



LIVED EXPERIENCES OF POSTPARTUM MOTHERS AFTER MASTITIS SURGERY IN BREASTFEEDING AND INFANT CARE: A QUALITATIVE STUDY

Yustika Rahmawati Pratami^{1*}, Wiwit Vitania², Hasnia¹, Eftyaningrum Dwi Wahyu Astutik¹, Fenska Narly Makualaina³

¹Bachelor of Midwifery Study Programme, Faculty of Health Sciences, Universitas Jayapura, Jl. Kamp Wolker, Yabansai, Heram, Jayapura, Papua 99224, Indonesia

²Midwifery Professional Study Programme, Faculty of Health Sciences, Universitas Jayapura, Jl. Kamp Wolker, Yabansai, Heram, Jayapura, Papua 99224, Indonesia

³Faculty of Health Sciences, Universitas Jayapura, Jl. Kamp Wolker, Yabansai, Heram, Jayapura, Papua 99224, Indonesia

*Yustikarahmawati068@gmail.com

ABSTRACT

The postpartum period after mastitis surgery is a challenging time for mothers, especially in continuing breastfeeding. Understanding mothers' experiences during this phase is crucial for improving the quality of healthcare and support for breastfeeding mothers. Objective to explore in depth the experiences of postpartum mothers after mastitis surgery when caring for their babies. This study employed a qualitative design with a phenomenological approach. Data were collected through in-depth interviews with postpartum mothers who had undergone mastitis surgery. The total number of research participants was two. The data were analyzed using thematic analysis techniques to identify emerging patterns of experience. Researchers found seven main themes that describe the experiences of post-operative post-mastitis mothers in the breastfeeding process. The experiences of postpartum mothers with mastitis after surgery demonstrate complex challenges, but also demonstrate resilience and strong motivation to continue breastfeeding.

Keywords: breastfeeding; mastitis; mastitis surgery; maternal experiences; postpartum mothers

How to cite (in APA style)

Pratami, Y. R., Vitania, W., Hasnia, H., Astutik, E. D. W., & Makualaina, F. N. (2026). Lived Experiences of Postpartum Mothers after Mastitis Surgery in Breastfeeding and Infant Care: A Qualitative Study. *Indonesian Journal of Global Health Research*, 8(2), 571–582. <https://doi.org/10.37287/ijghr.v8i2.1670>.

INTRODUCTION

Mastitis is an inflammatory condition of the breast that often occurs during the postpartum period and during breastfeeding. It is characterized by pain and swelling that can interfere with breastfeeding after delivery. Several studies have shown that mastitis occurs in approximately 6-20% of breastfeeding mothers, with the highest incidence occurring in the first week of breastfeeding (Ouedraogo et al., 2022). Globally, according to WHO data, the incidence of mastitis in breastfeeding mothers is 2.6-33%, with a prevalence rate of 10% (Novisah, 2024). Some cases of mastitis in breastfeeding mothers are caused by nipple disorders (22.5%), inadequate milk production or flow (18%), and breast swelling and pain (38%). These clinical manifestations have direct implications for the failure of exclusive breastfeeding (Sri Putriani Sinaga et al., 2025).

This condition not only impacts physical aspects such as pain and limitations in breastfeeding, but is also closely related to psychological effects such as frustration, anxiety, and emotional disturbances that can hinder a mother's readiness to love and care for her baby. Qualitative studies show that women experiencing mastitis often report difficulties in carrying out daily activities and the psychological stress that arises with the demands of caring for a newborn (Tøkje et al., 2021). Furthermore, lactational mastitis is often associated with an increased risk of postpartum depression. A recent quantitative study reported that mothers with mastitis have a higher risk of experiencing postpartum depressive symptoms than mothers without the condition, reflecting the psychosocial impact of breastfeeding on postpartum mothers with postoperative mastitis, which is

influenced by physical and emotional barriers, which can reduce comfort, self-confidence, and mother-child bonding (Shen et al., 2023a). Previous qualitative research recommends that mothers' subjective perspectives receive special attention in the development of lactation health interventions and postpartum support (Li et al., 2024). However, while there are several studies examining the physical and psychological impacts of mastitis, there is a lack of research specifically exploring postpartum mothers' experiences of caring for their babies using a qualitative approach. This knowledge gap is important to fill because mothers' subjective experiences can provide in-depth insights into how mastitis affects breastfeeding practices, their role in caring for their babies, and their clinical and social support needs during the postpartum period (Indriyani et al., 2023). This study aims to explore and understand the meaning of individuals' lived experiences, particularly the experiences of postpartum mothers in breastfeeding after undergoing mastitis surgery.

