POST PARTUM MIDWIFERY CARE FOR MRS. "L" P1A0 SECOND DAY WITH BREAST MILK

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A B S T R A C T

Background : Damaged breast milk is a condition in which venous and lymphatic flow is obstructed, disrupting the circulation of the mother's milk, increasing pressure on the milk ducts and alveoli. This condition is generally caused by a buildup of milk that is not released, resulting in a blockage. **Objective:** midwifery care is to provide comprehensive pregnancy care for Mrs. "L" PIA0 with the problem of breast milk dams at the Bataraguru Community Health Center. **The research method uses** a case study approach by applying Varney's seven-step management protocol, with data collection from primary and secondary sources. Researchers carry out midwifery care based on Varney's management steps: basic data identification, actual problem/diagnosis identification, potential problem/diagnosis identification, immediate action/collaboration, action planning, implementation, and evaluation. **The results of researc**h on Mrs. "L" indicates a breast milk dam problem confirmed by history, physical examination, and temperature measurement of 38°C. Documentation of all findings and actions in the care process is essential for legal accountability and compliance. This study recommends increasing research time and improving the skills and competence of health workers, especially midwives, in providing more specialist health services. **Conclusion** already given as much as possible and in accordance with standard midwifery services/care plans and complications that may occur can be resolved.

INTRODUCTION

Providing breast milk (ASI) to the baby is an important step inimprove the quality of human resources from an early age. Breast milk is an optimal source of nutrition that provides important nutrients for the growth and development of the baby's brain and nervous system. In addition, breast milk increases immunity against diseases and builds an emotional bond between mother and baby. The practice of exclusive breastfeeding for newborns has been proven effective in preventing infectious diseases, malnutrition and death in infants and toddlers.

Breast milk dams are a situation where venous and lymphatic flow is obstructed, causing the circulation of the mother's milk to be disrupted and increasing pressure on the milk ducts and alveoli. Usually, this situation is caused by a buildup of milk that is not released, causing a blockage(Khaerunnisa, Saleha and Sari 2021).

Breast dams occur when the flow of milk is blocked because the milk ducts are narrowed or the milk glands are not completely empty, or because there is a problem with the nipple. Breast dams occur when the flow of milk is blocked due to narrowing of the milk ducts, milk glands that do not empty completely, or problems with the nipple(Ningsih, Yunadi and Retnowati 2021).

Breast milk has a complete nutritional composition and is easily digested by the baby's digestive system. Its advantages compared to formula milk include the presence of antibodies such as Antistapiloccocus, Lysozyme, Immunoglobin, Complement C3 and C4, lactobacillus, Bifidus, and Lactoferrin which protect babies from various infections.(SUCIATI 2020). Apart from that, breast milk also reduces the risk of allergies in babies because it does not contain beta-lactoglobulin which often causes allergies(SUCIATI 2020)The growth and development of babies is greatly influenced by the amount of breast milk received, including the energy content and other nutrients in it. Lack of knowledge regarding lactation management, such as inappropriate expressing techniques and storing breast milk, can interfere with the breastfeeding process so that some mothers tend to give formula milk or use bottle milk for their babies. This can increase the risk of morbidity such as diarrhea due to germ contamination and oral moniliasis due to inadequate water and sterilization, as well as the risk of marasmus due to errors in giving milk.(Sari and Farida 2020).

Although the importance of breastfeeding is widely recognized, many challenges remain in breastfeeding practices. One of the problems that often occurs is breast milk dams during the postpartum period, which is caused by delays in expressing breast milk and can cause various complications such as mastitis.(Khaerunnisa, Saleha and Sari 2021);(Ginting, Windayanti et al. 2021). Efforts are needed to increase understanding and appropriate management of lactation to reduce the incidence of breast milk dams. According to the latest data from the World Health Organization (WHO) in 2019 in the United States, around 87.05% of breastfeeding women experienced breast milk dams, equivalent to 8,242 postpartum mothers out of a total of 12,765 survey participants. In 2019, the number of mothers experiencing breast milk dams reached 7,198 out of a total of 10,764 people, but decreased to 6,543 from 9,862 participants in 2015(Arvi, Sitompul et al. 2022). Meanwhile, in Indonesia, according to the 2019 Indonesian Health Demographic Survey (SDKI), around 15.60% or 35,985 postpartum mothers experienced breast milk retention. In 2012, this percentage reached 37.12%, or around 77,231 postpartum mothers(Syafitri, Mardha and Agustina 2022).

