



THE RELATIONSHIP BETWEEN BREAST CARE IMPLEMENTATION AND POST PARTUM MOTHER'S MILK PRODUCTION AT PMB VERONIKA SINAGA BATAM CITY

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ABSTRACT

Breast care is one of the most important efforts for post partum mothers with the aim of facilitating the production of breast milk. In order to reduce child morbidity and mortality, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 2005 recommended that infants be breastfed for at least six months. The success rate of breastfeeding in Indonesia in 2013 was 54.3%, (Kemenkes RI, 2014). The success rate of breastfeeding in the Riau Islands in 2013 was 52.6%, (Kemenkes RI, 2014). Exclusive Breast Milk Coverage in Batam City 47% in 2017. The low coverage of exclusive breastfeeding may be due to the low awareness of the importance of breast care to support the production of breast milk, (Dinas Kesehatan Kota Batam, 2018). The purpose of this study was to explain the relationship between the implementation of breast care and the expenditure of breast milk in post partum mothers. The method used by the author is a descriptive type, in the form of research with a case study method or approach, with visits during the postpartum period to respondents aged 25 years P₂A₁ at PMB Veronika Sinaga Batam City and carried out 3 times. From the results of the study, it was shown that the breast care provided to the respondents went smoothly and there was an increase in the expenditure of breast milk after breast care was carried out. The conclusion in this study based on the results of the assessment and examination it was found that breast care for postpartum mothers was very influential, respondents were able to carry out breast care independently well, and the authors were able to apply midwifery care through a midwifery management approach and documented by the SOAP method.

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1. INTRODUCTION

Mother's milk is the best nutrition for babies which greatly affects the growth and development of babies. Mother's milk contains ideal and sufficient nutrients to ensure growth and development until the age of 6 months. The release of breast milk is a complex interaction between mechanical stimuli, nerves, and various hormones, (Mansyur & Dahlan, 2014).

Breast care is an important preparation before breastfeeding a baby, because the breast is an essential organ that produces breast milk which is the staple food for newborns, so care needs to be done as early as possible. Breast care consists of breast massage, nipple care, and procedures for cleaning the breasts as the benefits of improving blood circulation and releasing breast milk, (Wulan & Gurusina, 2015). In order to reduce child morbidity and mortality, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 2005 recommended that infants be breastfed for at least six months. The success rate of breastfeeding in Indonesia in 2013 was 54.3%, (Kemenkes RI, 2014). The success rate of breastfeeding in the Riau Islands in 2013 was 52.6%, (Kemenkes RI, 2014).

Exclusive breastfeeding coverage in Batam City increased from 40% in 2016 to 47% in 2017 but is still very low when compared to the national target to be achieved (80%). The low coverage of exclusive breastfeeding is possible due to the low awareness of breastfeeding mothers on the importance of breastfeeding and the importance of breast care to support the production of breast milk, (Dinas Kesehatan Kota Batam, 2018).

Based on an initial survey conducted by researchers on May 20, 2021 at PMB VeronikaSinaga, the intervention carried out for the expenditure of breast milk was by doing breast care, but the results were not optimal because health workers did not practice directly, but only provided information about breast care to patients postpartum mother, (Ningsih, 2021). Expenditure of breast milk is influenced by many factors, the main factor is the influence of the hormone prolactin which has a role in the production of breast milk. The impact if breast milk does not come out smoothly, namely: blocked ducts, swollen breasts, mastitis, and the baby is not suckling due to a lack of flow of mother's milk, (Fatmawati, 2019).

Newborns feed every 2-3 hours or 10-12 times in 24 hours. During the first 2 days after birth, some babies sleep for 6-8 hours. To give breast milk to a baby, it is best to wake him up during his sleep cycle. On the 3rd day after birth, generally the baby suckles every 2-3 hours, (Mansyur & Dahlan, 2014). One way to expedite the process of giving breast milk is to do regular breast care, done 2 times a day before taking a bath in the morning and evening for 30 minutes will help smooth the expenditure of breast milk. Breast massage is useful for launching the expulsion reflex and also effectively increasing the volume of breast milk, (Fatmawati, 2019).

