

Mental health and breastfeeding behavior in early postpartum mothers: A cross-sectional study

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ABSTRACT

Introduction: Breastfeeding in the early postpartum period is critical for maternal–infant health, yet maternal psychological conditions may influence breastfeeding practices. This study aimed to examine the association between maternal mental health status and breastfeeding behavior among early postpartum mothers at PKU Muhammadiyah Delanggu Hospital, Indonesia.

Research Methodology: A quantitative descriptive–analytic study with a cross-sectional design was conducted during June–July 2023. A total of 65 early postpartum mothers were recruited using accidental (convenience) sampling. Maternal mental health was assessed using the Depression Anxiety Stress Scale-21 (DASS-21), while breastfeeding behavior was measured using a validated questionnaire and LATCH observation. Data were analyzed using univariate statistics and the chi-square test with a significance level of 0.05.

Results: Overall, 50.8% of mothers had good mental health, and 58.5% demonstrated positive breastfeeding behavior. A significant association was found between maternal mental health and breastfeeding behavior (χ^2 test, $p = 0.018$). Mothers with good mental health were more likely to exhibit positive breastfeeding behavior compared with those with poorer mental health (36.9% vs 21.5%). Conversely, negative breastfeeding behavior was higher among mothers with poorer mental health (27.7% vs 13.8%).

Conclusion: Maternal mental health is significantly associated with breastfeeding behavior in the early postpartum period. Integrating routine mental health screening into postpartum care may improve breastfeeding outcomes and support maternal well-being.

Keywords: breastfeeding; mental health; postpartum period; maternal behavior; lactation.



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INTRODUCTION

The practice of giving breast milk or breastfeeding needs to be improved and has good benefits. The majority of babies who were born in low- and middle-income countries are estimated to be three out of five babies, who are not breastfed within the first hour of life, which results in a higher risk of death or illness and a tendency to discontinue breastfeeding (World Health Organization, 2018). Coverage of exclusive breastfeeding in Indonesia has reached more than the target in the year 2021, which is about 40%. However, some babies who receive early breastfeeding initiation or mother-baby skin-to-skin contact may not receive exclusive breastfeeding (Kementerian Kesehatan Republik Indonesia, 2022). Approximately 70.3% of mothers experience difficulty breastfeeding. Most of these cases occur in the first month of postpartum (Gianni Lorella Maria et al., 2019). The practice of breastfeeding babies may also be related to the emotional disturbance of the mother. Mothers who provide mixed milk showed a higher perception of stress and depression than those who provide pure breast milk during the first six months (Gila-Díaz et al., 2020). According to the World Health Organization, common perinatal mental health problems, including depression, anxiety disorders, and post-traumatic stress disorder, occur in approximately 10% of high-income countries and approximately 30% in low- or middle-income countries (Garthus-Niegel et al., 2022). Based on studies in Indonesia, postpartum mothers' anxiety significantly influenced the breast milk production (Hastuti dan Tri Wijayanti, 2017). One of the supporting factors for exclusive breastfeeding practices is the psychological status of the mother (Ho et al., 2024).

Findings showed that postpartum women with postnatal anxiety and depressive symptoms associated with shorter duration of breastfeeding were less likely to breastfeed exclusively and prone to stop breastfeeding early. When postpartum mothers who breastfeed, their babies have postpartum anxiety, which reduces self-efficacy, increases breastfeeding difficulties, and can harm breastfeeding behavior and milk composition. Symptoms of postnatal depression among mothers are more likely to provide formula milk to babies in the first year. The research results showed that half of 82.5% newborns in hospitals received formula milk within 5 hours after birth. Feeding babies formula milk in the first 48 hours was associated with shorter breastfeeding duration.

Meanwhile, PKU Muhammadiyah Delanggu Hospital supports the exclusive breastfeeding program, but the hospital does not yet have a policy regarding the assessment of general mental health problems in postpartum mothers. Assessment of the breastfeeding process and monitoring of maternal health were factors that had been proven to be valid determinants of attitudes that supported exclusive breastfeeding programs. Therefore, it is necessary to conduct research with a one-time approach on the observational analysis of mental health status with behavior in providing breastfeeding to postpartum mothers in the early period at PKU Muhammadiyah Delanggu Hospital.

