

Research Article

Exploring impacts of breastfeeding during pregnancy to the mother in Indonesian society

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ABSTRACT

Mothers who breastfeed during pregnancy may experience some discomfort from sore nipples, additional pain in the breast, and psychological discomfort. The objective is to find out the reasons for mothers to choose breastfeeding or to stop breastfeeding during pregnancy, reasons for the occurrence of rapid pregnancy, physical, psychological, social, spiritual breastfeeding during pregnancy. This study is a qualitative research using a phenomenological approach in Indonesian setting. Data collection methods was indepth interviews as primary data. The finding shows that from six participants only one participant continued breastfeeding during pregnancy. Five participants chose to stop breastfeeding when they were pregnant. Information obtained by mothers to breastfeed during pregnancy is still lacking and limited. There is also a prohibition from health workers for mothers not to continue breastfeeding during pregnancy. Maternal health status can be seen from physical, psychological, social and spiritual health. Most participants choose to stop breastfeeding during pregnancy. Midwives are expected to be able to increase their knowledge and understand the condition mothers who can continue breastfeeding during pregnancy and the impact of breastfeeding during pregnancy through health education or counseling.

Keywords: Breastfeeding, Exclusive Breastfeeding, Impact, Pregnancy, Rapid Repeat Pregnancy.**INTRODUCTION**

Breastfeeding and pregnancy are different condition, but few cases of pregnancy where the mother is still breastfeeding her baby. Breastfeeding and pregnancy are two separate processes that are affected by the action of steroid hormones. Steroid hormones inhibit the onset of lactation in pregnancy and this hormone delays the ovarian cycle during breastfeeding. Delaying the ovarian cycle for several months makes breastfeeding a natural method of contraception. This is effective in the first six months of birth if the mother gives exclusive breastfeeding to her baby. However, conception can still occur while breastfeeding [1].

As 28.1% of mothers who breastfeed exclusively could still become pregnant [2]. This happens because the effectiveness of the steroid hormone postpones pregnancy only if the baby sucks breast milk directly from the mother's breast. However, if pregnancy occurs during lactation means that exclusive breast milk is obtained by the baby not by breastfeeding directly on the breast but in other ways such as breast milk. Another cause of pregnancy is the baby has been introduced with additional food [3]. Some mothers feeling anxiety with the arrival of pregnancy, those who already have children less than two years who still need nutrition from breast milk. Mothers who breastfeed during pregnancy

may experience some discomfort from sore nipples, additional pain in the breast, and psychological discomfort. There are some mothers who are reluctant to breastfeed their babies, despite the discomfort they breastfeed in public. The choice to continue breastfeeding during pregnancy is a personal commitment from the mother to provide long-term care for the baby by continuing breastfeeding.

This research is interesting to do because it is still rarely done and more mothers choose to stop breastfeeding during pregnancy than continue breastfeeding during pregnancy. Some mothers choose to stop breastfeeding their babies, but some mothers choose to continue breastfeeding [1]. Based on research [4], pregnant women who breastfeed have no risk of increasing the incidence of miscarriage. This study is also the same as previous research [5] [6], that the rate of miscarriage is not significantly different between the two groups, the group of pregnant women who are breastfeeding and pregnant women who are not breastfeeding. However, based on research [7], stopping breastfeeding / weaning in infants during pregnancy is associated with decreased growth rates, when compared to babies weaned at the same age in non-pregnant mothers.

Research on breastfeeding during pregnancy has been done, but only discussers about the physical

impact or psychological impact experienced by the mother. In this study there are more in-depth results that have not been done by previous studies, such as the reasons for mothers to choose breastfeeding or stop breastfeeding children, the reasons for rapid pregnancy, physical, psychological, social, spiritual impacts. This study has advantages compared to previous studies because it covers the complex effects experienced by mothers breastfeeding during pregnancy. The purpose of this study is to find out the reasons for mothers to choose breastfeeding or to stop breastfeeding, reasons for the occurrence of rapid pregnancy, physical, psychological, social, and spiritual breastfeeding during pregnancy.

