

Relationship between Knowledge and Attitude towards Motivation to Undergo Breast Care among Postpartum Mothers

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ABSTRACT

Breast care for postpartum mothers can prevent various problems such as mastitis, blocked milk ducts, and breast infections. Healthy breasts support smooth breastfeeding which also affects the well-being of the baby. The motivation of postpartum mothers to carry out breast care is influenced by the knowledge they have and their attitudes towards breast care itself. Good knowledge will encourage a positive attitude, which then increases the motivation to take actions that are beneficial for breast health. The purpose of this study was to determine the relationship between knowledge and attitudes of postpartum mothers and the motivation of postpartum mothers to carry out breast care. The design of this study was a cross-sectional approach. The population of postpartum mothers who gave birth in December 2024 to February 2025 at independent midwifery clinic Sulami. The sampling technique used total sampling and the data was analysed using chi square. The respondents in this study were 25 postpartum mothers with the majority of postpartum mothers in the non-risk age category (80%), 60% had high school education, and 15 postpartum mothers did not work (housewife). The knowledge of postpartum mothers is in the good category (40%) and the attitude of postpartum mothers is in the positive category (76%), while the motivation of postpartum mothers in carrying out breast care is included in the good category (52%). The results of the study showed that the knowledge and motivation of postpartum mothers $\rho = 0.01$, which means that the knowledge of postpartum mothers is related to the motivation of postpartum mothers in carrying out breast care. Meanwhile, the attitude and motivation of postpartum mothers $\rho = 0.03$, which means that the attitude of postpartum mothers is related to the motivation of postpartum mothers in carrying out breast care.

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INTRODUCTION

According to the World Health Organization (2020), early and exclusive breastfeeding helps children survive and provides them with antibodies that protect them from many common childhood diseases, such as diarrhea and pneumonia. Increasing breastfeeding rates globally could save the lives of more than 820,000 children under the age of 5 each year and could also prevent an additional 20,000 cases of breast cancer in women each year (WHO, 2020). There are several factors that cause mothers not to provide exclusive breastfeeding to their babies until the age of ≥ 6 months. Based on a report from the Indonesian Demographic and Health Survey (SDKI) in 2018, one third of women in the world

(38%) do not breastfeed their babies because of breast swelling and 55% of breastfeeding mothers experience mastitis and sore nipples, possibly due to incorrect breastfeeding techniques and not doing breast care during pregnancy and postpartum (Ministry of Health of the Republic of Indonesia, 2019). Based on the results of a survey conducted by the World Health Organization (WHO) in 2022, it was stated that the coverage of exclusive breastfeeding in Indonesia was 67.96% compared to 69.7% in 2021. From this data, the coverage of exclusive breastfeeding has decreased (WHO, 2023). The government has set a target for exclusive breastfeeding coverage at 80% (Ministry of Health, 2024). Meanwhile, in Wonogiri, based on the report of the Public Health Sector in 2024, it showed that the coverage of breastfeeding in Wonogiri Regency was 2,808 babies or 71.9%. In 2023, it showed that the coverage of breastfeeding in Wonogiri Regency was 2,705 babies or 64.7%. One of the obstacles to achieving the target is the lack of optimal education, socialization, advocacy, and campaign activities related to breastfeeding, including hospitals that implement 10 steps towards successful breastfeeding. (Health Profile of the Wonogiri Health Office, 2024).

Based on the results of Prawita's (2021) study which examined the relationship between knowledge and attitudes of postpartum mothers about breast care with the implementation of breast care at the Niar Medan Primary Clinic, it was concluded that there was a significant relationship between knowledge of postpartum mothers about breast care with the implementation of breast care at the Niar Medan Primary Clinic. In addition, the attitude of mothers in breast care is the basis for the formation of behavior to carry out breast care. Good behavior will be carried out by mothers if they have a good attitude, while a bad attitude makes mothers have behavior that has the potential to cause health risks such as swollen breasts, sore nipples, and breast milk engorgement. Adequate knowledge about the importance of breast care can shape a mother's positive attitude toward it. A positive attitude supported by sound knowledge will increase a mother's motivation to perform breast care regularly. High motivation directly impacts a mother's behavior, which leads to consistent breast care.

