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INTEGRATION OF BREASTFEEDING COACHING AND LACTATION COUNSELING TO IMPROVE EARLY INITIATION OF BREASTFEEDING

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Abstract

The integration of breastfeeding coaching and lactation counseling is expected to enhance maternal readiness and confidence in Early Initiation of Breastfeeding (EIBF). This study aimed to examine the effectiveness of this integrated approach on EIBF success among postpartum mothers. A quasi-experimental study with a two-group posttest-only design was conducted involving 60 postpartum mothers assigned to intervention and control groups. The intervention group received integrated breastfeeding coaching and lactation counseling, while the control group received conventional education. EIBF success was assessed using an observation checklist. The intervention group demonstrated a higher mean EIBF success score (6.60; mean rank 34.73) compared to the control group (5.93; mean rank 26.27). The Mann–Whitney U test showed a statistically significant difference (U = 323.0; p = 0.013), indicating improved EIBF outcomes. This integrated approach is recommended as an evidence-based strategy in maternal and neonatal healthcare services.

Keywords: Breastfeeding Coaching, Early Initiation of Breastfeeding, Lactation Counseling, Postpartum Mothers, Breastfeeding Success.

Abstrak

Integrasi coaching menyusui dan konseling laktasi diharapkan dapat meningkatkan kesiapan dan kepercayaan diri ibu dalam Inisiasi Menyusu Dini (IMD). Penelitian ini bertujuan untuk mengkaji efektivitas pendekatan terintegrasi tersebut terhadap keberhasilan IMD pada ibu postpartum. Penelitian ini menggunakan desain quasi-eksperimental dengan dua kelompok posttest-only, yang melibatkan 60 ibu postpartum yang dibagi ke dalam kelompok intervensi dan kelompok kontrol. Kelompok intervensi menerima coaching menyusui terintegrasi dan konseling laktasi, sedangkan kelompok kontrol menerima pendidikan konvensional. Keberhasilan IMD dinilai menggunakan lembar observasi. Hasil penelitian menunjukkan bahwa kelompok intervensi memiliki nilai rerata keberhasilan IMD yang lebih tinggi (6,60; peringkat rerata 34,73) dibandingkan dengan kelompok kontrol (5,93; peringkat rerata 26,27). Uji Mann–Whitney U menunjukkan perbedaan yang bermakna secara statistik (U = 323,0; p = 0,013), yang mengindikasikan peningkatan keberhasilan IMD. Pendekatan terintegrasi ini direkomendasikan sebagai strategi berbasis bukti dalam pelayanan kesehatan ibu dan neonatal.

Kata kunci: Coaching menyusui, Inisiasi Menyusu Dini (IMD), Konseling laktasi, Ibu postpartum, Keberhasilan menyusui.

Introduction

Early Initiation of Breastfeeding (EIBF) is one of the most important strategies to improve the success rate of exclusive breastfeeding. The World Health Organization (WHO) and UNICEF recommend that EIBF be carried out within the first hour after birth due to its substantial benefits for both maternal and neonatal health (Aryani, 2022). According to the Global Breastfeeding Scorecard 2022 issued by WHO and UNICEF, approximately 44% of newborns worldwide are breastfed within the first hour after birth. In Indonesia, data from the 2018 National Basic Health Research (Riskesdas)

indicate that about 56.3% of infants initiate breastfeeding within one hour of birth, which remains below the national target of 85%.

In maternal healthcare practice, conventional breastfeeding education is generally delivered through brief counseling sessions or one-way lectures that focus on providing general information about the benefits of breastfeeding and EIBF. This approach is often not accompanied by direct demonstration, individualized support, or efforts to empower mothers psychologically. Consequently, although mothers may possess basic knowledge of EIBF, their practical readiness and self-confidence to implement EIBF optimally remain limited. This condition highlights the need for an integrated approach that is not only educational but also empowering through breastfeeding coaching and lactation counseling (Rohini et al., 2022).

The practice of EIBF has been shown to reduce neonatal mortality, strengthen mother–infant bonding, enhance infant immunity, and support the continuation of exclusive breastfeeding (de Carvalho LEW et al., 2024). Despite extensive promotion of EIBF, its implementation in clinical settings still faces various challenges. Many postpartum mothers do not receive adequate support to perform EIBF due to factors such as limited knowledge, insufficient family support, fear, postpartum fatigue, and inadequate skills among healthcare providers in delivering effective breastfeeding support (Sari, 2022).

