

Postpartum problems related only to breastfeeding the baby

Linda Puji Astutik¹, Yena wineini Migang²^{1,2}Midwifery Department, Politeknik Kesehatan Palangka Raya, Kota Palangka Raya, Indonesia

ARTICLE INFO

Article history:

Received Nov 30, 2025

Revised Dec 4, 2025

Accepted Dec 11, 2025

ABSTRACT

According to the WHO, exclusive breastfeeding is giving only breast milk to an infant from birth until 6 months of age, without any other food or drink, except for medications, vitamins, or minerals in syrup form prescribed by a doctor. Breastfeeding should ideally begin within the first hour after birth and be exclusive for the first six months for optimal growth, development, and health. Exclusive breastfeeding for infants aged 0-42 days is not without postpartum issues experienced by mothers. Therefore, this study aims to determine the relationship between postpartum problems in mothers and exclusive breastfeeding in infants. This is an analytical research type with a cross-sectional design. The sample size is 114 people, selected using the total sampling technique. From the research findings, it was discovered that the majority of mothers who did not experience postpartum problems tended to breastfeed their babies exclusively. There is a significant relationship between postpartum problems and exclusive breastfeeding (p -value = 0.026). Therefore, to support exclusive breastfeeding, midwives must help mothers overcome postpartum problems and be active in preventing problems during the puerperium.

This is an open access article under the CC BY-NC license.



Corresponding Author:

Linda Puji Astutik,
Midwifery Department,
Politeknik Kesehatan Palangka Raya,
Jl Raden Saleh, Kota Palangka Raya, 73112, Indonesia
Email: linda.puji.astutik2010@gmail.com

INTRODUCTION

According to the WHO, exclusive breastfeeding is giving only breast milk to infants from birth until 6 months of age, without any other food or drink, except for medications, vitamins, or minerals in syrup form prescribed by a doctor. Breastfeeding should ideally begin within the first hour after birth and be exclusive for the first six months for optimal growth, development, and health. Based on data from the 2023 Indonesian Health Profile, it is known that the national achievement of exclusive breastfeeding is 63.9%, while in Central Kalimantan it is 54.6% (Ministry of Health, 2024). From that data, it is clear that the achievement of exclusive breastfeeding in Central Kalimantan is still below the national achievement. According to data from the 2023 Indonesian Health Survey, breastfeeding within 24 hours of birth reached 79%, while exclusive breastfeeding at 6 months reached 54.4% (BKKBN, 2023). From this data, it seems that exclusive breastfeeding decreases when the baby is already at home (Astutik et al., 2024).

During the postpartum period, mothers experience various physical and psychological changes that can affect the breastfeeding process. Although exclusive breastfeeding is the primary

recommendation for meeting a baby's nutritional needs during the first six months of life, many mothers face obstacles in exclusively breastfeeding. Problems such as sore nipples due to chafing, breast swelling, and anxiety often arise during the postpartum period and become factors that hinder successful breastfeeding. Based on the research results, it is stated that breastfeeding with the wrong technique can lead to sore nipples, the baby's sucking causing painful nipples, and milk not flowing effectively, resulting in swollen breasts. Ineffective milk output will result in a reduced milk supply, leaving the baby unsatisfied, wanting to breastfeed longer, becoming frustrated, and refusing to breastfeed. From the preliminary study conducted, it was found that 10 out of 15 mothers (66.7%) experienced postpartum problems and decided to give formula milk as a nutritional supplement to their babies. The combination of breast pain, swelling, and fever in postpartum mothers can disrupt comfort and the biological function of lactation, leading mothers to be reluctant to breastfeed, become easily fatigued, and experience a let-down reflex that makes it difficult for breast milk to flow. Tense swelling in the areola also interferes with the baby's latch, causing ineffective sucking, while pain and physical stress reduce the hormones prolactin and oxytocin, further decreasing milk flow and frustrating the baby. If this condition persists, retained breast milk can lead to milk stasis, mastitis, and even abscesses, and the lactation inhibitor feedback mechanism will further suppress milk production. This overall impact can reduce the frequency of breastfeeding and the success of exclusive breastfeeding (Hasanah & Friscila, 2023).