METHODS

This research uses a qualitative study (Qualitative research). The data collected is naturalistic in that qualitative researchers study naturally, trying to interpret phenomena in the light of the meanings given by the community [8]. Research that focuses on qualitative research uses data collection methods with indepth interviews so that the data obtained are primary data. The approach used in this research is to use a phenomenological approach, with reasons according to the nature and purpose of researchers who want to obtain indepth information about "Breastfeeding During Pregnancy". Phenomenology seeks to uncover, study and understand a phenomenon and its unique and unique context experienced by individuals to the order of individual beliefs concerned.

This qualitative research was conducted in the working area of the Gunem Health Center in Rembang Regency. Participants in this study were mothers who had breastfeeding during pregnancy experience in less than one year and mothers who were currently pregnant and had children less than two years. Participants were chosen based on their ability to provide information so that a complete and rich description related to the phenomenon of breastfeeding during pregnancy [9]. The number of participants in qualitative research can be said to be sufficient if the participants of this size already support the desired analysis. The number of participants in this qualitative study were six participants.

The ethics committee of Aisyiyah University approved this study. Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards. A semi-structured interview guide was used in this study, with the aim of finding the complete problem. This interview guide is flexible [8]. Data collection techniques used in this study are by conducting indepth interviews. Indepth interviews are conducted in

less than 40-60 minutes according to the participants condition.

The stages of data analysis used in this study used the six stages of Van Manen's analysis [10], immersion, understanding, abstraction, synthesis and theme development, illumination and illustration of phenomena and integration and critique. The validity of the data in qualitative research is to guarantee the accuracy of the data obtained related to the experience of the participant that is disclosed in detail and accurately [11]. Data validity is based on principles: credibility, dependability, confirmability and transferability [9]. The method used to maintain data credibility is through member checking. Member checking in this research is asking for clarification from the participants about the unclear things contained in the verbatim transcript.

RESULTS AND DISCUSSIONS

Mothers who choose to continue or to stop breastfeeding during pregnancy have several impacts, such as physical, psychological, social, spiritual impacts. Continuing breastfeeding during pregnancy is a decision that has major consequences for the mother. Pregnancy has caused many changes that require adaptation both physically and psychologically. Pregnant women who continue breastfeeding need to prepare for physical and psychological conditions twice of pregnancy preparation. This study we found that the child's pity and desire to suckle are the main factors a mother's to continue breastfeeding during pregnancy. This result was supported by the research [12], that decision making on breastfeeding is influenced by several factors, as child factors, maternal factors, information obtained by mothers, families and neighbor, health workers and socio-cultural.

Children still need breast milk because they are less than two years old and breast milk is a human right that must be fulfilled by parents so that children develop well. The child's desire to continue breastfeeding and the child's condition are factors in the mother's decision to continue breastfeeding during pregnancy. One of the conditions for pregnant women to continue breastfeeding is a normal and healthy pregnancy condition, without a history of miscarriage in the first 20 weeks or premature delivery after 20 weeks [1]. Physiologically, there are cells in the uterus that will detect the presence of the oxytocin hormone in the bloodstream and then will cause uterine contractions. This cell is called oxytocin receptors sites. Before 38 weeks' gestation, the number of cells is small and is spread in the uterus. If gestational age has not yet reached

term, stimulation of the nipple will not cause contractions that cause miscarriage [13, 14].

Mothers who do early weaning because they want to keep their pregnancy conditions healthy and worry about the health of the fetus if the mother continues to breastfeed the child. There are also children who are not breastfeeding due to the failure of exclusive breastfeeding. The child has been given formula milk and food at the age of two months. Existence of a new pregnancy is a reason for some mother to wean child. Family influence, cultural issues and lack of support have a negative impact on exclusive breastfeeding before the sixth month of life [15]. Information obtained by mothers to breastfeed during pregnancy is still lacking and limited. There are prohibitions from health workers for mothers not to continue breastfeeding during pregnancy. Incorrect understanding of health workers influences the mother's decision to continue breastfeeding or stop breastfeeding during pregnancy. Attitude is a factor influencing mother's decision making. Attitude of mothers who do not want to breastfeed is the most dominant factor for not breastfeeding behavior [16]. The lack of fact finding obtained from authorized sources is an obstacle to making the right decision.

