

The Effectiveness of Breast Care on Breast Milk Expression in Primiparous Postpartum Mothers in Tangerang City, Indonesia

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Abstract:

Breast milk remains the optimal source of nutrition for infants, providing immunological protection and long-term health benefits for both mother and child. However, many primiparous postpartum mothers experience challenges in achieving adequate breast milk expression. This study aimed to determine the effectiveness of a structured breast care intervention on breast milk expression among primiparous postpartum mothers at a private maternal and child health clinic in Tangerang, Indonesia, conducted between January and March 2025. Using a pre-experimental design with a static-group comparison, 40 respondents were selected through non-probability sampling. Statistical analysis using the Mann-Whitney U-Test yielded a p-value of 0.002, demonstrating a 95% success rate in the intervention group compared to 40% in the control group. These results indicate that breast care interventions significantly improve milk expression among first-time mothers. Integrating this approach into postpartum nursing practice may enhance breastfeeding outcomes and contribute to achieving Sustainable Development Goal (SDG) 3, which promotes maternal and child health.

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INTRODUCTION

Breast milk is the most natural and complete form of nutrition for infants, providing the ideal balance of nutrients, immune protection, and hormones essential for optimal growth and development. It also strengthens the emotional bond between mother and infant and contributes to maternal recovery after childbirth (Patnode et al., 2024; Riordan & Wambach, 2022). The World Health Organization (WHO, 2023) and UNICEF (2024) continue to emphasize exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with complementary foods for up to two years or beyond.

In Indonesia, exclusive breastfeeding remains a national health priority. According to the 2023 Indonesian Health Profile, the exclusive breastfeeding rate has reached 67.7%, an improvement from 2021 but still below the Ministry of Health's target

of 80% (Kemenkes RI, 2023). The Indonesian government, in collaboration with WHO and UNICEF, continues to strengthen maternal and child health (MCH) programs through initiatives such as the Transformasi Kesehatan Ibu dan Anak (Maternal and Child Health Transformation Program) launched in 2023. These programs emphasize early breastfeeding initiation (IMD), family support, and structured postpartum care as essential components to achieve the Sustainable Development Goal (SDG) 3, which focuses on reducing maternal and infant mortality rates (Nwani & Ujah, 2023) (Tayebwa et al., 2020).

Despite these policies, barriers to successful breastfeeding persist. Many primiparous postpartum mothers—those giving birth for the first time—report difficulties in expressing sufficient milk, particularly within the first week after childbirth (Jain et al., 2023). Factors influencing breastfeeding success include maternal physical condition, psychological readiness, family support, and knowledge about proper breast care techniques (Ayed & Rahman, 2021; Puspitasari & Handayani, 2023). Anxiety, fatigue, and stress may interfere with the release of oxytocin, the hormone responsible for milk ejection, while inadequate breast stimulation may reduce prolactin levels and consequently lower milk production (Shukla & Singh, 2021; Hurst et al., 2020).

The role of healthcare professionals, particularly nurses and midwives, is therefore crucial in providing guidance and support to postpartum mothers. Postpartum nursing care extends beyond physical assessment; it includes emotional reassurance and the promotion of self-care practices such as breast care. The continuity of this education, beginning during antenatal visits and continuing through the postpartum period, is key to sustaining successful breastfeeding behavior (Maastrup et al., 2021) (Puspitasari & Handayani, 2023). However, in private maternal health settings—where services are often individualized—the delivery of standardized interventions such as structured breast care may vary depending on staff competency and facility protocols (W. Wu et al., 2021).

Breast care is a simple, non-pharmacological nursing intervention aimed at improving breast health and stimulating milk flow. The technique involves gentle massage of the breast tissue and nipple-areolar area to enhance blood circulation, maintain nipple elasticity, and promote the secretion of milk-producing hormones (Apreliasari & Risnawati, 2020). Recent clinical studies demonstrate that regular breast massage significantly increases milk volume and prevents engorgement or blocked ducts (Munsittikul et al., 2022; Erciyas et al., 2024). This process stimulates sensory receptors that send impulses to the hypothalamus, leading to increased prolactin release from the anterior pituitary gland and oxytocin release from the posterior pituitary gland—two hormones essential for milk synthesis and ejection (Levene et al., 2024). Furthermore, integrating relaxation techniques during breast care enhances oxytocin activity, improving both maternal comfort and milk let-down reflexes (Apreliasari & Risnawati, 2020).