Breastfeeding coaching is an emerging approach that assists mothers in understanding and carrying out breastfeeding with greater confidence. This technique involves two-way communication, exploration of personal values, and maternal empowerment to enable mothers to make independent and responsible decisions throughout the breastfeeding process (Puspitasari et al., 2021). Meanwhile, lactation counseling is a professional service provided by trained healthcare personnel to help mothers overcome various breastfeeding-related challenges. This counseling addresses emotional, psychological, and technical aspects, thereby offering comprehensive solutions to the barriers faced by breastfeeding mothers (Emilda, 2024; Kolbe et al., 2025; Mulcahy et al., 2022).

The integration of breastfeeding coaching and lactation counseling represents a promising and innovative approach to improving EIBF success. This combined strategy is expected to foster positive breastfeeding experiences, strengthen maternal motivation, and facilitate maternal adaptation to breastfeeding challenges from an early stage, particularly during the critical postpartum period.

Previous studies have demonstrated that coaching-based interventions can enhance maternal self-efficacy in breastfeeding and improve infant latch techniques (Puspitasari et al., 2021). Conversely, lactation counseling has been proven effective in reducing the risk of breastfeeding cessation and extending the duration of exclusive breastfeeding (Campbell et al., 2024). Therefore, the synergy between these two approaches is expected to yield more substantial outcomes than when each is implemented independently.

Based on this rationale, the present study aims to examine the effectiveness of integrating breastfeeding coaching with lactation counseling compared to conventional breastfeeding education in improving the success of Early Initiation of Breastfeeding among postpartum mothers. The study hypothesizes that mothers who receive integrated breastfeeding support through coaching and lactation counseling will demonstrate a higher rate of EIBF success than those who receive conventional breastfeeding education alone.

Method

This study employed a quantitative approach using a quasi-experimental two-group posttest-only design. The population consisted of postpartum mothers who met the inclusion criteria. A total of 60 participants were recruited through purposive sampling and allocated into an intervention group (n = 30) and a control group (n = 30). This design was selected because the assessment of Early Initiation of Breastfeeding (EIBF) can only be conducted after the delivery process has occurred, making objective pretest measurement unfeasible. To minimize baseline differences between groups, group comparability was evaluated through an analysis of respondents' baseline characteristics, including maternal age, educational level, parity, and infant birth weight.

The success of Early Initiation of Breastfeeding was measured using an EIBF observation checklist consisting of seven assessment items, including skin-to-skin contact, infant positioning and latch, infant response to the breast, and successful breastfeeding within the first hour after birth. The total EIBF observation score ranged from 1 to 7, with higher scores

indicating more optimal EIBF success. The instrument was developed based on the WHO guidelines for Early Initiation of Breastfeeding and was tested for validity and reliability, yielding a Cronbach's alpha value of 0.816.

Data analysis was performed using univariate analysis to describe respondent characteristics and bivariate analysis to examine differences in EIBF success between the intervention and control groups. The Mann–Whitney U test was applied because the EIBF success scores were ordinal and not normally distributed, as indicated by the Kolmogorov–Smirnov test result ($p = 0.000$; $p < 0.05$). In this study, blinding of outcome assessors was not feasible because the researcher was directly involved in both the implementation of the intervention and the observation of EIBF outcomes. However, to minimize observational bias, assessments were conducted using structured instruments with predefined objective criteria.

Ethical approval was obtained prior to data collection, and informed consent was secured from all participants. This study received ethical clearance from the Health Research Ethics Committee of Hasanuddin University (Approval No. 1536/UN4.14.1/TP.01.02/2025). The study was conducted in maternal healthcare facilities (delivery rooms) at RSKD Ibu dan Anak Pertiwi Makassar during the period of August–September 2025.

