

Post Natal Midwifery Care For Mrs. “K” With Insufficient Breast Milk Supply At Mawasangka Community Health Center

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A B S T R A C T

Background: Breast milk is the primary source of nutrition for infants during the first six months of life; it contains essential nutrients and provide benefits for both the infant and the mother. **Objective:** This study aims to provide appropriate midwifery care to postpartum mothers with low breast milk supply at the Mawasangka Community Health Center in Central Buton Regency. **Study Subject:** Postpartum mother Mrs. “K” with insufficient breast milk production. **Method:** This study used a descriptive case study to examine the management of midwifery care using the 7-Step Varney Method in the SOAP format. **Implementation:** The 7-Step Varney midwifery care interventions included education on breast care, proper breastfeeding techniques, and the provision of exclusive breastfeeding, as well as acupressure therapy at the GB21 and SI1 points to increase breast milk production by stimulating specific points on the body. **Evaluation:** After the midwifery care was provided, the mother’s condition was good, her vital signs were normal, uterine contractions were good, breast milk production increased, and the infant was able to breastfeed well. The mother also understood the education provided and was willing to perform self-care independently. **Conclusion:** Midwifery care for the postpartum mother, Ms. “K,” who was experiencing low breast milk production, was successfully addressed by applying complementary acupressure care at the GB21 and SI1 points.

INTRODUCTION

The World Health Organization (WHO) recommends that mothers initiate breastfeeding within the first hour after birth, continue exclusive breastfeeding for the first six months, and maintain breastfeeding until the child reaches two years of age or beyond (WHO, 2025). Breast milk serves as the primary source of nutrition to meet infants’ nutritional requirements during the first six months of life, and breastfeeding may be continued until the child is two years old or older. Breast milk contains a variety of essential nutrients that support infant growth and development, including proteins, fats, carbohydrates, minerals, and vitamins (Mita et al., 2025). Exclusive breastfeeding plays an important role in preventing stunting. Children under five who are not exclusively breastfed face a higher risk of stunting than those who receive exclusive breastfeeding (Fadmi et al., 2025).

Exclusive breastfeeding refers to providing infants with breast milk from birth until six months of age without introducing any additional food or liquid. The World Health Organization (WHO) and UNICEF recommend initiating breastfeeding within the first hour after delivery, breastfeeding according to the infant’s needs, and avoiding the use of bottles or pacifiers to support optimal growth and development (Kristyaningrum & Krianto, 2024). The gastric capacity of newborns remains very limited, measuring approximately the size of a cherry on the first day of life. This condition corresponds with the small quantity of colostrum produced, which is nevertheless rich in nutrients and immune cells. Providing excessive amounts of liquid on the first day may cause gastric distension and increase the risk of disrupting the breastfeeding process (Kurnia Nainggola et al., 2026).

According to a 2021 WHO report, global exclusive breastfeeding coverage during the 2015–2020 period reached only around 44% among infants aged 0–6 months, a figure still below the WHO’s global target of 50%. Furthermore, a 2023 WHO report showed an increase in exclusive breastfeeding coverage to approximately 48% during the 2020–2023 period (Mita et al., 2025). In Indonesia, the coverage of 6-month-old infants receiving exclusive breastfeeding was recorded at 63.9% in 2023 and rose to 69.26% in 2024. Meanwhile, exclusive breastfeeding coverage in Southeast Sulawesi Province declined, from 57.0% in 2023 to 54.19% in 2024 (Kemenkes, 2024).

Numerous factors influence the smooth production of breast milk, including the frequency of breastfeeding, the infant’s birth weight, gestational age at delivery, maternal age, stress conditions, whether or not Early Initiation of Breastfeeding is performed, the presence of smokers in the surrounding environment, alcohol consumption habits, breast care, use of contraception, and the

mother's nutritional status (Devita & Dewi, 2019). Preparation for breastfeeding should ideally begin during pregnancy, particularly in the second and third trimesters, during which pregnant women can begin performing breast care early and consistently, as well as consuming foods such as vegetables and fruits that may help stimulate breast milk production (Altahira & Alam, 2022)

In Central Buton Regency, exclusive breastfeeding coverage increased by 5.3%, from 60.5% in 2023 to 65.8% in 2024. However, exclusive breastfeeding coverage in the working area of Mawasangka Community Health Center reached only 50.8%, lower than the Central Buton Regency average (Dinas Kesehatan Buton Tengah, 2024). This condition indicates a gap in exclusive breastfeeding coverage, thereby necessitating intervention to improve exclusive breastfeeding coverage, particularly within the working area of Mawasangka Community Health Center. Complementary care such as acupressure therapy has been studied as a non-pharmacological approach to stimulating breast milk release, through the stimulation of specific points believed to influence the hormonal response to lactation.

