EFEKTIFITAS KONSELING LAKTASI PADA IBU HAMIL TRIMESTER III TERHADAP PELAKSANAAN MENYUSUI

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ABSTRAK

Program pembangunan kesehatan di Indonesia masih berfokus pada upaya peningkatan derajat kesehatan ibu dan anak terutama pada masa prenatal. Hal ini disebabkan masih tingginya Angka Kematian Ibu (AKI) dan Angka Kematian Bayi (AKB). ASI yang diberikan sejak usia dini dan dilanjutkan dengan ASI eksklusif selama 6 bulan dapat menurunkan angka kesakitan dan angka kematian bayi serta meningkatkan tumbuh kembang bayi secara optimal.

Penelitian ini bertujuan untuk mengetahui efektifitas pemberian konseling laktasi terhadap pelaksanaan menyusui pada ibu hamil trimester III. Desain penelitian menggunakan quasi eksperimen dengan rancangan One Group Pre-test dan Post-test Desain. Populasi dalam penelitian ini adalah ibu hamil trimester III dan sampel yang diambil adalah 18 ibu hamil. Alat penggumpal data menggunakan lembar observasi BREAST (body position, respons, emotional bonding, anatomy dan sucking time). Analisis data menggunakan wilcoxon. Hasil penelitian didapatkan pelaksanaan menyusui sebelum dilakukan konseling laktasi dalam kategori kurang (72,2%) sedangkan pelaksanaan menyusui setelah dilakukan konseling laktasi (77,8%) dalam kategori baik. Konseling laktasi efektif dilakukan untuk meningkatkan pelaksanaan menyusui dengan p-value 0,003 (p<0,005).Konseling laktasi seharusnya diberikan pada masa prenatal sehingga pada saat postpartum, ibu sudah mampu memberikan asi secara maksimal. Pendampingan terhadap ibu hamil juga berperan dalam pelaksanaan pemberian ASI.

Kata kunci : Konseling laktasi, ASI, pelaksanaan menyusui

THE EFFECTIVENESS OF LACTATION COUNSELING IN THE 3rd TRIMESTER PREGNANT WOMEN ON BREASTFEEDING IMPLEMENTATION

ABSTRACT

Indonesia’s health development program still focuses on improving mother and child health, especially at the prenatal stage. It is due to the high maternal mortality rate (MMR) and Infant Mortality Rate (IMR). Breastmilk given from an early age and continued with exclusive breastfeeding for six months can reduce infants morbidity and mortality rate and increase their optimal growth. The purpose is to investigate the effectiveness of lactation counseling to the implementation of breastfeeding in third-trimester. The study design used quasi experiments with one group pre-test and post-test. Population was the 3rd-trimester pregnant mothers, and the samples were 18 mothers. The data collection tool used BREAST observation sheets (body position, response, emotional bonding, anatomy and sucking time). Data analysis used Wilcoxon. The result of the research shows that breastfeeding before lactation counseling is in less category (72,2%) while breastfeeding after lactation counseling (77,8%) is in a good category. Effective lactation counseling is performed to improve the implementation of breastfeeding with p-value 0,003 (p <0,005). Lactation counseling should be given during the prenatal period so that at the time of postpartum, the mother has been able to give breastmilk maximally. Mentoring for pregnant women also plays a role in the implementation of breastfeeding.

Keywords: lactation counseling, breast milk, breastfeeding implementation

BACKGROUND

The infant mortality rate in Indonesia should be reduced in 2015 by 23 / 100,000 live birth according to the Millennium Development Goals 4 (MDGs 4). This target is still very far to accomplish in a short time (Depkes RI, 2015). Mother Mortality Rate in Central Java reached 602 cases in 2016. This number has decreased compared to the events between 2010 and 2015, 611 (2010), 668 (2011), 675
Breastmilk given from an early age and continued with exclusive breastfeeding for six months can reduce infant morbidity and mortality rate and increase infant growth optimally. Breastmilk is infants' best food at the beginning of their life. Breastmilk has the advantage that cannot be replaced by any food and drink because it contains the most appropriate and complete nutrients. Moreover, it always adjusts to the needs of the baby at all times. UNICEF and WHO recommend exclusive breastfeeding for infants aged six months and continued with solid and semi-solid feeding in addition to breastfeeding. The results suggest that exclusively breastfed children are 14 times more likely to survive in the first six months of life than non-breastfed children. Breastfeeding on the first day after birth can reduce the risk of newborn death by 45% (America Academy of Pediatrics Section on Breastfeeding, 2015).

