

POSTPARTUM MIDWIFERY CARE FOR MRS. “N” WITH INSUFFICIENT BREAST MILK AT WAKAMBANGURA HEALTH CENTER, BUTON TENGAH REGENCY

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A B S T R A C T

Background: The postpartum period is a crucial stage for both mother and infant, particularly in ensuring the success of exclusive breastfeeding. Breast milk is the best source of nutrition for infants; however, some mothers experience difficulties in milk production that may interfere with the breastfeeding process. One intervention proven to support increased milk production is oxytocin massage, which stimulates the let-down reflex and enhances the release of oxytocin. Family support and health workers also play an important role in maintaining breastfeeding success. **Objective:** This study aims to determine the effectiveness of oxytocin massage in improving breast milk production through the application of Varney's seven-step midwifery management approach. **Method:** The research employed a case study design with stages including assessment, problem identification, planning, implementation, and evaluation. The subject was a postpartum mother with insufficient breast milk at Wakambangura Health Center. Interventions consisted of counseling, emotional support, and oxytocin massage performed over four consecutive days, with daily monitoring of milk production and maternal psychological condition. **Results:** The findings revealed a significant increase in breast milk production by the third day, accompanied by reduced maternal anxiety and greater infant satisfaction after breastfeeding. **Conclusion:** Oxytocin massage is effective in enhancing breast milk production and can be integrated into postpartum midwifery care to support the success of exclusive breastfeeding. This intervention is simple, inexpensive, and feasible to apply in primary health facilities with family involvement.

Keywords: oxytocin massage, insufficient breast milk, postpartum mother, Varney's seven steps, midwifery care.

INTRODUCTION

Breast milk (ASI) is the most appropriate primary source of nutrition for infants, as it contains complete nutrients while simultaneously providing protection against infections. International organizations such as UNICEF and WHO emphasize that support for breastfeeding practices is essential to reduce health disparities in Southeast Asia. This indicates that the success of exclusive breastfeeding is not only a local issue but also a regional challenge. Breast milk is the most ideal nutritional source for infants, offering protection against infectious diseases while supporting optimal growth and development. At the ASEAN level, exclusive breastfeeding coverage varies among countries. UNICEF and WHO highlight the need to strengthen breastfeeding support to reduce health inequalities in Southeast Asia, showing that exclusive breastfeeding remains both a local and regional challenge (Jenderal and Indonesia 2024).

Breast milk provides extensive benefits, not only for infants but also for maternal health. Its advantages include easy absorption by the infant's digestive system, being the best natural food source, cost-effective, readily available, and nutritionally complete according to the infant's needs. Compared to formula milk, breast milk is superior because it contains antibodies that protect infants during the first six months of life. These antibodies include Antistaphylococcus, Lysozyme, Immunoglobulin, Complement C3 and C4, as well as microbiota components such as Lactobacillus, Bifidus, and Lactoferrin. In addition, infants who consume breast milk have a lower risk of allergies since breast milk does not contain beta-lactoglobulin, a substance often responsible for triggering allergies in infants (Suciati 2020).

Exclusive breastfeeding coverage in ASEAN countries varies, for example: India 46%, the Philippines 34%, Vietnam 27%, Myanmar 24%, while Indonesia has reached 54.3%. Breastfeeding has been proven to be healthier compared to formula feeding. Infants fed with formula milk are at higher risk of urinary tract, respiratory, and ear infections, and are more susceptible to diarrhea, colic, food allergies, asthma, diabetes, and chronic gastrointestinal diseases (Nurbaya 2020).

In eastern Indonesia, exclusive breastfeeding coverage remains relatively low, around 55–60%. This condition contributes to an increased risk of stunting among children who do not receive exclusive breastfeeding. Therefore, community-based interventions and healthcare worker support are essential to improve breastfeeding success (Hadi et al. 2021). Specifically in Southeast Sulawesi, based on the Indonesian Nutritional Status Survey (SSGI) 2024, the percentage of infants under six months receiving exclusive breastfeeding is still below the national average. This highlights significant challenges in raising awareness and improving breastfeeding practices in the region (Kementerian Kesehatan RI 2024).

