

STRATEGIC APPROACHES TO PROMOTING EXCLUSIVE BREASTFEEDING AMONG MOTHERS OF PREMATURE BABIES: A QUALITATIVE STUDY

Seventina Nurul Hidayah¹⁾, Ilma Ratih Zukrufiana^{2)}, Intan Christy Mayasari Rizqi³⁾*

¹Bachelor of Applied Midwifery Study Program, Politeknik Harapan Bersama, Tegal, Indonesia

²Midwifery Professional Education Study Program, Politeknik Harapan Bersama, Tegal, Indonesia

*³Diploma III Midwifery Study Program, Politeknik Harapan Bersama, Tegal, Indonesia
Email:ilmaratihz@gmail.com*

ABSTRACT

Background: The provision of exclusive breastfeeding for premature infants often faces challenges due to the infant's inability to breastfeed directly from the breast, which hinders the initiation of breastfeeding and the success of exclusive breastfeeding. According to data from the Slawi Public Health Center, the coverage of exclusive breastfeeding for premature infants remains low. This study aims to analyze strategies for implementing exclusive breastfeeding and to identify its supporting and inhibiting factors.

Methods: The research method employed a qualitative approach with accompaniment provided to two mothers with infants aged ≤ 4 months who were committed to exclusive breastfeeding, along with two triangulation informants. The accompaniment was carried out until the infants reached six months of age through home visits conducted two to three times.

Results: The findings revealed a strong commitment from mothers to maintain exclusive breastfeeding, despite external pressures such as the promotion of formula feeding and early complementary feeding. Intensive mentoring, family support, and health education were identified as the main supporting factors. Meanwhile, the lack of understanding among the surrounding community emerged as a significant barrier, which should be addressed through continuous educational interventions.

Conclusion: In general, exclusive breastfeeding practices for premature infants in the Slawi area are considered satisfactory. It is recommended that the local health center continue providing ongoing support to mothers to maintain exclusive breastfeeding for the first six months and continue breastfeeding up to two years, particularly for mothers of premature infants.

Keywords: exclusive breastfeeding, maternal mentoring, premature infants

INTRODUCTION

Exclusive breastfeeding refers to feeding infants only breast milk from birth to six months of age, without any additional food or drink (Taqwin et al., 2022). In practice, many mothers struggle to maintain exclusive breastfeeding or stop prematurely. One contributing factor is the birth of a premature infant. Premature babies are physically more vulnerable and often have underdeveloped sucking and swallowing reflexes, making the breastfeeding process challenging. This condition frequently triggers maternal stress, which can adversely affect both the production and release of breast milk. Disruption of the oxytocin hormone function may cause milk to remain in the breast but become difficult to express.

As a result, mothers may lose motivation to breastfeed and begin to consider formula feeding as an alternative. Therefore, support and ongoing assistance are essential to ensure successful breastfeeding (Sulistiyowati et al., 2020).

Indonesia ranks fifth in the world for the highest number of preterm births. With a population of approximately 255 million, an estimated 675,700 premature births occur annually out of a total of 4.5 million births. According to the 2023 report by the Tegal District Health Office, the rate of premature births in Slawi Subdistrict remains relatively high, yet the coverage of exclusive breastfeeding among premature infants is low, at only around 28.3%. The 2018 Basic Health Research (Riskesdas) data also revealed that among infants aged 0–5 months, only 37.3% received exclusive breastfeeding, while 9.3% were partially breastfed, and 3.3% received predominant breastfeeding. These figures indicate that many infants in Indonesia are still not receiving optimal nutrition from breast milk, despite its critical role in supporting physical growth, mental development, and long-term health (Harshindy & Rahardjo, 2022).

The Indonesian government has mandated exclusive breastfeeding through *Peraturan Pemerintah No. 33 tahun 2012*, which requires every mother to breastfeed her baby for the first six months of life. Exclusive breastfeeding has been proven to improve nutritional status and positively influence the health outcomes of infants and children in later stages of life. Failure to provide exclusive breastfeeding can adversely affect infant health, including increasing the risk of mortality. According to the PWS KIA report from the Tegal District Health Office, the infant mortality rate in Slawi Subdistrict is 5.5 per 1,000 live births, with some cases attributed to nutritional problems. This issue warrants serious attention from healthcare providers, particularly midwives. This study aims to analyze the factors influencing the success of exclusive breastfeeding among mothers with premature infants in Slawi, identify the challenges they face, and formulate strategies to ensure infants gain the full benefits of breastfeeding, including for their intellectual development.

