



Breast Care for Pregnant Women to Increase Mother's Milk Production in the Working Area of the Lotang Salo Health Center

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ABSTRACT

Breast care for pregnant women that has been carried out so far is still oriented towards providing counseling or in other words, the emphasis is more on increasing knowledge and not specifically on implementation, nor has an evaluation been carried out on the results of post-counseling knowledge absorption so it is difficult to measure and assess how much application of their knowledge of breast care. This study aims to determine the effect of breast care on increasing breast milk production in Post Partum mothers at the Lotang Salo Sidrap Health Center. The results of the study show that 95% of 20 pregnant women performed breast care in the form of Breast Exercise/Breast Massage, pregnant women who underwent breast care. Her breast milk comes out smoothly at 95%. Results Daily breast milk production on the first day was 10-30 cc/day in 8 people (40%) and 20-40 cc/day was also in 8 people (40%), on the second day breast milk production was 40-60 cc/day in 10 people (50%), while on the third day breast milk production increased to 60-80 cc/day in 15 people (75%). The results of the study also showed that 15 pregnant women who did not take care of their breasts had poor milk production (75%) and 5 people (25%) did not produce breast milk. From the results of this research, it was concluded that pregnant women prefer breast care with breast massage; Breast Care with Breast Exercises/Breast Massage produces smoother milk production; Pregnant women who perform breast care have a significant effect on increasing breast milk production.





Keywords: Breast Care, Pregnant Women, Breast Milk Production, Lotang Salo Community Health Center

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1. Introduction

Breast milk contains all the nutrients and fluids needed to fulfill all the baby's nutrition in the first 6 months because it contains more than 60% of the baby's needs. In order to meet all the baby's needs, it is necessary to supplement with complementary foods for breast milk (MPASI). If the baby does not want to drink breast milk, the baby's nutritional needs will not be met properly and the baby will be susceptible to disease. (Saryono and Pramitasari, 2019). To overcome this problem, one way is to provide guidance about breast care to pregnant women, which should be done at 18 weeks of gestation to 40 weeks of gestation or the second and third trimesters of pregnancy (Geniofan, 2018), in addition to providing health education through counseling for pregnant women. which is accompanied by a demonstration of how to properly care for breasts before and after giving birth, as well as a demonstration of breast care during pregnancy control and postpartum visits, where counseling is appropriate when the mother develops the ability to make decisions which are informed by integrated scientific and systematic reasoning (Anwar, 2015). Apart from that, it can also be done through leaflets, props, posters and promotions via radio and other media. This effort can improve the mother's ability to care for her breasts properly and correctly as a preventive measure against breastfeeding problems so that the breastfeeding process can run smoothly and is an effort to improve the health status of the mother and baby (Saryono and Pramitasari, 2009).

Decreased breast milk production in the first days after giving birth, poor breastfeeding techniques (Pertiwi, 2015). The results of research conducted on breast care for post-partum mothers and the smooth production of breast milk in





Karang Duren village, Semarang Regency, show that the results of this research show that there is a relationship between breast care for post-partum mothers which plays a very important role in the smooth production of breast milk. Research conducted by Pertiwi in 2012 with the title "Factors that influence the lactation process of mothers with babies aged 0 - 6 months in Cibeusi Village, Jatinangor District". The results of the study showed that 47% of mothers could be caused by a lack of stimulation of the hormones prolactin and oxytocin which indicates that breast conditions and care were poor. 55% of mothers indicated that conditions and care were good. Research conducted by Solichah in 2011 with the title "Relationship with the smooth release of breast milk with the result $p = 0.0007$ (Sholichah, 2016).

From the report on the results of the Indonesian Demographic and Health Survey (SDKI, 2007), at the age of more than 25 years, a third of women in the world (38%) were found not to breastfeed their babies due to breast swelling, and in Indonesia the exclusive breastfeeding coverage rate reached 32.3% of mothers who gave Exclusive breastfeeding for their children. The 2008 - 2009 Indonesian Demographic and Health Survey (SDKI) showed that 55% of breastfeeding mothers experienced mastitis and sore nipples, possibly due to lack of breast care during pregnancy. Based on research in Surabaya in 2004, it showed that 46% of mothers gave exclusive breastfeeding to their children and around 34% took breast care (Varney, H., Kriebs, J & Gegor, C).

