



Implementation of Lactation Management for the Success of the Breastfeeding Process for Post Partum Mothers in the Independent Practice of Midwife Veronika, Batam City

^K Andi Sri Ayu Astuti¹, Aminah Aatinaa Adhyatma², Indah Mastikana³
^{1,2,3} Program Studi D-III Kebidanan, STIKes Awal Bros Batam
Email Penulis Korespondensi (^K): asriyuti11@gmail.com

ABSTRACT

Mother's milk (ASI) is a very special food source and the only food needed by babies. Mother's role is to provide breast milk as a form of child's exclusive right for six full months without any other food and drink, continued until the child is 2 years old with complementary foods. Breastfeeding is the best method for maternal health and healthy baby growth and development as the nation's next generation of quality. Globally, the exclusive breastfeeding rate for infants under six months of age is 40%. Only 23 countries achieve at least 60% of infants less than six months who are exclusively breastfed. The general purpose of this study was to describe the implementation of lactation management for the success of breastfeeding in post partum mothers. Meanwhile, the specific objective of this study was to implement lactation management for Mrs. "D" so that she could breastfeed immediately after giving birth. This research method uses a descriptive research design. Descriptive research is a research method that is carried out with the main aim of making a picture or description of a situation objectively. The results of midwifery care implementing the implementation of lactation management from the 3rd trimester of pregnancy until the puerperium have proven successful in the breastfeeding process with family support, especially the support of the husband and health workers, as a determining factor for the success of care and success in exclusive breastfeeding. In conclusion, during monitoring there were no complications, complications and danger signs in the baby, the baby was able to breastfeed well.

Keywords: Mother's Milk; Lactation management; Exclusive breastfeeding

Article history :

Received: 6 Juni 2021

Received in revised form: 22 Juni 2021

Accepted: 1 Agustus 2021

Available online: 1 Desember 2021



Licensed by [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).

INTRODUCTION

One of the healthy and quality generations can be determined by the growth and development of children during the golden period. This period defines the first 1,000 days of life starting from the baby in the womb until the child is 2 years old, which is closely related to the fulfillment of nutrition such as exclusive breastfeeding and complementary feeding. If this important period is not paid attention to properly, the chances of growth and development disorders in children will be greater when compared to those who get serious attention. For this reason, nutritional intake from mothers such as breast milk must be prepared and given properly and correctly in order to meet the nutritional needs of infants. Lactation management supports successful breastfeeding, which basically begins to be prepared during pregnancy, after delivery, and the puerperium. Lactation management is a management that regulates so that the entire breastfeeding process can run smoothly and successfully, from the production of breast milk to the process of the baby sucking and swallowing breast milk ¹. The way to give good and right food for babies is to exclusively breastfeed the baby, namely by giving only breast milk without other food and drinks. Exclusive breastfeeding is recommended until the baby is 6 months old and continue breastfeeding until the age of 24 months, which is interspersed with complementary foods ².

Globally, the exclusive breastfeeding rate for infants under six months of age is 40%. Only 23 countries achieve at least 60% of infants less than six months who are exclusively breastfed. This problem is especially apparent in America, where only 6 percent of countries have exclusive breastfeeding rates above 60%. WHO has set a target to increase the exclusive breastfeeding rate to at least 60% by 2030³.

In Indonesia, babies who have received exclusive breastfeeding until the age of six months are 67.74%. This figure has exceeded the 2019 Strategic Plan target of 50%. The highest percentage of exclusive breastfeeding coverage is in West Nusa Tenggara Province (86.26%), while the lowest percentage is in West Papua Province (41.12%) ⁴.

Exclusive breastfeeding coverage in the Riau Archipelago Province in 2019 showed an increase from the previous year. In 2018 the percentage of exclusive breastfeeding was 44.5%, while in 2019 it increased to 56.5%. The increase in the achievement of the percentage of exclusive breastfeeding is due to the support and active role of the family and the surrounding environment in providing support for mothers to be able to breastfeed exclusively. ⁵.

Based on data from the Batam City Health Office in 2018, there was an increase from 40% in 2016 to 47% in 2017 but it is still very low when compared to the national target to be achieved (80%). The low coverage of exclusive breastfeeding is possible due to the low awareness of breastfeeding mothers about the importance of breastfeeding, in addition to the characteristics of Batam City as an

industrial city that has a large female workforce, so it has the potential to use formula milk and provide complementary feeding (ASI) before the child is aged. 6 months because mom is working ⁶.

