COMPREHENSIVE OBSTETRIC CARE WITH OXYTOCIN MASSAGE ON MRS. M FOR INCREASED BREAST MILK PRODUCTION IN POSTPARTUM MOTHERS

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Abstract

Background: Breast milk is the best food for newborns and is the only healthy food a baby needs in the first month of life. However, not all mothers can exclusively breastfeed their babies. One of the main obstacles for a mother in breastfeeding is because milk production is not smooth. The way that can be done to facilitate breast milk production is to do oxytocin massage. Objective: Carry out obstetric care for Mrs. M which includes obstetric care for pregnancy, childbirth, puerperium, and neonates comprehensively and to determine the effect of oxytocin massage during the puerperium to increase breast milk production in postpartum mothers. Method: The method used is a case study and assesses the effect of oxytocin massage performed on Mrs. M with data collection techniques through interviews, observation, physical examination, documentation studies, literature studies, and giving questionnaires to patients before and after oxytocin palt. Results: After comprehensive obstetric care during pregnancy, childbirth, puerperium and neonates in Mrs. M with oxytocin massage for 15 minutes for 6 consecutive days there was an increase in breast milk production in postpartum mothers. Conclusion: The obstetric care that has been given to Mrs. M with oxytocin massage is useful in increasing breast milk production.

Keywords : Oxytocin Massage, Breast Milk Production, Puerperium Mother
Introduction

The assets of a country include maternal and child health, so that they are prepared thoroughly. One way is with a comprehensive care management approach, starting from pregnancy, childbirth, postpartum and newborn as well as family planning. (Rini, et al 2017)

Pregnancy is a physiological process that almost always occurs in every woman. Childbirth is the physiological process of expulsion of the fetus, placenta, and amniotic through the birth canal. Naturally it is labor that is carried out in labor and birth without medical intervention and painkillers, but also requires. Natural childbirth is an expectation for every expectant mother, in some cases minimal medical intervention is required. (Indayani,2018)

Breastfeeding babies is recommended by the World Health Organization (WHO) which urges every mother to exclusively breastfeed until her baby is six months old. According to a statement by the United Nations Children's Fund (UNICEF), breastfeeding from the first day of life can reduce the risk of birth mortality by 4% (Zalmuawinah, 2019).

Babies who have received exclusive breastfeeding in Indonesia, namely infants up to 6 months of age, are 29.5%, this is not in accordance with the target of the Ministry of Health's Strategy Plan for 2015-2019, which is a percentage of 50%. Nationally, exclusive breastfeeding coverage is 61.33%. This figure has exceeded the 2017 strategic plan target of 44%. However, based on the 2017 health profile, the provinces with the lowest exclusive breastfeeding coverage are in North Sumatra at 12.4%, Gorontalo at 14.5% and the highest in Yogyakarta at 55.4%. (Health Profile, 2018)

The South Sumatra Health Office stated that the percentage of babies who received exclusive breastfeeding experienced fluactivity in 2013 of 63.77 percent, down in 2014 of 63.44 percent and down again to 61% in 2015, down to 59.38 percent in 2016 and rose to 61.66 percent in 2017 then down to 60.70% in 2018. When compared to the 2018 Strategic Plan target of 80%, the achievement ratio in 2019 of 75.88% has not reached the set target (Health Profile, 2020).

Based on data from the Palembang City Health Office, the coverage of exclusive breastfeeding in Palembang in 2020 was 76.1%, the coverage decreased compared to 2019 (78.30%). The definition of exclusive breastfeeding according to the Indonesian Ministry of Health and the World Health Organization (WHO), is a baby aged 0-6 months who is still breastfed only at the time of the data. That is, if there is a baby aged 0 months or 1 month and so on until 5 months is still breastfed only, then at that time he is recorded as an exclusive 0-6 month baby, so the figure is clearly much higher than the pure 6 months of exclusive breastfeeding (Palembang City Health Office, 2020). Based on WHO recommendations about the benefits of breast milk and obstacles in breastfeeding that is not smooth, one way to facilitate breast milk production is to do oxytocin massage.