The breast care technique is to start by compressing the nipples with cotton and baby oil for 5 minutes, then do the massage starting from the top, to the side, then down. Then, the massage is continued down, sideways, then transverse, then the palms are massaged forward, then both hands are released from the breasts, repeat the movement 20-30 times. After the massage, the breasts are compressed again with warm and cold water, then clean the remaining oil on the breasts, then put the bra back on to support the breasts. The benefits of breast care, namely, maintaining breast hygiene, promoting blood circulation, stimulating the production of breast milk, preventing breast engorgement, (Mangusada, 2018).

Based on the explanation described above, the researcher is interested in conducting a study with the title "The Relationship between Breast Care Implementation and Post Partum Breast Milk Production at PMB VeronikaSinagaBatam City".

2. RESEARCH METHOD

The research design used is a descriptive type, in the form of research using a case study method or approach. Collecting data first with observations made directly on the respondent, then interviews were conducted directly between the researcher and the respondent which led to problem solving. After the interview, a physical examination of the breast was carried out, then carried out treatment consisting of procedures for cleaning the nipples and also breast massage techniques, then documentation of data collection was documented using the SOAP method and for publication. The implementation of this care has been based on compliance with health protocols during the Covid-19 pandemic. The respondents used were postpartum mothers for 6 hours, 6 days, and 2 weeks. The research location was carried out at the Independent Midwife Practice (PMB) VeronikaSinaga, Batu Besar, Nongsa District, Batam City and at the respondent's house. The time required for the research starts from May 2021 to June 2021.

3. RESULTS AND ANALYSIS

Table 1. Results of the Implementation of Post Partum Mother's Breast Care

Action Type	First Visit (6 Hours Postpartum at PMB Veronika)	Second Visit (6 Days Postpartum at PMB Veronika)	Third Visit (2 Weeks Postpartum at Respondent's House)
Breast physical examination	Inspection: Round, symmetrical, there is hyperpigmentation of the areola, prominent nipples, no blisters.	Inspection: Round, symmetrical, there is hyperpigmentation of the areola, prominent nipples, no blisters.	Inspection: Round, symmetrical, there is hyperpigmentation of the areola, prominent nipples, no blisters.
	Palpation: No palpable lump, no tenderness, no breast milk expulsion.	Palpation: No palpable lump, no tenderness, there is milk discharge.	Palpation: No palpable lump, no tenderness, leaking milk.



Clean the nipples	Nipples are rarely cleaned and dirty.	Nipples are regularly cleaned and cleaned.	Clean nipples, mothers are proficient in maintaining breast hygiene.
Breast massage	Breast milk comes out in small quantities, the baby is not suckling.	The milk comes out quite smoothly, the baby suckles enough.	Breast milk comes out smoothly and profusely until it seeps on clothes, baby is feeding enough.



Figure 1: Post Partum Mother Breast Massage

3.1. Sub section 1

The implementation of breast care for the respondents was carried out directly at the PMB and at the respondent's house. The first visit was carried out at 6 hours postpartum at PMB, the second postpartum visit was 6 days postpartum held at PMB, and the third visit at 2 weeks postpartum was carried out at the respondent's house. The respondent's complaint is that there is still a small amount of breast milk production at the first visit. This is because respondents do not know about the breast care process, which has many benefits, namely: maintaining breast hygiene, improving blood circulation, stimulating breast milk production, preventing breast engorgement. (Mangusada, 2018).

Researchers provide counseling regarding breast care efforts in order to expedite the release of breast milk, starting at the stage of physical examination of the mother's breasts. The next stage, the researchers cleaned the nipple area, which resulted in the condition of the nipples being dirty and rarely cleaned. Followed by doing the first breast massage by compressing the nipple with cotton and baby oil for 5 minutes, then do the massage starting from the top, to the side, then down. Then, the massage is continued down, sideways, then transversely, then the palms are massaged forward, then both hands are released from the breasts, repeat the movement 20-30 times. After the massage, the breasts are compressed again with warm and cold water, then clean the remaining oil on the breasts, then put the bra back on to support the breasts. (Mangusada, 2018).

It was found that very little breast milk came out, so it was explained again that the respondent had to routinely do breast care independently for 2 times a day before taking a bath in the morning and evening for 30 minutes will help smooth the expenditure of mother's milk and continue to breastfeed her baby in order to stimulate milk production Mother more. Breast massage is useful for launching the expulsion reflex and is also effective in increasing the volume of breast milk. (Fatmawati, 2019).

