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Self-Efficacy and Attitudes Toward Breastfeeding Among Postpartum Women: A Cross-Sectional Study.

Autoeficacia y actitud hacia la lactancia materna en puérperas: estudio transversal

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Abstract

INTRODUCTION: Breastfeeding provides health benefits for both the newborn and the mother; however, its establishment can be influenced by various factors, including self-efficacy, defined as the mother's confidence in her ability to breastfeed successfully.
OBJECTIVE: To identify factors associated with self-efficacy for breastfeeding in postpartum women treated at a tertiary-care hospital.
MATERIALS AND METHODS: An observational, cross-sectional, and analytical study of 168 women in the immediate postpartum period.
RESULTS: Self-efficacy had a mean score of 52.96 (SD = 13.04), with a predominance of high levels (64.9%). Attitude had a mean of 59.36 (SD = 6.49), with a neutral attitude predominating (54.2%), followed by a favorable attitude toward formula feeding (26.2%) and toward breastfeeding (19.6%). Self-efficacy was associated with prior experience (p = 0.013). Attitude correlated with age (= 0.211; p = 0.006) and with self-efficacy (r = 0.284; $p < 0.001$). In the multivariate analysis, attitude was positively associated with self-efficacy (B = 0.65; 95% CI: 0.36 to 0.94; $p < 0.001$), while the perception of insufficient output (B = -4.82; 95% CI: -9.45 to -0.19; p = 0.041) and uncertainty about milk production (B = -4.75; 95% CI: -9.16 to -0.34; p = 0.035) were negatively associated.
CONCLUSIONS: Self-efficacy for breastfeeding in the immediate postpartum period was positively associated with attitude toward breastfeeding and negatively associated with the perception of insufficient or uncertain milk production.

KEYWORDS: Breastfeeding, Self-efficacy, Postpartum period, Attitude.

Resumen

INTRODUCCIÓN: La lactancia materna aporta beneficios para la salud del recién nacido y de la madre; sin embargo, su establecimiento puede verse influido por diversos factores, entre ellos la autoeficacia, definida como la confianza materna en su capacidad para amamantar con éxito.
OBJETIVO: Identificar los factores asociados con la autoeficacia para la lactancia materna en mujeres puérperas atendidas en un hospital de tercer nivel.
MATERIAL Y MÉTODOS: Estudio observacional, transversal y analítico en 168 mujeres en posparto inmediato.
RESULTADOS: La autoeficacia presentó una media de 52.96 (DE = 13.04), con predominio de nivel alto (64.9%). La actitud mostró una media de 59.36 (DE = 6.49), predominando la actitud neutral (54.2%), seguida de actitud favorable hacia la alimentación con fórmula (26.2%) y hacia la lactancia (19.6%). La autoeficacia se asoció con la experiencia previa (p = 0.013). La actitud se correlacionó con la edad (= 0.211; p = 0.006) y con la autoeficacia (r = 0.284; p < 0.001). En el análisis multivariable, la

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actitud se asoció positivamente con la autoeficacia (B = 0.65; IC95%: 0.36 a 0.94; p < 0.001), mientras que la percepción de producción insuficiente (B = -4.82; IC95%: -9.45 a -0.19; p = 0.041) y la incertidumbre sobre la producción (B = -4.75; IC95%: -9.16 a -0.34; p = 0.035) se asociaron negativamente.
CONCLUSIONES: La autoeficacia para la lactancia materna en el posparto inmediato se asoció positivamente con la actitud hacia la lactancia y negativamente con la percepción de una producción de leche insuficiente o incierta.

PALABRAS CLAVE: Lactancia materna, Autoeficacia, Periodo posparto, Actitud.

INTRODUCTION

Breastfeeding is considered the optimal form of feeding for newborns, with widely documented benefits for both infant and maternal health. In the perinatal setting, early initiation of breastfeeding is an essential component of postpartum care[1,2]. Nevertheless, breastfeeding is a complex behavior influenced by cognitive, emotional, and contextual factors that interact during the immediate postpartum period. Even under favorable clinical conditions, the initiation and maintenance of breastfeeding may be influenced by maternal beliefs, attitudes, and experiences, which can lead to early cessation or substitution with formula feeding[3,4].

