Determinants Related to Breast Care in Pregnant Women in the Third Trimester to Prepare for Breastfeeding

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ABSTRACT

Health Organization (WHO) urges every mother to give her baby exclusive breastfeeding until the baby is 6 months old. In fact, only 39% of babies under 0 6 months get exclusive breastfeeding. Many problems arise on the first day of breastfeeding, such as sore nipples, little milk comes out (Hesti, 2013). The research method was carried out using quantitative research methods with a cross sectional approach where the aim was to determine the factors related to breast care in third trimester pregnant women. The population in this study were all pregnant women in the third trimester in Bantarjaya Village as many as 143 people. The sample in this study was third trimester pregnant women in Bantarjaya Village using total sampling technique, the number of samples was 143 people. Data was collected using a questionnaire. Data analysis with univariate, bivariate and multivariate. The output produced at this stage is knowing the factors related to breast care in third trimester pregnant women and supporting exclusive breastfeeding in Bantarjaya Village, Pebayuran District, Bekasi Regency. The results showed that there was a relationship between education of pregnant women and breast care for pregnant women with P value = 0.000 and OR = 9.257 (4,135.-20,725). There is a relationship between knowledge of pregnant women and breast care for pregnant women with P = 0.000 and OR = 10.222 (4.721-24.466). There is a relationship between the work of pregnant women and breast care for pregnant women with P = 0.032 and OR = 2.249 (1.104-4.583). There is a relationship between husband's support and breast care for pregnant women with P value = 0.000 and OR = 10.387 (4.566-23.630). The results of the multivariate analysis resulted in the final model equation as follows: Education P value = 0.023 and OR = 4,866 (1,248-18,968), Knowledge P = 0.004 and OR = 7.697 (1,905-31,104), work P = 0.004 and OR = 0.004 (0.022 - 0.485), husband's support value of P = 0.000 and OR = 7.811 (2.682-22.753). Based on these data, it is clear that husband's support is very strong in breast care for pregnant women in the third trimester. There is a need for the role of health workers and the health office to increase the knowledge and motivation of pregnant women in carrying out breast care as early as possible, namely starting during pregnancy, the aim is to prepare for breastfeeding through community empowerment such as cadres, community leaders and religious leaders.

Keywords: Breast care, third trimester pregnant women, education, knowledge, work, husband's support

INTRODUCTION

The incidence rate in breastfeeding mothers who experienced breast milk dams in 2013 in the United States on average reached 87.05% or as many as 8,242 puerperal mothers who experienced breast milk dams from a total of 12,765 puerperal mothers, namely 12,765 people, in 2014 mothers who experienced breast milk dams as many as 7,198 people from puerperal mothers as many as 10,764 people and in 2015 there were mothers who experienced breast milk dams as many as 6,543 people from the number of puerperal mothers, namely 9,862 people. (WHO, 2015) The coverage of breast milk dam cases in postpartum mothers in ASEAN in 2013 was recorded at 107,654 puerperal mothers, in 2014 there were 95,698 puerperal mothers who experienced breast milk dams, and in 2015 mothers who experienced breast milk dams as many as 76,543 people from. This is because public awareness in encouraging an increase in breastfeeding is still relatively low (Ministry of Health ri, 2014). Data from the Indonesian Demographic and Health Survey in 2015 stated that there were 35,985 puerperal mothers who experienced breast milk dams or (15.60 %) puerperal mothers, and in 2015 puerperal mothers who experienced breast milk dams as many as 77,231 or (37.12 %) puerperal mothers.[1]

The breastfeeding process is the whole process of breastfeeding from breast milk in production until the baby suckles.[2] According to research, children who are not breastfed have an IQ (intellectual quotient) lower by 7-8 points compared to children who are exclusively breastfed. However, not many mothers are willing to give exclusive breastfeeding for 6 months as suggested by the World Health Organization (WHO). In Indonesia, the average mother gives exclusive breastfeeding for only 2 months. At the same time, formula feeding increases by 3 times. Currently, the number of mothers who give exclusive breastfeeding to their babies until the age of 6 months is still low, which is less than 2% of the total number of mothers giving birth.[3]

Breast milk production can increase, one of which is influenced by the way the breast is treated. Breast care is an action that is done consciously and regularly to maintain breast health. Breast care is important for mothers because it is an action that can be done by clients or assisted by others usually done starting from the 1st or 2nd day of the second postpartum (Rosanah, 2015). The goal is to facilitate blood circulation and prevent blockages in the milk ducts, thereby facilitating the production of breast milk. Breast milk production and breast milk production are influenced by two hormones, namely prolactin and oxytocin. Prolactin affects the amount of breast milk production, while oxytocin affects the process of milk production.[4].