On the second visit, respondents said that the mother's milk came out quite smoothly, so she felt that her baby was breastfeeding enough. The researcher again conducted a physical examination of the breast first to ensure that the respondent's condition was good, there was no inflammation or damming of breast milk and swelling that could harm the respondent. The results showed normal breast conditions, the researchers returned to cleaning the nipple area, and the results obtained that the nipples were not dirty as when cleaning at the initial visit, meaning that respondents were able to carry out independent breast care properly so as to avoid any impact if breast milk did not come out smoothly, namely : blocked breast milk duct (obstructed duct), swollen breasts, mastitis, and the baby is not suckling due to the lack of smooth flow of breast milk, (Fatmawati, 2019). Next, do a breast massage technique, and the result is that the mother's milk comes out quite smoothly.

On the third visit, the researcher again conducted a physical examination of the breasts, and ensured that there were no disturbances in the breastfeeding process, the respondents were able to breastfeed their babies directly without any barriers to breastfeeding. The condition of the nipples is clean, and after the massage, it turns out that the mother's milk comes out very smoothly and profusely until it seeps on the clothes. Respondents are able to breastfeed

their babies every 2 hours, so that they are able to meet the nutritional needs of their babies, in accordance with the theoretical basis that newborns breastfeed every 2-3 hours or 10-12 times in 24 hours, (Mansyur & Dahlan, 2014).

4. CONCLUSION

Based on the results of research conducted, it can be concluded that breast care for postpartum mothers is closely related to the smoothness of breast milk, it can be seen from how respondents maintain breast hygiene patterns before being given counseling and after being given counseling and cleaning procedures, then the effect of doing massage techniques which is able to increase the volume of breast milk, which shows the difference in the volume of breast milk before breast massage is carried out with after routine breast massage. The implementation of breast care for postpartum mothers went smoothly, respondents were able to carry out breast care independently well during postpartum monitoring, thus providing benefits for respondents, especially in terms of meeting the nutritional needs of their babies.

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REFERENCES

- [1] Dinas Kesehatan Kota Batam. (2018). *Batam City Health Profile*.
- [2] Fatmawati, L., Syaiful, Y., & Wulansari, N. A. (2019). *The Effect of Breast Care in the Milk Output of Post Partum Mother* Lilis Fatmawati *, Yuanita Syaiful *, Nur Afni Wulansari **. PENDAHULUAN Air Susu Ibu (ASI) Breast Care seb. *Journal of Ners Community*, 10(November), 169–184. <http://journal.unigres.ac.id/index.php/JNC/article/view/904/0>
- [3] Kemenkes RI. (2014). Infodatin-Asi. In *Millennium Challenge Account - Indonesia* (pp. 1–2). Kementerian Kesehatan Republik Indonesia. <https://pusdatin.kemkes.go.id/download.php?file=download/pusdatin/infodatin/infodatin-asi.pdf>
- [4] Mangusada, H. (2018). *28 Breast Care for postpartum mothers -1.pdf*. RSUD Bandung Mangusada.
- [5] Mansyur, N., & Dahlan, K. . (2014). Postpartum Midwifery Care Textbook. *Foreign Affairs*, 146, 1–146. <file:///C:/Users/User/Downloads/fvm939e.pdf>
- [6] Ningsih, E. S., Muthoharoh, H., & Erindah, U. (2021). *Knowledge of Postpartum Mothers About Breast Care During Lactation*. *Jurnal Ilmiah Kesehatan*, 16(2), 4–13.
- [7] Wulan, S., & Gurusinga, R. (2015). *EFFECT OF BREAST CARE (BREAST CARE) ON BREAST MILK VOLUME IN POST PARTUM (NIFAS) MOTHERS IN DELI Hospital, SERDANG, SUMUT IN 2012 Data were collected using observation sheets containing demographic data and measuring tubes for breast milk volume. A. EFFECT OF BREAST CARE (BREAST CARE) ON BREAST MILK VOLUME IN POST PARTUM (NIFAS) MOTHERS IN DELI Hospital, SERDANG SUMUT IN 2012 Data Collection Using Observation Sheets Which Contains Demographic Data and Breast Milk Volume Measuring Tubes. A*, 2(1), 1–4.