International Journal of Health Sciences
Available online at www.sciencescholar.us
E-ISSN: 2550-696X
Int. J. of Health Sci.
DOI: 10.53730

How to Cite:
Indrawati, I., & Camelia, R. (2026). Breastfeeding practices in mothers with caesarean section: A scoping review. *International Journal of Health Sciences*, *10*(S1), 76–89.
https://doi.org/10.53730/ijhs.v10nS1.15886

Breastfeeding practices in mothers with caesarean section: A scoping review

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***Abstract*---**The aim of midwifery care for expectant mothers is to empower families while adhering to iron tablet usage. This exercise is divided into three stages: planning, carrying out, and assessing. Identifying issues that arise at the Bahodopi Health Center, preparing resources, and creating counseling media in the form of Power Point (PPT) illustrated presentations are all part of the preparation stage. Delivering counseling materials on nutrition during pregnancy to pregnant women in order to prevent anemia is part of the implementation stage. Pregnant women's awareness of the information supplied by pre- and post-counseling questionnaires is evaluated at this stage. The findings indicate that prenatal nutrition, anemia, and the connection between nutrition and the prevalence of anemia in pregnant women can all be better understood by pregnant women through the facilitator's coaching. The target's understanding can be increased by providing information about anemia and keeping track of iron supplements. It is hoped that in the future, the community will be able to apply the information gained in a huge and sustainable way.

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Submitted: 27 December 2025, Revised: 18 January 2026, Accepted: 01 February 2026

Keywords---Family Empowerment, Midwifery Care, Iron Tablet, Pregnant Women

Introduction

Breast milk (ASI) is a crucial nutrient during early life to reduce infant morbidity and mortality. The World Health Organization (WHO) defines optimal breastfeeding as feeding infants only breast milk, excluding any other solids or liquids (including formula), except for medications, vitamins, and minerals, for a full six months. In 2001, the WHO recommended that infants be exclusively breastfed for the first six months of life (Fox, Mcmullen, and Newburn, 2015).

World Breastfeeding Week (WBW) states that optimal breastfeeding will help prevent 823,000 deaths among children under five each year. It will also help women avoid 20,000 deaths per year from breast cancer. WHO data from 2018 also shows that the average exclusive breastfeeding rate worldwide is only 38%, which still falls short of the WHO's target of 80% breastfeeding coverage (WHO, 2018).

Global breastfeeding coverage for infants under six months was 39% based on UNICEF data in 2012. Between 2012 and 2015, it only increased by 1%, reaching 40% in 2015 (WHO, 2016). The low prevalence of breastfeeding by mothers to infants can be attributed to several factors. Research in Northwest Ethiopia suggests that breastfeeding practices are related to factors such as the infant's age, maternal occupation, breastfeeding counseling during pregnancy, place of delivery, type of delivery, and breastfeeding technique counseling (Seid, Yesuf, and Koye, 2013).

The rate of cesarean deliveries exceeds the WHO-recommended range of 10%-15% and has been increasing worldwide. Latin America and the Caribbean contribute the highest cesarean delivery rate (40.5%), followed by Europe (25%), Asia (19.2%), and Africa (7.3%) (Singh, Hashmi, and Swain, 2018). In Indonesia, the 2018 Basic Health Research (Riskesdas) showed that the prevalence of cesarean deliveries was 17.6 percent, with the highest rate in Jakarta (31.3%) and the lowest in Papua (6.7%) (Ministry of Health, 2018).

Mothers who deliver by cesarean section often experience difficulty achieving a comfortable breastfeeding position, which impacts their ability to breastfeed their babies (Chekol et al., 2017). Mothers who attend antenatal and postnatal breastfeeding education are 2.7 times more likely to breastfeed their babies earlier and for longer periods than mothers who do not (Timur and Kucukozkan, 2016).

Early Initiation of Breastfeeding (IMD) is skin-to-skin contact between mother and baby as soon as possible, within one hour of birth. Research shows that mothers who initiate breastfeeding early (one hour after birth) significantly longer breastfeeding duration than mothers who begin breastfeeding later than two hours (Dun-Dery and Laar, 2016).

