

The Effect of Supervision of Pregnant Women in Three Trimester Through the Formation of Lactation Classes on Mothers' Readiness in Providing Exclusive Breastfeeding

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Abstract

Introduction: Breast milk is the first food for newborns and is the main nutrition for babies. Self-Readiness is important in breastfeeding, because it is used as a parameter of the mother's ability to breastfeed. Knowledge is one of the factors of the mother's readiness to breastfeed. **Objective:** The aim of this study was to determine whether there was an influence of health assistance for pregnant women in the third trimester through the formation of lactation classes on the readiness of mothers to provide exclusive breastfeeding with using leaflets and educational videos. **Method:** This type of research is pre-experimental with the research design used is one group pretest - posttest design. The population in this study were pregnant women in the third trimester in the working area of Kebon Handil Health Center, Jambi City. The sample size in this study was 32 people taken using the total sampling technique. **Result and Discussion:** the results of the study showed that there was an influence of intervention in providing health assistance through lactation classes regarding lactation management on the level of readiness to breastfeed in pregnant women in the third trimester of the T-test with a p value = 0.0000. **Conclusions:** it is recommended that Kebon Handil Health Center hold lactation class activities with the material provided being about lactation management as a provision of knowledge for pregnant women in preparing for birth and self-readiness in providing exclusive breastfeeding.

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Introduction

Breast milk is a natural food produced and given by the mother, specifically for the baby. Breast milk is the best nutritional food for babies, especially babies aged 0-6 months, whose function cannot be replaced by any food or drink (Tjahyanto, Mulyadi, Novian, & Rianto, 2023), (Sukensi, Hilda, & Putri, 2023)

This is because breast milk is sterile and uncontaminated and contains perfect nutritional elements to support the growth and development of babies (Yuanita, Sipasulta, & Imamah, 2023). WHO and UNICEF (2020) recommend that during the pandemic, babies should only be given exclusive breast milk for 6 months and breastfeeding should be continued until the child is at least two years old. Breast milk is the fulfillment of the rights of every mother and child and the best investment to improve the health, mental and social development of children and the nation (Ministry of Health of the Republic of Indonesia, 2019)

Indonesia's 2018 health profile data shows that coverage exclusive breastfeeding (age 0-6 months) is 54% (Idris & Astari, 2023). In Central Java, the coverage of exclusive breastfeeding has exceeded the national target of 64.19%, meaning that there are still 32% of mothers who have not provided exclusive breastfeeding (Widiastuti, 2021). This figure has not reached the 2022 program target of 50%. The coverage of babies who have received exclusive breastfeeding from 11 other regencies / cities in Jambi Province is West Tanjung Jabung Regency (72.04%). The coverage of exclusive breastfeeding in 2021 in Jambi City occupied a proportion of 68.2% and in 2022 the coverage of exclusive breastfeeding decreased by 29.16% (Dinas Kesehatan Kota Jambi, 2022)

Table 1
 Coverage of Exclusive Breastfeeding in Jambi City

No	Health Center	Target	2022			2023		
			Exclusive	Not Exclusive	%	Exclusive	Not Exclusive	%
1	Pal X	309	18	108	14,29	60	104	36,59
2	Aurduri	101	28	44	38,89	70	48	59,32
3	Kebon Handil	113	25	34	42,37	67	38	63,81
4	Putri Ayu	302	189	53	78,10	231	57	80,21
5	S. IV Sipin	272	163	75	68,49	205	79	88,03
6	Tanjung Pinang	228	147	48	75,38	189	52	78,42
7	Talang Banjar	350	258	123	67,72	300	127	70,26
8	Payo Selincih	206	101	36	73,72	143	40	74,14
9	Pakuan Baru	250	128	67	65,64	170	71	70,54
10	Talang Bakung	98	68	12	85,00	110	16	87,30
11	Kebon Kopi	605	36	40	47,37	78	44	63,93
12	Paal Merah I	136	23	12	65,71	65	16	80,25
13	Paal Merah II	123	81	32	71,68	123	36	77,36
14	Olak Kemang	102	53	42	55,79	95	46	67,38
15	TahtulYaman	137	65	36	64,36	107	40	72,79
16	Koni	60	39	18	68,42	81	22	78,64
17	Paal V	432	144	120	54,55	186	92	66,91
18	Kenali Besar	421	186	87	68,13	228	91	71,47
19	Rawasari	447	223	105	67,99	265	109	97,59
20	Simpang Kawat	280	63	54	53,85	105	59	64,02