Good and correct breast care plays an important role in increasing breast milk production and to avoid from the danger of breast swelling, the milk ducts are blocked (Ardita, 2013). The benefits of breast care include to facilitate blood circulation and stimulate the mammary glands so that breast milk production is abundant and smooth (Astutik, 2014). According to the Journal of research states that

breast care is generally done at a pregnancy of > 34 weeks because when done at a gestational age of less than 34 weeks, there is a risk of uterine contractions that can cause premature labor.[5]

Based on the results of a preliminary study in Bantarjaya Village in 2021 with interviews, it was found that out of 10 breastfeeding mothers, only 7 breastfeeding mothers experienced breast milk dam problems and the cause was because the average of these breastfeeding mothers during pregnancy and puerperium did not do breast care so that they were constrained in exclusive breastfeeding. Breast care should be done early (during pregnancy) regularly so that breast milk production during breastfeeding is sufficient, namely in pregnant women in the III trimester to prepare for breastfeeding in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2022.

METHOD

This type of research uses a quantitative analytical approach with a cross-sectional design, namely a research design or method in which measurements or observations of independent and dependent variables are carried out simultaneously, instantly or once at the same time. The advantage of this cross sectional method is the ease of conducting research, simple and economical in time and the results can be obtained quickly. [6]

Population is the entire object of study or onjek to be studied. [7] The population in this study is all pregnant women in trimester III in Bantar Jaya Village in 2022, consisting of 143 people.

The sample is a part or all of the object under study and is considered to represent the entire population.[7] The samples in this study were all pregnant women in trimester III in Bantar Jaya Village in 2022, consisting of 143 people.

The sampling technique that the researcher used in this study was the total sampling technique. Data analysis with univariate, bivariate and multivariate. The output produced at this stage is knowing the factors related to breast care in third trimester pregnant women and supporting exclusive breastfeeding in Bantarjaya Village, Pebayuran District, Bekasi Regency.

RESULTS

Table 1. Univariate Analysis Results

Variable	Category	Frequency	Presentation (%)
Breast Care	Unfavorable	96	67,1
	Favorable	47	32,9
	Total	**143**	**100**
Education	Low	85	59,4
	High	58	40,6
	Total	**143**	**100**
Knowledge	Low	73	51
	High	70	49
	Total	**143**	**100**
Job	Unemployed	77	53,8
	Employed	66	46,2
	Total	**143**	**100**
Husband Support	Lack of husband Supports	84	68,7
	Husband Supports	59	41,3
	Total	**143**	**100**

Based on table 6.1 above, the proportion difference between those who do poor and good breast care is 34.2% and more in mothers who do poor breast care (as many as 96 people with a proportion of 67.1%). The proportion difference between low-educated mothers and higher education was 18.8% and more in low-educated mothers (as many as 85 people with a proportion of 59.4%). The difference in the proportion of low-knowledge mothers with high knowledge was 2% and more in low-knowledge mothers (as many as 70 people with a proportion of 51%). The difference in the proportion of unfavorable mothers with favorable mothers was 7.6% and more in unfavorable mothers (as many as 77 people with a proportion of 53.8%). The proportion of mothers who lacked husband support from mothers who received husband support was 27.4% and more in mothers who lacked support from their husbands (as many as 84 people with a proportion of 68.6%)

Table 2. Relationship between Education and Breast Care in Pregnant Women in The Third Trimester in Bantarjaya Village, Pebayuran District, Pebayuran District, Bekasi Regency in 2021

Education	Breast Care				Total		P. Value	OR (CI 95%)
	Unfavorable		Favorable					
	f	%	f	%	n	%		
Low	73	85,9	12	14,1	85	100		9,257
High	23	39,7	35	60,3	58	100	0,000	(4.135-20.725)
Total	**96**	**67,1**	**47**	**32,9**	**143**	**100**		

Based on table 2 above, mothers who unfavorable breast care in mothers whose education was low were 73 people with a proportion of 85.9% and mothers whose education was high as many as 23 people with a proportion of 39.7%. The proportion difference between mothers whose education is low and higher maternal education is 46.2%. From the statistical test, the value of P-value = 0.000 which

means that the difference in proportion is meaningful, thus there is a meaningful relationship between education and breast care in pregnant women in the III trimester. The results of the OR calculation showed OR = 9.257 (95% CI: 4.135-20.725) meaning that it can be concluded that mothers who are poorly educated have a 9.257 times greater risk of doing breast care that is not good compared to pregnant women who are in higher education.