Based on Data and Information Center of the Ministry of Health of the Republic of Indonesia (2015) problems or obstacles in achieving exclusive breastfeeding coverage is the high practice of prelacteal feeding, working mother and formula feeding. The government's strategy in increasing exclusive breastfeeding is through breastmilk counseling program, provision of lactation facilities and enforcement of marketing regulations of infant formula. Lactation counseling activities help to improve the motivation of pregnant women to give exclusive breastfeeding. The results of a cohort study conducted in South Africa suggest that lactation counseling programs have succeeded in encouraging exclusive breastfeeding in South Africa.

Exclusive breastfeeding in the first six months of life is very beneficial for both mother and baby. Breastfeeding can reduce infant morbidity and mortality, optimize baby growth, prevent diarrhea and foster the development of children's intelligence. Breastfeeding also provides many benefits for mothers and the community. But it is unfortunate that the coverage of Exclusive breastmilk in Indonesia is still quite low, the data of (Badan Pusat Statistik, 2015) shows that infants who get exclusive breastfeeding were 53.6% which is still quite far from the expected target of 80%. This achievement is unsatisfactory. Factors contributing to the low level of exclusive breastfeeding practices are lack of knowledge, socio-cultural factors, lack of information on exclusive breastfeeding and lactation counseling and active promotion of infant formula in healthcare facilities. The government issued various regulations that support exclusive breastfeeding one of them is that each health facility should have a breastfeeding counselor who is expected to help mothers and families to initiate early exclusive breastfeeding and breastfeeding exclusively.

Nevertheless, there has never been any evaluation and follow-up plan in the implementation of breastmilk and exclusive breastfeeding counseling. Based on these issues, it is necessary to know the effectiveness of lactation counseling and exclusive breastfeeding on knowledge about lactation and exclusive breastfeeding as an effort to reduce infant mortality rate as suggested by the target of Sustainable Development Goal’s (SDG’s). The purpose of this research is to investigate the effectiveness of lactation counseling to the implementation of breastfeeding in third-trimester.

**METHOD**

This research used quasi-experimental research with One Group Pre-test design and Post-test Design. The population in this research were the third-trimester pregnant women at Puskesmas Ungaran I as many as 32 pregnant women. This research has been done at 28 August until 31 December 2017. The inclusion criteria of sample include third trimester pregnant women who give birth in November-December 2017, third trimester pregnant women who attend lactation counseling from the beginning to the end, third trimester pregnant women who are willing to become respondents.

And the exclusion criteria include third trimester pregnant women who at the time of data collection (stage III) did not live in Ungaran I Health Center, and pregnant women in the third trimester who at the time of delivery experience IUFD. The sample in this
Research was the third-trimester pregnant women at Puskesmas Ungaran I. Sampling technique used purposive sampling technique. The data collection tool in this research was BREAST observation sheet (body position, response, emotional bonding, anatomy and sucking time) functioning for breastfeeding implementation from WHO. Univariate analysis was used to analyze the description of breastfeeding in mothers before and after lactation counseling. To know the effectiveness of lactation counseling to breastfeeding implementation used Wilcoxon.

RESULT
1. The Characteristics of Respondent

<table>
<thead>
<tr>
<th>Characteristics of Respondent</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No risk</td>
<td>16</td>
<td>88,9</td>
</tr>
<tr>
<td>Risk</td>
<td>2</td>
<td>11,1</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary School</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Junior High School</td>
<td>4</td>
<td>22,2</td>
</tr>
<tr>
<td>Senior High School</td>
<td>13</td>
<td>72,2</td>
</tr>
<tr>
<td>University</td>
<td>1</td>
<td>5,6</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
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</tr>
<tr>
<td>Working</td>
<td>11</td>
<td>61,1</td>
</tr>
<tr>
<td>Not working</td>
<td>7</td>
<td>38,9</td>
</tr>
<tr>
<td>Childbirth</td>
<td></td>
<td></td>
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<tr>
<td>Spontaneous</td>
<td>14</td>
<td>77,8</td>
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<td>SC</td>
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<td>22,2</td>
</tr>
<tr>
<td>Parity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primipara</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>Multipara</td>
<td>8</td>
<td>44,4</td>
</tr>
<tr>
<td>Grandmultipara</td>
<td>1</td>
<td>5,6</td>
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</tbody>
</table>

Based on Table 1, the highest education from the majority of the respondents as many as 13 respondents (72.2%) is a senior high school. Most of them are working mothers as many as 11 respondents (61.1%). Most of the mothers as many as 14 respondents (77.8%) have normal/spontaneous delivery process and nine respondents (50%) are primipara.

