

APPLICATION OF ROLLING AREOLA MASSAGE USING JITU OIL AND RELAXATION OF MUROTTAL AL-QURAN ON SATISFACTION OF BREASTFEEDING MOTHERS

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Article Information

Received:
February 13, 2024

Revised:
December 18, 2024

Accepted:
January 02, 2025

Abstract

Complementary therapies such as areola and booster massage can effectively support the production of breast milk. Mothers will be satisfied with nursing if there is maximum milk production. This is where breastfeeding succeeds. Although Al-Quran murottal and further relaxation from Jitu Oil have many advantages, nursing moms have not always used them to their full potential. The purpose of this study was to determine the effectiveness of Rolling Areola Massage Using Jitu Oil and Al-Quran Murottal Relaxation on the satisfaction of breastfeeding mothers. The research population with total sampling with a total of 64 respondents. Instrument measurement using Pearson Product Moment Validity Test. Pre and post test results using Kolmogorov Smirnov Normality Test and chi square test. Interpretation of the Wilcoxon test results obtained $p < 0.001$ which means that breastfeeding satisfaction between pretest and posttest is significantly different with all respondents experiencing an increase in breastfeeding satisfaction. Efforts to increase maternal satisfaction in breastfeeding need to be a breastfeeding promotion strategy. A mother who is satisfied with breastfeeding can influence other mothers to do the same, making the breastfeeding satisfaction approach more relevant. Therefore, strategies to increase mothers' satisfaction with breastfeeding should be incorporated into exclusive breastfeeding promotion programmes.

Keyword: *Rolling Maasage, Areola Massage, Breastfeeding satisfaction*

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1. Introduction

Breastfeeding promotion has been included as an important government step to improve the welfare of women and children. [1]. The impact of breastfeeding

on children's health is widely known, including protection against respiratory infections, diarrhea, dental malocclusion, improved cognitive development, and a reduced likelihood of future overweight

and diabetes [2]. In addition, breast milk also protects women from breast disease, ovarian cancer and type 2 diabetes and reduces the spacing of births [3].

The World Health Organization recommends exclusive breastfeeding for the first 6 months of life and supplemental breastfeeding up to 2 years of age or beyond. Despite this, the prevalence of breastfeeding worldwide, and particularly in Brazil, is low. The most recent national survey estimated that only 37% of children under 6 months of age were exclusively breastfed, 45% between 12 and 15 months of age, and 32% between 20 and 23 months of age [4]. By 2030, the neonatal mortality rate must fall to at least 12 per 1,000 live births, and the child mortality rate must fall to at least 25 per 1,000 live births, according to the 2030 Agenda for Sustainable Development. One way to achieve this is by effectively practicing exclusive breastfeeding [5]. According to WHO 2021, neonatal mortality reached 17 per 1000 live births (90% UI 17 to 19) in 2019, which is a 52% decrease from 37 in 1990 (90% UI 36 to 38) [6]. However, only a small proportion of infants under six months of age are exclusively breastfed, and only 44% of newborns worldwide are breastfed within the first hour of life. The percentage of developing countries that exclusively breastfeed is 46%. All countries exclusively breastfeed less than half of infants under six months of age [7]. Based on the Situbondo Regency profile, 758 of the 1022 babies evaluated, or 74.2% of them, received exclusive breastfeeding in Situbondo Regency in 2020, according to monthly data [8]. Newborn deaths will occur at the Arjasa Health Center in 2021 as many as four cases. Neonatal mortality rates in newborns aged 0–6 days as many as 2 cases and newborns aged 7–28 days as many as 2 cases [9]. Rolling Areola massage is an effort with special care

through stimulation of the mother's chest muscles by means of massage, which is expected to stimulate the mammary glands to produce milk. The areola massage's job is to get the pituitary gland to release the hormone oxytocin. This hormone makes alveolar myoepithelial cells contract, which in turn affects the release of breast milk. Breast care is useful for stimulating the breasts to influence the pituitary to release the hormones oxytocin and prolactin.

