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CASE REPORT

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Increasing of Breast Milk Production Before and After Back Acupressure and Correnct Baby Positions-Latch on

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ABSTRACT

Mothers often experience the problem of a lack of milk production due to malnutrition or malnutrition, working mothers, sore nipples, only a small amount of milk coming out or disturbed mental peace. The Ministry of Health or the Republic of Indonesia targets exclusive breastfeeding up to 80%. One effort to increase milk production is by doing complementary therapies that affect milk production, for example back acupressure. The purpose of this study was to identify increased milk production in breastfeeding mothers before and after back acupressure and baby positions-latch on. This study was a case report, involving 3 breastfeeding mothers. Data were collected through interviews and observation. The results of the study showed that there was an increase in milk production after acupressure was performed on the scapula and T1-T6 area for two weeks (twice a week) combined with the correct positioning of the baby. Before the procedure, the milk production was between 80-120 ml and after the procedure, the milk production was between 95-125 ml. Back-squat and baby-attachment positions can increase milk production in nursing mothers. It is hoped that breastfeeding mothers can increase milk production through back acupressure combined with the correct positioning of the baby.

Keywords: back acupressure; breast milk production; baby positions-latch on

INTRODUCTION

Breast milk is the best food for babies because it is natural food that is perfect, easy to digest, and contains nutrients that are suitable for babies' needs for growth, immunity, and preventing various diseases. Breast milk is guaranteed to be clean because it is given directly to babies to avoid digestive disorders such as diarrhea, vomiting and so on.^(1,2) A mother often experiences problems in exclusive breastfeeding, one of the obstacles is milk production which is not smooth which causes the baby to experience dissatisfaction after breastfeeding, the baby often cries or is fussy, the baby's stool is hard, the baby's nutritional intake is lacking, the baby's weight does not increase every month. This is a contributing factor to the low coverage of exclusive breastfeeding for newborns.⁽³⁾

WHO data shows that the average exclusive breastfeeding mother in the world is only about 38%. In Indonesia, data on exclusively breastfeeding mothers is still below the national target (80%), namely 55.7% (2015) and 54% (2016). In East Java it was 74.1% (2015), in 2016 it was 31.3%.^(4,5) Exclusive breastfeeding data at Candi Health Center is 47.7% (2019).⁽⁶⁾ Based on a preliminary study conducted by researchers in March 2022 with village midwives, it was found that 6 mothers were breastfeeding babies aged 0-6 months who experienced problems with a lack of increased breast milk due to lack of nutrition or nutrition, or mothers who worked so that children were given formula milk. This causes problems, namely sore nipples and only a small amount of milk that comes out.

An incident that often occurs on the first day of breastfeeding is that it is difficult for the milk to come out. This makes mothers think that their baby will not get enough milk so mothers often take steps to stop breastfeeding and replace it with formula milk.^(7,8) Problems that arise in breastfeeding include milk not coming out, lack of mother's nutritional intake, sinking or chafing nipples, and breast swelling.⁽⁹⁾ The impact if the baby is not given breast milk in the first month is believed to be able to increase 1/3 the incidence of Upper Respiratory Tract Infection (ARI).⁽¹⁰⁾ and incidence of diarrhea.^(11,12) Breastfeeding can protect babies from various bacterial, viral, fungal and parasitic infections.⁽⁵⁾ Therefore, it is necessary to take action to increase the release of the hormones prolactin and oxytocin.⁽¹³⁾

After giving birth, a mother needs special skills to care for her baby, give breast milk properly, both in position and attachment⁽¹⁴⁾ and requires complementary therapy which is currently under development such as back acupressure.⁽¹⁵⁾ Complementary therapy that is generally performed includes oxytocin massage^(16,17), endorphins massage⁽¹⁸⁾, wolwich massage⁽¹³⁾, oketani massage⁽¹⁹⁾, etc. Back acupressure is a type of complementary therapy for the prevention of various diseases by applying pressure and vibration on the back area. The purpose of back acupressure in breastfeeding mothers is to make mothers relax and comfortable so that they can increase the production of the hormones prolactin and oxytocin.⁽²⁰⁾ Back acupressure begins by pressing and vibrating the right scapula area followed by pressing with the thumb of the right scapula area. The same is done on the left scapula. Then from T1-T6 apply pressure and vibration (right then left). Then, massage with three fingers in the T1-T6 area (right then left). This is done up to 3 times.^(15,21)

Other efforts that can be made to increase milk production include carrying out early initiation of breastfeeding, consuming vegetables containing galactagogue such as katuk leaves, papaya leaves, torbangun leaves, beluntas leaves, nuts and drinking lots of water.⁽²²⁾

Based on the explanation above, the purpose of this study was to determine breast milk production before and after being given the back acupressure procedure and the correct positioning of the baby in Balongdowo Village, Candi District, Sidoarjo Regency.