Emotional disturbances that occur in the postpartum period can affect changes in maternal behavior during breastfeeding. Most postpartum mothers experience breastfeeding problems in the first month (Gianni Lorella Maria et al., 2019). The problem-solving approach in this study to determine changes in breastfeeding behavior involved data collection, which was carried out using a questionnaire on breastfeeding behavior in early postpartum mothers. The questionnaire on breastfeeding behavior in postpartum mothers in order to be valid and reliable, validity and reliability tests were carried out. The respondents selected in this study were postpartum mothers in the early period who were treated in the postpartum room. To collect data on the mental health of postpartum mothers, the DASS-21 questionnaire was used, which is divided into three

dimensions, namely stress, anxiety, and depression. In the final stage, we analyzed mental health with breastfeeding behavior in early postpartum mothers using univariate and bivariate analysis.

According to Jiang et al. (2022), explained that symptoms of postpartum maternal mental health problems are significantly related to breastfeeding attitudes and self-efficacy. However, these symptoms are not related to breastfeeding practices. Meanwhile, other research evidence states that breastfeeding difficulties are significantly associated with higher postpartum depressive symptoms. Postpartum mothers in the first week can experience several psychiatric symptoms, so they are susceptible to behavioral changes. The results of the study showed that an increase in psychometric tool scores during pregnancy or postpartum was associated with increased breastfeeding difficulties in mothers 6 weeks postpartum (Dagla et al., 2021). Women who reported pre-pregnancy mental health visits were 0.61 times more likely to start breastfeeding. This is in line with the results of the study that prenatal depression, postpartum depression, and anxiety were significantly associated with early cessation of breastfeeding, where the assessment was carried out at 4 weeks and 8 weeks postpartum.

However, previous studies have focused more on analysis in the sixth month of breastfeeding by taking samples of mothers who have 6-month-old babies. So, if the mother experiences mental health problems in the early postpartum period, it can result in early cessation of breastfeeding. Based on this, the focus of this study is to conduct sampling in the early postpartum period, with the hope that it can be an early detection of mental health problems and how they affect breastfeeding practices in early postpartum mothers. In addition, this research instrument is adjusted to collect data on breastfeeding behavior in early postpartum mothers.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative descriptive–analytic, cross-sectional design in the early postpartum window (24 hours–1 week) at the inpatient postpartum ward of PKU Muhammadiyah Delanggu Hospital, Klaten, Central Java, Indonesia. Fieldwork covered October 2022–August 2023, with site permission including approval to mention the hospital's name in publications.

Participants

Eligible participants were postpartum mothers who were breastfeeding or providing breast milk, had delivered vaginally or by caesarean section, were able to read and write and understand Indonesian, and provided written informed consent. Exclusion criteria comprised maternal emergencies; any current or past mental disorder; and neonatal conditions, including illness, prematurity, multiple gestation, congenital anomalies, or neonatal death. Recruitment proceeded consecutively at the bedside among eligible inpatients during routine ward rounds. A convenience (accidental) sampling strategy was used. During June–July 2023, approximately 130 postpartum inpatients comprised the source population. The final sample size was 65, determined using Harry King's Nomogram with a 5% margin of error (95% confidence level) (Sugiyono, 2021).

Instrument

Maternal mental health was assessed using the Depression Anxiety Stress Scale–21 (DASS-21, Indonesian version), which has been reported as valid and reliable for use in Indonesian populations and is practical for brief screening in clinical settings. Breastfeeding behavior was assessed through two complementary methods: a validated, reliable questionnaire, pilot-tested in May 2023 with 25 postpartum mothers outside the main sample, with validity examined via Pearson product–moment using the r-table appropriate for $n = 25$ and reliability supported by Cronbach's $\alpha > 0.70$, and a structured clinical observation employing the

LATCH tool (Latch, Audible swallowing, Type of nipple, Comfort, Hold/positioning; maximum score of 10) administered before neonatal discharge (Shah et al., 2021; Maria et al., 2022).

