

A Descriptive Case Series on Combined Education, Breast Care, and Oxytocin Massage for Lactation Support in Indonesia

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ABSTRACT

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Exclusive breastfeeding during the first six months of life is essential for optimal infant growth, development, and immune protection. Despite various efforts, the prevalence of exclusive breastfeeding in Indonesia remains suboptimal, often influenced by challenges related to maternal confidence, infant latch, and effective breastfeeding techniques. This exploratory case series aimed to describe short-term changes in breastfeeding outcomes following combined interventions of education, breast care, and oxytocin massage among postpartum mothers. Using a descriptive observational case series design, four postpartum mothers experiencing early breastfeeding difficulties received structured education, breast care, and oxytocin massage interventions, administered according to standardized clinical procedures. Breastfeeding outcomes, including infant latch quality, maternal positioning skills, signs of milk ejection, and maternal confidence, were assessed before and after the interventions. Preliminary observations indicated improvements across several of these parameters. However, the study's findings are limited by its small sample size and reliance on subjective observations. As an exploratory study, these results offer initial insights but should be interpreted with caution. Further research with larger samples, control groups, and objective evaluation tools is needed to determine the efficacy and generalizability of these interventions.

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Introduction

Exclusive breastfeeding during the first six months of life is widely recognized as critical for optimal infant growth, development, and immune protection [1]. Breast milk provides complete nutrition and contains antibodies that safeguard infants against various infections while also strengthening the emotional bond between mother and child [2]. Despite these well-established benefits, the rate of exclusive breastfeeding in Indonesia remains below national and global targets [3].

Multiple interrelated factors contribute to suboptimal breastfeeding practices, including maternal stress, lack of support, and limited knowledge about breastfeeding techniques and benefits [4]. Postpartum mothers often face challenges not only in initiating but also in sustaining breastfeeding due to issues such as ineffective infant latch, pain or discomfort, perceived low milk supply, and poor confidence. These challenges underline the need for accessible, non-pharmacological support strategies that target both physiological and psychological factors affecting breastfeeding. Furthermore, many postpartum mothers experience challenges in initiating and maintaining adequate lactation, both in terms of volume and consistency [5]. In response, a variety of strategies have been employed to stimulate milk production, including nutritional support and physical stimulation methods [5, 6].

Education plays a vital role in empowering mothers with the knowledge and skills needed to breastfeed effectively. Counseling and health education can improve maternal confidence, correct misconceptions, and promote appropriate positioning and latch techniques. In addition to education, physical interventions such as breast care and oxytocin massage have been widely recommended to support breastfeeding outcomes. Breast care involves techniques such as compresses, massage, and nipple hygiene to maintain breast health, prevent complications like mastitis, and support milk flow [7]. Oxytocin massage, which involves gentle stimulation of the thoracic spine area, promotes the release of oxytocin. Oxytocin hormone is responsible for the let-down reflex that facilitates milk ejection [8]. Studies have indicated that both methods may contribute to improved breastfeeding outcomes by addressing both physiological and psychological aspects of lactation [9, 10].

Despite individual studies demonstrating the efficacy of each intervention separately, limited research has examined their combined application. The integration of education, breast care, and oxytocin massage may offer a more comprehensive approach by simultaneously addressing hormonal stimulation and physical breast health [11, 12, 13]. This integrated approach has the potential to address multiple barriers to successful breastfeeding by enhancing physiological readiness, improving maternal technique, and increasing confidence.

While these interventions are not new in themselves, their combined and structured application remains underexplored in many low- and middle-income countries (LMICs) settings, where healthcare resources are constrained, and postpartum support may be limited. In countries like Indonesia, where the burden of suboptimal breastfeeding remains high and systemic solutions are difficult to scale rapidly, practical, low-cost interventions that can be implemented by nurses and midwives offer significant value. By focusing on the feasibility and acceptability of this integrated approach within a routine hospital setting, this study contributes to the growing body of evidence supporting the contextual adaptation of proven strategies to improve maternal and infant health outcomes in resource-limited environments.