RESEARCH METHOD

This study employed a descriptive qualitative method with purposive sampling. It was conducted from February to March 2025 and received ethical clearance from Kusuma Husada University, Surakarta, under approval number 2997/UKH.L02/EC/I/2025. The research informants consisted of key informants, main informants, and triangulation informants. The key informants were the regional coordinator midwives at community health centers (Puskesmas) in Slawi District, who guided the researchers in identifying the main informants. The main informants were mothers who had delivered premature infants, whose babies were no older than four months, and who exclusively breastfed without providing any additional food or drink. The triangulation informants were immediate family members who accompanied the mothers during the breastfeeding process. The study involved two main informants (mothers) and two triangulation informants (family members). Although the sample size is small, data saturation was achieved, ensuring that the experiences captured were comprehensive and minimising the influence of researcher bias. The findings reflect this specific context, and transferability to other correctional settings may be limited.

Data were collected through in-depth interviews using a pre-developed interview guide. The study design incorporated a clinical intervention in the form of accompaniment in the practice of exclusive breastfeeding for mothers with infants aged up to four months who were exclusively breastfed. The accompaniment continued until the infants reached six months of age, with approximately one visit per month per main informant. Each interview lasted an average of 40 minutes per session.

The data obtained from interviews and field notes were compiled, transcribed from audio recordings into written form, and subsequently clarified and categorised based on common characteristics to facilitate interpretation. The data were then organized into a matrix to provide a more structured format. Data analysis was carried out objectively and systematically to identify the key characteristics of the information obtained. Source triangulation was applied to ensure the validity of the findings.

RESULTS

The findings were derived from an analysis of the factors influencing exclusive breastfeeding practices among mothers of premature infants in Slawi. These structured interview themes were designed in advance and further developed through field visits and in-depth interviews with four primary informants — mothers who had given birth to premature infants in the area. The emerging themes included maternal understanding of the importance of exclusive breastfeeding, emotions experienced during the breastfeeding process, techniques applied, and efforts made to sustain exclusive breastfeeding. The characteristics of informants are described in the table below:

Table 1. Characteristics of Primary Informants

Informant Code	Age (years)	Parity	Education	Occupation
IU 1	26	P1A0	Senior High School	Housewife
IU 2	34	P3A0	Senior High School	Trader

Source: Primary data, 2025

The themes obtained from these interviews included knowledge about exclusive breastfeeding, views on breastfeeding-related myths, opinions about formula milk and its impact on infant growth and development, as well as forms of support provided to help sustain exclusive breastfeeding.

Table 2. Characteristics of Triangulation Informants

Informant Code	Age (years)	Relation to IU	Education	Occupation
IT 1	50	Biological mother	Junior High School	Housewife
IT 2	57	Mother-in-law	Junior High School	Housewife

Source: Primary data, 2025

A detailed description of the research setting and thematic analysis results is presented in the following section.

Visit I – Knowledge about the Importance of Exclusive Breastfeeding

Participants highlighted the perceived health benefits of exclusive breastfeeding, particularly its role in strengthening the infant's immune system and preventing frequent illness.

"I believe exclusive breastfeeding helps prevent illness, makes the body stronger, and keeps the baby from becoming weak easily. As far as I know, it improves the immune system. I want my baby to stay healthy and not fall sick frequently." (IU 1)

Previous maternal experience also reinforced this belief, as another participant noted that her first child, who received exclusive breastfeeding, was rarely ill. Beyond health advantages, exclusive breastfeeding was considered more practical and economical.

“Breastfeeding is more practical and doesn’t incur any cost. Formula milk doesn’t necessarily produce the same results, especially when it comes to brain development.” (IU 1)

Participants also described exclusive breastfeeding as the primary and irreplaceable source of nutrition during the first six months of life, emphasizing that no additional substances—such as water or honey—should be introduced.

