

Original Article

## **Exclusive Breastfeeding Support to Increase Exclusive Breastfeeding at Muhammadiyah Gresik Hospital**

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### **ABSTRACT**

*The first 1000 days of life is a critical period, exclusive breastfeeding and infant stimulation are important. The purpose of the study was to analyze the effectiveness of Communication, Information and Education (CIE) on: (1) the mother's knowledge about exclusive breastfeeding, (2) breast care, (3) how to breastfeed correctly, (4) mother's attitude in exclusive breastfeeding. The research design was quasi experimental with pre-post test group intervention. The research time was 8 months, from August 2022 to March 2023. The dependent variable was the provision of CIE by Aisyiyah cadres and the independent variables were 1) mother's knowledge about exclusive breastfeeding, (2) breast care, (3) the correct way of breastfeeding, and (4) mother's attitude. The sample was quota sampling, totaling 100 subjects. The data collection technique used a pre questionnaire given directly during the first or second post partum day and a post questionnaire given after 6 months through visits and MCH books. Data analysis found that mothers' knowledge about breast milk and breastfeeding before and after CIE showed an average value increased from 56.68 to 90.12. The mean value of breast care skills before and after the CIE was 41.24 and 88.48. The mean value of breastfeeding skills before and after the CIE was 43.64 and 88.46. The mean scores of maternal attitudes before and after the CIE were 63.61 and 90.27. Breastfeeding success rate was 91%. The effectiveness of CIE using the Wilcoxon analysis test, shows; there is effectiveness of CIE on knowledge of breast milk and breastfeeding ( $p < 0.05$ ), the value of negative ranks (decrease) is 0. The value of positive ranks (increase) is 50.50. Likewise, the effectiveness of CIE on breast care skills, the effectiveness of CIE on correct breastfeeding skills, and the effectiveness of CIE on maternal attitudes showed the same value ( $p < 0.05$ ), the value of negative ranks (decrease) was 0. The value of positive ranks (increase) was 50.50. The value of ties (equal) is 0.*

**Keywords:** CIE, Correct Breastfeeding Method, Exclusive Breastfeeding

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## **INTRODUCTION**

The growth and development of children from pregnancy to 2 years old is a very important golden period. Pregnant women eat balanced nutrition, check-ups according to standards, from the time the baby is born until the age of 6 months is only given breast milk (breast milk) without any food. After 6 months, complementary foods are added, and breast milk is continued until the age of 2 years. Stimulation of infants and children must also be done, will make children able to achieve optimal growth and development<sup>1</sup>. The goals of the Sustainable

Development Goals (SDGs)<sup>2</sup> by 2030 include: (1) poverty reduction, (2) healthy and prosperous living, (3) economic improvement, (4) peace and justice. This is important to prepare quality human resources. According to Rollins et al.<sup>3</sup> every child deserves to achieve an optimal life.

Breast milk is linked to children's brain growth and development<sup>4-7</sup>. Breast milk has tremendous benefits for the health of both mother and baby. Breastfeeding is important for saving lives and improving the health and well-being of mothers and babies<sup>8</sup>. Exclusive breastfeeding support, then complementary

feeding, and breastfeeding is continued until the child is 2 years old, then stimulation is also carried out from birth to adulthood to get a quality child<sup>9</sup>. In Al-Baqarah:233, it is stated that "Let the child be breastfed for two years to complete the breastfeeding period". In Luqman 14: "Do good to mothers and fathers. The mother has painstakingly conceived and breastfed for two years, so you should be grateful to Allah and your mother and father"<sup>10</sup>.

WHO<sup>11</sup> recommendations stated: (1) Initiate early breastfeeding immediately after birth, (2) Provide exclusive breastfeeding for the first 6 months of life, unless there are medical recommendations, (3) Provide complementary foods with adequate nutrition after 6 months of age and continue breastfeeding until the age of two years. Mothers need to be counseled and supported.

Breast milk contains nutrients and vitamins needed by babies<sup>12</sup>. Breast milk provides many benefits for mother and baby: improving the quality of emotional relationships, baby's immunity becomes more optimal<sup>13</sup>.