The postpartum period, which lasts from expulsion of the placenta to six weeks or 42 days after delivery, is a critical period that is often ignored despite the high potential for complications. Mothers need postpartum visits to monitor hormonal changes that can affect postnatal adaptation, such as early ambulation which is important for physical recovery(Aisyaroh 2022);(Astuti 2021). In addition, it is important to provide appropriate care and detect potential complications early so that mothers can adapt well physically, emotionally and socially(Karimah and Mustikasari 2023);(Dewi Ciselia and Vivi Oktari 2021).

The pathophysiology of breast milk is also the focus in handling breast milk dams during the postpartum period. The hormone prolactin, which influences breast milk production, needs to be understood because of the process of filling and excreting it from the alveoli of the mammary glands (World Health Organization, 2020). Symptoms of breast milk retention, such as breast fullness and pain, should be treated with warm compresses, massage, and proper expression of breast milk to prevent further complications (Centers for Disease Control and Prevention, 2019; National Institute for Health and Care Excellence, 2021). With a holistic approach involving education, psychosocial support, and appropriate medical interventions, we can improve case management of breast milk dams and ensure effective breastfeeding practices for maternal and infant health (American College of Obstetricians and Gynecologists, 2020; Royal College of Midwives, 2020).

The case of breast milk dams during the postpartum period shows the need for a holistic approach in obstetric management. In this context, appropriate and effective interventions are essential to ensure maternal and infant health. A preliminary study at the Bataraguru Community Health Center, Baubau City, highlighted the existence of cases such as those experienced by Mrs. "L", which faces the ASI dam. Discussion with Mrs. "L" identified several influencing factors, such as fatigue, stress, and lack of knowledge about lactation management(Khaerunnisa, Saleha and Sari 2021);(Ginting, Windayanti et al. 2021).

In an effort to provide appropriate midwifery care, it is necessary to take an integrated approach between education, psychosocial support and appropriate medical intervention. This includes the use of warm compresses to soften the breasts, appropriate massage techniques to facilitate breast milk flow, as well as comprehensive education about lactation management.(Zubaidah, Rusdiana et al. 2021). Through this approach, it is hoped that it can reduce the incidence of breast milk dams and increase the practice of sustainable exclusive breastfeeding (World Health Organization, 2020; Centers for Disease Control and Prevention, 2019).

Based on the results of the description above, the author is interested in conducting a case study with the title "Post Partum Midwifery Care for Mrs. 'L' PIA0 Second Day with Breast Milk Dams at the Bataraguru Community Health Center, Baubau City" which aims to provide a more comprehensive guide in the management of breast milk dam cases during the period. postpartum. Thus, it is hoped that this study can make a substantial contribution to improving midwifery practice at the Bataraguru Community Health Center and the surrounding area, as well as facilitating the development of more effective clinical practice guidelines to address this problem comprehensively.

METHODOLOGY

This research method uses Varney and SOAP's 7-step approach to explain existing conditions and relationships, opinion developments and ongoing processes. This case report describes postnatal midwifery care for postpartum mothers who experienced breast milk retention at the Bataraguru Community Health Center. This midwifery care approach, in accordance with Herlin Vernei's

guidelines, includes subjective and objective evaluation, identification of potential diagnostic problems, recognition of urgent needs, action planning, and evaluation in SOAP format. The location of this research is the Bataraguru Community Health Center, where midwifery services are provided to post partum mothers. This research was carried out from January 31, 2024 to February 3, 2024.

