

MIDWIFERY CARE FOR POST-PARTNERS ON DAY 5 WITH LOW BREAST MILK PRODUCTION

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A B S T R A C T

*This study aims to determine the midwifery care for postpartum mothers with insufficient milk production at Mawasangka Health Center, Buton Tengah Regency. **Background:** The decline in exclusive breastfeeding in Southeast Sulawesi Province from 2021-2024 by 5.64% shows the importance of proper midwifery care to increase milk production. **Purpose:** To provide midwifery care to postpartum mother Ny "M" with insufficient milk production. **Sample/Object Research:** Ny "M" with insufficient milk production. **Method:** Using quantitative method with case study approach of 7-step Varney midwifery care management and SOAP. **Results:** Midwifery care provided to Ny "M" with insufficient milk production showed improvement and was resolved with oxytocin massage and consumption of katuk leaves and banana blossoms, increased milk production and vital signs within normal limits. **Conclusion:** Midwifery care provided in accordance with 7-step Varney management can increase milk production and improve the condition of postpartum mothers.*

INTRODUCTION

The World Health Organization (WHO) and all countries worldwide recommend that women provide breast milk (ASI) to their babies for the first 6 months (exclusive breastfeeding) and continue breastfeeding until the child is 2 years old. The government has issued legislation on exclusive breastfeeding, as stipulated in Government Regulation No. 33 of 2012 (Merry and Yusefni, 2024). Although the importance of exclusive breastfeeding is widely known, awareness of the importance of exclusive breastfeeding remains low. According to data from the Southeast Sulawesi Provincial Health Profile, exclusive breastfeeding coverage decreased by 5.64% from 2021 to 2024, from 88.55% to 82.91% (Sunarsih *et al.*, 2024).

One of the main factors affecting the smooth flow of breast milk is a disruption in the milk production process itself. Several internal factors that can affect the smooth flow of breast milk include the mother's physical and psychological condition, her knowledge of breastfeeding, and the baby's physical condition. Additionally, external factors that also play a significant role include breastfeeding frequency and early initiation of breastfeeding (Yulianto *et al.*, 2022). When breast milk production is insufficient or insufficient, mothers can experience various health problems such as breast engorgement, mastitis, and even abscesses, which are breast infections. If a baby is unable to get enough breast milk due to a breast infection, they are at risk of dehydration, malnutrition, jaundice, diarrhea, and a weakened immune system (Indah and Bandar, 2024).

According to data reported by the Buton Tengah District Health Office, between January and March 2025, 60 out of 70 babies at the Mawasangka Community Health Center received exclusive breastfeeding. Based on this background, the author is interested in compiling a Final Project Report with the title "Midwifery Care for Postpartum Mothers on the 5th Day with Low Breast Milk Production at the Mawasangka Community Health Center, Buton Tengah Regency in 2025." This report aims to identify the types of midwifery care that are effective in increasing breast milk production in postpartum mothers who experience problems with the smooth flow of breast milk.

METHOD

The method used in this research is a case study with a descriptive approach. A case study is defined as an in-depth, detailed, and systematic investigation of a particular event or phenomenon. In this study, midwifery care was provided based on Varney's 7-Step midwifery care management, which includes subjective and objective assessments, identification of potential problem diagnoses,

determination of urgent needs, intervention planning, implementation, and evaluation using the SOAP format (Abdullah, no date).

The study was conducted at the Mawasangka Community Health Center, Central Buton Regency, from January to July 2025. The subject was Mrs. "M," a postpartum mother with poor breast milk production. The data used consisted of primary and secondary data. Primary data were collected through interviews, physical examinations, and direct observation using Varney's 7-Step management and the SOAP format. Secondary data were obtained from various library sources, including scientific journals, reports, books, and client medical records available at health care facilities.

Data collection techniques in this study included observation, interviews, and documentation. Observations were conducted by carefully observing the research subjects to record all conditions relevant to the research objectives. Interviews aimed to obtain complete and accurate information regarding the condition of postpartum mothers. Documentation was conducted by reviewing credible official documents, which were already available and guaranteed to be credible (Equatora and Awi, 2021).