Based on initial interviews conducted by researchers in the postpartum ward of PKU Muhammadiyah Mamajang Hospital, Makassar, it was found that many mothers experienced difficulties with breastfeeding. They lacked knowledge of proper breastfeeding techniques, breast care, and how to perform oxytocin massage. Additionally, they were unaware of the benefits of these practices in supporting successful breastfeeding outcomes. This study aims to investigate the effects of health education, breast care, and oxytocin massage on breastfeeding outcomes among postpartum mothers. Conducted as a pre-post case series at PKU Muhammadiyah Mamajang Hospital in Makassar, the study involved four postpartum mothers who initially reported challenges such as ineffective infant latch, inadequate milk ejection, and uncertainty about proper breastfeeding techniques. Through structured interventions combining education and physical support, this study seeks to evaluate the feasibility and potential benefits of this comprehensive approach in promoting successful exclusive breastfeeding.

Materials and Methods

A. Study Design

This study employed a descriptive observational design using quasi-experimental pre-post method, to evaluate the effectiveness of education, oxytocin massage, and breast care interventions on postpartum breastfeeding outcomes. The method was structured to assess changes in maternal breastfeeding confidence, infant latch, and breast milk production before and after the intervention. The research was conducted from June 28 to July 6, 2024, at PKU Muhammadiyah Mamajang Hospital in Makassar, Indonesia. The study population included all postpartum patients admitted to the hospital during the study period. A purposive sampling method was used, and four postpartum mothers were selected based on predefined inclusion and exclusion criteria.

B. Participants

The inclusion criteria were as follows: (1) postpartum mothers on the first or second day after delivery; (2) mothers experiencing difficulties in breast milk production; (3) mothers who had delivered live newborns; (4) mothers actively breastfeeding; (5) mothers who were fully alert and cognitively competent (*compos mentis*); and (6) mothers who provided informed consent to participate. Mothers with postpartum complications were excluded from the study.

C. Intervention Procedures

Two main interventions were provided: Oxytocin Massage and Breast Care. All interventions were conducted by trained researchers/health workers using standardized procedures and documented systematically. The interventions were repeated three times during the study period. Oxytocin massage was performed by applying light stimulation along the thoracic vertebrae to promote oxytocin release and facilitate the milk ejection reflex. During the massage, the mother was seated comfortably and leaned forward onto a table or pillow. A massage was applied along both sides of the spine using warm oil and a circular motion with thumbs and fists. Each session lasted 3–5 minutes and was performed in three cycles. After the massage, the back was cleaned with a warm washcloth. Breast care is aimed at improving hygiene, stimulating prolactin and oxytocin hormones, preventing nipple trauma, and improving milk flow. This included thorough wash and gentle massage techniques (e.g., circular movements from the base to the nipple using both hands), compression techniques, and alternating warm and cold compresses to stimulate circulation. Each massage sequence was performed 20–30 times per breast. Both interventions followed procedures outlined in the Standard Operating Procedures (SOP) documents issued by the Professional Nurse Organization of Indonesia (*Persatuan Perawat Nasional Indonesia* - PPNI) in 2024.

During the interventions, the participants also received brief education on breastfeeding techniques and proper latch positioning to ensure effective milk transfer and minimize discomfort. The education sessions included demonstrations, interactive discussions, and printed materials, allowing participants to ask questions and clarify misconceptions. Additionally, topics such as recognizing infant hunger cues, establishing a feeding routine, and managing common breastfeeding challenges (e.g., engorgement, sore nipples, and low milk supply) were addressed. These educational components were integrated into the overall support strategy to enhance breastfeeding self-efficacy and promote sustained breastfeeding practices. Note that given the descriptive nature of the

study, the outcomes are intended to illustrate individual responses rather than establish causality or efficacy.

D. Data Collection Instruments

Data was collected using several instruments. Prior, during, and after the interventions, the participants were interviewed and asked to fill in questionnaires. The assessment sheet captured baseline characteristics including personal identity, obstetric and breastfeeding history, daily nutrition, and previous breast care. The observation sheet monitored key variables such as latch quality, mother's positioning technique, milk ejection, frequency of breastfeeding, and maternal confidence, both pre- and post-intervention, during morning and evening sessions. Moreover, while these factors may not be directly related to the interventions, indicators such as infant urination and defecation patterns, maternal comfort during breastfeeding, and signs of the let-down reflex (e.g., infant calmness after feeding) were also monitored using a different sheet, with evaluations conducted before and after interventions. Other than maternal positioning, which were assessed by the professional health worker, all parameters were self-reported. The instruments used in this study are available from the authors upon reasonable request.