Table 3. Relationship of Maternal Knowledge with Breast Care in Pregnant Women in Trimester III in Bantarjaya Village, Pebayuran District, Pebayuran District, Bekasi Regency in 2021

Knowledge	Breast Care				Total		P. Value	OR (CI 95%)
	Unfavorable		Favorable					
	f	%	f	%	n	%		
Low	65	89	8	11	73	100		10.222 (4.271-24.466)
High	31	44,3	39	55,7	70	100	0,000	
Total	**96**	**67,1**	**47**	**32,9**	**143**	**100**		

Based on table 6.3 above, mothers who unfavorable breast care in mothers with low knowledge were 65 people with a proportion of 89% and mothers with high knowledge were 31 people with a proportion of 44.3%. Difference The proportion between mothers with low knowledge and high maternal knowledge is 44.7%. From the statistical test, the value of P-value = 0.000 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between knowledge and breast care in pregnant women in the III trimester. The results of the OR calculation showed OR = 10.222 (95% CI: 4.271-24.466) meaning that it can be concluded that mothers with low knowledge have a 10,222 times greater risk of doing breast care that is not good compared to pregnant women who are highly knowledgeable.

Table 4. Relationship of Maternal Knowledge with Breast Care in Pregnant Women in Trimester III in Bantarjaya Village, Pebayuran District, Pebayuran District, Bekasi Regency in 2021

Job	Breast Care				Total		P. Value	OR (CI 95%)
	Unfavorable		Favorable					
	f	%	f	%	n	%		
Unemployed	58	75,3	38	24,7	77	100		2,249 (1,104-4,583)
Employed	38	57,6	28	42,4	66	100	0,032	
Total	**96**	**67,1**	**47**	**32,9**	**143**	**100**		

Based on table 4 above, 58 mothers who performed poor breast care in unemployed mothers with a proportion of 75.3% and employed mothers as many as 38 people with a proportion of 57.6%. Difference The proportion between unemployed mothers and working mothers was 17.7%. From the statistical test, the value of P-value = 0.032 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between Knowledge and breast care in pregnant women in the III trimester. The results of the OR calculation showed OR = 2.249 (95% CI: 1.104-4.583) meaning that

it can be concluded that non-working mothers have a 2.249 times greater risk of doing breast care that is not good compared to working pregnant women.

Table 5 Relationship of Maternal Knowledge with Breast Care in Pregnant Women in Trimester III in Bantarjaya Village, Pebayuran District, Pebayuran District, Bekasi Regency in 2021

Husband Supports	Breast Care				Total		P. Value	OR (CI 95%)
	Unfavorable		Favorable					
	f	%	f	%	n	%		
Lack of husband supports	73	86,9	11	13,1	84	100		
Husband Supports	23	39	36	61	59	100	0,000	10.387 (4.566-23.630)
Total	**96**	**67,1**	**47**	**32,9**	**143**	**100**		

Based on table 5 above, mothers who unfavorable breast care in mothers with lack of husband support were 73 people with a proportion of 86.9% and mothers who received husband supports as many as 23 people with a proportion of 39%. Difference The proportion between mothers who have lack of husband support and mothers who have husband support is 47.9%. From the statistical test, the value of P-value = 0.000 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between Husband Support and breast care in pregnant women in the III trimester. The results of the OR calculation showed OR = 10,387 (95% CI: 4,566-23,630) meaning that it can be concluded that mothers who lack husband support have a 10,387 times greater risk of doing breast care that is not good compared to pregnant women who get husband support.