In Central Buton Regency, data from *Kabupaten Buton Tengah Dalam Angka 2024* show that exclusive breastfeeding coverage is uneven across districts, with considerable variation between areas. This underscores the need for more localized strategies to support breastfeeding mothers (Badan Pusat Statistik Kabupaten Buton Tengah 2024).

Preliminary study data collected between December 2025 and February 2026 at Wakambangura Health Center found 23 postpartum mothers, with 2 experiencing insufficient breast milk. Discussions with one multiparous mother revealed that during the postpartum period, she experienced fatigue, stress, improper breastfeeding positions, incomplete breast emptying, and low infant activity in suckling.

The smooth release of breast milk can be influenced by various factors, both physical and psychological. According to Soetjiningsih (2014), maternal factors include physical conditions such as adequate nutrition and fluid intake, age, parity, and nipple shape and condition. Psychological aspects such as anxiety levels and motivation, including environmental support, also play a crucial role. Infant-related factors include low birth weight, health conditions, anatomical abnormalities, and sucking strength (Perdani et al. 2021).

One effort to overcome insufficient breast milk production is through oxytocin massage. The oxytocin hormone can be stimulated by the infant's suckling at the nipple or by massage along the mother's spine. This massage helps mothers feel calmer, more relaxed, increases pain tolerance, and strengthens emotional bonding with their babies. Such conditions trigger oxytocin release, thereby facilitating smoother breast milk production (Ibrahim, Suciawati, and Indrayani 2021). Oxytocin massage is performed along the spinal area from the cervical vertebrae to the 12th thoracic vertebra. This technique aims to stimulate prolactin and oxytocin hormones postpartum, while also triggering the oxytocin reflex or let-down reflex. Additionally, this massage helps relax the mother, allowing breast milk to flow naturally (Sari, Sumaryani, and Wulandari 2025).

During anamnesis, the patient complained of insufficient breast milk production beginning two days postpartum. Colostrum was expressed immediately after delivery, with a gestational age of 38 weeks and 5 days. The mother delivered on December 21, 2025, with a pre-pregnancy weight of 55 kg and a pregnancy weight of 68 kg. The infant frequently cried after breastfeeding, indicating dissatisfaction due to inadequate milk intake. Breast enlargement was also found to be minimal. The patient further reported experiencing frequent anxiety and intrusive thoughts, particularly concerning her breastfeeding ability and the condition of her baby.

Based on this description, I was interested in conducting a case study entitled: *"Postpartum Midwifery Care for Mrs. 'N' (P2A0) on the Second Day with Insufficient Breast Milk at Wakambangura Health Center, Central Buton."*

METHODOLOGY

This study employed a case study method with a descriptive approach. The descriptive method was used to illustrate the problems currently occurring or ongoing at the time of the research. Its purpose was to provide a depiction that corresponds to the actual conditions observed during the study.

The research utilized a midwifery care report based on Helen Varney's midwifery management framework. The process included subjective and objective assessment, identification of potential problems, determination of urgent needs, planning of interventions, implementation of actions, and evaluation. All stages were organized using the SOAP format in accordance with Varney's seven-step approach, applied to Mrs. "N" at Wakambangura Health Center, Central Buton Regency, in 2025.

RESULTS & DISCUSSION

Subjective Data

From the assessment conducted on December 23 at 16:15 WITA, subjective data were collected regarding the patient's identity, Mrs. "N." The baby was born on December 21, 2025, at 07:47 WITA at Wakambangura Health Center, via spontaneous delivery with cephalic presentation. The father, Mr.

“I,” is 23 years old, while Mrs. “N” is 20 years old. They have been married for approximately four years, belong to the Buton ethnic group, practice Islam, with Mr. “I” having completed elementary school and Mrs. “N” junior high school. Mrs. “N” is a housewife, while Mr. “I” is employed, and they reside in Wasilomata.

