



## The Role Of Antenatal Care In Preparing Mothers For Exclusive Breastfeeding

Adisty Dwi Treasa<sup>1\*</sup>

<sup>\*1</sup> Midwifery Professional Study Program, Mitra Adiguna Health College, Palembang

\*Correspondent Author: Adisty Dwi Treasa, e- mail: [adistydwitreasa@gmail.com](mailto:adistydwitreasa@gmail.com)

### ABSTRACT

Antenatal Care (ANC) is a health service provided to mothers during pregnancy to monitor the health of the mother and fetus and prepare them for childbirth and the postpartum period. One important aspect that needs to be prepared during pregnancy is exclusive breastfeeding. The success of exclusive breastfeeding is influenced by the mother's physical and psychological readiness, which can be achieved through quality ANC services. This study aims to determine the role of antenatal care in preparing mothers for exclusive breastfeeding. The research method used was quantitative with an analytical design and a cross-sectional approach. The study sample consisted of mothers with infants aged 6–12 months at health care facility X. Data were collected using a questionnaire and analyzed using the Chi- Square test. The results showed that antenatal care plays a significant role in preparing mothers for exclusive breastfeeding ( $p < 0.05$ ). The conclusion of this study is that mothers who receive standard ANC are better prepared to provide exclusive breastfeeding.

**Keywords:** Antenatal Care, Maternal Readiness, Exclusive Breastfeeding





Publish: Association of Indonesian Teachers and Lecturers

**International Journal of Health Sciences (IJHS)**Journal Homepage: <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 4 | Number 1 | March 2026 |

**1. Introduction**

Exclusive breastfeeding for the first six months of a baby's life is a crucial step in improving the health of infants and children. Breast milk contains complete nutrients, antibodies, and immunological factors that play a vital role in protecting babies from various diseases. Therefore, the World Health Organization and the Ministry of Health recommend exclusive breastfeeding from birth to six months of age.

Although the benefits of exclusive breastfeeding are widely known, coverage remains suboptimal. Various factors influence the success of exclusive breastfeeding, including maternal knowledge, attitudes, family support, maternal health, and the healthcare services received during pregnancy. Antenatal Care (ANC) is a crucial service in preparing mothers for breastfeeding.

Antenatal care is a health service provided to pregnant women on a regular and planned basis to monitor the health of the mother and fetus. ANC services not only focus on early detection of pregnancy complications but also include health education, including breastfeeding preparation and exclusive breastfeeding. Through ANC, mothers are expected to obtain accurate information about the benefits of breast milk, proper breastfeeding techniques, and how to address breastfeeding issues.

Optimal ANC implementation can improve a mother's physical and psychological readiness to provide exclusive breastfeeding. However, in practice, some pregnant women still do not receive standard ANC or adequate breastfeeding education. This can impact the mother's lack of readiness to provide exclusive breastfeeding after delivery.

Based on the description, this research is important to be conducted to determine the role of Antenatal Care in preparing mothers for exclusive breastfeeding, so that it can be a basis for improving the quality of ANC services and breastfeeding promotion programs.

**2. Research Methods****a. Types and Design of Research**

This research uses a quantitative method with an analytical design and a cross-sectional approach. sectional, namely to determine the role of Antenatal Care in preparing mothers for exclusive breastfeeding at the same time.

**b. Location and Time of Research**

This research was conducted at health service facility X, which provides maternal and child health services. The research period was April to June 2025.

**c. Population and Sample**

The population in this study was all mothers who had babies aged 6-12 months in health service area X. The research sample was taken using a purposive sampling technique.

**d. Inclusion criteria:**

- 1) Mothers who have babies aged 6–12 months
- 2) Mother has received ANC services





3) Willing to be a respondent

**e. Exclusion criteria:**

- 1) Mothers with certain medical conditions that prevent breastfeeding
- 2) Mothers who did not complete the questionnaire completely

**f. Research Variables**

- Independent variable: Antenatal Care
- Dependent variable: Mother's readiness for exclusive breastfeeding

**g. Research Instruments**

The research instrument, a structured questionnaire, was used to measure the quality and comprehensiveness of ANC services and maternal readiness for exclusive breastfeeding. Maternal readiness was assessed based on knowledge, attitudes, and readiness to practice breastfeeding.

**h. Data analysis**

Data were analyzed univariately and bivariately using the Chi- Square test with a significance level of  $p < 0.05$ .