The Sustainable Development Goals (SDGs) target for 2030 states that breastfeeding is a key step towards a healthy and prosperous life. Breastfeeding is expected to improve the health status of mothers and children, increase children's Intelligence Quotient (IQ), equalize the rights and obligations of men and women in childcare, and economically reduce costs for formula milk (Ministry of Health, 2015).

Breastfeeding is a form of health behavior related to maintenance and can improve health. Determining factors that can influence health behavior include personal intention, social support or support from loved ones, information provided by health professionals or through personal initiative, and the freedom to make choices for oneself (Notoatmodjo, 2014).

Increasing breastfeeding coverage requires cross-sector collaboration with relevant parties, including the mother's workplace and healthcare facilities (Widdelrita & Mohanis, 2013). A positive maternal attitude is also crucial for increasing the duration of breastfeeding. According to research by Wainaina et al. (2018), a support system for breastfeeding women, from the workplace, social or community, and support from healthcare professionals, is crucial for enabling women to continue breastfeeding (Wainaina et al., 2018).

Research indicates that early breastfeeding practices among mothers who have had a cesarean section are influenced by the type of pregnancy, guidance from a healthcare professional, four or more antenatal care visits, and previous breastfeeding experience (Getnet, Degu, and Yenealem, 2020). Breastfeeding mothers who recognize the benefits of breastfeeding for their infant's growth and development are more likely to strive to practice breastfeeding, thus healthcare professionals play a crucial role in providing counseling and education about breastfeeding (Kristianti and Pratamaningtyas, 2017).

In the hospital, healthcare workers advised mothers and families not to feed their babies anything other than breast milk. However, upon leaving the hospital, they disregarded their advice (Charantimath et al., 2020). Although mothers knew that introducing complementary foods (MP-ASI) too early could harm their babies' health, they assumed that if their babies were not experiencing any problems, they could continue with MP-ASI. This was because the practice of providing MP-ASI early was considered to have been passed down through generations and had never caused problems (Joseph and Earland, 2019).

Method

This review uses a scoping review method. The following scoping review framework is adapted from Arksey and O'Malley (2005). The literature search method includes free full-text, human resources, and keyword specifications must be included in the title/abstract. Articles were retrieved from the electronic databases PubMed, EBSCO, Wiley, and Grey Literature, Google Scholar, or the WHO website.

The search strategy used the keywords *breast feeding OR breastfeed OR lactation OR early breastfeeding OR breast milk OR infant feeding OR infant feed OR milk*

human OR human lactation AND mother OR mothers OR maternal OR breastfeeding mothers OR lactating mothers AND caesarean OR cesarean OR caesarean delivery OR cesarean delivery OR caesarean section OR cesarean section OR c-section OR post caesarean OR post cesarean.

Articles were then screened according to criteria determined by the researcher and in accordance with the research question. The inclusion criteria used were articles published in English and/or Indonesian, articles discussing mothers who had cesarean deliveries, articles discussing Early Initiation of Breastfeeding (EIB), articles discussing the experiences of breastfeeding mothers who had cesarean deliveries. The exclusion criteria used were opinion articles, letters and book reviews, article reports, and articles discussing breastfeeding practices but not specifically for mothers who had cesarean deliveries.