Research subjects refer to objects or individuals analyzed by researchers through observation, reading, and dialogue related to a specific research topic. All information or data obtained from the research subjects is then accessed and used as data. The research subjects involved were Mrs. "L" PIA0 with breast milk dam cases(Nashrullah, Maharani et al. 2023).

Data collection using instruments is a tool to obtain information directly from the field. The data collection process in research varies depending on the type of research chosen. In this report, data collection techniques include observation, interviews, document collection and physical examination(Sahir 2022).

In the data analysis process, the author collected data directly in the field through various methods such as observation, physical examination, interviews, and documentation. We carried out direct observations at the research location in accordance with the targets that had been set, as well as conducting direct interviews with respondents. The purpose of this data collection is to obtain direct information needed for research and to be able to draw conclusions from all the results of data collection.

RESULTS & DISCUSSION

Subjective Data

Mrs. "L" is 28 years old, lives in Bataraguru with her husband, Mr. "J," 34 years old, works as a daily laborer. Both are Muslims and come from the Buton tribe. This is Mrs. "L" with a normal menstrual history. During postpartum, he ate three times a day, experienced changes in elimination patterns, and did not defecate. Mrs. "L" complained that her breasts were swollen, painful and hard since morning, even though the milk had come in, and the baby was reluctant to breastfeed.

Mother feels worried about this situation.

His medical history showed that he had suffered from gastric disease without a history of other serious illnesses or allergies. Psychologically, Mrs. "L" began to adjust to her baby, with the support of her husband who also showed openness and willingness to help care for the baby.

Mrs. "L," a 28-year-old housewife from Bataraguru, complained that her breasts were swollen, painful and hard since morning even though her milk had come in, and her baby was reluctant to breastfeed, causing her anxiety. This was her first birth, with a normal menstrual history and good health except for having suffered from gastric disease. During postpartum, he eats three times a day and experiences changes in elimination patterns. Physical examination showed stable vital signs and normal laboratory results. Mrs. "L" begins to adjust to the baby, supported by the family.

Objective Data

The mother's condition is good, consciousness is composmentis, TTD shows BP 120/90 mmHg, N 88x/minute, P 20x/minute, and S 38℃.A total of 13% of postpartum women experience fever due to breast milk retention, with a body temperature ranging from 37.8℃ to 39℃, which usually lasts for four to sixteen hours. After giving birth, the mother's breasts generally experience swelling, a hot, hard sensation and discomfort, with normal temperatures ranging from 36.5℃ to 37.5℃(Aulya and Supriaten 2021).

Height 151 cm, weight before pregnancy 60 kg, current weight 75.5 kg, LILA 32 cm, and BMI 18.5. Physical examination starting from the head and hair, the scalp is clean, the hair is black and there is no tenderness, the face has no cloasma gravidarum, the face is not pale, the eyes are symmetrical left and right, the conjunctiva is pink and the sclera is not jaundiced, the mouth and teeth, lips are moist no caries on the teeth, no cavities, left and right ears symmetrical and no discharge, good hearing, no enlargement of the thyroid gland in the neck, and no widening of the jugular veins, left and right symmetrical breasts, right side of the nipple visible slightly flat, the breasts look swollen and feel hard, the abdomen has no scars from surgery, the uterus feels hard and round, the upper and lower extremities are symmetrical left and right, the nails look clean and there is no edema or varicose veins. Supporting examinations showed HB 13.6 gr/dl, HIV non-reactive, syphilis non-reactive, and HBsAg negative.

On January 31, the mother's condition was good, consciousness composmentis, TTD showed BP 120/90 mmHg, N 88x/minute, P 20x/minute, and S 36.5°C, Physical examination of the face showed no cloasma gravidarum, face was not pale, eyes left and right symmetrical, the conjunctiva is pink and the sclera is not jaundiced, the breasts are symmetrical on the left and right, the nipple looks slightly flat on

the right side, the breast looks swollen and feels hard, the abdomen has no surgical scars, the uterus feels hard and round.