In addition, the attitude of the mother in breast care is the basis for the formation of behavior to carry out breast care. Good behavior will be carried out by the mother if she has a good attitude too, a positive attitude towards breast care will increase motivation to carry out preventive measures and recommended treatments, such as maintaining nipple cleanliness, wearing a comfortable bra, and massaging the breasts if necessary. While a poor attitude makes the mother have behavior that has the potential to cause health risks such as swollen breasts, sore nipples, and breast milk dams (Isnadira, 2020). Postpartum mothers' motivation to perform breast care is influenced by various factors, including knowledge, attitude, and support received from family, medical personnel, and the community. Mothers who have good knowledge and a positive attitude towards the importance of breast care will be more motivated to do so. Conversely, mothers with limited knowledge or attitudes that are less supportive of breast care tend to be less motivated to perform optimal care.

Based on the results of a preliminary study conducted on November 17, 2024 using the interview method with the midwife on duty at independent midwifery clinic Sulami, it was found that the number of postpartum mothers who visited independent midwifery clinic in October 2024 was 35% postpartum mothers. Of the 35% of postpartum mothers who visited, 20% of postpartum mothers had undergone breast care, 16% of postpartum mothers had smooth breast milk, 4% had little breast milk and had swollen breasts. During the preliminary study with observation, the researcher found 2 postpartum mothers who had undergone breast care since pregnancy and 1 pregnant mother underwent an examination because she had swollen breasts. The cause was that postpartum mothers were not patient enough and were not doing breast care properly independently to anticipate breast engorgement. This study is important to understand the relationship between knowledge and attitudes of postpartum mothers towards their motivation in carrying out breast care. By knowing this relationship, it is hoped that more effective educational programs can be designed to improve the knowledge and attitudes of postpartum mothers, so that their motivation to care for their breasts will increase. In addition, this study can also contribute to designing more appropriate health policies to support maternal and infant health.

METHODS

The method used in this study is an analytical survey with a cross-sectional study approach. This study was conducted independent midwifery clinic Sulami Eromoko, Wonogiri Regency from December 2024 to February 2025. The instrument used in this study was a questionnaire containing questions regarding knowledge (15 questions), attitudes (10 questions), and motivation of postpartum mothers in breast care (26 questions) and supplemented with demographic data of respondents. The measurement results are displayed in the categories of good, moderate, and sufficient. The population in this study were postpartum mothers who made postpartum visits in December 2024 to February 2025 as many as 22 postpartum mothers. The sampling technique in this study used total sampling with consideration of inclusion and exclusion criteria. The inclusion criteria were mothers with a postpartum period of > 2 weeks after giving birth and were willing to be respondents. While the exclusion criteria were mothers with mental disorders.

Data analysis used in this study is univariate and bivariate analysis. The bivariate analysis used in this study is the chi-square test seen from the results of statistical tests carried out on 2 variables that are considered related or correlated. If p value $\leq \alpha = 0.05$ it can be interpreted that there is a meaningful relationship between the independent variable and the dependent variable and vice versa p value $> \alpha = 0.05$ there is no meaningful relationship (Notoatmodjo, 2012).

RESULTS

Respondent characteristics can be seen in the following table.

Table 1. Respondent Characteristics

Characteristics	Amount	
	N	%
Age		
At Risk	5	20%
No Risk	20	80%
Education		
Junior High School	7	28%
Senior High School	15	60%
College	3	12%
Work		
Housewife	15	60%
PrivateSector Employee	7	28%
Civil Servant	3	12%
Postpartum Mothers' Knowledge of Breast Care	10	40%
Good: 76%-100% (12-15)	8	32%
Enough: 56%-75% (9-11)	7	28%
Less: <56% (1-8)		
Postpartum Mothers' Attitudes Regarding Breast Care	19	76%
Positive: mean value > 27,13	6	24%
Negative: mean value < 27,13		
Motivation of Postpartum Mothers in Undertaking Breast Care	13	52%
Good: 76%-100%	4	16%
Enough: 56%-75%	8	32%
Less: <56%		