METHODS

This study was a case report, conducted to describe or describe a phenomenon that exists in society. According to⁽²³⁾, descriptive research is a research method that is carried out with the main objective of making an objective picture or description of a situation. This case report described the increase in milk production before and after back acupressure and the correct positioning of the baby. Research subjects were 3 breastfeeding mothers who met the inclusion and exclusion criteria. The inclusion criteria were mothers breastfeeding babies aged 0-6 months, mothers and babies were not sick, breastfeeding mothers were willing to take action, breastfeeding mothers were cooperative. While the exclusion criteria were mothers who did not breastfeed and were not cooperative. The research location was carried out in the Midwife Area of Balongdowo Village, Candi District, Sidoarjo Regency. The research was conducted in March 2022.

Data were collected through interviews and observation. Interviews were conducted face-to-face and then gave five questions before and after about increasing milk production. The observation sheet was used to measure milk production, before and after a back-to-back stroke and the correct positioning of the baby. The researcher made observations on the observation sheet which contained an increase in breast milk production for 2 weeks with a score of less than 16 meaning insufficient milk production, a score of 17-24 meaning sufficient milk production, and more than 24 meaning a lot of milk production.

RESULTS

The results of interviews and observations conducted by researchers to three respondents. Interviews and observations were carried out before and after the backstroke was carried out and the baby was positioned correctly.

Table 1. the characteristics of respondents

Characteristics	Respondent 1	Respondent 2	Respondent 3
Age	20 year	19 year	25 year
Level of education	Senior high school	Senior high school	Senior high school
Job status	Not work	Not work	Not work
Parity	First parity	First parity	First parity
Give birth	Spontaneous	Spontaneous	Spontaneous

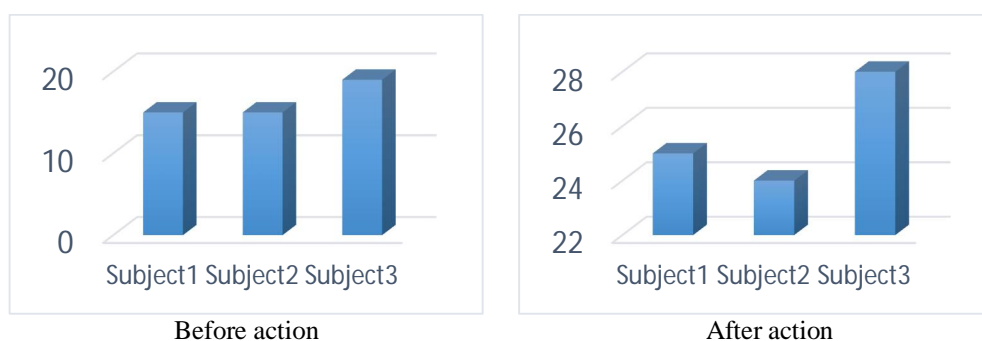


Figure 1. Milk production before and after the action

Based on figure 1, before the action was taken on subjects 1, 2, and 3 the following data were obtained: Subject 1 experienced less milk production with a value of 15. Subject 1 said that milk production was not smooth, eating pattern 3-4 times per day, rarely consuming vegetables and fruits, drink 9-10 glasses of water per day and breastfeed 7-8 times per day". The observation results showed that milk dripped when the breast was pressed, the breast felt full before breastfeeding, the breast felt soft after feeding, after feeding, the baby slept for 3-4 hours, the stool was yellowish, the frequency of feeding 7-8 times per day, and the baby's weight 5.5 kg.