According to Indonesia's Health Profile<sup>14</sup> the coverage of exclusively breastfed infants in 2021 was 56.9%. This figure has exceeded the 2021 program target of 40%. The highest percentage of exclusive breastfeeding coverage was in NTB Province (82.4%), while the lowest percentage was in Maluku Province (13.0%). The coverage of exclusive breastfeeding in East Java in 2021 is 56.6% (has not yet reached 70%). A preliminary survey conducted at Muhammadiyah Gresik Hospital on August 2, 2022, out of 20 mothers who had babies under 1 year old, only 12 mothers (60%) provided exclusive breastfeeding. One of the factors that do not provide because the child does not want to breastfeed, and does not know about breastfeeding there is a command in the Qur'an.

If breast milk is not given, it can result in, among others; (1) The baby's immune system is low so that it is prone to infectious diseases<sup>4,15</sup>. (2) Obesity<sup>16,17</sup>. (3) Incidence of diabetes mellitus and hypertension. (4) Incidence of Asthma and Allergies<sup>18</sup>. (5) Influence on child intelligence<sup>19,20</sup>.

Breastfeeding support that needs to be done: (1) Promotion of the advantages of breastfeeding, (2) Facilitation of breastfeeding (maternity/paternity leave, expressing breast milk, breastfeeding facilities in public places),

(3) Promotion of breastfeeding saves lives and money, (4) Enforcement of the Breast Milk Substitute Law, (5) Monitoring health interventions and services<sup>21</sup>.

Causes of mothers not exclusively breastfeeding: (1) employment, (2) level of commitment, social support and pre breastfeeding exposure<sup>21</sup> (3) Maternal experience<sup>22</sup> (4) Socio-economic<sup>23</sup> (5) Relationship problems between husband and wife<sup>12</sup> (6) Knowledge about exclusive breastfeeding<sup>24</sup> (7) Lack of knowledge about breastfeeding is a religious commandment<sup>25</sup>.

Previous studies on breastfeeding support that have been given include: husband support<sup>26</sup>, counseling for breastfeeding mothers in hospitals<sup>27</sup>, breastfeeding support groups to increase knowledge, family support. Breastfeeding support by Aisyiyah religious organization for pregnant women in 4 Community Health centers (CHc Cerme, CHc Metatu, CHc Benjeng and CHc Dadap Kuning) in Gresik Regency until exclusive breastfeeding<sup>28</sup>.

In Social Learning Theory, information gained from observations is used for learning through a number of cognitive and behavioral processes. Social learning of a behavior requires attention to the observed person, recall of the observed behavior (retention), ability to replicate the behavior (reproduction), and motivation to perform the behavior in the same way<sup>29,30</sup>.

The formulation of the problem in this study is whether CIE on breastfeeding knowledge, breast care, the correct way of breastfeeding at Muhammadiyah Gresik Hospital by the Religious Women's Organization can affect the attitude of mothers in providing exclusive breastfeeding.

The hypothesis of this study is that there is an effectiveness of CIE on maternal knowledge, breast care, the correct way of breastfeeding and maternal attitude to exclusive breastfeeding.

The purpose of this study was to analyze the effectiveness of CIE on: (1) mothers' knowledge about breastfeeding with exclusive breastfeeding, (2) breast care, (3) the correct way of breastfeeding, and (4) mothers' attitude in providing exclusive breastfeeding and knowing how to provide exclusive breastfeeding.

## METHOD

This study used Quasi experiment with pre post test group intervention. The research was conducted for 6 months from August 2022 to January 2023 in Muhammadiyah Gresik Hospital, East Java, involving trained Aisyiyah organization (4 people), about breast milk, breastfeeding in general and religion related for 40 hours. Respondents were post partum mothers.

The sample in this study were postpartum mothers who gave birth in August 2022 totaling 245 postpartum mothers. While the sample taken based on quota sampling amounted to 100 people, with inclusion criteria: (1) Mothers who gave birth at Muhammadiyah Gresik Hospital, (2) Willing to participate in the study, (3) Willing to be given CIE about breastfeeding, (4) Willing to be monitored about breastfeeding until the baby is 6 months

old, (5) Willing to sign an inform consent sheet.

The dependent variable was the provision of CIE by Aisyiyah cadres who had received training on breast milk and breastfeeding, and the independent variables were (1) mothers' knowledge about breastfeeding with exclusive breastfeeding, (2) breast care, (3) the correct way of breastfeeding, and (4) mothers' attitudes towards exclusive breastfeeding.

