



Personalized Postpartum Interventions and Their Impact on Working Mothers

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ABSTRACT

Exclusive breastfeeding is a critical determinant in maintaining infant health and nutritional status. However, its coverage remains low, particularly among postpartum working mothers. Limited maternal knowledge, lack of family especially spousal support, and low maternal satisfaction are reported key factors contributing to suboptimal breastfeeding practices. This quasi-experimental study employed a non-equivalent control group pre-test and post-test design. It was conducted from January to October 2024 in the working area of the Darussalam Primary Health Center in Medan, Indonesia. A total of 140 postpartum working mothers were purposively selected and divided into two groups: intervention (n=70) and control (n=70). The intervention group received PBE through a pocketbook, educational videos, and personalized counseling provided by trained midwives. They were followed up at day 7, month 1, month 3 and month 6 post-intervention. Data were analyzed using paired t-test, independent t-test, and repeated measure ANOVA. The exclusive breastfeeding adequacy score significantly increased in the intervention group ($p=0.000$; $p<0.05$), indicating meaningful differences across measurement periods. Between-group analysis showed a significant difference ($F=11.040$; $p=0.002$; $p<0.05$). Overall improvements were also significant in maternal knowledge ($F=37.238$; $p<0.001$), maternal satisfaction ($F=31.932$; $p<0.001$), and spousal support ($F=26.083$; $p<0.001$). Personalized breastfeeding education effectively enhances exclusive breastfeeding adequacy, maternal knowledge and satisfaction, and as well as, and spousal support among postpartum working mothers. Primary health centers and Medan City Health Office are encouraged to integrate personalized breastfeeding education into antenatal and post-natal care programs, involve husbands as active companions, and provide adequate facilities as well as training for breastfeeding-supportive healthcare providers.

INTRODUCTION

Adequate breastfeeding during the early weeks and months of life is crucial for ensuring optimal infant nutrition, enhancing immune function, and reducing the risk of respiratory infections and diarrhea.¹ This critical period therefore requires substantial maternal attention and preparedness.² Low coverage of exclusive breastfeeding poses a serious threat to child growth and development and ultimately affects the quality of human resources in future generations.³ Infants who do not receive exclusive breastfeeding are known to have a significantly higher risk of morbidity compared to those who are exclusively breastfed.⁴

The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with appropriate complementary feeding up to two years of age or beyond. However, exclusive breastfeeding rates remain suboptimal at the global, national, and regional levels. Globally, the prevalence of exclusive breastfeeding among infants aged 0–6 months is only 38%.⁵ In Indonesia, in 2020, among of the 3,196,303 infants under six months of age, only 2,113,564 (66.1%) received exclusive breastfeeding.⁶ These figures indicate that inadequate exclusive breastfeeding remains a major public health concern with long-term implications for child health and development.⁷ This issue persists across both urban and rural settings, with evidence suggesting a gradual decline in exclusive breastfeeding practices over time.⁸ Infants who are deprived of exclusive breastfeeding are more vulnerable to a wide range of health complications,⁹ and failure to achieve exclusive breastfeeding is often associated with suboptimal postpartum maternal care.

Previous studies have identified several factors contributing to low exclusive breastfeeding rates, including insufficient breast milk production, particularly in the early postpartum period,¹⁰ limited maternal knowledge regarding appropriate breastfeeding techniques, and inadequate family support.¹¹ The postpartum period represents a critical transitional phase characterized by complex physiological and psychological changes in mothers.^{11,12} These changes may predispose women to emotional disturbances that adversely affect maternal well-being, breastfeeding practices, and the family

environment.¹³ Therefore, maternal knowledge and family support during this stage become essential.¹⁴ Consequently, maternal knowledge and family support during this period are essential determinants of successful exclusive breastfeeding.¹⁵ Family involvement, especially spousal support, plays a pivotal role in initiating and sustaining exclusive breastfeeding during the first six months of an infant's life.¹⁶⁻¹⁷

Efforts to improve maternal knowledge, satisfaction, and spousal support have commonly been implemented through educational interventions. Various educational approaches, including the use of pocketbooks and instructional videos, have demonstrated effectiveness in enhancing breastfeeding practices among postpartum mothers.¹⁸ Health education delivered through counseling and structured educational sessions can extend breastfeeding duration by improving mothers' understanding of evidence-based breastfeeding practices and providing access to reliable information.¹⁹ Furthermore, educational interventions that actively involve family members, particularly husbands or parents serve as a strong support system that reinforces exclusive breastfeeding behaviors.