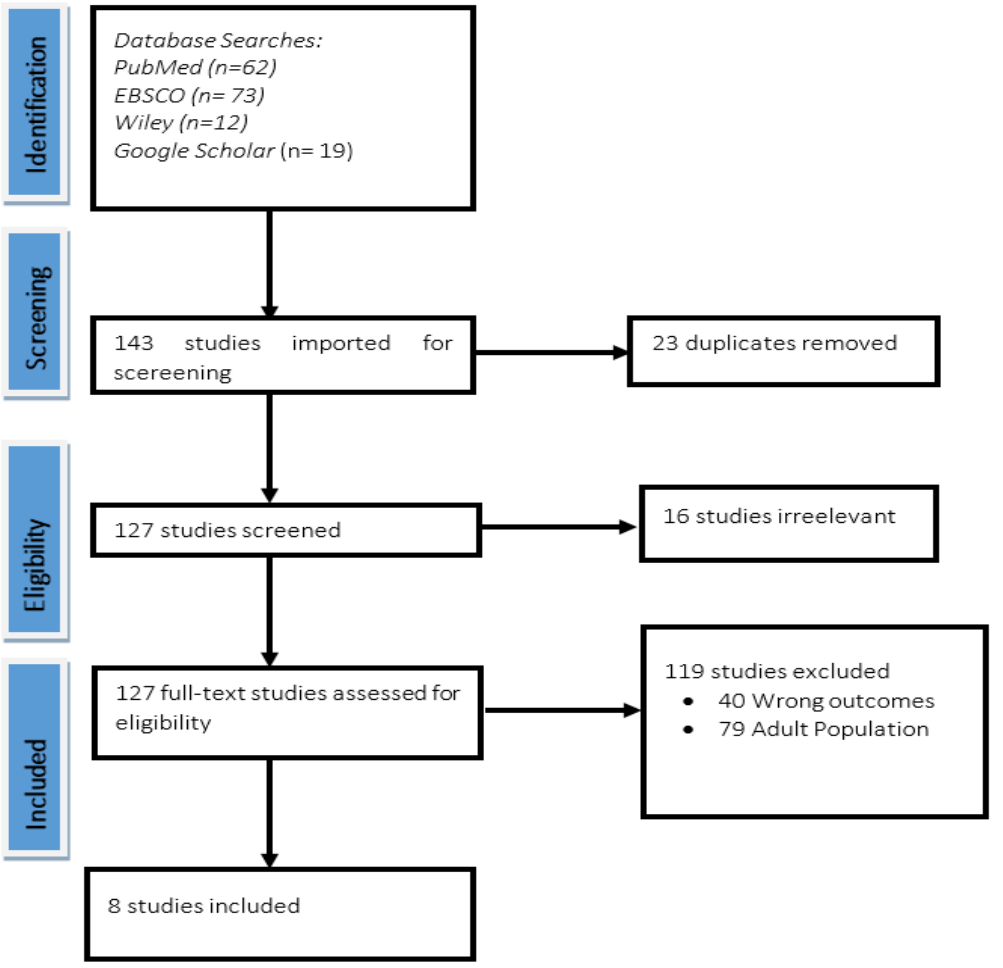

Figure 1. PRISMA Flowchart

Results and Discussion

No	Title/ Author/ Year	Country	Types of research	Results
1	*Maternal Perceptions of Breastfeeding Difficulty After Caesarean Section with Regional Anaesthesia: A Qualitative Study (Chaplin, Kelly and Kildea, 2016)*	Australia	Qualitative	Perceptions of low milk supply lead to early introduction of formula supplementation, which contributes to premature cessation of breastfeeding. Mothers, already anxious about their babies' refusal to breastfeed, reported feeling confused by conflicting information from midwives and sought planning and guidance from hospital lactation consultants. Inadequate breastfeeding support is not limited to cesarean deliveries; postpartum mobility is a concern decreased and difficulty holding the baby.
2	*Relationship Between Caesarean Section and Breastfeeding: Evidence From The 2013 Turkey Demographic and Health Survey (Paksoy Erbaydar and Erbaydar, 2020)*	Türkiye	Cohort study	Research shows that cesarean sections can increase the risk of delaying early initiation of breastfeeding and optimal breastfeeding success. Planned cesarean sections negatively impact not only maternal health but also neonatal health.
3	*Effects of Cesarean Delivery on Breastfeeding Practices and Duration: A Prospective Cohort Study (Chen et al., 2018)*	China	Cohort study	Based on research results, women who deliver by cesarean section are more likely to be given formula milk in the hospital than women who deliver vaginally, which can shorten the duration of breastfeeding. At one and three months later, mothers who deliver by cesarean section show lower breastfeeding practices compared to mothers who deliver vaginally. Caesarean section delivery has a negative impact on early initiation of breastfeeding and breastfeeding duration.