Assessments were conducted at baseline (prior to intervention) and repeated at least three times following the intervention to monitor changes in lactation patterns. Although these indicators provide a general overview of breastfeeding adequacy, they are indirect and subject to various confounding influences. Therefore, the use of more objective and direct measurement tools, such as breast milk volume (via manual or electric pumping) and hormonal or biochemical markers, is strongly recommended in subsequent research to enhance data validity.

E. Data Analysis

Quantitative analysis was performed by scoring observed parameters (Yes = 1, No = 0). A maximum score of 5 in the observation sheet indicated optimal performance across all parameters. Changes in mean scores between pre- and post-test were analyzed to determine the effectiveness of the interventions. However, it is acknowledged that this scoring system is not standardized or validated, which may affect the reliability and accuracy of the results.

Given the small sample size and absence of a control group, randomization, or blinding, the internal validity of this study is limited. The findings should therefore be interpreted as exploratory and not generalizable to broader populations. This study is intended as an initial step to generate hypotheses and inform future research. Further studies employing

randomized controlled trials (RCTs) with objective outcome measures and larger samples are essential to validate these preliminary observations.

F. Ethical Considerations

This study was reviewed and approved by the Research Ethics Committee of the University of Muhammadiyah Makassar. All procedures adhered to the ethical standards outlined in the Declaration of Helsinki for research involving human subjects. Informed consent was obtained from all participants prior to data collection. Participants were provided with detailed explanations regarding the purpose of the study, procedures, potential risks, and anticipated benefits. Participation was entirely voluntary. Informed consent was obtained from each participant in written form after they acknowledged their understanding of the study's goals and agreed to participate without any coercion. Participants were also informed of their right to withdraw from the study at any time without any consequence. To ensure confidentiality, all personal information and data collected during the research were anonymized and kept secure. The identity of the participants was protected throughout the study and in all related publications.

Results

A total of four postpartum mothers participated in this descriptive case study. All participants met the inclusion criteria, including the presence of lactation challenges during the first or second day postpartum. None of the participants experienced postnatal complications or medical conditions that could interfere with breastfeeding, allowing for a focused assessment of the intervention’s effects. The primary objective was to evaluate the influence of an integrated intervention, comprising breastfeeding education, breast care, and oxytocin massage, on maternal lactation performance and infant-related outcomes.

Table 1. Intervention schedule for postpartum mothers.

Case	Initial Assessment	Intervention I	Intervention II	Intervention III	Overall Evaluation
I	July 1 – 09:00	July 1 – 09:00	July 2 – 09:00	July 3 – 09:00	July 3 – 16:00
II	July 2 – 09:00	July 2 – 10:00	July 3 – 10:00	July 4 – 10:00	July 4 – 16:15
III	July 3 – 09:00	July 3 – 11:00	July 4 – 11:00	July 5 – 11:00	July 5 – 16:30
IV	July 4 – 09:00	July 4 – 12:00	July 5 – 12:00	July 6 – 12:00	July 6 – 16:45

The intervention schedule is detailed in Table 1, with each participant receiving three sessions of breast care and oxytocin massage over consecutive days. Evaluations were

conducted on the final day of the intervention series, approximately 4–6 hours after the third intervention session.

Table 2 summarizes the changes in maternal and infant breastfeeding indicators before and after the intervention. Prior to the intervention, none of the four mothers demonstrated proper infant latch or correct breastfeeding positioning. Milk production was reported to be inadequate, with no mother breastfeeding more than eight times per day. Breastfeeding confidence was uniformly low, reflected by an initial breastfeeding outcome score of 0 out of 5 in all cases. Moreover, infant-related indicators such as urination (less than six times per day), bowel movements (fewer than three times daily), stool consistency (not yellow and mushy), and sleep behavior (irregular or fussy) were also suboptimal across the board.

Following the implementation of the integrated intervention, self-reported improvements were observed across all outcome indicators. All four mothers were able to effectively position their infants and achieve proper latching techniques. They reported an increase in milk supply and began feeding their infants more than eight times per day. Maternal confidence also improved significantly, with all mothers attaining the maximum score of 5 out of 5 on the breastfeeding assessment scale. These improvements were not only self-reported but were also evident in infant behavior and physiological signs.

Table 2. Pre- and post-intervention assessment of breastfeeding indicators.

