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The Effect of Lactation Counseling on Mothers' Breastfeeding Ability with the LATCH Method Approach

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Background: Breastfeeding success is influenced by a mother's breastfeeding skills. The LATCH score is an instrument used to objectively assess breastfeeding skills. However, a lack of knowledge about adequate breastfeeding procedures continues to cause breastfeeding issues for many postpartum moms. One endeavor that can enhance postpartum moms' capacity to breastfeed optimally is nursing method counselling. Objective: To determine the effect of breastfeeding technique counseling on postpartum mothers' breastfeeding skills based on the LATCH score. Methods: This study employed a quasi-experimental pretest–posttest control group design. A total of 50 postpartum mothers who met the inclusion criteria participated, divided into an intervention group (n = 28) and a control group (n = 22). The intervention group received four counseling sessions on breastfeeding techniques over two weeks (each lasting 50 minutes) conducted online via Zoom Meeting using verbal instruction, demonstration, and illustrated booklets, while the control group received routine postpartum care. Breastfeeding skills were measured using the LATCH observation sheet, conducted before the intervention (pretest) and two days after completing the four counseling sessions (posttest). Data were analyzed using paired and independent t-tests, with mean difference (MD), 95%, and p-values reported. Results: The intervention group experienced a significant increase in the average LATCH score following counseling ($p < 0.05$), whereas the control group did not exhibit any notable change. Conclusion: The counseling on breastfeeding techniques significantly enhanced the breastfeeding skills of postpartum mothers, as indicated by LATCH scores.

Keywords: breastfeeding, lactation, LATCH

INTRODUCTION

The American Academy of Pediatrics recommends exclusive breastfeeding for at least six months postpartum (Meek et al., 2022). Exclusive breastfeeding throughout the initial six months of life has been demonstrated to decrease infant morbidity and mortality while promoting optimal growth and development (Horta et al., 2018; Oliveira et al., 2017; Purkiewicz et al., 2025; Victora et al., 2016). While many countries, including Indonesia, strive for exclusive breastfeeding, they still haven't quite hit the targets set by the World Health Organization (WHO) (WHO, 2023).

WHO data (2022) shows that global exclusive breastfeeding coverage has only reached around 44% (WHO, 2023), and in Indonesia, that figure was just 67.7% in 2022 (Kemenkes, 2022). In West Java, the breastfeeding rate was reported at 80.31% in 2024. While this is a significant achievement, the national average still falls short of the WHO target. This underscores the importance of ongoing efforts and tailored interventions in different regions to enhance breastfeeding practices even further. This suggests that there are still significant hurdles to overcome, both from the mothers' side and in terms of the support available in the environment. One significant factor that influences how successful breastfeeding can be is a mother's ability to apply proper breastfeeding techniques (Idris & Astari, 2023; Victora et al., 2016).

A strong LATCH score typically means that breastfeeding is going well, while a lower score might be linked to issues like an incorrect latch, nipple pain, or not enough milk production (Rapheal et al., 2023), which assesses a mother's breastfeeding skills based on five essential indicators. Thus, the LATCH score not only serves as an evaluation tool but also provides a foundation for identifying appropriate interventions to support breastfeeding success. One such intervention is lactation counseling, which has been shown to effectively enhance maternal breastfeeding skills.

Lactation counseling plays a crucial role in improving a mother's breastfeeding skills (DeYoreo et al., 2025; Miremberg et al., 2022). Counseling not only provides information about the benefits of breastfeeding but also provides practical skills, emotional support, and motivation needed by mothers (Bawamenewi et al., 2025). Previous research has shown that mothers who receive lactation counseling tend to be more confident, have better breastfeeding skills, and are better able to maintain exclusive breastfeeding (Bawamenewi et al., 2025; Devasia et al., 2025). Therefore, lactation counseling interventions are highly relevant for research in relation to improving mothers' breastfeeding abilities, particularly using the LATCH method as a measure of success.

This research aims to investigate the effect of lactation counseling on mothers' breastfeeding capabilities, utilizing the LATCH method. We hope that the results will scientifically contribute to efforts aimed at enhancing exclusive breastfeeding rates by mentoring mothers with effective strategies after childbirth. Additionally, these insights will provide valuable recommendations for health workers,

especially midwives, to improve their evidence-based midwifery services..

METHODOLOGY

This study used a quasi-experimental pretest-posttest with control. The LATCH Score was used as the instrument (Rapheal et al., 2023; Sowjanya & Venugopalan, 2018). The population was postpartum mothers at the Baregbeg Community Health Center in Ciamis Regency. The sampling technique used was a saturated sample size of 50 respondents. The inclusion criteria were postpartum mothers with infants aged 0–6 weeks who were breastfeeding and had not previously received lactation counseling from a health worker in the Baregbeg area of Ciamis Regency. Exclusion criteria were: mothers with medical conditions that contraindicate breastfeeding, mothers with infants with congenital abnormalities or serious medical conditions who had previously received intensive lactation counseling.