METHOD

This study employed a qualitative research design using a phenomenological approach. The phenomenological approach aims to explore and understand the meaning of individuals' lived experiences, particularly the experiences of postpartum mothers in breastfeeding after undergoing mastitis surgery. The total number of research participants was two. Data were collected through in-depth interviews with two postpartum mothers who had undergone mastitis surgery at AHBS Clinic, Papua. The study was conducted from March to August 2025. Ethical approval for this research was obtained from the Bioethics Committee under approval number No. 314/VI/2025/Bioethics Committee.

RESULT

Characteristics of Informants

Table 1.
Characteristics of Informants

No	Informant Code	Age	Education	Occupation	Monthly income	Parity	Infant's age at the time of mastitis
1	A	28	Bachelor's degree	Private employee	> 4.280.000	1	3 weeks
2	B	26	Bachelor's degree	Housewife	<4.280.000	1	1 week

Thematic Analysis Results

Based on the data analysis conducted by the researchers, seven themes emerged from the participants' experiences:



Figure 1. Thematic Analysis

Pathogenesis

Pathogenesis is the process by which a disease develops, or the physiological and pathological mechanisms that cause the disease to develop in the body, from the initial infection to the onset of disorders and clinical symptoms. Based on the interview results, pathogenesis is a failure due to the inability to address early symptoms before mastitis and self-blame for only breastfeeding on one

side and not alternating with the other breast, which leads to mastitis, as expressed by the following informant:

“Initially, I experienced pain for two days because I had to stay up every night to breastfeed. However, I was unable to breastfeed effectively, even though the day before I had taken a lactation booster, which made my breasts feel constantly full. Unfortunately, the milk did not flow optimally. I have inverted nipples, so I did not breastfeed directly but relied on a breast pump. During those two days of illness, I was only able to pump about two or three times a day because I felt extremely weak, despite having an abundant milk supply. After two days, lumps appeared and were painful to the touch. I tried gently massaging the area and then pumping, but what came out were clumps of milk. Over time, the blockage increased to three different areas, and the more I pumped, the more clumps appeared. Sometimes the expressed milk contained blood because I attempted power pumping. I realize that I neglected several important aspects, such as not addressing my inverted nipples and choosing an inappropriate type of pump. I should have used a hands-free pump so that the suction process would have been more consistent and less physically exhausting. I overlooked many of the things I had previously learned.” (Participant A)

Next is the statement from the second informant:

“My mistake was that I became accustomed to breastfeeding only on the left side because I felt more comfortable that way. My husband had reminded me to alternate positions, but I was often too tired and preferred to continue in the position that felt easiest, especially once the baby had fallen asleep while feeding. As a result, I did not switch breastfeeding positions. In fact, the milk production in both breasts was the same; however, because I was reluctant to alternate sides, my baby also became used to feeding only on the left and refused to switch. To ensure milk expression from the right breast, I relied on pumping, as I honestly had an abundant milk supply. I also experienced headaches during this time.” (Participant B)

Handling Process

a. Independent Handling

Self-care is a series of activities undertaken to treat oneself. Interviews revealed that self-care is painful and less than optimal, as stated by the informant below:

“I attempted warm compresses and breast massage; however, whenever the pain intensified, I stopped. I also sought assistance from a traditional massage practitioner, but the pain was extremely severe. Despite these efforts, what was expressed were clumps of breast milk resembling small balloons filled with milk, yet the swelling and engorgement persisted. I felt increasingly confused and distressed as my breast became red, hot, enlarged, and noticeably lower compared to the other side. Prior to surgery, the condition worsened further as the skin became abraded; when I wore a bra, the wound adhered to the fabric, causing intense pain similar to a burn injury. I continued performing massage and compresses independently, but each time the pain became unbearable, I discontinued the treatment, which may explain why the condition failed to improve.” (Participant A)