Source: Jambi City Health Center & Health Office, 2022 & 2023

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Based on the 2022 Jambi City Health Service Annual Report, Jambi City has 20 active health centers. Areas with coverage of breastfeeding the lowest exclusive coverage is the Paal X Health Center working area, namely 14.29% and 36.59% in 2023, followed by the Aurduri Health Center, namely 38.89% and 59.32% in 2023, and the Kebon Handil Health Center at 42.37% and 63.81% in 2023 (Dinas Kesehatan Kota Jambi, 2022).

The figure for exclusive breastfeeding in the world according to WHO in 2023 showed a figure of 38%, whereas the global target is to increase exclusive breastfeeding to 50% in 2025 (Fitria, 2024). Data from the Indonesian Ministry of Health in 2023 stated that the coverage of babies receiving exclusive breastfeeding was 69.70% in 2022 and 70.01% in 2023, so that Indonesia was ranked 49th out of 51 countries. Basic Health Research Data (RISKESDAS) in 2023 showed that as many as 50.85% or only half of the 2.5 million babies under six months old received exclusive breastfeeding in Indonesia. The coverage of exclusive breastfeeding in Jambi Province in 2023 was 74.14%. And the percentage data of babies under 6 months old who received exclusive breastfeeding in Jambi Province in 2023 was 72.68%. Based on the coverage data of exclusive breastfeeding at the Kebon Handil Health Center, there were 591 babies out of 1232 babies (47.97%) who should have exclusive breastfeeding from the Millennium Development Goals (MDGs) target of 80%. This coverage is still below the expected target, which is 52.4%. The behavior of providing exclusive breastfeeding in Indonesia is also still not as expected (Dinas Kesehatan Kota Jambi, 2022).

To support efforts to increase exclusive breastfeeding, a strategic solution is needed, namely by optimizing the involvement of all elements of society, including by forming a cadre of breastfeeding mothers (Sutrisna & Wahyuni, 2023). Breastfeeding mothers' assistance is a specialty taken from health workers who have been there to support the implementation of Integrated Service Post in the community under the responsibility of the Health Center (Purba, Ginting, Purba, & Nainggolan, 2024). The research time was conducted in August-September 2024. The statistical test used was the difference test of 2 dependent means, namely the T-test if the data is normally distributed, if not. normal then the researcher will use the Wilcoxon test. The results of the study showed that providing education carried out through digital modification in the form of lactation classes can support increasing mothers' knowledge and willingness in the breastfeeding process. Looking at the definition above, it can be concluded that lactation classes and support for breastfeeding mothers are carried out to deal with individual and community health problems and to work in a very close relationship with health service delivery places. The health problems referred to are health problems for pregnant women, mothers in labor and postpartum mothers and their babies. (Widiastuti et al., 2021).

Method

The type of research used by the researcher is a quantitative type of research with pre-experimental method. The design used in this study was one group pretest-posttest design. This study took place in the working area of Kebon Handil Health Center, Jambi City with a sample of 32 pregnant women in the third trimester. The research time was conducted in August-September 2024. The statistical test used was the difference test of 2 dependent means, namely the T-test if the data is normally distributed, if not. normal then the researcher will use the Wilcoxon test.

Result and Discussion

1. Result

Univariate Analysis

Table 2

Frequency Distribution of Characteristics of Pregnant Women in the Third Trimester
Based on Age, Education Level, Gestational Age, Occupation, Number of Pregnancy
Check-ups, and Number of Pregnancy Classes Attended in the Kebon Health Center
Work Area Handil August – September 2024 (n=32)

Category	f	%
Age		
<20	2	6.25
20-35	30	93.75
>35	0	0
Level of education		
ES	2	6.25
JHS	5	15.63
SHS	15	46.87
Diploma	2	6.25
Bachelor's Degree	8	25
Gestational age		
7 months	7	21.87
8 months	6	18.75
9 months	19	59.38
Work		
Work	6	18.75
Does not work	26	81.25
Number of pregnancy checks		
<6 times	7	21.87
6-8 times	19	59.37
9-10 times	6	18.75
11-14 times	0	0
Many people attend pregnancy classes		
0 times	24	75
1-3 times	8	25
4-6 times	0	0
>6 times	0	0
Total	32	100

Based on Table 2. above, it can be concluded that of the 32 respondents of pregnant women in the third trimester, most were aged 20-35 years, had a high school education, were 9 months pregnant, did not work, had 6-8 pregnancy check-ups and on average did not attend pregnancy classes.

