



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

*International Journal of Recent Scientific Research*  
Vol. 9, Issue, 5(E), pp. 26807-26812, May, 2018

**International Journal of  
Recent Scientific  
Research**

DOI: 10.24327/IJRSR

## Research Article

# EFFECT ON FOOD CONSUMPTION POSTPARTUM MOTHER'S BREASTFEEDING IN CLINICAL PRATICE MIDWIFE IN BENGKULU CITY

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DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0905.2127>

### ARTICLE INFO

#### Article History:

Received 11<sup>th</sup> February, 2018  
Received in revised form 19<sup>th</sup>  
March, 2018  
Accepted 24<sup>th</sup> April, 2018  
Published online 28<sup>th</sup> May, 2018

#### Key Words:

Breastfeeding, Sauropus Androgynus,  
Musa Paradisiaca

### ABSTRACT

Research findings the influence of food consumption in postpartum breastfeeding mother to the production. Prospective Cohort Study design approach used with samples were the postpartum mothers who Gave birth as much as 40 persons. The use of data collected to observe your food recall form the food consumed by the mother for 3 days and gives Breastfeeding product observation sheets. A Results of the study Showed that there was an influence of food consumptions of post partum mother to the Breastfeeding production (fluid intake, calories total, sauropus androgynus and musa paradisiaca) and fluid intake was the predominant factor that influent to the Breastfeeding production of postpartum mother. Expected to the postpartum mother to consume the fluids as much as 8 to 12 glasses a day for breastfeeding increasing production and need to be associated with postpartum mother to consume sufficient amount of calories, sauropus androgynus and musa paradisiaca.

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## INTRODUCTION

Breast milk is the best food for babies. Based on data from the WHO estimated 130 million babies born worldwide each year and 4 million babies die within the first 28 days of life. *United National Children's Fund (UNICEF) and the World Health Organization (WHO)* recommends that newborn infants are exclusively breastfed for at least six months (MoH RI, 2013).

The achievement of exclusive breastfeeding in Indonesia have not reached the expected number that is equal to (80%). Results Indonesian Demographic and Health Survey (IDHS) (2007) show the scope of exclusive breastfeeding of infants 0-6 months (32%) and in 2012 it increased to (42%), whereas according to a report from the Provincial Health Office in 2013, the coverage of breastfeeding only 0-6 months (54.3%) (MoH RI, 2015).

Breastfeeding babies in Indonesia has become a culture, but the practice of breastfeeding is still far from the expected. According to the Indonesia Demographic Health Survey (IDHS) 2010 only (10%) infants were breastfed on the first day, breast-fed for less than 2 months as many (73%), breast-fed 2 to 3 months as many (53%), given breastfeeding (ASI) as much as 4 to 5 months (20%) and exclusive breastfeeding until the age of 6 months as many (49%) (Pusdiknakes-WHO, 2010).

Scope of exclusive breastfeeding in the province of Bengkulu, according Kemenskes RI 2013 by (74.5%). It is still below the target of national coverage of (75%) (Ministry of Health, 2013). According to the Health Department of Bengkulu province, in 2014 the number of babies are exclusively breastfed as many as 20 944 (78%) of the 26 928 babies. In 2015 the number of exclusively breastfed infants given amounted to 19 286 (52%) of the 36 910 babies. This coverage declined from the previous year.

Puerperal period is a period where there is a physical and psychological changes after childbirth. At this time the mother should breastfeed and breastfeed the baby in order to meet the physiological needs of mother and baby. Partum mothers require adequate nutrition, nutritionally balanced, especially the needs of protein and carbohydrates. Consuming an extra 500 calories per day, mothers should consume 3-4 servings every day, drink at least three liters of water every day. Iron pills to add nutrients at least for 40 days after delivery, taking capsules of vitamin A 200,000 IU of vitamin A in order to give to the baby through breast milk (Heryani, 2012).

Nutrition is very important after childbirth, the food consumed after childbirth should be of top quality, nutritious and enough calories. Preferably food that contains a source of energy (energy), the source builder (protein), regulator and protector resources (minerals, vitamins and water) (Waryana, 2010).