2. The Description of Breastfeeding Management Before Lactation Counseling

<table>
<thead>
<tr>
<th>Implementation of breastfeeding technique</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>5</td>
<td>27,8</td>
</tr>
<tr>
<td>Less good</td>
<td>13</td>
<td>72,2</td>
</tr>
</tbody>
</table>

Based on the above table the implementation of breastfeeding management before lactation counseling is mostly in less category, as many as 13 mothers (72.2%).

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</tr>
</tbody>
</table>
Based on the above table, 77.8% of respondents in the implementation of breastfeeding after lactation counseling is in good category.

4. The Effectiveness of Lactation Counseling in a Third-Trimester Pregnant Woman on Breastfeeding Implementation

Table 4. The Effectiveness of Lactation Counseling on Breastfeeding Implementation (n=18)

<table>
<thead>
<tr>
<th>Breastfeeding Implementation</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>27.8</td>
</tr>
<tr>
<td>Less good</td>
<td>13</td>
<td>72.2</td>
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</table>

Based on the result of the nonparametric test by using Wilcoxon test, p-value 0.003 (<0.005) so it can be concluded that there is the influence of lactation counseling on breastfeeding implementation in the third trimester pregnant women at Puskesmas Ungaran I. This stated that lactation counseling is very effective in improving the breastfeeding implementation.

DISCUSSION

1. Respondent Characteristics

Characteristics of respondents studied in this study are the current age of mothers, education, employment, childbirth, and parity. Based on the results of this study, 88.9% of the respondents’ ages are included in the category of not risky (age > 20 or <35 years). According to Biancuzo (2010) age is one of the factors affecting milk production, mothers who are younger or less than 35 years will produce more milk. In this study, all mothers who became the respondents, the production of breastmilk is good so that the mother is still able to breastfeed her baby. According to Lowdermilk (2012) in addition to the age factor, the production of breast milk may be affected by breast care during pregnancy, maternal nutrition, and previous breastfeeding experience. At the age of 20-35 years, post-cesarean mothers are at the productive stage with a functional maturity of the reproductive system.

Soetjiningsih (2013) states the age of the mother influences milk production and the ability of breastfeeding mother. Mothers who produce breast milk at the age of 20-35 years will provide breastmilk smoothly compared with older or younger mothers (<20 years or >35 years). The smoothness of breastmilk production will affect mother’s belief in breastfeeding to her baby. Mothers, less than 20 years of age will be at risk of having a premature baby so that it affects postpartum mothers where their confidence tends to be lower than in healthy infants and term (Nabulsiet al. 2014).

The awareness and steady desire of respondents to do breastfeeding are influenced by the knowledge of the respondents about breastmilk as well as the increased production of milk. It is not only the background of education, but also respondents desire to learn. The results of this study indicate that most respondents 72.2% have high school education. It is in line with research from Arini (2012) which states that there is a significant correlation between knowledge and behavior of giving breastmilk. Education of respondents with senior high school qualifications makes respondents able to receive information during lactation counseling.

In general, mothers’ education is associated with breastfeeding according to Nehring et al.’s (2015) study, which found that mothers with advanced education level were 6.45 times more likely than mothers with primary education level in breastfeeding. Changes or maintenance actions and health improvements generated by health education is based on knowledge and awareness through the learning process so that their behavior is expected to last long and settled because it is based on awareness (Arini, 2012).