The training of Aisyiyah cadres mentioned above was conducted for 40 hours with 9 trainers (1 pediatric specialist), a Master of Religion, of which 7 were Masters in Maternal and Child Health. It was attended by 25 Aisyiyah cadres (from Aisyiyah breastfeeding communities in Cerme, Dadap Kuning, Benjeng and Metatu sub-districts of Gresik Regency). The training was conducted with a pre-test, and post-test. The results obtained are as written in tables 1, 2 and 3.

**Tabel 1. Characteristics of Aisyiyah Cadres**

Characteristics	Category	Frequency	Percentage
Age	20-35 years	10	40
	>35 years old	15	60
Education level	Secondary education	17	68
	College	8	32
Jobs	Work	5	20
	Not working	20	80
Number of children	1 child	2	8
	2 children	13	52
	3 children	10	40
Breastfeeding	Never breastfed	25	100

Table 1 shows that 60% of Aisyiyah cadres were >35 years old, all had children, most had secondary education (68%), and most were not working (80%). All had 2 children (52%), and none had >3 children, and all mothers had breastfed their babies. All mothers

were able to attend training on breastfeeding, breastfeeding, religious breastfeeding, and stimulation. All mothers were able to provide materials during workshops for pregnant women, and conduct supportive visits to mothers after delivery for up to 6 months.

**Tabel 2. Univariate Analysis (Continuous Data)**

Independent variable	Mean	SD	Min.	Max.
Age	38	7.81	27	56
Breast milk and breastfeeding knowledge	60.2	9.94	40	80
Infant stimulation knowledge	63.8	11.11	50	85
Breast care skills	51.4	15.97	30	78
Breastfeeding skills	48.8	8.73	37	67
Breast pumping skills	48.84	12.31	29.67	67
Developmental stimulation skills for infants aged 0 - 3 months	54.32	11.68	36	77
Developmental stimulation skills for infants aged 3-6 months	56.28	9.28	31.25	67
Attitude of Aisyiyah cadres	65.16	4.05	62	76

In Table 2, shows, the average age of cadres, 38 years, the lowest age is 27 years, and the highest is 56 years. The average value of cadre knowledge of breastfeeding 60.2, the lowest value 40, the highest 80. The average value of stimulation knowledge 63.8, the lowest value 50, and the highest 85. The average value of breast care skills 51.8, the lowest value 30, and the highest 78. Breastfeeding skills 48.4,

the lowest value 37, and the highest 67. Milking skills 48.84, the lowest value 29.67, and the highest 67. Infant stimulation skills 0-3 months 54.32, the lowest value 36, and the highest 77. 3-6 months stimulation skills 56.28, lowest value 31.25, and highest value 67. Furthermore, the mean value of Aisyiyah cadres' attitude was 65.16, lowest value 62, and highest value 76. The SD value of all variables was >4.

**Table 3. Knowledge and Skills of Aisyiyah Cadres Before and After Training with T-test**

Variables	Before		After		P
	Mean	SD	Mean	SD	
Breast milk and breastfeeding knowledge	60.20	9.94	88.6	3.39	< 0.001
Infant stimulation knowledge	63.8	11.11	92.8	3.55	< 0.001
Breast care practices	48.84	12.31	94.24	4.85	< 0.001
Proper breastfeeding practices	48.8	8.73	91.28	5.46	< 0.001
Practicing how to express breast milk	48.84	12.31	94.24	4.85	< 0.001
Infant development stimulation skills 0-3 months	54.32	11.68	87.40	6.60	< 0.001
Infant development stimulation skills 3-6 months	56.28	9.78	85.28	2.47	< 0.001
Cadre attitude	65.16	4.05	93.40	5.96	< 0.001

Table 3 shows that the mean knowledge of cadres on breastfeeding and infant feeding after training was better (mean=88.6; SD=3.39) than before training (mean=60.2; SD=9.94). The mean knowledge of cadres on infant stimulation after the training (mean=92.8; SD=3.55) was better than before the training (mean=63.8; SD=11.11).