Data Collection

Data were collected in June 2023 in the postpartum ward after ethics approval and completion of instrument validity procedures. Trained members of the research team administered the questionnaire and performed bedside observations according to a standardized protocol.

Data Analysis

Data management used Microsoft Excel and SPSS (version 26). Univariate analyses summarized participant characteristics and outcome distributions. Bivariate associations were tested using the Chi-square test, with statistical significance set at $p < 0.05$.

Ethical Approval

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki for research involving human participants. Ethical clearance was obtained from the Health Research Ethics Committee of Universitas Aisyiyah Yogyakarta (No. 2849/KEP-UNISA/V/2023, dated 9 May 2023). All participants provided written informed consent prior to enrollment. Participation was voluntary, and respondents were informed of their right to withdraw from the study at any time without any consequences. Confidentiality and anonymity of participants were strictly maintained by de-identifying all collected data and restricting access to the research team only. Permission to conduct the study was also obtained from PKU Muhammadiyah Delanggu Hospital. All procedures adhered to institutional guidelines and ethical standards for research involving postpartum mothers and newborns.

RESULT

The study enrolled 65 early postpartum breastfeeding mothers (vaginal and caesarean) admitted to the postpartum ward of PKU Muhammadiyah Delanggu Hospital between June and July 2023. Eligible participants could read Indonesian, were directly breastfeeding, and provided informed consent; mothers with obstetric/infant complications or a history of mental disorders were excluded.

Table 1. Frequency distribution of mental health status by DASS-21 domains (depression, anxiety, stress).

Mental Health Status	Category		
	Depression (f, %)	Anxiety (f, %)	Stress (f, %)
Less Good	2 (3.1%)	29 (44.6%)	7 (10.8%)
Good	63 (96.9%)	36 (55.4%)	58 (89.2%)
Total	65 (100%)	65 (100%)	65 (100%)

Table 2. Distribution of LATCH scores, breastfeeding frequency, session duration, and common breastfeeding problems.

Frequency distribution	Frequency (f)	Percentage (%)
LATCH Score		
Score 5	9	13.8
Score 6	3	4.6
Score 7	9	13.8
Score 8	19	29.2
Score 9	11	16.9
Score 10	14	21.5

Total	65	100
Breastfeeding frequency	Frequency (f)	Percentage (%)
>4 hours	12	18.5
2-4 hours	53	81.5
Total	65	100
Breastfeeding Duration	Frequency (f)	Percentage (%)
<15 minutes	27	41.5
≥15 minutes	38	58.5
Total	65	100
Breastfeeding Problems	Frequency (f)	Percentage (%)
Sore/painful nipples	5	7.7
Not prominent nipples	7	10.8
Improper breastfeeding	11	16.9
Delayed milk	3	4.6
unsure mother	3	4.6
No problem	36	55.4
Total	65	100

Based on DASS-21 categorization, 50.8% of mothers were in the “good” (normal) mental health category, while specific symptom domains showed anxiety in 44.6%, stress in 10.8%, and depression in 3.1% (Table 1). Overall, 58.5% of mothers demonstrated positive breastfeeding behavior (Table 3 summary). LATCH scores ranged from 5–10, with the most frequent score of 8 (29.2%). Most mothers breastfed every 2–4 hours (81.5%), and the majority reported session duration ≥15 minutes (58.5%) (Table 2).

Table 3. Cross-tabulation of mental health status and breastfeeding behaviour with Chi-square

Mental Health Status	Breastfeeding Behaviour		Total	p
	Negative (f, %)	Positive (f, %)		
Less Good	18 (27.7%)	14 (21.5%)	32 (49.2%)	0.018
Good	9 (13.8%)	24 (36.9%)	33 (50.8%)	
Total	27 (41.5%)	38 (58.5%)	65 (100%)	

The Chi-square test showed a significant association ($p = 0.018$). Among mothers with “good” mental health, 24/33 (36.9%) exhibited positive breastfeeding behavior versus 14/32 (21.5%) in the “less good” group; conversely, negative behavior was more frequent in the “less good” group (18/32; 27.7%) (Table 3). The hypothesis was supported.