Table 6. Results of Bivariate Selection of Simple Logistic Regression Between Independent Variables and Breast Care in Pregnant Women III Trimester

No	Variable Independen	P-Value	Information
1.	Education	0,000	Continue to multivariate
2.	Knowledge	0,000	Continue to multivariate
3.	Job	0,032	Continue to multivariate
4.	Husband Support	0,000	Continue to multivariate

Tabel 7 The results of a multivariate analysis of logistic regression between variables of Education, knowledge, Job and husband support with breast care in pregnant women of the III trimester

Variable	P Value	OR
Education	0.000	9.725
Knowledge	0.000	10.222
Job	0.026	2.249
Husband Supports	0.000	10.387

Of the four variables, which passed the selection of bivariate analysis there were four variables. Thus no variables are emitted.

Tabel 8. The results of a multivariate analysis of logistic regression between variables of Education, knowledge, Job and husband support with breast care in pregnant women of the III trimester

No	Variable	B	P-Value	OR	95% CI
1.	Education	1.582	0.023	4.866	1.248-18.968
2.	Knowledge	2.041	0.004	7.697	1.905-31.104
3.	Job	-2.264	0.004	0.104	0.022- 0.485
4.	Husband Supports	2.056	0.000	7.811	2.682-22.753

The final model of the multivariate analysis shows that education, knowledge, work, husband support are variables related to breast care in pregnant women in the III trimester in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2021. Poorly educated pregnant women are at 4,866 times greater risk of behaving less in breast care than highly educated pregnant women. Low-knowledge pregnant women are 7,697 times greater to behave less in breast care compared to pregnant women who have high knowledge. Pregnant women who are not working are at 0.104 times greater risk of behaving less in breast care than working pregnant women. Pregnant women who get less husband support are at 7,811 times greater risk of behaving in breast care than pregnant women who get support from their husbands. Husband Support is the most dominant variable related to breast care in pregnant women of the III trimester has been controlled by Education, employment knowledge with an OR value on husband support of 7,811. There is no confounding variable.

DISCUSSION

a)   Picture of breast care in pregnant women III trimester for preparation for breastfeeding

This research was carried out in Bantarjaya Village, Pebayuran District, Bekasi Regency. This type of research uses a quantitative analytical approach with a cross-sectional design, namely a research design or method in which measurements or observations of independent and dependent variables are carried out simultaneously, instantly or once at the same time. The results of the univariate analysis showed that out of 143 pregnant women, the proportion difference between those who did bad breast care and those who were good was 34.2%, more in mothers who did poor breast care (as many as 96 people with a proportion of 67.1%). The proportion difference between low-educated mothers and higher education was 18.8% and more in low-educated mothers (as many as 85 people with a proportion of 59.4%). The difference in the proportion of low-knowledge mothers with high knowledge was 2% and more in low-knowledge mothers (as many as 70 people with a proportion of 51%). The difference in the proportion of non-working mothers with working mothers was 7.6% and more in non-working mothers (as many as 77 people with a proportion of 53.8%). The proportion of mothers who lacked husband support from mothers who received husband support was 27.4% and more in mothers who lacked support from their husbands (as many as 84 people with a proportion of 68.6%) When the female is pregnant many are prepared for birth and for during childbirth. One of them is preparation for breastfeeding, and breasts must also be

prepared when they are still in pregnancy. The first thing that must be prepared is breast care because to prepare yourself when you will give breast milk (breast milk). This should and must be done during pregnancy or as early as possible.[8]

Most pregnant women do not perform breast care due to lack of knowledge in breast care itself, lack of information about breast care such as nipples not protruding or flat due to the state of the breast fruit, in particular the nipples are one of the factors that determine the success of the lactation process, lack of awareness of the importance of breast care during pregnancy, absence of support from the family to carry out breast care since the time of pregnancy, and has not been given health education by health workers. Pregnant women will not have difficulty in breastfeeding if they are late in knowing how to treat breast care properly and correctly from the beginning. Pregnant women who do not do breast care during pregnancy and the treatment is only carried out postpartum, it will cause several problems such as breast milk not coming out, breast milk production is small and not enough baby consumes, and dirty breasts.[9]

b) Relationship between Education and breast care in pregnant women in the III trimester for preparation for breastfeeding