The mean value of breast care skills after training (mean=89.04; SD=4.98) was better than before training (mean=51.4; SD=15.97). The mean value of breastfeeding skills after training (mean=91.28; SD=5.46) was better than before training (mean=48.8; SD=8.73). The mean value of milking skills after the training (mean=94.24; SD=4.85) was better than before the training (mean=48.84; SD=12.31).

The mean score of infant stimulation skills 0 - 3 months after training (mean=87.4; SD=6.60) was better than before training (mean=54.32; SD=11.68). The mean value of infant stimulation skills 3 - 6 months after training (mean=86.28; SD=2.47) was better than before training (mean=65.16; SD=9.78), and the mean value of attitude after training (mean=93.4; SD=5.96) was better than before training (mean=65.16; SD=4.05). All variables were statistically significant (p<0.001).

The results of the training of Aisyiyah

cadres then conducted counseling at the Gresik Muhammadiyah Hospital for Post-Partum mothers.

The Aisyiyah cadre training mentioned above was conducted for 40 hours with 9 trainers; a Pediatrician, a Master of Religion, of which 7 were Masters in Maternal and Child Health. Followed by 25 Aisyiyah mothers, who are Aisyiyah breastfeeding community in Cerme, Dadap Kuning, Benjeng and Metatu sub-districts of Gresik Regency. The training was carried out with a pre-test, and post-test.

The data collection technique was to use a questionnaire that had been tested for validity and reliability, while the mother's skills about breastfeeding correctly used an observation sheet with a Likert scale.

Univariate data analysis was used to describe the characteristics of continuous and categorical data samples. Bivariate analysis was used to compare the effect of CIE intervention on mothers' knowledge about breastfeeding, breastfeeding skills, breastfeeding methods and attitudes before and after intervention by trained Aisyiyah cadres using the Wilcoxon test.

This research was conducted with approval obtained from the Health Research Ethics Committee of Muhammadiyah Gresik University, with number: 122.1/KET/II.3.UMG/KEP/A/2022. In this

study, there is social value, there is scientific value, there is no equal distribution of burdens and benefits (if any, it cannot be applied), there is no risk to researchers, there are inducements as a sign of gratitude (by giving souvenirs in the form of baby towels), confidentiality and privacy must be considered (by communicating in a closed room), before the research has been carried out Inform Consent (given an

explanation and signed IC).

## RESULTS

Mother's knowledge about breast milk and breastfeeding in general and about the relationship with religion, apart from that, the characteristics of postpartum mothers are as follows.

**Table 4. Characteristics of Post Partum or Breastfeeding Mothers (Continuous Data)**

Variables	n	Mean	SD	Min.	Max.
Age (years)	100	27.74	5.56	15	44
Parity	100	1.84	0.83	1	5
Breast milk and breastfeeding knowledge					
Before	100	56.68	10.70	31.25	75.00
After	100	90.12	4.96	81.25	93.75
Breast care skill					
Before	100	41.24	9.06	33.30	66.66
After	100	88.48	5.02	81.48	96.20
The right way to breastfeed					
Before	100	43.64	10.50	33.30	70.30
After	100	88.46	4.92	81.48	100
Mother's attitude					
Before	100	66.61	4.52	61.54	74.36
After	100	90.27	5.01	82.05	100

Table 4 shows that the mean age of the study subjects was 27.74 years, with a minimum age of 15 years and a maximum age of 44 years. The mean value of knowledge about breast milk and breastfeeding before the CIE was 56.68 and after the CIE was 90.12. The mean value of breast care skills before the CIE was 41.24 and after 88.48. The mean value of breastfeeding

skills before the CIE was 43.64 and after 88.46. Furthermore, the mean value of maternal attitude before the CIE was 63.61 and after 90.27. Based on the data above, there was an increase in the value before and after the CIE from the religious women's organization. Thus, the CIE implemented by religious women's organizations is effective.

