

OXYTOCIN MASSAGE, BREAST MILK PRODUCTION, AND COMFORT IN POST PARTUM P0A1 MOTHERS WITH SPONTANEOUS DELIVERY: A CASE STUDY IN THE DELIMA ROOM OF RSUD WALED

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KEYWORDS	ABSTRACT
Oxytocin Massage, Breast Milk Production, Postpartum Care.	All pregnant women have the potential to experience complications during pregnancy and the postpartum period. To prevent complications such as bleeding and infection in the postpartum period, comprehensive nursing care is essential, including counseling on postpartum care. This counseling aims to meet the mother's need for knowledge and skills related to self-care, newborn care, family adaptation, and health recovery. This study aims to describe the implementation of nursing care in postpartum mothers through the nursing process approach. A case study design was used on primiparous postpartum mothers with spontaneous delivery in the Delima room, Waled Hospital, Cirebon Regency. The research was conducted on February 12, 2024. The results showed that breast milk production can be accelerated by nonpharmacological measures such as oxytocin massage, which involves massaging the area around the back (vertebrae pars thoracica) to stimulate the release of breast milk. The mother reported feeling satisfied, happy, and confident in her ability to provide breast milk to her baby. Although the problem of ineffective breastfeeding related to inadequate milk supply was not fully resolved, patients reported feeling comfortable after oxytocin massage. The implication of the study suggests that oxytocin massage can be an effective intervention in accelerating milk release and improving the well-being of postpartum mothers. Appropriate counseling and nursing care are crucial in helping postpartum mothers overcome challenges and improve the quality of self-care and newborn care.

INTRODCUTION

Pregnancy is a natural and physiological process. During pregnancy most women experience psychological and emotional changes (Febriati & Zakiyah, 2022). Many women say how happy they are to be a mother but not infrequently there are women who feel worried if there are problems in their pregnancy (Bararah & Jauhar, 2013). All pregnant women have the potential or possibility of complications during pregnancy. According to research (Prahardani, 2019) the causes of complications in pregnancy are pre-eclampsia (28.7%), bleeding (22.42%), and infection (3.45%).

According to the World Health Organization (WHO) women who died from complications of pregnancy and childbirth were around 295,000 in 2017. Nearly 94% of these

deaths occurred in middle-income countries, the main causes of maternal deaths are hemorrhage, which mostly occurs after childbirth, hypertension during pregnancy which can lead to preeclampsia and eclampsia, infections and indirect causes such as diabetes, malaria, and other diseases (WHO, 2019). To prevent complications during the post partum period such as bleeding and infection by providing comprehensive nursing care such as post partum care counseling Counseling to post partum mothers is a nursing intervention to meet the mother's need for knowledge and skills related to self-care, newborn care, family adaptation and health recovery. Counseling is carried out such as breast care, ambulation and correct breastfeeding techniques (Reeder et al., 2011). Primiparous postpartum mothers are women who first gave birth to children who are able to survive (Fauziah, 2022). One of the obstacles experienced by primiparous mothers in caring for their babies includes not having experience in caring for babies beforehand including breastfeeding, keeping the baby's body clean starting from bathing and keeping the baby moist, recognizing the baby's growth and development both in terms of growth and fine motor development and recognizing the baby's normal condition as well as recognizing danger signs in the baby. Also the role of excessive parents can disrupt the role of primiparous mothers and support from husbands also affects the ability of primiparous mothers to care for their babies (Della, 2020). One of the nursing conceptual models underlying maternity nursing is Maternal Role Attainment-Becoming a Mother developed by Ramona T. Mercer. Maternal Role Attainment-Becoming a Mother is a process that follows 4 stages of role mastery namely anticipatory, formal, informal and personal. The main focus of this theory is the description of the process of maternal role attainment and the process of becoming a mother (Mercer, 2018).

In accordance with the background presented, the purpose of this study is to provide an overview of the implementation of nursing care for postpartum mothers through the nursing process approach. This research aims to enhance the understanding and effectiveness of nursing interventions during the postpartum period, ultimately improving maternal and neonatal health outcomes. The benefits of this research include providing insights into effective nursing care practices, contributing to the body of knowledge in maternity nursing, and supporting healthcare professionals in delivering better care for postpartum mothers.