This condition indicates that the postpartum period is an important phase that requires adequate attention and support to ensure exclusive breastfeeding can be achieved. Beside physical issues, psychological and social aspects also significantly contribute to the success of exclusive breastfeeding. Cultural pressure, myths about breastfeeding, lack of family support, and low maternal confidence in breastfeeding can reduce the motivation to exclusively breastfeed. In some cases, early interventions such as formula feeding are done because of the perception that breast milk is insufficient, even tho breast milk production is still in the adaptation phase. These factors indicate that postpartum challenges are multidimensional and interconnected.

Postpartum problems that are not well managed can have a direct impact on the decline in the success of exclusive breastfeeding. In fact, exclusive breastfeeding for the first six months has been proven to boost a baby's immune system, reduce the risk of infection, and support optimal growth and development. Therefore, it is important to understand the various postpartum issues that affect exclusive breastfeeding so that effective support strategies and interventions can be designed. This study aims to identify postpartum issues related to exclusive breastfeeding for infants. Therefore, this study aims to determine the relationship between postpartum problems in mothers and exclusive breastfeeding in infants.

RESEARCH METHOD

This research is analytical using a cross-sectional design. The sample consisted of 114 people in Palangka Raya City, Central Kalimantan, using the Total Sampling technique. The inclusion criteria for this study are all postpartum mothers aged 1-42 days in the Palangkaraya city area. The instrument used a questionnaire distributed to postpartum mothers. Data is processed using a computer. Univariate analysis using frequency distribution followed by bivariate analysis using the Chi Square test.

RESULTS AND DISCUSSIONS

From the research results, it was found that:

Table 1. Frequency distribution of respondent characteristics (duration of postpartum period)

Variable	n	Percentage(%)
0-2 days	4	3,5
3-7 days	55	48,2

Variable	n	Percentage(%)
8-28 days	46	40,4
29-42 days	9	7,9
Total	114	100

From Table 1, it is known that the majority of mothers are in the 3-7 days postpartum age group. Medical experts concentrate on evaluating the mother's physiological adjustment and identifying any issues early. Mothers frequently experience physical exhaustion at this point since they have not fully recovered from the childbirth process and are also getting used to the rhythm of breastfeeding. Breast engorgement, swollen nipples, full and painful breasts, or trouble nursing the infant are common issues during this time. The success of exclusive breastfeeding may be hampered by certain factors, which can cause moms to feel nervous or reluctant to breastfeed. In addition, some moms may have uterine discomfort from the involution process, a slight temperature, and pain in the perineum if they have stitch wounds. Psychologically speaking, hormonal fluctuations, exhaustion, and the pressures of early parenthood make this time frame more susceptible to baby blues. In order to provide information, emotional support, and workable solutions for breastfeeding issues and the healing of mothers, the second postpartum visit is crucial. Being with medical professionals throughout 3-7 days (KF 2) helps guarantee the woman stays well, can breastfeed without discomfort, and avoids other issues (Satriani, 2021).

Table 2. Frequency distribution of postpartum problems

Variable	n	Percentage(%)
No problem	65	57
There's a problem	49	43
a. Swollen breasts/milk engorgement	20	
b. Sore Nipples	24	
c. Fever	5	
Total	114	100

From Table 2, it is known that the majority of mothers did not experience any problems during the postpartum period. However, from the table, the majority of mothers with postpartum problems experienced sore nipples. This is based on another study that states that one of the factors hindering exclusive breastfeeding is sore nipples. This incident caused the mother pain, making her reluctant to breastfeed (Dita et al., 2022).

Table 3. Frequency distribution of breastfeeding

Variable	n	Percentage(%)
Exclusively breastfed	52	45,6
Not given breast milk alone	62	54,4
Total	114	100

From Table 3, it is known that the majority of mothers do not exclusively breastfeed or that mothers give their babies supplements in addition to breast milk. Not breastfeeding simply means the mother is giving food or drink other than breast milk (Yulianah et al., 2022).