“In my opinion, exclusive breastfeeding is the first and primary form of nutrition for infants, which should not be replaced or supplemented with anything for the first six months. That means no additional items such as water, honey, or anything else. It has many benefits, including boosting the baby’s immune system and supporting growth.” (IU 2)

Table 3. Key Themes Emerging from the Study

Theme No.	Theme
1	Knowledge about exclusive breastfeeding
2	Emotional experiences during the breastfeeding process
3	Perceptions of formula milk
4	Breastfeeding techniques used
5	Myths related to exclusive breastfeeding
6	Quality and quantity of breast milk production
7	Strategies for maintaining exclusive breastfeeding in the face of formula milk and early complementary feeding (MP-ASI)
8	Forms of support from husbands and family members

Source: Primary data, 2025

Indicators of adequate breastfeeding were also identified, including infant calmness, appropriate weight gain, and regular urination and defecation. Moreover, proper breastfeeding technique was considered essential to ensure effectiveness.

“I know that the baby’s head should be slightly elevated and directed toward the nipple. The nipple should be fully inserted into the baby’s mouth with a good seal, so that there’s no ‘slurping’ or ‘sucking air’ sound (it’s a bit hard to explain, haha).” Commitment to sustaining exclusive breastfeeding was also expressed, *“As long as I am healthy and producing breast milk, I am committed to giving full breastfeeding to my baby.”* (IU 2)

Perceived Health Benefits of Exclusive Breastfeeding

Mothers strongly associated exclusive breastfeeding with improved immunity, reduced illness, and overall healthier growth and development. Prior experiences reinforced these beliefs, as some participants observed that their previously breastfed children were rarely ill.

“I understand that exclusive breastfeeding can help reduce the frequency of illness, keep the child more energetic, and prevent fatigue. Based on what I know, it strengthens the baby’s immune system. I hope my child will stay healthy and not fall sick often. My first child was also exclusively breastfed, and Alhamdulillah, rarely got sick.” (IU 1)

Beyond health benefits, exclusive breastfeeding was also perceived as a practical and cost-free alternative to formula feeding. Formula milk was considered less reliable in ensuring optimal outcomes, particularly in terms of brain development.

“Breastfeeding feels more practical and cost-free. If we use cow's milk, the outcome might not be the same, especially since it may affect brain development differently. In my opinion, exclusive breastfeeding is the best nutritional intake that helps maintain a baby's immunity without any additional food or drink until the age of six months, after which complementary feeding can begin.” (IU 1)

Participants viewed breast milk as the only appropriate food for infants in the first six months of life, emphasizing that no additional fluids or substances should be introduced.

“For me, exclusive breastfeeding is the infant's first and primary source of nutrition, which must not be substituted or supplemented with anything during the first six months of life. That means no additional fluids like water, honey, or other substances. The benefits are numerous, including boosting the baby's immune system and supporting overall growth and development.” (IU 2)

In addition to knowledge and beliefs, mothers expressed a strong commitment to continue exclusive breastfeeding as long as they remained in good health and capable of producing sufficient breast milk.

“As long as I am healthy and producing enough milk, I am committed to fully breastfeeding my baby.” (IU 2)

Mothers' Emotions During the Breastfeeding Process

“I feel happy, but sometimes things get a bit chaotic because of using the bottle... the fact that the baby was born prematurely also has an impact. I mean, if the baby were full-term, the process would probably be easier... sometimes I wonder why it turned out this way. I still feel happy, but it's a bit overwhelming because the baby is so small.” (IU 1)

“I just feel happy that I can give my baby only breast milk.” (IU 2)

Based on the findings, most mothers expressed positive emotions and a sense of happiness while breastfeeding, which became a motivating factor for providing exclusive breastfeeding. They also perceived breastfeeding as relatively manageable. These results align with existing theories suggesting that a mother's decision to breastfeed is influenced by several factors, including the condition of the baby, maternal health, the information available to the mother, family and community support, healthcare professionals, and social and cultural norms.