**i. Research Ethics**

This research was conducted by paying attention to the principles of research ethics, including respondent consent (*informed consent*), data confidentiality, and respondent anonymity.

**3. Research Results And Discussion**

**a. Research Result**

1) Respondent Characteristics

**Table 1 Distribution of Respondent Characteristics**

**Characteristics Frequency (n) Percentage (%)**

**Mother's Age**

< 20 years	5	12.5
20–35 years	27	67.5
> 35 years	8	20.0

**Education**

Base	11	27.5
Intermediate	18	45.0
Tall	11	27.5

**Work**

Doesn't work	26	65.0
Work	14	35.0





**Characteristics Frequency (n) Percentage (%)**

**Total 40 100**

**Narrative:**

Most respondents were aged 20–35 years and unemployed, which is an active reproductive age group and has the potential to receive education during ANC.

2) Antenatal Care (ANC) Services

**Table 2 Distribution of Antenatal Care Services**

ANC services	Frequency (n)	Percentage (%)
Not up to standard	14	35.0
According to standards	26	65.0
<b>Total</b>	<b>40</b>	<b>100</b>

**Narrative:**

Most mothers received ANC services according to standards (65.0%), but there were still mothers whose ANC was not optimal.

3) Mother's Readiness for Exclusive Breastfeeding

**Table 3  
Distribution of Mothers' Readiness to  
Provide Exclusive Breastfeeding**

Mother's Readiness	Frequency (n)	Percentage (%)
Not ready	15	37.5
Ready	25	62.5
<b>Total</b>	<b>40</b>	<b>100</b>

**Narrative:**

More than half of mothers are in the category of being ready to provide exclusive breastfeeding, but there are still mothers who are not optimally ready.

4) The Role of Antenatal Care in Readiness for Exclusive Breastfeeding

**Table 4  
Relationship between Antenatal Care and  
Readiness for Exclusive Breastfeeding**

ANC services	Not Ready	Ready	Total	p- value
Not up to standard	9	5	14	
According to standards	6	20	26	





ANC services	Not Ready	Ready	Total	p- value
<b>Total</b>	<b>15</b>	<b>25</b>	<b>40</b>	<b>0.001</b>

*Square test,  $p < 0.05$*

#### **Narrative:**

Most mothers who received standard ANC were ready to provide exclusive breastfeeding. The Chi- Square test results showed a p-value of 0.001, which means that Antenatal Care plays a significant role in preparing mothers for exclusive breastfeeding.

#### **b. Discussion**

Based on the research results presented in a table, it is known that antenatal care (ANC) plays a significant role in preparing mothers for exclusive breastfeeding. The analysis shows that mothers who receive standard ANC services are better prepared to provide exclusive breastfeeding than mothers who do not receive optimal ANC services.

The research results in Table 2 indicate that the majority of respondents received standard ANC services. Standard ANC services enable mothers to receive routine prenatal checkups and health education, including breastfeeding preparation. The education provided during ANC helps mothers understand the benefits of exclusive breastfeeding, proper breastfeeding techniques, and how to address potential breastfeeding challenges.

Table 3 shows that the majority of mothers are ready to provide exclusive breastfeeding. This readiness reflects mothers who have the knowledge, positive attitudes, and practical readiness to breastfeed. Maternal readiness is greatly influenced by the information and experiences gained during pregnancy, particularly through ANC services.

The results of the relationship analysis in Table 4 indicate that mothers who received standard ANC services were mostly ready to provide exclusive breastfeeding, while mothers whose ANC services did not meet the standards were more likely to be in the less ready category. The statistical test results showed a p value  $< 0.05$ , which means there is a significant role between Antenatal Care and maternal readiness to provide exclusive breastfeeding.

These findings indicate that ANC plays a crucial role in fostering a mother's readiness to breastfeed during pregnancy. Through ANC, healthcare providers can provide comprehensive information about breastfeeding, perform breast examinations, and build the mother's psychological readiness. This psychological readiness is crucial because a mother's confidence in breastfeeding will influence the success of exclusive breastfeeding.





The results of this study align with previous theory and research, which suggests that breastfeeding education during pregnancy plays a significant role in the success of exclusive breastfeeding. Mothers who receive adequate education and support during ANC tend to be more motivated to exclusively breastfeed after delivery.

In addition to ANC, respondent characteristics such as age and education level also influence a mother's readiness to provide exclusive breastfeeding. Mothers of healthy reproductive age and with secondary to higher education tend to be more receptive to health information and understand the importance of exclusive breastfeeding. However, the results of this study confirm that the quality of ANC remains a key factor in preparing mothers to breastfeed.