Tabel 4. Cross tabulation

Variable	Breastfeeding				n	%	p Value			
	Exclusively breastfed		Not given breast milk alone							
	n	%	n	%						
Postpartum problems										
No problem	36	55,4	29	44,6	65	100	0,026			
There's a problem	16	32,7	33	67,3	49	100				
Total	52		62		114	100				

From Table 4, it is known that postpartum mothers who do not have postpartum problems tend to breastfeed their babies exclusively, while mothers who have postpartum problems tend to give additional food/drink beside breast milk. From the results of the Chi-Square statistical test, it was found that there is a significant relationship between postpartum problems and exclusive breastfeeding for infants (p Value $< 0,05$).

Mothers experiencing postpartum problems feel discomfort in their bodies, which can lead them to decide to give additional food/drink beside breast milk to reduce discomfort while breastfeeding, or because they feel the baby's nutritional needs are insufficient, leading them to give supplements beside breast milk (Andariya Ningsih & Istidamatul Ludvia, n.d.; Firouzbakht et al., 2021; Isne Susanti et al., 2024; Kronborg & Foverskov, 2020; Ridha Setiadewi, 2023; Wallenborn et al., 2021).

Nipple soreness is one of the most common breastfeeding problems experienced by mothers during the postpartum period, especially in the first few weeks. This condition usually occurs due to improper latching, uncomfortable breastfeeding positions, or very frequent feeding. Nipple sores cause stinging, sharp pain, and even light bleeding, making mothers feel uncomfortable every time the baby sucks. Recurring pain can lower a mother's spirits and confidence in the breastfeeding process (Amaliah et al., 2023).

As a result of this pain, many mothers are starting to reduce the frequency of breastfeeding or temporarily stop it to wait for the wound to heal. However, reducing the frequency of breastfeeding actually leads to decreased breast milk production due to a lack of stimulation to the breasts. When breast milk decreases, mothers may feel that their milk is not sufficient for the baby, and therefore choose to give formula as an alternative. This habit can continue and make it increasingly difficult for mothers to return to exclusive breastfeeding, thus threatening the success of exclusive breastfeeding (Febrina Fauziah et al., n.d.; Hasanah & Friscila, 2023; Yesika et al., 2021).

Untreated nipple soreness can create a cycle that makes breastfeeding increasingly difficult for the mother. Persistent pain makes mothers increasingly reluctant to breastfeed directly, while using bottles or formula instead reduces the opportunity to improve proper latch. Feelings of failure, anxiety, and fatigue can also arise and worsen the condition. Therefore, early management of sore nipples—through education on latching techniques, the use of safe ointments for breastfeeding mothers, and support from healthcare professionals—is crucial to ensure that mothers can continue breastfeeding and do not stop due to pain (Islam et al., 2024; Kronborg & Foverskov, 2020; Mäkelä et al., 2023).

Breast engorgement is a condition where the breasts become excessively full of milk, feeling very heavy, hard, and painful. This condition often occurs during the postpartum period, especially when the mother doesn't yet understand effective breastfeeding patterns or the frequency of breastfeeding is irregular. Swollen and tense breasts make it difficult for the baby to latch on properly, making the breastfeeding process uncomfortable for both mother and baby. The intense pain when the baby tries to suck often makes mothers feel afraid or reluctant to continue breastfeeding directly (Firouzbakht et al., 2021; Otim et al., 2022; Rahmadani, 2025).

When breast engorgement is not addressed immediately, mothers may start reducing the frequency of breastfeeding to avoid pain. However, the reduction actually worsened the condition because breast milk accumulated even more in the breasts. This situation can lead to inflammation, fever, and even the risk of mastitis. Due to increasing discomfort, some mothers choose to temporarily stop breastfeeding or switch to formula so they no longer feel pain while nursing. This decision can hinder breast milk production and make it even more difficult for mothers to return to optimal breastfeeding (Agyekum et al., 2022).