Despite the growing body of literature on breastfeeding education, most existing interventions remain generic in nature and do not adequately address individual maternal needs. This limitation is particularly evident among working postpartum mothers, who face additional challenges such as time constraints, physical fatigue, workplace demands, and psychosocial stressors that may hinder successful breastfeeding. Moreover, empirical evidence regarding the effectiveness of Personalized Breastfeeding Education (PBE) in improving maternal knowledge, satisfaction, and spousal support among working postpartum mothers remains limited, especially in low and middle-income country settings.

The present study aimed to analyze the effectiveness of Personalized Breastfeeding Education (PBE) in improving maternal knowledge, maternal satisfaction, spousal support, and the adequacy of exclusive breastfeeding among working postpartum mothers.

MATERIAL AND METHOD

This study employed a quasi-experimental design with a non-equivalent control group

pretest–posttest approach. The study was conducted in the service area of Darussalam Public Health Center in Medan, Indonesia, from January to October 2024. The study population comprised postpartum working mothers residing in the health center’s catchment area. A total of 140 participants were recruited using purposive sampling and allocated into an intervention group ($n = 70$) and a control group ($n = 70$). The intervention group received Personalized Breastfeeding Education (PBE), while the control group received routine postpartum care without structured breastfeeding education. The sample size was considered adequate to detect moderate intervention effects in quasi-experimental studies with repeated measurements.

Baseline data were collected during postpartum follow-up visits. Follow-up assessments were conducted at day 7, month 1, month 3, and month 6 post-intervention using interviewer guided online questionnaires and video call based observational assessments to evaluate breastfeeding techniques, maternal knowledge, satisfaction, spousal support, and exclusive breastfeeding status. The intervention consisted of individualized counseling, educational videos, and interactive discussions tailored to mothers’ working conditions, delivered by trained midwives using a standardized family guidance module. Each session lasted 45–60 minutes.

Validated questionnaires adapted from the WHO breastfeeding guidelines were used. The instruments demonstrated acceptable validity and reliability (Cronbach’s $\alpha > 0.70$). Data were analyzed using paired t-tests, independent t-tests, and repeated-measures ANOVA with a significance level of $p \leq 0.05$.

Ethical approval for the study was granted the Human Research Ethics Committee of Universiti Sultan Zainal Abidin (Ref No: UniSZA/UHREC/2023/574) written informed consent was obtained from all participants.

RESULTS

Characteristics of Mothers

The characteristics of working postpartum mothers in the service area of the Darussalam Public Health Center included age, educational level, ethnicity, occupation, delivery history, and

maternal health status. The frequency distribution of these characteristics is presented in Table 1.

In the intervention group, 68 mothers (97.1%) were aged <35 years, and 2 mothers (2.9%) were aged ≥ 35 years. In the control group, 63 mothers (90%) were aged <35 years, and 7 mothers (10%) were aged ≥ 35 years. Regarding education, in the intervention group, 57 mothers (81.4%) had a low level of education, while 13 mothers (18.6%) had a high level of education. In the control group, 51 mothers (72.9%) had a low level of education, and 19 mothers (27.1%) had a high level of education. Concerning ethnicity, in the intervention group, 30 mothers (42.9%) identified as Malayu, 40 (57.1%) as No Malayu. In the control group, 28 mothers (40%) were Malay, 42 (60%) No Malayu. For occupation, in the intervention group, 8 mothers (11.4%) were civil servants and 62 (88.6%) were private employees. In the control group, 10 mothers (14.3%) were civil servants and 60 (85.7%) were private employees (Table 1).

Regarding delivery history, in the intervention group, 59 mothers (84.3%) had vaginal deliveries, and 11 (15.7%) underwent cesarean sections. In the control group, 54 mothers (77.1%) had vaginal deliveries, and 16 (22.9%) had cesarean sections. The p -value was 0.392, indicating no significant relationship between delivery history and group assignment. Regarding maternal health status, 48 mothers (68.6%) in the intervention group were classified as having good health, while 22 (31.4%) were classified as having poor health. In the control group, 49 mothers (70.0%) had good health status, and 21 (30.0%) had poor health status. All the p -value was less than 1.000, indicating no significant association between maternal characteristics and group.

Adequate Breastfeeding Between the Intervention and Control Groups

The increase in the mean score of breastfeeding adequacy was significantly greater in the intervention group (Mean Score Difference = -0.95; $p < 0.001$) compared to the control group (Mean Score Difference = -0.25; $p < 0.001$) (Table 2).