In this context, self-efficacy for breastfeeding has been identified as a central determinant of maternal behavior. This construct, defined as confidence in one's ability to breastfeed successfully, has been linked to the initiation, duration, and exclusivity of breastfeeding[5]. Its clinical relevance lies in its modifiability and its connection to professional guidance and social support. Evidence based on Bandura's Social Cognitive Theory supports its role as a key explanatory framework for maternal-infant care behaviors [6,7].

Attitudes toward breastfeeding, defined as the set of beliefs and values associated with this practice, influence a mother's willingness to breastfeed and her decisions regarding the newborn's feeding. Evidence has shown that it is associated with self-efficacy and with the continuation of breastfeeding[8,9]. Furthermore, uncertainty regarding milk production during the postpartum period can negatively affect maternal confidence, regardless of actual production, and has been linked to both self-efficacy and maternal attitude[4-10].

Despite the available evidence, there are gaps in our understanding of the factors associated with self-efficacy for breastfeeding during the immediate postpartum period, especially in high-complexity hospital settings. The available evidence in the Mexican population is limited and heterogeneous regarding the integration of cognitive and attitudinal factors at this stage. Analyzing the relationship between these factors and self-efficacy is important for strengthening our understanding of the phenomenon in the clinical setting. Therefore, the objective of this study was to identify the factors associated with self-efficacy for breastfeeding in women during the immediate postpartum period at a tertiary-care hospital in Mexico.

MATERIALS AND METHODS

Study Design

An observational, cross-sectional, and analytical study was conducted in the gynecology and obstetrics department of a tertiary-care hospital in Mexico between June and November 2025. The study population consisted of women who were treated for pregnancy delivery at the hospital during the study period and evaluated in the immediate postpartum period.

Population and Sample

Non-probabilistic consecutive sampling was used, inviting all women who met the selection criteria to participate.

The sample size was estimated using G*Power 3.1[11], considering a multiple linear regression model (R^2 deviation from zero), a medium effect size (f^2= 0.15), a significance level of a = 0.05, a statistical power of 80%, and six potential predictors. The minimum required sample size was 98 participants; however, 168 women were included to strengthen the stability of the multivariate model.

Selection Criteria

Women in the immediate postpartum period with a live newborn who were clinically and cognitively able to complete the questionnaires were included. No lower age limit was established in order to reflect the phenomenon in real-world clinical practice.

Women with medical contraindications to breastfeeding, serious obstetric or medical complications, or communication difficulties that prevented them from understanding the questionnaires were excluded.

Data collection took place in the inpatient ward. Participants were approached individually, ensuring privacy and without interfering with their clinical care.

After explaining the study's objectives and obtaining informed consent, the instruments were administered in a self-administered format, with researchers present only to answer questions.

Measurement Instruments

Self-Efficacy for Breastfeeding

This was assessed using the Breastfeeding Self-Efficacy Scale, short form (BSES-SF), validated in a Mexican population[12]. It consists of 14 items with five-point Likert-type response options (1–5), with a total range of 14 to 70 points; higher scores indicate greater self-efficacy for breastfeeding. The scale has demonstrated adequate internal consistency (α = 0.85).

Attitude Toward Breastfeeding

This was assessed using the Iowa Infant Feeding Attitude Scale (IIFAS), validated in a Mexican population[8]. This scale consists of 17 items with five-point Likert-type responses and allows for the classification of maternal attitudes toward breastfeeding or formula feeding. The scale has reported acceptable internal consistency (α = 0.65).

Perception of Support and Milk Production

These were assessed using three questions developed a priori by the researchers and included in the data collection form for exploratory purposes. Perceived support from healthcare personnel and family support were recorded using dichotomous responses (adequate/inadequate and yes/no, respectively). Mothers' perceptions of the

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adequacy of their milk production were classified as sufficient, insufficient, or uncertain (not sure yet). These variables were obtained through self-report, without the use of validated scales.