Unmanaged breast milk engorgement can create a cycle of problems that affect the success of exclusive breastfeeding. Prolonged pain and discomfort can lead to a loss of motivation and confidence in breastfeeding. Therefore, early intervention thru proper breastfeeding techniques,

regular breast emptying, breast massage, and support from healthcare professionals is crucial to help mothers navigate this difficult period (Netty Ami Ruhama Fortuna Sihite, 2022).

Fever in postpartum mothers is one of the conditions that often causes concern, both for the mother and her family. Fever can occur due to breast infection (mastitis), uterine infection, urinary tract infection, or extreme fatigue after childbirth. A weak body condition, chills, and the pain that accompanies a fever make the mother feel uncomfortable and less energetic to breastfeed her baby. In situations like this, mothers tend to avoid the breastfeeding process because they feel their bodies are unable to function as usual (Kementerian Kesehatan RI, 2019).

When fever is not managed, mothers can experience a decrease in breast milk production due to infrequent breastfeeding and dehydration. Additionally, the fear of transmitting illness to the baby is also a common reason why mothers temporarily stop breastfeeding, even though most infections in mothers are not transmitted through breast milk. This concern often leads families to provide alternatives such as formula or suggest that the mother take complete rest without breastfeeding. As a result, the breastfeeding process is disrupted and the success of exclusive breastfeeding can be threatened. If a fever is left untreated, the mother may lose more motivation to breastfeed, especially if the pain and fatigue last for a long time (Pevzner & Dahan, 2020).

Mothers experiencing postpartum problems can be affected psychologically, such as experiencing anxiety. This anxiety factor can reduce breast milk production, making mothers feel they don't have enough milk and giving their babies supplements in addition to breast milk to meet their nutritional needs (Daima Ulfa et al., 2020; Retno et al., 2024; Thuy Doan et al., 2023). Mothers who don't experience postpartum problems feel comfortable, especially when breastfeeding, so the baby receives enough breast milk from the mother. Meanwhile, mothers who experience postpartum problems such as sore nipples, breast engorgement, and fever feel discomfort in their bodies, which hinders the process of breastfeeding their babies (Ayu Perwiraningrum, 2023).

CONCLUSION

From the research results, it can be concluded that there is a relationship between postpartum problems experienced by mothers and exclusive breastfeeding. Mothers who experience problems during the postpartum period tend to give their babies foods/drinks other than breast milk. This research provides empirical evidence on how postpartum problems can directly reduce the frequency of exclusive breastfeeding and/or lead to the decision to supplement with other drinks/foods as an alternative for meeting the baby's nutritional needs. This understanding is important because most research has only highlighted social factors, not clinical factors. To help postpartum mothers successfully breastfeed their babies, healthcare professionals can assist in preventing and managing postpartum issues for mothers. Further research that can be conducted is a cohort study on pregnant women who receive lactation counselling until the postpartum period to gain a deeper understanding of the effectiveness of preventing postpartum problems aimed at increasing exclusive breastfeeding.

ACKNOWLEDGEMENTS

I would like to thank my fellow researchers, the extended family of Health Politechnic of Palangka Raya.

References

Agyekum, M. W., Codjoe, S. N. A., Dake, F. A. A., & Abu, M. (2022). Enablers and inhibitors of exclusive breastfeeding: perspectives from mothers and health workers in Accra, Ghana. *International Breastfeeding Journal*, 17(1). <https://doi.org/10.1186/s13006-022-00462-z>

Amaliah, A. R., Suarni, & Sriwulan Ndari. (2023). Effects Of Breastfeeding Techniques On Sore Nipples In Postpartum Mothers At Siti Fatimah Hospital Makassar. *Jurnal Life Birth*, 7(1), 61-69. <https://doi.org/10.37362/jlb.v7i1.1006>

Andariya Ningsih, D., & Istidamatul Ludvia, Mk. (n.d.). *Buku Saku Pintar ASIP*.