Table 1. Characteristics of the Postpartum Working Mothers

Variable	Intervention Group		Control Group		P-Value ^a
	n = 70	%	n = 70	%	
Age					
< 35 Years	68	97.1	63	90	0.165
≥ 35 Years	2	2.1	7	10	
Education					
Low	57	81.4	51	72.9	0.314
High	13	18.6	19	27.1	
Ethnicity					
Malay	30	42.9	28	40	0.049
Non-Malay	40	57.1	42	60	
Occupation					
Civil Servant	8	11.4	10	14.3	0.801
Private Employee	62	88.6	60	85.7	
Delivery History					
Vaginal Delivery	59	84.3	54	77.1	0.392
Cesarean Section	11	15.7	16	22.9	
Maternal Health Status					
Good	48	68.6	49	70	1.000
Poor	22	31.4	21	30	

Source: Primary Data, 2024

^aChi-square Test**Table 2. The Mean Breastfeeding Adequacy Score Differences Within Group**

Time Comparison	Intervention Group (n = 70)		Control Group (n = 70)	
	Mean Score Differences (95% CI)	P-Value ^a	Mean Score Differences (95% CI)	P-Value ^a
First Week vs First Month	-0.95	0.001	-0.25	0.001

Source: Primary Data, 2024

^aPaired t Test

Between group comparison presented in Table 3, the intervention group had a significantly higher exclusive breastfeeding adequacy score compared to the control group, both in the first week (Mean Score: Intervention Group = 7.96, Control Group = 6.89; $p = 0.001$) and during the first month postpartum (Mean Score: Intervention Group = 8.91, Control Group = 7.14; $p = 0.001$).

Overall, the difference in exclusive breastfeeding adequacy scores between the intervention and control groups was found to be consistent and statistically significant from the first week through the first month postpartum ($F = 17.891$; $p < 0.001$) (Table 4).

Maternal Knowledge, Maternal Satisfaction, and Husband Support in Breastfeeding Between the Intervention and Control Groups

In Table 5, for within each group analysis, the intervention group experienced significant improvements in maternal knowledge, maternal

satisfaction, and husband support related to exclusive breastfeeding from the first week until the sixth month postpartum ($p < 0.001$), whereas the control group showed no significant changes over the same period.

Comparison between group in Table 6 indicates a significant difference in maternal knowledge, satisfaction, and husband support related to exclusive breastfeeding between the intervention and control groups at the first week until the sixth month postpartum ($p < 0.001$).

The Repeated Measures ANOVA analysis revealed a significant and consistent increase in the mean scores of maternal knowledge, maternal satisfaction, and husband support related to exclusive breastfeeding in the intervention group from the first week until the sixth month postpartum ($F = 55.69$; $p = 0.001$), ($F = 115.14$; $p = 0.001$), ($F = 490.94$; $p = 0.001$) (Table 7).

Table 3. The Mean Breastfeeding Adequacy Score Differences Between Group

Group Comparison	Mean Score (SD)				t Statistic (df)	P-Value ^a
	Intervention Group (n = 70)		Control Group (n = 70)			
First Week	7.96	(1.89)	6.89	(1.91)	3.33	0.001
First Month	8.91	(2.01)	7.14	(2.16)	5.00	0.001

Source: Primary Data, 2024

^aIndependent t Test**Table 4. The Breastfeeding Adequacy Score Within and Between The Intervention and Control Groups**

Time & Group Comparison	Adjusted Mean (95% CI)				F Statistic (df)	P-Value ^a
	Intervention Group (n= 70)		Control Group (n= 70)			
First Week	7.95	(7.50-8.40)	6.88	(6.43-7.33)	17.89	0.001
First Month	8.91	(8.91-9.40)	7.14	(6.64-7.63)		

Source: Primary Data, 2024

^aRepeated Measure ANOVA**Table 5. The Mean Maternal Knowledge, Maternal Satisfaction, and Husband Support Score Differences Within Group**

Time Comparison	Intervention Group (n = 70)		Control Group (n = 70)	
	Mean Score Differences (95% CI)	P-Value ^a	Mean Score Differences (95% CI)	P-Value ^a
Maternal Knowledge				
First Week vs First Month	-1.10	0.001	-0.07	0.321
First Month vs Third Month	-0.70	0.001	-0.08	0.260
Third Month vs Sixth Month	-0.47	0.001	-0.01	0.658
Maternal Satisfaction				
First Week vs First Month	-2.24	0.001	-0.12	0.161
First Month vs Third Month	-0.50	0.001	-0.11	0.219
Third Month vs Sixth Month	-0.64	0.001	-0.10	0.321
Husband Support				
First Week vs First Month	-33.48	0.001	-0.12	0.374
First Month vs Third Month	-5.98	0.001	-0.15	0.548
Third Month vs Sixth Month	-7.12	0.001	-0.40	0.353

Source: Primary Data, 2024

^aPaired t Test

DISCUSSION

Mothers in the intervention group who received Personalized Breastfeeding Education (PBE) demonstrated statistically significant improvements in breastfeeding adequacy, maternal knowledge, satisfaction, and spousal support compared to the control group. These differences became more pronounced by the first month postpartum and were consistently maintained throughout the six-month follow-up period. This finding indicates that personalized and continuous educational interventions are

more effective than routine postpartum care in supporting exclusive breastfeeding among working mothers.