During anamnesis, the mother complained of insufficient breast milk production beginning two days postpartum. Colostrum was expressed on the first day after delivery, with a gestational age of 38 weeks and 5 days. The mother delivered on December 21, 2025, with a pre-pregnancy weight of 55 kg and a pregnancy weight of 68 kg. The infant frequently cried after breastfeeding, indicating dissatisfaction due to inadequate milk intake. Consequently, the mother felt anxious and overwhelmed, particularly regarding her ability to breastfeed and the condition of her baby.

Objective Data

The examination showed that the mother’s general condition was good, with *compos mentis* consciousness. Vital signs were blood pressure 110/81 mmHg, pulse 70 beats/minute, temperature 36.5°C, and respiration 20 breaths/minute. Her pre-pregnancy weight was 55 kg, pregnancy weight 68 kg, height 156 cm, and mid-upper arm circumference (MUAC) 24 cm. Physical examination revealed no abnormalities, although the breasts appeared flaccid.

Based on this assessment, Mrs. “N” was diagnosed with insufficient breast milk. Care was provided using the case study approach with Varney’s seven-step midwifery management, including assessment, problem identification, planning, implementation, and evaluation, documented in SOAP format. Management was carried out through routine oxytocin massage, performed daily at 16:00 WITA for four consecutive days.

Analysis

Based on the anamnesis, Mrs. “N” showed signs of maternal anxiety arising because her baby was fussy due to insufficient breast milk. This condition posed a potential ongoing problem, namely a further decline in milk production and an increased risk of failure in exclusive breastfeeding. Both subjective and objective data in the case of Mrs. “N” confirmed that maternal anxiety was triggered by the infant’s dissatisfaction with feeding.

This case analysis also highlights the importance of applying Varney’s seven-step midwifery management. Through comprehensive assessment, identification of actual and potential problems, and appropriate planning, interventions can be provided that address not only physical aspects but also emotional needs. Counseling and supportive care were proven to help the mother feel calmer, thereby increasing the success of breastfeeding.

Management

The implementation of care for Mrs. “N” was carried out by providing routine oxytocin massage to maintain smooth breast milk production. The massage was performed using the correct technique to ensure that the let-down reflex remained optimal. In addition to oxytocin massage, periodic evaluation of breast milk output was conducted to ensure that the infant received adequate nutrition. This evaluation included observing breastfeeding frequency, the amount of milk expressed, and the infant’s response after feeding.

Implementation also involved providing education to the mother regarding proper breastfeeding techniques, such as positioning, infant latch, and feeding frequency. This education aimed to increase maternal confidence and prevent future breastfeeding problems. Furthermore, psychological counseling was provided to reduce maternal anxiety and promote comfort during breastfeeding. Counseling helped the mother understand that anxiety could negatively affect milk production.

DISCUSSION

Subjective Data

From the assessment conducted on December 23 at 16:15 WITA, subjective data were collected regarding the patient’s identity, Mrs. “N.” The baby was born on December 21, 2025, at 07:47 WITA at Wakambangura Health Center, via spontaneous delivery with cephalic presentation. The father, Mr. “I,” is 23 years old, while Mrs. “N” is 20 years old. They have been married for approximately four years, belong to the Buton ethnic group, practice Islam, with Mr. “I” having completed elementary

school and Mrs. “N” junior high school. Mrs. “N” is a housewife, while Mr. “T” is employed, and they reside in Wasilomata.

During anamnesis, the mother complained of insufficient breast milk production beginning two days postpartum. Colostrum was expressed on the first day after delivery, with a gestational age of 38 weeks and 5 days. The mother delivered on December 21, 2025, with a pre-pregnancy weight of 55 kg and a pregnancy weight of 68 kg. The infant frequently cried after breastfeeding, indicating dissatisfaction due to inadequate milk intake. Consequently, the mother felt anxious and burdened with thoughts, particularly regarding her ability to breastfeed and the condition of her baby.

Based on the subjective and objective data obtained, the case of Mrs. “N” at Wakambangura Health Center, Central Buton Regency, showed that on the first postpartum day she experienced delayed milk production, resulting in minimal breast milk output. This finding is consistent with Fitriana (2024), who stated that postpartum mothers often encounter obstacles in milk production during the early days, thus demonstrating no gap between theory and case findings.