This research was carried out in Bantarjaya Village, Pebayuran District, Bekasi Regency. This type of research uses a quantitative analytical approach with a cross-sectional design, namely a research design or method in which measurements or observations of independent and dependent variables are carried out simultaneously, instantly or once at the same time. The results showed that of the 143 pregnant women, 73 mothers who performed poor breast care in mothers with low education with a proportion of 85.9% and mothers with higher education as many as 23 people with a proportion of 39.7%. The proportion difference between mothers whose education is low and higher maternal education is 46.2%. From the statistical test, the value of P-value = 0.000 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between education and breast care in pregnant women in the III trimester. According to research by Luvita Sari at the Bina Sehat Kasihan Clinic, Bantul in 2015 stated that there is a relationship between education and behavior of pregnant women in carrying out breast care. The higher one's education will affect one's level of knowledge because the higher one's education will expand one's knowledge.[10] Based on the results of Niswatun's research in Polindes Kuningan Village, Kanigoro District, Blitar Regency in 2015, it showed that there is a relationship between education and breast care during the III trimester of pregnancy. The higher education will affect the better knowledge. Based on Darsina's research at the Meureubo Health Center in West Aceh district in 2013, it was shown that there is a relationship between education and breast care in pregnant women in trimester III. Education is a conscious and planned effort to create a learning atmosphere and learning process

so that students actively develop their potential to have religious spiritual power, self-control. So there is a willingness from mothers who have high health to do good and correct breast care.[11]

c) Relationship between knowledge and breast care in pregnant women in the III trimester for preparation for breastfeeding

This research was carried out in Bantarjaya Village, Pebayuran District, Bekasi Regency. This type of research uses a quantitative analytical approach with a cross-sectional design, namely a research design or method in which measurements or observations of independent and dependent variables are carried out simultaneously, instantly or once at the same time. The results showed that of the 143 pregnant women, mothers who performed poor breast care in mothers with low knowledge were 65 people with a proportion of 89% and mothers with high knowledge were 31 people with a proportion of 44.3%. Difference The proportion between mothers with low knowledge and high maternal knowledge is 44.7%. From the statistical test, the value of P-value = 0.000 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between knowledge and breast care in pregnant women in the III trimester. Knowledge is the result of human sensing, or the result of knowing a person towards an object through the senses he has (eyes, nose, and so on). by itself at the time of sensing so as to generate such knowledge is strongly influenced by the intensity of attention and perception of objects. Most of one's knowledge is acquired through the sense of listening (ear), and the sense of sight (eye) [12]

A similar study conducted by Ulfah Farrah Lisa at the Jeulingke Health Center, Syiah Kuala Banda Aceh District in 2018, there was a relationship between the knowledge of pregnant women in the III trimester and breast care. Because a person who has extensive knowledge will know better the benefits of how to care for breasts during pregnancy.[13]

d) Relationship between knowledge and breast care in pregnant women in the III trimester for preparation for breastfeeding

This research was carried out in Bantarjaya Village, Pebayuran District, Bekasi Regency. This type of research uses a quantitative analytical approach with a cross-sectional design, namely a research design or method in which measurements or observations of independent and dependent variables are carried out simultaneously, instantly or once at the same time. The results showed that of the 143 pregnant women, 58 mothers who performed poor breast care in unemployed mothers with a proportion of 75.3% and working mothers as many as 38 people with a proportion of 57.6%. Difference The proportion between non-working mothers and working mothers was 17.7%. From the statistical test, the value of P-value = 0.032 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between Knowledge and breast care in pregnant women in the III trimester. According to Notoatmodjo (2014), work is a bad thing that must be

done, especially to support his life and family life. Work is not a source of pleasure, but more is a boring, repetitive way of making a living and many challenges. Meanwhile, work is generally a time-consuming activity. Working for mothers will have an influence on family life. According to Vika Wulandari's research in the work area of the Karangdowo Klaten Health Center in 2012, it shows that there is a relationship between work and breast care behavior in pregnant women. Working mothers will have more socialization[14]

e) Relationship between husband Support and breast care in pregnant women in the III trimester for preparation for breastfeeding

This research was carried out in Bantarjaya Village, Pebayuran District, Bekasi Regency. This type of research uses a quantitative analytical approach with a cross-sectional design, namely a research design or method in which measurements or observations of independent and dependent variables are carried out simultaneously, instantly or once at the same time. The results showed that of the 143 pregnant women, mothers who performed poor breast care in mothers with less husband support were 73 people with a proportion of 86.9% and mothers who received husband support as many as 23 people with a proportion of 39%. Difference The proportion between mothers who have less husband support and mothers who have husband support is 47.9%. From the statistical test, the value of P-value = 0.000 which means that the difference in proportion is meaningful, thus there is a meaningful relationship between Husband Support and breast care in pregnant women in the III trimester.

