

Original Article

Implementation of spiritual education and the speos method using the BEST for moms e-book in mothers with ineffective breastfeeding: A nursing case study

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Abstract

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Background: Ineffective breastfeeding remains a common postpartum nursing problem and may be manifested by insufficient milk production, poor infant latch, low breastfeeding frequency, infant dissatisfaction after feeding, and maternal anxiety. Mothers with ineffective breastfeeding require an intervention that addresses not only physiological milk production but also maternal knowledge, confidence, emotional readiness, and spiritual meaning. Spiritual breastfeeding education combined with the Stimulation of Endorphin, Oxytocin, and Suggestive massage method and digital learning media may offer a holistic approach to support breastfeeding success.

Objective: This study aimed to describe the application of spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book among mothers with ineffective breastfeeding.

Methods: This study used a descriptive case study design with a nursing care approach. The study was conducted in Tanjung Baru Village, Baturaja Timur, and involved two Muslim breastfeeding mothers with infants aged 0–1 month who experienced ineffective breastfeeding and were able to access the e-book. The intervention was delivered in eight visits over four weeks and included spiritual breastfeeding education, endorphin massage stimulation, oxytocin massage, suggestive techniques, and guided use of the BEST for Moms e-book. Data were collected using an ineffective breastfeeding assessment format, a spiritual breastfeeding education questionnaire, an intervention checklist, the Breastfeeding Self-Efficacy Scale–Short Form, and standard operating procedures for the intervention. Data were analyzed descriptively by comparing breastfeeding indicators before and after the intervention.

Results: Both mothers showed improvement after the intervention. Breastfeeding self-efficacy increased from 51 to 59 in the first case and from 55 to 67 in the second case. Breastfeeding frequency and infant urination frequency increased from fewer than eight times per day to more than eight times within 24 hours in both cases. Maternal anxiety decreased, maternal confidence improved, infant latch and breastfeeding position became more appropriate, and infants appeared calmer after breastfeeding. Ineffective breastfeeding was resolved on day seven in the first case and on day six in the second case.

Conclusion: Spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book may improve breastfeeding effectiveness, maternal self-efficacy, and infant feeding adequacy among mothers with ineffective breastfeeding.

Background

Breastfeeding is a biological and psychosocial process that plays an essential role in meeting infants' nutritional needs during early life. Breast milk contains nutrients, antibodies, and bioactive components that support infant growth, development, and protection against infection (Rosa, 2023). Exclusive breastfeeding during the first six months of life remains a key strategy for improving infant health and preventing early nutritional problems (Rohini et al., 2022). Optimal breastfeeding practice also strengthens emotional bonding between mothers and infants during the postpartum period (Blixt et al., 2024). Successful

breastfeeding requires maternal physical readiness, adequate knowledge, self-confidence, and sufficient family support (Wu et al., 2022).

Exclusive breastfeeding remains a major maternal and child health challenge in many countries. Previous studies have shown that exclusive breastfeeding practice is influenced by maternal knowledge, attitude, education, socioeconomic status, family support, and access to health services (Gebeyehu et al., 2023; Mohammed et al., 2023). Individual and community-level factors also affect the continuation of exclusive breastfeeding among infants under six months of age (Tsegaw et al., 2021). Mothers with limited breastfeeding

knowledge may experience greater difficulty in maintaining exclusive breastfeeding (Aulia, 2025). This condition indicates that breastfeeding problems are not only related to milk production, but also to mothers' ability to understand, believe in, and practice breastfeeding correctly (Wihyawari et al., 2025).

Ineffective breastfeeding often occurs among postpartum mothers and may be characterized by insufficient milk production, infant dissatisfaction after feeding, poor latch, low breastfeeding frequency, and maternal anxiety during breastfeeding (Rosa et al., 2024). Postpartum mothers may experience breastfeeding barriers due to pain, fatigue, stress, limited experience, and inadequate support from husbands and families (Bürger et al., 2022). Breastfeeding self-efficacy is an important factor because mothers' confidence in their ability to breastfeed can influence the duration and success of exclusive breastfeeding (Economou et al., 2021). Post-breastfeeding stress and low self-efficacy are modifiable predictors of exclusive breastfeeding success during the postpartum period (Shiraishi et al., 2020). Support from fathers and families can strengthen mothers' motivation, comfort, and continuity in breastfeeding practice (Koksal et al., 2022; Pakilaran et al., 2022).

