

## Breastfeeding was ineffective in patient Ny. E with p1a0 spontaneous post partum at PKU Muhammadiyah Gamping Hospital

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### Abstract

Postpartum period is an important period for mothers in the process of recovery and adaptation to new roles, including successful breastfeeding. One of the problems that often occurs during this period is ineffective breastfeeding, which can be caused by various factors such as delayed breast milk release and lack of maternal knowledge. The purpose of this case study is to determine the effect of oxytocin massage in increasing breast milk production in spontaneous postpartum patients using olive oil. This study uses a case study method of nursing care by taking 1 patient, namely Mrs. E, 29 years old and female who experienced the first day of postpartum with the problem of ineffective breastfeeding nursing at PKU Muhammadiyah Gamping Hospital. The data collection methods used were interviews, observations, pre-tests, interventions, and post-tests. This study was conducted on January 4-5, 2025 at the Firdaus VK Ward of PKU Muhammadiyah Gamping Hospital. The results of the case study showed that after the intervention in the form of oxytocin massage, there was an increase in breast milk production, helping mothers feel more relaxed. From the results of the case study, it can be concluded that oxytocin massage is effective in helping to increase breast milk production and breastfeeding success in postpartum mothers using olive oil.

**Keywords:** ineffective breastfeeding; oxytocin massage; postpartum

### 1. Introduction

Labor or birth is the process by which the fetus and amniotic fluid are expelled through the birth canal. Labor can be described as a series of events that begin with regular contractions and end with the expulsion of the products of conception (fetus, placenta, amniotic fluid, and amniotic fluid) from the uterus to the outside world, either through the natural birth canal or other methods, with assistance or independently (Dr. Nina Herlina et al., 2025).

Labor is divided into four stages: Stage I, the dilation phase, which begins with the initial contractions that cause dilation until complete dilation. Stage I is divided into two phases: the latent phase, which begins from dilation 1 to 4, and the active phase, which begins from dilation 5 to complete dilation. Stage II begins from complete dilation until the fetus is born. Stage II normally lasts 2 hours for primiparous women and 1 hour for multiparous women. Stage III begins after the baby is born and continues until the placenta is delivered, normally lasting no more than 30 minutes. Stage IV, 1 to 2 hours after delivery of the placenta, involves observing the general condition of the baby, checking vital signs, uterine contractions, and monitoring vaginal discharge and bladder function. The next stage of labor is the postpartum period (Cahyaningsih & Moneca, 2019).

The postpartum period is the period that occurs after the baby is born. The postpartum period begins when the placenta is delivered and ends when the uterine organs return to their pre-pregnancy state. This period typically lasts approximately 6 weeks or 42 days, but the longest recovery period for women is generally 40 days (Sari et al., 2024). The most common causes of postpartum hemorrhage are placental retention (19.9%), retained placenta (17.7%), uterine atony (10.4%), uterine inversion (6.3%), birth canal tears (4.2%), and blood disorders (4.2%). The most common cause of postpartum hemorrhage is placental retention (Pitriani & Andriyani, 2024).

According to the World Health Organization (2022), the global maternal mortality rate (MMR) is 289,000 people nationally. The maternal mortality rate (MMR) in Indonesia remains relatively high. Based on data from the 2015 Intercensal Population Survey (SUPAS), the maternal mortality rate (MMR) reached 305 per 100,000 live births. The 2024 National Medium-Term Development Plan (RPJMN) targets reducing this to 183 per 100,000 live births. One contributor to MMR is complications occurring in the postpartum period, both due to delayed early detection and a lack of comprehensive care (Mardiana et al., 2021). In the Special Region of Yogyakarta (DIY) Province, the Health Office reports that efforts to reduce maternal mortality and improve the quality of midwifery

services have become top priorities. Although the number of complicated deliveries has decreased in recent years, cases of delayed postpartum care for mothers are still found, particularly in remote and rural areas (Subagiyono, 2022). Mothers giving birth for the first time often experience problems with the flow of breast milk during breastfeeding. Another complaint from mothers is that their babies often cry or refuse to breastfeed. This condition is sometimes interpreted as meaning that their milk supply is insufficient or tastes bad, often leading mothers to decide to stop breastfeeding (Fitriana et al., 2024). The hormone oxytocin plays a crucial role in breast milk production. Stimulation such as a baby sucking or massaging the mother's spine can stimulate the release of the hormone oxytocin, which in turn facilitates breast milk production (Widiatmika, 2020).