Acupressure is a non-pharmacological form of therapy applied as an effort to increase breast milk production through mechanical stimulation of specific points on the body. Physiologically, this technique works by stimulating the secretion of important hormones, including endorphins, prolactin, and oxytocin, which directly contribute to enhancing the lactation process (Putri Permata Sari, Irna Nursanti, 2020). Among the acupressure points that can be used in lactation techniques is the GB-21 point, located between the neckline and the shoulder, which can help increase the production of the hormones prolactin and oxytocin while providing a relaxing and calming effect for postpartum mothers (Permata et al., 2021). In addition, pressure can also be applied to the SI-1 point, located on the ulnar side of the fifth finger, 1 cun behind and lateral to the base of the nail; physiologically, pressure on this point stimulates the pituitary gland in the brain, thereby triggering the release of the hormones prolactin and oxytocin and optimizing the smoothness of the breast milk ejection process (Hubaedah et al., 2024)

METHODOLOGY

This study employed a descriptive case study design to examine midwifery care management through the application of Varney's 7 Steps, comprising data collection, identification of actual problems, identification of potential diagnoses/problems, identification of the need for immediate action, planning/intervention, implementation, and evaluation, documented in SOAP format.

This study was conducted at Mawasangka Community Health Center, Central Buton Regency, Southeast Sulawesi Province, from December 1, 2025 to May 11, 2026. The main subject of focus in this study was Mrs. "K" with insufficient breast milk output. Data collection in this study was carried out directly through home visits involving observation, physical examination, interviews, and documentation. The observation method was conducted at the research site with predetermined target respondents, followed by direct interviews with the respondent. This study was conducted in accordance with the principles of health research ethics. Prior to data collection, the respondent was given an explanation regarding the purpose, procedures, benefits, and confidentiality of the study, after which informed consent was obtained from the respondent. The respondent's identity was protected through the use of initials and codes, while all information obtained during the study was kept confidential and used solely for research purposes.

RESULTS AND DISCUSSION

Subjektive Data

The assessment of Mrs. "K" on December 13, 2025 was conducted through a home visit, and the history-taking (anamnesis) results obtained were as follows: the mother was 38 years old, of Muna ethnicity, with a Diploma III (D-III) as her most recent education, working as a civil servant (PNS) at the regional library office. She was a multiparous mother (P4A0), on her third day postpartum, having given birth normally at Mawasangka Community Health Center (Puskesmas) on December 10, 2025. The mother and family had no history of congenital/hereditary illnesses such as diabetes mellitus, heart disease, asthma, hypertension, or other infectious diseases. The mother complained that her breast milk production was not flowing smoothly, indicated by her breasts feeling soft and not full, and the baby not being satisfied after breastfeeding, causing the baby to become fussy.

Objektive Data

Physical examination findings from the initial visit on December 13, 2025 showed the mother's general condition to be good, with a fully conscious (composmentis) level of consciousness, vital signs within normal limits (blood pressure 110/60 mmHg, pulse 83x/minute, temperature 36.5°C, respiration 20x/minute), good uterine contractions palpable as firm and round, uterine fundal height 2 fingers below the umbilicus, lochia rubra discharge, protruding nipples, and minimal breast milk output indicated by the mother's breasts feeling soft and not full. At the second visit on December 18, 2025, the mother's general condition was good, with a fully conscious (composmentis) level of consciousness, vital signs within normal limits (blood pressure 120/70 mmHg, pulse 85x/minute, temperature 36.5°C, respiration 20x/minute), uterine fundal height no longer palpable, good uterine contractions palpable as firm and round, lochia serosa discharge, breasts feeling full and firm, protruding nipples with no cracking, no redness, no pain, and when pressed, breast milk flowed out smoothly.

Analysis

Based on the results of the history-taking (anamnesis) and physical examination, a diagnosis was established: Mrs. "K" P4A0, third day postpartum, with insufficient breast milk.

Management

The care plan for Mrs. "K" began with the provision of informed consent prior to any procedures being carried out. This was followed by observation of vital signs, uterine contractions, and lochia discharge to monitor her postpartum condition. The mother was also given education regarding postpartum danger signs, breast care, correct breastfeeding techniques, and the importance of exclusive breastfeeding. Care was complemented with complementary therapy in the form of acupressure at the GB21 and SI1 points to help increase breast milk production. In addition, the mother was advised to maintain personal hygiene and get adequate rest to support the recovery process and successful breastfeeding.

DISCUSSION

Subjektive Data

The initial assessment was conducted on December 13, 2025, through a home visit to Mrs. "K." The anamnesis revealed that the mother is 38 years old, multiparous (P4A0), on the third day postpartum, having given birth normally at Mawasangka Public Health Center (Puskesmas) on December 10, 2025. The mother's chief complaint was insufficient breast milk production. The anamnesis findings showed that her breasts felt soft and not full, while the baby had not been satisfied with breastfeeding and had become fussy.

The hormones prolactin and oxytocin play an important role in producing sufficient breast milk. In the breastfeeding process, there are two main reflexes, namely the prolactin reflex and the let-down reflex (Rahmanindar & Nisa, 2024). Oxytocin is released in response to nipple stimulation caused by the baby's sucking. Meanwhile, prolactin is released after breastfeeding to prepare milk production for the next breastfeeding period (Lestari et al., 2020).

