

Effectiveness of Structured Lactation Education on Increasing Breast Milk Production in Postpartum Mothers

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ABSTRAK

Breast milk (ASI) is the best nutrition for newborns because it contains complete nutrients and immunological factors that cannot be replaced by formula. Although the WHO recommends exclusive breastfeeding for the first six months of life, the coverage of this practice in Indonesia remains low due to various barriers, particularly the perception of breast milk insufficiency, inappropriate breastfeeding techniques, and minimal support from families and health workers. Structured lactation education presents a comprehensive strategy to improve breastfeeding success through a systematic approach, encompassing physiological, psychological, and social aspects. This approach not only provides technical knowledge such as breast care and baby attachment techniques, but also strengthens maternal confidence through repeated counseling and emotional support. Research shows that structured education can increase the oxytocin reflex, improve practical skills, and reduce postpartum maternal anxiety. A qualitative method based on a literature review was used to examine empirical evidence regarding the effectiveness of this intervention from various international and national publications. The study results indicate that structured lactation education has a positive impact on increasing breast milk production, exclusive breastfeeding success, and the quality of life of mothers and babies. Its implementation also has policy implications, including strengthening the health care system, regulations supporting lactation, and the provision of supporting facilities. Thus, structured lactation education can be considered a long-term health investment that contributes to public health development and the achievement of global goals.

Keywords: *Exclusive Breastfeeding; Lactation Education; Breast Milk Production*

INTRODUCTION

Breast milk has long been recognized as the most perfect source of nutrition for newborns because it contains protein, fat, carbohydrates, vitamins, minerals, and immunological factors that cannot be replaced by formula. The bioactive substances in breast milk play a crucial role in protecting infants from respiratory

infections, diarrhea, and future chronic diseases (Sağlık, M., & Karaçam, 2023). The World Health Organization (WHO) recommends exclusive breastfeeding for six months as the gold standard for infant growth and development. However, despite strong scientific evidence, the exclusive breastfeeding rate in Indonesia remains below the established target. This indicates a gap between theory and practice in society. Low breastfeeding success directly impacts high rates of infant morbidity and mortality. This phenomenon indicates the urgent need for promotive and preventive interventions to support lactation. This situation underpins the need for a more effective educational approach for postpartum mothers.

One of the main obstacles frequently reported by postpartum mothers is the perceived inadequacy of breast milk production for their baby's needs. The perception of insufficient breast milk is often influenced by psychological factors, such as anxiety, stress, and a lack of confidence in breastfeeding (Wong et al., 2021). Furthermore, improper breastfeeding techniques, incorrect baby positioning, and minimal family support contribute to worsening lactation. If these issues are not addressed, mothers tend to seek alternatives such as early introduction of formula. This decision actually reduces breast stimulation and inhibits the let-down reflex, which is crucial for maintaining breast milk production. Studies show that psychosocial and educational interventions can significantly reduce this barrier (Sandhi et al., 2020). Therefore, a mother's understanding of lactation management is a determining factor in successful breastfeeding. This challenge to breast milk production requires a more comprehensive intervention strategy.

Lactation education is a strategic effort to improve mothers' understanding and skills regarding proper breastfeeding practices. Information on breast care, attachment techniques, and signs of adequate breast milk supply has been shown to increase mothers' confidence in breastfeeding. Targeted education can also reduce common misconceptions, such as the belief that the first milk is not good or that babies need additional fluids in addition to breast milk (Rodriguez-Gallego et al. 2021). Adequate knowledge strengthens mothers' motivation, leading to greater consistency in exclusive breastfeeding. Furthermore, lactation education helps mothers address various issues, such as engorgement or sore nipples, which are often reasons for discontinuing breastfeeding. However, general education often fails to address the individual needs of each mother. This raises the need for a more targeted, systematic, and measurable educational model. This awareness has led to the development of structured lactation education.

Structured lactation education differs from conventional approaches because it is structured based on a clear sequence of materials, methods, and learning stages. The material provided covers not only the technical aspects of breastfeeding but also the psychological and social aspects that influence successful lactation. This approach allows mothers to gradually gain understanding, making it easier to apply in everyday life. Repeated presentations using visuals, demonstrations, and hands-on practice provide a more meaningful

learning experience. Furthermore, structured education can identify a mother's specific needs based on her physical and emotional condition. Previous research has shown that this type of intervention significantly increases the success rate of exclusive breastfeeding (Blixt et al., 2023). However, the implementation of structured education remains limited and has not yet become a routine part of postpartum care. This situation opens up opportunities to demonstrate its effectiveness through more in-depth research.