Mothers' Perception of the Importance of Breastfeeding

“It's very important, because the baby must be truly healthy.” (IU 1)

“It's mandatory to breastfeed the baby, as long as it's possible and the milk is available... only if there's no breast milk should alternatives like formula be used.” (IU 2)

All informants expressed that breastfeeding is a fundamental right of the infant. This perspective aligns with *Undang-undang Dasar Pasal 28 Ayat 2*, which states that every child has the right to survival, growth and development, and protection from violence and discrimination. One way this right to optimal growth and development is fulfilled is through the provision of breast milk.

Moreover, all informants emphasized that breastfeeding is essential for the baby's health. This supports existing theories asserting that breast milk plays a critical role in enhancing the infant's immune system.

Mothers' Perspectives on Formula Milk and Its Impact on Child Development

"No, I don't want to use formula milk... not even to mix it. The reason is that it's expensive, and it's also inconvenient—I don't want to wash the bottles." (IU 1)

"No, I don't think it's good." (IU 2)

Primary Informant 1 expressed that infants should not be given formula milk before six months of age due to their immature digestive systems. She emphasized that breast milk is a divine gift that is cleaner and more natural compared to formula milk, which is industrially manufactured and contains chemical additives that may not be suitable for a newborn's body.

Meanwhile, another informant emphasized the important role of breast milk in promoting weight gain due to its rich nutritional content, which strongly supports infant growth and development. As long as breast milk is available and sufficient, formula milk is considered to offer no significant benefit during the first six months of life (IU 1–2). These views align with existing theories stating that breast milk is an essential factor in a child's development. Breast milk contains omega-3 fatty acids and alpha-linolenic acid, both of which are vital for brain and nervous system development—nutrients that are typically absent from formula milk.

Challenges of Providing Exclusive Breastfeeding for Mothers of Premature Infants

Exclusive breastfeeding is often more challenging for mothers of premature infants, particularly due to difficulties in the breastfeeding process.

"I feel overwhelmed—it's a very different experience. Breastfeeding a small baby is harder, especially when he's asleep. His sucking is weak, so I often pump and feed him through a bottle. When breastfeeding directly, he only sucks for a short time before falling asleep again. I struggled to find the right position... but when I used a bottle, he fed enthusiastically and finished it quickly. Even after trying to wake him repeatedly, it was still difficult, so in the end I pumped and gave him breast milk using a bottle because he kept falling asleep." (Primary Informant 1)

"No problems... it was just like regular breastfeeding, since my baby could already suck strongly." (Primary Informant 2)

Most informants expressed strong determination to provide exclusive breastfeeding, although some faced difficulties due to the small size of their baby and challenges with latching (IU 1). Others, however, reported no significant difficulties despite having a low-birth-weight baby (IU 2).

The majority of informants also reported feeling happy and proud to be able to breastfeed directly. This is consistent with the theory that breastfeeding is a natural biological role of mothers. Feelings of joy and pride from breastfeeding contribute to a positive self-concept, which in turn enables mothers to fulfill their caregiving role more effectively.

Family Support in Providing Exclusive Breastfeeding

“Very supportive, even my husband really wanted the baby to receive exclusive breastfeeding. He always cooked vegetables for me, bought milk, and even got katuk leaf capsules to help with my milk production... alhamdulillah, my breast milk became plentiful. My husband's effort was extraordinary.” (IU 1)

“Very supportive... he often said, ‘Come on, Mom, let the baby nurse so he grows big and healthy... just breastfeed him, okay?’ My husband keeps reminding me like that, he understands it very well.” (IU 2)

All informants stated that they received family support, especially from their husbands, in carrying out exclusive breastfeeding. IU 1 shared that her husband supported her through concrete actions such as preparing nutritious food and buying lactation supplements. Meanwhile, IU 2 received support in the form of motivation and reminders to breastfeed whenever the baby showed signs of wanting to nurse.