Nursing care for spontaneous postpartum patients that can be performed is related to breastfeeding status. Management of breastfeeding status uses non-pharmacological methods. One way to increase breast milk production is through oxytocin massage. Oxytocin massage is a massage along both sides of the cervical spine, back, or along the vertebrae to the fifth to sixth ribs using olive oil. This massage is performed twice daily in the morning and evening for 3-5 minutes and repeated three times to stimulate the oxytocin reflex, stimulate uterine contractions, stimulate the milk ejection reflex, and manage bleeding. Mothers who receive oxytocin massage will feel more relaxed. This oxytocin massage is also performed to stimulate the oxytocin reflex or let-down reflex. In addition, oxytocin massage is also useful for providing comfort to the mother, reducing swelling (engorgement), reducing milk blockages, stimulating the release of the hormone oxytocin, maintaining breast milk production when the mother and baby are sick, and accelerating the process of uterine involution (Sari et al., 2024).

Based on research conducted by (Siregar et al., 2020) that oxytocin massage applied to spontaneous postpartum patients has been proven effective in increasing breast milk production. (Fitriana et al., 2024) Explains that oxytocin massage makes a big contribution to postpartum mothers who are breastfeeding, the comfort that the mother feels will help in the release of breast milk so that the mother will not feel pain either from the baby's suction on the breast or uterine contractions because the massage of the nape and back is able to release endorphin compounds which are calming compounds.

## **2. Methods**

This study employed a descriptive case study design using a nursing process approach for spontaneous postpartum patients. The approach employed was a nursing care approach, encompassing assessment, nursing diagnosis, planning, implementation, and evaluation for spontaneous postpartum clients. This case study was conducted on January 4-5, 2025, in the Firdaus VK Ward, PKU Muhammadiyah Gamping Hospital.

The data collection process begins with an assessment using a postnatal assessment format and physical examination. The nursing care process is carried out through data collection through interviews and observations of patients, data analysis, establishing nursing diagnoses, planning nursing interventions, and implementing nursing care according to the SDKI, SLKI, SIKI, and evidence-based standards. The implementation stage begins 12 hours after spontaneous postpartum by conducting a BUBBLE HE examination, namely an examination of the breast, uterus, bladder, bowel, lochia, episiotomy, Homan's sign, and emotional status. Then, pain measurements are carried out using the Numeric Rating Scale (NRS). Next, an oxytocin massage intervention using coconut oil is carried out for 2 days. A documentation study is also conducted. by examining report data, laboratory results, patient medical and nursing records, as well as information from health workers in the Firdaus VK Ward, PKU Muhammadiyah Gamping Hospital.

## **3. Results and Discussion**

### **3.1. Results**

Based on the case management that has been carried out according to a series of nursing processes starting from assessment to evaluation, several things are obtained to enforce nursing diagnosis, nursing intervention plans, and nursing implementation, as well as evaluation or patient response after nursing actions are carried out for 2 days.

#### **3.1.1. Assessment**

Assessment is the initial step in the nursing process, consisting of collecting, verifying, organizing, interpreting, and documenting data in a structured manner. The nursing assessment aims to identify the client's actual or potential health problems, determine the client's functional abilities, and establish a trusting relationship between the nurse and the client (Herniyatun et al., 2023). Assessments conducted on postpartum patients use a postnatal assessment format that includes general biographical data, hospital admission complaints, chief complaint, pregnancy history, labor history, gynecological history, and general health data.