**Table 5. Characteristics of Post Partum or Breastfeeding Mothers (Categorical Data)**

Characteristics	n	%
Age		
<20 years	2	2
≥20 – 35 years	74	74
>35 years	24	24
Education		
Junior High School	6	6
Senior High School	68	68
College	26	26
Jobs		
Not Working (Housewife)	74	74
Work	26	26
Labor and delivery measures		
Normal	60	60
Vacum/Forcep	1	1
SC	39	39
Parity		
1 <sup>st</sup>	32	32

2 <sup>nd</sup>	37	37
3 <sup>rd</sup>	20	20
4 <sup>th</sup>	7	7
5 <sup>th</sup>	4	4
Number of exclusive breastfeeding		
Yes	91	91
No	7	7

Table 5 shows that there are still pregnant women who are less than 20 years old (2%), and more than 35 years old (24%). Primary education level (junior high school) (6%), high school level (68%), while university level (26%). Non-working mothers (74%), while working mothers (26%). Normal delivery (60%), vacuum or forceps (1%) and SC (39%). Pregnancy with primipara (32%), while grande multipara (4%). There were 100 respondents.

The number of mothers who exclusively breastfed was 91%. Table 2 above shows the existence of age risk factors for pregnant women by 2% (age < 20 years) and age > 35 (24%). In addition, grande multipara (having children > 4 there are 7 people (4%), can also be at risk of bleeding in labor because uterine muscle contractions are not good. The number of mothers who breastfed amounted to 91%, indicating this study was effective.

**Table 6. Data Normality Test**

Variable	p-Value	Standard	Asumption
Breast milk and breastfeeding pre-knowledge	<0.01	<0.05	Abnormal
Pre breast care skills	<0.01	<0.05	Abnormal
Pre breastfeeding skills correctly	<0.01	<0.05	Abnormal
Mother's attitude pre	<0.01	<0.05	Abnormal

Table 6 shows the results of the data normality test on the pre-test variables of breast milk and breastfeeding knowledge, breast care

skills, correct breastfeeding skills and maternal attitudes, showing all abnormal values ( $p < 0.05$ ).

**Table 7. Results of Wilcoxon Test on the Effectiveness of CIE on Breast Milk and Breastfeeding Knowledge, Breast Care Skills, Correct Breastfeeding Skills and Maternal Attitudes.**

Independent Variable	N	Mean Rank	Sum of Ranks	p
Breast milk and breastfeeding knowledge				
Negative Ranks	0	0.00	0.00	<0.05
Positive Ranks	100	50.50	5050.00	
Ties	0			
Breast care skills				
Negative Ranks	0	0.00	0.00	<0.05
Positive Ranks	100	50.50	5050.00	
Ties	0			
Correct breastfeeding skills				
Negative Ranks	0	0.00	0.00	<0.05
Positive Ranks	100	50.50	5050.00	
Ties	0			
Mother's attitude				
Negative Ranks	0	0.00	0.00	<0.05
Positive Ranks	100	50.50	5050.00	
Ties	0			

Table 7 shows that there is an effectiveness of CIE on knowledge of breast milk and breastfeeding before and after the intervention ( $p < 0.05$ ). The negative ranks value (decrease) is 0. The positive ranks value (increase) is 50.50. There is an effectiveness of CIE on breastfeeding skills before and after the

intervention ( $p < 0.05$ ). The negative ranks value (decrease) is 0. The positive ranks value (increase) is 50.50. There is an effectiveness of CIE on breastfeeding skills before and after the intervention ( $p < 0.05$ ). The negative ranks value (decrease) is 0. The positive ranks value (increase) is 50.50. There is an effectiveness of

CIE on maternal attitude before and after the intervention ( $p < 0.05$ ). The negative ranks value (decrease) is 0. The positive ranks value (increase) is 50.50. The value of ties (same) is 0.

At the time of the implementation of Communication Information Educational about breastfeeding, breast care practices, how to breastfeed babies correctly by Aisiyiyah cadres, post partum mothers in Muhammadiyah Gresik Hospital, can accept and can follow the explanation and practice of breast care and breastfeeding well. In addition to general material about breastmilk and breastfeeding, breastfeeding information was also provided based on Islamic religion. This can have a positive impact on the mother's belief in exclusive breastfeeding.

## **DISCUSSION**

### **Effectiveness of CIE on mothers' knowledge about breastfeeding with exclusive breastfeeding**

Breast milk is effective in improving children's cognitive understanding because it contains complete micronutrients according to the needs of brain growth<sup>3,31</sup>. Breastfeeding is beneficial for mothers and babies during labor (early initiation of breastfeeding), postpartum and beyond and there is no recommended substitute for breast milk<sup>32</sup>.