The results of the study found that most of the respondents 61.1% are working mothers. Based on the evaluation of lactation counseling that has been done, all respondents are very enthusiastic to follow lactation counseling. It is indicated by all respondents come and follow lactation counseling. During counseling, respondents are also very enthusiastic to ask and discuss breast milk, breastfeeding techniques, how to store breastmilk, how to improve the production of exclusive breastmilk.
Working mothers will have less time to take care of the family, especially their children, and the mother will give them lack of breastfeeding to the infant. The mother who does not work, on the contrary, have plenty of time to take care of the baby and give breast milk to the baby without a schedule (Rosshi, 2008). It is appropriate that working mothers should spend the time to express their breastmilk for their babies so that working mothers can still provide exclusive breastfeeding. Multiple breastfeeding is not applied by working mothers, although many workplaces or factories that offer lactation room are used by mothers to express breast milk, the mother rarely used it, or the mother has never used it. The condition that causes mothers who give complementary feeding < six months in an infant with the reason of mother have to return to work, and mothers’ lack of motivation to provide breastmilk to the baby through other media by expressing the breastmilk. Few mothers who have a routine habit of expressing breastmilk because they are lazy to do it, afraid of breast pain and lack of understanding mother how to represent the breastmilk correctly.

The results of this study 50% of respondents are in the primipara category. Primipara and multipara have the opportunity to breastfeed their babies. Breastmilk production is influenced by the control of the hormone lactation, namely prolactin and oxytocin hormone. In postpartum women, there is a decrease in estrogen and progesterone levels that trigger the release of prolactin hormone from the anterior pituitary. Prolactin is a hormone that plays a role in preparing the secretion and formation of breast milk from the late trimester of pregnancy until the lactation process begins (Reeder and Smith, 2011). The smoothness of milk production experienced by postpartum mother will increase mother’s confidence and ability to breastfeeding mother. Based on the results of this study 44.4% is in the multiparity category. The amount of milk production in multipara women tends to be higher when compared with primiparous although prolactin levels in multiparous and primiparous women tend to be the same on the fourth postpartum day. Research conducted by Arini (2012) suggests that multiparous women have more prolactin receptors when compared with primiparas. The results of Smith (2010) the chances of multipara for breastfeeding within an hour after birth is two times higher (OR = 2.16) compared to primiparous moms. Breastfeeding of milk production in multiparas may be supported by mother's self-confidence, mother's self-confidence, and mother's experience when breastfeeding the first child, while breastfeeding the second child will be more confident and can be successful for breastfeeding. A multiparous mother who succeeds in exclusively breastfeeding the previous child is prepared better to start the next breastfeeding activity compared with the primipara woman who is just learning to breastfeed her baby (Soetjiningsih, 2013).

2. Implementation Of Breastfeeding Before Lactation Counseling Intervention
Based on the results obtained 72.2% of the application of breastfeeding in the third trimester pregnant women is in less category. In this study, as many as six people from 11 working mothers said they would not give breastmilk because they felt unable to breastfeed especially when they worked. While others only provide breastmilk at home. It is due to lack of information obtained by the mother about lactation management. Chertok’s et al (2015) states that there is an influence on the implementation of pregnant women's classes and lactation counseling to the knowledge of the preparation of labor which includes preparing for breast milk.

Based on the research results, it can be concluded that mother's knowledge influences the implementation of breastfeeding. It is consistent with Smith (2010) study which states that knowledge is one of the primigravida mother's readiness factors in primigravida to do breastfeeding. After doing pretest in the mother of primigravida trimester III, the researcher conducted lactation counseling to give information to mother of trimester III about benefits and advantages of breastfeeding. The researcher also informed the benefits of breastfeeding for mother and baby, the dangers of formula feeding, the importance of pregnancy and breast examination. Mothers are taught the steps of breast care during pregnancy, how to express breastmilk and breast milk storage and correct breastfeeding techniques.
From six points of BREAST instrument (body position, response, emotional bonding, anatomy and sucking time) observation of the general condition of mother and baby before lactation counseling, this study revealed some key points. There was a difficult circumstance like the baby who is not fully supported with percentage 82.35%, and the head and body of the baby is not in a straight line 82.35%. When interviewed, not all respondents know about the position and techniques of breastfeeding. Knowledge is the result of knowing and sensing an object. Researchers categorize knowledge into two categories namely good knowledge and less knowledge. This study found that most respondents have less knowledge level as many as 23 people (76.7%).

Conceptual knowledge provides essential circumstances for understanding. The mother's knowledge of breastfeeding is how the mother understands during breastfeeding to her baby. Mother's knowledge of lactation management will affect the mother in breastfeeding her baby. This is in line with research from Arini (2012) which states that knowledge and motivation of mothers will affect success in exclusive breastfeeding. Knowledge is gained through information either directly or indirectly from health workers. The results of Nabulsi et al (2014) study revealed that knowledge has a significant effect on exclusive breastfeeding. The more knowledge about the benefits of breastfeeding the mother will give more motivation to breastfeed exclusively.

