

POSTNATAL MIDWIFERY CARE FOR MRS. “W” WITH LOW BREAST MILK PRODUCTION KANAPA-NAPA HEALTH CENTER

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ARTICLE INFORMATION

Received: 5 December 2025
Revised : 7 January 2026
Accepted: 2 February 2026
DOI

KEYWORDS

Keywords : postpartum mother; low breast milk production; oxytocin massage

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A B S T R A C T

Background: Suboptimal breast milk production during the postpartum period can be a barrier to successful exclusive breastfeeding. This condition can be addressed in various ways, one of which is a non-pharmacological effort through oxytocin massage. Oxytocin massage can help stimulate the release of oxytocin hormone, making milk flow more smoothly. **Purpose:** To provide midwifery care to postpartum mothers facing low breast milk production by applying oxytocin massage along with education about breastfeeding. **Subject:** Mrs. “W” P₁A₀ on the fourth postpartum day with low breast milk production at Kanapa-Napa Health Center, Central Buton Regency. **Method:** A case study using a midwifery care management approach based on Varney's 7 steps. The care process and patient condition developments were documented using the SOAP documentation method. **Results:** Care was provided through assessment, diagnosis determination, planning, implementation, and evaluation, including education on exclusive breastfeeding, correct breastfeeding techniques, and oxytocin massage on the fourth and seventh days of the postpartum period. After the care was given, the mother's milk production increased, the baby was able to breastfeed well, the mother's general condition remained good, and her vital signs were within normal limits. **Conclusion:** Care was provided through assessment, diagnosis determination, planning, implementation, and evaluation, including education on exclusive breastfeeding, correct breastfeeding techniques, and oxytocin massage on the fourth and seventh days of the postpartum period. After the care was given, the mother's milk production increased, the baby was able to breastfeed well, the mother's general condition remained good, and her vital signs were within normal limits.

INTRODUCTION

Breast milk plays an important role as a source of nutrition for babies in the early stages of life. Its nutrients, antibodies, and various bioactive components support growth and development while helping to maintain the baby's immune system. That's why exclusive breastfeeding for the first six months is an important way to meet a baby's nutritional needs, boost immunity, and reduce the risk of infections and growth problems (Kurniawati et al., 2020)

However, exclusive breastfeeding still faces various obstacles. Data shows that globally, not all babies receive breast milk optimally according to WHO recommendations. (Riza Tsalatsatul Mufida et al., 2025). This situation shows that successful breastfeeding doesn't just depend on the condition of the mother and baby, but also needs ongoing support, especially in the early phase after giving birth.

One of the common challenges related to breastfeeding failure is when a mother feels that the amount of breast milk she has or produces is insufficient. The process of milk production doesn't happen on its own; it's influenced by several factors, such as the mother's physical and psychological health, her understanding of breastfeeding, the baby's condition, the practice of early breastfeeding initiation, and how often the baby nurses (Syari et al., 2022). Physiologically, lactation involves the interaction of the hormones prolactin and oxytocin. During pregnancy, prolactin levels increase, but milk production doesn't reach its full potential because it's still influenced by high estrogen levels. After giving birth, the drop in estrogen and progesterone allows prolactin to play a more dominant role, so milk secretion can occur (Wijayati, 2022).

Difficulty in milk production or breastfeeding can have consequences for both the mother and the baby. For mothers, a buildup of breast milk can be associated with discomfort, breast swelling, mastitis, or even abscesses with a risk of infection. For babies, problems with breastfeeding can mean their nutritional and immune protection needs aren't fully met. Plus, delays or failure in exclusive breastfeeding can also affect mother-baby bonding and increase the risk of health issues (Wiryadi et al., 2024). This problem shows that postpartum mothers with low breast milk production need proper midwifery care to help maintain and optimize the lactation process.