From these data, it can be seen that exclusive breastfeeding under several conditions makes babies unable to get breast milk so they must consume formula milk or formula milk. It's just that giving infant formula increases the chance of having allergies, diarrhea, obesity, lower IQ and cognitive development, and a risk of developing various diseases such as asthma, iron deficiency anemia, dental problems, to sudden infant death or what is known as SIDS or sudden infant death. syndrome is sudden death in infants under 1 year of age, and occurs without causing symptoms first. For this reason, as much as possible, give exclusive breastfeeding to babies to reduce this risk ⁷.

One of the determinants of exclusive breastfeeding is lactation management which includes Early Initiation of Breastfeeding (IMD), breast care, and breastfeeding techniques. Lactation management is an effort made to achieve success in breastfeeding. Physiologically, lactation management has started early in pregnancy. This is characterized by breasts that begin to enlarge, the areola looks darker, and the nipples are erect. In addition to physical changes in the breasts, hormonal changes also occur in preparation for breastfeeding. The hormones prolactin and oxytocin play a role in preparing for lactation which will increase during pregnancy. Increased levels of the hormone prolactin function in supporting milk production. While the hormone oxytocin stimulates the breast muscles to contract and secrete milk. Generally, at the age of 20 weeks of pregnancy, colostrum or the first milk that comes out before breast milk has also started to be produced, this has been regulated naturally until delivery arrives. ⁸.

As soon as 1 minute after the baby is born and it has been confirmed that there is no need for resuscitation, the baby is placed on the mother's stomach (if section, the baby is placed on the chest) let the baby lie on his stomach for some time until the baby moves by kicking and moving his legs, shoulders and arms to reach the mother's nipple. This stimulation will also help the uterus to continue to contract. Then when it has found the nipple, the baby will lift his head and start rolling the nipple, and start suckling between 27 - 71 minutes. During feeding the baby will coordinate sucking, swallowing, and breathing movements. The benefits of IMD for mothers and babies are increasing the chances of babies getting colostrum which is rich in nutrients, supporting the success of exclusive breastfeeding, strengthening the bond between mothers and babies, and improving baby's health ⁹.

Caring for the breasts during pregnancy and after delivery, one of which can increase milk production and elasticity of the nipples so that babies can do IMD and be exclusively breastfed. Breast care needs to be done to avoid various risks that may occur during breastfeeding, such as sore nipples, swollen breasts, mastitis/inflammation, and low milk production. For this reason, it is necessary to carry out breast care which is useful for launching breast milk production, increasing the elasticity of the

nipples, preventing dams in the breasts, and reducing pain when breastfeeding. Breast care consists of breast massage, breast care while breastfeeding, and breast care after breastfeeding ¹⁰.

Breast massage technique as follows: compress the nipple with cotton that has been given oil for 3-5 minutes, clean and pull the nipple out, use fingertips to massage around the nipple, give both hands coconut oil and place it between the breasts, massage starting from the top, side, to the left palm, towards the left side, the right palm towards the right side, continued down, side, then transversely, the palms massaged forward then removed from both breasts, the right palm left supporting the left breast, then the fingers -Fingers of the right hand little finger massage the breast towards the nipple, the palm of the right hand supports the breast and the other hand holds and massages the breast from the base towards the nipple ¹¹.

There are various types of breastfeeding positions, including sitting, standing, or lying down. When breastfeeding, make sure the areola (the dark area around the nipple) goes into the baby's mouth. The baby should suckle from both breasts equally during the day to prevent milk damming. Before and after feeding the breasts are gently cleaned without using soap or shampoo until clean. Use an antibacterial ointment to treat cracked nipples or apply a few drops of breast milk to the nipples and let them dry. Breast milk can moisturize and protect the nipples from infection and blisters caused by breastfeeding ¹².

Seeing the various benefits of exclusive breastfeeding above, it is very unfortunate if the coverage of exclusive breastfeeding is still low. Exclusive breastfeeding can be influenced by several factors, including; predisposing factors, which include education, knowledge, traditional or cultural values. Supporting factors (enabling factors), namely family income, time availability, and maternal health. The driving factor (reinforcement factor), this factor includes family support and support from health workers ¹³. Problems that often occur after a baby is born are inappropriate breastfeeding behavior and an environment that is not yet conducive to supporting mothers to continue to be able to provide exclusive breastfeeding and low milk production. Based on this description, health workers play a role in being a supporting factor for the success of breastfeeding. So this case was taken on Mrs. "D" aged 30 years at PMB. Veronika Sinaga, SST. The general purpose of this study was to describe the implementation of lactation management for the success of breastfeeding in post partum mothers. While the specific purpose of this study was to implement lactation management in postpartum mothers so that they can breastfeed immediately after giving birth and successfully provide exclusive breastfeeding correctly.