Second Visit – Breastfeeding Techniques Used

“In my opinion, the baby's head should be positioned in front of the breast, with the body slightly lower. Before latching, I express a bit of milk and apply it to the nipple to attract the baby to nurse. I had some difficulty getting the nipple into the baby's mouth because the baby's mouth is small while my nipple is quite large. I became nervous, and the process felt very long. I was also concerned that the baby's sucking might not be strong enough.” (IU 1)

“The technique is to position the baby's head higher than the body, facing the mother. The nipple should be fully inserted without any gaps to prevent air intake and avoid the ‘clicking’ sound.” (IU 2)

Both informants agreed that proper breastfeeding technique involves positioning the baby's head higher than the body and ensuring the nipple is fully latched to optimize suction. According to Saryono (2008), breastfeeding should be carried out in a relaxed atmosphere for both mother and baby. Recommended positions include cradle hold, football hold, or side-lying, which aim to keep the baby calm, prevent regurgitation, and avoid nipple soreness.

Mothers' Efforts to Maintain Breast Milk Production

All informants reported engaging in various efforts to ensure continuous and sufficient breast milk production, such as consuming vegetables, fruits, and increasing fluid intake.

“I buy special milk for breastfeeding mothers, take multivitamin capsules to boost milk production, eat a lot of vegetables, stay hydrated, and my husband regularly buys me fruit. Even on days when I have no appetite, I force myself to eat to ensure that my milk supply remains abundant. I also consume date extract.” (IU 1)

“First, it’s from food; second, adequate rest; and third, avoiding stress. I think those are the keys.” (IU 2)

Exclusive Breastfeeding Myths and Mothers’ Attitudes

Regarding myths surrounding exclusive breastfeeding, all informants stated that they did not believe in such myths. They understood that breastfeeding mothers should consume a variety of foods, including those with strong aromas, in order to maintain proper nutrition and support milk production.

“I don’t believe in myths, because breastfeeding mothers actually need to eat a wide variety of foods to increase their milk supply, not restrict them.” (IU 1)

“No, I don’t believe in them. I have heard warnings like ‘don’t eat strongly-scented foods because they will affect the taste of your milk,’ but I don’t believe that.” (IU 2)

Third Visit – Efforts to Maintain Exclusive Breastfeeding

All informants emphasized the importance of maintaining a healthy and balanced diet to support successful breastfeeding, often referring to the traditional Indonesian principle of “four healthy, five perfect” (*empat sehat, lima sempurna*) as a guide to ensure adequate breast milk production. Mothers also reported the use of nutritional supplements such as lactation milk, capsules, or natural remedies (e.g., date extract) to further enhance lactation.

“I follow the ‘four healthy, five perfect’ diet and also take lactation milk, capsules, and date extract. When my baby doesn’t want to breastfeed, I still try. If the baby only sucks briefly, I massage my breast so the milk flows. If the baby refuses completely, I express the milk and feed it with a spoon. Even though I can see my baby urinates often, I still worry about whether the milk is enough because I want the baby to grow quickly.” (IU 1)

Another participant described:

“I keep a healthy diet, rest enough, and avoid stress. I also take lactation supplements. If my baby refuses to suckle, I keep trying to train the baby to breastfeed directly. Before feeding, I clean my breasts so the milk tastes fresh.” (IU 2)

These findings suggest that mothers actively employed both nutritional and behavioral strategies to sustain exclusive breastfeeding, while also experiencing anxiety related to milk adequacy and infant growth.

Maintaining the Quality and Quantity of Breast Milk Production

“I eat frequently, drink enough water, take lactation-enhancing capsules, and if possible, drink breastfeeding milk and consume fruits. The key is maintaining proper nutritional intake. Even when I have no appetite, I make myself eat. It is also important to avoid stress or overthinking because it can affect both the quantity and quality of breast milk.” (IU 1).

“I maintain a nutritious diet, stay well-hydrated, and take multivitamins or special milk for breastfeeding mothers to ensure continuous milk production. Getting enough rest and avoiding stress are also very important.” (IU 2)

Most informants stated that they employed various strategies to maintain breast milk quality in support of exclusive breastfeeding. The majority ensured the quality of their breast milk by improving dietary habits and increasing fluid intake.