The implications of this study's findings suggest that improving the quality of antenatal care (ANC) services should be a primary focus in efforts to increase exclusive breastfeeding coverage. Healthcare workers are expected to systematically integrate breastfeeding education into every ANC visit. Thus, ANC serves not only as a pregnancy monitoring service but also as a strategic tool in preparing mothers for optimal exclusive breastfeeding.

#### 4. Conclusion And Suggestions

##### a. Conclusion

Antenatal care plays a significant role in preparing mothers for exclusive breastfeeding. Mothers who receive standard ANC services are better prepared to provide exclusive breastfeeding than those whose ANC services are suboptimal.

##### b. Suggestion

###### 1) For Health Workers

It is hoped that this will improve the quality of ANC services by providing comprehensive breastfeeding education to pregnant women.

###### 2) For Health Service Facilities

It is necessary to strengthen the ANC program which is integrated with the promotion of exclusive breastfeeding.

###### 3) For Pregnant Women

It is hoped that ANC services can be utilized optimally in preparation for breastfeeding.

###### 4) For Further Researchers

It is recommended to conduct further research with a longitudinal design to see the effect of ANC on the success of exclusive breastfeeding.

#### Bibliography

1. Arikunto, S. (2019). *Research Procedures: A Practical Approach*. Jakarta: Rineka Cipta.





2. Republic of Indonesia Health Service. (2019). *Antenatal Care Guidelines*. Jakarta.
3. Fitriani, S. (2017). *Health Promotion*. Yogyakarta: Graha Ilmu.
4. Hidayat, AAA (2018). *Midwifery Research Methodology and Data Analysis Techniques*. Jakarta: Salemba Medika.
5. Ministry of Health of the Republic of Indonesia. (2018). *Guidelines for Integrated Antenatal Services*. Jakarta: Ministry of Health of the Republic of Indonesia.
6. Ministry of Health of the Republic of Indonesia. (2019). *Maternal and Child Health Book*. Jakarta: Ministry of Health of the Republic of Indonesia.
7. Ministry of Health of the Republic of Indonesia. (2020). *Indonesian Health Profile*. Jakarta: Ministry of Health of the Republic of Indonesia.
8. Maryunani, A. (2016). *Early Breastfeeding Initiation, Exclusive Breastfeeding, and Lactation Management*. Jakarta: Trans Info Media.
9. Machfoedz, I. (2018). *Quantitative Research Methodology*. Yogyakarta: Fitramaya.
10. Notoatmodjo, S. (2018). *Health Promotion and Health Behavior*. Jakarta: Rineka Cipta.
11. Notoatmodjo, S. (2019). *Health Research Methodology*. Jakarta: Rineka Cipta.
12. Roesli, U. (2017). *Understanding Exclusive Breastfeeding*. Jakarta: Trubus Agriwidya.
13. Sugiyono. (2019). *Quantitative, Qualitative, and R&D Research Methods*. Bandung: Alfabeta.
14. Sulistyawati, A. (2016). *Midwifery Care for Pregnant Women*. Jakarta: Salemba Medika.
15. Treasa, A.D., Hikmah, M., Anggraini, A., Rahmawati, E., Nurhaedah, N., Latif, F., & Rosmiati, R. (2025). Health Education in an Effort to Change Attitudes and Behaviors and the Implementation of Oral and Dental Health Checks in Pregnant Women. *Sahabat Sosial: Journal of Community Service*, 3(2), 305–311. <https://doi.org/10.59585/sosisabdimas.v3i2.590>
16. Treasa, AD, Arnianti, A., Mayasari, R., Quadratullah, F., Rahmawati, ALD, Ula, Z., Nurmiati, N., & Hardiyanti, S. (2024). Warm Compress Therapy with Essential Oil Aroma for Pain In Pregnancy Patients After Caesarean Sections. *International Journal of Health Sciences*, 2(4), 1327–1339. <https://doi.org/10.59585/ijhs.v2i4.539>
17. UNICEF. (2018). *Breastfeeding: A Mother's Gift, for Every Child*. New York: UNICEF.
18. Wawan, A., & Dewi, M. (2018). *Theory and Measurement of Human Knowledge, Attitudes, and Behavior*. Yogyakarta: Nuha Medika.
19. World Health Organization. (2018). *Counselling for Maternal and Infant Nutrition*. Geneva: WHO.