Breastfeeding is influenced by internal and external factors other than the characteristics of respondents above (Morhason-Bello, Adedokun, Ojegbeye the & Oladosu, 2009; Lowdermilk, Perry & Shannon, 2004; Roesli, 2010). The first factor is an internal factor such as analysis, interpretation of data and conclusion from mother either from physical or psychological factor and baby factor because of abnormal of oral anatomy, infectious and noninfectious disease. While external factors are factors that come from outside of the mother and baby as from the environment due to lack of husband, family, friends and community support as well as from health workers and breastfeeding support groups. Lactation management is the management that governs the entire breastfeeding process to run this process successfully from breastmilk production to the infant feeding and swallowing process that begins from the antenatal, perinatal and postnatal periods. In other words, the effort to support the success of breastfeeding is called lactation management (Lowdermilk, 2012).

3. The Description Of Breastfeeding Implementation After Lactation Counseling Intervention

The results obtained 77.8% of the implementation of breastfeeding in third-trimester pregnant women is in good category. It can be seen from six BREAST instrument research points (body position, response, emotional bonding, anatomy and sucking time) can be done well. It is in line with research conducted by Ambarwati (2013) which states there is influence lactation counseling on the efficacy and ability of breastfeeding in post-cesarean mothers. Lactation management is the management that governs the entire breastfeeding process to run breastfeeding successfully from breastmilk production to the infant feeding and swallowing process that begins from the antenatal, perinatal and postnatal periods. In other words, the efforts made to support the success of breastfeeding are called lactation management (Lowdermilk, 2012). One of the concrete forms and seriousness of the government in the effort to succeed lactation management is to issue PP and PA No 03/2010 on the implementation of ten steps to the success of breastfeeding, published by State Minister of Women Empowerment and Child Protection.

Research conducted by Nabulsi et al (2014)) indicates that the success of mothers in breastfeeding their babies is not determined by the level of maternal education, but is determined by information received by the mother during the antenatal period. The mother's readiness in breastfeeding her baby is also an essential factor for improving the mother's capacity to seek and explore information about the breastfeeding process. The strong desire of a post-cesarean mother to learn attachment techniques and breastfeeding position of her baby tends to increase efforts to obtain information about lactation management to improve self-confidence and mother's breastfeeding ability.
The problem that many postpartum mothers experience is the inability of mothers about proper attachment. Problems experienced by many mothers in this study are a nipple, little amount of breast milk and baby fussy. A mother must have breastfeeding skills so that breast milk can flow from breast to baby efficiently. Good breastfeeding skills include the position of breastfeeding and attachment of the baby to the right breast (Nehring, et al. 2015). The results of Ambarwati et al. (2013) showed that mothers who received intensive lactation counseling showed increased knowledge to breastfeed their babies and showed improved attitude to begin initiating breastfeeding in their infants. The results of Ambarwati (2013) study were in line with the results of this study: mothers who received lactation counseling had a better chance of breastfeeding their infants 3.85 times when compared to mothers who did not receive lactation counseling. Good co-operation and communication between counselors and mothers will improve the mother's ability to breastfeed her baby. Counselor skills to be a good listener can create a comfortable atmosphere for mothers to explore the mother's ability to breastfeed her baby. A suitable position for breastfeeding is an essential factor in breastfeeding success in the baby. The problem of nipple blisters or nipple inversion is a condition that affects the mother in nursing her baby (Roesli, 2012).

The most common cause of nipple blisters is the inappropriate attachment position of the mother's breast. The position of the mother should be adequate on the bed. Observations made by researchers to post-cesarean mothers show that the problems that many women experience when breastfeeding babies at initial contacts are inappropriately positioning and attachment. At the initial contact of the counseling session, the researcher approached to discuss the most comfortable position for the mother to breastfeed her baby and demonstrate the right attachment. According to America Academy of Pediatrics Section on Breastfeeding (2015), the right breastfeeding attachment can be identified from the signs of most of the areola entering the baby’s mouth. The mouth of the baby is wide open. The baby’s bottom lip is turned out. The baby’s chin is attached to the mother's breast, and the baby's cheeks are bulging.