A similar statement was also expressed by the second respondent:

“After four days, I searched for information on TikTok and found several videos suggesting massage and warm compresses; however, it seemed that I was already too late. I applied compresses, massage, and pumping only when the pain became severe. In fact, the pain never completely subsided, but I performed these measures only when it became unbearable, and not on a regular basis. Whenever the massage caused intense pain, I stopped because I could not tolerate it. As a result, the management was not optimal since I handled it on my own. Once the pain intensified, I discontinued the massage and compresses and did not continue the treatment.” (Participant B)

b. Health Worker Assistance

Healthcare assistance is a medical procedure provided by health professionals, such as midwives, to their patients. According to interviews with informants, healthcare assistance for mastitis treatment is one of the services that is not easily accessible due to the lack of home-based services and a lack of awareness of the existence of midwifery services for breast lump management, leading to a tendency to seek information from other sources, such as the following:

“I was living with my parents, and in our community there was limited awareness regarding the potential dangers of untreated breast engorgement. I was only advised to apply compresses using betel leaves as a traditional remedy. I attempted to find a midwife who provided homecare services; however, none were available in the area. Therefore, I sought consultation online with a lactation counselor through a Zoom meeting.” (Participant A)

A similar statement was also expressed by the next informant:

“I was not aware that midwives could provide services such as that, as I had very limited knowledge about it and did not know where to seek help. Therefore, I relied on TikTok, where individuals shared their personal experiences through videos. I followed the advice presented in those posts and performed massage and warm compresses as suggested.” (Participant B).

c. Medical Assistance

Medical assistance is the medical treatment provided by medical personnel, such as doctors, to their patients. According to interviews conducted with informants, medical assistance includes assistance such as administering medication and determining final and most anticipated treatment options, such as when surgery should be performed:

“The first time I met a doctor was when the breast pain had become unbearable. I went directly to the emergency department, and after examining the wound, the doctor immediately scheduled me for surgery. I felt a profound sense of relief, as I believed that my suffering would finally come to an end.” (Participant A)

The second respondent's statement is:

“During my first consultation with the doctor, I was prescribed medication intended to promote the maturation of the lump into an abscess. At that time, there was only one lump. Eventually, the abscess ruptured; however, it seemed that the pus was not completely drained. Following this, additional lumps began to appear. If I am not mistaken, there were three large lumps in total. When I returned to the doctor, I was immediately advised to undergo surgery, and I agreed to the procedure without hesitation.” (Participant B)

Breastfeeding Process

Breastfeeding is the process of providing breast milk to a baby. According to an interview with informant A, breastfeeding during mastitis is often shortened because mastitis causes stress and reduces the mother's ability to focus on breastfeeding:

“I stopped breastfeeding within the first month. The milk supply in my left breast also gradually decreased. I felt stressed and was unable to focus on continuing breastfeeding.” (Participant A)

In contrast, Participant B described a continued breastfeeding process despite physical limitations:

“I continued breastfeeding. However, three to four hours after the surgery, I was advised not to breastfeed temporarily because the doctor was concerned that antibiotics might still pass into the breast milk. Although my right breast had lumps and was draining pus, I continued breastfeeding from the left breast.” (Participant B)

Family Support

a. Parent Support

Family support refers to the family's attitudes and acceptance toward a member in the form of informational support, appraisal support, instrumental support, and emotional support. Based on the interview findings, family support was perceived as limited, as family members assumed that the mother was capable of handling the problem independently, whereas she actually required greater emotional and practical support.

Participant A stated:

"They only supported me financially, perhaps because they assumed I was capable since I hold a bachelor's degree. I do not blame them; perhaps I underestimated the breastfeeding process myself. However, if their support had been more meaningful and involved, I might not have gone through such a terrible experience." (Participant A)

b. Husband Support

Husband support refers to the encouragement and motivation provided to the wife, both morally and materially. Based on the interview findings, Participant A perceived limited support from her husband due to their long-distance relationship. Participant A stated:

"My husband and I were in a long-distance relationship. When we met, he was usually exhausted, and before I had the chance to tell him about the pain I was experiencing, he had already fallen asleep." (Participant A)