Although numerous studies have explored the effectiveness of breast massage and lactation support globally, evidence from Indonesia—especially in private maternal clinics—remains limited. Most local studies have focused on education-based interventions or hospital settings, with minimal emphasis on structured, standardized breast care protocols (Oberfichtner et al., 2023). Therefore, the effectiveness of such interventions among primiparous Indonesian mothers has yet to be fully established (García-Acosta et al., 2020).

This study aims to evaluate the effectiveness of a structured breast care intervention in improving breast milk expression among primiparous postpartum mothers at a private maternal clinic in Tangerang, Indonesia, conducted between January and March 2025. The findings are expected to strengthen postpartum nursing

practices, provide evidence for integrating breast care into maternal health programs, and contribute to Indonesia's ongoing efforts to achieve SDG 3 through enhanced maternal and child health outcomes.

RESEARCH METHODS

This research employed a pre-experimental design with a static group comparison to determine the effectiveness of breast care interventions on breast milk expression among primiparous postpartum mothers. The study was carried out at a private maternal and child health clinic in Tangerang, Indonesia, from January to March 2025. The chosen design allowed direct comparison between two groups – one receiving a structured breast care intervention and another receiving only routine postpartum care.

A total of 40 respondents participated in the study, selected through a non-probability purposive sampling technique. Participants were primiparous postpartum mothers within one to five days after childbirth who intended to breastfeed exclusively and met the inclusion criteria. Mothers with postpartum complications, breast abnormalities, or infants requiring intensive neonatal care were excluded from participation. Each participant provided written informed consent after being briefed about the study objectives and procedures.

The intervention group underwent a structured breast care procedure performed by trained nurses twice daily for three consecutive days. The procedure followed a standardized protocol adapted from the Ministry of Health's postpartum care guidelines (Kemenkes RI, 2023) and supported by contemporary research by Munsittikul et al. (2022) and Erciyas et al. (2024). Each session began with a warm compress applied to the breast area to stimulate circulation, followed by gentle circular massage of the breast and nipple-areolar area. This was accompanied by mild nipple stimulation and deep breathing relaxation to promote oxytocin release. Each session lasted approximately 15 to 20 minutes and was conducted in a quiet, comfortable room to support maternal relaxation. The control group received only routine postpartum care without any additional breast massage or stimulation.

Data collection focused on measuring the amount of milk expressed by each mother, recorded in milliliters using a standardized breast pump at a fixed time of day to minimize hormonal fluctuations. Background information on maternal age, education level, and psychological readiness was gathered using validated questionnaires. Observational checklists were used to ensure intervention fidelity. Evaluations were conducted on the third postpartum day for both groups. Quantitative data were analyzed using the Mann-Whitney U test to identify differences in breast milk expression between the two groups. The results revealed a significant difference, with a p-value of 0.002, indicating that mothers who received the breast care intervention produced considerably more milk than those in the control group. Data analysis was conducted using SPSS version 25.0, and results were presented descriptively.

All participants were informed that their involvement was voluntary and that they could withdraw at any time without consequence. Confidentiality and anonymity were ensured by assigning identification codes rather than personal names. During the intervention process, the comfort and psychological well-being of each participant were prioritized. The procedures were entirely non-invasive and aimed to support natural lactation. All collected data were stored securely and used solely for academic and research purposes. The study thus upheld both scientific rigor and ethical integrity, ensuring that all participants benefited from the intervention while contributing valuable data to maternal health research.

RESULTS

This section presents the findings of the study concerning the characteristics of respondents and the effectiveness of breast care on breast milk expression among primiparous postpartum mothers in Tangerang City. Data were analyzed descriptively and inferentially to illustrate the distribution of respondents by demographic, physiological, and psychosocial variables, followed by statistical testing using the Mann-Whitney U test to determine the significance of differences between the intervention and control groups.

The presentation begins with respondents' demographic characteristics – such as age, education level, dietary intake, psychological condition, and contraceptive use – followed by the outcomes of breast milk expression and the inferential analysis comparing both groups. Each table is accompanied by a narrative interpretation to provide a clear understanding of the observed patterns and relationships.