Statistical Analysis

Statistical analysis was performed using IBM SPSS Statistics version 30.0[13], with a level of statistical significance of $p < 0.05$. Measures of central tendency and dispersion were used for quantitative variables, and frequencies and percentages were used for categorical variables.

The normality of the quantitative variables was assessed by using the Kolmogorov-Smirnov test. Since the dependent variable did not follow a normal distribution, bivariate associations were explored using Spearman's correlation (r), the results of which are presented narratively, and the Mann-Whitney U test or the Kruskal-Wallis test, as appropriate.

The dependent variable was the total self-efficacy score for breastfeeding (BSES-SF).

To identify the factors associated with self-efficacy, a multiple linear regression model was constructed using the Enter method. Attitude toward breastfeeding (total IIFAS score) and perceived milk production—modeled using dummy variables, with "sufficient production" as the reference category—were included as predictors. The assumptions of normality of residuals, independence, linearity, homoscedasticity, and absence of multicollinearity were evaluated and found to be adequate for interpreting the model.

Ethical Considerations

The study was conducted in accordance with the ethical principles established in the Declaration of Helsinki[14] and the Regulations of the General Health Law on Health Research[15]. The protocol was reviewed and approved by the relevant committee (registration number HJM 002-25-E) and was classified as low-risk research.

Participation was voluntary, and all women signed an informed consent form. For participants who were minors, informed consent was provided by the father, mother, or legal guardian, and the participant's consent was also obtained. The information was handled confidentially and anonymously, without offering financial incentives or interfering with clinical care.

RESULTS

Sociodemographic Characteristics of the Sample

The sample included 168 women in the immediate postpartum period. Age showed a non-normal distribution ($p < 0.001$), with a median of 23 years (IQR: 18–29; range: 15–47), with the 20–35 age group being the most prevalent (63.1%). Most had completed lower or upper secondary education (81.0%); 65.5% were living in a common-law relationship; and 79.8% were primarily homemakers.

Regarding obstetric characteristics, 68.5% had a vaginal delivery, and 82.1% experienced no complications during pregnancy. 65.5% began breastfeeding within the first hour of life, and 49.4% reported previous breastfeeding experience. 91.1% of the participants felt they received adequate support from healthcare staff, while 52.4% reported receiving family support. Regarding milk production, 40.5% considered it sufficient, 27.4% considered it insufficient, and 32.1% stated they were unsure.

The complete characteristics of the sample are presented in **Table 1**.

Self-Efficacy and Attitudes Toward Breastfeeding

The Breastfeeding Self-Efficacy Scale (BSES-SF) showed excellent internal consistency (α =

Table 1. Sociodemographic and obstetric characteristics of the sample (n=168)

Variable	Category	n (%)
Age (years)	15–19	42 (25.0)
	20–35	106 (63.1)
	>35	20 (11.9)
Education	Low (≤ elementary school)	17 (10.1)
	Lower secondary	65 (38.7)
	Upper secondary	71 (42.3)
	Higher education	15 (9.0)
Marital status	Single	40 (23.8)
	Cohabiting	110 (65.5)
	Married	17 (10.1)
Occupation	Stay-at-home mom	134 (79.8)
	Employee/student/ other	34 (20.2)
Type of delivery	Cesarean section	53 (31.5)
	Vaginal	115 (68.5)
Initiation of breastfeeding ≤ 1 hour	Yes	110 (65.5)
	No	58 (34.5)
Previous breastfeeding experience	Yes	83 (49.4)
	No	85 (50.6)
Received prenatal information	Yes	115 (68.5)
	No	53 (31.5)
Support from healthcare staff	Adequate	153 (91.1)
	Insufficient	15 (8.9)
Perceived milk production	Sufficient	68 (40.5)
	Insufficient	46 (27.4)
	Unknown	54 (32.1)

Data are presented as *n (%)*.

0.952), while the Iowa Infant Feeding Attitude Scale (IIFAS) showed adequate internal consistency (α = 0.711).

