



Research Article

# The Effect of Breastfeeding Education on Third-Trimester Pregnant Women's Motivation to Prepare for Breastfeeding at Nuangan Health Center

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**Abstract:** Breast milk is the best source of nutrition for infants; however, the coverage of exclusive breastfeeding has not yet reached the expected target. One factor influencing breastfeeding success is maternal motivation, which needs to be fostered starting from pregnancy through appropriate education. This study aims to analyze the effect of education on the importance of breast milk on the motivation of third-trimester pregnant women in preparing for breastfeeding in the service area of the Nuangan Community Health Center. The study used a pre-experimental design with a one-group pretest-posttest design. The study sample consisted of 30 third-trimester pregnant women selected using total sampling. Data were collected using motivation questionnaires administered before and after the educational intervention and were then analyzed univariately and bivariately using the Wilcoxon test with a 95% significance level. The results showed that before the intervention, the majority of respondents had “adequate” motivation (86.7%), and none had “good” motivation. After receiving education, 76.7% of respondents had “good” motivation, while those in the “adequate” category decreased to 10.0%. The analysis results showed a significant effect of education on the importance of breastfeeding on the motivation of third-trimester pregnant women in preparing for breastfeeding ( $p=0.000$ ), with a strong correlation ( $r=0.797$ ). Antenatal education has been proven effective in increasing mothers' motivation to prepare for the breastfeeding process; therefore, it needs to be continuously integrated into antenatal care as an effort to support the success of exclusive breastfeeding.

**Keywords:** Breastfeeding Preparation; Exclusive Breastfeeding; Health Education; Motivation to Breastfeed; Third-Trimester Pregnant Women.

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## 1. Background

Breast milk is the best food for infants because it contains complete nutrients, immunological factors, enzymes, hormones, and bioactive components that support growth, development, and protection against various infectious diseases. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life, followed by the introduction of complementary foods alongside breastfeeding until the age of two years or older. Breastfeeding success is influenced by various factors, one of which is the mother's readiness starting from pregnancy. The third trimester is a critical period for building the mother's physical and psychological readiness to face the lactation process through increased knowledge, motivation, and self-confidence in breastfeeding (World Health Organization [WHO], 2023).

Although the benefits of breast milk have been widely proven, the rate of exclusive breastfeeding worldwide has yet to reach the global target. The WHO reports that in 2023,

only about 48% of infants under six months of age were exclusively breastfed, while the global target for 2030 is at least 70% (WHO, 2023). UNICEF also notes that more than half of the world's infants are not being exclusively breastfed as recommended, thereby missing out on the protective benefits against diarrhea, respiratory tract infections, malnutrition, and various chronic diseases later in life (UNICEF, 2023). Low rates of exclusive breastfeeding are influenced by various factors, including a lack of education during pregnancy, low maternal motivation, minimal family support, and low maternal confidence in breastfeeding (breastfeeding self-efficacy) (Rollins et al., 2016).

In Indonesia, increasing exclusive breastfeeding coverage is a key indicator in maternal and child health programs. According to the 2023 Indonesia Health Profile, national exclusive breastfeeding coverage stands at approximately 73%, yet significant regional disparities persist, along with high rates of breastfeeding cessation during the first months of an infant's life (Indonesian Ministry of Health, 2024). Various national studies indicate that some mothers have decided to use formula milk as early as pregnancy due to a lack of understanding about the benefits of breast milk, low motivation to breastfeed, and concerns that their milk supply will not meet their baby's needs. These conditions suggest that educational interventions should begin during the antenatal period, particularly in the third trimester—a phase of preparation for childbirth and breastfeeding.

Motivation is a psychological factor that plays a role in driving a person to engage in a behavior to achieve a specific goal. In the context of breastfeeding, motivation is one of the primary determinants influencing a mother's decision to initiate, maintain, and continue exclusive breastfeeding. According to the Theory of Planned Behavior and the concept of Breastfeeding Self-Efficacy, motivation is influenced by knowledge, attitudes, experiences, perceived benefits, social norms, and environmental support (Dennis, 2020). Pregnant women with high motivation tend to be more proactive in seeking information, preparing for lactation, and demonstrating a stronger commitment to exclusive breastfeeding compared to those with low motivation.