In contrast, Participant B described her husband as her primary source of support and strength throughout the experience of mastitis:

"While I was dealing with this abscess, my husband always accompanied me. Even though he was busy at work, he made time to ask for permission to be with me. I am very grateful for his support because it made me feel calm. In essence, my husband's support was the most important factor for me." (Participant B)

Stress

Stress is the body's response to a specific pressure. Interviews with informants revealed that stress is a psychological disorder experienced by mothers, leading to feelings of self-harm and child-harm:

"There was a time when I suddenly woke up after experiencing severe chills because the breast engorgement had progressed to mastitis. I got up and walked toward the kitchen intending to take a knife and cut my breast. However, midway, I became aware of what I was about to do and immediately broke down in tears, asking God for forgiveness. At that time, I was alone at home with my child. I also once had the thought, 'If I strangled my child, would they be angry?' It makes me very sad to remember. I felt as though I had lost my faith." (Participant A)

Coping stress

Coping with stress refers to cognitive and behavioral responses aimed at managing highly stressful situations. Based on the interview findings, coping strategies involved actively seeking professional assistance through online medical consultations and virtual lactation counseling sessions. Participant A stated:

"I consulted a lactation counselor and also spoke with an obstetrician through the AloDokter application. I did not realize that all this time I had been pressured by my family and husband to continue breastfeeding, as if I had to succeed no matter what, yet they provided little support regarding the breast lumps I was experiencing. When the doctor told me to 'stop breastfeeding,' I immediately cried. I felt an overwhelming sense of relief. For so long, I had only heard, 'You must be able to do it; how could you not?' When someone finally allowed me to stop, I felt defended and understood." (Participant A)

Adaptation

Adaptation emerged as a process of emotional reconstruction, in which mothers gradually reinterpreted their bodily changes and surgical scars not as symbols of failure, but as part of their maternal journey. Participant A stated:

“The wound does not bother me. I do not hate seeing it. Sometimes my child wants to touch it, and that makes me feel that I did not completely fail. If you ask whether I am still stressed, the answer is no. Now, my child often laughs when touching the surgical scar on my breast. I know that I love my child deeply; he is the only one I have, and I am everything to him as well.” (Participant A)

A similar perspective was expressed by Participant B:

“Thank God, the wound is fine, even though my nipple is gone. I do not feel disturbed by it. The scar is still there, and sometimes there is slight pain, but it does not really bother me. The wound and the discomfort are overshadowed by the presence of my child, whom I had been waiting for for three years. That happiness is far greater than the pain and the scar.” (Participant B)

DISCUSSION

Pathogenesis

Based on the findings of this study, the theme of pathogenesis revealed two perceived contributing factors to the development of mastitis. First, mastitis was interpreted as a consequence of failure to manage early symptoms before the condition progressed. Second, participants perceived mastitis as resulting from self-blame, particularly due to breastfeeding from only one breast without alternating sides. The perception of failure in managing early symptoms reflected feelings of regret and inadequacy among the mothers. Such emotional responses may contribute to psychological disturbances during the postpartum period. Feelings of regret and persistent negative mood may adversely affect maternal well-being, including breast milk production. Mothers experiencing psychological distress, such as stress, are more likely to encounter difficulties in breastfeeding. This finding is consistent with previous research indicating that emotional changes can significantly influence breast milk supply (Yu et al., 2022). Furthermore, this study identified suboptimal breastfeeding practices as a contributing factor to mastitis. Specifically, mothers reported not alternating breastfeeding positions and feeding predominantly from one breast. This pattern was often influenced by maternal comfort and infant preference, as some mothers felt more comfortable breastfeeding from the left breast and noted that their infants tended to sleep facing that side. These findings align with previous studies reporting that breast lumps or milk duct obstruction may occur when mothers fail to alternate breastfeeding positions or consistently nurse from only one breast (Kornfeld & Mitchell, 2021).