The sample used was 50 postpartum mothers drawn from a random sampling technique. The data collected was primary data. Data collection in this study was conducted through direct observation using the LATCH assessment instrument. We conducted observations at two different points: once before and once after the lactation counseling intervention. In the first phase, researchers assessed the breastfeeding skills of postpartum mothers by filling out a LATCH observation sheet to gather baseline data (pre-test). Following this, the mothers received lactation counseling based on established guidelines.

The intervention group received four structured counseling sessions on breastfeeding techniques, each delivered via Zoom meeting with a duration of approximately 50 minutes per session. The educational content of these sessions included: (1) initiation and proper latch, (2) stabilization of milk production, (3) problem-solving in breastfeeding, and (4) strategies for maintaining exclusive breastfeeding. Ten respondents were excluded from the study because they did not meet the inclusion criteria, including medical complications, premature delivery, or conditions that could interfere with breastfeeding; some declined to participate in the counseling sessions and others introduced formula feeding to their infants. Once the intervention was complete, researchers observed their breastfeeding abilities again using the same tool (post-test) to evaluate any changes in their LATCH scores.

Breastfeeding skills were assessed using the LATCH observation tool, which evaluates five indicators (Latch, Audible swallowing, Type of nipple, Comfort, and Hold). Each indicator is scored 0 to 2, with a total score ranging from 0 to 10, where higher scores indicate better breastfeeding performance. Measurements were taken before the intervention (pretest) and two days after completing the four counseling sessions (posttest).

Data were analyzed using univariate analysis to describe respondent characteristics and the distribution of LATCH scores. Bivariate analysis was performed to compare LATCH scores before and

after lactation counseling using a paired t-test.

FINDINGS AND DISCUSSION

The results of this study demonstrated that lactation counseling had a significant effect on improving the breastfeeding ability of postpartum mothers as measured by the LATCH assessment tool. Based on respondent characteristics presented in Table 1, the majority of respondents were aged 20–30 years (62%), multiparous (58%), had completed secondary education (56%), and were not working (68%). Statistical analysis showed no significant differences between the intervention group (n = 28) and the control group (n = 22) ($p > 0.05$), indicating that both groups were homogeneous at baseline.

Table 1. Distribution of Respondents' Characteristics

Characteristics	Total (n=50)	Intervention (n=28)	Control (n=22)	p-value
Age (years)				
< 20	4 (8%)	2 (7.1%)	2 (9.1%)	0.865
20–30	31 (62%)	17 (60.7%)	14 (63.6%)	
> 30	15 (30%)	9 (32.1%)	6 (27.3%)	
Parity				
Primipara	21 (42%)	12 (42.9%)	9 (40.9%)	0.872
Multipara	29 (58%)	16 (57.1%)	13 (59.1%)	
Education				
Primary	10 (20%)	6 (21.4%)	4 (18.2%)	0.947
Secondary	28 (56%)	16 (57.1%)	12 (54.5%)	
Higher	12 (24%)	6 (21.4%)	6 (27.3%)	
Employment status				
Working	16 (32%)	9 (32.1%)	7 (31.8%)	0.982
Not working				

These findings are consistent with previous studies which showed that maternal characteristics, such as age, education level, and parity, significantly influence breastfeeding ability and the outcomes of lactation counseling interventions (Selçuk et al., 2025). Evidence indicates that younger mothers with lower levels of education often require more intensive counseling to achieve optimal LATCH scores, while multiparous mothers tend to adapt more easily to breastfeeding practices. Other studies also confirm that

sociodemographic characteristics can moderate the effectiveness of counseling programs, suggesting that tailored counseling strategies are essential to maximize breastfeeding success (Apoorvari et al., 2025). These results highlight that the distribution of maternal characteristics in the present study also contributed to the positive impact of the intervention.

Table 2 shows the mean LATCH scores before and after lactation counseling among 50 respondents. The average pre-test score was 6.7 ± 1.3, which increased to 8.8 ± 1.1 in the post-test, indicating an improvement of 2.1 points after the intervention. Statistical analysis using a paired t-test confirmed that this difference was highly significant (p = 0.000). Furthermore, the calculated effect size was Cohen's d = 1.70, which reflects a large effect according to conventional benchmarks. This means that lactation counseling using the LATCH method had a strong and meaningful impact on improving mothers' breastfeeding techniques.