A lack of motivation in preparing for breastfeeding can have various consequences for the health of both the mother and the baby. Mothers who are not prepared for breastfeeding are at greater risk of delayed early breastfeeding initiation (EBF), incorrect latching techniques, anxiety during breastfeeding, and early cessation of exclusive breastfeeding. These conditions increase the risk of gastrointestinal infections, respiratory tract infections, malnutrition, stunting, and developmental disorders in infants. On the other hand, mothers who do not breastfeed optimally also miss out on the physiological benefits of breastfeeding, such as a reduced risk of postpartum hemorrhage, breast cancer, ovarian cancer, type 2 diabetes, and postpartum depression (Victora et al., 2016; Rollins et al., 2016).

One effective strategy to increase pregnant women's motivation in preparing for breastfeeding is through health education. Education during pregnancy aims to enhance knowledge, foster positive attitudes, strengthen beliefs, and improve mothers' readiness to face the breastfeeding process. The WHO emphasizes that breastfeeding counseling provided starting in the antenatal period is one of the evidence-based interventions capable of increasing the success of early breastfeeding initiation, the rate of exclusive breastfeeding, and the duration of breastfeeding (WHO, 2023). Systematic education can also enhance breastfeeding self-efficacy, thereby making mothers more confident in providing breast milk to their babies.

Various studies have demonstrated the effectiveness of antenatal education on breastfeeding motivation. A systematic review by McFadden et al. (2019) concluded that education during pregnancy improves the success of breastfeeding initiation, maternal motivation, and the continuation of exclusive breastfeeding up to six months. A study by Balogun et al. (2020) also reported that health education on breastfeeding significantly improves mothers' knowledge, motivation, and commitment to exclusive breastfeeding. In Indonesia, several studies published in accredited national journals have shown that antenatal education can increase motivation to breastfeed, mothers' psychological readiness, and the success of exclusive breastfeeding after childbirth.

The Nuangan Community Health Center (Puskesmas) has been conducting prenatal classes and counseling as part of its maternal health services. However, there are still pregnant women in their third trimester who have low motivation to prepare for breastfeeding and do not yet understand the importance of exclusive breastfeeding. This situation has the potential to affect breastfeeding success after childbirth. To date, scientific evidence regarding the impact of education on the importance of breastfeeding on the motivation of third-trimester pregnant women in preparing for breastfeeding in the Nuangan Community Health Center's

service area remains limited. Therefore, this study is necessary to evaluate the effectiveness of education as part of efforts to improve the quality of antenatal care.

Based on the above, this study aims to analyze the effect of education on the importance of breastfeeding on the motivation of third-trimester pregnant women in preparing for breastfeeding within the service area of the Nuangan Community Health Center. The study results are expected to serve as a scientific basis for developing evidence-based antenatal education programs, increasing mothers' motivation and readiness to breastfeed, strengthening the success of exclusive breastfeeding, and supporting improvements in the health of mothers and infants.

## 2. Theoretical Review

Breast milk is the best food for infants because it contains nutrients, antibodies, enzymes, hormones, and bioactive components that support growth, development, and protection against various diseases. The WHO and UNICEF recommend exclusive breastfeeding for the first six months of life, followed by the introduction of complementary foods alongside breast milk until the age of two years or beyond (World Health Organization [WHO], 2023; UNICEF, 2023). The success of breastfeeding is influenced not only by the mother's physiological condition but also by her knowledge, motivation, and self-confidence starting from pregnancy.

Motivation is a psychological factor that drives a person to engage in a particular behavior. In the context of breastfeeding, a mother's motivation is influenced by her knowledge, experience, attitudes, family support, and belief in her ability to breastfeed (breastfeeding self-efficacy) (Dennis, 2020). Pregnant women with high motivation tend to be better prepared to initiate and maintain exclusive breastfeeding compared to those with low motivation.