Handling Process

The findings of this study identified three components in the management process of mastitis during the postpartum period: (1) self-management, (2) assistance from healthcare providers such as midwives, and (3) medical intervention provided by physicians. Within the theme of self-management, it was evident that mothers perceived their efforts as painful and largely ineffective. Regarding professional support, access to healthcare services was reported as limited. One participant indicated the absence of homecare services in her area, while another lacked knowledge about the availability of midwifery services for managing breast lumps. As a result, both participants tended to seek information from alternative sources, particularly social media platforms such as TikTok. Medical assistance, on the other hand, included pharmacological treatment and professional evaluation to determine the appropriate course of action, including the decision to proceed with surgical intervention. For both participants, medical consultation ultimately represented a decisive turning point in the management of their condition. The inability to effectively perform self-management was consistently reported by both informants. They described discontinuing breast massage and compresses when the pain became intolerable, leading to suboptimal outcomes. Furthermore, limited access to healthcare services and insufficient health

literacy contributed to delays in receiving appropriate treatment, which may have allowed breast engorgement to progress into mastitis.

The reliance on social media platforms for health-related information raises additional concerns. TikTok, as an open-access platform used by individuals from diverse backgrounds, does not guarantee the accuracy or credibility of shared content. Consequently, information obtained from such sources may be unreliable and potentially harmful to maternal health. This finding is consistent with previous studies highlighting the risks associated with limited health literacy and exposure to unverified health information (Chanora & Surjaningrum, 2022). Finally, both participants perceived medical intervention—particularly the decision to perform surgery—as a long-awaited solution that signified the anticipated end of their pain and suffering. This aligns with prior literature suggesting that surgical management may become necessary in cases of severe mastitis or breast abscess when conservative treatment fails (Yulianti, 2023).

Breastfeeding Process

This study finding indicates that mastitis is not only a physiological disorder during the postpartum period but also has a significant impact on the mother's psychological well-being, particularly in the breastfeeding process. Mastitis is an inflammation of the breast tissue, generally caused by bacterial infection, and is characterized by symptoms such as pain, swelling, redness, and fever (Amir et al., 2024). These conditions not only cause physical discomfort but also affect the mother's emotional state in carrying out breastfeeding. The intense pain experienced during breastfeeding, as revealed in the interviews, triggered emotional stress, decreased concentration, and feelings of being overwhelmed. As a result, the duration of breastfeeding became shorter, both due to physical limitations and psychological exhaustion. This finding is consistent with psychoneuroimmunology theory, which explains that stress can inhibit the milk let-down reflex through reduced secretion of oxytocin, a hormone that plays a crucial role in milk ejection (Puapornpong et al., 2021). Thus, psychological disturbances arising from mastitis-related pain may further worsen milk production and release.

Psychologically, postpartum mothers experiencing mastitis are vulnerable to anxiety, emotional fatigue, and feelings of inadequacy in caring for their babies optimally. If not managed comprehensively, this condition may disrupt the lactation process and increase the risk of early cessation of breastfeeding. In fact, WHO (2023) recommends exclusive breastfeeding for the first six months of life to support optimal child growth and development. These findings highlight the importance of a holistic approach in midwifery care for mastitis cases. Emotional support, lactation education, and continuous assistance from healthcare providers are essential to help mothers maintain confidence in breastfeeding. Mothers also need to understand that breastfeeding during mastitis is generally safe and may even help reduce milk stasis and accelerate recovery. Therefore, mastitis as a physiological disorder has multidimensional implications, encompassing both biological and psychological aspects. Midwifery interventions should not only focus on the clinical management of infection but also address the emotional well-being of postpartum mothers to ensure optimal breastfeeding despite health challenges.

Family Support

This finding highlights a discrepancy between family perceptions and the emotional needs of postpartum mothers, particularly regarding the provision of support. During the postpartum period, family support—especially from spouses and close family members—plays a crucial role in assisting mothers in navigating the transition to motherhood, both physically and psychologically. According to House's (1981) Social Support Theory, social support consists of four primary dimensions: emotional, informational, instrumental, and appraisal support. In the present study, emotional and instrumental support from family members appeared to be insufficient. Families often assumed that mothers were capable of managing their own difficulties, a perception that

contrasts sharply with mothers' actual need for presence, empathy, and tangible assistance from those closest to them. This mismatch may increase the risk of postnatal stress, baby blues, and even postpartum depression, particularly when mothers feel they lack a safe space to express emotions or seek help. Previous research has identified inadequate family support as a significant risk factor for postpartum depression (Puapornpong et al., 2021).