Indicator	Pre-Intervention				Post-Intervention			
	Case I	Case II	Case III	Case IV	Case I	Case II	Case III	Case IV
Proper infant latch	No	No	No	No	Yes	Yes	Yes	Yes
Correct breastfeeding position	No	No	No	No	Yes	Yes	Yes	Yes
Increased breast milk supply	No	No	No	No	Yes	Yes	Yes	Yes
Breastfeeding >8 times/day	No	No	No	No	Yes	Yes	Yes	Yes
High maternal confidence	No	No	No	No	Yes	Yes	Yes	Yes
Overall breastfeeding score (0–5)	0	0	0	0	5	5	5	5
Urinating >6 times/day	No	No	No	No	Yes	Yes	Yes	Yes
Infant is calm/sleeps well (2–3h)	No	No	No	No	Yes	Yes	Yes	Yes
Defecates >3 times/day	No	No	No	No	Yes	Yes	Yes	Yes
Healthy infant stool (yellow, mushy)	No	No	No	No	Yes	Yes	Yes	Yes

These early findings suggest that the combined intervention of breastfeeding education, breast care, and oxytocin massage may support improvements in both maternal breastfeeding outcomes and infant health indicators. The fact that all improvements were observed after the third intervention session reinforces the importance of repeated, structured interventions rather than a single exposure.

Importantly, the benefits were not limited to physiological outcomes such as milk production; improvements were also evident in maternal psychological well-being (confidence, comfort) and infant behavior (calmness, sleep, and stool quality). These comprehensive gains highlight the value of a holistic approach that addresses both the technical and emotional dimensions of breastfeeding support.

The results of this small case series demonstrate the feasibility and short-term effectiveness of integrating education, breast care, and oxytocin massage into postpartum care routines. While the sample size limits generalizability, the uniformity of positive outcomes across all participants provides strong preliminary support for wider implementation and further research.

Discussions

Breastfeeding is a cornerstone of infant health, providing critical nutrition, immune protection, and developmental support. However, successful breastfeeding is often hindered by a range of physiological, psychological, and sociocultural barriers. Common challenges include poor infant latch, low maternal confidence, infrequent feeding, and insufficient milk supply [1, 4, 14].

Breastfeeding outcomes are shaped by a wide range of interrelated factors, including maternal and infant health, nutritional status, delivery practices, socioeconomic conditions, cultural norms, and healthcare accessibility. Medical and nutritional interventions are particularly important for breast milk production [14, 15, 16, 17, 18]. While these interventions are undeniably critical for improving breastfeeding outcomes, they often demand significant infrastructure, resources, and specialized personnel. These are factors that may be scarce in many LMICs.

In contrast, strategies involving maternal education and adjuvant interventions such as breast care and oxytocin massage, though sometimes viewed as secondary or supportive measures, present cost-effective, scalable, and culturally adaptable options. These interventions require minimal equipment, can be taught and delivered by community health workers or midwives, and offer tangible improvements in breastfeeding practices. Especially in under-resourced settings, their viability and ease of implementation make them invaluable complements to more resource-intensive healthcare strategies. However, these interventions should be understood not as replacements for essential medical or nutritional support, but as adjuvant measures that complement broader efforts. Their low cost, ease of implementation, and demonstrated benefits make them especially practical and impactful additions to postpartum care in resource-limited settings. Our study demonstrated that the combinations

of these approaches address various dimensions of breastfeeding, from knowledge and technique to physiological stimulation and emotional support. However, note that due to the study's descriptive nature and small sample, findings should not be interpreted as causal or generalizable.

Education empowers mothers with the necessary knowledge and skills to initiate and sustain breastfeeding. Numerous studies have demonstrated that antenatal and postnatal education programs improve breastfeeding initiation, exclusivity, and duration. These programs help mothers understand the benefits of breastfeeding, correct latching techniques, and how to recognize infant feeding cues [4, 13]. While intrapartum interventions may affect breastfeeding outcomes [19], a lack of proper knowledge can also lead to common issues such as improper latching, perceived insufficient milk supply, and early discontinuation of breastfeeding [12]. In this regard, educational interventions play a preventive role by minimizing misconceptions and building maternal confidence, which are key predictors of breastfeeding success [1, 3].