The improvement in breastfeeding adequacy observed in this study can be explained through several mechanisms. Structured and personalized education equips mothers with comprehensive knowledge of correct breastfeeding techniques, indicators of breastfeeding adequacy, and practical strategies to manage common breastfeeding challenges.²² Individualized counseling further enables mothers to identify and

address personal barriers related to their occupational demands, such as milk expression, storage, and time management.^{23,24} These findings are consistent with national studies in Indonesia reporting that tailored breastfeeding education significantly improves exclusive breastfeeding rates among working mothers.²⁵ International

studies conducted in low- and middle-income countries similarly demonstrate that personalized and family-centered breastfeeding interventions are more effective than generic education in improving exclusive breastfeeding outcomes.²⁶

Table 6. The Mean Maternal Knowledge, Maternal Satisfaction, and Husband Support Score Differences Between Group

Group Comparison	Mean Score (SD)		t Statistic (df)	P-Value ^a
	Intervention Group (n = 70)	Control Group (n = 70)		
Maternal Knowledge				
First Week	5.51 (1.06)	5.26 (1.64)	1.09	0.274
First Month	6.61 (1.26)	5.33 (1.53)	5.39	0.001
Third Month	7.31 (0.91)	5.41 (1.30)	10.00	0.001
Sixth Month	7.79 (0.91)	5.43 (1.25)	12.67	0.001
Maternal Satisfaction				
First Week	18.96 (2.96)	16.46 (2.50)	5.39	0.001
First Month	21.20 (2.66)	16.59 (2.57)	10.41	0.001
Third Month	21.70 (2.20)	16.70 (2.62)	12.19	0.001
Sixth Month	22.34 (1.68)	16.80 (2.69)	14.61	0.001
Husband Support				
First Week	81.86 (10.40)	77.13 (10.42)	2.68	0.008
First Month	115.34 (10.17)	77.26 (9.91)	22.43	0.001
Third Month	121.33 (8.95)	77.41 (9.56)	28.03	0.001
Sixth Month	128.46 (7.83)	77.81 (8.97)	35.57	0.001

Source: Primary Data, 2024

^aIndependent t Test

Table 7. The Maternal Knowledge, Maternal Satisfaction, and Husband Support Score Within and Between the Intervention and Control Groups

Variable	Adjusted Mean (95% CI)		F Statistic (df)	P-Value ^a
	Intervention Group (n = 70)	Control Group (n = 70)		
Maternal Knowledge				
First Week	5.51 (5.18-5.84)	5.25 (4.93-5.58)	55.69	0.001
First Month	6.61 (6.28-6.94)	5.32 (4.99-5.66)		
Third Month	7.31 (7.04-7.58)	5.41 (5.14-5.68)		
Sixth Month	7.78 (7.52-8.04)	5.42 (5.16-5.68)		
Maternal Satisfaction				
First Week	18.96 (18.31-19.61)	16.45 (15.81-17.10)	115.14	0.001
First Month	21.20 (20.58-21.82)	16.58 (15.96-17.20)		
Third Month	21.70 (21.12-22.27)	16.70 (16.12-17.27)		
Sixth Month	22.34 (21.81-22.87)	16.80 (16.27-17.33)		
Husband Support				
First Week	81.85 (79.39-84.31)	77.12 (74.66-79.59)	490.94	0.001
First Month	115.34 (112.96-117.71)	77.25 (74.88-79.63)		
Third Month	121.32 (119.13-123.51)	77.41 (75.22-79.60)		
Sixth Month	128.45 (126.46-130.44)	77.81 (75.82-79.80)		

Source: Primary Data, 2024

^aRepeated Measure ANOVA

Maternal knowledge scores in the intervention group increased progressively from the first week to the sixth month postpartum, whereas no significant changes were observed in the control group. This sustained improvement suggests that PBE not only enhances short-term knowledge acquisition but also promotes long-term learning and behavioral reinforcement. This finding aligns with previous international evidence showing that continuous, interactive breastfeeding education leads to better knowledge retention and practice.²⁷ The results are also consistent with the Health Belief Model (HBM), which posits that increased knowledge enhances perceived benefits and reduces perceived barriers, thereby facilitating sustained adoption of health-promoting behaviors such as exclusive breastfeeding.²⁸