Source: Primary Data, 2025

Table 1 shows that the majority of postpartum mothers are in the non-risk age category (20 years to ≤ 35 years) as many as 20 postpartum mothers (80%). And, postpartum mothers who are in the risk category (<20 years to ≥ 35 years) are 5 postpartum mothers (20%). The majority of postpartum mothers' education is high school as many as 15 postpartum mothers (60%). While postpartum mothers

who have junior high school education are 7 postpartum mothers (28%) and college as many as 3 postpartum mothers (12%). The majority of respondents are unemployed mothers (IRT) as many as 15 postpartum mothers (60%), as many as 7 postpartum mothers work as private employees and 3 postpartum mothers work as civil servants. The frequency distribution of postpartum mothers' knowledge about breast care is mostly in the good category, as many as 10 postpartum mothers (40%). Meanwhile, the frequency distribution of postpartum mothers' attitudes about breast care is mostly in the positive category, as many as 19 postpartum mothers (76%). And, the frequency distribution of postpartum mothers' motivation in carrying out breast care is mostly in the good category, as many as 13 postpartum mothers (52%).

Table 2. Relationship between Knowledge and Motivation of Postpartum Mothers in Undertaking Breast Care

	df	Sig.
Knowledge * Motivation of Postpartum Mothers in Undergoing Breast Care	4	0.01

Data source: Statistical Test Results using SPSS

Table 2 shows that the results of the statistical test with one sample chi square obtained a value of $\rho = 0.01$ because the value of $\rho < 0.05$, then H_0 is rejected. This means that the knowledge of postpartum mothers is related to the motivation of postpartum mothers in carrying out breast care.

Table 3. Relationship between Attitudes and Motivation of Postpartum Mothers in Undertaking Breast Care

	df	Sig.
Attitude * Motivation of Postpartum Mothers in Undertaking Breast Care	4	0.01

Data source: Statistical Test Results using SPSS

Table 3 shows that the results of the statistical test with one sample chi square obtained a value of $\rho = 0.03$ because the value of $\rho < 0.05$, then H_0 is rejected. This means that the attitude of postpartum mothers is related to the motivation of postpartum mothers in carrying out breast care.

DISCUSSION

The majority of postpartum mothers are in the non-risk age category (20 years to ≤ 35 years) as many as 20 postpartum mothers (80%). Meanwhile, postpartum mothers who are in the risk category (< 20 years to ≥ 35 years) are 5 postpartum mothers (20%). Based on the results of the respondents' statements, most mothers already have good knowledge and most mothers have a positive attitude and good motivation to carry out breast care. This happens because the higher level of knowledge of mothers is seen from the age of mothers dominated by (20-35) who are mature in thinking patterns. Increasing age can increase a person's ability to make decisions so that they become wise, able to think rationally, able to control ego and emotions and increasingly tolerate someone's opinions or views (Sulastri, 2021). Mothers already understand the benefits and advantages of breast care so that their attitudes become positive. Meanwhile, the majority of postpartum mothers' education is high school, as many as 15 postpartum mothers (60%). Meanwhile, postpartum mothers with junior high school education are 7 postpartum mothers (28%) and college education are 3 postpartum mothers (12%). Postpartum mothers with good knowledge are dominated by secondary education (high school) at 48%. The level of education can influence a person in getting information. According to Budiman and Riyanto (2021), the higher a person's education, the easier it is for someone to receive information both from the mass media and from other people, so the more information a person gets, the better their knowledge. In line with (Rosyanti & Sari, 2022) which explains that secondary education (high school) can already receive health information regarding breast care.