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There are still many women who do not breastfeed their children eksklusif to their babies. Some of the reasons mothers do not give exclusive breastfeeding than breast milk that does not come out or milk production is said to be less that mothers do not understand the administration of lactation is true, for example, the importance of breastfeeding, how this milk out (physiology of breastfeeding), how the position of breastfeeding and attachment as well so that the baby can suck effectively and can come out with optimal breastfeeding, including how to provide breast milk if the mother should be separated from their infants (Turlina, 2015).

Several studies have been conducted by Entin (2002), which prove that katuk leaves, leaves of bitter melon and papaya is a supplement which is a traditional plant and has the potential for increasing milk production. It turned out that papaya has the highest rates compared katuk leaves and leaves of bitter melon (Turlina, 2015).

## MATERIALS AND METHODS

The method in this study is a quantitative research survey prospective cohort design. The variables in this study are the independent variables (fluid intake, the sheer number of calories katuk leaf, papaya and banana) and the dependent variable (milk production).

The research sample consists of 40 puerperal women who were taken from the minimum sample sizes (Lemeshow). Inclusion criteria: Mothers with infants aged 0-1 days, the baby is not drinking milk formula when doing research, the baby does not use the respiratory and digestive aids (NGT) and infant birth weight  $\geq 1500$  g with sucking and swallowing reflexes are good. Exclusion criteria: a mother who refused to respondents, maternal smoking and maternal and infant conditions are not healthy.

Instruments in this study was a questionnaire characteristics, milk production observation sheets and sheets *food* recall. Data collection techniques are primary data obtained directly from respondents. This study was carried out from day 1 to day 5. The data collection is done by taking the primary data characteristics (age, education, occupation, and parity) observation sheet (fluid intake, number of calories, katuk leaf, papaya and banana). This study using univariate, bivariate analysis test) (*Chisquare* and multivariate logistic regression).

## RESULTS

### Univariate Analysis

#### Respondent Characteristics

Based on the above table it can be seen that almost all (85%) of mothers aged between 20-35 years, the majority (52.5%) of mothers with moderate education (high school), almost all (80%) of mothers did not work and the majority (67.5%) of mothers with multiparity.

**Table 1** Characteristics Mother (Age, Education, Employment and Parity)

Characteristics	Frequency(F) n = 40	Percentage (%)
Age		
< 20 years	1	2.5
20-35 years	34	85.5
years>35 years	5	12.5
Education		
Low	10	25
Medium	21	52.5
High	9	22.5
Job		
Not Working	32	80
Working	8	20
Parity		
Primipara	13	32.5
Multipara	27	67.5

### Independent Variable Frequency Distribution

**Table 2** Food Consumption

Independent Variable	Frequency (F) n = 40	Percentage (%)
Fluid Intake		
Less	13	32.5
Enough	27	67.5
Total Calories		
Less	25	62.5
Quite	15	37.5
Sauropus		
Androgynus	12	30
No Consumption	18	70
Consumption		
Papaya Leaf		
No Consumption	32	80
Consumption	8	20
Musa Paradisiac		
No Consumption	15	37.5
Consumption	25	62.5

Based on the above table it can be seen that over the majority (67.5%) sufficient fluid intake puerperal women, the majority (62.5%) mothers less calories, almost half (70%) of mothers consuming katuk leaves, a limited number (20%) of mothers consuming papaya and most (62.5%) of mothers eating banana.

### Dependent Variable Frequency Distribution

**Table 3** Milk Production

Milk Production	Frequency (F) n = 40	Percentage (%)
Less	11	27.5
Good	29	72.5

Based on the above table it can be seen that almost the majority (72.5%) postpartum mothers have good milk production.

### Effect of Food Consumption Capital Ruling on milk production

Based on the above table it can be concluded that:

1. Of the 27 puerperal women with sufficient fluid intake, most of the good milk production (88.9%). Test results *Chi-Square*  $\rho = 0.002$  and OR 12.8, which means there is the influence of fluid intake on postpartum mothers to breast milk production by 12.8 times between puerperal women with sufficient fluid intake is less than fluid intake.
2. Of 15 puerperal women with a sufficient amount of calories, almost all postpartum mothers (93.3%) good

milk production. test results *Chi-Square*  $\rho= 0.022$  and OR 9.3, which means there is no influence on the amount of calories postpartum mothers milk production by 9.3 times between puerperal women with sufficient amount of calories compared to the amount of calories less.