Data analysis was conducted using Varney's 7-Step Management principles and the SOAP format. The entire data collection process was conducted directly in the field through observation, physical examination, interviews, and documentation. This study also adhered to health research ethics, including informed consent, anonymity, and confidentiality. Informed consent is approval for medical treatment given by a patient or family after receiving a complete explanation of the procedure or intervention to be performed. Anonymity ensures the confidentiality of research subjects' identities by not including names on documents such as questionnaires or consent forms. Confidentiality ensures the protection of all information obtained from research subjects (Handayani, 2018).

RESULTS AND DISCUSSION

Subjective Data

On February 1, 2025, at 10:00 WITA, a medical examination was conducted at the residence of Mrs. "M," a 21-year-old mother who had just given birth to her fifth child. The mother reported that her breast milk production had decreased three hours after giving birth, causing the baby to cry frequently due to hunger. The mother stated that she had previously experienced a miscarriage. The mother had never used contraception and was currently caring for the baby at home with the support of her husband. The mother admitted that she had full responsibility for caring for her baby and was beginning to adjust to her role as a mother. She also stated that her husband was open, helpful, and willing to help care for the baby. Spiritually, the mother regularly prayed for the health of her child and family. In her daily routine, the mother ate three simple meals a day consisting of rice, vegetables, tempeh, and eggs, although during postpartum she avoided eating fish. Her fluid intake was reduced to approximately five glasses of warm water per day. The mother had one bowel movement every three days with a soft consistency, and urinated 2–3 times a day with a clear yellow color without any complaints. The mother was able to walk and do light activities at home, but her sleep pattern was disturbed by frequent awakenings from the baby's cries. She takes a shower once a day, changes her clothes every time she takes a shower or gets wet, and changes her sanitary pads when they are full.

Objective Data

Physical examination results showed that the mother was in good general condition and fully conscious (*compos mentis*). Vital signs were within the normal range, with a blood pressure of 120/80 mmHg, a pulse rate of 80 beats per minute, a body temperature of 36.5°C, and a respiratory rate of 20 breaths per minute. The uterus was firm and round, with the fundus three finger widths below the umbilicus. There was lochia sanguinolenta discharge, consistent with day 5 of postpartum. The breasts appeared symmetrical, with prominent nipples and no masses or tenderness, but they felt soft, with a (positive) but insufficient milk production. The upper and lower extremities appeared symmetrical, clean, and without edema.

Analysis

Based on the assessment results, Mrs. "M" on day 5 of postpartum showed uterine involution within normal limits, lochia rubra appropriate for postpartum age, and stable vital signs. However, there was a problem of insufficient milk production. This condition was likely influenced by inappropriate breastfeeding techniques, infrequent breastfeeding, and suboptimal maternal nutrient and fluid intake.

Planning

To address these issues, midwives plan care that emphasizes increasing breast milk production, including providing education on proper breastfeeding techniques, encouraging mothers to breastfeed as frequently as possible, and performing oxytocin massage to stimulate the hormone milk release. Furthermore, mothers are encouraged to increase their consumption of a balanced, nutritious diet, increase their fluid intake, and consume foods that support lactation, such as katuk leaves and banana blossoms. Midwives also plan regular monitoring of vital signs, uterine contractions, fundal height, and lochia, as well as providing counseling on the importance of exclusive breastfeeding, postpartum danger signs, and the role of the family in supporting successful breastfeeding.

DISCUSSION

Subjective Data

Mrs. "M" is a 21-year-old postpartum mother, primiparous, with a history of one previous miscarriage. She complained of insufficient breast milk production since the second day after delivery. This complaint became more pronounced on the fifth day of postpartum, when she felt her baby was not satisfied with each feeding. Based on the assessment and implementation of the action plan, uterine involution was normal, with the TFU 3 finger widths below the umbilicus, good uterine contractions, and lochia sanguinolenta within normal limits (Fitriani and Wahyuni, 2021). The mother's general condition is good, her vital signs are stable, and she is able to perform activities such as walking and caring for her baby. She understands oxytocin massage techniques and proper breastfeeding techniques and is willing to have her husband or a family member assist her. Her milk production is increasing, and the baby appears satisfied while breastfeeding (Mintaningtyas and Isnaini, 2022). The mother has also consumed nutritious food as recommended and expressed her willingness to immediately check herself at a health facility if any signs of danger during the postpartum period appear.