DISCUSSION

This study found that just over half of postpartum mothers had good mental health, with 33 respondents (50.8%), echoing who reported 71% in the good category (Jalal et al., 2017). Nearly half, 32 respondents (49.2%), showed less-than-good mental health: 29 (44.6%) reported anxiety, 7 (10.8%) stress, and 2 (3.1%) depression. Similar patterns appear globally: anxiety was 14.1% among breastfeeding mothers in Iran, 23 of 28 mothers (82%) in a U.S. sample, and 16.7% in California. Anxiety among Indonesian postpartum mothers has also been noted.

Maternal mental health shapes breastfeeding behavior. Internal factors include personality, confidence, anxiety, emotional stability, attitudes, and prior breastfeeding experience, while external factors include family relationships, work settings, and socio-cultural shifts. Postnatal depressive symptoms increase the risk of stopping breastfeeding (Sha et al., 2019), and stress-related mental health issues are also linked with breastfeeding practices (Kossakowska &

Bielawska-Batorowicz, 2022). High postpartum anxiety can stem from preexisting anxiety traits, pregnancy-specific worries, stress, and negative coping styles (Radoš et al., 2018). Preparation of both physical and psychological factors during pregnancy supports breastfeeding success (J. Huang et al., 2026). Low confidence and emotional distress can reduce milk production by hindering oxytocin release and the let-down reflex; pain and engorgement may worsen these difficulties.

This study found mostly positive breastfeeding behavior among early postpartum mothers: 38 (58.5%) showed positive behavior; the most common LATCH score was 8 in 19 mothers (29.2%); feeding frequency was typically every 2–4 hours in 53 mothers (81.5%); and feeding duration was ≥ 15 minutes in 38 mothers (58.5%). These findings align with those of, who reported positive behavior above 50%, and with, who notes that early success sustains positive attitudes and that breastfeeding is a learnable habit. Direct breastfeeding fosters mother–infant interaction, most optimal in the first 12 hours after birth (J. Huang et al., 2026).

The Qur'an encourages breastfeeding for two full years (Al-Baqarah 2:233), underscoring breast milk's unique benefits for mental health, physical growth, and child development (Mehrpisheh et al., 2020). Correct technique helps mothers and babies reap full benefits (J. Huang et al., 2026). Still, 27 mothers (41.5%) showed negative behavior. Negative attitudes are linked to reduced or ceased breastfeeding (R. Huang et al., 2022). Found only 27% initiated within one hour; 88% of infants received formula in hospital; and by one month, only about a quarter breastfed intensively.

Common barriers include negative stories, illness (mother/baby), prior bad experiences, caring for another child, and returning to work. Direct support can improve positive behavior (Isiguzo et al., 2022). Alternating both breasts and feeding 15 minutes per breast supports milk production. Shorter-than-planned direct breastfeeding is associated with higher postpartum depression risk (Chang et al., 2023), and one nighttime feed is often shorter than daytime. Comfort and positioning matter: non-ergonomic seating can cause pain and fatigue and hinder milk expression (Mufdlilah et al., 2022). The Oxytocin Chair (KORSIMU) offers an ergonomic design with a backrest “oxytocin massage” effect and audio features to aid relaxation. Observational Analysis of Mental Health Status with Breastfeeding Behavior Among Postpartum Mothers in the Early Period

The Chi-square test showed a significant link between mental health status and breastfeeding behavior among early-postpartum mothers at PKU Muhammadiyah Delanggu Hospital ($p = 0.018 < 0.05$). Cross-tabulation indicated negative breastfeeding behavior in 27 mothers (41.5%): 18 (27.7%) with poorer mental health and 9 (13.8%) with good mental health. Most respondents had normal mental health (33; 50.8%). Positive breastfeeding behavior was found in 24 (36.9%), while only 9 (13.8%) showed negative behavior.