3. Of the 28 puerperal women who consume katuk leaves most of puerperal women (85.7%) good milk production. test results *Chi-Square*  $\rho= 0.008$  and OR 8.4, which means there is significant influence between katuk leaf consumption in postpartum mothers to breast milk production by 8.4 times between postpartum mothers who consume leaves those who did not consume katuk katuk leaves.
4. From 8 postpartum mothers who consume papaya, largely good milk production (62.5%).test results *Chi-Square*  $\rho= 1.000$  and OR 0.758, which means there is no significant effect between consumption of papaya on postpartum mothers to breast milk production.
5. Of the 25 puerperal women who consume banana majority (88%) good milk production postpartum mothers. The results of *Chi-Square*  $\rho= 0.009$  and OR 8.3, which means there is significant influence between the consumption of banana in postpartum mothers to breast milk production by 8.3 times among women who consume banana compared to no.

The above table shows that the two variables have a value  $\rho < 0.05$ . However, most large OR is 12.55, which means fluid intake of fluid intake is the most dominant variable effect on milk production.

**DISCUSSION**

**Fluid Intake Influence On Mother Ruling on milk production**

Results of this study there is the influence of fluid intake to milk production with  $p= 0.002$  by 12.8 times between postpartum mothers who consume adequate fluid compared with postpartum mothers who consume less liquid. This study is consistent with research Sinaga (2016) found a significant difference between fluid intake with milk production with  $p$  value 0.00 where the proportion of mothers who have enough milk production is more common in women who meet the fluid intake of 8-12 glasses / day compared with mothers who meet fluid intake <8 cups / day. This study also demonstrates the value OR 7.71, meaning that breastfeeding mothers with 8-12 glasses of fluid intake / day had a 7.71 times greater chance of having breast-feeding mothers milk production compared with fluid intake <8 cups / day.

**Table 4** Effect of intake of liquids, Total Calories, Sauropus androgynus, papaya and Musa Paradisiaca Mother Ruling Against Breast milk production

Variable	Milk Production				Amount		p	OR	95% CI
	Less		Good		N	%			
	N	%	N	%					
Fluid Intake									
Less	8	61.5	5	38.5	13	100	0.002	12.8	2.483-65.975
Enough	3	11.1	24	88.9	27	100			
Total Calories									
Less	10	40	15	60	25	100	0.03	9.3	1.054-82.635
Quite	1	6.7	14	93.3	15	100			
Sauropus Androgynus									
No Consumption	7	58.3	5	41.7	12	100	0.008	8.4	1.763-40.024
Consumption	4	14.3	24	85.7	28	100			
Papaya Leaf									
No Consumption	10	31	22	69	32	100	1.000	0.75	0.151-3.808
Consumption	3	37	5	63	8	100			
Musa Paradisiaca									
No Consumption	8	53.5	7	46.7	15	100	0.009	8.3	1.733-40530
Consumption	3	12.0	22	88.0	25	100			

**Mutivariat Analysis**

**Table 5** Logistic Regression Analysis Simple

Variable	P
Intake Fluid	0.026
Total calorie	0.085
Sauropus Androgynus	0.040
Musa Paradisiaca	0650
Constant	0029

Results Analisis simple logistics for the independent variables that have a value  $p \leq 0,025$ .

**Table 6** Logistic Regression Analysis

Variables	$\rho$	Exp (B)
Fluid intake	0007	12 551
Sauropus Androgynus	0027	8205
Constant	0001	0056

Pilitteri Research (2003), maternal milk production can be maintained if adequate fluid intake daily consumption of 2000 cc /  $\pm$  8 glasses per day. According Astutik (2014), Mothers who are breastfeeding should consume plenty of fluids, in addition to eating a variety of healthy foods. According Suryoprajogo (2009) of fluid required in the process of metabolism and increase milk production. Liquid obtained by drinking at least three liters of water every day or eight glasses per day and obtained from fruit juice such as fruit juice, soup, low fat milk. In addition the needs of food, nursing mothers also need to drink enough because the body's need for fluids during lactation increases. Adequate fluid intake 2000-3000 ml (8-12 cups) per day can keep milk production postpartum mothers.