Breastfeeding support that is perceived positively by mothers will lead to the achievement of important health goals in society, such as increasing breastfeeding rates and improving maternal and infant health [10]. Despite advances in knowledge regarding the health benefits of breastfeeding for children and women, the incidence and prevalence of breastfeeding are still low in most countries of the world. Many efforts have been made to improve this situation by considering the various aspects involved in successful breastfeeding: social, economic, cultural, and political factors of the individual. However, the literature has not widely explored one aspect that may influence the duration of breastfeeding: women's satisfaction with breastfeeding [10]. From the mother's point of view, satisfaction in breastfeeding is something that is used as a point of success, influenced by aspects related to the quality of each individual's experience, the baby's ability to breastfeed, the mother's self-confidence, the mother's satisfaction from an early age due to skin contact, and encouragement to breastfeed according to the mother's request [11]. Maternal satisfaction with breastfeeding has not been considered in most studies designed to assess breastfeeding success. [12].

Listening to the holy verses of the Qur'an, a Muslim, whether they speak

Arabic or not, can feel a profound physiological change. In general, they feel a decrease in depression, sadness, and peace of mind [13]. There is a significant influence of giving murottal Al Quran on reducing stress levels. This proves that therapy listening to the Al Quran can make people calm so that stress decreases due to the feeling of relaxation that arises when listening to the Al Quran [14].

The rolling and areola massage technique is a combination of two techniques that can stimulate oxytocin in postpartum mothers, but it is not widely known, practiced and socialized to postpartum mothers, both normal postpartum mothers and cesarean section mothers. Additional relaxation from Jitu Oil and murottal Al-Quran have many benefits, but have not been optimally applied by breastfeeding mothers. Based on the results of a preliminary study conducted by researchers to 10 breastfeeding mother respondents. 8 of them had never heard or known about rolling massage and areola massage and 3 said they had heard but forgot how to apply it. Based on this phenomenon, researchers want to know the Effectiveness of Rolling and Areola Massage Using Jitu Oil With Murottal Al-Quran Relaxation on the satisfaction of breastfeeding mothers.

2. Method

The study employed a quasi-experimental design, focusing solely on a single test. The population was 64 breastfeeding mothers, and a sampling technique, total sampling, was used. Respondents who live with their husbands or extended families exhibit specific characteristics, as they often perform rolling massages with assistance from others. The data collection process begins with obtaining approval from the relevant section and consulting with the

coordinating midwife regarding the distance and travel time to the respondent's house. After that, the researcher conducted a perception equation with the enumerator on duty and obtained informed consent from respondents who met the criteria. The final stage involved giving souvenirs to both the respondents and the researchers, who then summarised the research tools. The researchers carried out the sampling selection procedure by examining the mother's labour process. This study only focuses on mothers who give birth normally. Respondents who meet the inclusion criteria are as follows: Postpartum mothers with spontaneous labour: Muslims who like to recite the Qur'an do not have hearing impairments. The Arjasa Health Centre offers treatment to postpartum mothers for two days. Postpartum mothers who are willing to undergo areola massage and rolling massage two hours postpartum, Mothers with full-term babies, normal weight (2500–4000 grams), physically healthy and spontaneous birth, and standard suction, Mothers with babies in rooming in, These are mothers who have protruding nipples and are not picky about the type of massage oil they use. The intervention begins from the birth of the baby. The baby receives massage twice a day, in the morning and the evening. The researcher provides an observation sheet, which the enumerator routinely fills out. And a questionnaire sheet was filled out by the respondents. The research period is March-May 2023. The respondents complete a validity-tested questionnaire on the baby's first and seventh days of birth. The sample size is 64 people. We used the Arabic Maternal Breastfeeding Evaluation Scale (MBFES-A) validation questionnaire among Lebanese women [15]. The instrument was measured using the Person Product Moment Validity Test.

The Kolmogorov Smirnov Normality Test and the chi-square test were used to analyse the results of the pre- and post-tests, which measured the frequency of applying areola massage using Jitu Oil with Al-Quran murottal relaxation and its

impact on maternal satisfaction during breastfeeding. Data analysis used the Wilcoxon test. This study has gone through ethical feasibility issued by Faletihan University with the number 77 / KEPK.UF / IV / 2023..

3. Result and Discussion

A. Pearson Product Moment

The basis for making decisions on the Person Product Moment Validity Test is by looking at the significance value (Sig.) where:

1. If the significance value is less than 0.05, it is considered valid.
2. If the significance value exceeds 0.05, it is considered invalid.

Tabel 1. Interpretation of the results of the Pearson Product Moment and Cronbach Alpha tests on maternal satisfaction instruments in the breastfeeding process.