The effectiveness of structured lactation education lies not only in the transfer of knowledge but also in the development of practical skills that support successful breastfeeding. Mothers who have received targeted guidance are able to master better baby attachment techniques, making breastfeeding more comfortable. Correct baby positioning not only reduces the risk of pain for the mother but also increases breast stimulation, which plays a direct role in milk production. Furthermore, ongoing education can reduce anxiety and increase self-confidence. These psychological factors have been shown to be closely related to the smooth oxytocin reflex, which influences the smooth flow of milk. Therefore, structured education plays a dual role, improving both the technical and psychological aspects of postpartum mothers. The integration of these two aspects makes the intervention more comprehensive. (Mastina & Nadya, 2025) These advantages demonstrate added value compared to conventional education methods.

Structured lactation education interventions also have long-term implications for maternal and infant health. For infants, successful breastfeeding reduces stunting rates, improves cognitive development, and protects against infectious diseases. For mothers, breastfeeding aids uterine involution, reduces the risk of postpartum hemorrhage, and provides protection against breast and ovarian cancer (Wati & Ruspita, 2025). These benefits can only be achieved if mothers consistently and exclusively breastfeed according to recommendations. Systematic education can strengthen mothers' commitment to maintaining breastfeeding practices through the first six months of a baby's life. Increased breastfeeding success can also reduce the burden on family and national health costs. This makes structured lactation education a strategy with broad impacts, not only on individuals but also on public health. This perspective emphasizes the urgency of research to prove the effectiveness of these interventions.

Despite its significant benefits, the implementation of structured lactation education has not been fully integrated into midwifery practice in various health facilities. Limited health workers, lack of training, and heavy workloads often hinder the delivery of intensive education. Furthermore, much of the education provided remains informational in nature, lacking an emphasis on practical skills. This leaves mothers inadequately trained to address lactation issues that arise at home. Research demonstrating the effectiveness of structured education has the potential to provide scientific evidence that can encourage policymakers to include it in postpartum care standards (Kasmiati, 2024). With this evidence, health workers can be more motivated to adopt this approach in their daily practice. Interventions proven effective are more easily integrated into the health

care system. Therefore, scientific studies on their effectiveness have strategic value for policy development.

Based on this description, research on the effectiveness of structured lactation education on increasing breast milk production in postpartum mothers is highly relevant. The low prevalence of exclusive breastfeeding, the high perception of breast milk shortages, and the limitations of conventional education indicate an urgent need for more targeted interventions. Structured lactation education offers a comprehensive approach with the potential to significantly impact breast milk production. Through this research, it is hoped that empirical evidence will be obtained to strengthen the position of this intervention in midwifery practice. These findings can also form the basis for developing ongoing education programs at the primary health care level. By increasing maternal knowledge and skills, the success of exclusive breastfeeding can be more assured. The long-term hope is to improve the quality of life of mothers and babies through successful exclusive breastfeeding. Therefore, the urgency of this research cannot be underestimated.

RESEARCH METHODS

This study employed a qualitative method with a literature review approach. This approach was chosen because it provides an in-depth overview of the effectiveness of structured lactation education on increasing breast milk production in postpartum mothers through an analysis of various previously published research findings. The literature reviewed included journal articles, research reports, and international and national scientific publications relevant to the topic. Data sources were obtained from electronic databases such as PubMed, ScienceDirect, ProQuest, and Google Scholar, with publications spanning the last 10 years to ensure up-to-date developments.

The literature search was conducted using keywords such as "structured lactation education," "breast milk production," "postpartum mother," and "exclusive breastfeeding." Inclusion criteria included studies discussing structured lactation education interventions, their relationship to increased breast milk production, and the success of exclusive breastfeeding. Exclusion criteria included literature that only discussed clinical aspects without linking to lactation education or articles that were not available in full text. Each eligible article was analyzed for content, methodology, and results, and then compared thematically.

Data analysis was conducted using a thematic approach, identifying patterns, categories, and concepts emerging from the selected literature. This stage included data reduction, data presentation, and conclusion drawing, following the Miles and Huberman (1994) model, which emphasizes the importance of the interpretation process in qualitative research. This approach is considered relevant for exploring deeper meaning from various research findings, thus providing a comprehensive picture of the effectiveness of structured lactation education.