Defense Mechanisms Against the Influence of Formula Milk and Early Complementary Feeding (MP-ASI)

“I still choose to exclusively breastfeed. When someone suggests formula milk to help the baby grow faster—because my baby was born prematurely—I always respond that breast milk is healthier. I personally think formula is like poison, so I dislike being pressured to give it, especially just because my baby is small.” (IU 1)

“My standard is to stick with breast milk. If my breast milk is still abundant, why should I give formula? I believe that healthy breast milk strengthens the baby’s immune system. When someone tries to convince me to give formula or early complementary food to make the baby grow faster due to prematurity, I firmly refuse. My reason is that the baby’s stomach is not yet ready.” (IU 2)

According to research, maternal behavior in providing exclusive breastfeeding typically involves three stages. The first stage, unfreezing, is when mothers become aware that previous breastfeeding practices were less appropriate and may have led to issues such as diarrhea or malnutrition. The second stage, changing, occurs when mothers gain new awareness after understanding the negative impacts of past practices, which leads them to adopt the correct attitude and practices for breastfeeding management.

Success in the Implementation of Exclusive Breastfeeding

“Yes, it’s done, alhamdulillah. I feel deeply satisfied because my baby has been given the best nutrition from the start. From now on, we’ll continue with light complementary foods, but I’ll keep breastfeeding until the age of two.” (IU 1)

“Alhamdulillah, I’m very happy that I was able to exclusively breastfeed my child. I truly feel the benefits—my baby is healthy, with stable weight, not too chubby, but just right. Of course, there were ups and downs, but the most important thing is the sincere intention for the child and support from those around me. Although some people disagreed at first, now they accept and even support me.” (IU 2)

All informants reported that they successfully completed the exclusive breastfeeding period, accompanied by various emotional experiences throughout the process. From interviews with six informants, it was revealed that the primary motivation of mothers was an awareness of the comprehensive benefits of breast milk, which contributes to better health and intelligence in infants. One informant (IU 2) also emphasised that exclusive breastfeeding benefits maternal health, such as reducing the risk of breast cancer. Informant IU 2 also stated that exclusive breastfeeding contributed to postpartum weight loss, making her weight lower than it was before pregnancy. This study also found that all informants perceived positive effects of exclusive breastfeeding on their babies’ growth and development. They reported that their infants appeared healthier and were rarely ill. Mothers who successfully provided exclusive breastfeeding for six months expressed feelings of pride and happiness.

Triangulation Informants (IT 1 – IT 2)

Triangulation informants generally understood that exclusive breastfeeding means giving only breast milk until the baby is six months old, followed by continued breastfeeding alongside complementary foods up to two years. They emphasised the unique benefits of breast milk for growth and development, while considering formula milk to be less beneficial.

“Breast milk has natural nutrients, unlike cow’s milk. Babies should only receive breast milk for six months, and then continue with complementary foods. Signs the baby gets enough milk are when they look healthy, energetic, and not fussy. I don’t fully master the technique, but the midwife taught me how to help the baby latch or massage the breast so milk drips into the mouth. Breast milk is a baby’s right. Formula milk is less useful because it doesn’t come from the mother. To support my wife, I make sure she eats well, rests, avoids stress, and takes vitamins for lactation.” (IT 1)

Another triangulation informant admitted he was less familiar with the details, but still recognized its importance:

“Exclusive breastfeeding is just the mother’s milk for the baby. Compared to formula, breast milk should come first. If the baby is thirsty, the mother must breastfeed. My support is giving my wife nutritious food, milk for breastfeeding mothers, and love and affection.” (IT 2)

Overall, while some informants showed clear understanding of exclusive breastfeeding (IT 1), others were still uncertain about when to begin introducing solid food (IT 2). Despite these differences, they consistently expressed support for mothers in providing breast milk.

DISCUSSION

The study found that the success of exclusive breastfeeding among mothers of preterm infants was influenced by maternal knowledge, motivation, technical skills, and the support of family and healthcare providers. These findings show that breastfeeding challenges were not only physiological but also shaped by psychosocial and environmental factors. This study contributes new insights by highlighting the contextual experiences of mothers in the Slawi region, which has been underrepresented in prior research. Unlike earlier studies that largely focused on term infants and quantitative outcomes, this study underscores the combined role of maternal experiences, family support, and healthcare guidance in sustaining exclusive breastfeeding for preterm infants.