Oxytocin massage is done along the spine to the costae, fifth or sixth bone. Effectively done 2 times a day on the first and second day post partum. This massage serves to increase oxytocin which is useful for stimulating the oxytocin reflex which aims to provide a sense of relaxation after childbirth so that the hormone oxytocin comes out and can increase the amount of milk.
production. (Mardiyaningsih, 2010 in Delima, Mera et al. 2016).
Based on the results of research conducted at the Riau Islands Provincial General Hospital by Fionie Tri Wulandari, et al, the Effect of Oxytocin Massage on Colostrum Expenditure in Post Partum Mothers, data were obtained that from the treatment group the averagecolostrum dispensing time was 5.21 hours in postpartum mothers 2 hours, while the results obtained in the group that did not do oxytocin massage (control) averaged colostrum removal time of 8.16 hours.
Based on a preliminary study at PMB Misni Herawati, data was obtained during 2020 on the number of pregnant women who checked for pregnancy amounted to 1705 people, maternity mothers amounted to 750 people, postpartum mothers numbered 750 people, babies visited, one of the problems found was that most postpartum mothers found it difficult to breastfeed on the first day of birth.

Method
Case study or case study is a research method by examining a problem through a case consisting of multiple units where there is a mother who is a comparison to find out the results. Where in this study compared the increase in breast milk expenditure before being given oxytocin massage treatment, then after being given the treatment the sample was observed again to determine the comparison of the increase in breast milk expenditure and compared to mothers who were not given oxytocin massage treatment (Purwati &; Noviyana, 2020).
The sample of this study was a 6-hour postpartum mother who was at PMB Misni Herawati, and data collection techniques can be done by observation (observation), interview (interview), questionnaire (pre test and post test), documentation (Sugiyono, 2020).

Results and Discussion
Comparison table between intervention patients and control patients

<table>
<thead>
<tr>
<th>Day</th>
<th>Patient</th>
<th>Postes</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>In interventional patients Oxytocin massage</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>In control patients not performed oxytocin massage</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

From the comparison table above, it can be concluded that intervention patients who were given oxytocin massage and control patients who were not treated oxytocin massage, that oxytocin massage is accurate to be one of the supporting factors for increasing breast milk production during the puerperium, as has been done in intervention patients.

Discussion
Breast milk expenditure is influenced by two factors, namely production and expenditure. Breast milk production is influenced by the hormone prolactin while milk production is influenced by the hormone oxytocin. The oxytocin hormone will come out through nipple stimulation through the baby's mouth suction or through massage on the mother's spine, so that by doing massage on the spine the mother will feel comfortable, calm, relaxed, relieve pain and love her baby, so that the oxytocin hormone comes out and breast milk comes out quickly. (Rizqiani, 2017)

Oxytocin massage is given or done after 6 hours to Mrs. M, and teaches Mrs.
M's family to do oxytocin massage until they can and make a short video so that the family can see again when going to do oxytocin massage on Mrs. M, oxytocin massage is done 2 times a day for 6 consecutive days. There are two patients who will be a comparison that will be carried out research, which becomes this intervention, namely Mrs. M is given oxytocin massage and Mrs. D as a control patient who is not given oxytocin massage. After doing oxytocin massage for 15 minutes on Mrs. M it appears that there is a little milk expenditure on the breast in contrast to Mrs. D who is not given oxytocin massage whose milk has not come out.

On March 5, 2023, oxytocin day 6 massage was carried out by the family at 07.00 and 15.00 WIB. After oxytocin massage for 15 minutes within 6 consecutive days, interview results were obtained on the questionnaire sheet with a score of 5. There was a significant increase between before and after oxytocin massage. Mrs. "M" said that after oxytocin massage, her breasts felt tense before breastfeeding her baby, breast milk seeped from the mother's nipple, the baby could breastfeed up to 12 times a day, and urinate more often, and the baby fell asleep peacefully for 2-3 hours. Unlike Mrs. D who is not given oxytocin massage, her breast milk has come out but not smoothly, babies often wake up unlike Mrs. M's Baby who can sleep soundly between 2-3 hours.

Conclusion
After comprehensive obstetric care, the mother did not experience any dangerous cases. The labor process takes place normally, during the puerperium there are no special complaints that are dangerous, the mother is given oxytocin massage for 6 days postpartum in a duration of 15 minutes. The results of the study on Mrs. M there was an effect of a significant increase in breast milk expenditure when the mother was given oxytocin massage. This is clearly seen when measurements are taken in the first 6 hours, days 3 and 6. On day 6, a reassessment was carried out and it was found that the increase in milk production in intervention and control patients that the intervention patients had increased milk production compared to patients who did not do oxytocin massage.

Bibliography