Analysis
Mrs. “L” post partum second day with breast milk dam

Management

Mothers are starting to be told how to deal with complaints they feel, such as supporting the breasts with a bra that fits properly to provide optimal support and comfort, so that it can help prevent various health problems, compressing the breasts using a wet cloth to help reduce swelling and pain in the mother's breasts, and breast massage. from the root to the nipple to help clean the milk ducts in the breast so that milk will flow more smoothly and empty the breast quickly. This will ultimately stimulate more abundant milk production, increasing blood circulation in the lymph vessels and blood vessels around the breast.

Explain to the mother about oxytocin massage and how to do it to increase oxytocin which can calm the mother, so that breast milk comes out by itself and is effective in reducing physical discomfort and improving mood. Teach the mother good and correct breastfeeding techniques and positions, make sure the mother is calm when breastfeeding and places the entire areola in the baby's mouth, the mother can breastfeed comfortably while sitting or lying down, depending on her own comfort, hold the breast with the thumb facing up and place it another finger under the breast, breastfeed your baby regularly at 2-3 hour intervals or as needed. If one breast feels empty, it should be replaced with the other breast. After breastfeeding, apply breast milk to the breast, let it dry, then put the bra back on. This step will help prevent sore nipples, to prevent your baby from bloating and vomiting. Burp the baby after each feeding to remove air from the breast. baby's stomach, and express breast milk using a hand pump technique to remove remaining breast milk and avoid blockage of the nipple.

DISCUSSION

Subjective Data

Mrs. Mrs.'s basic data has been identified. "L" is 28 years old, lives in Bataraguru with her husband, Mr. "J," 34 years old, works as a daily laborer.Mirnawati (2023) states that basic data identification integrates accurate and complete information from all sources regarding the client's condition. Data collection involves a comprehensive approach by including subjective, objective data and test results to describe the client's condition as a whole.

This was her first birth, with a normal menstrual history and good health except for having suffered from gastric disease. During postpartum, he eats three times a day and experiences changes in elimination patterns. Physical examination showed stable vital signs and normal laboratory results. Mrs. "L" begins to adjust to the baby, supported by the family

Mrs. L, 26 years old, PIA0, came to the Bataraguru Community Health Center with complaints of swollen, red and painful breasts when pressed. In the literature it is stated that breast milk dams occur when the flow of veins and lymph nodes is blocked, resulting in blockage of milk flow and increased pressure in the ducts and alveoli.

Mother felt worried about her situation. This fear confuses the mother's thinking and makes her feel depressed (stressed). When the mother is stressed, adrenaline is released, causing vasoconstriction of blood vessels in the alveoli. This inhibits the milk ejection reflex, prevents milk from flowing, and causes milk dams. Breast milk dams can occur due to narrowing of the lactiferous ducts in the mother's breasts, especially if the mother has nipple abnormalities such as flat, inverted or sunken nipples. This condition is often caused by a buildup of breast milk that is not released immediately, which eventually blocks the ducts. Symptoms include swelling, a hot and hard sensation in the breast, tenderness, redness, and fever up to 38°C.

A total of 13% of postpartum women experience fever due to breast milk retention, with a body temperature ranging from 37.8°C to 39°C, which usually lasts for four to sixteen hours. After giving birth, the mother's breasts generally experience swelling, a hot, hard sensation and discomfort, with normal temperatures ranging from 36.5°C to 37.5°C(Aulya and Supriaten 2021). So strong motivation affects a mother's physical and emotional ability to produce breast milk. Through strong desire and sincere and great love, milk production can be stimulated. One of them is the support of husband and family. The reason is, the support of those closest to you can influence the smooth production of breast

milk, create a comfortable atmosphere in the family and avoid fear so that the mother can relax. And comfortable.