Table 2. Mean LATCH Scores Before and After Lactation Counseling

Variable	Mean ± SD (Pre-test)	Mean ± SD (Post-test)	Mean Difference	p-value	Effect Size (Cohen's d)
LATCH Score (n = 50)	6.7 ± 1.3	8.8 ± 1.1	2.1	0.000*	d = 1.70

**Paired t-test, significant at p < 0.05*

These findings are consistent with previous studies which have shown that structured lactation counseling strengthens mothers' knowledge, skills, and confidence in breastfeeding (Bawamenewi et al., 2025; Devasia et al., 2025). Counseling not only provides practical guidance regarding correct attachment and positioning but also offers emotional support, which is crucial in the early postpartum period. Improved maternal confidence and technique are critical factors in preventing common breastfeeding problems, such as nipple pain, engorgement, and insufficient milk transfer. The use of the LATCH tool in this study was effective in objectively measuring these improvements, as it evaluates multiple aspects of breastfeeding performance comprehensively (Rapheal et al., 2023; Sowjanya & Venugopalan, 2018).

Table 3. Comparison of LATCH Scores Before and After Intervention in Control and Intervention Groups (n = 50)

Group	n	Mean Pre-test ± SD	Mean Post-test ± SD	Mean Difference ± SD	p-value
Control	22	6.8 ± 1.2	7.0 ± 1.1	0.2 ± 0.5	0.152
Intervention	28	6.7 ± 1.3	8.5 ± 1.0	1.8 ± 0.7	0.001**

*Note: *Paired t-test, significance level p < 0.05; *p < 0.01*

Based in Table 3, in the control group, there was no statistically significant difference in LATCH scores before and after observation (p = 0.152), indicating that without intervention, breastfeeding ability remained relatively stable.

In contrast, the group that received the intervention showed a notable boost in their average LATCH scores after lactation counseling, with a significant p-value of <0.001 and an increase of 1.8 points compared to the control group. This between-group difference suggests a clinically meaningful improvement, as previous studies have indicated that a change of ≥1.5 points in LATCH score reflects a noticeable enhancement in breastfeeding effectiveness and maternal technique (Norman et al., 2022). These findings highlight how effective structured lactation counseling can be in improving mothers' breastfeeding skills compared to those who only received standard education through online sessions.

Moreover, the benefits of better breastfeeding practices extend beyond just the immediate situation; they have important implications for both maternal and child health. Good breastfeeding techniques are closely tied to exclusive breastfeeding, which is crucial for optimal growth, immune health, and the bonding experience between mother and child (Norman et al., 2022; Peres et al., 2015; Purkiewicz et al., 2025). From a public health standpoint, enhancing lactation counseling services at community health centers could help boost exclusive breastfeeding rates in the area, aligning with both national and global child health and nutrition goals (Department of Economic and Social Affairs Sustainable Development, 2022; Engelhart et al., 2022; Siddiqi et al., 2020).

The findings from this study underscore the need to weave lactation counseling into standard postpartum care. Health professionals, especially midwives and nurses, are key players in making sure mothers get the right support and guidance during those crucial early days after giving birth. By rolling out structured programs like lactation counseling and tracking results with standardized tools like the LATCH score, healthcare services can offer evidence-based approaches to enhance breastfeeding practices and boost mothers' confidence.

However, several limitations should be noted. First, the study involved a relatively small sample size, which may limit the generalizability of the findings. Second, data were collected in a single-center setting, which may not represent diverse community contexts. Third, the outcomes were measured only in the short term, and long-term breastfeeding practices were not assessed. Future research with larger, multicenter samples and longer follow-up periods is needed to confirm these findings and explore the sustainability of the intervention's effects.

In practice, midwives and nurses play a crucial role in integrating lactation counseling into routine postpartum care. Structured counseling programs supported by standardized tools like the LATCH score could serve as evidence-based strategies to improve breastfeeding techniques and maternal self-efficacy.

For health policymakers, incorporating lactation counseling into maternal and child health programs and ensuring adequate training for health workers may strengthen breastfeeding promotion efforts at the community level.

CONCLUSION

This study showed that using the LATCH method for lactation counseling really boosted mothers' breastfeeding skills. We saw a significant jump in post-intervention LATCH scores in the group that received the counseling compared to those who didn't. The findings also hint that factors like a mother's age, number of children, and education level can affect how well the counseling works. This underscores the need for personalized approaches to make the counseling as effective as possible.

In terms of practical implications, it's clear that we should weave structured lactation counseling into standard maternal and child health services. This would not only promote exclusive breastfeeding but also help mothers feel more confident in their breastfeeding journey. For future studies, it would be beneficial to conduct longitudinal research with larger and more diverse groups to look into the long-term effects of lactation counseling and to identify other factors that might influence its effectiveness.

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