Breastfeeding education is an important intervention to improve mothers' understanding and readiness in overcoming breastfeeding problems. Breastfeeding education has been reported to be more effective than standard hospital information in improving exclusive breastfeeding practice among mothers (Rohini et al., 2022). Breastfeeding counselling can also improve mothers' interest, knowledge, and readiness to continue breastfeeding (Boa & Agustine, 2022). Digital-based breastfeeding education offers practical advantages because mothers can access information flexibly through devices available at home (Rosa, 2022). The BEST for Moms e-book may serve as a practical educational medium because breastfeeding materials can be reviewed repeatedly by mothers according to their needs during home care (Rosa et al., 2024).

The SPEOS method is a non-pharmacological intervention that combines endorphin massage stimulation, oxytocin massage, and suggestive techniques to support breast milk production.

Lactation massage and oxytocin massage can increase milk production in postpartum mothers by promoting comfort, relaxation, and the milk ejection reflex (Agustia & Camelia, 2025). Breast care and acupressure interventions can also improve milk production and breast care among breastfeeding mothers (Rosa et al., 2025). The application of oxytocin massage in mothers with ineffective breastfeeding may help improve milk flow and the quality of breastfeeding practice (Rosa et al., 2023). Spiritual breastfeeding education complements physical interventions because spiritual approaches may strengthen maternal calmness, acceptance, and confidence in performing the breastfeeding role (Hasriyana & Surani, 2021).

Although various breastfeeding interventions have been developed, previous studies have mostly emphasized single approaches, such as education, oxytocin massage, breast care, acupressure, or family support separately (Rosa et al., 2023; Rosa et al., 2025; Pakilaran et al., 2022). The combination of spiritual education, the SPEOS method, and an e-book medium still needs further exploration as a holistic approach that addresses biological, psychological, spiritual, and educational aspects among mothers with ineffective breastfeeding. This approach is important because breastfeeding mothers need interventions that not only improve milk production but also increase knowledge, calmness, self-efficacy, and family involvement in breastfeeding care (Economou et al., 2021; Wu et al., 2022). A nursing case study can provide an in-depth description of the intervention process among breastfeeding mothers within the household context and daily care practice.

Therefore, this study aimed to describe the application of spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book among mothers with ineffective breastfeeding.

Methods

Study Design

This study used a descriptive case study design with a nursing care approach. The case study design was selected because this study aimed to describe the implementation process and nursing outcomes after the application of

spiritual breastfeeding education and the SPEOS method in breastfeeding mothers with ineffective breastfeeding. The nursing care approach was conducted through assessment, nursing diagnosis formulation, intervention planning, implementation, and evaluation. The intervention combined spiritual breastfeeding education, endorphin massage stimulation, oxytocin massage, and suggestive techniques through the BEST for Moms e-book. This design allowed the researcher to observe changes in breastfeeding status, maternal breastfeeding self-efficacy, and maternal responses before and after the intervention.

Sampling and Setting

This study was conducted in Desa Tanjung Baru, Baturaja Timur. The participants were two breastfeeding mothers who experienced ineffective breastfeeding. The participants were selected purposively based on predetermined inclusion criteria. The inclusion criteria were Muslim breastfeeding mothers, mothers who experienced low or insufficient breast milk production, mothers who had infants aged 0–1 month, mothers who had a smartphone and were able to access the BEST for Moms e-book, mothers who were able to read and write, and mothers who were willing to participate in the study. The selection of these criteria was intended to ensure that participants could receive the spiritual breastfeeding education, follow the SPEOS procedure, access the digital learning media, and provide responses during the nursing care process.

Instruments

Several instruments were used to collect data in this study. The first instrument was the ineffective breastfeeding assessment format based on breastfeeding status outcomes. This format was used to identify breastfeeding problems, including breast milk production, breastfeeding frequency, infant urination frequency, infant response after breastfeeding, maternal anxiety, maternal confidence, breastfeeding position, and infant latch. The second instrument was the checklist for spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book. This checklist was used to monitor the

implementation of each intervention component. The third instrument was a questionnaire on spiritual breastfeeding education. This questionnaire was used to assess mothers' understanding of the spiritual meaning of breastfeeding before and after education.

The fourth instrument was the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF). This instrument was used to measure maternal confidence in breastfeeding. The fifth instrument was the Standard Operating Procedure (SOP) for the SPEOS method and spiritual breastfeeding education. This SOP guided the researcher in implementing the intervention consistently for both participants. The BEST for Moms e-book was used as an educational medium to support mothers' understanding of breastfeeding, spiritual motivation, and the steps of the SPEOS method.