The findings also suggest the persistence of cultural norms or family belief systems that expect mothers to remain "strong" after childbirth, without recognizing that social support is a critical protective factor during physical and psychological recovery. Postpartum mothers require not only practical assistance with household tasks or infant care, but also emotional reinforcement in the form of attention, understanding, and validation of their feelings. Therefore, healthcare providers—particularly midwives—have an important role in educating families about the significance of postpartum support. Families need to understand that mothers are emotionally vulnerable after childbirth, and that active involvement from family members can facilitate maternal adaptation and reduce the risk of psychological distress. Further findings related to spousal support indicate that husbands' involvement in maternal adaptation remains limited, often due to the perception that childcare responsibilities belong exclusively to the wife. However, Family-Centered Care theory emphasizes that successful maternal adaptation during the postpartum period is highly dependent on support from significant others, especially the husband as the primary figure within the mother's immediate social environment.

Insufficient spousal support—both physically (e.g., assisting with infant care) and emotionally (e.g., providing attention and effective communication)—may lead to feelings of exhaustion, isolation, and reduced maternal self-confidence in fulfilling the new maternal role. Previous studies have demonstrated that mothers with low partner support tend to experience higher levels of stress and anxiety and are at greater risk of postpartum depression (Dilaveri et al., 2024). Husbands' passive attitudes are often rooted in limited awareness regarding the importance of paternal involvement during the postpartum period. Consequently, spousal engagement should be strengthened through antenatal and postnatal education programs that emphasize shared parenting responsibilities rather than positioning childcare as solely the mother's duty.

In contrast to limited-support findings, the interviews also revealed that active and positive spousal involvement during the postpartum period substantially enhances maternal emotional comfort and facilitates smoother adaptation. Husbands who participate in infant care and provide encouragement contribute to a healthy emotional climate within the household, which is essential for both physical and psychological maternal recovery. Partner support in the form of emotional, instrumental, and appraisal support has been shown to increase maternal self-confidence, strengthen mother–infant bonding, and accelerate postpartum recovery (Stinson & Geddes, 2023). Moreover, active spousal presence reduces the likelihood of psychological disturbances such as baby blues and postpartum depression. Overall, these findings reinforce the critical role of husbands within the maternal support system during the postpartum period. Empathetic, responsive, and actively involved partners serve as a primary source of strength for mothers as they navigate the transition to parenthood.

Stress

This finding illustrates the severe level of stress experienced by postpartum mothers and its profound implications for maternal psychological health. Postpartum stress may manifest in a range of psychological and emotional symptoms. In this case, the distress escalated to a critical level, including thoughts of self-harm or harm toward the infant, indicating a serious mental health concern. According to the psychological stress and coping theory proposed by Lazarus and Folkman (1984), stress arises when individuals perceive that the demands placed upon them exceed their coping resources. In the context of the postpartum period, stress is frequently triggered by multiple

factors, including physical exhaustion, hormonal fluctuations after childbirth, anxiety related to infant care, and inadequate social or family support. When not properly managed, persistent stress may progress into more severe psychological disorders, such as postpartum depression or postpartum psychosis (Li et al., 2024). The emergence of thoughts about harming oneself or one's child, as identified in this study, reflects suicidal ideation or child-directed aggression, which are indicators of severe psychological disturbance. In cases of postpartum psychosis, mothers may experience delusions, hallucinations, and impaired reality testing, which can give rise to intrusive thoughts of self-harm or harm toward their infants. This condition is highly critical and requires immediate medical and psychological intervention. Mothers who experience extreme postpartum stress are at increased risk of developing more severe mental health disorders, including major depressive disorder, anxiety disorders, and postpartum psychosis. When mothers perceive themselves as incapable of managing caregiving responsibilities or feel socially isolated, feelings of anxiety and emotional distress may escalate into profound hopelessness, posing significant risks to the safety and well-being of both mother and child.