This case study was conducted in the Firdaus VK Ward of PKU Muhammadiyah Gamping Hospital. The client with the initials Mrs. E is 29 years old and female. Mrs. E has a high school education and works as a housewife. Mrs. E came to the hospital on January 3, 2025 with complaints of feeling tight since last night, the water broke at 11:00 am after the examination, the patient was already dilated 1. The assessment was conducted on January 4, 2025 with complaints During the assessment of the patient's spontaneous postpartum on day 1, she said she was uncomfortable in the perineum because there were stitches, pain on a scale of 5, the patient said the pain was felt more when urinating, it felt throbbing with intermittent intensity, the patient also said that both breast milk had not come out, the patient said that both legs felt weak and difficult to move, it was difficult to get out of bed or walk, pain when trying to move or do certain physical activities.

The results of the assessment showed that the patient said that breast milk had not come out of both breasts, the breasts were soft, the nipples protruded when there was stimulation. The results of the vital signs examination were BP: 120/89 mmHg, N: 78 x / min, S: 36.50C, RR: 20 x / min, SpO2: 99%. On the BUBBLE HE examination, it was found that the breasts were soft with dark brown areola and the nipples protruded when there was stimulation, the height of the uterine fundus was 2 fingers below the navel with strong palpable contractions, bowel sounds 10 x / min, no distension in the bladder, lochia rubra with a liquid consistency and smelled fishy and there were stolsel (blood clots), no signs of hemorrhoids and human signs. On the examination, there were also no signs of REEDA (redness, edema, ecchymosis, discharge, and approximately the edges of the wound).

### **3.1.2. Nursing Diagnosis**

Based on the assessment results, a nursing diagnosis that can be established for the patient is ineffective breastfeeding related to inadequate breast milk supply. Breast milk has not come out of both breasts, breasts are soft, nipples protrude when stimulated. The Indonesian National Breastfeeding and Child Health Education Working Group (IDHS) DPP PPNI (2016) defines it as a condition where the mother and baby experience dissatisfaction or difficulty in the breastfeeding process, characterized by maternal fatigue, maternal anxiety, breast milk not dripping/flowing, and the baby is unable to latch on to the mother's breast properly. According to the author, in spontaneous postpartum patients with a nursing diagnosis of ineffective breastfeeding, the signs and symptoms obtained are sufficient to validate the nursing diagnosis with a minimum of 80% of the signs and symptoms present in the patient. Nursing diagnosis of ineffective breastfeeding related to inadequate breast milk supply. This diagnosis is prioritized because it is directly related to meeting the baby's basic needs, namely nutrition and hydration. Inadequate breast milk supply can cause weight loss, dehydration, hyperbilirubinemia, and growth and developmental disorders. This problem also has a psychological impact on the mother and can reduce the success of exclusive breastfeeding.

### **3.1.3. Nursing Interventions**

After a nursing diagnosis is established, nursing interventions are developed. Nursing interventions or plans are forms of therapy or actions carried out by nurses based on clinical knowledge and judgment aimed at achieving the desired outcomes, as a guide for nurses in developing nursing actions, and improving the quality of nursing care (Javadikasgari et al., 2020). The nursing action plan for Mrs. E was developed with the following objectives: After 3x24 hours of nursing care, the following outcomes are: Improved breastfeeding status with the following criteria: Increased baby attachment to the mother's breast Increased mother's ability to position the baby Increased milk droplets/flow Increased adequate breast milk supply Increased baby suction The nursing interventions implemented were breastfeeding education I.12393, which consisted of: Identifying readiness and ability to receive information, Supporting the mother to increase confidence in breastfeeding,

Involving the support system: husband, family, health workers, and the community, Providing breastfeeding counseling, Teaching postpartum breast care, namely: Oxytocin massage. Nursing interventions or plans were developed based on the theory and the patient's condition in this case. In addition, nursing interventions or planning are arranged according to one specific problem, namely ineffective breastfeeding due to inadequate breast milk supply by Mrs. E.