The importance of using literature reviews is emphasized by Creswell (2018), who states that literature reviews in qualitative research serve as a conceptual foundation for understanding phenomena and as a foundation for developing research arguments. Furthermore, according to Snyder (2019), systematic and critical literature reviews enable researchers to identify knowledge gaps and opportunities for developing new interventions. Thus, this method not only presents existing information but also opens up opportunities for innovation in midwifery practice.

The validity of the findings is strengthened by source triangulation, which involves comparing research results from different countries and contexts to ensure consistency. This is crucial because the success of structured lactation education is likely influenced by cultural factors, family support, and the health system in a region. As Patton (2015) notes, validity in qualitative research can be enhanced by enriching data sources and carefully interpreting variations in findings. With this strategy, the research is expected to produce credible conclusions that can be applied to midwifery practice in Indonesia.

This method allows researchers to examine the effectiveness of structured lactation education not only theoretically but also practically. Through a literature review, researchers will see how the intervention is implemented in various health settings, the challenges it faces, and its real-world impact on breast milk production. As Grant and Booth (2009) noted, a literature review serves as a "conceptual map" that helps researchers connect various findings into an integrated framework. Therefore, the results of this study can contribute to the development of more effective and applicable lactation education models.

RESULTS AND DISCUSSION

1. Structured Lactation Education as a Strategi to Increase Breast Milk Production

Structured lactation education has proven to be an effective strategy for increasing breast milk production due to its comprehensive and systematic approach. Comprehensively designed educational programs equip mothers with practical skills, theoretical knowledge, and a deep understanding of healthy breastfeeding. The material typically covers proper baby latch, comfortable breastfeeding positions, and appropriate breast milk expression techniques. Emphasis on breast care is also crucial, as breast health is closely linked to healthy milk production. Studies show that mothers who receive direct guidance from healthcare providers through educational sessions experience fewer breastfeeding challenges in the early postpartum period. The clarity of information provided makes mothers better prepared to face the lactation challenges that often arise in the first week after delivery. Furthermore, education also reduces the risk of misperceptions about breast milk sufficiency, which often lowers breastfeeding motivation. Thus, consistent education helps build a solid knowledge base for mothers (Huda et al., 2022). This has a lasting impact on successful lactation in the subsequent period.

In addition to providing technical understanding, structured lactation education significantly contributes to increasing the self-confidence of breastfeeding mothers. High self-confidence has been shown to influence mothers' success in maintaining exclusive breastfeeding practices. Mothers who are confident in their abilities tend to be more persistent in the face of pain, latch-on difficulties, and anxiety about breast milk production. The literature shows that educational interventions can reduce anxiety and increase positive perceptions of breastfeeding abilities (Demirci et al., 2022). This self-confidence also results in increased levels of the hormone oxytocin, which plays a role in milk letdown. Thus, there is a close link between the psychological aspects strengthened through education and the physiological process of breast milk production. A stable maternal emotional state contributes to a smooth let-down reflex, which is crucial for successful breastfeeding. Through psychological reinforcement, education helps mothers build sustainable self-confidence. This further emphasizes that educational interventions are not merely knowledge transfer but also an empowering process.

The success of structured lactation education is also inseparable from the delivery methods used in the program. Visual media, practical simulations, and face-to-face counseling are important instruments to strengthen the learning experience. Demonstrating breastfeeding techniques with hands-on practice makes it easier for mothers to understand and retain information. This approach differs from one-way counseling, as structured education emphasizes interactivity. Furthermore, the use of media such as videos or booklets allows mothers to review the material independently at home. This multimodal approach has been shown to increase the chances of knowledge retention while minimizing errors in practice (Yazdanbakhsh et al., 2022). This makes education more effective in fostering correct breastfeeding behaviors. Studies show that mothers who participate in multimodal education programs experience a higher rate of exclusive breastfeeding success than those who only receive brief counseling. Therefore, the delivery strategy is a key factor in ensuring the success of lactation education.