Objective Data

The examination revealed that the mother’s general condition was good, with *compos mentis* consciousness. Vital signs included blood pressure of 110/81 mmHg, pulse 70 beats/minute, temperature 36.5°C, and respiration 20 breaths/minute. Her pre-pregnancy weight was 55 kg, pregnancy weight 68 kg, height 156 cm, and mid-upper arm circumference (MUAC) 24 cm. Physical examination showed no abnormalities, although the breasts appeared flaccid and the mother seemed anxious.

According to midwifery theory, the oxytocin reflex is a crucial mechanism in the breastfeeding process. Barriers to this reflex may arise due to psychological factors such as stress and anxiety. Setyoningsih (2025) emphasized that maternal anxiety during the postpartum period can interfere with the oxytocin reflex, resulting in poor milk ejection. The findings in Mrs. “N” are consistent with this theory, reinforcing the concept that psychological support is an integral part of midwifery care.

Based on the assessment, Mrs. “N” was diagnosed with insufficient breast milk. Hartiningtiyaswati (2025) reported that maternal anxiety is closely associated with reduced success in exclusive breastfeeding. Care was provided using the case study approach with Varney’s seven-step midwifery management, including assessment, problem identification, planning, implementation, and evaluation, documented in SOAP format. The oxytocin massage intervention performed on Mrs. “N” was also consistent with Marantika (2023), who confirmed the effectiveness of oxytocin massage in facilitating breast milk production. Management was carried out through routine oxytocin massage, performed daily at 16:00 WITA for four consecutive days.

Analysis

Based on the anamnesis, Mrs. “N” demonstrated maternal anxiety triggered by her baby’s fussiness due to insufficient breast milk. This condition posed a potential ongoing problem, namely a further decline in milk production and an increased risk of failure in exclusive breastfeeding. The study by Khusniyati & Purwati (2024) on postpartum mothers with inadequate milk production showed that breastfeeding problems are not only related to physiological factors but are also closely linked to maternal psychological conditions.

Both subjective and objective data in the case of Mrs. “N” confirmed that maternal anxiety was caused by the infant’s dissatisfaction with feeding, which could lead to a continuous decrease in milk production and a higher risk of unsuccessful exclusive breastfeeding. The findings of Khusniyati & Purwati (2024) further support this, emphasizing that breastfeeding challenges are strongly influenced by psychological aspects.

This case analysis also highlights the importance of applying Varney’s seven-step midwifery management. Through comprehensive assessment, identification of actual and potential problems, and appropriate planning, midwives can provide interventions that address not only physical but also emotional needs. Counseling and supportive care have been proven to help mothers feel calmer, thereby increasing the success of breastfeeding.

Management

The implementation of care for Mrs. “N” was carried out through routine oxytocin massage to maintain smooth breast milk production. The massage was performed using the correct technique to ensure that the let-down reflex remained optimal. Marantika (2023) emphasized that oxytocin massage is effective in facilitating breast milk production in postpartum mothers. Sampara and Ernawati (2020)

further confirmed that oxytocin massage accelerates the reduction of uterine fundal height in postpartum mothers at Biru Health Center, Bone Regency, making this intervention consistent with midwifery theory and practice oriented toward hemorrhage prevention and maternal recovery.

In addition, Minarti, Anita, and Samrida (2023), through their study on the *Mamandi Boe Asieng Panas* tradition, demonstrated that local cultural practices can accelerate postpartum recovery by providing warmth, comfort, and emotional support. This highlights that the postpartum period is not only about physical recovery but also requires psychological and cultural support to strengthen maternal health. In line with this, oxytocin massage in this study served as a complementary intervention that is simple, calming, and proven to enhance breast milk production.

Beyond oxytocin massage, periodic evaluation of breast milk output was conducted to ensure that the infant received adequate nutrition. This evaluation included observing breastfeeding frequency, the amount of milk expressed, and the infant's response after feeding. Rosmiati & Meliyanti (2024). stated that early evaluation of breast milk output during the postpartum period is closely associated with the success of exclusive breastfeeding.