One approach that can be used in complementary care is oxytocin massage. This involves stimulation through massage along the back, from the spine down to around the fifth and sixth ribs. The main goal is to provide stimulation that supports the release of oxytocin, helping the milk ejection reflex work better. To make the mother feel comfortable during the process, the body is positioned in a relaxed way, usually sitting and leaning slightly forward while the head is supported with a pillow (Nainggolan., 2026). Besides the physiological aspects, the massage can also help provide a feeling of relaxation and reduce tension or stress that can interfere with the process of releasing breast milk (Hidayah et al., 2023). Several studies also show changes in breast milk production after the intervention. One study reported that the average breast milk production went from 8.57 cc to 10.27 cc after oxytocin massage and showed significant results (Ellyzabeth Sukmawati, 2024). Other research found that breast milk that hadn't come out yet can start flowing after the mother gets a massage treatment (Wulandari & Machmudah, 2024).

According to data from the Buton Tengah District Health Office, the exclusive breastfeeding coverage in the Kanapa-Napa Health Center working area in 2025 was reported to be around 75%. This figure shows that there is still room to improve breastfeeding success. The early postpartum period, including the fourth day, is an important time to provide support for the lactation process. Based on this situation, this case study focuses on giving midwifery care to Mrs. "W" P₁A₀ on the fourth day postpartum, who is experiencing low breast milk production at the Kanapa-Napa Health Center in Buton Tengah. Oxytocin massage was chosen as part of the interventions to help boost breast milk production. This study aims to describe midwifery care comprehensively while also evaluating changes in the condition after oxytocin massage was applied.

METHODOLOGY

This report used a descriptive method with a case study approach to obtain an in-depth description of midwifery care for Mrs. "W", P₁A₀, on the fourth postpartum day with low breast milk production. Midwifery care was provided using the seven-step Varney management approach, including data assessment, identification of diagnoses and problems, identification of immediate needs, planning, implementation, and evaluation, with progress documented using the SOAP format.

The case study was conducted at Kanapa-Napa Health Center, Central Buton Regency, from December 1, 2025 to January 24, 2026. The subject was Mrs. "W", P₁A₀, on the fourth postpartum day with low breast milk production who received midwifery care at Kanapa-Napa Health Center, Central Buton Regency.

The information used in the study was obtained from two sources, namely primary data and secondary data. Primary data was collected directly from the mother through interviews, physical examinations, and observations of the mother and baby using Varney's 7-step management and SOAP approaches. Secondary data was obtained through medical record documentation and supporting sources such as books, journals, and literature relevant to the case.

Data collection techniques included observation, interviews, and documentation. Observation was conducted by directly assessing the condition of the mother and infant; interviews were conducted to obtain information about the mother's condition and complaints; and documentation involved reviewing notes or medical records related to the care. The data obtained were then analyzed descriptively based on the stages of the seven-step Varney midwifery care management, and changes in the patient's condition were documented using the SOAP format.

The case study was conducted in accordance with research ethics, including informed consent, anonymity, and confidentiality. Informed consent was obtained by explaining the care to be provided before obtaining the subject's agreement. Anonymity was maintained by using the subject's initials, while confidentiality was maintained by protecting all information obtained during the case study.

RESULTS & DISCUSSION

Subjective Data

The assessment of Mrs. “W” showed that she had delivered her first child spontaneously on December 23, 2025 at 13:39 WITA. The mother reported low breast milk production beginning approximately three hours after delivery, and the baby still cried frequently because of hunger. During the postpartum period, the mother ate three meals a day consisting of rice, fish, vegetables, and tempeh and drank approximately 5–6 glasses of fluid per day. After receiving care, the mother reported that her breast milk production had become abundant and flowed smoothly, the baby felt full and satisfied while breastfeeding, and she routinely performed oxytocin massage with her husband’s assistance.

Objective Data

During the initial examination, the mother was in good general condition and fully conscious. Vital signs showed a blood pressure of 110/70 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. Uterine contractions were good, the uterus felt firm and round, and the fundal height was three fingers below the navel, while the lochia was sanguinolent. The breasts felt soft with low breast milk production, the nipples were prominent, and there were no lumps or tenderness. On monitoring on December 29, 2025, her general condition and vital signs remained normal, fundal height was midline between the navel and the pubic bone, lochia was serosa, breasts felt full and enlarged, and the milk flowed freely and in good amounts.