### 3.1.4. Implementation and Evaluation

Nursing implementation is a series of activities carried out by nurses to help clients address health issues to achieve better health and achieve desired goals (Javadikasgari et al., 2020). Implementation for patients was carried out according to a predetermined plan or intervention, namely breastfeeding education for spontaneous postpartum patients with oxytocin massage therapy using olive oil. Oxytocin massage functions to increase oxytocin levels, which can calm and relax mothers, allowing breast milk to flow naturally (Fitriana et al., 2024).

Patients received breastfeeding education with oxytocin massage using olive oil for 20 minutes. The room was ensured to be comfortable and quiet during the therapy, and the patient's family, in this case the husband, witnessed and re-practiced the oxytocin massage using olive oil. It was hoped that the patient's family would be able to perform the oxytocin massage independently at home when the patient returned home. At the first meeting, oxytocin massage therapy using olive oil was given on January 4, 2025, at 1:00 PM. The patient stated that her milk supply had not yet come in, was not flowing, and was soft. Oxytocin massage therapy using olive oil was then given for 20 minutes. After the procedure, the patient reported feeling more relaxed, and her milk flow was still in the form of colostrum, with 3 drops coming out when palpated. The milk flow was still not smooth.

At the second meeting on January 5 at 16.00 WIB, the second oxytocin massage therapy using olive oil was given. Then oxytocin massage therapy using olive oil was given for 20 minutes. After the procedure, then observed 30 minutes after the oxytocin massage, the patient said she felt relaxed after the massage, a little breast milk came out after the breast pump ( $\pm$  2 tablespoons). This proves that giving oxytocin massage therapy using olive oil to spontaneous postpartum patients is proven to be effective in smoothing the flow and increasing breast milk production, as well as making mothers feel more comfortable while breastfeeding.

### 3.2. Discussion

Based on the results of the implementation of oxytocin massage therapy, two sessions of 20 minutes each were performed, using olive oil as the massage medium. This oxytocin massage was applied along the spine to the area around the shoulder blades, aiming to stimulate the hormone oxytocin, which plays a crucial role in alveolar contraction and milk release from the mammary glands to the milk ducts. After the oxytocin massage therapy at the first session (January 4, 2025), the patient began to feel more relaxed, although the milk produced was still in the form of colostrum, and the amount of milk produced was still small.

This response indicates that, although the effect on milk production was not optimal, oxytocin massage was able to provide a relaxing effect on the mother, which is an important factor in the breastfeeding process. At the second session (January 5, 2025), after the same intervention and 30 minutes of observation, the patient reported a consistent feeling of relaxation, as well as an increase in the volume of milk produced after breast pumping, which was approximately 2 tablespoons. This shows that repeated stimulation through oxytocin massage can improve the let-down reflex and help increase breast milk production gradually.

Oxytocin massage is a non-pharmacological intervention used to stimulate breast milk production. Oxytocin massage stimulates the oxytocin reflex or let-down reflex. Oxytocin massage has the advantages of being simple, easy to perform and learn, requiring no special tools or preparation, and has many benefits, including: a feeling of relaxation accompanied by reduced postpartum fatigue, which in turn will cause the release of the hormone oxytocin and faster breast milk flow (Fitria & Retmiyanti, 2021).