The self-efficacy score for breastfeeding had a mean of 52.96 (SD = 13.04) and a median of 56 points (IQR = 15), with a negatively skewed distribution ($p < 0.001$ for the normality test). 64.9% of the participants had high self-efficacy, 28.0% had moderate self-efficacy, and 7.1% had low self-efficacy.

Regarding attitudes toward breastfeeding, the mean was 59.36 (SD = 6.49), with a neutral attitude predominating (54.2%), followed by a favorable attitude toward formula feeding (26.2%) and toward breastfeeding (19.6%).

The distribution of scores and the classification of both variables are described in **Table 2**.

Associations Between Self-Efficacy, Attitude, and Perinatal History

In the bivariate analysis, self-efficacy showed significant differences according to certain perinatal factors. Women with previous breastfeeding experience had higher levels of self-efficacy compared to those without experience (Mann-Whitney U test, $p = 0.013$), as did those who received prenatal information ($p = 0.032$).

No differences were observed based on early initiation of breastfeeding, mode of delivery, or the support from healthcare staff perceived by the mother during the postpartum hospital stay ($p > 0.05$). Nonetheless, there were significant differences based on the mothers' perception of milk production (Kruskal-Wallis test, $p = 0.031$), with higher levels of self-efficacy among women who perceived their milk production as sufficient.

Attitudes toward breastfeeding, meanwhile, were positively correlated with maternal age ($r = 0.211$; $p = 0.006$) and with self-efficacy ($r = 0.284$; $p < 0.001$).

Comparisons of self-efficacy based on perinatal history are presented in **Table 3**.

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Table 2. Scores and classification of self-efficacy and attitudes toward breastfeeding (n=168)

Variable	Mean (SD)	Median (IQR)	Range	Classification	n (%)
Self-Efficacy (BSES-SF)	52.96 (13.04)	56 (15)	*14–70*	Low	12 (7.1)
				Medium	47 (28.0)
				High	109 (64.9)
Attitude (IIFAS)	59.36 (6.49)	59 (8)	32–75	Pro-formula	44 (26.2)
				Neutral	91 (54.2)
				Pro-breastfeeding	33 (19.6)

Data are presented as *n (%)*.
SD = Standard deviation; *Med* = Median; *IQR* = Interquartile range.
Self-efficacy = Total score on the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF).
Attitude = Total score on the Iowa Infant Feeding Attitude Scale (IIFAS).

Table 3. Comparison of self-efficacy levels according to perinatal history

Variable	Categories	Mean (IQR)	Test	p
Previous breastfeeding	Yes	57 (13)	*Mann-Whitney U*	0.013
	No	53 (15)		
Prenatal information	Yes	56 (16)	*Mann-Whitney U*	0.032
	No	52 (18)		
Start of breastfeeding ≤ 1 hour	Yes	56 (16)	*Mann-Whitney U*	0.308
	No	52.5 (15)		
Staff support	Adequate	56 (16)	*Mann-Whitney U*	0.774
	Insufficient	53 (6)		
Milk production	Sufficient	58 (14)	*Kruskal-Wallis*	0.031
	Insufficient	54 (15)		
	Unknown	52 (16)		

Med = median; *IQR* = interquartile range.

Factors Associated with Self-Efficacy for Breastfeeding

In the multiple linear regression model **(Table 4)**, attitude toward breastfeeding was the primary associated factor. For every one-point increase in the attitude score (IIFAS), self-efficacy increased by an average of 0.65 points (95% CI: 0.36 to 0.94; $p < 0.001$).

Perceived milk supply was negatively associated with self-efficacy. Women who perceived their milk supply as insufficient showed an average decrease of 4.82 points (95% CI: -9.45 to -0.19; $p = 0.041$), and those who were uncertain showed a reduction of 4.75 points (95% CI: -9.16 to -0.34; $p = 0.035$), compared with those who perceived their production as sufficient.