Based on this study and other studies that have been done and the existing theory, it can be concluded that postpartum

maternal fluid intake affects milk production. During the process of breastfeeding mothers need enough fluids to the body's metabolism and the mother's milk production. Breast milk is the main raw material of water, so that the mother needs a lot of fluids to meningkatkan quantity of breast milk and the mother's own purposes.

#### **Effect of Total Calories on milk production**

Results showed no effect of the number of calories to milk production with  $p=0.022$  by 9.3 times between puerperal women with enough calories compared with puerperal women with a less amount of calories. This is consistent with the statement Wiryo (2002) that nursing mothers need more calories than those who did not get pregnant even more than they need during pregnancy. During breastfeeding mothers produce about 800cc of milk containing 600 kcal. Lactating women require an additional 800 kcal which is 600 kcal for the production of milk and 200 kcal for activity during breastfeeding mothers. Therefore, to meet the caloric needs of breastfeeding mothers, mothers usually eat more than usual. Increased meal frequency associated with the level of energy sufficiency and nutritional status of breastfeeding mothers.

The results are consistent with the theory Heryani (2010) states that milk production is strongly influenced by the food consumed by the mother, if the mother is eating regularly and sufficiently contain the necessary nutrients it will affect milk production, for the gland maker ASI cannot work perfectly without enough food. To produce good breastfeeding mother's diet should meet the amount of calories, protein, fat and vitamins and minerals is sufficient. According to the Marmi (2010), an immune component in breast milk colostrum quality will be lower along with the poor nutritional status of mothers breastfeeding patterns.

Mother food quality is closely related to the quality of the milk produced. What to eat the mother will affect her breast milk. Energy intake breastfeeding mothers less than 1500 kcal per day, reduce milk production by 15%. The content of total fat would be decreased accompanied by changes in the existing pattern of fatty acids. The quantity of immune components in breast milk will also be low due to deterioration of the nutritional status of breastfeeding mothers (Whitehead, 2001).

The above theory is supported by the results of research Colin and Scott (2002) conducted in Australia explained that 29 percent of postpartum mothers stop breastfeeding because of reduced milk production. If mothers who are breastfeeding their babies do not receive additional food, there will be a slowdown in the manufacturing of milk. Moreover, if during pregnancy the mother is also malnourished.

The caloric needs of postpartum mothers who are breastfeeding in the first six months of 2013, according AKG ie more than 2250 kcal 330 kcal adult woman needs. So, in this case the minimum calorie requirements that must be met by nursing mothers is 2580 kcal per day. This study categorized by the number of calories sufficient if the amount of calories in a day  $\geq 2580$  kcal. Based on the research that almost half (37.5%) jumlahn puerperal women with more than 2580 kcal calories and most (62.5%) puerperal women with calorie counts less than 2580 kcal on average in one day.

Based on these results and is supported by the theory proposed above can be concluded that the number of calories affect milk

production. This is because the calories that a mother get used to the activity of the mother during breastfeeding and milk production. Especially calorie nutrition deficiency may inhibit breast milk maker glands work that the anterior pituitary gland to produce prolactin and posterior pituitary to produce oxytocin. Calorie deficiency can also cause decreased content of colostrum in breast milk. Less than 1500 kcal calories can reduce milk production by 15%.

#### **Sauropus androgynus influence on milk production**

There are influences katuk leaf consumption with milk production and  $p=0.008$  at 8.4 times the milk production will be more in women who consume sauropus androgynus compared with postpartum mothers who did not consume the sauropus androgynus.

The results are consistent with research Nindiyaningrum (2014) found no effect of leaf extract katuk on milk production with a value of  $p=0.00$ . In the treatment group before the administration leaves extract katuk of 15 respondents post partum mothers showed that most respondents volume of milk with less category as many as 5 people (33.3%), normal category as many as 10 people (66.7%), in the treatment group after katuk leaf extract of 15 respondents post partum mothers showed that most respondents volume of milk with a normal category of 8 persons (53.3%), more categories of 7 people (46.7%).