The results of this study indicate that weaning efforts carried out by mothers are dominated by incorrect weaning methods. Participants do weaning in a sudden manner without regard to the child's condition. The child is weaned by applying bitter ingredients to the breast area of the mother, so that children are reluctant to breastfeed again. There are also weaning because in terms of the children do not want to suckle. While some experts suggest that when weaning you should avoid weaning a child from breastfeeding to a bottle of milk, do not wean suddenly and directly, do not deceive children by applying ingredients that taste bitter like herbs or coffee on the breast nipple or anything that makes it taste not comfortable [17].

Physical Impacts

Six participants interviewed found that only one participant (16.67%) continued breastfeeding during pregnancy. There are several factors that cause mothers choose to stop breastfeeding a child when the child is not yet two years old. Such as exclusive breastfeeding failure factors, concerns about pregnancy, and misinformation about breastfeeding during pregnancy.

Participant who continued breastfeeding did not get contractions when breastfeeding children, so there was no risk of miscarriage. This is same as the results of research [18], found that 93% of

pregnant women do not experience contractions during breastfeeding. Pregnant women who breastfeed are not at risk with an increased incidence of miscarriage [4]. This study is also the same as previous research [5], that the level of miscarriage is not significantly different between the two groups, the group of pregnant women who are breastfeeding and pregnant women who are not breastfeeding. Based on the results of research mothers who breastfeed during pregnancy do not experience a miscarriage. This study is the same as the study [7], that he found no evidence that shows that healthy women who breastfeed during pregnancy have a higher risk of miscarriage or premature birth.

The results of interviews with mothers who breastfeed during pregnancy obtained that she experienced pain in her nipples and breasts when the child suckled also breast feels hard. This can occur due to hormonal changes in the body during pregnancy. These sensitive nipples and breasts can make a mother feel sick and uncomfortable when breastfeeding. Increased pain in the breast and nipples when the child suckling is the symptom most commonly sense by pregnant women when breastfeeding their babies and the reason for mothers to do weaning [18].

The second month of pregnancy, both breasts will begin to enlarge, denser, harder and the mother can feel the tension, tingling and weight in the breast. Nipples protrude and the area of the pigmented areola, around the nipple blackens and enlarges from 3 cm to 5 or 6 cm. This can make the mother feel uncomfortable when the baby suckles. Pain in the breast and nipples is a symptom most commonly sense by pregnant women while breastfeeding their babies [18]. It is important for mothers to pay attention and care for their breasts and nipples properly so that the breastfeeding process can be done comfortably. The following are the results of the interview with the informant who continued breastfeeding in pregnancy:

"No contractions, but the pain hurts. My breasts hurt so hard when I suckle my child. The color of the milk becomes similar to colostrum, the color is yellow. It also didn't come out much like before I got pregnant again."

The statement is known that the participant did not experience contractions when breastfeeding a child, but felt breast pain and there was a change in the volume of milk and color. In addition, mothers experience fatigue due to having to take care of children and still pay attention to her pregnancy. The change in breast milk was also felt by the participants in this study. The taste of breast milk also changes to be salty and is thinner. Another change believed by participants

to occur in breast milk is that breast milk turns into colostrum. The study also found that when breast milk changes in composition, it causes the child does not want to breastfeed again so that the occurrence of early weaning in children. Despite the changes, breast milk is still nutritious and healthy for the child to drink because breast milk will never stale.

Breast milk will change at the age of 5 or 6 months of pregnancy. Changes that occur are mature milk changes back to colostrum with the composition of fat, lactose, protein levels and sodium levels increase, calcium and potassium levels decrease, while magnesium is not detected. The volume of breast milk will decrease and taste changes. This is one reason why child wean themselves, but it is not uncommon for child to continue breastfeeding [19].