Analysis

Mrs. “W”, P₁A₀, was assessed as being on the fourth postpartum day with low breast milk production. After midwifery care consisting of oxytocin massage and breastfeeding education, the mother showed good progress, indicated by increased and smoother breast milk production, the baby’s ability to breastfeed well, a good general condition, vital signs within normal limits, and good uterine involution. At the second visit, the mother was assessed as P₁A₀ on the seventh postpartum day with smooth breast milk production and good uterine involution.

Management

Midwifery care is provided by monitoring the mother's condition, including checking vital signs, uterine contractions, fundal height, and lochia discharge. The mother is also given guidance on proper breastfeeding techniques. In addition, she receives education about meeting nutrition and fluid needs during the postpartum period, as well as warning signs to watch out for. The mother is encouraged to continue oxytocin massages and maintain correct breastfeeding techniques. She understands the explanation given, is willing to do oxytocin massages with the help of her husband or family, and will continue exclusive breastfeeding.

DISCUSSION

Subjective Data

The assessment results for Mrs. “W” on December 26, 2025, showed that she is 28 years old, P₁A₀, and gave birth naturally on December 23, 2025, at 1:39 PM WITA to a baby boy weighing 3,100 grams. The mother said her breast milk production has been low a few hours after giving birth, and the baby still often cries because he is hungry.

The assessment carried out on December 26, 2025, showed that Mrs. “W” is 28 years old with an obstetric status of P₁A₀. The delivery happened spontaneously on December 23, 2025, at 1:39 PM WITA, resulting in a 3,100-gram baby boy. The mother's main complaint is that her breast milk has been coming out in small amounts since a few hours after delivery. This condition has made the baby cry frequently and is perceived by the mother as a sign of hunger.

Physiologically, lactation continuity is influenced by the coordination of prolactin and oxytocin hormones. They have different functions but are connected in the process of forming and releasing breast milk. Prolactin mainly plays a role in milk production, while oxytocin is responsible for milk release through the let-down reflex. If the release of these hormones isn't optimal, the lactation process can slow down or the amount of available milk may decrease. After giving birth, fatigue, anxiety, and stress are conditions that can hinder oxytocin release, which in turn affects the milk let-down reflex. (Zalilla, R.,

& Martha, 2026). The findings are related to what Mrs. "W" experienced, showing complaints in line with that issue, so breastfeeding support and proper stimulation are needed to help with smooth lactation.

Objective Data

The initial examination showed that Mrs. "W"'s general condition was good and she was fully conscious. Vital signs showed a blood pressure of 110/70 mmHg, a pulse of 80 beats per minute, body temperature of 36.5°C, and a respiratory rate of 20 breaths per minute. The uterus was contracting well and felt firm and round. The height of the uterine fundus was three fingers below the navel, and lochia was sanguineous. Breast examination showed the breast tissue was still soft with a small amount of breast milk, the nipples were prominent, and no lumps or tenderness were found (Wiryadi et al., 2024).

This is shown by uterine contractions, vital signs, and appropriate lochia discharge. On the other hand, breasts that are still soft and milk production that isn't optimal yet are indicators of problems in the lactation process (Pendidikan Kesehatan et al., 2024).

Analysis

Based on the subjective and objective data, the diagnosis for Mrs. "W" was P₁A₀ on the fourth postpartum day with low breast milk production. The diagnosis was supported by the mother's complaint of insufficient breast milk and breast examination findings showing that milk production was not yet smooth. Low breast milk production during the early postpartum days may be associated with suboptimal oxytocin stimulation; therefore, oxytocin massage can be used to help facilitate milk flow (Wiryadi et al., 2024).

The potential problem in this case was suboptimal exclusive breastfeeding if low breast milk production was not addressed promptly. Therefore, early intervention through breastfeeding education and oxytocin massage was needed to help increase breast milk production (Apriana, 2023). No emergency condition was identified, so immediate action or collaboration was not required.