Coping stress

This finding indicates that postpartum mothers demonstrated adaptive initiative in managing postnatal stress through active coping strategies, particularly by seeking professional assistance online. Despite experiencing psychological distress, the informant showed awareness and willingness to pursue solutions that could help address her condition. According to Lazarus and Folkman's (1984) stress and coping theory, coping refers to cognitive and behavioral efforts employed to manage internal or external demands that are perceived as exceeding an individual's available resources. Coping strategies are generally categorized into two main types: problem-focused coping and emotion-focused coping. In this case, engaging in counseling sessions with a physician and a lactation consultant represents a form of problem-focused coping, as the mother actively sought external resources to better understand and manage both her psychological distress and breastfeeding-related challenges.

The utilization of digital platforms such as Zoom or teleconsultation services also reflects adaptive responses to limited access to in-person care, whether due to time constraints, mobility limitations, or physical conditions following childbirth. This aligns with contemporary healthcare trends, where telehealth has been shown to be effective in delivering mental health support and lactation guidance, particularly during periods of restricted access or resource limitations (Zhao et al., 2021). Online counseling further provides a safe space for mothers to express their emotions, receive validation, and obtain appropriate education. In the postpartum context, the involvement of lactation consultants is especially important, as breastfeeding difficulties frequently constitute a primary source of stress—particularly when mothers perceive themselves as unable to provide optimal breastfeeding.

Adaptation

This finding demonstrates that postpartum mothers who underwent surgery for mastitis engaged in psychological and emotional adaptation to the physical changes following the procedure, while simultaneously adjusting to the presence of a newborn requiring intensive care and attention. According to Callista Roy's Adaptation Model, adaptation is a dynamic process that enables individuals to respond positively to changes in both internal and external environments. Postpartum mothers who have undergone mastitis surgery experience substantial changes, not only physically—such as pain, limited mobility, and reduced breastfeeding function—but also psychologically, including anxiety, fear, and diminished self-confidence. Despite these challenges, the presence of the infant as a primary responsibility often becomes a powerful source of motivation, encouraging mothers to persevere and gradually accept their condition.

In this context, adaptation can be interpreted as a form of positive coping. Rather than succumbing to physical limitations resulting from surgery, mothers strive to adjust to a new reality—continuing to fulfill their maternal role despite temporary constraints. This response reflects psychological resilience, defined as the capacity to recover and maintain functional well-being after experiencing stress or trauma (Southwick et al., 2014).

Furthermore, the presence of the child frequently acts as a protective factor that strengthens the maternal adaptation process. Even in the face of physical limitations, the desire to nurture and bond with the infant motivates mothers to accept their condition and seek ways to perform their role as effectively as possible. This finding is consistent with previous research indicating that the development of maternal identity is a crucial component of postpartum adaptation, particularly following medical complications (Shen et al., 2023b).

CONCLUSION

Mastitis during the postpartum period is not only a physical complication but also a condition with significant psychological and social implications. Mothers experience pain, emotional distress, and challenges in breastfeeding, which are often exacerbated by limited social support and restricted access to appropriate healthcare services. Nevertheless, many mothers demonstrate adaptive coping strategies, including seeking professional help and adjusting psychologically to their new roles despite physical limitations.