Breastfeeding Success	Pretest		Posttest	
	Sig. Value	Explanation	Sig. Value	Explanation
Satisfaction/ Baby Growth 1	-	constant value	0,546	invalid
Satisfaction/ Baby Growth 2	0,374	invalid	0,039	Valid
Satisfaction/ Baby Growth 3	0,120	invalid	0,016	Valid
Satisfaction/ Baby Growth 4	0,350	invalid	0,000	Valid
Satisfaction/ Baby Growth 5	0,193	invalid	0,039	Valid
Satisfaction/ Baby Growth 6	0,000	Valid	0,002	Valid
Satisfaction/ Baby Growth 7	0,026	Valid	0,039	Valid
Satisfaction/ Baby Growth 8	0,049	Valid	0,002	Valid
Satisfaction/ Baby Growth 9	0,001	Valid	0,029	Valid
Mother's Pleasure/Role Achievement 1	0,003	Valid	-	Nilai Konstan
Mother's Pleasure/Role Achievement 2	0,060	invalid	0,036	Valid
Mother's Pleasure/Role Achievement 3	0,005	Valid	0,000	Valid
Mother's Pleasure/Role Achievement 4	0,023	Valid	0,039	Valid
Mother's Pleasure/Role Achievement 5	0,003	Valid	0,022	Valid
Mother's Pleasure/Role Achievement 6	0,037	Valid	0,002	Valid
Mother's Pleasure/Role Achievement 7	0,013	Valid	0,002	Valid
Mother's Pleasure/Role Achievement 8	0,006	Valid	0,002	Valid
Mother's Pleasure/Role Achievement 9	0,524	invalid	-	Nilai Konstan
Mother's Pleasure/Role Achievement 10	0,043	Valid	-	Nilai Konstan
Mother's Pleasure/Role Achievement 11	0,000	Valid	-	Nilai Konstan
Lifestyle/Body Image 1	0,001	Valid	0,026	Valid
Lifestyle/Body Image 2	0,106	invalid	0,039	Valid
Lifestyle/Body Image 3	0,696	invalid	-	Nilai Konstan
Lifestyle/Body Image 4	0,008	Valid	-	Nilai Konstan
Lifestyle/Body Image 5	0,202	invalid	0,014	Valid
Lifestyle/Body Image 6	0,273	invalid	0,001	Valid

The basis for decision-making for the Cronbach's Alpha Reliability Test is that the questionnaire is said to be reliable if the Cronbach Alpha value is > 0.6 .

Tabel 2. Cronbach's Alpha

Number of Respondents	Indicator	Cronbach's Alpha	Explanation
64	26	0,09	Reliabel

A Cronbach's Alpha value of 0.09 (< 0.6) was found for 26 items on the maternal satisfaction questionnaire about breastfeeding that were sent to 64 people. This means that the questionnaire can be relied on and measurements taken more than once will show the same results.

The basis for making decisions on the Kolmogorov-Smirnov Normality Test

is by looking at the significance value (Sig.) where:

1. If the significance value > 0.05 , then the data is declared to be normally distributed.
2. If the significance value < 0.05 , then the data is declared not to be normally distributed.

Table 3. Interpretation of the results of the Kolmogorov-Smirnov pretest and posttest on maternal satisfaction in the breastfeeding process

Data	Sig. Value	Explanation
Breastfeeding Process Satisfaction Pretest	0,078	Normally Distributed
Breastfeeding Process Satisfaction Posttest	0,000	Not Normally Distributed

The results of the Kolmogorov Smirnov test on the pretest data produced a Sig. Value of 0.078 (> 0.05), which means it is normally distributed, but on the posttest data, it produced a significance value of 0.000 (< 0.05); this indicates that the data is not normally distributed. Because both datasets are paired, this results in the data not being able to undergo parametric testing.

The basis for making decisions for the Wilcoxon Hypothesis Test is by looking at the significance value (Sig.) where:

1. If the significance value is < 0.05 , then there is a difference between the success of independent breastfeeding before and after the areola and rolling

massage intervention using Jitu oil with Murottal Al-Qur'an relaxation.

2. If the significance value is > 0.05 , then there is no difference between the success of independent breastfeeding before and after the areola and rolling massage intervention using Jitu oil with Murottal Al-Qur'an relaxation.

With additional interpretations including:

1. Negative Ranks, which shows a decrease from the pretest value to the posttest value
2. Positive Ranks, which shows an increase from the pretest value to the posttest value
3. Ties, which show the same value between the pretest and posttest

Table 4. Interpretation of the results of the Wilcoxon pretest and posttest of maternal satisfaction in the breastfeeding process

Negative Ranks	Positive Ranks	Ties	Sig. Value	Explanation
0	64	0	< 0.001	Breastfeeding satisfaction between pretest and posttest differed significantly, with all respondents experiencing an increase in breastfeeding satisfaction.