Intervention

The intervention consisted of a combination of spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book. Spiritual breastfeeding education was delivered to help mothers understand breastfeeding as a meaningful maternal role and as part of spiritual responsibility. The educational content emphasized positive beliefs, maternal calmness, gratitude, patience, and confidence in the ability to breastfeed. The education was provided using the BEST for Moms e-book so that mothers could read the material independently and repeat the information at home.

The SPEOS method consisted of endorphin massage stimulation, oxytocin massage, and suggestive techniques. Endorphin massage was applied to increase maternal comfort and relaxation. Oxytocin massage was applied to stimulate the milk ejection reflex and support breast milk production. Suggestive techniques were given through positive sentences and calming encouragement to help mothers feel more confident and relaxed while breastfeeding. The researcher demonstrated the intervention steps directly and guided the mothers during practice. The mothers were also encouraged to apply the intervention independently at home with family support.

Data Collection

Data collection was conducted through direct nursing assessment, observation, questionnaire completion, checklist documentation, and evaluation of breastfeeding outcomes. At the beginning of the study, the researcher assessed maternal identity, breastfeeding history, infant age, breastfeeding problems, breast milk production, breastfeeding frequency, infant urination frequency, infant behavior during and after breastfeeding, maternal anxiety, and maternal confidence. The researcher also assessed breastfeeding technique, including maternal position, infant latch, and the adequacy of areola attachment during breastfeeding.

Before the intervention, the mothers completed the spiritual breastfeeding education questionnaire and the BSES-SF. The researcher then implemented spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book. During the intervention period, the researcher observed maternal responses, intervention adherence, breastfeeding frequency, infant urination frequency, and changes in breastfeeding behavior. After the intervention, the researcher re-evaluated breastfeeding status, maternal self-efficacy, maternal understanding of spiritual breastfeeding, and the achievement of breastfeeding outcomes. All data were documented in the nursing care format and presented according to the progress of each participant.

Data Analysis

Data were analyzed using descriptive analysis. The analysis focused on describing the nursing care process and comparing breastfeeding outcomes before and after the intervention. The researcher compared pre- and post-intervention data from the spiritual breastfeeding education questionnaire, BSES-SF scores, breastfeeding frequency, infant urination frequency, maternal confidence, maternal anxiety, infant response after breastfeeding, and breastfeeding technique. The researcher also analyzed the achievement of breastfeeding status outcomes based on the nursing assessment format.

The results were presented narratively to describe the condition of each participant before the intervention, the implementation process, and the changes observed after the intervention. Differences between the two participants were interpreted based on maternal characteristics, breastfeeding experience, family support, intervention adherence, and maternal ability to practice the SPEOS method independently. The descriptive analysis allowed the study to explain how the combined intervention contributed to changes in breastfeeding effectiveness in each case.

Ethical Considerations

This study followed ethical principles in nursing research and case study implementation. The researcher provided an explanation to each participant regarding the purpose of the study, the intervention procedure, the type of data collected, the expected benefits, and the right to withdraw from the study at any time. Participation was voluntary, and informed consent was obtained before data collection. The researcher maintained participant confidentiality by using initials or codes instead of real names in the report.

The intervention was conducted with respect for maternal comfort, privacy, religious values, and family context. The researcher ensured that the SPEOS method was performed safely and according to the SOP. The researcher also provided opportunities for participants to ask questions during the education and practice sessions. All information obtained during the study was used only for scientific and nursing care purposes.

Results

This case study involved two postpartum mothers with ineffective breastfeeding who received a combined intervention consisting of spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book. The results are presented based on the methodological sequence, including participant characteristics, baseline breastfeeding assessment, intervention implementation, and post-intervention nursing outcomes. The main outcomes included breastfeeding self-efficacy,

spiritual breastfeeding knowledge, breastfeeding frequency, infant urination frequency, infant response after breastfeeding, maternal confidence, maternal anxiety, latch adequacy, and the day on which ineffective breastfeeding was resolved. Baseline assessment showed that both participants had low breastfeeding self-efficacy, insufficient

breastfeeding frequency, infant urination frequency below eight times per day, maternal anxiety, and suboptimal latch before the intervention. The source document reported two participants, namely Mrs. C and Mrs. M, with different ages, infant ages, breastfeeding experience, and baseline scores.