In the Gowa Regency area, it was found that exclusive breastfeeding coverage in 2014 only reached 73% of the 2015 MDGs target of 80%. Even though the difference is not too big, this does not mean that the government can ignore it. On the contrary, this must be interpreted as a challenge as well as an opportunity for better success. Health workers, in this case midwives, must consider that their task in the future will be more difficult because new pregnant women will still appear. and require health education according to their needs. On the other hand, it was discovered from the results of interviews with several coordinating midwives that breast care for pregnant women that had been carried out so far was still oriented





of the results ever been carried out. post-counseling knowledge absorption, making it difficult to measure and assess how much their knowledge of breast care is applied.

2. Research Method

The aim of this research is to determine the effect of breast care in pregnant women on increasing breast milk production in postpartum mothers. This research is a type of case control research with a prospective design. This research was carried out in the Working Area of the Lotang Salo Sidrap Community Health Center.

3. Results And Discussions

a. Result

The research results were obtained from observational data which had been analyzed using Fisher's Exact Test which was then presented in table form accompanied by the following narrative:

Table 1.
Distribution of Respondents Based on Type of Breast Care Done

Breast Care	N	%
Providing Nutrition	1	5.0
Breast massage	19	95.0
Total	20	100.0

Based on table 1, it was found that in the group of pregnant women who had breast care, 95% (19 people) who had breast massage, the remaining 5% (1 person) were breast care with nutrition.

Table 2.
Distribution of Respondents Based on Results Obtained During Observations on Pregnant Women Who Undergo Breast Care





Results	N	%
Smooth breastfeeding	19	95.0
Breast milk is not flowing smoothly	1	5.0
Total	20	100.0

Based on table 2, it was found that in the group of mothers who had breast care, 95% (19 people) had good breast milk and 5% (1 person) had poor breast milk.

Table 3.

Distribution of Respondents Based on Breast Milk Production Results (cc/Day) by Day First for pregnant women who undergo breast care

Breast milk production (cc/Day)	N	%
Day 1		
10-30	8	40.0
10-40	2	10.0
20-40	8	40.0
30-60	1	5.0
5-10	1	5.0
Total	20	100.0

Based on table 3, it was found that in the group of mothers who underwent breast care the amount of breast milk that came out on day 1 was 10-30 cc as much as 40% (8 people), 10-40 cc as much as 10% (2 people), 20–40 cc as much as 40% (8 people), 30–60cc as much as 5% (1 person) and 5–10cc as much as 5% (1 person).





Table 4.

Distribution of Respondents Based on Breast Milk Production Results (cc/Day) in Second Day for Mothers Who Have Breast Care.

Breast milk production (cc/Day) Day 1	N	%
30-50	2	10.0
30-60	5	25.0
30-70	2	10.0
40-60	10	50.0
60-80	1	5.0

Based on table 4, it was found that in the group of mothers who underwent breast care the amount of breast milk that came out on day II was 10% (2 people) 30-50 cc, 25% (5 people) 30-60 cc, 30-70 cc as much. 10% (2 people), 40-60 cc as much as 50% (10 people) and 60–80 cc as much as 5% (1 person).

Table 5.

Distribution of Respondents Based on Observation Results in the Pregnant Women Group Those Who Don't Do Breast Care

Results	N	%
Breast milk doesn't come out smoothly	15	75.
Breast milk does not come out	5	25.
Total	20	100.0

Based on table 5, it was found that in the group of mothers who did not carry out breast care, the majority, namely 75% (15 people) had breast milk coming out but not smoothly and as many as 25% (5 people) breast milk did not come out.





b. Discussion

The results of the research, as presented in table 2, showed that 95% or 19 pregnant women who underwent breast care had smooth milk production and only 5% or only 1 person whose breast milk production did not run smoothly.

Breast milk production on the first, second and third days is presented in tables 3, 4 and 5, where on the first day it was found that in the group of mothers who underwent breast care the percentage of breast milk (2 people), 20-40 cc was 40% (8 people), 30-60 cc as much as 5% (1 person) and 5-10 cc as much as 5% (1 person). This means that pregnant women who carry out breast care have the highest breast milk production on the first day reaching 30-60 cc/day but only 5% of the number of pregnant women or only 1 person and more pregnant women on the first day produce breast milk between 10-30 cc/day and 20-40 cc or a total of 8 people each. On the second day (table 4) the amount of breast milk that came out was 10% 30-50 cc (2 people), 25% 30-60 cc (5 people), 10% 30-70 cc (2 people), 40-60 cc as much as 50% (10 people) and 60-80 cc as much as 5% (1 person).