Table 1 presents the post-test results. 11 Maternal Enjoyment/Role Achievement: There are 4 that have constant values, and 6 points of Lifestyle/Body Image have 2 constant values. The interpretation of the results from the Wilcoxon pretest and posttest tests revealed an increase in maternal satisfaction with the breastfeeding process. A lower level of maternal satisfaction with the breastfeeding process may occur and can cause or worsen symptoms of depression. Satisfaction with breastfeeding is a measure of women's perceptions of their breastfeeding experience. Mothers often have expectations of an easy, smooth, and enjoyable breastfeeding experience. Therefore, when faced with difficulties, these mothers tend to feel guilty, frustrated, and sad. Considering these difficulties as failures [16]. According to some authors, breastfeeding success from the mother's perspective is more related to the mother's satisfaction with breastfeeding than to the duration or exclusivity of breastfeeding [17]. However, studies exploring maternal satisfaction with breastfeeding are scarce. Several studies have identified factors associated with maternal satisfaction, including previous successful breastfeeding experiences, the mother's perception of infant progress, her ability to cope with breastfeeding difficulties, her autonomy and support for breastfeeding decisions, her lack of pressure from society or health professionals, her confidence in her ability to breastfeed, and her prenatal intention to breastfeed. Several limitations of this study need to be noted. First, because this is a cross-sectional study, the findings do not allow us to identify the direction of the observed relationship. We believe that there is a

bidirectional relationship between maternal satisfaction with breastfeeding and depressive symptoms, leading to a vicious cycle that may lead to early weaning. Another limitation of this study is the exclusion of women living in dangerous/violent areas, which may affect the external validity of the findings. Therefore, we must exercise caution when extrapolating the results to other populations. It is possible that the associations found are influenced by multiple causes involved. We need studies with appropriate designs to elucidate the factors involved in these relationships. In Japan, studies have found that the practice of skin-to-skin contact, hospitalization, and encouraging on-demand breastfeeding in hospitals increase maternal satisfaction with breastfeeding [18]. Women who exhibit symptoms of depression before or after delivery are at high risk for discontinuing breastfeeding. It is possible that maternal satisfaction with breastfeeding is involved in the relationship between early weaning and PPD symptoms. However, no studies have explored the possible relationship between maternal satisfaction with breastfeeding and PPD symptoms to date [16]. Maternal satisfaction with breastfeeding and PPD symptoms reinforces the importance of assessing the mental health of breastfeeding mothers and their level of satisfaction with breastfeeding. In this scenario, one important step is to identify, during pregnancy or breastfeeding, women who are at higher risk of developing PPD [19]. This group of nurses and midwives is very important in protecting and promoting breastfeeding because of their frequent contact with pregnant and breastfeeding mothers. Nurses and midwives reported training experience as the main source of

their breastfeeding knowledge. At the same time, clinical/professional practice was mentioned as a significant contributor to breastfeeding counseling competency. This observation differs from previous studies where practicing nurses cited personal experience as the main source of maternal and infant nutrition knowledge. Sources of breastfeeding knowledge indicate the important role of breastfeeding service training in modulating nurses and midwives' breastfeeding knowledge. Study participants cited posters/leaflets/books as the main source of information on breastfeeding. This is in contrast to subsequent studies where nurses and midwives cited professional journals as the main source of information on nutritional care during pregnancy.

The majority of nurses and midwives in this study indicated that they needed further training/updates on breastfeeding. This finding is consistent with previous research in the UK, where the majority of primary care workers indicated that they could benefit from further breastfeeding knowledge and skills. Indeed, primary care workers require regular retraining to be able to provide effective infant- and young-child feeding counseling. In this study, the majority of nurses and midwives reported that breastfeeding counseling was an integral part of their professional practices. Their views are consistent with previous research, which has suggested that midwives in Australia consider providing nutritional advice to women an important part of their professional practice. Perhaps recognition of their role in breastfeeding counseling may motivate them to protect their mothers and promote breastfeeding in their professional