Maternal knowledge regarding the benefits of exclusive breastfeeding appears to be a crucial foundation. When mothers understand the protective and nutritional functions of breast milk, they are more motivated to continue breastfeeding despite practical obstacles (Marni et al., 2024). This finding aligns with existing literature, which demonstrates a positive correlation between maternal knowledge levels and the success of exclusive breastfeeding. Causally, adequate knowledge enhances intention, which in turn fosters greater persistence in overcoming technical difficulties (e.g., latching techniques, expressing milk), thereby positioning knowledge as a mediator between education/information and breastfeeding behavior (Anggraeni et al., 2023).

Technical difficulties in breastfeeding premature infants (such as weak sucking and ineffective latching) consistently emerge as primary barriers, often leading to the use of alternatives such as pumping and bottle-feeding. Theoretically, this condition explains why

technical interventions (e.g., latch training, positioning techniques, oral stimulation, and pumping management) are essential. These findings reinforce current breastfeeding guidelines, which recommend temporary alternative techniques (such as expressed milk given by spoon or cup) and skin-to-skin stimulation to trigger suckling reflexes and stimulate prolactin and oxytocin production. Most informants stated that they employed various strategies to maintain breast milk quality in support of exclusive breastfeeding. The majority ensured the quality of their breast milk by improving dietary habits and increasing fluid intake. This is in line with Purwanti (2012), who emphasises that breast milk quality is influenced by the overall health of the mother, including the nutritional value of food intake and sufficient rest.

Family support—particularly the role of the husband—was found to be critically important, both practically and emotionally (Salma Qurrata A'yun & Enny Yuliaswati, 2024). Support in the form of providing nutritious food, assisting with household tasks, and offering psychological encouragement helps reduce the burden on mothers, enabling them to focus more effectively on breastfeeding (Ulya, 2023). Casually, such support alleviates maternal stress (which can hinder milk ejection via the oxytocin pathway) and increases the mother's available time and energy for breastfeeding or pumping. These findings reinforce the notion that breastfeeding promotion programs should adopt a family-centred approach, rather than focusing solely on the mother. Family support mainly included motivating mothers to breastfeed exclusively, offering emotional encouragement, and ensuring that mothers received adequate nutrition to maintain milk production (Wiradnyani et al., 2025)

All informants reported that they successfully completed the exclusive breastfeeding period, accompanied by various emotional experiences throughout the process. From interviews with six informants, it was revealed that the primary motivation of mothers was an awareness of the comprehensive benefits of breast milk, which contributes to better health and intelligence in infants. One informant (IU 2) also emphasized that exclusive breastfeeding benefits maternal health, such as reducing the risk of breast cancer. This aligns with research findings indicating that breastfeeding can reduce the risk of breast cancer by 4.3% for each year of breastfeeding (Agustin & Wuri Astuti, 2021). Informant IU 2 also stated that exclusive breastfeeding contributed to postpartum weight loss, making her weight lower than it was before pregnancy. This statement is consistent with a study conducted in Australia, in which 10% of respondents reported that exclusive breastfeeding contributed to weight reduction after childbirth (Rani et al., 2022). This study also found that all informants perceived positive effects of exclusive breastfeeding on their babies' growth and development. They reported that their infants appeared healthier and were rarely ill. Exclusive breastfeeding for six months supports optimal growth and development and provides protection against infections through the protective substances contained in breast milk (Khotimah et al., 2024). Mothers who successfully provided exclusive breastfeeding for six months expressed feelings of pride and happiness. This finding aligns with previous research indicating that successful exclusive breastfeeding brings a sense of pride and emotional satisfaction to mothers. One informant even reported feeling relieved and fulfilled for being able to give the best to her child. (Sabriana et al., 2022). Direct breastfeeding allows mothers to develop a strong emotional bond with their babies while also providing a sense of fulfillment and satisfaction as the infant suckles directly (Mardjun et al., 2019).