Table 1. Distribution of Respondents by Age

No	Age	Intervention		Control		Total (n)	Total (%)
		Successful	Unsuccessful	Successful	Unsuccessful		
1.	18-22 years	4	1	2	3	10	25
2.	22-27 years	9	-	8	3	21	52,5
3.	28-32 years	5	-	2	2	8	28
4.	33-37 years	1	-	-	-	1	2,5
Total		19	1	12	8	40	100

Table 1 the distribution of respondents based on their age and breastfeeding outcomes in both the intervention and control groups. The largest proportion of respondents were within the age range of 22-27 years, accounting for 21 individuals (52.5%), followed by those aged 18-22 years with 10 individuals (25%), 28-32 years with 8 individuals (20%), and only 1 respondent (2.5%) in the 33-37 years age group. In the intervention group, successful breast milk expression was most prevalent among mothers aged 22-27 years (9 respondents), followed by 18-22 years (4 respondents), 28-32 years (5 respondents), and 33-37 years (1 respondent). In contrast, the control group showed a lower rate of successful expression across all age categories, with the majority of unsuccessful cases occurring in the 22-27 years age group (8 respondents). Overall, these findings indicate that most participants were young adults between 22 and 27 years old – a productive age group commonly associated with optimal reproductive and physiological conditions for breastfeeding. However, variations in success rates across age groups suggest that factors beyond biological readiness, such as experience and knowledge, may also influence milk expression outcomes.

Table 2. Distribution of Respondents by Education Level

No	Education Level	Intervention		Kontrol		Total (n)	Total (%)
		Successful	Unsuccessful	Successful	Unsuccessful		
1.	Elementary	-	1	2	-	3	7,5
2.	Junior High	3	-	2	3	8	20
3.	Senior High	13	-	6	5	24	60
4.	Higher Ed	3	-	2	-	5	12,5

Total	19	1	12	8	40	100
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Table 2 indicates that the distribution of respondents based on their education level and breastfeeding outcomes in both the intervention and control groups. The majority of respondents were senior high school graduates, totaling 24 individuals (60%), followed by junior high school graduates with 8 individuals (20%), higher education graduates with 5 individuals (12.5%), and elementary school graduates with 3 individuals (7.5%). In the intervention group, successful breast milk expression was most common among mothers with a senior high school education (13 respondents), followed by junior high school (3 respondents) and higher education (3 respondents). Only one respondent with an elementary education in the intervention group was unsuccessful. In the control group, successful expression was observed primarily among mothers with senior high school education (6 respondents) and junior high school education (2 respondents), while unsuccessful outcomes were found across all education categories, particularly among those with lower educational attainment.

Table 3. Distribution of Respondents by Food Intake

No	Food Intake	Intervention		Control		Total (n)	Total (%)
		Successful	Unsuccessful	Successful	Unsuccessful		
1.	<3 meals a day	-	-	-	-	0	0
2.	3 meals a day	16	1	10	8	35	87,5
3.	3 meals + vitamins	3	-	2	-	5	12,5
Total		19	1	12	8	40	100

Table 3 shows Table 3 presents the distribution of respondents based on their daily food intake and breastfeeding outcomes in both the intervention and control groups. The majority of respondents reported consuming three meals per day, accounting for 35 individuals (87.5%), while 5 respondents (12.5%) supplemented their meals with additional vitamins. None of the respondents reported consuming fewer than three meals per day. In the intervention group, successful breast milk expression was achieved predominantly among mothers who consumed three meals per day (16 respondents), followed by three meals plus vitamins (3 respondents). Only one respondent in this group, who reported consuming three meals daily, experienced unsuccessful expression. In the control group, successful outcomes were also most common among those with three regular meals (10 respondents), whereas 8 mothers in the same category experienced unsuccessful expression. Overall, the data indicate that adequate nutritional intake contributes positively to successful breast milk expression. Mothers with balanced food consumption and vitamin supplementation demonstrated better lactation outcomes compared to those with limited dietary intake. This finding aligns with the understanding that proper maternal nutrition supports hormone regulation and milk production during the postpartum period.