As the gestational age increases, there is a change in the stage of breast milk automatically, from mature breast milk to colostrum, followed by a decrease in the number. These changes are associated with increasing levels of the hormones estrogen and progesterone in the body during pregnancy which inhibit the stimulatory effect of prolactin on milk secretion, and this is indeed natural [12]. Colostrum is saltier than mature milk. The taste of salty in breast milk occurs due to changes in the composition of breast milk during pregnancy as sodium, potassium and protein levels increase while lactose and glucose levels decrease. Changes in taste can make children feel unhappy and wean themselves, but there are also those who continue breastfeeding their mothers [20].

Eating habits of mothers who continue breastfeeding during pregnancy same as before pregnancy, eating 3 times a day. Had to drink pregnant milk in the early trimester, and regularly drink iron given by health workers when doing antenatal care. Mothers with healthy conditions when able to breastfeed a child and mothers do not experience anemia. Mothers are still able to carry a child and do homework. In this study it cannot be determined whether the mother has nutritional depletion, because the nutritional status of the mother is only seen based on eating habits that are practiced during breastfeeding and eating habits.

The distribution of nutrition for mothers during pregnancy has been set automatically. Nutrition consumed by the mother will be distributed to the fetus first, then the raw material for breast milk, after that it meets the nutritional needs of the mother's body. This means that the main task of mothers in this period is the fulfillment of adequate nutritional needs by consuming healthy foods and having all the compositions needed by

the body. Another thing that is no less important is the fulfillment of fluid needs to prevent dehydration. Mothers are advised to drink 2.5-3 liters of water per day [1].

Psychological Impacts

Bonding between mother and child is one of the benefits of breastfeeding. Breastfeeding can tighten the bond because naturally there is close skin contact between mother and child. Children who are often in the arms of their mothers due to breastfeeding, can feel the love of the mother and get a sense of security, peace and protection. In addition to causing physical impact, breastfeeding during pregnancy can cause psychological effects especially if the pregnancy is an unplanned. We found that from six participants it was four participants (66.67%) with unplanned pregnancies and only two participants (33.3%) who planned this rapid pregnancy.

We found that mothers do not have contraception because they postpone using contraception and are reluctant to contraception because of the effects of family planning, there are also mothers who do contraception as naturally using a calendar with a high failure rate. Mothers who forget to have an injection contraception are due to their busy schedule, and there is also a failure of the Implant contraception. The psychological impact of mothers who choose to continue breastfeeding during pregnancy is feeling tired, eating disorders, sleep disorders, and worries in caring for their children at birth later. The results of interviews with participants regarding maternal psychology found that participants who did not plan for pregnancy felt the rejection of pregnancy. As the interview excerpts from the researchers as follows.

"Actually, yes, I don't want pregnant, but what else can I do now. I also feel sorry for the my child because he still small. "

The results of this study are that breastfeeding during pregnancy is an unplanned pregnancy. Unwanted pregnancies do not always end in abortion or miscarriage, but some are born safely because the mother can accept her pregnancy as a gift. Some participants did not expect to get pregnant again and even knew about the pregnancy after several months. Generally unplanned pregnancies cause concern for the mother, both regarding the condition of the pregnancy or concern in caring for children. The rejection of pregnancy was also felt by the mother, but with a variety of support from the family and maternal health workers can accept the pregnancy. In this study all informants were able to accept the pregnancy and no one tried to

end the pregnancy because they considered the child as a gift from God.

Pregnancy events during lactation are the two condition of female development that occur at one time. Rapid repeat pregnancies because the return of menstruation and ovulation is difficult to predict [2]. That is because the length of anovulation in the postpartum period depends on many factors including: the pattern of breastfeeding, biological variation, nutrition, geography, culture and socioeconomic factors [21]. The response of acceptance to pregnancy can vary depending on how large the pregnancy is desired [22]. The more awaited pregnancy the presence will be welcomed. However, the opposite can occur if the pregnancy is not planned. Response to rejection and an attempt to end the pregnancy through abortion can be an option.

Social Impacts

Various kinds of social impacts experienced by breastfeeding mothers during pregnancy, ranging from husband, family, neighbors, and health workers. The decision to breastfeed was decided on by the mother. In this study we found that husbands who support mothers to breastfeed will help ease household work, one of which is taking over the role of caring for children, for example inviting children to play, feeding children and making formula milk or sweet tea. Husband needs to understand the problem of breastfeeding so that the mother can breastfeed properly. That is because the husband is a head family and mother partner.