No	Title/ Author/ Year	Country	Types of research	Results
4	*An Exploration of The Breastfeeding Behaviors of Women After Cesarean Section: A Qualitative Study*(Wen et al., 2020)	China	Qualitative	The study found that breastfeeding mothers who had cesarean deliveries had misconceptions about breastfeeding. After a cesarean birth, mothers chose not to breastfeed or stopped breastfeeding because they believed that breastfeeding alone was insufficient to meet their baby's needs after a cesarean section, making them more comfortable giving their babies formula.
5	*Predictors of Optimal Breastfeeding Practices in Worabe Town, Silte Zone, South Ethiopia (Id, Tekalign and Lemma, 2020)*	Southern Ethiopia	Cross-sectional	The results of this study indicate that mothers who did not attend follow-up ANC visits and delivered by cesarean section were less likely to practice breastfeeding. Mothers who received breastfeeding counseling during postpartum follow-up and had good knowledge about breastfeeding were more likely to practice optimal breastfeeding.
6	*Caesarean Delivery Associated with Adverse Breastfeeding Practices: A Prospective Cohort Study*(Thi et al., 2019)	Vietnamese	*Cohort study*	The high prevalence of cesarean delivery is a major cause of delayed early initiation of breastfeeding and pre-lactal feeding in newborns. Due to the high prevalence of formula feeding, breastfeeding rates for six months are considered low, with only 4.4% of infants born by cesarean section receiving breast milk within one hour of birth with pressure checks and receiving instructions on proper suction pressure for early breastfeeding and adequate milk supply.
7	*The Association Between Caesarean Delivery and The Initiation and Duration Of Breastfeeding: A Prospective Cohort Study In China (Wu et al., 2018)*	China	Cohort study	Research findings indicate that cesarean delivery leads to unsuccessful and delayed initiation of breastfeeding compared to vaginal delivery. For mothers who have already started breastfeeding, cesarean delivery is associated with an inability to maintain breastfeeding until the baby is six months old. Furthermore, mothers returning to

No	Title/ Author/ Year	Country	Types of research	Results
				work introduce complementary foods to their babies earlier.
8	*The Determinants of Early Initiation of Breastfeeding Practice among Mothers Attending a Tertiary Hospital, Kathmandu (Acharya et al., 2020)*	Nepal	Cross-sectional	Mothers who delivered by cesarean section, had more than two postnatal visits, and delivered low-birth-weight babies were more likely to delay breastfeeding initiation. Delayed breastfeeding was also found in first-time mothers. Furthermore, experience breast-feed Previous experiences influence mothers' intentions to initiate breastfeeding promptly. Mothers who have had cesarean deliveries also experience difficulty achieving a comfortable breastfeeding position and delays in first contact with their babies.

Table 2. Data Mapping

Theme	Sub Theme
Factors influencing practice breastfeeding	a. ANC visits b. Method of delivery c. Postnatal visits d. Parity e. Information received by the mother f. Perception of breastfeeding g. Mother's knowledge about breast milk h. Support for breastfeeding mothers
Barriers to practice breastfeeding	a. Anesthetic effects b. Maternal discomfort breast-feed c. Providing formula milk d. Optimizing breastfeeding
Impact of childbirth *Caesar*	a. Low breast milk supply b. Postponement of IMD c. Low breastfeeding duration

Mode of delivery is a factor that will influence breastfeeding practices. Caesarean section delivery is influenced by parity, which is associated with unsuccessful and delayed breastfeeding initiation. Mothers who undergo caesarean section are at higher risk of not being able to maintain full breastfeeding for 6 months postpartum [8].

Mothers who give birth by caesarean section are less likely to practice optimal breastfeeding, especially within one hour of birth, compared to vaginal births [6][9]. A 2016 study found that mothers with planned pregnancies and vaginal births were ten times more likely to practice optimal breastfeeding than mothers who gave birth by caesarean section (Dun-Dery and Laar, 2016).