Table 3

Level of Readiness for Breastfeeding of Pregnant Women in the Third Trimester Before Assistance Health Through Lactation Classes in the Kebon Handil Health Center Work Area, August – September 2024 (n=32)

Category	Frequency	Percentage (%)
Low	6	18.75
Currently	21	65.62
Tall	5	15.62
Total	32	100

Table 3. above shows the results of the level of readiness to breastfeed in pregnant women in the third trimester, as many as 6 people (18.75%) have low readiness to breastfeed, 21 people (65.62%) have moderate readiness to breastfeed and 5 (15.62%) people have high readiness to breastfeed.

Table 4

Level of Readiness for Breastfeeding of Pregnant Women in the Third Trimester After Mentoring Health Through Lactation Classes in the Kebon Handil Health Center Work Area, August – September 2024 (n=32)

Category	Frequency	Percentage (%)
Low	2	6.25
Currently	26	81.25
Tall	4	12.5
Total	32	100

Table 4. above shows the results of the level of readiness to breastfeed in pregnant women in the third trimester, as many as 2 people (6.25%) have low readiness to breastfeed, 26 people (81.25%) have moderate readiness to breastfeed and 4 (12.5%) people have high readiness to breastfeed.

Bivariate Analysis

Table 5

The Influence of Health Assistance Through Lactation Classes on Readiness for Breastfeeding Pregnant Women in the Third Trimester in the Work Area Kebon Handil Health Center, August – September 2024 (n= 32)

Mother's Readiness Breast-feed	n	Mean \pm SD	P-value
Pre	32	62 \pm 8,6	0.000
Post	32	71 \pm 6,0	

Table 5 shows the sig.(2-tailed) value/probability value in the T-test is .000. Looking at the results of the sig.(2-tailed) value compared to the significance level of 5% (0.05), then sig.(2-tailed) < 0.05, then there is a significant difference between self-readiness to breastfeed before and after being given health assistance through lactation classes. It can be said that there is an influence of health assistance through the formation of lactation classes on the readiness of pregnant women to breastfeed in the third trimester in the work area. Kebon Handil Community Health Center, Jambi City.

2. Discussion

The Effect of Lactation Class Assistance on Breastfeeding Readiness in Third Trimester Pregnant Women in the Work Area of Kebon Handil Health Center, Jambi City

The results of this study indicate that there is an influence of health assistance in the form of lactation classes on the score of self-readiness for breastfeeding of pregnant women in the third trimester regarding lactation management. Based on the results of the T-test, the probability value of .000 is smaller <0.05 , so there is a significant difference between self-readiness for breastfeeding before and after being given health assistance in the form of lactation classes. Self-readiness for breastfeeding before being given lactation class assistance, namely the majority of pregnant women trimester III has moderate readiness as many as 21 people (65.62%) and those who have low self-readiness as many as 6 people (18.75%). After being given health assistance in the form of lactation classes, the self-readiness of pregnant women in trimester III entered the moderate category to 26 people (81.25%) and those who have low self-readiness for breastfeeding as many as 2 people (6.25%).