Different from [19], breastfeeding is only a matter of motherhood, has nothing to do with fathers. Husband usually entrusts the problem of child care to his wife. This results we found that husband and family support was manifested in the form of transferring the responsibilities of homework and childcare assistance. The impact of the assistance made the mother calm and happy. Husbands can play an active role in the success of breastfeeding by providing emotional support and practical assistance such as taking children for a walk [23]. The stages of the participant's family development in this study were families with pre-school children. At this stage, the family is very troublesome because it has complex developmental tasks include completing the needs of family members such as security, maintaining healthy relationships inside and outside the family environment, division of responsibilities of family members, adaptation with children newborn and other children's, stimulation of child growth and development as well as time sharing for couples, individuals and

children [24]. In this condition mother must integrate of older children with the youngest children and keep her pregnant. Mothers in this condition are expected to get greater support from those around them in the form of services, information, advice, encouragement, motivation, empathy [25].

Husband's support influences the mother's decision in providing exclusive breastfeeding. Husband's job also affects the support of the mother. Husbands who work near home and less than twelve hours of work per day certainly still have time to help mothers look after children, invite children to play, feed their wives and help do homework. While husbands who work outside the city or work more than twelve hours per day do not have time to support mothers because of their conditions. The role of husbands who are considered as support for mothers is to participate in making decisions about how to provide nutrition to children and to be involved in various child care activities.

Husbands who provide support for exclusive breastfeeding will certainly give happiness to mothers during breastfeeding. Mother got emotional support such as calmness, pleasure, a sense of belonging, affection given by her husband. In addition to the emotional support the husband will also participate in taking care of the needs of the mother and child, such as feeding his wife while the mother is breastfeeding the child, massaging the mother, change child diapers, accompanying the mother when she wakes up late at night to breastfeed her child. Husband's support is very important and influences the mother's decision making in providing exclusive breastfeeding [26].

Husband's support in the practice of breastfeeding is very minimal, one of them because culturally there is a division of roles where the father acts as a breadwinner and household affairs all including breastfeeding are only taken care of by the wife without husband's interference [26]. In Javanese society, patriarchal culture is still developing although in traditional law, husband and wife have the same position, but in practice women are still subordinate to men, with the position and role still revolving on the domestic role, which is only positioned on things that smell household, kitchen, wells and mattresses. According to some experts, the form of support that should be given by fathers to mothers is as an encouragement team through sentences of praise and encouraging words. Mother will feel proud and happy to be able to give breast milk [23].

Participants who live at home with parents or family get a lot of support. In contrast to

participants who live in their own homes, they feel tired in caring for children with pregnancy conditions due to not getting support from the family to ease the burden of his homework. This study we found that parents showed their support for the mother by cooking food for mother, giving suggestions for eat healthy food, doing homework and assisting in caring for children. The role of the family towards succeeding exclusive breastfeeding is very large. Besides husband, parents and in-laws contribute in determining the duration of breastfeeding. Family support is very important in the success or failure of breastfeeding mothers. The greater support of exclusive breastfeeding, the greater the ability to be able to survive exclusive breastfeeding. While mothers who lack family support will be more easily influenced to switch to formula milk. The results showed that the family motivated the mother to give exclusive breastfeeding. Many parents who already had experience about exclusive breastfeeding teach mothers how to breastfeed and the importance of exclusive breastfeeding for infants, and their parents replaced babysitting while mother working. Mothers who do not get family support will risk not giving exclusive breastfeeding to their babies because little knowledge and motivation, so mothers choose to give formula milk to their babies.