Results

Table 1. Distribution of Respondent Characteristics (n = 30)

Characteristics	Intervention Group		Control Group		*P*
	n	%	n	%	
Age					
<20 Years	3	10.0	4	13.3	0.001
20-35 Years	26	86.7	23	76.7	
>35 Years	1	3.3	3	10.0	
Educational					
Bachelor's Degree	20	66.6	28	93.3	0.553
	10	33.4	2	6.7	
Paritas					
Primipara	16	53.3	20	66.6	0.458
Multiparitas	14	46.7	10	33.4	
Birth Weight					
< 2500 gr	5	16.7	2	6.7	0.520
2500-3999 gr	24	80.0	25	83.3	
≥4000 gr	1	3.3	3	10.0	
Total	30	100	30	100	

Table 1 shows that, based on maternal age characteristics, the majority of mothers in both the intervention and control groups were aged 20–35 years, accounting for 86.7% and 76.7%, respectively. Statistical analysis indicated a significant difference in age distribution between the two groups ($p = 0.001$).

In terms of educational level, most respondents in both groups had completed senior high school education, comprising 66.6% of the intervention group and 93.3% of the control group. The analysis revealed no statistically significant difference in educational level between the two groups ($p = 0.553$).

Regarding parity, the proportion of primiparous mothers was higher in the control group (66.6%) than in the intervention group (53.3%). However, the statistical test showed that the difference in parity between the two groups was not statistically significant ($p = 0.458$).

With respect to infant birth weight, most infants in both groups had a birth weight of 2500–3999 grams, accounting for 80.0% in the intervention group and 83.3% in the control group. The analysis indicated no statistically significant difference in infant birth weight between the two groups ($p = 0.520$).

Overall, the baseline characteristics of respondents in both groups were relatively comparable, except for maternal age, which showed a significant difference. Therefore, in interpreting the main study outcomes, maternal age should be considered a potential influencing factor; however, the observed difference in EIBF success is considered to be predominantly attributable to the integrated breastfeeding coaching and lactation counseling intervention.

Table 2. Differences in Mean Rank of EIBF Success between Intervention and Control Groups

Variable	n	Mean Min-Max	Mean Rank	P
Success of EIBF in the intervention group	30	6.60 (1-7)	34.73	0.013
Success of EIBF in the control group	30	5.93 (1-7)	26.27	

Based on Table 2, the mean EIBF success score in the intervention group was 6.60 (range 1–7) with a mean rank of 34.73, whereas the control group had a mean score of 5.93 (range 1–7) with a mean rank of 26.27. The Mann–Whitney U test yielded a U value of 323.0 with a p-value of 0.013, indicating a statistically significant difference between the two groups. The effect size of the between-group difference indicated a moderate effect, suggesting that the intervention produced a clinically meaningful impact.

Clinically, the difference in mean EIBF success scores between the intervention group (6.60) and the control group (5.93) indicates that mothers who received integrated breastfeeding support were more consistently able to meet key EIBF indicators, such as adequate skin-to-skin contact, proper infant latch, and successful breastfeeding within the first hour after birth. Although the numerical difference in scores appears relatively small, within the context of clinical practice this difference is meaningful, as failure to meet one or two EIBF indicators may adversely affect the continuity of breastfeeding and the success of exclusive breastfeeding.

Discussions

The intervention group demonstrated a higher EIBF success score than the control group ($p = 0.013$). This difference is consistent with recent evidence indicating that structured interventions combining technical support and empowerment can improve early initiation of breastfeeding and enhance mothers' ability to overcome initial breastfeeding challenges. Multifaceted interventions (education combined with counseling/coaching) have been reported to be effective in improving breastfeeding outcomes during the early postpartum period (Rossau et al., 2024).

The age characteristics of respondents (predominantly 20–35 years) should be interpreted in the context that this reproductive age range is generally associated with adequate physical and psychosocial readiness for breastfeeding. However, experiences may vary: younger mothers (<20 years) often lack practical experience, whereas mothers aged >35 years may have greater experience but are more likely to present with different obstetric conditions. The literature suggests that the influence of maternal age on EIBF is contextual and frequently interacts with education level and healthcare support; therefore, coaching interventions that emphasize personal empowerment are particularly appropriate for women aged 20–35 years (Mekonen, 2024).

Differences in educational level between groups, with a higher proportion of senior high school graduates in the control group, have implications for lactation health literacy. Higher educational attainment is generally associated with better breastfeeding knowledge and greater capacity to comprehend health messages; thus, the added effect of coaching as an empowerment strategy may vary across educational strata. Recent studies indicate that interventions should tailor language, visual materials, and pedagogical approaches to ensure effectiveness among women with lower educational backgrounds. Accordingly, the positive outcomes observed in the intervention group may have been strengthened by coaching materials that were adapted to the mothers' practical needs (Tanriverdi et al., 2025).