Health education during pregnancy is one of the interventions proven to be effective in increasing mothers' motivation and readiness for breastfeeding. Structured education can improve knowledge, foster positive attitudes, boost self-confidence, and increase the success of exclusive breastfeeding (Balogun et al., 2020). The results of a systematic review also show that counseling and education during the antenatal period influence early breastfeeding initiation, maternal motivation, and breastfeeding success up to six months (McFadden et al., 2019). Therefore, this study was conducted to analyze the effect of education on the importance of breastfeeding on the motivation of third-trimester pregnant women in preparing for breastfeeding, as a basis for strengthening evidence-based antenatal education programs.

## 3. Research Methods

This study used a pre-experimental design with a one-group pretest–posttest design to analyze the effect of education on the importance of breastfeeding on the motivation of third-trimester pregnant women in preparing for breastfeeding in the service area of the Nuangan Community Health Center. The study was conducted in 2026 on 30 third-trimester pregnant women who met the inclusion criteria. Total sampling was used, meaning all respondents who met the criteria were included in the study sample.

The independent variable was education on the importance of breastfeeding, while the dependent variable was the motivation of pregnant women in preparing for breastfeeding. Motivation was measured using a questionnaire administered before (pretest) and after (posttest) the educational session, and then categorized as low, moderate, or high based on the scores obtained. The respondent characteristics collected included age, education, occupation, parity, gestational age, breastfeeding history, and support from the husband/family. Data collection was conducted through structured interviews and questionnaires that had been tested for validity and reliability.

Data analysis was performed using univariate methods to describe respondent characteristics and the distribution of motivation levels before and after the intervention. Normality was tested using the Shapiro–Wilk test. The effectiveness of the education program was analyzed using the Wilcoxon signed-rank test. All tests were conducted at a 95% confidence level with a significance threshold of  $p < 0.05$ . The study was conducted in accordance with the ethical principles of health research through the provision of informed consent, maintaining the confidentiality of respondents' identities, and applying the principles of beneficence, non-maleficence, and justice.

#### 4. Results and Discussion

**Table 1.** Demographic Data

|                             | Var                     | n  | F (%) |
|-----------------------------|-------------------------|----|-------|
| <b>Ages</b>                 | <20 years old           | 4  | 13.3  |
|                             | 20–35 years old         | 26 | 86.7  |
|                             | >35 years old           | 0  | 0     |
| <b>Education</b>            | No education            | 0  | 0     |
|                             | Elementary school       | 2  | 6.7   |
|                             | Junior high school      | 7  | 23.3  |
|                             | High school             | 16 | 53.3  |
|                             | College                 | 5  | 16.7  |
| <b>Employment</b>           | Housewife               | 22 | 73.3  |
|                             | Private-sector employee | 3  | 10.0  |
|                             | Teacher/lecturer        | 0  | 0     |
|                             | Civil Servant           | 5  | 16.7  |
| <b>Parity</b>               | First-time mother       | 19 | 63.3  |
|                             | Multipara               | 10 | 33.3  |
|                             | Grand multipara         | 1  | 3.3   |
| <b>Breastfeeding before</b> | No                      | 20 | 66.7  |
|                             | Yes                     | 10 | 33.3  |
| <b>Total</b>                |                         | 30 | 100   |

*source: primary data, 2026*

An evaluation of the sociodemographic characteristics (age, education level, employment status) and obstetric profiles (parity and previous breastfeeding history) of 30 respondents in the Nuangan Community Health Center's service area is presented in Table 1. Based on Table 1, the vast majority of women in their third trimester of pregnancy were within the healthy reproductive age range (20–35 years), totaling 26 women (86.7%). In terms of educational background, the majority of respondents were high school graduates, accounting for 53.3%. Regarding daily activities, the status of “housewife” was dominant, at 73.3%.

The most crucial finding regarding the obstetric profile shows that 63.3% of respondents were primiparous mothers (pregnant for the first time) and 66.7% of them had no previous breastfeeding experience. This profile indicates that the majority of the sample consists of first-time mothers who have not previously experienced the actual process of lactation.