In addition, the majority of respondents were unemployed mothers (IRT), namely 15 postpartum mothers (60%), 7 postpartum mothers worked as private employees and 3 postpartum mothers worked as civil servants. Postpartum mothers who carried out breast care were dominated by mothers who did

not work. Stating that postpartum mothers who did not work were mothers who only did housework and only spent time at home without having work responsibilities outside the home, so that mothers had many opportunities to obtain information about breast care without being limited by time or busyness (Juliastuti, 2020). In line with Atmawati (2021) who explained that the majority of respondents' jobs were mothers who did not work while a small number of mothers worked as civil servants. This is in accordance with the results found by researchers in the field that mothers who did not work had more free time to care for their babies than mothers who worked.

The frequency distribution of postpartum mothers' knowledge about breast care is mostly in the good category, as many as 10 postpartum mothers (40%). From the questionnaire that has been distributed to respondents, it is known that there are 15 statement items (favorable and unfavorable) which discuss the definition of breast care, the purpose of breast care, principles and time in carrying out breast care and how to care for breasts. Almost all respondents with good knowledge are mothers who understand breast care. Breast care is a treatment carried out by postpartum mothers which aims to facilitate the release of breast milk, this treatment can also facilitate blood circulation so that it can prevent blockage of the milk ducts (Lombogia, 2017). In line with Tyfani, Utami and Susmini (2021) who explain that breast care is an effort to facilitate or increase breast milk production. Meanwhile, some of the respondents with less knowledge were mothers who did not understand the purpose of breast care by 28%. Meihartati's research (2020) stated that the majority of mothers who carried out breast care (68.2%) did not experience problems in breastfeeding, one of which was no breast swelling and breast milk stagnation. The factors that influence maternal knowledge include age, education, and occupation (Wawan & Dewi, 2020).

The frequency distribution of postpartum mothers' attitudes about breast care is mostly in the positive category, as many as 19 postpartum mothers (76%). According to researchers, attitudes consist of several components, namely information about an object or other person regarding the beliefs and thoughts of postpartum mothers influenced by the culture of the community in their neighborhood, in addition to being influenced by education, attitudes can also be influenced by culture where culture is one of the factors that influences a person's attitude in acting, the more someone believes in culture, the more their attitude will be negative and vice versa if someone starts to disbelieve in culture, their attitude will be positive. From this study, it was obtained that there were many positive attitudes of mothers about postpartum breast care, this is because mothers have started to disbelieve in local culture which of course has a positive impact on the smoothness of the breastfeeding process.

This study is in line with Eldawati's research (2022), where the results of this study stated that many mothers have a positive attitude because they no longer believe in the culture that exists in society, culture is one of the factors that impacts ideas, norms/attitudes and knowledge of a person that will influence social life caused by the formation of new behavior. This behavior can cause different perceptions of society because each cultural background of society varies, so that the culture passed down to the next generation is also different.

The frequency distribution of postpartum mothers' motivation in carrying out breast care is mostly in the good category, as many as 13 postpartum mothers (52%). Motivation shows the drive and effort to fulfill or satisfy a need or to achieve a goal (Moekijat, 2020). Motivation is also a drive that exists within a person to try to make good behavioral changes in meeting needs (Hamzah, 2019). The motivational drive of postpartum mothers to carry out self-care, especially breast care, can be influenced by the postpartum mother's knowledge of postpartum health. Good knowledge about breast care will influence the behavior of carrying out breast care.

The results of the chi-square statistical test obtained a p value = 0.01. with a p value < ($\alpha = 0.05$), it can be concluded that the research hypothesis is accepted, which means that there is a relationship between knowledge and the motivation of postpartum mothers in carrying out breast care at independent midwifery clinic Sulami Eromoko. The results of this study are also in line with Masridah's research (2021) which states that the knowledge and motivation of postpartum mothers greatly determine the success of mothers breastfeeding their babies. By following and studying all the knowledge about good breast care, it is hoped that every postpartum mother will have the motivation to provide optimal breast milk. For this reason, high motivation is needed from an early age and optimal support and guidance from the family, environment and health workers who care for mothers during pregnancy, childbirth and the postpartum period. Motivation is a state of mind and mental attitude of humans that provides

energy, encourages activities, or moves and directs and channels behavior towards achieving needs that provide satisfaction (Siswanto, 2020).