Table 4. Multiple linear regression model for self-efficacy in breastfeeding

Predictor	B (95% CI)	p
Attitude toward breastfeeding (IIFAS)	0.65 (0.36 – 0.94)	<0.001
Perception of milk supply: sufficient	Reference	
Milk production: insufficient	-4.82 (-9.45 – -0.19)	0.041
Milk production: unknown	-4.75 (-9.16 – -0.34)	0.035

Dependent variable: total BSES-SF score. **Model:** R^2= 0.132; adjusted R^2= 0.116; F = 8.309; $p < 0.001$.
B = unstandardized regression coefficient; 95% CI = 95% confidence interval. Reference category: perception of sufficient milk production.

The model explained 13.2% of the variability in self-efficacy (R^2= 0.132; adjusted R^2= 0.116), with a significant overall fit (F = 8.309; $p < 0.001$).

DISCUSSION

The findings of this study show that self-efficacy regarding breastfeeding in the immediate postpartum period is predominantly high; however, maternal attitude toward breastfeeding and perception of milk production emerge as the main associated factors. These results suggest that cognitive and perceptual factors play a central role in maternal confidence in breastfeeding, more so than sociodemographic or obstetric characteristics.

In this regard, attitude toward breastfeeding was identified as the main factor associated with self-efficacy. This finding is consistent with previous studies that have shown that maternal beliefs and perceptions directly influence the practice and maintenance of breastfeeding[6,7,16], as well as with evidence linking a favorable attitude to higher levels of self-efficacy and better breastfeeding outcomes[5,9].

Conversely, maternal perception of milk production showed a negative association with self-efficacy, particularly among women who considered their milk production insufficient or who were unsure about it. This finding is clinically relevant, given that the perception of hypogalactia—even in the absence of a physiological problem—has been widely documented as one of the main causes of early cessation of breastfeeding[4,10]. In this context, uncertainty regarding milk production can directly affect maternal confidence.

In contrast, variables such as mode of delivery, early initiation of breastfeeding, and support from healthcare staff during hospitalization did not show a significant association with self-efficacy in this study. This finding may reflect the involvement of other factors not assessed in the present study. Furthermore, it should be noted that support from healthcare staff—understood as assistance and accompaniment during the postpartum hospital stay—does not necessarily replace structured interventions such as prenatal education, which could explain the lack of association observed in this analysis.

Although differences in self-efficacy based on previous breastfeeding experience and prenatal education were observed in the bivariate analysis, these variables were not included in the final multivariate model. This finding suggests a possible mediating effect of maternal attitude, which has been described in previous studies in which self-efficacy is constructed based on prior experiences modulated by cognitive processes[6,17].

Additionally, a positive correlation was identified between attitude and self-efficacy, which reinforces the relationship between these two variables and suggests that interventions aimed

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at modifying attitudes could have an indirect effect on strengthening self-efficacy. In this regard, social support may also contribute to the development of maternal confidence during the postpartum period[8,18].

From a clinical perspective, these results highlight the need to strengthen interventions targeting women in the immediate postpartum period, incorporating not only technical information but also strategies aimed at modifying maternal beliefs, perceptions, and expectations. Particularly, it is essential that healthcare providers promptly identify misconceptions about milk production and provide effective support that fosters maternal confidence.

Among the study's strengths is the use of instruments validated in the Mexican population and demonstrating adequate internal consistency in the study sample, which lends robustness to the measurement of the main variables [8,12]. Furthermore, the multivariate analysis allowed for the identification of independently associated factors, thereby reducing the effect of potential confounding variables.

However, the study has some limitations. Its cross-sectional design prevents the establishment of causal relationships between variables; therefore, the findings should be interpreted as associations. Moreover, since the sample was drawn from a tertiary-care hospital, the results may not be generalizable to other healthcare settings. Finally, the variables were assessed through self-report, which could introduce reporting bias.

CONCLUSIONS

Self-efficacy toward breastfeeding in the immediate postpartum period was predominantly at high levels. Maternal attitude was identified as the main positively associated factor, while the perception of insufficient or uncertain milk production was negatively associated with self-efficacy.