Negative attitudes toward formula milk observed among informants (including strong rejection of formula use) present a dual picture: on the one hand, such attitudes help sustain exclusive breastfeeding; on the other, in the absence of adequate technical support, a rigid

refusal of formula without a viable backup plan can lead to maternal anxiety if breast milk production becomes insufficient. Therefore, health interventions should aim to balance the promotion of exclusive breastfeeding with realistic education on how to manage situations where temporary supplementation may be necessary (e.g., risk management and safe feeding techniques). This approach helps prevent stigma toward mothers who may require short-term alternatives (Fitriani et al., 2021).

Findings related to practices for maintaining the quality and quantity of breast milk—such as nutritious diets, adequate rest, and supplementation—support existing literature indicating that maternal health and nutritional intake influence breast milk quality (Erlinda Permatasari & Echa Kristina Ule, 2023). However, it is important to note that direct evidence linking specific foods to increased milk volume is often complex and moderated by psychological factors. Therefore, interventions should adopt a comprehensive approach that includes nutritional education, improved access to balanced meals, and stress reduction strategies (Ariestanti & Widayati, 2018).

This study offers both practical and theoretical contributions. Practically, it emphasises the importance of intensive support programs (even on a small scale, such as 2–3 visits) that integrate technical education, psychosocial support, and family involvement—demonstrating that short, targeted interventions can significantly enhance exclusive breastfeeding adherence among mothers of premature infants. Theoretically, the study reinforces the relevance of the ecological behavioural approach, which links knowledge, motivation, technical skills, and social support in understanding and improving breastfeeding practices in vulnerable populations (Aniarti, 2025).

The implications of these findings include policy and practice recommendations: (1) integrate breastfeeding techniques and pumping management training into services at community health centers (*Puskesmas*) and maternity clinics; (2) provide educational modules for families so that husbands and other relatives understand their practical roles; (3) develop simple support packages for mothers of premature infants (e.g., latching guides, pumping schedules, safe alternative feeding methods); and (4) launch local campaigns to address myths and strengthen community support. The implementation of these measures has the potential to improve exclusive breastfeeding rates and reduce infant morbidity (Raj & Fara, 2020).

Nevertheless, this study has several limitations that must be acknowledged. The small sample size and qualitative design limit the generalizability of the findings to broader populations. Moreover, the study did not quantitatively assess changes in breast milk production or long-term infant growth outcomes. Therefore, future research with larger-scale studies employing mixed-methods or controlled intervention designs is needed to evaluate the effectiveness of the proposed support package and to assess the cost–benefit of its implementation within the primary healthcare system (Juniar et al., 2023).

In conclusion, this study constructs a “new narrative” suggesting that the success of exclusive breastfeeding for preterm infants relies more on a combination of practical education, strengthened maternal motivation, tangible family support, and responsive healthcare services—rather than on any single factor. This integrative approach deserves to be adopted in midwifery care and health promotion programs to improve exclusive breastfeeding rates among vulnerable groups and to generate long-term health benefits for both infants and mothers.

CONCLUSION

This study demonstrates that breastfeeding practices among mothers of preterm infants in the Slawi region are generally adequate, with appropriate positioning, latch, and a strong

preference for exclusive breastfeeding over supplementation. Family support and the active involvement of healthcare providers were found to play an essential role in sustaining these practices. To optimise infant health outcomes, it is imperative that local health centres continue to strengthen breastfeeding counselling and provide consistent support to mothers, particularly in the critical early months. Sustained collaboration between families and healthcare professionals is vital to ensure the success of exclusive breastfeeding up to six months and its continuation alongside complementary feeding up to two years.

RECOMMENDATIONS

For practice, the findings suggest the importance of developing family education modules that emphasise nutritional support, emotional involvement, and shared responsibility in sustaining exclusive breastfeeding. Midwife training programs should be strengthened to focus on practical skills in counselling, problem-solving, and addressing common breastfeeding challenges, while peer support groups can provide mothers with shared experiences and encouragement. For research, future studies should adopt quantitative or mixed-methods approaches with measurable outcomes such as breastfeeding duration, infant growth parameters, and maternal psychological well-being, thereby providing robust evidence to inform policy-making and the design of effective breastfeeding support programs.

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