High motivation to carry out breast care can benefit postpartum mothers because by carrying out breast care, mothers will avoid problems during breastfeeding, this is comparable to the results of Yuli Ainur Rohma's research (2022) which was conducted in Cepokolimo Village, Pacet District with the results that there is a relationship between breast care and smooth breast milk production in postpartum mothers. The physical condition of the respondent can also affect the motivation of this sufficient respondent. Physical condition symbolizes physical fitness and is the ability to function effectively throughout the day when doing activities. So if the physical condition decreases and no effort is made to improve it, it will have an impact on the psychology of an individual so that it will interfere with their daily activities (Maharani, 2021). Breast care that is often done by mothers is driven by support from health workers so that breast care seems forced. In fact, after giving birth, the mother's physical condition is certainly still in the healing process to have the energy to do activities again. This makes the motivation to do breast care only in the moderate category.

Relationship between Attitudes and Motivation of Postpartum Mothers in Undertaking Breast Care The results of the chi-square statistical test obtained a p value = 0.03. with a p value $< (\alpha = 0.05)$, it can be concluded that the research hypothesis is accepted, which means that there is a relationship between attitudes and postpartum mothers' motivation to carry out breast care at independent midwifery clinic Sulami Eromoko. Attitude is a mental and nervous state of readiness that is regulated through experience that provides a dynamic or directed influence on an individual's response to all objects and situations related to it (Widyatun, 2019). The relationship between motivation and respondents' attitudes in carrying out breast care indicates that motivation is a person's drive to take action. However, forming a good attitude is not only based on a person's motivation. It also depends on many factors, factors that influence motivation are goals, challenges, responsibilities, opportunities to advance. While factors that influence behavior are predisposing factors such as knowledge, attitudes, values. Enabling factors such as resources including cost, time, distance, and availability of transportation. Reinforcing factors such as whether or not they have received support, factors here may come from nurses, doctors, other patients and family. (Notoatmodjo 2012). A healthy attitude will not just happen, but is a process because individuals understand the positive or negative influence of an attitude that is related. With the motivation that mothers have in breast care, it becomes the basis for the formation of behavior to carry out breast care. A good attitude will be carried out by mothers if they have good motivation too, while poor motivation makes mothers have attitudes that have the potential to cause health risks such as swollen breasts, sore nipples, and breast milk dams.

CONCLUSION

Based on the research results and discussion, several things can be concluded as follows The characteristics of postpartum mothers at independent midwifery clinic Sulami include the age of postpartum mothers in the non-risk age category of 80%; high school education of 60%, and not working (housewives) of 60%; The level of knowledge of postpartum mothers about breast care at independent midwifery clinic Sulami is in the good category at 40%; The attitude of postpartum mothers regarding breast care at independent midwifery clinic Sulami was in the positive category at 76%; The motivation of postpartum mothers in carrying out breast care at independent midwifery clinic Sulami is included in the good category at 52%; The results of the study showed that the knowledge and motivation of postpartum mothers $\rho = 0.01$, which means that there is a relationship between the knowledge of postpartum mothers and the motivation of postpartum mothers in carrying out breast care. Meanwhile, the attitude and motivation of postpartum mothers $\rho = 0.03$, which means that the attitude of postpartum mothers is related to the motivation of postpartum mothers in carrying out breast care.

Based on the researcher's direct experience in this research process, there were several limitations encountered and could serve as factors that should be further addressed by future researchers to improve the research. This study certainly has shortcomings that need to be addressed in future research. These limitations include The number of respondents, which was only 25, is certainly insufficient to fully reflect the actual situation. Therefore, future research is expected to increase the number of subjects and demographic variation to allow for a more diverse demographic analysis; During the data collection process, the information provided by respondents through the questionnaire

sometimes did not reflect the respondents' true opinions. This occurs due to differences in thoughts, assumptions, and understandings among respondents.

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