We found that participants failed to provide exclusive breastfeeding due to factors from grandmothers who provided food such as bananas and rice to babies at the age of two months. Grandma's reason are the baby won't be fussy and sleep soundly. This result is in line [27] that participants who live at home with their mothers (grandmothers) have a very large chance to wean. Grandmother gave a negative influence on the process of breastfeeding one of them by introducing solid foods earlier than they should. As a close family member, the desire of mothers towards parents in this study is to help nurture and care for children instead of failur exclusive breastfeeding. Family support factors influence the mother's decision to give exclusive breastfeeding. The practice of breastfeeding is very closely related to the support of cultural beliefs, practices, and values as well as social and professional encouragement. Family support is a supporting factor which in principle is an activity both emotional and psychological given to nursing mothers in providing exclusive breastfeeding.

Health workers are one source of support for mothers other the family. We found that health workers do not support mothers to breastfeed during pregnancy and explain the negative effects

without an explanation of the positive effects, so that the information is more dominated by negative effects that arise if still breastfeeding during pregnancy. All participants examined the pregnancy at the doctor and midwife, but the participant did not get accurate information about breastfeeding practices during pregnancy. One participant get information to stop breastfeeding during pregnancy because it would affect the fetus and she did not get detailed information on why they should to stop breastfeeding. Health workers in providing health services is not limited to providing information. Another role of health workers is responsible for ensuring the health of the mother is maintained through health checks and antenatal care.

Health workers (doctors and midwives) are recommend to stop breastfeeding during pregnancy because continuing to breastfeed the mother will experience a lot of pressure both physically and psychologically [28]. Health workers should have knowledge about breastfeeding during pregnancy so that they can provide correct information that makes participants feel calm to breastfeed during pregnancy [29]. Support is related to the formation of mental balance and psychological satisfaction [27]. The greater the social support provided, indirectly reduces stress levels, thereby increasing the psychological health of mothers. Increased duration of breastfeeding can be attributed to support from family and health workers.

Spiritual Impact

The command to breastfeed a baby has been explained in Al-Quran (surah Al-Baqarah verse 233 and surah Luqman verse 14 [30] and has been proven [27], explaining that breastfeeding a baby has proven very important for the health and growth of the baby. Mothers with rapid repeat pregnancy have a double duty in caring for children and still paying attention to their pregnancy. Mothers who are pregnant unplanned feel mistrust of their pregnancy in early pregnancy. However, with the belief held by the mother, making the mother believe that this pregnancy is a reward from God and believes in the mother to do her pregnancy. Mother's duties multiply after the birth of the baby, besides caring two small children she also takes care of homework. Mothers who live at home with their parents or the family get support and assistance from the family, thereby reducing the workload of mothers. This is different from mothers who live in their own homes and far from their families, she does all the housework and takes care of her children causing a heavy burden on the mother.

But the mother is still able to do it and surrender to God with the circumstances.

The physical, psychological, and spiritual synergy that is built during pregnancy significantly impacts both on delivery outcomes. The synergy of low-risk women and health workers who support the spirituality aspects of labor can end in normal labor. However, pregnancy health that does not synergize spirituality physically and psychologically during pregnancy can end in labor through caesarean section [31]. Spirituality during pregnancy is important in influencing many things such as anxiety, becoming a form of coping in the face of childbirth [32], forming the right attitude in the face of childbirth [28], helps understand what deep meaning in pregnancy and childbirth and reduces depression after childbirth [33].

Spirituality and psychological well-being influence the stress in pregnancy. Stress in pregnancy can result in miscarriage, premature labor and hypertension. Spiritual matters are considered an important element in daily life. Praying is an individual relationship with God that allows individuals to communicate with God when they are in despair or when they are happy, so that they get new strength from God. High well-being helps individuals have positive emotions through effective communication with others and hence evaluates the events in their lives better [31]. Husband and families should be able to help improve the welfare of pregnant women so that they can reduce the harmful effects of stress during pregnancy.

CONCLUSION

Information obtained by mothers to breastfeed during pregnancy is still lacking and limited. There is also a prohibition from health workers for mothers not to continue breastfeeding during pregnancy. Maternal health status can be seen from physical, psychological, social and spiritual health. Most participants choose to stop breastfeeding during pregnancy. Midwives are expected to be able to increase their knowledge and understand the condition mothers who can continue breastfeeding during pregnancy and the impact of breastfeeding during pregnancy through health education or counseling.

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