Objective Data

Vital signs showed BP 120/90 mmHg, N 88x/minute, P 20x/minute, and S 38℃. Physical examination starting from the head and hair, the scalp is clean, the hair is black and there is no tenderness, the face has no cloasma gravidarum, the face is not pale, the eyes are symmetrical left and right, the conjunctiva is pink and the sclera is not jaundiced, the mouth and teeth, lips are moist no caries on the teeth, no cavities, left and right ears symmetrical and no discharge, good hearing, no enlargement of the thyroid gland in the neck, and no enlargement of the jugular veins, left and right symmetrical breasts, right side of the nipple visible somewhat flat, the breasts look swollen and feel hard, the abdomen has no scars from surgery, the uterus feels hard and round, the upper and lower extremities are symmetrical left and right, the nails look clean and there is no edema or varicose veins. Supporting examinations showed HB 13.6 gr/dl, HIV non-reactive, syphilis non-reactive, and HBsAg negative.

On January 31, the mother's condition was good, consciousness composmentis, TTD showed BP 120/90 mmHg, N 88x/minute, P 20x/minute, and S 36.5℃, Physical examination of the face showed no cloasma gravidarum, face was not pale, eyes left and right symmetrical, the conjunctiva is pink and the sclera is not jaundiced, the breasts are symmetrical on the left and right, the right nipple looks slightly flat, the breast looks swollen and feels hard, the abdomen has no surgical scars, the uterus feels hard and round.

Analysis

Based on the evaluation results of the subjective and objective data evaluation results show the diagnosis of breast milk dams. The patient complained of swollen and painful breasts, while physical examination showed compos mentis consciousness, good general condition, blood pressure 120/80 mmHg, respiratory rate 20 times per minute, pulse 82 times per minute, and body temperature 38℃.

This is consistent with the theory that symptoms of breast milk dams include breasts that feel hot, hard when touched, and painful. Other factors such as inappropriate breastfeeding position, incomplete emptying of the breast, inactivity of the baby in breastfeeding, inverted nipples, and breast size that is too long can cause milk production to exceed the baby's needs.(Zubaidah, Rusdiana et al. 2021).

Based on the description above, the diagnosis for this case is Mrs. "L" 28 years old PIA0, second day with breast milk dam.

Management

Based on objective and subjective data from the case, appropriate management of the case is carried out:

Mothers are starting to be told how to deal with complaints they feel, such as supporting the breasts with a bra that fits properly to provide optimal support and comfort, so that it can help prevent various health problems, compressing the breasts using a wet cloth to help reduce swelling and pain in the mother's breasts, and breast massage. from the root to the nipple to help clean the milk ducts in the breast so that milk will flow more smoothly and empty the breast quickly. This will ultimately stimulate more abundant milk production, increasing blood circulation in the lymph vessels and blood vessels around the breast.

Explain to the mother about oxytocin massage and how to do it to increase oxytocin which can calm the mother, so that breast milk comes out by itself and is effective in reducing physical discomfort and improving mood. Teach the mother good and correct breastfeeding techniques and positions, make sure the mother is calm when breastfeeding and places the entire areola in the baby's mouth, the mother can breastfeed comfortably while sitting or lying down, depending on her own comfort, hold the breast with the thumb facing up and place it another finger under the breast, breastfeed your baby regularly at 2-3 hour intervals or as needed. If one breast feels empty, it should be replaced with the other breast. After breastfeeding, apply breast milk to the breast, let it dry, then put the bra back on. This step will help prevent sore nipples, to prevent your baby from gassing and vomiting. Burp the baby after each feeding to release air. from the baby's stomach, and express breast milk using a hand pump technique to remove remaining breast milk and avoid blockage of the nipple.

CONCLUSION

This research can be concluded at the Bataraguru Community Health Center, identification of basic data, actual diagnoses/problems, diagnoses/potential problems, as well as planning, implementation and evaluation of midwifery care measures for Mrs. "L" who experienced breast milk dams.

Basic data Mrs. "L" who experienced breast milk dams at the Bataraguru Community Health Center was identified on the second day of the research. Next, actual and potential diagnoses/problems in Mrs. "L" with the condition was also identified on the same day. After that, action plans and potential collaboration were prepared to overcome the problems faced by Mrs. "L". In the next stage, a specific care action plan is implemented, followed by implementation of the planned actions. Finally, evaluate all the actions that have been carried out on Mrs. "L" was carried out to assess the effectiveness and progress of handling breast milk dams at the Bataraguru Community Health Center.

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