Objektive Data

The physical examination results at the initial visit on December 13, 2025 showed the mother's general condition was good, consciousness composmentis (fully alert), vital signs within normal limits (blood pressure 110/60 mmHg, pulse 83x/minute, temperature 36.5°C, respiration 20x/minute), good uterine contraction palpated firm and round, fundal height (TFU) 2 fingers below the navel, lochea rubra discharge, protruding nipples, and scant breast milk output marked by the mother's breasts feeling soft and not full.

On the third day postpartum, breast milk production is still in the early stage of lactation. The amount of breast milk can be influenced by breastfeeding frequency, the effectiveness of the baby's suckling and latch, the mother's physical and psychological condition, food and fluid intake, and family support. Therefore, complaints of insufficient breast milk need to be addressed through a comprehensive assessment and cannot be resolved simply by advising the mother to increase her food or fluid intake (Zuliyanti et al., 2025). In this case, the mother's general condition is good, and no signs of infection, hemorrhage, or other health disorders that could be a direct cause were found. The focus of the care provided is lactation stimulation and improvement of breastfeeding skills.

Analysis

Based on the results of the anamnesis and physical examination, Mrs. "K", P4A0, third day postpartum, was diagnosed with insufficient breast milk supply. No data were found indicating an emergency condition requiring collaborative action.

Management

The care plan for Mrs. "K" began with the provision of informed consent prior to the procedure being carried out. This was followed by observation of vital signs, uterine contractions, and lochia discharge to monitor the condition of the postpartum period. The mother was also given education regarding the danger signs of the postpartum period, breast care, correct breastfeeding techniques, and the importance of exclusive breastfeeding. The care was complemented with complementary therapy in the form of acupressure at points GB21 and SI1, performed at least twice a day to help increase breast milk production. In addition, the mother was advised to maintain personal hygiene and get adequate rest to support the recovery process and successful breastfeeding. (Khumairoh et al., 2024) showed that acupressure affects prolactin secretion, which plays a role in stimulating breast milk production. Acupressure stimulation is transmitted through nerve fibers to the spinal cord and brain, thereby triggering activation of the central nervous system. This activation causes changes in neurotransmitters as well as an increase in prolactin and oxytocin levels, which physiologically support the lactation process.

The results of the second visit care implementation on December 18, 2025 showed that Mrs. "K"'s postpartum condition was progressing well, marked by a decreasing uterine fundal height (TFU), the discharge of serous lochia as a sign that the process of uterine involution was proceeding normally, and smoother breast milk production.

Table 1. Progress during the intervention

Indicator	First visit (day 3)	Second visit (day 8)
Maternal complaints	Breast milk not flowing smoothly; baby not satisfied with breastfeeding and fussy	Breast milk more abundant and flowing smoothly; baby satisfied and not fussy
Breast condition	Soft and only a small amount of breast milk coming out	Full, firm, and breast milk flowing more smoothly
Vital sign	Blood pressure 110/60 mmHg, Pulse 83x/minute, Temperature 36.5°C, Respiration 20x/minute	Blood pressure 120/70 mmHg, Pulse 85x/minute, Temperature 36.5°C, Respiration 20x/minute
Uterine fundal height	Two fingers below the umbilicus	Not palpable
Lochia discharge	Rubra, odorless	Serosa, odorless
Family support	The mother understood the education provided, namely acupressure at GB21 and SI1	The mother's husband helped with the implementation of GB21 and SI1

Based on the intervention results, stimulation at these acupressure points can trigger the release of the hormones oxytocin (for the milk ejection reflex) and prolactin (for milk production), thereby improving breastfeeding success. The mother and family demonstrated understanding and commitment to continuing acupressure therapy independently. This is consistent with research by (Shofiyana & Kustiyati, 2026), which found that acupressure therapy at the GB21 and SI1 points had a significant effect on the smoothness of breast milk production through stimulation of the pituitary gland, which increases prolactin and oxytocin secretion, and reduces stress through increased endorphins.

The success of this intervention was evident at the second visit, where the increase in breast milk production was seen from breasts that felt full and firm, no cracks were found on the nipples, and breast milk flowed smoothly and abundantly, allowing the baby to breastfeed more contentedly (every 2 hours), be less fussy, and sleep more soundly. This indicates that the combination of proper breastfeeding education and acupressure therapy was effective in addressing potential lactation problems. The mother was very enthusiastic and will continue to practice the recommendations given.



Figure 1. Documentation of care implementation

CONCLUSION

Midwifery care for Mrs. "K", P4A0, on the third postpartum day with insufficient breast milk production, was carried out systematically based on Varney's midwifery management and SOAP documentation. The assessment results indicated that the mother's general condition was good, with no signs of emergency, although breast milk output remained limited and inconsistent. The care provided included education on breastfeeding techniques, breast care, fulfillment of nutritional and fluid needs, rest, and acupressure at the GB-21 and SI-1 points. Following the care provided, the mother was able to understand and independently continue the recommendations with support from her family. At the conclusion of the care period, the mother's general condition remained good and breast milk production became more consistent. These results reflect the success of the care provided to the patient. A limitation of this study is that it involved only a single subject; the results describe the progress of Mrs. "K"'s condition and are not intended to represent all postpartum mothers within the working area of Mawasangka Community Health Center.

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