These findings align with prior evidence that maternal mental health relates to breastfeeding status (Gila-Díaz et al., 2020). Higher postpartum mental health problem scores are linked to more breastfeeding difficulties (J. Z. Huang et al., 2022). Mental health problems are associated with suboptimal breastfeeding outcomes, and postpartum depression shows a significant negative correlation with breastfeeding behavior $r = -0.38, p < 0.001$).

Stress and anxiety can shape breastfeeding behavior, including worries about hunger cues and maternal ability (Kossakowska & Bielawska-Batorowicz, 2022). Symptoms of mental health problems relate to breastfeeding attitudes and self-efficacy. Relaxation supports milk flow (Lail, 2019). Mothers who never breastfed or stopped early had higher anxiety than those who continued. Breastfeeding difficulties are tied to more postpartum depression symptoms, and

postnatal depression/anxiety are linked to early cessation of breastfeeding (<2 months) (Chang et al., 2023). Maternal mental health disorders may also reduce milk supply (Rahman et al., 2016). Early mental health screening may help improve breastfeeding success. This cross-sectional, single-site study employed accidental (convenience) sampling and a modest sample ($n = 65$), which constrains causal inference and limits generalisability beyond similar hospital settings. Moreover, outcomes reflect a short early-postpartum snapshot; while instruments were validated, the design and setting may restrict external validity.

Recommendations for Future Research

The observed association between maternal mental health and breastfeeding behavior ($p = 0.018$) advances explanatory models that position psychological well-being as a proximal determinant of early lactation processes. Pairing a brief mental-health screen (DASS-21) with structured observation of feeding (LATCH/validated tools) offers a feasible measurement framework for future mechanism-focused studies and policy pilots in early postpartum care. By concentrating on the early postpartum window (24 hours–1 week), the study highlights a time-sensitive period for risk detection and behavior shaping, suggesting that perinatal research agendas and institutional policies should prioritise assessment protocols during inpatient postpartum stays. Practitioners can incorporate brief DASS-21 screening during early postpartum rounds and link results to structured breastfeeding assessments (e.g., LATCH/validated questionnaire) to guide bedside coaching on latch quality, frequency (predominantly every 2–4 hours), and session duration (≥ 15 minutes where feasible). Unit-level SOPs and routine audit of indicators (e.g., LATCH distribution; frequency/duration) can be instituted during inpatient stays to support consistent breastfeeding practices and timely escalation when psychological symptoms are evident.

CONCLUSION

This study directly addressed its objective by demonstrating a significant association between maternal mental health status and breastfeeding behavior among early postpartum mothers. Mothers with better psychological well-being were more likely to exhibit positive breastfeeding practices, including appropriate frequency, duration, and effective latch. At the same time, those with poorer mental health showed a higher tendency toward suboptimal breastfeeding behavior. These findings confirm that maternal mental health functions as a key determinant of early breastfeeding success. Given the early postpartum period as a critical window, integrating routine mental health screening into standard postpartum care is strongly recommended. The use of brief, validated tools such as DASS-21 alongside structured breastfeeding assessment (e.g., LATCH) can enable early identification of at-risk mothers and timely intervention. Health facilities should implement standard operating procedures that combine psychological screening with breastfeeding support, including counseling, education, and continuous monitoring. At the policy level, strengthening maternal mental health services within maternal and child health programs is essential to improve breastfeeding outcomes and overall maternal–infant well-being.

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Conflict of Interest

The authors declare that there are no conflicts of interest related to this study.

Authors' Contributions

Anita Dewi Lieskusumastuti: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Writing – Original Draft.

Mufdlilah: Supervision, Methodology, Validation, Writing – Review & Editing.

Sri Ratna Ningsih: Investigation, Data Curation, Visualization, Writing – Review & Editing.

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Declaration of Generative AI Use

The authors declare that generative artificial intelligence (AI) tools were used solely for language refinement and editing to improve clarity and readability of the manuscript. All scientific content, data analysis, interpretation, and conclusions are the original work of the authors. The authors take full responsibility for the integrity and accuracy of the manuscript.

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