Suryaningsih research results (2009) says that women who did not consume the majority katuk leaf has a volume of 0-0.5 cc of milk production as much as 12 nursing mothers (50%) and that consumes the majority katuk leaf has a volume of milk production  $> 1$  cc of 12 people breastfeeding mothers (50%). Thus we can conclude that in fact sauropus androgynus orally can increase the quantity of milk production because alkaloid and sterols from katuk leaves.

According Djuniati Kustifah, showed that the sauropus androgynus orally can increase the quantity of milk production because alkaloid and sterols from katuk leaves that can increase milk production. Sauropus androgynus (*Sauropus androgynus*) has been known in traditional medicine in South Asia and Southeast Asia as breastfeeding (ASI) enhancing drugs.

Breastfeeding mothers who consume ever more trust katuk leaf sauropus androgynus as a facilitator of breast milk than other vegetables because it has been proven that breastfeeding mothers milk production increases more than other vegetable sources. One of the benefits katuk leaves is to launch production of breast milk because it contains compounds seskuiterpena. The content Alkaloid and sterols from katuk leaves can increase milk production becomes more widely because it can increase the metabolism of galactose that increases milk production. (Suryaningsih 2009)

Sauropus androgynus can affect milk production, but these factors cannot be ascertained obtain maximum results without the support of another factor is the factor of anatomical and physiological factors, psychological factors, baby sucking factor, the factor of rest and nutritional factors. As well as breastfeeding mothers were small breasts and nipples do not protrude so difficult for the baby to breastfeed while the baby sucking factors also greatly affect the smooth milk. Similarly, women who never or seldom consume foods that can help

smooth the milk so no increase milk production. Similarly, when studies of many mothers who have small breasts, nipple does not protrude, rarely mother feeding her baby, mother stress, the mother rarely eat vegetables and rarely break so the scope of the low milk production (Suryaningsih, 2009).

Based on the above analysis it can be concluded that the leaf katuk effect on milk production due katuk leaves have alkaloid and sterol compounds which can increase the metabolism of galactose. However, the sauropus androgynus can affect milk production to the maximum if supported by other factors.

#### **Effect of papaya leaf against milk production**

Research results no effect on milk production of papaya leaf with  $p=1.000$ . The results of this study do not correspond with the research has been conducted by Entin (2002), which prove that katuk leaves, leaves of bitter melon and papaya is a supplement which is a traditional plant and has the potential for increasing milk production.

Research Turlina, Candles and Wijayanti, Rini (2015), The Effect of Papaya Leaf Powder Smooth your milk Ruling Against Kedung plate in Lamongan. Research shows the majority (57.14%) in the control group breastfeeding (ASI) spending 3 days after delivery, and most (71.4%) in the treatment group breastfeeding (ASI) expenditure on the 2nd day. Statistical test results obtained from a significant difference in the provision for the smooth papaya drink breast milk postpartum mothers with  $p=0.004$ .

Research Rengga and Handayani (2010) under the title Sweet Papaya Leaf Powder Instant. As Streamlining Efforts mother's milk (ASI). The trials addition of sugar or honey (the amount of sweetener levels) on papaya leaf extract of the sweet instant powder products (aroma, flavor, texture, hygiene and laboratory testing) so it deserves to be accepted. Evaluation phase of the processing efficiency of the instant powder drinks sweet papaya and tears. The results showed that the activities of the community were keen to take advantage of papaya leaves become sweet instant powder as an effort to facilitate breastfeeding.

In theory papaya leaves contain a variety of substances, such as Vitamin A 18250 SI, 0.15 mg of Vitamin B1, Vitamin C 140 mg, 79 cal calories, 8.0 grams protein, 2 grams fat, 11.9 grams Charcoal hydrates, Calcium 353 mg, phosphorus 63 mg, iron 0.8 mg, 75.4 grams of water. The content *carposide* the medicinal properties of papaya leaf worms and contains chemicals that quite a lot of them *alkaloid carpaine*, *caricaksantin*, *violaksantin*, *papain*, *saponins*, *flavonoids*, and *tannins*. High protein, high fat, vitamins, calcium (Ca), and iron (Fe) in papaya leaves to work for the formation of *hemoglobin* in the blood increases, it is expected O<sub>2</sub> in the blood increases, metabolism is also increased so that the brain cells function properly and intelligence increases (Winkjosastro 2009)