Table 4. Distribution of Respondents by Psychological Condition

No	Psychological Condition	Intervention		Control		Total (n)	Total (%)
		Successful	Unsuccessful	Successful	Unsuccessful		
1.	Restless	1	-	-	2	3	7,5
2.	Anxious	7	-	-	4	11	27,5
3.	Lacking Self-Confidence	-	1	-	2	4	10
		10	-	12	-	22	55

4. No Disturbance

Total	19	1	12	8	40	100
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Table 4 indicates the distribution of respondents based on their psychological condition and breastfeeding outcomes in both the intervention and control groups. The majority of respondents reported having no psychological disturbance, accounting for 22 individuals (55%), followed by those who experienced anxiety (11 respondents, 27.5%), lack of self-confidence (4 respondents, 10%), and restlessness (3 respondents, 7.5%). In the intervention group, most mothers who achieved successful breast milk expression reported no psychological disturbance (10 respondents) or mild anxiety (7 respondents). Only one mother in the intervention group, who lacked self-confidence, experienced unsuccessful milk expression. In the control group, successful expression was found mainly among mothers with no psychological disturbance (12 respondents), while unsuccessful outcomes were observed across anxious (4 respondents) and restless (2 respondents) categories. Overall, the data suggest that mothers with stable psychological conditions were more likely to succeed in breast milk expression. Emotional stability, confidence, and reduced anxiety appear to contribute positively to lactation outcomes. This finding supports existing evidence that psychological well-being enhances oxytocin release, which facilitates milk ejection and promotes successful breastfeeding. Conversely, anxiety or restlessness may inhibit hormonal responses essential for effective lactation

Table 5. Distribution of Respondents by Contraceptive Use

No	Contraceptive Use	Intervention		Kontrol		Total (n)	Total (%)
		Successful	Unsuccessful	Successful	Unsuccessful		
1.	No	16	-	12	-	28	70
2.	Yes	3	1	-	8	12	30
	Total	19	1	12	8	40	100

Table 5 shows that the distribution of respondents based on their history of contraceptive use and breastfeeding outcomes in both the intervention and control groups. The majority of respondents, 28 individuals (70%), reported not using any contraception, while 12 respondents (30%) had previously used contraceptives before childbirth. In the intervention group, successful breast milk expression was predominantly observed among mothers who had not used contraception (16 respondents), followed by 3 respondents who had used contraception prior to pregnancy. Only one mother in the intervention group who had used contraception experienced unsuccessful expression. In the control group, all 12 respondents who had not used contraception achieved successful expression, while the remaining 8 respondents, who had used contraception, were categorized as unsuccessful. Overall, these findings suggest that contraceptive use history may have minimal influence on breastfeeding success compared to other factors such as maternal knowledge, nutrition, and psychological condition. However, the higher success rate among mothers who had not used contraception could indicate a more favorable hormonal balance supporting milk production. This aligns with previous research indicating that certain hormonal contraceptives may temporarily affect lactation physiology during the early postpartum period.

Table 6: Distribution of Respondents by Type of Contraceptive Used

No	Type of Contraceptive used	Intervention		Control		Total (n)	Total (%)
		Successful	Unsuccessful	Successful	Unsuccessful		
1.	Pill	1	1	1	3	6	50
2.	Injectable	-	1	1	3	5	41,7
3.	IUD	1	-	-	-	1	8,3
4.	Vasectomy/Tubectomy	-	-	-	-	0	0
Total		2	2	2	6	12	100

Table 6 shows the distribution of respondents based on the type of contraceptive used and breastfeeding outcomes in both the intervention and control groups. Among the 12 respondents (100%) who reported prior contraceptive use, the most common method was oral contraceptive pills, used by 6 respondents (50%), followed by injectable contraceptives used by 5 respondents (41.7%), and intrauterine devices (IUDs) used by 1 respondent (8.3%). None of the respondents had undergone vasectomy or tubectomy. In both the intervention and control groups, successful breast milk expression was observed primarily among mothers who had previously used oral pills and injectable contraceptives. No respondents who used IUDs or underwent sterilization procedures reported unsuccessful outcomes. Overall, these findings indicate that the type of contraception used prior to childbirth did not significantly affect breastfeeding outcomes. However, the predominance of pill and injectable users reflects common contraceptive choices among reproductive-age women. While hormonal contraceptives may influence prolactin activity, their impact appears minimal in this study, suggesting that other physiological and behavioral factors play a greater role in determining breastfeeding success

Table 7. Distribution of Respondents by Breast Milk Expression Outcome

No	Breast Milk Expression	Kontrol		Kasus/ perlakuan		Total	
		Total (n)	Count (%)	Total (n)	Count (%)	Total (n)	Count (%)
1.	Unsuccessful	12	60	1	5	13	32,5
2.	Successful	8	40	19	95	27	67,5
Total		20	100	20	100	40	100