REFERENCES

- Amir, L. H., Crawford, S. B., Cullinane, M., & Grzeskowiak, L. E. (2024). General practitioners' management of mastitis in breastfeeding women: a mixed method study in Australia. *BMC Primary Care*, 25(1). <https://doi.org/10.1186/s12875-024-02414-4>
- Amir, L. H., Griffin, L., Cullinane, M., & Garland, S. M. (2016). Probiotics and mastitis: Evidence-based marketing? In *International Breastfeeding Journal* (Vol. 11, Number 1). BioMed Central Ltd. <https://doi.org/10.1186/s13006-016-0078-5>
- Dilaveri, C., Degnim, A., Lee, C., Desimone, D., Moldoveanu, D., & Ghosh, K. (2024). Idiopathic Granulomatous Mastitis. In *Breast Journal* (Vol. 2024). Hindawi Limited. <https://doi.org/10.1155/2024/6693720>
- Indriyani, R., Wahyu Hidayati, N., Candra Satriawati, A., & Ilmu Kesehatan, F. (2023). Mastitis dengan Depresi Postpartum: Literature Review. *Wiraraja Medika : Jurnal Kesehatan*, 13(2), 46–50. <https://www.ejournalwiraraja.com/index.php/FIK>
- Kornfeld, H. W., & Mitchell, K. B. (2021). Management of idiopathic granulomatous mastitis in lactation: case report and review of the literature. *International Breastfeeding Journal*, 16(1), 23. <https://doi.org/10.1186/s13006-021-00370-8>
- Li, Y., Xu, J., & Tang, L. (2024). Psychological experience of breastfeeding among primiparous women with lactating mastitis: A qualitative research. *Journal of Integrative Nursing*, 6(3), 155–161. https://doi.org/10.4103/jin.jin_24_24
- Novisah, N. (2024). Korelasi antara Pengetahuan, Peran Tenaga Kesehatan dan Pekerjaan dengan Kejadian Mastitis pada Ibu Menyusui. *SIMFISIS: Jurnal Kebidanan Indonesia*, 4(1), 766–773. <https://doi.org/10.53801/sjki.v4i1.221>
- Puapornpong, P., Hemachandra, A., Suksamarnwong, M., Laosooksathit, W., Hanprasertpong, T., & Lawin, N. (2021). Incidence of Early Postpartum Mastitis with the Predisposing Factors, the Recovery Period After Care Management and the Exclusive Breastfeeding Outcomes. การวิจัยของเด็ นานมอ กสบนในระยะแรกหลัง ังคลอด บั จั ช่ งเสรี มการเกิ ดโรค ระยะ เวลาการหายจากโรคหลัง ังการดู แลรั กษาและผลค้ อการเลื ี่ ยงดู กค้ วชนนมแม่ อ่ งงเดื ยว. In *Thai Journal of Obstetrics and Gynaecology* (Vol. 29, Number 6).
- Shen, F., Zhou, X., Guo, F., Fan, K., Zhou, Y., Xia, J., Xu, Z., & Liu, Z. (2023a). Increased risk of postpartum depression in women with lactational mastitis: a cross-sectional study. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsy.2023.1229678>

- Shen, F., Zhou, X., Guo, F., Fan, K., Zhou, Y., Xia, J., Xu, Z., & Liu, Z. (2023b). Increased risk of postpartum depression in women with lactational mastitis: a cross-sectional study. *Frontiers in Psychiatry*, 14. <https://doi.org/10.3389/fpsyt.2023.1229678>
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: interdisciplinary perspectives. *European Journal of Psychotraumatology*, 5(1). <https://doi.org/10.3402/ejpt.v5.25338>
- Sri Putriani Sinaga, Dinar Manalu, Sunengsih, Lely Masnita, & Nova SJ. (2025). The Relationship Between Postpartum Mothers' Knowledge About Breast Care and Smooth Breast Milk Flow at The Millennium Clinic. *JURNAL KEBIDANAN KESTRA (JKK)*, 7(2), 190–196. <https://doi.org/10.35451/jkk.v7i2.2733>
- Stinson, L. F., & Geddes, D. T. (2023). *Microbial Underpinnings of Mastitis: Current State of the Evidence*. 4. <https://doi.org/10.3390/proceedings2023093004>
- Tøkje, I. K., Kirkeli, S. L., Løbø, L., & Dahl, B. (2021). Women's Experiences of Treatment for Mastitis: A Qualitative Study. *European Journal of Midwifery*, 5, 1–7. <https://doi.org/10.18332/EJM/137356>
- Yu, Q., Xu, C., Wang, M., Zhu, J., Yu, L., Yang, Z., Liu, S., & Gao, X. (2022). The preventive and therapeutic effects of probiotics on mastitis: A systematic review and meta-analysis. In *PLoS ONE* (Vol. 17, Number 9 September). Public Library of Science. <https://doi.org/10.1371/journal.pone.0274467>
- Yulianti, N. (2023). *ORIGINAL RESEARCH MANAGEMENT OF MASTITIS IN POST PARTUM: LITERATURE REVIEW*. <http://ijnms.net/index.php/ijnms>
- Zhao, L., Chen, J., Lan, L., Deng, N., Liao, Y., Yue, L., Chen, I., Wen, S. W., & Xie, R. (2021). Effectiveness of Telehealth Interventions for Women With Postpartum Depression: Systematic Review and Meta-analysis. *JMIR MHealth and UHealth*, 9(10), e32544. <https://doi.org/10.2196/32544>