Table 1. Baseline characteristics and initial breastfeeding assessment of the two case study participants

Variable	Case 1: Mrs. C	Case 2: Mrs. M
Maternal age	18 years	34 years
Religion	Islam	Islam
Occupation	Housewife	Housewife
Residence	Tanjung Baru	Kemelak
Infant age at first assessment	11 days	7 days
Birth order of infant	First child	Third child
Infant sex	Male	Male
Initial breastfeeding self-efficacy score	51	55
Initial breastfeeding self-efficacy category	Low	Low
Initial spiritual breastfeeding knowledge score	2/10 correct answers	6/10 correct answers
First day of breast milk flow	Day 7 postpartum	Day 5 postpartum
Initial breastfeeding frequency	4-5 times/day	5-6 times/day
Initial infant urination frequency	5 times/day	5 times/day
Maternal confidence before intervention	Not confident	Not confident
Maternal anxiety before intervention	Present	Present
Infant response after breastfeeding	Crying and unsatisfied	Crying and unsatisfied
Breastfeeding position	Inappropriate	Inappropriate
Latch condition	Suboptimal; areola not fully attached	Suboptimal; areola not fully attached
Main nursing problem	Ineffective breastfeeding related to inadequate milk supply	Ineffective breastfeeding related to inadequate milk supply

Table 1 shows that both mothers experienced ineffective breastfeeding before receiving the intervention. Mrs. C had a lower spiritual breastfeeding knowledge score than Mrs. M, while both participants had low breastfeeding self-efficacy and infant urination frequency of only five times per day. Both infants showed signs of inadequate breastfeeding, including crying, dissatisfaction after feeding, and suboptimal latch. Mrs. C had more prominent early breastfeeding difficulty because she was a primiparous mother, breast milk started flowing on the seventh postpartum day, and the infant breastfed only four to five times per day. Mrs. M

also experienced ineffective breastfeeding, but her baseline breastfeeding frequency and spiritual breastfeeding knowledge were slightly higher than those of Mrs. C.

The intervention was implemented through direct nursing assistance, spiritual breastfeeding education, demonstration of the SPEOS method, use of the BEST for Moms e-book, and encouragement for independent practice at home. The source document stated that the intervention was delivered in eight visits over four weeks, with Mrs. C receiving visits from 6 May 2025 to 23 May 2025 and Mrs. M receiving visits from 20 May 2025 to 2 June

2025. The intervention process emphasized repeated education, supervised practice, correction of breastfeeding technique, and monitoring of breastfeeding outcomes.

both participants completed the full intervention dose of eight visits over four weeks. The main difference between the two cases was the consistency of independent home practice. Mrs. C did not perform the intervention independently for two days because of limited support from her husband, whereas Mrs. M performed independent practice six times. This difference in adherence and family support provides an important contextual explanation

for the slightly faster resolution of ineffective breastfeeding in Mrs. M.

After the intervention, both participants showed improvement in breastfeeding-related outcomes. The source document reported that Mrs. C's breastfeeding self-efficacy score increased from 51 to 59, while Mrs. M's score increased from 55 to 67. The document also reported that both participants achieved breastfeeding and infant urination frequencies of more than eight times per 24 hours after the intervention, with ineffective breastfeeding resolved on day seven in Mrs. C and day six in Mrs. M.

Table 2. Changes in breastfeeding outcomes before and after the intervention

Outcome	Case 1: Mrs. C before intervention	Case 1: Mrs. C after intervention	Case 2: Mrs. M before intervention	Case 2: Mrs. M after intervention
Breastfeeding self-efficacy score	51	59	55	67
Change in breastfeeding self-efficacy score	—	+8 points	—	+12 points
Breastfeeding self-efficacy category	Low	Improved	Low	Improved
Spiritual breastfeeding knowledge score	2/10	Improved after education	6/10	Improved after education
Breastfeeding frequency	4–5 times/day	>8 times/24 hours	5–6 times/day	>8 times/24 hours
Infant urination frequency	5 times/day	>8 times/24 hours	5 times/day	>8 times/24 hours
Infant response after breastfeeding	Crying and unsatisfied	Calmer after breastfeeding	Crying and unsatisfied	Calmer after breastfeeding
Maternal anxiety	Present	Decreased	Present	Decreased
Maternal confidence	Low	Increased	Low	Increased
Breastfeeding position	Inappropriate	Improved	Inappropriate	Improved
Latch condition	Suboptimal	Improved	Suboptimal	Improved
Resolution of ineffective breastfeeding	Not resolved	Resolved on day 7	Not resolved	Resolved on day 6