**Table 2.** Numerical Data

|                          | Var  | n  | F (%) |
|--------------------------|------|----|-------|
| <b>Motivation Before</b> | Poor | 4  | 13.3  |
|                          | Fair | 26 | 86.7  |
|                          | Good | 0  | 0     |
| <b>Motivation After</b>  | Poor | 4  | 13.3  |
|                          | Fair | 3  | 10.0  |
|                          | Good | 23 | 76.7  |
| <b>Total</b>             |      | 30 | 100   |

*source: primary data, 2026*

The levels of motivation among pregnant women regarding breastfeeding preparation before (pre-test) and after (post-test) receiving a structured lactation education intervention are summarized in Table 2. The univariate data in Table 2 show a very significant and positive shift in the motivation curve following the intervention. Before the education session, 0% of respondents had “Good” motivation, with the largest proportion falling into the “Fair” category (86.7%).

However, after an educational intervention on the importance of breastfeeding was provided, there was a massive shift in the data, with 76.7% (23 mothers) jumping into the “Good” category. Conversely, the “Fair” motivation group shrank sharply to 10.0%. Clinically, it is interesting to note that the proportion of the “Poor” motivation group remained constant at 13.3% (4 mothers) both before and after the intervention.

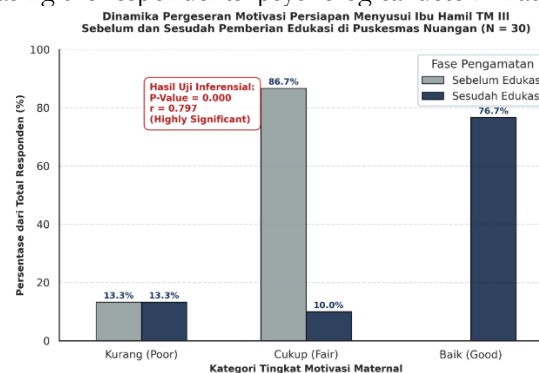
**Table 3.** Statistical Analysis (Numerical Data)

| Independent variable     | N  | P-Value | r     | Dep. Var.               |
|--------------------------|----|---------|-------|-------------------------|
| <b>Motivation Before</b> | 30 | 0.000*  | 0.797 | <b>Motivation After</b> |
| <i>Wilcoxon</i>          |    |         |       |                         |

*\*significant*

*source: primary data, 2025*

To measure the strength of the relationship and the significance of changes in motivation scores before and after the intervention in this one-group pre-post test design, the statistical test results are presented in Table 3. Based on the statistical test results in Table 3, a P-value of 0.000 ( $p < 0.05$ ) was obtained. This finding provides very strong empirical evidence that providing education on the importance of breastfeeding has a significant effect on the motivation of third-trimester pregnant women in preparing for breastfeeding in the service area of the Nuangan Community Health Center. The very high correlation coefficient of  $r = 0.797$  indicates that the educational intervention has a very strong and stable linear contribution to increasing the respondents' psychological determination.



**Figure 1.** Shift Dynamics in Breastfeeding Preparation Motivation Among Third-Trimester Pregnant Women Before and After Educational Intervention at Nuangan Primary Health Center (N = 30).

Comparison of the distribution of pre-test and post-test\* results regarding mothers' motivation to prepare for breastfeeding at the Nuangan Community Health Center (N = 30). The vertical group bar chart shows a significant change in the frequency of motivation levels following the implementation of structured education on the benefits of breastfeeding during the third trimester. Before the educational program, mothers' motivation was concentrated in the "moderate" category (86.7%), with 0% of mothers showing "high" motivation. Post-intervention observations revealed a sharp increase in the "high" motivation category, reaching 76.7%. It should be noted that the "low" motivation category remained unchanged at 13.3% at both time points. Bivariate inferential analysis confirmed that this overall increase was highly significant ( $p = 0.000$ ) with a strong effect-size correlation ( $r = 0.797$ ), indicating that the educational intervention at the community health center effectively optimized mothers' cognitive readiness to breastfeed their newborns.