There are 6 types of oxytocin massage techniques used in this study, namely the preparation of the mother, the mother is in a relaxed sitting position, bending slightly forward can be helped with an open back pillow, then prepare olive oil and rub it on the mother's back, the first step massage from the

upper neck bone to the lower neck bone, the second step massage gently using the palms to rub from the shoulders to the forearms, the third step massage the back area pulling up towards the breasts, the fourth step gently rub the back from the lower back to the top, the fifth step gently rub from the upper back to the lower back, the sixth step circular massage press on the back muscles gently from the upper spine to the ribs. Oxytocin massage is beneficial in helping mothers psychologically, calming and reducing stress, increasing self-confidence, helping mothers to have thoughts and feelings for their babies, relieving fatigue and increasing breast milk production (Rika Ayunda Mega & Enny Yuliaswati, 2023) According to research (Siregar et al., 2020) There is an effect of giving oxytocin massage on the smooth production of postpartum breast milk at TPMB.R Bekasi city in 2022. In research conducted by (Rahayu & Yunarsih, 2021). The application of oxytocin massage to postpartum mothers for three consecutive days with a frequency of twice a day and a duration of five minutes per session, has been proven to increase breast milk production in all respondents.

Oxytocin massage performed on patients using olive oil can facilitate massage while reducing friction between skin and skin. Dinda (Widariyani et al., 2024) stated that olive oil can provide several benefits for the smooth flow of breast milk in breastfeeding mothers, olive oil contains various important nutrients such as vitamin E and healthy fats, which can help maintain the health and elasticity of breast skin. This can help prevent cracks or damage to the breast skin that can interfere with the smooth production of breast milk, olive oil is one of the natural ingredients that has been used traditionally to increase the smooth flow of breast milk, olive oil contains various nutrients that can help stimulate breast milk production and has compounds such as phenols, tocopherols, sterols, pigments, and squalene that can soften and supple the skin.

Spontaneous postpartum patients diagnosed with ineffective breastfeeding generally have certain characteristics that predispose them to breastfeeding difficulties. Among the most common characteristics are young age and primiparous status, indicating a lack of breastfeeding experience and skills. (Leiwakabessy & Azriani, 2020) Age and parity are significantly associated with breastfeeding success; younger and primiparous mothers are more likely to experience breastfeeding barriers due to a lack of preparedness and confidence. Furthermore, mothers' low knowledge of breastfeeding techniques, the benefits of breast milk, and the appropriate frequency and duration of breastfeeding are also key factors that impair breastfeeding effectiveness (Fitria & Retmiyanti, 2021). In this case, Mrs. E, 29, had just given birth for the first time and had no experience breastfeeding. This lack of understanding from the mother can impact her self-confidence, technical breastfeeding skills, and emotional responses when facing challenges such as a lack of breast milk production. Several factors influence the confidence of primiparous mothers in caring for a new baby, including knowledge, experience, and social support from their families. Mothers who receive sufficient social support tend to have high self-efficacy (Novarinda et al., 2023).

Husband's support is a supporting factor in the success of Exclusive Breastfeeding. This husband's support is an emotional and psychological activity given to breastfeeding mothers in providing breast milk. A father has an important role in the success of breastfeeding mothers. The role of the father influences the mother's feelings and enthusiasm for breastfeeding and to continue to provide the best for her child. The breastfeeding process can be hampered if the relationship between the father and mother is not harmonious and the mother does not receive husband's support (Bangkele, & Soemardji, 2020). Family support can also help arouse the mother's emotional reaction to be more confident in caring for newborns, for example; giving breast milk, bathing, maintaining warmth, stimulating growth and development and providing complementary foods.

Oxytocin massage has been proven effective in stimulating breast milk production and release, while also providing a relaxing effect that reduces maternal stress. This intervention is most effective when carried out in a supportive environment, such as a calm environment and with family support. Therefore, physical interventions such as oxytocin massage need to be combined with educational and psychosocial approaches to achieve optimal results in resolving ineffective breastfeeding. (Bangkele & Soemardji, 2020)

#### **4. Conclusion**

Based on the research results in this case study, it can be concluded that oxytocin massage has been proven to help smooth and increase breast milk production in postpartum mothers. After two 20-

minute massages using olive oil, nurses are expected to implement oxytocin massage using olive oil as a non-pharmacological breastfeeding education nursing intervention to increase breast milk production and help mothers relax in postpartum patients. Future research is expected to be conducted with a larger sample size and different variables.

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