Implementation also involved educating the mother on proper breastfeeding techniques, such as positioning, infant latch, and feeding frequency. This education aimed to increase maternal confidence and prevent future breastfeeding problems. Wijaya & Yulianti (2022) emphasized that early breastfeeding education significantly improves the success of exclusive breastfeeding.

Table 1. Summary of Subjective and Objective Data

Aspect	Initial findings (day 1)	day 2	day 3	Final findings day 4
Main Complaint	Breast milk output minimal	Breast milk output minimal	Breast milk began to increase	Breast milk increased
Intervention	Oxytocin massage, education, breastfeeding position	Oxytocin massage	Oxytocin massage	Oxytocin massage
Vital Signs	BP 110/80 mmHg, Pulse 70/min, Temp 36.5°C	BP 110/80 mmHg, Pulse 80/min, Temp 36.5°C	BP 100/80 mmHg, Pulse 80/min, Temp 36.5°C	BP 110/80 mmHg, Pulse 80/min, Temp 36.5°C
General Condition	Compos mentis, anxious	Compos mentis	Compos mentis	Compos mentis
Infant's Condition	Infant appeared fussy	Infant still fussy	Infant no longer fussy	Infant no longer fussy

Source: Processed Data, 2025

In addition to education, psychological counseling was provided to ensure that the mother did not feel anxious and remained comfortable during breastfeeding. Counseling helped the mother understand that anxiety could influence breast milk production. Hartiningtiyaswati (2025) supported this by stating that psychological support and midwifery interventions play an important role in the success of exclusive breastfeeding.

Based on the evaluation of Mrs. "N," there was no discrepancy between theory and practice, as the mother's condition aligned with the literature emphasizing the importance of oxytocin massage, breast milk assessment, education, and counseling in supporting successful breastfeeding.



Figure 1. Initial Examination



Figure 2. Oxytocin Massage Management on Day 2



Figure 3. Examination on Day 3



Figure 4. Management on Day 4

CONCLUSION

After providing postpartum midwifery care for Mrs. “N” with insufficient breast milk, physical examination revealed that the mother’s general condition was good, with *compos mentis* consciousness. The midwifery diagnosis for Mrs. “N” was insufficient breast milk, as the infant appeared uncomfortable and cried frequently, breast tissue was minimal, and the mother experienced anxiety. The potential problem identified was the infant’s difficulty in gaining weight. In this case, no immediate or collaborative action was required. The planned interventions included oxytocin massage, education on proper breastfeeding techniques, and counseling to address maternal anxiety. All interventions were implemented successfully without obstacles. After four days of care, the mother’s condition improved, with *compos mentis* consciousness, stable vital signs (BP: 100/80 mmHg, HR: 80 bpm, Temp: 36.5°C, RR: 22 breaths/min), smooth breast milk production, the infant appeared comfortable and no longer fussy, and the mother was more relaxed. Documentation of all findings and interventions was completed in SOAP format.

LIMITATIONS

This study has several limitations that should be acknowledged to ensure proportional interpretation of the results. First, the frequency of oxytocin massage should ideally be performed twice daily or more frequently. Second, psychological factors such as anxiety and stress are difficult to measure objectively, making interpretation largely dependent on observation and subjective reports from respondents. Third, the study was conducted only during the early postpartum period, thus not capturing the long-term dynamics of breastfeeding. Fourth, the intervention was limited by time, as oxytocin massage was performed only once daily in the afternoon; results might have been more optimal if conducted twice daily. Additionally, resource constraints prevented the inclusion of other variables that may influence breast milk production, such as family support or socioeconomic conditions.

Despite these limitations, the study retains significant value. These shortcomings can serve as a basis for future research with broader scope, larger sample sizes, longer duration, and more comprehensive psychological measurement methods. Thus, this study still contributes to midwifery practice, particularly in addressing breastfeeding problems during the postpartum period.

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