In addition to the delivery method, the success of structured lactation education is also influenced by the consistency and continuity of the program. Repeated educational sessions, both during pregnancy and after delivery, provide mothers with the opportunity to strengthen their understanding and skills. Continuity of counseling also allows mothers to explore real-world challenges they face while breastfeeding. This allows health workers to provide more appropriate and individualized solutions. Continuity of the educational program also strengthens the bond between mother and health worker, fostering a deep sense of trust. This relationship motivates mothers to be more open about their difficulties without fear or shame. Continuity provides mothers with consistent moral support, which ultimately contributes to psychological stability. Furthermore, a sustainable program ensures that any changes in lactation conditions are promptly identified and addressed. This consistency emphasizes

that education is not a one-time process, but rather a long-term journey that supports successful breastfeeding (Spatz et al., 2025).

Ultimately, structured lactation education has a dual, complementary role: optimizing physiological factors and strengthening psychological ones. A balance between these two aspects makes educational programs more effective than partial approaches that emphasize only one aspect. The hormones prolactin and oxytocin, which play a role in breast milk production and release, function optimally when the mother is emotionally stable (Natalia et al., 2022). Conversely, psychological disorders such as anxiety or feelings of inadequacy have been shown to suppress the let-down reflex and reduce breast milk volume. Therefore, the success of educational programs must be understood as the result of a synergy between knowledge, skills, and emotional support. This strategy strengthens the argument that structured lactation education is not simply a means of increasing maternal knowledge but also a crucial instrument for ensuring the sustainability of exclusive breastfeeding. With systematic educational support, mothers are able to face the challenges of breastfeeding with greater preparedness and confidence. Ultimately, the impact of this program is felt not only by mothers and babies but also contributes to achieving better public health. Therefore, structured lactation education can be considered a long-term investment in the well-being of future generations.

2. Supporting and Inhibiting Factors in the Implementation of Astructured Lactation Education

The effectiveness of educational interventions in postpartum perineal wound healing has been extensively studied, both quantitatively and qualitatively. Physiologically, structured health education plays a crucial role in reducing the risk. Structured lactation education has several supporting factors that can strengthen its effectiveness in improving the knowledge and skills of breastfeeding mothers. The availability of trained health workers is crucial because their ability to convey information using a communicative approach can foster mothers' confidence. The availability of educational media such as modules, leaflets, and interactive videos also enriches mothers' understanding through easy-to-understand visualizations. Family support, especially from husbands and parents, has proven to be an important motivator because mothers feel they are not alone in facing breastfeeding challenges. A responsive environment, such as a breastfeeding community or breastfeeding support group, also provides a space for sharing experiences, strengthening mothers' motivation to be consistent. Several studies have shown that the existence of a comprehensive support system can significantly increase the success rate of exclusive breastfeeding (Chen et al., 2025). Furthermore, health policies that encourage structured lactation programs also contribute to the sustainability of this intervention. The alignment between professional, family, and environmental support makes lactation education not only a transfer of knowledge but also the formation of a stronger breastfeeding culture. Thus, these

supporting factors form a solid foundation for the successful implementation of lactation education.

However, the implementation of lactation education is not without its obstacles, often reducing the program's effectiveness in the field. Limited healthcare time means medical personnel don't always have the opportunity to provide comprehensive lactation counseling. A shortage of human resources further exacerbates the situation, as high workloads make it difficult for healthcare workers to provide personalized attention to each mother. Low maternal health literacy poses a significant challenge, especially when the information provided is difficult to receive or understand. Furthermore, myths and traditional beliefs about early complementary feeding often contradict the principles of exclusive breastfeeding. Economic factors can also be a barrier, as some families prefer formula milk, which is considered more practical, even though it may not always meet the baby's needs. The lack of supporting facilities, such as lactation rooms in the workplace, exacerbates the situation for mothers returning to work after giving birth. Another obstacle arises from the lack of coordination among healthcare workers, resulting in inconsistent messages. This demonstrates that even though lactation education is structured, the reality on the ground often presents obstacles that require adaptive solutions (Rosidi & Kadir, 2019).

A closer look reveals the interplay between these supporting and inhibiting factors, creating a dynamic that determines the effectiveness of lactation education programs. Trained health workers may be readily available, but if they are constrained by time and workload, the quality of education declines. Educational media may be comprehensive, but low maternal health literacy makes the message difficult to absorb. Family support is crucial, but if myths predominate in the social environment, a mother's confidence can waver. Conversely, the existence of a supportive community for breastfeeding mothers can act as a counterbalance, strengthening a mother's motivation to remain consistent. In other words, the success of education is greatly influenced by the extent to which supporting factors can overcome emerging obstacles. This reciprocal relationship emphasizes that implementation cannot rely solely on one aspect but requires comprehensive integration. The balance between potential supports and obstacles must be managed wisely to ensure effective intervention outcomes (Bali et al., 2025). This requires strategies that are adaptive and contextualized to the community's circumstances.