The effects of regional anesthesia on mothers who give birth by cesarean section can leave them helpless after the baby is born. Incision pain and back pain due to anesthesia not only make women feel unwell, lethargic, nauseous, and sleepy, but also limit their ability to have initial skin-to-skin contact between mother and baby. These women experience decreased mobility and difficulty caring for and breastfeeding their babies [1][5].

Not only the effects of anesthesia, mothers who give birth after a cesarean section experience difficulties in choosing a breastfeeding position due to incision pain and back pain, which affect the mother's ability to breastfeed. Other difficulties experienced by mothers such as sleepy babies, sore nipples, flat nipples, inverted nipples, swollen breasts, and negative emotions also affect the mother's interest in breastfeeding and caring for her baby.

Mothers who do not attend ANC visits according to the recommended frequency are less likely to practice breastfeeding than mothers who attend ANC visits regularly [6]. This is consistent with research by Chekol et al (2017) which stated that 43.7% of mothers who do not attend ANC visits regularly are less likely to breastfeed exclusively than those who attend ANC follow-ups. However, the article [9] found that not all pregnant women who attend ANC visits receive information about breastfeeding from health workers (Acharya et al., 2020).

Research by Dellen et al. (2019) found that breastfeeding promotion interventions provided by health workers were effective in increasing the duration of breastfeeding for infants to six full months, or even beyond. Breastfeeding education provided to mothers during ANC visits enabled them to exclusively breastfeed (Swerts et al., 2019).

Sustainable interventions using innovative technologies such as online social networks by health workers to promote and support breastfeeding can have a positive impact on increasing exclusive breastfeeding (Cavalcanti and Osório, 2019). Other research suggests that in addition to seeking advice from health workers for breastfeeding information, women also rely on information obtained from peers via the internet (Wainaina et al., 2018).

Furthermore, article [6] states that breastfeeding attitudes and practices are influenced by maternal knowledge during pregnancy and childbirth. Therefore, mothers who previously lacked information about breastfeeding are less likely to practice breastfeeding than mothers who received information during ANC visits (Id, Tekalign, and Lemma, 2020).

Mothers with cesarean deliveries who were counseled about breastfeeding during postpartum follow-up were more likely to practice optimal breastfeeding [6]. Mothers who started breastfeeding their babies early (1 hour after delivery) had a

significantly longer duration of exclusive breastfeeding than mothers who started breastfeeding later than 2 hours (Timur and Kucukozkan, 2016).

Mothers who had more than two postnatal visits and who gave birth to low birth weight babies were more likely to delay breastfeeding initiation and experience a delay in starting breastfeeding within one hour after birth. Furthermore, mothers giving birth to their first child experienced a significant delay in starting breastfeeding, and previous breastfeeding experience was associated with both intention and timely breastfeeding initiation [9].

Mothers who give birth by emergency caesarean section have difficulty breastfeeding their babies and tend to stop breastfeeding at 12 weeks postpartum childbirth [10]. Meanwhile, inadequate support regarding breastfeeding makes it difficult for mothers to start breastfeeding their babies. Insufficient support regarding breastfeeding by midwives causes mothers who give birth by caesarean section to feel anxious and confused, so they seek other sources of information from hospital lactation consultants [5].

Mothers who receive breastfeeding counseling during postpartum follow-up and have good knowledge about breastfeeding are more likely to practice breastfeeding. However, mothers who have had a cesarean section, even after receiving information about early initiation of breastfeeding, still experience difficulties in practicing breastfeeding after birth. Lack of information provided by midwives can reduce mothers' confidence in their ability to breastfeed. It is also important to introduce strategies to optimize skin-to-skin contact after a cesarean section [5][6].

Delays in first contact with the baby and short breastfeeding duration impact breastfeeding practices [5]. Therefore, it is important for mothers to continue breastfeeding and to breastfeed their babies as often as possible. This provides benefits for both mother and baby, as breastfeeding strengthens the emotional bond between them. Furthermore, breastfeeding helps control postpartum bleeding (Charantimath et al., 2020).