In an effort to optimize breastfeeding success, mothers and babies need support from the government, health workers, religious and community leaders, family members and husbands (North, Gao, Allen, & Lee, 2022). This is because every woman, especially primigravida, may face unique challenges in the lactation process. Existing research has highlighted the important role of health workers in providing support in the lactation process. Health workers facilitate comprehensive lactation education and training to equip pregnant women with the necessary knowledge and skills, especially primigravida (Green, Woruka, & Oranu, 2022). One approach used is the provision of lactation preparation classes for pregnant women. Lactation preparation classes provide pregnant women with the opportunity to gain a deeper understanding of the physiological and emotional aspects of breastfeeding, learn practical techniques and strategies to overcome common challenges, develop the confidence and self-efficacy needed to succeed initiating and maintaining breastfeeding (Pushpaveni & Almeida, 2018) In lactation classes, there is interaction between pregnant women and health workers and other pregnant women so that it can foster a sense of togetherness and reduce the isolation that is often experienced during the role transformation period (De Sousa Machado, Chur-Hansen, & Due, 2020)

Research conducted by Kumalasari et al concluded that prenatal classes with various materials including lactation preparation can have a positive impact on the postpartum period. Based on this background, the community service carried out lactation preparation class activities for pregnant women in the RW 18 area, Ngoresan, Jebres Village, Surakarta which is the area of Ngoresan Health Center. This is an effort by the community service to help prepare pregnant women, especially primigravida, to undergo breastfeeding. The evaluation used in community service is a qualitative method. This method allows for in-depth exploration of the subjective experiences of pregnant women in undergoing lactation preparation classes. The purpose of this activity is to increase knowledge and skills and support for partners (pregnant women in the 2nd and 3rd trimesters) in preparing for lactation (Kumalasari, Dewinataningtyas, & Soyanita, 2020)

The education provided in lactation classes also includes education on nutritional intake that must be prepared by prospective mothers because breastfeeding has a direct impact on the nutritional status and health of the child. The various benefits provided by

breastfeeding for mothers and children affect the immunity, nutrition, body, and psychological status of the child. Breastfeeding mothers must pay attention to several things to improve the quality and quantity of their breast milk, one of which is by consuming vegetables as galactagogues that are relatively safe to use. Synthetic galactagogue drugs are known to have side effects if consumed long term. Education by explaining the benefits of medicinal plants as galactagogues to increase breast milk production as an effort to achieve exclusive breastfeeding in realizing the Golden Generation 2045, including medicinal plants, namely *Moringa oleifera* leaves, *Musa paradisiaca*, and *Sauropus androgynous* L (Astria et al., 2024).

Based on the results described above, the researcher can conclude that there are differences in the knowledge and motivation of mothers in providing exclusive breastfeeding before and after being given lactation classes. The knowledge of mothers who routinely attend pregnancy classes has knowledge in the good category. This shows that pregnancy classes are very important for increasing knowledge about providing exclusive breastfeeding. This happens because mothers get material, information and sharing if there are difficulties about exclusive breastfeeding. In addition, based on observations after being given education lactation management there is a development of attitudes and motivations that were initially in the moderate category to become a high motivation category and the readiness of mothers who were initially in the unready category to become ready. Health education provided using educational video media for lactation management which contains information on how to care for breasts, lactation massage and correct breastfeeding techniques. In addition to videos, researchers also providing leaflets about exclusive breastfeeding, nutrition for breastfeeding mothers and family support. Before sending the health education video, the researcher conducted a pre-test first. first then after conducting health education and one week later the researcher conducted a post-test with the aim of determining the effect of health education on exclusive breastfeeding on breastfeeding readiness in pregnant women in the third trimester. Therefore, with the changes that occurred between before and after being given health education in the form of assistance through lactation classes, then there is an influence on the readiness to breastfeed in pregnant women in the third trimester.

Conclusion

The lactation preparation class aims to improve the knowledge and skills of partners in preparing for lactation in pregnant women in the 2nd and 3rd trimesters. In the evaluation carried out using the Quantitative method, it was found that all mothers felt confident that they would be able to start the lactation process well, this was due to the strengthening of knowledge, skills and peer support obtained during the implementation of the class for 2 meetings, from the results of statistical tests there was an effect of lactation class assistance on the level of readiness to breastfeed / provide exclusive breastfeeding in pregnant women in the third trimester in the work area of the Kebon Handil Health Center, Jambi City (p value = 0.0001). It is necessary to form a lactation class program as an effort to increasing readiness and confidence in breastfeeding in the form of exclusive breastfeeding coverage for pregnant women in the third trimester in particular and pregnant women in the first and second trimesters in general. In addition, there needs to be support from the Kebon Handil Health Center for lactation class activities by preparing supporting infrastructure such as rooms equipped with projectors and so on

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