Breastfeeding support includes: (1) support from a trusted person, (2) clear and continuous advice, (3) practical breastfeeding support, (4) information support, (5) a comfortable environment, (6) emotional support, (7) individualized care, and (8) social support<sup>33</sup>.

According to Ochola SA et al.<sup>34</sup>, the lactation process includes; (1) prolactin reflex: Breast milk is produced after 16 weeks of pregnancy but does not continue because it is suppressed by pregnancy hormones. When the baby is born and the placenta comes out, prolactin hormone will be activated especially if Early Breastfeeding Initiation is done. The baby's suction affects the release of prolactin hormone which will stimulate the anterior hypophysis, to enter the blood vessels and play a role in milk production. At night prolactin is produced more by the body and the formation of prolactin occurs in 30 minutes after breastfeeding, and more is produced at night, breastfeeding at night is very important.

Prolactin can cause the mother to relax and sometimes even become sleepy, so often the mother can rest even though she is breastfeeding at night. Psychological problems can inhibit the action of oxytocin. Oxytocin is produced faster than prolactin<sup>35</sup>.

According to Alamirew et al.<sup>24</sup> in Northwest Ethiopia, 69.8% had good knowledge about breastfeeding. According to Tadele et al.<sup>36</sup>, only 34.7% were knowledgeable about the duration of breastfeeding despite being given information. According to Ayed<sup>37</sup> in Abha city, Saudi Arabia, overall breastfeeding knowledge was good, only 14% had poor knowledge. According to Vijayalakshmi et al.<sup>38</sup>, knowledge of breastfeeding for mothers was good, but exclusive breastfeeding for their infants was low. Officers in Maternal and Child Health services should provide continuous CIE including to families at every visit in order to influence the attitude of mothers and be able to carry out exclusive breastfeeding.

### **Effectiveness of CIE on breast care skills**

CIE should be given clearly to mothers and families about breast care skills. Practices given to mothers should be carried out patiently and painstakingly.

According to Clark<sup>39</sup>, breast milk production is influenced by hormones, breast care during pregnancy (carried out at  $> 37$  weeks gestation) and after delivery is important, with the aim of; breast hygiene, stimulating milk production and nipples becoming flexible to prevent nipple chafing during breastfeeding.

According to WHO<sup>40</sup>, breast care methods are; (1) breast care for breast milk production begins at  $> 37$  weeks of pregnancy, (2) cleaned using baby oil, (3) Cotton swabs that have been moistened with baby oil place on the nipples and areola mammae 5 minutes, then clean, (4) do nipple tightening with the index finger and thumb, rotated slowly right and left, (5) stimulate the breasts (by massaging the breasts, compressing warm water and cold water alternately), (6) clean and support the breasts with a bra.

### **Effectiveness of CIE on how to breastfeed correctly**

The mean value of breastfeeding skills before the CIE was 43.64 and after the CIE was 88.46. Breastfeeding technique skills are skills that are applied so that someone can become a

counselor as well as a motivator to a mother so that she wants and can breastfeed her child correctly<sup>41</sup>. The key to successful breastfeeding is the correct position of the attachment of the baby's mouth and the mother's breast. The correct position and attachment allows the baby to suck on the areola (not on the nipple) so that the milk easily comes out from where it is produced and avoids nipple blisters<sup>42</sup>.

According to Bahagia<sup>43</sup>, how to breastfeed correctly are: (1) Cleaning hands with soap, then rinsing with running water, (2) The mother sits leaning upright (legs do not hang), by sleeping on her side, or standing, (3) removing a little milk (thumb and index finger aligned at the edge of the areola, then press towards the chest wall then squeeze until the milk comes out, then apply breast milk to the nipple and around the areola. (4) The baby is held on the mother's lap at the arch of the mother's elbow, the baby's body is supported by the baby's arms and buttocks on the mother's palm, one arm of the baby under the mother's armpit and one arm in front, (5) make sure the baby's belly is facing the mother's belly and breast, (6) The mother's affection will affect milk production. (7) The breast is held by using the thumb above the breast while the other four fingers support the lower part of the breast, (8) Provide stimulation for the baby to open the mouth (rooting reflex) by: touching by slightly pressing the cheek so that the mouth opens / it can also be touched the side of the baby's mouth, (9) When the mouth is open, bring the baby's mouth close to the nipple, then enter the nipple along with the areola mammae so that when breastfeeding the nipple reaches the palate of the baby's mouth. (10) The signs of good and correct breastfeeding attachment should be noted. (11) If the breastfeeding time is about 10 to 15 minutes, release the baby's suction by: inserting the little finger through the corner of the baby's mouth or pressing the baby's chin down, then breastfeed the second breast. (12) For further breastfeeding (about 2.5 - 3 hours later), start from the breast that was sucked last during the previous breastfeeding, (13) After finishing breastfeeding, remove a little milk, apply it to the nipple and around the areola. (14). Hold the baby upright by leaning on the mother's shoulder and then patting the baby's back slowly, or it can also be put on the mother's lap, then patting the back slowly.