Maternal satisfaction with breastfeeding also showed a significant and steady increase in the intervention group, while remaining low and unchanged in the control group. Comparable findings have been reported in national studies indicating that mothers who receive comprehensive breastfeeding counseling experience higher satisfaction and confidence during the breastfeeding process.²⁹ International literature further supports that maternal satisfaction is strongly associated with breastfeeding self-efficacy, early success, and continued exclusive breastfeeding.³⁰ Education that sets realistic expectations, improves technical competence, and provides emotional reassurance reduces maternal anxiety and frustration, leading to greater psychological satisfaction.¹⁰

Spousal support significantly increased among mothers in the intervention group, underscoring the critical role of husband involvement in breastfeeding success. This finding is consistent with both Indonesian and international studies demonstrating that emotional, informational, and instrumental support from husbands is a strong predictor of exclusive breastfeeding continuation.³¹ Family-inclusive education encourages husbands to actively participate by providing encouragement, assisting with household responsibilities, and supporting breastfeeding related decision-making, thereby strengthening the mother's capacity to sustain exclusive breastfeeding.

From a policy and service delivery perspective, these findings highlight the importance of

integrating Personalized Breastfeeding Education into routine maternal and child health services, particularly for working mothers. Health systems should consider incorporating individualized counseling, family engagement strategies, and workplace-oriented breastfeeding education into antenatal and postnatal care programs. Strengthening the role of midwives as breastfeeding counselors and developing supportive workplace policies may further enhance exclusive breastfeeding outcomes.

Despite these strengths, this study has several limitations. The study was conducted in a single primary healthcare setting, which may limit the generalizability of the findings. The relatively limited sample size and absence of adjustment for potential confounding variables may also affect the robustness of the conclusions. Additionally, the educational nature of the intervention may have introduced response bias related to social desirability. Future research should involve larger, multi-center randomized studies, include longer follow-up periods to assess sustained breastfeeding practices, and examine the integration of workplace-based and digital breastfeeding support interventions.

CONCLUSION AND RECOMMENDATION

The findings of this study indicate that the intervention in the form of Personalized Breastfeeding Education (PBE) significantly improved the adequacy of exclusive breastfeeding among postpartum working mothers compared to the control group who did not receive any education. The educational intervention delivered through pocketbooks, educational videos, and individual counseling successfully enhanced maternal knowledge consistently from the first week to the sixth month postpartum. In contrast, the control group showed no significant improvement in knowledge. Maternal satisfaction with the breastfeeding process also increased significantly in the intervention group, suggesting that the intervention was effective in improving not only cognitive aspects (knowledge) but also affective aspects (satisfaction). Additionally, spousal support increased markedly and significantly in the intervention group, highlighting the importance of husband involvement as an effective support system in breastfeeding programs. Overall, a structured, interactive, and contextually tailored educational approach can effectively enhance exclusive breast-

feeding practices among postpartum working mothers.

It is recommended that Primary Health Center Darussalam and the Medan City Health Office implement exclusive breastfeeding promotion programs that actively involve family members especially husbands as companions in education sessions. Facilities for breastfeeding education, such as lactation rooms, counseling rooms, and training for midwives in lactation counseling, should be made available. For healthcare providers (midwives in health centers and village midwives), it is advised to routinely implement structured and personalized breastfeeding education programs starting from the antenatal period through the postpartum phase, utilizing educational media such as videos, pocketbooks, and individual counseling sessions to ensure information is easier to understand and apply. Postpartum working mothers are encouraged to take a more active role in seeking information and participating in breastfeeding education programs provided by healthcare facilities. Suggestions for future research include expanding the implementation of Personalized Breastfeeding Education (PBE) to a larger population and diverse settings to assess its long-term impact on exclusive breastfeeding duration and maternal well-being. Future studies are also recommended to explore factors influencing the sustainability of breastfeeding practices among working mothers, including workplace support, cultural influences, and digital health interventions that could enhance breastfeeding education and monitoring.

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AUTHOR CONTRIBUTIONS

MES; AAA, NMH = conceptualized the study design, coordinated data collection, and drafted the manuscript. MES; AAA, NMH = assisted with statistical analysis and contributed to interpretation of results. MES = supervised the research process and reviewed the final manuscript for critical intellectual content. All authors read and

approved the final version of the manuscript. MES = Mey Elisa Safitri; AAA = Aniza Abd. Aziz; NMH = Nurulhuda Mat Hassan.

CONFLICTS OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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