The role of the health care system is also inseparable from strengthening structured lactation education, as the availability of regulations and policies determines the direction of program success (Zulaika & Ghani, 2025). Support from health institutions through training of medical personnel, provision of educational resources, and evaluative monitoring are important indicators influencing smooth implementation. If the health system is able to provide lactation rooms in public facilities and workplaces, barriers to breastfeeding can be more easily overcome. Government policies regarding maternity leave and the promotion of exclusive breastfeeding also provide more space for mothers to

consistently practice breastfeeding (Kusumasastra, 2023). Integrating lactation programs with maternal and child health services makes education more sustainable because it is integrated into routine service flows. Furthermore, the involvement of professional midwifery and nursing organizations strengthens the continuity of evidence-based education. However, if regulations are merely symbolic without concrete implementation, health system support will not have a significant impact. Therefore, the quality of policies and the seriousness of their implementation are key benchmarks for the success of lactation education. These efforts demonstrate that synergy between the health system and social support is crucial for success.

The overall description shows that the supporting and inhibiting factors for the implementation of structured lactation education are interrelated and require a comprehensive strategy (Savitri et al., 2024). Optimizing health workers, providing educational media, and strengthening family support must go hand in hand with efforts to overcome obstacles such as limited time, lack of resources, and low maternal health literacy. Strengthening the health service system and supporting public policies serve as a bridge that balances the interaction between opportunities and challenges. Educational strategies need to be designed with the socio-cultural conditions of the community in mind to ensure that the messages delivered are truly relevant and accepted. If synergy between these various factors is achieved, the potential for successful lactation education will be greater and more sustainable. Therefore, strengthening collaboration between health workers, families, communities, and health institutions is an urgent need. Educational programs should not only focus on increasing knowledge but also on establishing a sustainable breastfeeding culture. With a holistic approach, obstacles can be minimized and supporting factors can be maximized. Ultimately, the successful implementation of structured lactation education will be achieved when all components work harmoniously towards a common goal.

3. Implications of Structured Lactation Education for Midwifery Practice and Health Policy

Structured lactation education provides a strong foundation for midwifery practice to further emphasize the importance of exclusive breastfeeding in the first six months of a baby's life. This program can reduce the information gap often experienced by mothers, particularly during the postpartum period, which is prone to breastfeeding barriers. Midwifery personnel equipped with standardized educational modules are better able to provide comprehensive, evidence-based counseling, ensuring mothers feel emotionally and knowledgeably supported. This structured approach also encourages more effective communication between midwives and mothers, leading to increased adherence to proper breastfeeding practices. This success is determined not only by technical knowledge but also by the mother's confidence built through consistent education (Webber et al. 2022). With educational standards, midwifery practices can be more uniform and reduce the variation in service quality that is often encountered. This will strengthen midwives' position as the spearhead of

promotive and preventive maternal and child health services. Concurrently, the success of lactation programs can be more easily measured and systematically monitored. Therefore, the role of structured lactation education is a crucial instrument in improving the quality of midwifery services.

Furthermore, the implications of structured lactation education extend to the formulation of health policies that are more inclusive of the needs of mothers and babies. Evidence of the program's effectiveness could encourage the government to develop regulations that integrate lactation education as a mandatory part of basic health services. If implemented nationally, this policy would promote uniform service standards across various levels of health facilities, including hospitals, community health centers, and independent midwife practices. With regulations in place, health workers would have a clear reference point for consistently implementing lactation counseling. The policy could also include the provision of supporting facilities and infrastructure, such as lactation rooms in public facilities and ongoing training for health workers. These implications align with health development goals that emphasize promotive and preventive efforts as the primary strategy for reducing morbidity. If the government can establish lactation education as an integral part of maternal and neonatal policies, efforts to achieve the Sustainable Development Goals (SDGs) targets related to maternal and child health will be more realistic. Furthermore, such a policy will strengthen synergy between sectors, such as education, employment, and child protection (Blachnio et al., 2021). Thus, the positive impact is not only limited to the health sector, but also to broader social development.