Table 2 demonstrates clinically meaningful improvements in both participants after the combined intervention. Mrs. C showed an eight-point increase in breastfeeding self-efficacy, while Mrs. M showed a twelve-point increase. Both participants achieved breastfeeding and infant urination frequencies of more than eight times per 24 hours, which indicates improvement in breastfeeding adequacy. Both mothers also showed reduced anxiety, improved confidence, better breastfeeding position, improved latch, and calmer infant responses after breastfeeding. The nursing problem was

resolved earlier in Mrs. M than in Mrs. C, suggesting that consistent independent practice and stronger family support may have contributed to faster improvement.

Discussion

This study showed that the combination of spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book produced positive changes in two mothers with ineffective breastfeeding. Both mothers experienced increased breastfeeding self-efficacy after receiving eight intervention visits

over four weeks. Both infants showed increased breastfeeding frequency and urination frequency to more than eight times within 24 hours after the intervention. Both mothers also demonstrated improved breastfeeding position, better infant latch, greater calmness during breastfeeding, and stronger confidence in providing breast milk. Mrs. M achieved resolution of ineffective breastfeeding earlier than Mrs. C because her independent practice and family support were more consistent. These findings indicate that breastfeeding improvement requires a combined approach involving education, physical stimulation, psychological reinforcement, spiritual meaning, and family involvement.

The improvement in breastfeeding outcomes among both mothers indicates that ineffective breastfeeding should be understood as a multidimensional condition involving biological, psychological, educational, and social factors (Wu et al., 2022). Postpartum mothers require adequate breastfeeding knowledge because maternal understanding of exclusive breastfeeding influences readiness to maintain breastfeeding practices (Wihyawari et al., 2025). Primigravida mothers require more intensive education because limited breastfeeding experience can affect maternal confidence and breastfeeding skills (Aulia, 2025). Mothers with breastfeeding difficulties need holistic support because milk production problems are often related to maternal comfort, emotional condition, and environmental support (Bürger et al., 2022). Breastfeeding barriers may occur due to pain, fatigue, stress, limited experience, and insufficient support from husbands and families (Bürger et al., 2022). Holistic breastfeeding education can help mothers understand breastfeeding more comprehensively and support the success of exclusive breastfeeding (Rosa et al., 2022).

The increase in breastfeeding self-efficacy among both mothers shows that maternal confidence is an important component of breastfeeding success (Economou et al., 2021). Breastfeeding self-efficacy is associated with breastfeeding duration and exclusivity because maternal confidence influences the decision to continue breastfeeding (Economou et al., 2021).

Mothers with low self-efficacy need structured educational and emotional support during the early postpartum period (Shiraishi et al., 2020). Breastfeeding education can improve maternal readiness because clear information helps mothers understand signs of adequate milk intake and correct breastfeeding techniques (Rohini et al., 2022). Breastfeeding counselling can increase maternal interest in breastfeeding because mothers receive guidance, support, and reinforcement while facing breastfeeding difficulties (Boa & Agustine, 2022). The improvement in self-efficacy in this study strengthens the role of education as an essential component of nursing care for mothers with ineffective breastfeeding (Rosa, 2023).

The improvement in breastfeeding frequency and infant urination frequency indicates that the SPEOS method may support breast milk production and milk flow (Agustia & Camelia, 2025). Lactation massage and oxytocin massage can increase milk production because these interventions promote maternal relaxation and stimulate the milk ejection reflex (Agustia & Camelia, 2025). Oxytocin massage can help mothers with ineffective breastfeeding because this intervention supports milk flow and maternal comfort during breastfeeding (Rosa et al., 2023). Breast care and acupressure can improve milk production because these interventions stimulate the breast and support physiological readiness for breastfeeding (Rosa et al., 2025). Breast care among postpartum mothers can prevent breast milk engorgement because the intervention helps maintain milk flow and breast comfort (Fitriani Agustina et al., 2024). Non-pharmacological interventions for breastfeeding mothers have clinical value because they are relatively safe, teachable, and repeatable in the home setting (Soleha et al., 2024).