Complementing education, breast care practices such as nipple hygiene, warm compresses, and manual expression of milk are vital for maintaining breast health and promoting lactation. Breast care can reduce the risk of complications like mastitis, nipple trauma, and blocked ducts, which are leading causes of breastfeeding discontinuation [20]. Studies show that regular breast massage and warm compresses help in milk flow and relieve engorgement, which improves maternal comfort and willingness to breastfeed [7]. These practices also stimulate the milk ejection reflex, which is regulated by the hormone oxytocin [7, 21, 22].

Oxytocin massage is a non-pharmacological intervention designed to stimulate the release of oxytocin through gentle, rhythmic massage of the mother's back or breast area [7]. Oxytocin is critical in the milk let-down reflex and plays a role in maternal-infant bonding. Several studies have validated the effectiveness of oxytocin massage in increasing breast milk production and improving breastfeeding frequency and duration [11, 23, 24]. For example, research indicates that oxytocin massage not only enhances milk production but also helps reduce maternal anxiety and stress, which are known inhibitors of lactation [25, 26]. By supporting both the physiological and psychological aspects of breastfeeding, oxytocin massage offers a holistic approach to lactation support.

The combination of education, breast care, and oxytocin massage offers a comprehensive framework to support breastfeeding mothers. Educational interventions lay the groundwork by addressing informational and behavioral barriers. Breast care ensures the physical readiness and comfort of the mother, while oxytocin massage enhances the physiological processes necessary for milk production and ejection. A study by Retni et al.

(2023) highlighted that mothers who received a combination of breast care and oxytocin massage demonstrated higher milk production compared to those who did not receive such interventions [7]. Similarly, another study by Sandriani et al. (2023) emphasized the importance of oxytocin massage in early postpartum days, showcasing increased milk output and reduced maternal discomfort [24].

Furthermore, emotional and psychological support cannot be overstated. Breastfeeding challenges, especially those faced by first-time mothers, are often compounded by stress, fatigue, and self-doubt [26, 27]. Oxytocin massage, when combined with emotional freedom techniques, has shown to effectively lower anxiety and promote relaxation, thereby facilitating smoother breastfeeding experiences [23]. Physiologically, oxytocin not only promotes milk ejection but also enhances maternal bonding and reduces stress levels through its anxiolytic properties [22, 10].

In our study, the integrated application of the three interventions led to notable improvements in both maternal and infant outcomes. Before the intervention, participants commonly exhibited poor latch, infrequent feedings, and low breastfeeding confidence. Their infants showed signs of inadequate intake, such as reduced elimination, fussiness, and short sleep cycles. These are symptoms often under-recognized in postpartum care settings in LMICs like Indonesia.

After three sessions involving brief education, breast care, and oxytocin massage, mothers demonstrated improved positioning and latch, increased feeding frequency, and enhanced confidence. Infants showed longer sleep duration, calmer behavior, and more frequent urination and defecation. These outcomes indicate better milk transfer, improved maternal-infant bonding, and more effective breastfeeding.

While education, breast care, and oxytocin massage each offer individual benefits, their combined application delivers a holistic and impactful approach to breastfeeding support. Healthcare providers, particularly midwives and nurses, should integrate these strategies into routine postpartum care, especially in LMIC settings. A multifaceted approach not only addresses physiological and psychological dimensions but also creates a more supportive environment for exclusive and sustained breastfeeding. Future research should explore the long-term impact of these interventions on maternal well-being, infant development, and breastfeeding duration across diverse populations.

Based on the study's findings, several recommendations are proposed, including the integration of breast care and oxytocin massage into routine postpartum care and nursing protocols, along with structured training for healthcare professionals. Education about these interventions should be provided during antenatal classes and reinforced postpartum to equip mothers with essential skills. Community-based support programs are also suggested to assist

mothers in rural areas. Additionally, nursing and midwifery curricula should incorporate lactation support strategies. Due to the study's descriptive nature and small sample, however, findings should not be interpreted as causal or generalizable.