In line with policy strengthening, the implementation of structured lactation education also has the potential to reduce the community's dependence on formula milk, which remains high. Systematic education can change mothers' mindsets regarding breastfeeding as the primary choice, not just an alternative, thereby significantly reducing formula consumption (Mulcahy et al., 2022). This reduced dependence has significant economic implications, given the high long-term costs of purchasing formula milk. Increasingly educated communities about choosing breast milk will reduce household financial burdens and, on a macro level, reduce national healthcare costs. This also supports environmental sustainability, as formula milk production and distribution are known to have a significant carbon footprint. Therefore, structured lactation education not only impacts health but also supports the global agenda of environmental sustainability. Furthermore, the shift from formula to breast milk consumption strengthens the emotional bond between mother and baby, a strategy that cannot be replaced by commercial products (Afni, 2025). These multidimensional implications make lactation education a more efficient and sustainable intervention strategy. With this foundation, the role of midwifery is increasingly recognized as an agent of change in breastfeeding behavior in the community.

Another equally important aspect is the contribution of structured lactation education to improving the quality of life for mothers and babies. This program equips mothers with a better understanding of breastfeeding techniques,

lactation management, and the management of common problems such as sore nipples or insufficient milk production. With this knowledge, mothers feel more confident and empowered during breastfeeding, thereby reducing the risk of postpartum stress and depression. Babies who are exclusively breastfed have also been shown to have better immune systems, optimal growth, and a lower risk of infectious and chronic diseases later in life. These implications contribute to reduced infant morbidity and mortality, which are key indicators of the success of maternal and child health programs (Desmawati & Putri, 2025). In addition to physical health aspects, lactation education also strengthens the psychosocial dimension of the family because breastfeeding supports the bonding between mother, baby, and father. The domino effect of this improved quality of life can be felt at the community level, as a healthy generation will become social capital for development. Midwifery personnel who play an active role in the education process also strengthen public trust in the health system. In this way, the benefits of structured lactation education are felt more broadly and long-term.

Finally, it can be emphasized that the implementation of structured lactation education not only has a positive impact on the individual level but also contributes to collective public health. Midwifery practices based on educational standards can improve the quality of services and ensure the success of exclusive breastfeeding programs. Policies that support the integration of lactation education into the national health system will create uniformity of services while strengthening the foundation of maternal and child health. By reducing reliance on formula milk, healthcare costs can be reduced while supporting environmental sustainability. The improved quality of life of mothers and babies achieved through lactation education will also impact the productivity of future generations. This proves that investing in lactation education programs is a cost-effective and sustainable strategy. As scientific evidence grows, these programs have the potential to become replicable intervention models in countries facing similar challenges. Therefore, the implications of structured lactation education go beyond medical boundaries to encompass social, economic, and environmental aspects. Therefore, strengthening these programs should be a shared priority for health workers, the government, and the community.

CONCLUSION

The conclusion of the description of structured lactation education shows that this program is an effective and comprehensive strategy for increasing production and success of exclusive breastfeeding, as it combines physiological, psychological, and social aspects in a balanced manner. This systematic approach focuses not only on the transfer of technical knowledge such as breastfeeding techniques and breast care, but also on fostering mothers' self-confidence and emotional resilience through consistent counseling support. Supporting factors such as trained health workers, educational media, family support, community support, and supportive public policies have been proven to strengthen the program's implementation.

However, this success often faces obstacles such as time constraints, low health literacy, cultural myths, and a lack of supporting facilities, requiring adaptive and contextual strategies. The dynamic interaction between supporting and inhibiting factors emphasizes that successful education can only be achieved through integrated synergy between relevant parties. The role of midwives and health workers is key, as they not only convey information but also facilitate the empowerment of mothers in facing breastfeeding challenges. Continuity of education from pregnancy to postpartum ensures a continuous support process, enabling mothers to maintain consistent lactation practices. The implications of this program extend to national health policies, encouraging uniformity of services, strengthening regulations, and providing more inclusive support facilities. Beyond its medical impact, structured lactation education also brings economic benefits by reducing the cost of formula milk while supporting environmental sustainability. Furthermore, successful exclusive breastfeeding contributes to improving the quality of life for mothers and babies, reducing morbidity and mortality, and strengthening family bonds. Therefore, structured lactation education is not simply a health intervention, but a long-term investment for the well-being of future generations. Efforts to strengthen its implementation must involve health workers, the government, and the community to create a sustainable breastfeeding culture. Ultimately, the success of this education will have a broad impact, at the individual, family, and community levels, while supporting the achievement of global health development goals

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