Table 7 shows the distribution of respondents based on the success of breast milk expression in both the control and intervention groups. The overall data show that 27 respondents (67.5%) achieved successful breast milk expression, while 13 respondents (32.5%) experienced unsuccessful expression. In the intervention group, almost all mothers – 19 respondents (95%) – were able to express breast milk successfully, and only 1 respondent (5%) was unsuccessful. In contrast, in the control group, only 8 respondents (40%) achieved successful expression, while the majority – 12 respondents (60%) – were unsuccessful. These results demonstrate a marked difference between the two groups, indicating that mothers who received the breast care intervention were far more likely to achieve successful milk expression than those who received only routine postpartum care. The findings suggest that structured breast care effectively enhances lactation

performance by promoting hormonal stimulation, improving circulation, and increasing maternal comfort during breastfeeding.

Table 8. Effectiveness of Breast Care on Breast Milk Expression (Mann-Whitney U-Test)

	Control		Intervention		Z	p
	Total (n)	Count (%)	Total (n)	Count (%)		
Successful	8	40	19	95	- 3,667	0,002
Unsuccessful	12	60	1	5		
Total	20	100	20	100		

The analysis of the effectiveness of the breast care intervention shows that 19 mothers (95%) in the treatment group had successful breast milk expression, compared to only 8 mothers (40%) in the control group. The percentage of successful expression was significantly higher in the treatment group. The statistical test yielded a Z-score of -3.667 with a p-value of 0.002. For a 95% confidence level and a two-tailed test, the critical Z-value is ± 1.96 . Since the calculated Z-score of -3.667 falls outside this range, the null hypothesis (H_0) is rejected. Furthermore, the p-value of 0.002 is well below the significance level of 0.05, which also leads to the rejection of H_0 . Based on these statistical results, it can be concluded that the breast care intervention is effective in improving breast milk expression. This study aimed to determine the effectiveness of a breast care intervention on breast milk expression in primiparous postpartum mothers. The analysis revealed a statistically significant difference between the treatment group, which received the intervention, and the control group.

DISCUSSION

The findings of this study demonstrated a statistically significant difference in breast milk expression between mothers who received structured breast care interventions and those who did not. Quantitative analysis using the Mann-Whitney U test produced a p-value = 0.002, confirming that the intervention effectively enhanced lactation outcomes among primiparous postpartum mothers. On average, mothers in the intervention group achieved a 95 % success rate in milk expression, compared to only 40 % in the control group. This clear contrast highlights the physiological impact of breast care on hormonal stimulation and milk ejection.

Narrative comparison further indicated that participants in the intervention group showed earlier onset of lactation, softer breast texture, and greater self-confidence in breastfeeding. In contrast, several control-group mothers experienced engorgement and delayed milk flow within the first three postpartum days. These results align with previous findings by Munsittikul et al. (2022) and Erciyas et al. (2024), who reported that gentle, systematic breast massage stimulates the release of prolactin and oxytocin, two hormones central to milk synthesis and ejection. The tactile stimulation activates neural pathways from the nipple-areolar complex to the hypothalamus, enhancing pituitary gland secretion and promoting efficient milk flow.

From a physiological perspective, breast care contributes not only to hormonal regulation but also to circulatory improvement in mammary tissue. Improved microcirculation facilitates nutrient transport to alveolar cells, accelerating the synthesis of milk components such as lactose, proteins, and fats (Patnode et al., 2024). Furthermore, warm compresses applied during the procedure soften the breast tissue and open milk ducts, reducing the risk of engorgement or blocked ducts (Ertugral Mollaahmetoglu & Guvenc, 2025).

Psychologically, the relaxation component integrated into the breast care sessions played a complementary role in stimulating oxytocin activity. According to Levene et al. (2024), oxytocin secretion is highly sensitive to emotional states such as calmness, trust, and maternal confidence. The deep-breathing relaxation used in this study reduced maternal anxiety and created a more conducive environment for milk ejection. Mothers in the intervention group often reported a stronger emotional connection with their infants during breastfeeding, suggesting that physiological and psychological processes were mutually reinforcing (Modak et al., 2023).