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REFERENCES

1. Martínez Vicuña EA, Pogyo Morocho MV, Encalada Zumba JP, Vásquez Ramón VM. Benefits of breastfeeding for newborns. ConcienciaDigital. 2024;7(3):26-45.
2. Salas-Vázquez JM. The benefits of breastfeeding on brain development in typically developing children aged 0 to 5 years. Rev Iberoam Neuropsicol. 2023;6(1):20–38.
3. Góngora Ávila CR, Frías Pérez AE, Mejías Arencibia RA, Vázquez Carvajal L. Maternal characteristics associated with discontinuation of exclusive breastfeeding. Rev Cubana Med Mil. 2022;51(1):e02201634.
4. Ortega Moreno MC, Castillo Saavedra EF, Reyes Alfaro CE. Factors associated with discontinuation of exclusive breastfeeding in a city in Peru. Rev Cubana Enferm. 2020;36(2):1–14.
5. Economou M, Kolokotroni O, Paphiti-Demetriou I, Kouta C, Lambrinou E, Hadjigeorgiou E, et al. The association of breastfeeding self-efficacy with breastfeeding duration and exclusivity: a longitudinal assessment of the predictive validity of the Greek version of the BSES-SF tool. BMC Pregnancy Childbirth. 2021;21(1):1–10.
6. Harun A, Ruqaiyah, Hartuti N, Amir F, Harun B. Application of Bandura's theory to breastfeeding self-efficacy among mothers in the service area of the Dahlia Health Center, Makassar City. J Penelit Pendidik IPA. 2025;11(7):589–97.
7. Khasanah U, Keliat BA, Mulyono S. Analyzing the concept of self-efficacy in mothers of children aged 0–24 months undergoing nutritional care practices. Malays J Nurs. 2024;16(2):270–83.
8. Aguilar-Navarro HJ, Coronado-Castilleja A, Gómez-Hernández O, Cobos-Aguilar H. Adaptation of the Iowa Infant Feeding Attitude Scale for the Mexican population. Acta Pediatr Mex. 2016;37(3):149–58.
9. Gil-Vargas M, Dorantes-Vidal X, León-López M, Maldonado-Castañeda S. Survey of postpartum women on self-efficacy and attitudes toward breastfeeding at a tertiary care hospital. Rev Mex Pediatr. 2020;87(4):132–6.
10. Villarreal-Verde C, Placencia-Medina MD, Nolberto-Sifuentes VA. Exclusive breastfeeding and associated factors

among mothers attending health facilities in Central Lima. Rev Fac Med Hum. 2020;20(2):287–94.
11. Faul F, Erdfelder E, Lang AG, Buchner A. G*Power 3.1 [computer program]. Düsseldorf: Heinrich Heine University Düsseldorf; 2009.
12. Guzmán-Mendoza E, Cabañas-Benítez G, Galicia-Aguilar RM, Ramírez-Girón N, Landeros-Olvera E. Content validation of the Brief Breastfeeding Self-Efficacy Scale in postpartum women. Evidentia. 2023;20: e14378.
13. IBM Corp. IBM SPSS Statistics for Windows [computer program]. Version 30.0. Armonk (NY): IBM Corp; 2022.
14. World Medical Association. WMA Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. 2024.
15. Ministry of Health. Regulations of the General Health Law Regarding Health Research. Official Gazette of the Federation; 1987.
16. McGovern LM, O'Toole L, Laws RA, Skinner TC, McAuliffe FM, O'Reilly SL. An exploration of prenatal breastfeeding self-efficacy: a scoping review. Int J Behav Nutr Phys Act. 2024; 21:1–15.
17. De Alencar AMV, Sarni ROS. Self-efficacy in the practice of breastfeeding among adolescent postpartum women. Rev Assoc Med Bras. 2023; 69:341–5.
18. Can V, Bulduk M, Can EK, Ayşin N. Impact of social support and breastfeeding success on the self-efficacy levels of adolescent mothers during the postpartum period. Reprod Health. 2025;22(1):1–10.

https://doi.org/10.18233/apm.v47i1.3373