Papaya also contains the *enzyme papain* and potassium, enzyme function is useful to break down the proteins that are eaten while potassium is useful to meet the needs of potassium days of breastfeeding, as if the lack of potassium then the body will feel tired, and potassium deficiency also causes mood swings become depression, while breastfeeding mothers need to think positive and happy (Winkjosastro, 2009). However, in

this study there was no effect of papaya leaf consumption with milk production, this may be due to sample a bit.

#### **Musa Paradisiaca influence on milk production**

Research results there is the effect of consumption of banana with milk production. This is according to research Tjahjani (2014) found no effect of consumption of banana to milk production. All respondents prior to the consumption of banana 15 (100%) postpartum mothers breastfeeding is not smoothly and after consumption of banana almost entirely of respondents 12 (80%) of mothers postpartum breastfeeding becomes smooth and a small portion of respondents 3 (20%) postpartum mothers are spending ASI noncurrent  $p\text{ value}=0.001$ .

These results are also consistent with studies Wahyu (2012) which showed that the average intensity of the frequency of breastfeeding before banana consumption is 5.7 times. After consuming a banana jatung mengalami increase of 9.75 times. Results of the analysis showed no effect of banana consumption to increase milk production ( $p=0.000$ , then H<sub>0</sub> is rejected). ASI technical smoothness is influenced by a variety of food, one of which is the heart of the banana is beneficial to increase milk production postpartum mothers.

Banana (*Musapadisiaca*) is a plant that contains laktagogum has the potential to stimulate the hormones oxytocin and prolactin such as alkaloids, polyphenols, steroids, flavonoids and other substances are most effective in improving and facilitate milk production. Reflex prolactin hormone to produce milk, a baby sucking mother's nipple, stimulation occurs *neorohormonal* on the nipple and areola of the mother. This impulse is forwarded to the *pituitary* through *nervosvagus*, then to the *anterior lobe*. From this lobe will release the hormone prolactin, enter the blood circulation to the glands ASI maker. These glands will be stimulated to produce milk (Wahyuni, 2012).

These correlations are consistent with the results of research Agil in Murtiana stating that the plants are efficacious to increase milk secretion (laktogogum) has a chance of containing an active ingredient that works as *Prolactin-releasing hormone (PRH)*, containing the active ingredient steroid compound, containing the active ingredients are efficacious as oxytocin. One of the substances contained in the banana oxytocin.

The results of the analysis based on the theory and previous research can be concluded that there is influence on the smooth banana consumption of breast milk in puerperal women. Banana has several polyphenolic compounds and steroids that affect reflexes to stimulate prolactin alveoli are working actively in the formation of breast milk. Increased milk production is also stimulated by the hormone oxytocin. Increased hormone oxytocin is influenced by the polyphenols contained in the banana will make the milk flow faster. Oxytocin is a hormone that acts to promote the secretion of milk (*milklet* down) and encourages contraction miopitel of alveolar cells will be pushed out to the milk ducts, so that the alveoli become empty and spur next to the synthesis of milk.

#### **Multivariate analysis**

Based on the results of multivariate analysis to variable fluid intake, number of calories, katuk and banana leaves, the most dominant variable effect on milk production is fluid intake with

an OR of 12.5, which means fluid intake affects milk production of 12.5 times compared to the other variables. Adequate fluid intake on postpartum mothers can help increase milk production

## CONCLUSION

There Influence puerperal food consumption to milk production in mothers BPM Ruling in Bengkulu City Year 2017. There is the influence of fluid intake, number of calories, consumption katuk leaves, banana maternal postpartum terhadap milk production. No effect of papaya leaf consumption postpartum mothers to breast milk production.

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### How to cite this article:

Desi Widiyanti and Kosma Heryati.2018, Effect on Food Consumption Postpartum Mother's Breastfeeding in Clinical Praticce Midwife in Bengkulu City. *Int J Recent Sci Res.* 9(5), pp. 26807-26812. DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0905.2127>

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