RESERACH METHOD

This research was conducted at Waled Hospital, Cirebon Regency, precisely in the Pomegranate Room on February 12, 2020. The case study research procedure consists of several phases including: Orientation phase: Saying greetings and introducing yourself, explaining the purpose and procedure of the action, asking for readiness and time contract. Work phase: Washing hands, asking the mother to remove the upper clothes, positioning the mother sitting in a chair and bending over by hugging a pillow or supporting it on the arm on the table, placing a towel on the mother's lap, leaving the breasts free without a bra, smearing the palms of the hands with oil, massaging along both sides of the mother's spine using two fists and thumbs pointing forward, Pressing both thumbs on both sides of the spine by forming small circular movements, At the same time, massage both sides of the spine towards the bottom of the neck from the neck towards the shoulder blades for 3-5 minutes, Repeating the massage up to 3 times Cleaning the mother's back with a warm water washcloth Tidying up

patients and tools. Termination phase: . Evaluate the patient's response, Wash hands, Documentation.

RESULT AND DISCUSSION

The results of the assessment by interview and observation, the author found the problem complained of by the patient with the diagnosis of ineffective breastfeeding. Ineffective breastfeeding is a condition where the mother and baby experience dissatisfaction or difficulty in the breastfeeding process (Indonesia, 2017). This is based on subject data on the patient, namely complaining that her milk has not come out. Objective data is moderate, compos mentis consciousness, BP: 121/84, N : 94x/min, S: 36.6 C, RR: 20x/min, oxygen saturation: 98%. The process of milk ejection begins or is stimulated by the suction of the baby's mouth on the nipple of the mother's breast. These movements stimulate the anterior pituitary gland to produce a certain amount of prolactin, which is the main hormone that controls milk ejection. Furthermore, the hormone oxytocin will enter the mother's stream and stimulate the muscle cells around the alveoli to contract so that the milk that has been collected will flow into the ducts in the breast (let down reflex), and the milk can flow smoothly (Astutik, 2014).

Oxytocin massage is a massage technique along the spine (vertebrae) to the fifth-sixth costae (ribs), and attempts to stimulate the hormones prolactin and oxytocin to increase milk production (Ibrahim et al., 2021). The success of breastfeeding mothers needs support from their husbands and the role of other families also helps success in providing breast milk. Physiologically, oxytocin massage through neurotransmitters will stimulate the medulla oblongata by sending messages to the hypothalamus in the posterior hypophysis (Wulandari et al., 2014). This stimulates the oxytocin reflex or let down reflex to secrete the hormone oxytocin into the blood. By giving oxytocin massage, it will facilitate milk production in breastfeeding mothers and also provide comfort to the mother (Purnamasari & Hindiarti, 2020).

Breast milk production can be accelerated by non-pharmacological measures, namely through oxytocin massage which can be done by massaging the area around the back (vertebrae pars thoratica) to stimulate milk release (Fatrin et al., 2022). Mothers will feel satisfied, happy, confident, because they can provide breast milk to their babies. Mothers who think of their babies lovingly and other positive feelings will make the oxytocin reflex work (Kholisotin et al., 2019). After the oxytocin massage for 1x24 hours, the problem of ineffective breastfeeding related to inadequate milk supply has not been resolved but the patient said that after the oxytocin massage the patient felt comfortable.

CONCLUSION

Diagnosis in postpartum patients is the ineffectiveness of breastfeeding, characterized by an inadequate milk supply. The nursing care plan and its implementation included administering oxytocin massage for 24 hours. While the issue of breastfeeding ineffectiveness related to inadequate milk supply was not fully resolved, patients reported feeling more comfortable following the oxytocin massage.

Based on these findings, it is recommended that further research be conducted to explore additional nonpharmacological interventions that could complement oxytocin massage and enhance milk production. Longitudinal studies involving larger sample sizes should be

undertaken to evaluate the sustained effects of oxytocin massage on breastfeeding efficacy. Additionally, incorporating patient education programs focused on breastfeeding techniques and nutrition may provide comprehensive support for postpartum mothers. Health care providers should also consider developing individualized care plans that address the unique needs and challenges faced by each mother to improve overall breastfeeding outcomes..

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