Subject 2 experienced less milk production with a value of 15. Subject 2 said that milk production was not smooth, eating pattern 3 times per day, rarely eating vegetables, not cooking yourself so buying food from outside, drinking 8-10 glasses of water per day and breastfeeding 6-8 times per day". The observation results showed that milk dripped when the breast was pressed, the breast felt tight before breastfeeding, the breast felt soft after feeding, after feeding, the baby slept for 2-3 hours, the stool was yellowish, the frequency of feeding 6-8 times per day, and the baby's weight 4 kgs.

Subject 3 experienced sufficient milk production with a value of 19. Subject 3 said that milk production was quite smooth, eating pattern 3-4 times per day, but if you feel hungry, then subject eats again, drinks 10-12 glasses of water per day and breastfeeds 8 -10 times per day". The results of the observations showed that the milk had come out without pressing the breast, the breast felt full before breastfeeding, the breast felt soft after feeding, after feeding, the baby slept for 3-4 hours, the stool was yellowish, the frequency of feeding 8-10 times per day, and the body weight 5.1 kg baby.

Based on figure 2, after taking action on subjects 1, 2, and 3, the following data were obtained: Subject 1 experienced an increase in milk production from a value of 15 (less) to 25 (enough). Subject 1 said that breastfeeding was smooth compared to before. 2-3 hours after the procedure, the breasts feel tight until the milk drips. The results of the observations showed that the milk had come out without pressing on the breast and even seeped into the subject's clothes, the breasts felt tight before breastfeeding, the breasts felt soft after breastfeeding, the milk was still dripping after breastfeeding, the baby fell asleep for 3-4 hours, the frequency of breastfeeding was 8-12 times per day, the baby's weight increased to 5.9 kg.

Subject 2 experienced an increase in milk production from 15 (low) to 24 (enough). Subject 2 said that milk production was smooth after the procedure was carried out. Sleep more comfortably and soundly. 2-3 hours after the procedure, the breasts feel tight and then when feeding the baby, the milk comes out profusely so the baby chokes. The results of the observations showed that the milk had come out without pressing the breast, the breast felt tight before feeding, the breast felt soft after feeding, the milk was still dripping after feeding, the baby fell asleep for 3-4 hours, the frequency of feeding 8-12 times per day, the baby's weight increased to 4.3 kg.

Subject 3 experienced an increase in milk production from 19 (enough) to 28 (a lot). Subject 3 said that milk production was smooth, 2 hours after the procedure the breasts felt tense until they seeped into the subject's clothes. The results of the observations showed that the milk had come out without pressing the breast, the breasts felt tight before breastfeeding, the breasts felt soft after breastfeeding, the milk was still dripping after breastfeeding, the baby fell asleep 3-4 hours, the frequency of breastfeeding was 9-10 times per day, the baby's weight increased to 5.6 kg.

DISCUSSION

The results showed that the three subjects experienced an increase in milk production after the back acupressure was performed combined with the correct positioning of the baby.

Efforts that can be made to increase milk production, can be done by doing complementary therapies that can stimulate the release of the hormones oxytocin and prolactin to produce breast milk. Research conducted by Yahya, et al (2020), which conducted complementary therapy on a combination of back massage and acupressure, has been shown to increase milk production.⁽²¹⁾ Research conducted by Rinata, et al regarding the effectiveness of breastfeeding techniques which include the position and attachment of the baby. Factors that influence breastfeeding techniques include parity, education, employment status, breast problems, and gestational age.⁽⁹⁾ This is in line with Kurniawati & Srianingsih's research which shows that breastfeeding techniques affect the production of breast milk for nursing mothers. The respondents of this study were primiparas.⁽²⁴⁾

According to the researchers, carrying out the back acupressure in the scapula and T1-T6 areas makes the mother more comfortable, thereby helping to stimulate the release of the hormones prolactin and oxytocin. These two hormones play an important role in producing breast milk for nursing mothers. Breastfeeding techniques, such as correct positioning and attachment of the baby, can also stimulate the release of the lactation hormone so that it can increase milk production. If the attachment is not correct, it can cause problems for breastfeeding mothers such as sore nipples which increase the stress on the nursing mother so that milk production decreases.

CONCLUSION

The three subjects experienced an increase in milk production after performing back acupressure in the scapula and T1-T6 areas and combined with breastfeeding techniques such as correct positioning and attachment of the baby. The action was carried out for two weeks and in each week two actions were carried out.

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