Astutik, L. P., Wineini Migang, Y., & Kusnaningsih, A. (2024). Factors affecting mother's planning in exclusive breastfeeding. *Science Midwifery*, 12(5), 2721-9453. www.midwifery.iocspublisher.org Journalhomepage:www.midwifery.iocspublisher.org

Ayu Perwiraningrum, D. (2023). SIKAP IBU TERHADAP KEBERHASILAN PEMBERIAN ASI EKSKLUSIF. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 13(3), 871-878. <http://journal.stikeskendal.ac.id/index.php/PSKM>

Daima Ulfa, Z., Setyaningsih, Y., Palangka Raya, U., Studi Jasmani, P., dan Rekreasi Jl Kartini, K., Raya, P., Tengah, K., Tayu, P. I., Jl Sudirman No, P. P., & Tengah, J. (2020). Tingkat Stres Ibu Menyusui dan Pemberian Asi pada Bulan Pertama Stress Levels of Breastfeeding Mothers and Breast Milk In The First Month. *Jurnal Litbang: Media Informasi Penelitian, Pengembangan Dan IPTEK*, 16(Juni), 15-28. <https://ejurnal-litbang.patikab.go.id/index.php/jl/article/view/145/0>

Dita, O. ;, Sasi, K., Devy, S. R., & Bagus Qomaruddin, M. (2022). Perilaku ibu dalam mengatasi hambatan pemberian ASI. *Jurnal Keperawatan*, 20(3). <https://digilib.itskesicme.ac.id/ojs/index.php/jip/article/view/1056>

Febrina Fauziah, S., Musiin Program Studi D-III Kebidanan Ambon, R., & Kemenkes Maluku, P. (n.d.). PENANGANAN PUTING LECET PADA IBU MENYUSUI. In *Jurnal Kebidanan (JBD)* (Vol. 2, Issue 2).

Firouzbakht, S., Hayati, R., Mirzaei, K., Firouzbakht, M., & Professor, A. (2021). The frequency and factors affecting exclusive breastfeeding: A cross-sectional study in southern Iran Frequency and factors affecting exclusive breastfeeding/Saeedeh Firouzbakht, et al. *Caspian Journal of Pediatrics*, 7(2), 576-583. <https://doi.org/10.22088/CJP.BUMS.7.2.576>

Hasanah, S. N., & Friscila, I. (2023). PENGARUH METODE KONSELING ASI PADA MASA NIFAS TERHADAP KEJADIAN PUTING SUSU LECET. *Midwifery and Complementary Care*, 1(2), 37-41. <https://ejurnal.unism.ac.id/index.php/MaCC/article/view/620/273>

Islam, M., Assani, D., Ramlawi, S., Murphy, M. S. Q., Alibhai, K. M., White, R. R., Dingwall-Harvey, A. L. J., Dunn, S. I., & El-Chaâr, D. (2024). Investigating factors influencing decision-making around use of breastmilk substitutes by health care professionals: a qualitative study. *International Breastfeeding Journal*, 19(1). <https://doi.org/10.1186/s13006-024-00656-7>

Isne Susanti, Yulia Vanda Editia, & Mahardika Primadani. (2024). Determinan Kegagalan Pemberian ASI Eksklusif Pada Ibu Bekerja: A Literature Review. *Jurnal Medika Nusantara*, 2(1), 311-324. <https://doi.org/10.59680/medika.v2i1.936>

Kementerian Kesehatan RI. (2019). *Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi Baru Lahir*. Kementerian Kesehatan RI!