## Discussion

The findings of this study clearly demonstrate that lactation education interventions can act as a highly effective trigger in increasing the motivation of third-trimester pregnant women to breastfeed at the Nuangan Community Health Center ( $p = 0.000$ ;  $r = 0.797$ ). The success in shifting the "Good" motivation level from 0% to 76.7% confirms that reshaping pregnant women's cognitive perceptions regarding the biochemical and immunological benefits of breast milk successfully builds psychological readiness before childbirth (Angraini & Saputri, 2023; Reka, 2026).

Physiologically, pregnant women in the third trimester (3T) are in the "nesting period"—a phase in which anxiety about childbirth coexists with a strong maternal instinct to prepare for postpartum needs (Barker & Smith, 2024). The obstetric profile of the respondents—dominated by primiparous women (63.3%) and mothers with no prior breastfeeding experience (66.7%)—underscores why this educational intervention received such a positive response. Primiparous mothers generally experience a crisis of self-confidence (low breastfeeding self-efficacy) due to fears of being unable to produce breast milk or experiencing pain while breastfeeding (Dewi et al., 2024). When they were provided with structured education on proper latching techniques and breast pump management, this information gap was filled, which directly transformed their anxiety into strong motivation to breastfeed (Hasanah & Maryam, 2022).

The respondents' sociodemographic factors also served as accelerators for the success of this education. A total of 86.7% of respondents were within the healthy reproductive age range (20–35 years). From a developmental psychology perspective, women in this age group possess optimal cognitive flexibility and emotional maturity to adopt new health behaviors (Lestari & Handayani, 2022). Supported by an educational background in which the majority

had completed high school (53.3%) and college (16.7%), the mothers in Nuangan possessed good health literacy to comprehend clinical material as complex as the processes of oxytocin release and prolactin secretion (Pratama & Wijaya, 2025).

Furthermore, the respondents' employment status—dominated by stay-at-home mothers (73.3%)—plays a crucial role in their mental bandwidth. Unlike working mothers, who often experience demotivation toward breastfeeding due to the looming constraints of limited maternity leave and physical exhaustion at work (Wulandari & Utami, 2024), stay-at-home mothers have more flexible time to internalize the importance of exclusive breastfeeding and plan for exclusive mother-infant rooming-in after childbirth (Yulia & Siregar, 2025).

However, the clarity of these research findings also raises a crucial clinical observation: 13.3% (4 respondents) remained in the “Low” motivation category both before and after receiving education. This phenomenon of motivational resistance indicates that standard, traditional lactation education is not always effective in overcoming certain psychosocial barriers. Based on a study by Santos and Nelson (2022), there is a subpopulation of pregnant women who face deep-seated emotional barriers—such as antenatal depression, a lack of emotional support from their husbands (paternal support), or family-related psychological trauma—that cause them to disregard health education. This 13.3% group requires a personalized counseling approach based on Motivational Interviewing (MI) to address the root causes of their demotivation (Zhang & Wang, 2022).

The high correlation coefficient ( $r = 0.797$ ) confirms that the educational intervention at the Nuangan Community Health Center has very high reliability for replication. As a practical implication, health center management is advised to formalize this lactation education program as part of the standard procedures for integrated antenatal care (ANC) checkups, with a special focus on lactation support involving husbands, in order to completely eliminate the rate of unpreparedness for breastfeeding among the group of resistant mothers.

## 5. Conclusion and Recommendations

This study shows that education on the importance of breastfeeding has a significant effect on increasing the motivation of third-trimester pregnant women in preparing for breastfeeding in the Nuangan Community Health Center's service area ( $p=0.000$ ). After receiving education, the majority of respondents experienced an increase in motivation from the “adequate” category to the “good” category, thus proving that antenatal education is effective in preparing mothers for the breastfeeding process. Nevertheless, a small proportion of respondents still exhibited low motivation, indicating a need for more individualized counseling approaches. This study has limitations due to its one-group pretest-posttest design without a control group, a relatively small sample size, and its conduct at a single health care facility; consequently, the findings cannot yet be widely generalized. Future research is recommended to use an experimental design with a control group, a larger sample size, and to consider other factors such as family support, knowledge level, and breastfeeding self-efficacy. For healthcare providers, education on the importance of breastfeeding should be made a routine part of antenatal care to increase mothers' motivation to practice exclusive breastfeeding.

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