Management

The intervention for Mrs. 'W' was not only focused on breastfeeding issues but also included monitoring her overall condition during the postpartum period. This monitoring covered vital signs, uterine contractions, fundal height, and the characteristics of lochia. The mother was then given explanations about the importance of exclusive breastfeeding, proper breastfeeding techniques, meeting her nutritional and fluid needs, and warning signs to watch out for during the postpartum period. The intervention also included oxytocin massage as a complementary action to support milk production. Stimulation of the back area is expected to help release oxytocin and facilitate the let-down reflex. At the same time, improvements in breastfeeding techniques were aimed at ensuring the baby's latch and suckling were more effective, so breast stimulation could happen properly (Apreliasari & Risnawati, 2020).

Implementation was carried out according to the plan, and the mother was taught how to perform oxytocin massage with assistance from her husband or family. Physical stimulation through oxytocin massage is a complementary care approach that may help increase breast milk production by stimulating oxytocin and prolactin hormones (Altahira et al., 2022). Education and support also help improve the mother's ability to perform appropriate self-care and breastfeeding practices (Wiryadi et al., 2024).

The evaluation during the next visit showed positive results. After receiving care, the mother said that her breast milk was coming out more and flowing more smoothly. The baby was able to feed well and seemed more satisfied afterward. At the December 29, 2025 visit, the mother also mentioned that oxytocin massage was regularly done with her husband's help. The examination supported her report, as her breasts felt full, the milk was coming out a lot and smoothly, while her general condition and vital signs remained good. These findings indicate positive progress compared to the initial assessment.

The success of care in this case can be seen from a few indicators, such as improvement in breast milk output, the baby's ability to breastfeed, and the mother's ability to continue care with family support. This aligns with the success of care for postpartum mothers with breastfeeding issues through increased milk production, the baby's ability to breastfeed, and the mother's independence in providing care. (Prapitasari, 2021). Thus, the care provided to Mrs. 'W' has followed the stages of Varney's midwifery

management and SOAP documentation, and shows a harmonious relationship between theoretical concepts and the case outcomes.



Figure 1. Oxytocin massage method

CONCLUSION

Midwifery care for Mrs. “W” P₁A₀, who was on the fourth day of the postpartum period and experiencing low breast milk production at Kanapa-Napa Health Center in Central Buton Regency, was carried out comprehensively using Varney's seven-step midwifery management approach and documented with SOAP. The care process included data collection and assessment, diagnosis and problem identification, recognition of potential problems, determination of immediate action needs, care planning, intervention implementation, and result evaluation. The assessment showed that the mother had low breast milk production, while her general condition and vital signs were within normal limits. Care was provided through monitoring the mother's condition, educating about exclusive breastfeeding and proper breastfeeding techniques, meeting nutritional and fluid needs, and oxytocin massage as a complementary intervention to help increase breast milk production. The evaluation results showed that breast milk production increased, the baby was able to breastfeed well, and the mother was able to continue oxytocin massage with her family's help. Thus, the case study's goal was achieved and the midwifery care provided matched both theory and practice. The limitation of this case study is that it was conducted on only one subject and over a limited observation period, so the results of applying oxytocin massage cannot yet be generalized to all postpartum mothers with low breast milk production.

ACKNOWLEDGMENTS

The author would like to express gratitude to the Director of Baubau Polytechnic, the Head of the Health Department, the Head of the Diploma Three Midwifery Study Program, as well as all lecturers and educational staff who have provided knowledge, guidance, and support throughout the education process up to the preparation of this report. Thanks to Mrs. Bdn. Hilda Sulistia Alam, S.ST., M.Tr.Keb. as Supervisor I and Mrs. Dwi Yuliani Adnan, S.Tr.Keb., M.Keb. as Supervisor II for providing guidance, direction, and input in the preparation of this Final Project Report, as well as Mr. Dr. Sapril, SKM., MSc as the examiner. Thanks are also extended to the Head of Kanapa-Napa Health Center, the midwives, and all health personnel who granted permission, facilities, and assistance during the case study. The author also thanks Mrs. “W” who was willing to be the subject of the case study. The author would also like to thank both parents, family, friends, and everyone who giving prayers, support, and motivation until this Final Project Report could be completed.

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