Objective Data

Physical examination results showed the mother's general condition was good, vital signs within normal limits, the uterus was well contracted with a fundal height of 3 finger widths below the umbilicus, and there were no signs of infection or complications. The baby was born spontaneously, weighing 2700 grams, and was in good health. Data obtained on February 1, 2025, at 10:00 a.m. WITA, indicated that the mother was in stable condition, and no discrepancies were found between the theoretical findings and the practical findings during the assessment phase.

Analysis

The main problem identified was insufficient breast milk production in postpartum mothers on day 5. This aligns with the theory that lactation disorders are a common problem during the postpartum period, especially in primiparous mothers (Wahyuningtyas, 2020). A potential problem that may arise is a disruption in the breastfeeding process, which can lead to impaired infant growth. This risk factor can be minimized with appropriate interventions, such as proper breastfeeding education, consumption of breast milk-boosting foods, and family support (Ulya *et al.*, 2021). Immediate intervention was not necessary because no warning signs such as fever, breast tenderness, swelling, or abnormal bleeding were found in this case. However, education regarding early detection of postpartum warning signs was provided in accordance with midwifery care guidelines (Faizah, Yulistin and Windyarti, 2023).

Planning

The midwife developed a care plan that focused on increasing breast milk production. The plan included education on proper breastfeeding techniques, encouragement to breastfeed as frequently as possible, and oxytocin massage to stimulate oxytocin production. The mother was also advised to consume a balanced diet, increase fluid intake, and incorporate breast milk-stimulating ingredients such as katuk leaves and banana blossoms. Theory supports that these two ingredients contain active lactagogum compounds that play a role in increasing breast milk production (Haryati Astuti, 2020). Furthermore, the role of the family, especially the husband, is emphasized, as it has been shown to be significant in successful breastfeeding. Implementation: All interventions were carried out according to plan. Mrs. "M" regularly consumed katuk leaves and banana blossoms, received oxytocin massage, and had her husband assist her in caring for her baby. Research from

(Oktavianty *et al.*, 2024) showed that consuming boiled banana blossom and katuk leaves can significantly increase breast milk production. Furthermore, oxytocin massage gradually increased breast milk volume. The intervention implementation proceeded according to theory and showed positive results, with no gaps identified (Rejo, 2024).



Gambar 1. Pemberian Pijat oksitosin

CLOSING

After conducting a case study of midwifery care for Mrs. “M” on the 5th day of postpartum with the problem of insufficient breast milk production at the Mawasangka Community Health Center on February 1, 2025, it can be concluded that the implementation of Varney's 7-step midwifery care management has been carried out systematically and comprehensively. The process begins with an assessment of subjective and objective data, which shows the condition of the mother in the early postpartum period with complaints of reduced breast milk production. The actual problem was successfully identified, namely insufficient breast milk production which has the potential to cause interference in exclusive breastfeeding. Potential diagnoses and anticipation of complications during the postpartum period have also been formulated, including the risk of infection, shoulder dystocia, retained placenta, and inadequate uterine contractions. No immediate action or referral is required because the condition of the mother and baby is stable, but a collaborative plan is prepared in case of changes in conditions. The interventions provided included breastfeeding education, oxytocin massage, and the provision of lactagogic foods such as katuk leaves and banana blossoms. Evaluation showed an increase in breast milk production and increased maternal confidence in breastfeeding. The entire series of actions was documented in accordance with midwifery service standards. Limitations in implementing this case study included limited time to conduct long-term monitoring of the sustainability of breast milk production and the effectiveness of ongoing interventions, as well as limited supporting facilities at the community health center for comprehensive, objective monitoring of breast milk volume.

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