The improvement in maternal calmness and confidence also suggests that spiritual breastfeeding education contributed to the psychological and spiritual dimensions of breastfeeding care (Rosa et al., 2024). Spiritual education can help mothers interpret breastfeeding as a meaningful maternal responsibility and strengthen patience during breastfeeding difficulties (Rosa et al., 2024). A

spiritual approach may reduce anxiety because mothers receive positive reinforcement that connects breastfeeding with inner calmness and maternal purpose (Hasriyana & Surani, 2021). Maternal emotional stability is important because post-breastfeeding stress can influence breastfeeding self-efficacy and exclusive breastfeeding outcomes (Shiraishi et al., 2020). Spiritual and educational support may complement physical interventions because mothers need both technical skills and emotional strength to continue breastfeeding (Wu et al., 2022). The combination of spiritual meaning and breastfeeding practice may therefore provide a more holistic nursing intervention for mothers experiencing ineffective breastfeeding (Rosa, 2023).

The use of the BEST for Moms e-book supported the intervention because digital media allowed mothers to repeatedly access breastfeeding materials at home (Rosa et al., 2024). Android-based breastfeeding counselling can support exclusive breastfeeding success because digital education increases the accessibility of breastfeeding information for mothers (Rosa, 2022). Educational media can improve maternal knowledge because structured visual and written materials help mothers understand health information more easily (Angraeni et al., 2025). Digital breastfeeding education can strengthen learning continuity because mothers can review the material outside direct contact with health workers (Rosa, 2022). The e-book also functioned as a practical guide because the mothers could revisit spiritual breastfeeding content and SPEOS steps during independent practice (Rosa et al., 2024). However, direct assistance remained important because mothers needed demonstration, correction, and clarification when practicing the SPEOS method at home (Rohini et al., 2022).

The difference in the day of resolution between Mrs. C and Mrs. M indicates that family support and intervention adherence influenced the speed of breastfeeding improvement. Family support can improve exclusive breastfeeding practice because emotional, informational, and practical assistance helps mothers maintain breastfeeding behavior (Pakilaran et al., 2022). Father support has a positive effect on

breastfeeding because husbands can provide motivation, reduce maternal burden, and assist mothers during breastfeeding practice (Koksai et al., 2022). Partner involvement is important because breastfeeding support from partners can strengthen maternal confidence and reduce feelings of isolation during breastfeeding (Blixt et al., 2024). Paternal education also influences breastfeeding initiation and duration because fathers' understanding can shape household support for breastfeeding mothers (Hackman et al., 2022). The faster improvement in Mrs. M suggests that consistent home practice and better husband involvement may strengthen the effect of structured nursing intervention (Yourkavitch & Hall, 2022).

These findings provide important implications for community-based nursing care because ineffective breastfeeding often occurs in the home context after mothers leave health facilities (Jebena & Tenagashaw, 2022). Nurses can use combined interventions to address breastfeeding problems because mothers need education, physical stimulation, psychological support, and family involvement simultaneously (Wu et al., 2022). Community health services can integrate digital education with direct assistance because digital media alone may not be sufficient for skill-based interventions such as breastfeeding technique and massage practice (Rosa, 2022). Health cadres and community-based support systems can also strengthen breastfeeding promotion because local support can extend education beyond formal health facilities (Deswani et al., 2025). Equity-oriented breastfeeding interventions are needed because mothers' breastfeeding success is shaped by social context, access to support, and household resources (Vilar-Compte et al., 2022). Therefore, spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book may serve as a feasible nursing approach for improving breastfeeding outcomes among mothers with ineffective breastfeeding.

Conclusion and Recommendation

This case study concluded that spiritual breastfeeding education and the SPEOS method using the BEST for Moms e-book improved

breastfeeding self-efficacy, breastfeeding frequency, infant urination frequency, infant calmness, maternal confidence, breastfeeding position, and infant latch in two mothers with ineffective breastfeeding. The intervention also helped resolve ineffective breastfeeding, with Mrs. M showing faster improvement than Mrs. C because independent practice and family support were more consistent. Nurses are encouraged to apply this combined intervention as part of postpartum nursing care, especially for mothers with low confidence, delayed milk flow, and suboptimal breastfeeding technique. Health workers should involve husbands or family members during education and practice because family support can strengthen intervention adherence at home. Future studies should use larger samples, comparison groups, longer follow-up, and quantitative outcome measurements to evaluate the effectiveness of this intervention more rigorously.

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The authors declare no competing interests.

Declaration on the Use of AI

The authors used AI-assisted tools for language editing and formatting. The authors reviewed and take full responsibility for the content.

Data Availability Statement

Data sharing is not applicable to this article.

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