A mother's inability to care for herself and her baby after surgery affects her interest in breastfeeding and caring for her baby (Yuriah et al., 2023). Other difficulties experienced by mothers, such as sleepy babies, sore nipples, flat nipples, inverted nipples, engorged breasts, and negative emotions, also affect mothers' interest in breastfeeding and caring for their babies [1][3][10]. In addition, newly acquired knowledge and skills complement mothers' initial interest in breastfeeding (Kabakian-khasholian et al., 2019).

While women are physiologically capable of giving birth, not all postpartum women can successfully breastfeed (Muthoharoh et al., 2022). Mothers who deliver by cesarean section require more physical and psychological support regarding breastfeeding, especially in the early postpartum period. Pumping and early breastfeeding stimulation can increase a mother's confidence in lactation, allowing her to control the breastfeeding process and measure her milk supply [1][4][5].

Caesarean sections are also associated with weak suckling power in newborns, so pumping can be done to improve the onset of lactation and can increase maternal confidence in lactation. However, it is important to note that pumping performed on breastfeeding mothers who have had a Caesarean section can worsen nipple pain and fatigue in the mother [3][9].

A baby with weak sucking pressure is one of the reasons that causes delayed lactation. A baby who is always sleeping also causes mothers to feel anxious because the baby does not breastfeed and worries about insufficient milk intake for the baby (Puriastuti et al., 2025). In addition, anxiety experienced by breastfeeding mothers after a cesarean delivery includes confusion about the correct breastfeeding technique and managing the timing of breastfeeding for the baby [3][5].

Stimulation of breastfeeding with a breast pump affects the lactation process and milk supply, but it should be noted that breast pumps can worsen nipple pain and maternal fatigue, as well as the mother's discomfort when breastfeeding in public [3].

Planned caesarean delivery is associated with lower intention to initiate breastfeeding as well as early cessation of breastfeeding, so support and counseling from health care providers to provide anticipatory guidance regarding breastfeeding can be provided during antenatal visits to pregnant women and families considering planned caesarean delivery [5][10].

Post-cesarean section mothers who receive information and support for breastfeeding, and who understand the benefits of breastfeeding, are supporting factors in successful breastfeeding. Caesarean section mothers who seek breastfeeding support and visit a lactation consultant receive supportive support after returning home from the hospital [10].

External norms, the influence of family members, and peers play a crucial role in mothers' breastfeeding decisions and behaviors. Families who are aware of the benefits of breastfeeding do not support mothers giving their babies formula. However, older family members, such as grandparents, who perceive that breastfeeding is not beneficial, do not support mothers giving their babies formula is not enough for the baby recommends giving additional food to the baby [1].

The high incidence of caesarean deliveries is a major cause of delayed EIB, shortened breastfeeding duration, and prelactal feeding in newborns (Awaliyah & Yuriah, 2024). Mothers who give birth by caesarean section are more likely to use formula in the hospital as a breast milk substitute than mothers who deliver vaginally [2][4][9].

Caesarean section delivery is associated with non-compliance with immediate breastfeeding and is less likely to initiate breastfeeding within one hour of birth compared to mothers who deliver vaginally. Post-cesarean section mothers also experience difficulty in achieving a comfortable breastfeeding position, resulting in the practice of breastfeeding being replaced by giving infant formula [2][9].

Formula feeding in infants is caused by the misconception that breast milk is not sufficient to meet the infant's needs and therefore requires additional food. The perception of low breast milk supply leads to early introduction of formula supplementation, which contributes to early cessation of breastfeeding [5].

This is consistent with research findings that suggest some mothers start complementary feeding early due to the perception that their breast milk supply is insufficient. This may be due to mothers' poor understanding of proper techniques for increasing breast milk production, and that antenatal and postnatal breastfeeding education is the most important predictor of breastfeeding duration. Planned pregnancy and vaginal delivery significantly influence early initiation of breastfeeding (Timur and Kucukozkan, 2016).

