(3), 141. https://doi.org/10.24843/coping.2023.v11.i03.p04

Carlson, K., Mughal, S., Azhar, Y., & Siddiqui, W. (2025). *Perinatal Depression.* In StatPearls. StatPearls Publishing.

Dewey, K. G., Güngör, D., Donovan, S. M., Madan, E. M., Venkatramanan, S., Davis, T. A., Kleinman, R. E., Taveras, E. M., Bailey, R. L., Novotny, R., Terry, N., Butera, G., Obbagy, J., De Jesus, J., & Stoody, E. (2021). Breastfeeding and risk of overweight in childhood and beyond: a systematic review with emphasis on sibling-pair and intervention studies. *American Journal of Clinical Nutrition*, *114*(5), 1774–1790. https://doi.org/10.1093/ajcn/nqab206

Dewina, M. (2024). Nautical : Jurnal Ilmiah Multidisiplin F aktor-faktor yang mempengaruhi ibu tidak memberikan asi eksklusif di Desa Sukra Wetan Kecamatan Sukra Kabupaten Indramayu tahun 2022 Indonesia ' s Nutrition Monitor 2017 , bertepatan dengan Pekan ASI Sedunia (Worl. *Nautical:Jurnal Ilmiah Multidisiplin*, *2*(11), 1–7.

Diah, M., Putri, R. A., & Fikitina. (2022). Relationship of Age and Parity With Breastfeeding Self Efficacy for Post Partum Mothers. *Indonesian Journal of Midwifery (IJM)*, *5*(1), 84–89.

Fajria, L., Khairina, I., & Annisa, Z. (2023). *Breastfeeding Self-Efficacy & Permasalahan Asi Ekslusif*. Penerbit Adab.

Helmizar, Elda, F., Rusdi, F. Y., & Sakinah, R. (2024). Determinants of Exclusive Breastfeeding Practices Among Mothers of 6-24 Months-Old Infants in Padang City, Indonesia. *Media Gizi Indonesia*, *19*(2), 129–139. https://doi.org/10.20473/mgi.v19i2.129-139

Idris, H., & Astari, D. W. (2023). The practice of exclusive breastfeeding by region in Indonesia. *Public Health*, *217*, 181–189. https://doi.org/10.1016/j.puhe.2023.02.002

Levia, F., Rahayu, E. S., Hartini, L. H., & Burhan, R. (2021). *Asuhan Kebidanan pada Ibu Post Partum dengan Masalah Asi Tidak Lancar di Praktik Mandiri Bidan (PMB)"O" Kota Bengkulu*. Poltekkes Kemenkes Bengkulu.

Lusi, D. Y. G. S. L., & Putri, A. A. R. A. (2024). *Hubungan Paritas, Pola Tidur dan Dukungan Suami Terhadap Postpartum Blues di PMB BDN. HJ. Rusmala Aini, SST*.

Mirong, I. D., & Yulianti, H. (2023). *Buku Ajar Asuhan Kebidanan Nifas dan Menyusui*. Rena Cipta Mandiri.

Ningsih, E. S., Muthoharoh, H., & Erindah, U. (2021). Pengetahuan ibu nifas tentang perawatan payudara pada masa laktasi. *Jurnal Ilmiah Kesehatan*, *20*(2), 79–82.

Normaliani, Friscila, I., & Rizali, M. (2024). Pengaruh Lama dan Suhu Penyimpanan Terhadap Tingkat Keasaman ASI Bertemperatur Rendah. *Jurnal Riset Kesehatan Nasional*, *8*(2), 118–126.

Nurani, N., Wibowo, T., Susilowati, R., Hastuti, J., Haksari, E. L., Julia, M., & Van Weissenbruch, M. (2023). Changes in Mature Human Milk Macronutrient Composition over 45 years in an Urban Population in Indonesia. *Journal of Human Lactation : Official Journal of International Lactation Consultant Association*, *39*(4), 648–655. https://doi.org/10.1177/08903344231195326

Puspitasari, I., Wigati, A., Muna, N., Prodi, D., Kebidanan, P., Muhammadiyah, U., Paritas, S., Keluarga, D., & Menyusui, L. (2022). Faktor-faktor yang mempengaruhi produksi asi pada ibu nifasdi rsi pku muhammadiyah tegal. *Jurnal Bidan Mandira Cendekia*, 9–20.

Rahmawati, S. D., & Saidah, H. (2021). Hubungan antara status gizi dan paritas dengan kelancaran produksi asi pada ibu post partum di Wilayah Kerja Puskesmas Cipanas Kabupaten Garut. *Judika (Jurnal Nusantara Medika)*, *5*(1), 55–62.

Retnawati, S. A., & Khoriyah, E. (2022). Relationship of Parity With Exclusive Breast Milk in Infants Age 7-12 Months. *Estu Utomo Health Science-Jurnal Ilmiah Kesehatan*, *XVI*(1), 15–19. https://ejurnal.stikeseub.ac.id/index.php/JEU/article/view/580/432

Ridha, R. S. (2023). Gambaran Permasalahan Pemberian ASI pada 6 Bulan Pertama. *Jurnal Medika Hutama*, *4*(03 April), 3441–3449.

Sasi, D. K., Devy, S. R., & Qomaruddin, M. B. (2022). Perilaku ibu dalam mengatasi hambatan pemberian ASI. *Jurnal Keperawatan*, *20*(3), 13–22.

Simeulue, R. J., Susanti, D., Efriana, C., Saudah, S., Ristiani, F., & Marhaliza, P. (2023). Faktor-Faktor Yang Berhubungan Dengan Ketidakberhasilan Pemberian Asi Eksklusif Di Kecamatan Baitussalam Kabupaten Aceh Besar Tahun 2023. *Jurnal Penelitian Kebidanan & Kespro*, *6*(1), 41–50. https://doi.org/10.36656/jpk2r.v6i1.1498

Tuoyire, D. A., & Tampah-Naah, A. M. (2024). Association of breastfeeding duration with overweight and obesity among women in Ghana. *Frontiers in Global Women's Health*, *5*(September), 1–10. https://doi.org/10.3389/fgwh.2024.1251849

Wilda, I. (2025). Hubungan Paritas dengan Keterampilan Menyusui Pada Ibu Nifas. *Journal of Midwifery Sempena Negeri*, *5*(1).

Zulianti, E., & Aniroh, U. (2021). Korelasi Paritas Dengan Kemampuan Ibu Post Partum Dalam Merawat Bayi Baru Lahir. *Jurnal Keperawatan Dan Kesehatan Masyarakat Cendekia Utama*, *10*(1), 92. https://doi.org/10.31596/jcu.v10i1.706