According to Ona Oktalina's research in the work area of the Megaluh Health Center, Jombang Regency in 2015 stated that there is a relationship between husband support and breast care behavior in pregnant women. Mothers who get support from nurses or health workers, friends or close relatives or husbands are needed, especially in mothers who are pregnant for the first time. The best way to prepare for breastfeeding is the mother's psychiatric state which is as calm as possible and does not face many problems. In nursing mothers, problems often arise that interfere with the lactation process, especially in primiparous mothers.[15] According to research by Novi Indrayani at the Tegalrejo Health Center yogyakarta in 2017 stated that there is a relationship between husband support and breast care in pregnant women in trimester III. The husband is enough to provide emotional support and practical help. For example, the husband approves and asks the mother to do breast care to prepare breast milk exclusively, and help the mother complete household chores so that the mother has more time to do breast care. In addition, the husband also seeks information about everything related to how to care for breasts during pregnancy.[9]

f) **Dominant factors associated with breast care in pregnant women of the III trimester in preparation for breastfeeding**

This study showed that the 4 variables studied were education, knowledge, work and husband support. All variables become candidates in multivariate analysis. The results of the double logistic regression statistical test also showed that the dominant variable related to breast care in pregnant women in the III trimester for breastfeeding preparation was husband support with an OR value = 7,811 which means that pregnant women with less husband support have a 7,811 times greater risk of doing breasts well less, compared to mothers who have husband support. This is in line with research conducted by Ona Oktalina in the work area of the Megaluh Health Center, Jombang Regency in 2015 stated that mothers who get support from nurses or health workers, friends or close relatives or husbands are needed, especially in mothers who are pregnant for the first time. The best way to prepare for breastfeeding is the mother's psychiatric state which is as calm as possible and does not face many problems. In nursing mothers, problems often arise that interfere with the lactation process, especially in primiparous mothers.[15]

CONCLUSION AND SUGGESTION

Based on the results of univariate, bivariate and multivariate analysis of research on Determinants related to breast care in pregnant women in the III trimester for breastfeeding preparation in Bantarjaya Village, Pebayuran District, Bekasi Regency in 2022, the author implies the following :

a. In the univariate analysis, it was found that more in mothers whose breast care was not good, the proportion between those who did poor breast care and those who were good was 34.2% and more in mothers whose breast care was not good (as many as 96 people with a proportion of 67.1%). The proportion difference between low-educated mothers and higher education was 18.8% and more in low-educated mothers (as many as 85 people with a proportion of 59.4%). The difference in the proportion of low-knowledge mothers with high knowledge was 2% and more in low-knowledge mothers (as many as 70 people with a proportion of 51%). The difference in the proportion of non-working mothers with working mothers was 7.6% and more in non-working mothers (as many as 77 people with a proportion of 53.8%). The proportion of mothers who lacked husband support from mothers who received husband support was 27.4% and more in mothers who lacked support from their husbands (as many as 84 people with a proportion of 68.6%). In the bivariate analysis of breast care mothers who were not good enough in mothers whose education was low as many as 73 people with a proportion of 51% and mothers whose education was higher as many as 23 people with a proportion of 16.1%.

b. There is a relationship between the variables of Education and breast care in pregnant women in the III trimester for preparation for breastfeeding, with a value of P = 0.000

c. There is a relationship between knowledge variables and breast care in pregnant women in the III trimester for preparation for breastfeeding, with a value of P= 0.000

d. There is a relationship between the variable Work and breast care in pregnant women in the III trimester for preparation for breastfeeding, with a value of P = 0.032

e. There is a relationship between the variables of husband support and breast care in pregnant women in the III trimester for preparation for breastfeeding, with a value of P=0.000

f. There is a relationship between the variables of husband support and breast care in pregnant women in the III trimester for preparation for breastfeeding, with a value of P=0.000

It is recommended to reduce the prevalence of pregnant women who do not take breast care, optimize the approach and education to the public in an effort to carry out breast care in pregnant women in the III trimester.

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