Study Limitations

While this study provides valuable preliminary insights, this study also presents several important limitations that should be considered when interpreting its findings:

- a) **Sample size and study design:** The study involved only four postpartum mothers, which is insufficient for statistical analysis, hypothesis testing, or generalization. As a descriptive case series, the study design does not include a control group, randomization, or blinding. This significantly limits the internal validity and precludes any conclusions about causality or the comparative effectiveness of the interventions.
- b) **Subjectivity and lack of standardization:** Most outcome measures in this study were self-reported by the participants using observation checklists and interviews. While some aspects such as positioning were assessed by health workers, the scoring system applied was not validated or standardized, and may be subject to measurement bias. The reliance on binary ("Yes/No") indicators also reduces the ability to capture nuanced or graded responses. Furthermore, the lack of quantitative milk volume measurements (e.g., through pumping or weight changes in infants) restricts the objective verification of breastfeeding success.
- c) **Potential for bias:** Due to the absence of blinding, there is a risk of observation and confirmation bias by both the participants and the researchers. Participants may have reported improvements due to social desirability or perceived expectations, while researchers may have interpreted responses more favorably.
- d) **Short follow-up period:** The post-intervention assessments were conducted only a few hours after the final session, limiting the ability to determine any sustained effects of the interventions over time. The study does not track longer-term breastfeeding outcomes, such as duration of exclusive breastfeeding or continued maternal confidence.
- e) **Confounding variables not controlled:** Although the interventions were structured, several potential confounders such as maternal nutrition, stress levels, prior breastfeeding experience, infant health status, and social support were not controlled or analyzed in this study. These factors could influence both lactation outcomes and maternal perception, further complicating interpretation.

Recommendations for Future Research

It should be noted that this study is just preliminary research. Therefore, building on the findings and limitations of this study, several directions are recommended for future research. First, studies with larger and more diverse sample sizes are essential to enhance the external validity and generalizability of results. Including participants from varied geographic, cultural, and clinical backgrounds would provide a more comprehensive understanding of how these interventions function in different contexts.

Second, future research should employ more rigorous designs such as RCTs or quasi-experimental studies with control or comparison groups. This would help establish causality and better isolate the effects of each intervention. Where feasible, blinding of both participants and assessors should be considered to minimize reporting and observation bias.

Third, it is critical to include objective, validated outcome measures in addition to self-reported indicators. For example, breast milk volume can be assessed through test weighing or breast pumping, and infant outcomes can be monitored via weight gain or biochemical markers such as prolactin and oxytocin levels. These objective measures would strengthen the reliability and scientific value of the findings.

Fourth, the use of standardized intervention protocols and validated measurement instruments is strongly recommended. Clear procedural guidelines for breast care and oxytocin massage, as well as consistent tools to assess maternal confidence, latch technique, and infant behavior, would improve the reproducibility of future studies and enable more accurate cross-study comparisons.

Fifth, future research should explore the long-term effects of these interventions beyond the immediate postpartum period. Follow-up studies should assess sustained outcomes such as the duration of exclusive breastfeeding, ongoing maternal psychological well-being, and infant developmental milestones over several weeks or months.

Sixth, it would be beneficial to disaggregate the effects of each component intervention: education, breast care, and oxytocin massage, to determine their individual and combined contributions. Comparative or factorial study designs could help clarify whether the combination offers synergistic benefits or whether certain components are more influential than others.

Finally, incorporating qualitative methods such as interviews or focus groups could provide richer insights into mothers' personal experiences, perceived challenges, and cultural beliefs related to breastfeeding and the interventions themselves. This qualitative dimension would help contextualize the quantitative findings and guide the development of more culturally sensitive and acceptable lactation support programs.

Conclusion

This descriptive case series explored the short-term effects of combining breastfeeding education, breast care, and oxytocin massage among postpartum mothers experiencing early lactation challenges. The observed improvements in maternal confidence, infant latch, feeding frequency, and infant behavior suggest that these non-pharmacological interventions may offer supportive benefits when applied in an integrated manner. Importantly, the structured implementation of these simple, low-cost techniques by trained health workers aligns with the practical needs of postpartum care in resource-limited settings.

However, due to the study's methodological limitations, including the small sample size, lack of a control group, reliance on subjective assessments, and short follow-up period, no definitive conclusions can be drawn regarding the efficacy or generalizability of the interventions. These findings should therefore be interpreted as preliminary and exploratory.

Despite these constraints, this study offers early insight into the feasibility and potential value of combining physical and educational interventions to support breastfeeding. It serves as a foundation for future research aimed at validating and refining these approaches. More robust studies using larger samples, objective outcome measures, and rigorous experimental designs are needed to determine whether such interventions can be recommended for routine clinical use or integrated into postpartum care policies and nursing education programs.

Conflict of Interest

The authors declare that there is no conflict of interest.

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