The importance of maternal knowledge and understanding regarding breastfeeding will influence the continuation of breastfeeding for the full six months. The first six months of breastfeeding impact the baby's physical and mental development. Several respondents in the study stated that breastfeeding does not include supplementary or substitute feeding during the first six months of life (Abekah-nkrumah et al., 2020).

Other research suggests that the benefits of breast milk for babies include healthy babies (Puriastuti et al., 2025). Even when a baby is sick, mothers who are well-informed about breastfeeding believe that they should not stop breastfeeding because breast milk is their baby's medicine. Whatever food a breastfeeding mother consumes, those nutrients are also passed on to the baby (Charantimath et al., 2020).

Caesarean section delivery results in lower breastfeeding rates for infants compared to mothers who deliver vaginally. This is influenced by late initiation of breastfeeding and the provision of formula milk to infants. Mothers with good knowledge know about breastfeeding and the appropriate timing for breastfeeding, which is up to six months (Juniarti et al., 2024). However, the low practice of breastfeeding in the first hour after birth affects the continuation of breastfeeding at one month and three months postpartum to six months postpartum [2][4][8][9]. This is in accordance with research that states that the continuation of breastfeeding practices three months later is by introducing other supplementary foods (Wainaina et al., 2018).

The success of breastfeeding begins with the introduction of early breastfeeding after childbirth. Low breastfeeding rates among mothers with cesarean deliveries shorten the duration of breastfeeding. This will affect breast milk production, making it important for mothers to know the right time to breastfeed their babies [4]. Mothers who participate in antenatal and postnatal breastfeeding education breastfeed their babies 2.7 times earlier and for longer periods than mothers who do not (Timur and Kucukozkan, 2016).

In addition, the lack of initial skin-to-skin contact between mother and baby due to the effects of anesthesia and low birth weight (LBW) in caesarean deliveries is a cause of late EIB and high rates of formula feeding in infants (Haryanti & Yuriah,

2025). Mothers who give birth to their first child and undergo a caesarean section are less likely to initiate breastfeeding within one hour of birth [4][5][9].

One reason for failure to breastfeed is the mother's misperception that breast milk is insufficient and therefore requires supplements or other additional food for the baby (Ratnasari et al., 2017). Other reasons include mothers reporting breast pain, sore nipples, a lack of knowledge about breastfeeding techniques, and mothers returning to work (Wainaina et al., 2018).

Conclusion

Based on the reviewed articles, cesarean sections are associated with delayed initiation of breastfeeding and the provision of formula milk to newborns, thus hindering the practice of breastfeeding after birth. The conclusions of this scoping review are: 1) Factors influencing breastfeeding practices in mothers who have delivered by cesarean section include ANC visits, delivery method, postnatal visits, parity, information received by the mother, the mother's perception of breastfeeding for the baby, and support received by the breastfeeding mother. 2) Barriers to breastfeeding practices are influenced by the effects of post-cesarean anesthesia, maternal discomfort after the cesarean section, and the provision of formula milk, which can lead to failure in breastfeeding practices. 3) The impact of cesarean sections on mothers who have already started breastfeeding is associated with the mother's inability to maintain breastfeeding until the baby is six months old.

The research gap, based on the articles obtained, in the implementation of breastfeeding practices in mothers who have delivered by cesarean section is the lack of information regarding the impact on the mother after cesarean section related to breastfeeding within one hour of birth. Therefore, it is necessary for health workers to provide support to mothers with cesarean deliveries, both mentally and physically, by directly involving the husband and family after the mother gives birth so that the IMD program in health services can be implemented.

Conflict of interest statement
The authors declared that they have no competing interests.

Statement of authorship
The authors have a responsibility for the conception and design of the study. The authors have approved the final article.

Acknowledgements
We would like to express our gratitude to the Bahodopi Health Center for facilitating us to obtain study materials from and carry out empowerment in the Bahodopi Health Center work area.

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