These results are consistent with Oberfichtner et al. (2023), who found that first-time mothers frequently face mismatches between expectations and the realities of breastfeeding. Many primiparous women experience uncertainty and frustration due to pain, fatigue, or delayed lactation, leading to premature formula supplementation. Interventions such as structured breast care provide both physical and psychological support, improving maternal satisfaction and sustaining exclusive breastfeeding practices (Q. Wu et al., 2022).

The findings also correspond with Indonesia's national and global health agendas. The Maternal and Child Health Transformation Program (2023) emphasizes evidence-based postpartum care as part of the effort to achieve Sustainable Development Goal 3, which targets reduced maternal and neonatal mortality. By demonstrating measurable improvements in milk expression through a simple, non-pharmacological technique, this study offers practical support for integrating structured breast care into standard postpartum nursing procedures. In resource-limited or private clinical settings like Tangerang, such low-cost interventions can enhance service quality and maternal outcomes without requiring additional medical infrastructure (Knutson & Butler, 2022).

Beyond immediate clinical implications, the results suggest several broader insights. First, breast care should be initiated early – ideally within the first 24 hours postpartum – to synchronize hormonal reflexes and encourage lactation before engorgement occurs. Second, maternal education must accompany the intervention. Teaching mothers how to perform self-massage correctly allows continuity of care after discharge. Third, psychosocial counseling should be integrated, as maternal confidence and reduced stress levels have proven associations with better lactation outcomes (Levene et al., 2024) (Knutson & Butler, 2022).

While the study provides strong evidence of intervention effectiveness, certain limitations must be acknowledged. The use of a pre-experimental design without randomization may restrict generalizability, and the relatively small sample size ($n = 40$) limits statistical power. Future studies should employ randomized controlled trials (RCTs) with larger samples and include biochemical markers such as prolactin or oxytocin levels to validate physiological mechanisms more precisely. Qualitative follow-ups could also explore mothers' subjective experiences, complementing quantitative results and enhancing contextual understanding. Despite these limitations, this research contributes valuable insight into practical nursing interventions for lactation management in Indonesian clinical settings (Zamiri-Miandoab et al., 2023). The significant improvement observed ($p = 0.002$) affirms that structured breast care effectively enhances milk expression and can serve as a key element of postpartum care. When supported by appropriate education and emotional guidance, the intervention aligns with the holistic nursing model that integrates physical, psychological, and social dimensions of maternal health. The present study demonstrated that structured breast care significantly enhances breast milk expression among primiparous postpartum mothers. Statistical analysis revealed a marked difference between the intervention and control groups, with a p -value of 0.002, confirming the effectiveness of the procedure. Mothers who received the structured intervention achieved a higher rate of successful

milk expression, earlier lactation onset, and greater comfort during breastfeeding compared to those who received only standard care (Azizi et al., 2020).

The vital role of evidence-based nursing interventions in improving maternal and infant health outcomes. Physiologically, the findings affirm that tactile and thermal stimulation of the breast supports prolactin and oxytocin secretion, facilitating efficient milk synthesis and ejection (Munsittikul et al., 2022; Erciyas et al., 2024). Psychologically, relaxation and positive maternal engagement enhance oxytocin release, reducing stress and reinforcing emotional bonding (Levene et al., 2024). The dual mechanism—hormonal and emotional—suggests that breast care offers both biological and psychosocial benefits essential for lactation success.

The implications of this study extend beyond clinical practice. Integrating structured breast care into standard postpartum nursing routines can contribute to achieving Sustainable Development Goal 3, which emphasizes good health and well-being for mothers and children. Such interventions are cost-effective, non-invasive, and easily applicable in both public and private healthcare facilities. Policy makers and nursing leaders should therefore consider incorporating standardized breast care education and practice into Indonesia's ongoing Maternal and Child Health Transformation Program (Transformasi Kesehatan Ibu dan Anak). Doing so would help bridge the gap between national breastfeeding targets and on-ground maternal experiences, particularly among first-time mothers in urban private settings.

CONCLUSION

In conclusion, mothers who received the intervention demonstrated faster milk flow, greater comfort, and higher breastfeeding success compared to those who received routine care. These results highlight the importance of integrating structured breast care into postpartum nursing practice as a simple, non-pharmacological, and cost-effective intervention to enhance breastfeeding outcomes. The findings support Indonesia's ongoing Maternal and Child Health Transformation Program and contribute to achieving Sustainable Development Goal 3 on maternal and child well-being.

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