4. The Effectiveness Of Lactation Counseling On Breastfeeding Implementation

The results of this study indicate significant differences in breastfeeding ability before and after lactation counseling. The birth process will increase the risk of the mother who does not breastfeed during the first days of childbirth. It is because the mother felt fatigue and pain after delivery, so the mother feels lazy to do an activity (Smith, 2010). The pain felt by the mother after delivery can cause the mother to have difficulty in positioning herself to breastfeed her baby while accessing the baby first (Reeder and Martin, 2011). It is the primary focus of the intervention in this research, which is the first contact counseling done when the mother accesses the baby for the first time after giving birth.

The problem that many breastfeeding mothers experience is the inability of mothers about proper attachment. So the problems that are often experienced by mothers nursing are nipples, little amount of breast milk and baby fussy. A mother must have breastfeeding skills to allow breast milk to flow from the breast of the baby effectively. Good breastfeeding skills include the position of breastfeeding and attachment of the baby to the right breast (Reeder and Martin, 2011). The results of Ambarwati et al. (2013) study, showed that mothers who received intensive lactation counseling showed increased knowledge to breastfeed their babies and showed an enhancement to initiate breastfeeding in their infants. The results of Ambarwati (2013) study were in line with the results of this study: mothers who received lactation counseling had a better chance of breastfeeding their infants 3.85 times when compared to mothers who did not receive lactation counseling.

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The intensity of counseling is also one that affects the improvement of mother's knowledge, so the more frequent contact between mother and counselor, the more often the mother gets information that indirectly improves mother's knowledge. Another benefit of regular counseling intensity is the repetition of information that is a contributing factor in mother's understanding of the information. Constant and repeated information or knowledge can increase the retention of one's knowledge. Time spent on counseling is adjusted to the time desired by the mother, this will impact on the readiness of mothers in counseling to make the atmosphere more conducive learning process and impact on the success in receiving such information.

Mother's knowledge is less particular about the position of breastfeeding and correct infant attachment to affect the comfort of the mother and baby during breastfeeding. This condition becomes a blocker in producing breast milk and establishes a mother's belief that her milk is insufficient that ultimately affects the mother's decision to feed her baby with formula. This condition is supported that mothers do not know the dangers of formula milk on the growth and health of children. Culture to swaddle the baby after being born with the aim that the baby is not cold also becomes a failed factor of exclusive breastfeeding. By wrapping the baby, the skin contact between mother and baby is less, and it disturbs the baby at the time of breastfeeding, this frustrating both the baby and the mother because the milk production is insufficient.

Postdelivery is a critical period of breastfeeding because breastfeeding problems arise. Intensive lactation counseling helps mothers improve their ability and skills in facing difficulties in breastfeeding. According to Arini (2012), counseling allows mothers to gain not only the ability, interests, and opportunities but also emotions and attitudes that can influence in making choices and decision. The presence of attention and motivation in the form of the home visit after delivery by the counselor to the mother becomes a support in exclusive breastfeeding. Home visits, group meetings, growth monitoring sessions and cooking sessions are excellent opportunities for sharing information and for individual counseling (WHO, 2013).

Despite the increased knowledge and changes in breastfeeding but there are still things to be emphasized about how to express and store breastmilk and the dangers of formula milk. It is due to the lack of support from the family (parents and husbands) and mother's worries due to the condition of children who constantly cry and feel hot while milk production has not been smooth. Short maternal care time after delivery also contributes to the failure of exclusive breastfeeding. Most mothers who give birth only one day with the condition of mother are still tired and have not been able to find a comfortable breastfeeding position with a crying baby. This condition continues to influence the mothers’ decision to give milk formula.

CONCLUSION AND SUGGESTION
Conclusion
The results of this study concluded that lactation counseling affects the implementation of breastfeeding at Puskesmas Ungaran I. Mothers who get lactation counseling have a chance to have better breastfeeding ability to their babies compared with before getting lactation counseling.
Suggestion
Health workers should not only perform pregnancy checks but also lactation counseling for pregnant women, but there is a need for lactation counseling at the time of pregnancy so that by the time the mother has given birth, they can provide exclusive breastfeeding. The future researchers need to do further research to evaluate the success of breastfeeding because cultural factors and external environment can affect the success of breastfeeding. Additionally, further research can be developed to explore counseling prenatal counseling methods that have been implemented since prenatal to improve the readiness of mothers to breastfeed their babies.

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