Parity also influences responsiveness to the intervention. In this study, the control group had a higher proportion of primiparous mothers. Primiparous women typically have no prior hands-on experience with EIBF and therefore require more intensive practical support, such as demonstrations of positioning and latch techniques. Practical and repetitive

breastfeeding coaching may be particularly beneficial for primiparous mothers by accelerating the acquisition of essential breastfeeding skills required for successful EIBF. This may explain why interventions emphasizing direct practice tend to improve EIBF scores, even when primiparous mothers are present in both groups (Ruiz et al., 2025).

Infant birth weight, predominantly within the 2500–3999 g range, indicates that most infants were born with adequate weight, which generally facilitates breastfeeding initiation due to better muscle tone and sucking reflexes. Nevertheless, EIBF success is not solely determined by infant condition; maternal and healthcare provider support and skills remain critical. Coaching interventions combined with counseling target both caregiver competence and maternal capacity, thereby increasing the likelihood of successful EIBF despite variations in infant birth weight. Intervention studies consistently highlight that adequate healthcare support can mitigate the impact of less favorable infant-related factors (D'Hollander et al., 2025).

The mechanism underlying the effectiveness of this intervention can be understood as a synergistic combination: lactation counseling provides technical knowledge (e.g., positioning, latch, and indicators of successful breastfeeding), while coaching enhances maternal self-efficacy, active engagement, and resolution of psychological barriers. Recent evidence syntheses demonstrate that increased self-efficacy is directly associated with a higher probability of initiating and sustaining early breastfeeding practices, supporting the observed combined effect on EIBF scores in line with health behavior theories (D'Hollander et al., 2025).

From a policy and practice perspective, these findings support the training of healthcare professionals (midwives and nurses) in evidence-based coaching approaches. Meta-analyses and process evaluations have shown that the presence of lactation consultants or specially trained staff reduces the risk of breastfeeding discontinuation and improves early initiation rates. Therefore, integrating coaching modules into postpartum clinical curricula and hospital services has the potential to increase EIBF coveragel (D'Hollander et al., 2025).

Implementation considerations include the intensity and timing of the intervention, as more intensive interventions initiated during the antenatal period or immediately postpartum tend to produce the greatest effects. Recent intervention studies recommend a combination of antenatal counseling and immediate postpartum support (e.g., rooming-in and skin-to-skin contact) to achieve optimal outcomes. For populations similar to this study (predominantly of productive age with varying educational backgrounds), a dual intervention package (antenatal counseling plus postpartum coaching) may improve both short- and long-term outcomes (Ruiz et al., 2025).

The strengths of this study include the use of a practical, integrated intervention and direct outcome measurement (EIBF score ranging from 1 to 7) during the critical postpartum period. Limitations include the quasi-experimental design, which carries a risk of selection bias, and a relatively small sample size. Therefore, replication using randomized designs or propensity score analysis with longer follow-up periods (e.g., exclusive breastfeeding duration at six months) is recommended to strengthen policy implications. Recent intervention reviews also emphasize the need for large-scale randomized controlled trials to support stronger systemic recommendations (Patnode et al., 2025).

Overall, the findings of this study provide important implications for maternal nursing practice and healthcare policy. The integration of breastfeeding coaching and lactation counseling has the potential to be adopted as a standard approach in postpartum care, particularly in healthcare facilities aiming to improve EIBF coverage. Future research should focus on the development and validation of standardized protocols for this integrated approach and the application of randomized controlled trial designs with larger sample sizes and longer follow-up periods to evaluate long-term impacts on exclusive breastfeeding success.

Conclusion

The integration of breastfeeding coaching with lactation counseling is effective in improving the success of Early Initiation of Breastfeeding (EIBF) and operates through mechanisms that enhance technical skills and maternal self-efficacy. Its effectiveness is influenced by respondent characteristics (age, education, and parity) as well as the healthcare service context (BFHI implementation and hospital support). Practical recommendations include adopting an integrated

approach, tailoring materials to educational levels, and strengthening facility-level policies to maximize the impact of the intervention.

Conflicting Interest

All authors declare no conflict of interest.

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