practices. Indeed, mothers who were trained by midwives in lactation were more successful at breastfeeding than mothers who were not trained. The nurses and midwives in this study felt confident in counseling mothers about infant and young child feeding. Similar research has also found that the majority of practicing nurses felt confident in counseling mothers about infant and young child feeding. The high work spirit of the research participants is crucial in promoting breastfeeding counseling and care in primary health care settings. However, several factors, such as language barriers, time, and logistical constraints, sometimes affect the ability of health professionals to apply their confidence [20]. In general, nurses and midwives had positive attitudes towards breastfeeding counseling, where they universally agreed that breastfeeding is an important component in the prevention of childhood-related diseases. Similar studies have reported positive attitudes of health professionals towards breastfeeding [21]. Breastfeeding attitudes among health professionals play a significant role in influencing the type of breastfeeding support they provide to mothers. Nurses and midwives provide breastfeeding counseling to mothers. Low maternal compliance with breastfeeding recommendations, excessive workload, and inadequate time and logistics for breastfeeding counseling pose significant challenges. Similar to our findings, midwives in Uganda cited lack of time, lack of documentation, and inadequate space as barriers to providing nutrition services to pregnant women [22]. Nurses and midwives cannot control many of these challenges, and a coordinated effort is

required to address them. Nurses and midwives in this study felt confident in breastfeeding counseling, had positive attitudes towards breastfeeding counseling, and were generally satisfied with their breastfeeding education experiences. Although nurses and midwives agreed that breastfeeding counseling was an integral part of their professional practice, their role in providing it was hampered by individual and health system barriers that were beyond their control. It is recommended that breastfeeding programs and policies be implemented that aim to improve nurses' and midwives' breastfeeding competencies, address barriers to breastfeeding counseling, and improve ongoing breastfeeding training. Implementation of these recommendations is essential in equipping nurses and midwives with the necessary breastfeeding competencies. This will lead to the provision of the necessary breastfeeding support for breastfeeding mothers, which is key to mitigating the decline in early breastfeeding initiation rates [23].

The Brazilian population can apply the Brazilian version of the MBFES as a valid and reliable tool to assess maternal satisfaction with breastfeeding. The validation and application of this tool will show the level of satisfaction of Brazilian women with breastfeeding, allowing health professionals to plan interventions that can improve this level of satisfaction, resulting in a more direct approach to promoting this practice. In addition, the availability of a validated tool for the Brazilian population increases the possibility of conducting research, which is still lacking, on the determinants of women's satisfaction with breastfeeding [24]. The majority of nurses and

midwives in this study indicated that they needed further training/updates on breastfeeding. This finding is consistent with previous research in the UK, where the majority of primary care workers indicated that they could benefit from further breastfeeding knowledge and skills. Indeed, primary care workers require regular retraining to be able to provide effective infant- and young-child feeding counseling. In this study, the majority of nurses and midwives reported that breastfeeding counseling was an integral part of their professional practices. Their views are consistent with previous research, which has suggested that midwives in Australia consider providing nutritional advice to women to be an important part of their professional practice. Perhaps recognition of their role in breastfeeding counseling may motivate them to protect their mothers and promote breastfeeding in their professional practices. Indeed, mothers trained by midwives in lactation were more successful at breastfeeding than mothers trained [25]. Qualitative results showed that mothers had good experiences. Most mothers were happy with the Ten Step practices they saw in hospitals (26), and they thought that health professionals gave them a good balance of practical help and information. The care and support provided by professionals was also perceived as 'emotionally engaging,' which helped mothers feel calm and confident in caring for and feeding their babies and responsive to their needs. [27]. In recent years, emphasis has been placed on the duration of breastfeeding as an indicator of the success of this practice, however, for many mothers, successful breastfeeding is not only related to its duration, but also to the mutual satisfaction of the needs of the

mother and baby, creating a strong bond between them and increasing the mother's self-confidence, which has a direct impact on the duration of breastfeeding [28].

4. Acknowledgement

The author would like to thank the Faculty of Health Sciences, LP2M Universitas Ibrahimy, for the support and completion of this article..

5. Conclusion

Based on the interpretation of the Wilcoxon test results, the results were 0.000, which means that breastfeeding satisfaction between pretest and posttest was significantly different, with all respondents experiencing an increase in breastfeeding happiness. Efforts to increase maternal satisfaction in breastfeeding need to be a breastfeeding promotion strategy. This effort can be started during the prenatal care period, with special attention paid to the fact that women who plan to breastfeed for less than 12 months and who do not live with their partners tend to have lower levels of satisfaction..

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