Kronborg, H., & Foverskov, E. (2020). Multifactorial influence on duration of exclusive breastfeeding; a Danish cohort study. *PLoS ONE*, 15(9 September), 1-15. <https://doi.org/10.1371/journal.pone.0238363>

Mäkelä, H., Axelin, A., Kolari, T., & Niela-Vilén, H. (2023). Exclusive breastfeeding, breastfeeding problems, and maternal breastfeeding attitudes before and after the baby-friendly hospital initiative: A quasi-experimental study. *Sexual and Reproductive Healthcare*, 35. <https://doi.org/10.1016/j.srhc.2022.100806>

Netty Ami Ruhama Fortuna Sihite. (2022). GAMBARAN INSIDEN BENDUNGAN ASI DAN UPAYA YANG DILAKUKAN IBU UNTUK MENGATASINYA. *Health Care: Jurnal Kesehatan*, 11(1), 145. <https://jurnal.payungnegeri.ac.id/index.php/healthcare/article/view/207/113>

Otim, M. E., Omagino, E. K., Almarzouqi, A., Rahman, S. A., & Asante, A. D. (2022). Exclusive breast-feeding in the first six months: Findings from a cross-sectional survey in mulago hospital, uganda. *African Health Sciences*, 22(2), 534-544. <https://doi.org/10.4314/ahs.v22i2.62>

Pevzner, M., & Dahan, A. (2020). Mastitis while breastfeeding: Prevention, the importance of proper treatment, and potential complications. In *Journal of Clinical Medicine* (Vol. 9, Issue 8, pp. 1-6). MDPI. <https://doi.org/10.3390/jcm9082328>

Rahmadani, F. (2025). Faktor yang Menyebabkan Terjadinya Bendungan ASI pada Ibu Post Partum. *Mega Buana Journal of Nursing*, 4(1), 31-37. <https://ejurnal.umegabuana.ac.id/index.php/MBJN/article/download/104/74/168>

Retno, H. R., Siregar, H., Simangunsong, H. G. R., Siringo-Ringo, H., & Lidyanti, H. (2024). Pengaruh Kondisi Psikologis Ibu dengan Pengeluaran ASI dalam Pemenuhan Kebutuhan Nutrisi BBL di Poliklinik Kebun

PT. Suryamas Cipta Perkasa Kab. Pulang Pisau Kalimantan Tengah. *Malahayati Nursing Journal*, 6(10), 3981-3988. <https://doi.org/10.33024/mnj.v6i10.13836>

Ridha Setiadewi. (2023). GAMBARAN PERMASALAHAN PEMBERIAN ASI PADA 6 BULAN PERTAMA. *Jurnal Medika Hutama*, 4(3), 3441-3449. <https://jurnalmedikahutama.com/index.php/JMH/article/view/634>

Satriani. (2021). *Asuhan Kebidanan Pasca Persalinan dan Menyusui*. Ahlimedia Press.

Thuy Doan, D. T., Binns, C., Lee, A., Zhao, Y., Pham, M. N., Phuong Dinh, H. T., Nguyen, C. C., & Thu Bui, H. T. (2023). Factors associated with intention to breastfeed in Vietnamese mothers: A crosssectional study. *PLoS ONE*, 18(12 December). <https://doi.org/10.1371/journal.pone.0279691>

Wallenborn, J. T., Levine, G. A., dos Santos, A. C., Grisi, S., Brentani, A., & Fink, G. (2021). Breastfeeding, physical growth, and cognitive development. *Pediatrics*, 147(5). <https://doi.org/10.1542/peds.2020-008029>

Yesika, I., Utami, T. A., & Ernawati, E. (2021). PENGALAMAN IBU DENGAN PUTING LECET TERHADAP KEBERLANJUTAN MENYUSUI. *Jurnal Mitra Kesehatan*, 3(2), 118-128. <https://doi.org/10.47522/jmk.v3i2.87>

Yulianah, S. Y., Safitri, D. E., & Rahma Maulida, N. (2022). Studi Kasus: Kegagalan Pemberian ASI Eksklusif pada Bayi di Wilayah Puskesmas Banjarsari, Lebak Case Study: The Failure of Exclusive Breastfeeding for Infants at Banjarsari Health Center, Lebak. *Gorontalo Journal of Nutrition and Dietetic*, 2(1), 10-21. <https://jurnal.unigo.ac.id/index.php/gjnd/article/view/2015>