According to Dick<sup>8</sup>, knowledge of breastfeeding skills increases the mother's

ability to help overcome barriers to breastfeeding. According to the Ministry of Health<sup>44</sup> the correct breastfeeding attachment and position is one of the factors in successful breastfeeding. Incorrect attachment can lead to nipple chafing, and the wrong breastfeeding position can lead to poor milk flow.

### **Effectiveness of CIE on mothers' attitude towards exclusive breastfeeding**

Attitude is the result of human learning, can grow and develop through the learning process, can relate to one particular object, has a relationship with aspects of motivation and feelings, can be positive and negative which leads to certain behaviors. Attitude consists of 4 levels, namely: (1) accept, want to pay attention to the stimulus given, (2) respond, give answers when given questions, do and complete tasks, (3) appreciate, for example inviting others to discuss, (4) be responsible for something chosen.

According to Alamirew<sup>24</sup>, breastfeeding attitudes in Dabat Health Center, Northwest Ethiopia showed, 24% had negative attitudes towards exclusive breastfeeding and 76% had positive attitudes, 28.4% (strongly disagree) and 33.9% (disagree) with the opinion of discarding colostrum, starting complementary foods before 6 months is important, 12% strongly agreed, 15.9% agreed, 44% disagreed and, 28.1% strongly disagreed. According to Ayed<sup>37</sup>, positive attitude towards breastfeeding was 62.2%, negative attitude 37.8%. According to Tadele<sup>36</sup>, in Mizan Aman town of Ethiopia, 89.5% had a positive attitude, only 59.3% believed in exclusive breastfeeding and 26.4% of children were exclusively breastfed for six months. These differences may be due to variations in sampling techniques, sociocultural status of study participants, health care delivery systems, and economic status of study participants.

According to Vijayalakshami<sup>38</sup>, mothers have excellent knowledge and neutral attitudes towards breastfeeding, but exclusive breastfeeding rates are low. It is important to provide prenatal education to mothers and fathers. Recommends strengthening public health education campaigns for breastfeeding.

### **Research Limitations**



This study was conducted in 8 months, because the determination of exclusive breastfeeding is to wait within 6 months, so it requires patience to monitor the research subjects. Alhamdulillah, this research can be carried out well, hopefully the knowledge gained can be transferred to family or others.

## CONCLUSION

Research on Exclusive Breastfeeding Support to Increase Exclusive Breastfeeding at Muhammadiyah Gresik Hospital, including maternal knowledge about breastfeeding with exclusive breast milk, breast care skills, how to breastfeed correctly, and maternal attitudes in doing exclusive breastfeeding to the success of breastfeeding as much as 91%.

Breastfeeding behavior is shaped by habit, and can be colored by custom (culture), and the norms of society. Breastfeeding behavior is not a sudden occurrence, but a process that takes place and is acquired during pregnancy. So it is important to provide CIE, learning by health care workers, families or breastfeeding supporters about breastmilk and breastfeeding. Thus, mothers and families understand what is contained in breastmilk, what are the benefits of breastmilk, the disadvantages of not getting breastmilk, how to properly care for breastmilk and breastfeed properly.

In addition to exclusive breastfeeding, knowledge support on infant and child stimulation for infant development is important. Maternal and child care workers are expected to share knowledge and Communication, Information, and Education (CIE) with the community. In addition, in community organizations, work programs are held on learning infant stimulation until children are 6 years old according to the guidance of the Ministry of Health 2016<sup>45</sup>. With the hope that the community will know about infant and child stimulation, and provide a good environment, so that quality human resources are also independent.

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## CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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