This shows that on the second day half of pregnant women or 50% of pregnant women produce 40-60 cc of breast milk. Furthermore, on the third day (table 5), it was found that in the group of mothers who underwent breast care the amount of breast milk that came out was 50-90 cc, 10% (2 people), 60-80 cc, 75% (15 people), 70-90 cc as much as 10% (2 people) and 80-120 cc as much as 5% (1 person). This shows that breast milk production in pregnant women occurs more on the third day, namely 15 pregnant women or 75% with a quantity of 60-80 cc.

Breast milk production continues to increase due to frequent breastfeeding of babies. This is in accordance with the theory which says that the more often a mother breastfeeds her baby, the more breast milk the body produces.

Based on table 5, it was found that in the group of mothers who did not carry out breast care, the majority, namely 75% (15 people) had breast milk coming out but not smoothly and as many as 25% (5 people) breast milk did not come out. This shows that pregnant women who do not care for their breasts have a clear effect on





the flow of breast milk, even if it doesn't come out at all. This fact really strengthens the theoretical basis of the argument that pregnant women who do not take care of their breasts will hinder the provision of breast milk to babies, including not protruding nipples so that the baby has difficulty sucking, producing little breast milk so that the baby does not consume enough, breast infections, swollen or festering breasts, lumps appear in the breasts and malnutrition.

Based on table 5, pregnant women who received breast care using the type of breast exercise/breast massage, the result was 19 respondents who had smooth breast milk and only 1 respondent who did not have breast milk. These results show that pregnant women who carry out breast care with breast exercises/breast massage have smoother breast milk results. Of 20 pregnant women, only 1 person whose breast milk is not flowing smoothly. This is because breast exercises/breast massage have several advantages over treatment with breast exercises or breast massage, namely that after delivery the milk comes out smoothly, the nipples are prominent, the areola is clean and the baby can breastfeed well, even in 1 respondent the milk production was excessive so that it could be accommodated in a milk bottle. as expressed breast milk. Based on table 6, the significance results (Fisher's Exact Test) were obtained, namely the comparison of results between mothers who had breast care and those who did not have breast care by comparing the alpha value (α) of 0.05.

From the results of this comparison, a sig value of $0.001 < \alpha$ 0.05 was obtained, this shows that breast care has a significant effect on breast milk production. These results are supported by the results of research conducted by Ulfin I. Djumadi in 2014, with the title The Relationship between Breast Care and Breast Milk Production in Primipara Mothers in the Working Area of the Wongkaditi Health Center, Gorontalo City, concluding that the majority of primipara mothers who carry out breast care well produce breast milk production. Lots of breast milk. Furthermore, after measuring it using the Fisher's Exact Test, the result was that the Exact Sig. (2-sided) of $0.002 < 0.05$ from the value obtained means that there is a relationship between breast care and breast milk production in Primiparous Mothers.





The results of this research The description of the research results obtained is also supported by theories and opinions of experts, including according to (Saryono, 2009), that breast care during pregnancy has several benefits, including: maintaining breast cleanliness, especially nipple cleanliness; flexes and strengthens the nipples so that it makes it easier for the baby to breastfeed, stimulates the milk glands so that it is also known that the results of the proportion analysis are that 23 primiparous mothers (67.6%) have good breast care and produce a lot of breast milk.

Production of abundant and smooth breast milk can detect breast abnormalities early and make efforts to overcome them to prepare the mother mentally (psychically) for breastfeeding.

4. Conclusion

From the results of this research it was concluded that:

1. Pregnant women prefer to do breast care with breast exercises/breast massage.
2. Breast care with breast exercises/breast massage makes breast milk production smoother.
3. Pregnant women who perform breast care have a significant effect on increasing breast milk production.

Compliance with ethical standards

Acknowledgements

The author expresses his thanks and highest respect to all parties who have assisted in this research. Heads of community health centers and respondents who have provided facilities related to the implementation of the Tridharma of Higher Education. Hopefully in the future it can be useful for society.

Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent





Every action we take as authors is a mutual agreement or consent.

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Publish : Association of Indonesian Teachers and Lecturers

International Journal of Health Sciences (IJHS)

Journal Homepage : <https://jurnal.agdosi.com/index.php/IJHS/index>

Volume 1 | Number 4 | Desember 2023 |



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