METHODS

This research method uses a descriptive research design. Descriptive research is a research method that is carried out with the main aim of making an objective description or description of a situation ¹⁴. The sample of this research is a postpartum woman aged 30 years G2P1A0 carried out in the Midwife Independent Practice (PMB), from April to May 2021. The data collection technique is carried out by collecting basic data (primary) and special data, namely interviews and secondary data from documents such as books, MCH or medical records. The results of the assessment will be documented using the SOAP method in accordance with the midwifery care provided.

RESULT

This research was conducted by complying with ethical rules which consist of autonomy with an informed consent form, respecting the privacy and confidentiality of participants based on the principle of justice, and not causing risks to patients and participants.

Table 1. Client Subjective Data

Assessment Indicators	Mrs. D
Age	30 years old
Education	JHS
Job	Housewife
Parity	1

The results of the assessment conducted on May 12, 2021, the first visit to the mother at 37 weeks 5 days of gestation. The mother said she wanted to give exclusive breastfeeding to her baby later and had experience breastfeeding her first child. However, mothers do not know how to carry out good and correct lactation management so that mothers can successfully breastfeed immediately after giving birth. Overall examination was carried out, namely general examination, examination of vital signs, anthropometric examination, and physical examination within normal limits. Efforts are being made to provide education about management of lactation preparations during pregnancy, childbirth, and the puerperium. Care visits during pregnancy, delivery and postpartum have an influence on the interventions given to clients as evidenced by the increased production of breast milk and after being taught breastfeeding techniques the mother can do it and it is proven that the mother can successfully breastfeed her baby with no complications and complications.

DISCUSSION

Pregnancy midwifery care is essentially one of the basic medical services that is very strategic in an effort to improve the health of pregnant women and the fetus they contain. The implementation of

antenatal care services includes breast care to prepare and smooth the breastfeeding process. Studies on Mrs. "D" said that she was pregnant with her second child and wanted to give exclusive breastfeeding to her child, but the mother did not have sufficient knowledge about exclusive breastfeeding. From the results of research conducted by Husnul Muthoharoh Tahun 2017 said that the preparation for breastfeeding from an early stage of pregnancy will be better prepared to breastfeed the baby. A midwife in providing services at various puskesmas service facilities, independent practice of midwives, hospitals, clinics, and others, needs to facilitate the existence of breastfeeding preparation guidance classes, to support the success of breastfeeding and breastfeeding. The formation of breast milk has started since the beginning of pregnancy, the nutritional status of the mother in pregnancy affects the lactation process. In addition to nutritional factors, other factors that determine the success of the lactation process are maternal psychological factors and breast physiological conditions.

Motivate mothers to be able to breastfeed and understand that breast milk is the most perfect food that can be given to meet the nutritional needs of babies. The nutritional content of breast milk cannot be replaced by formula milk that comes from cows. To get a lot of breast milk, the mother should already consume green vegetables, beans and drink at least 8 glasses a day, since the baby is in the womb. because this is the beginning to get a lot of breast milk, don't forget to use baby oil and massage treatments and around the breasts during pregnancy can also help the nipples sink. Mothers who do breast care can increase exclusive breastfeeding 5X greater than mothers who do not do breast care.

When entering the labor process, the gestational age is 39 weeks 2 days. Mother said that circular pain from the back radiating to the front of the abdomen is getting stronger and more frequent, there is an urge to defecate and strain, and the amniotic fluid is leaking complete¹⁵. Complaints experienced by Mrs. "D" is a sign of the start of labor, which is marked by the occurrence of his labor with back pain that radiates to the lower abdomen. The care given to Mrs. "D" in the first stage of labor, such as relaxation techniques teaching the mother to take a deep breath through the nose and out through the mouth, is done when the mother feels contraction pain. In the first stage, the care provided is to recommend that either the husband or the patient's family accompany him by providing support to the mother, the support received by the mother will affect the psychological aspects both from the environmental aspect or the birth attendant. The American College of Obstetricians and Gynecologists (ACOG) believes that by actively involving patients in their care including in fulfilling the mother's request for assistance during labor, it will increase patient satisfaction and improve health. Stage II lasts 10 minutes, according to the theory of the second stage process lasts for 2 hours in primiparas and 1 hour in multiparas. The labor process in the second stage is strongly influenced by several factors, including power, passenger, passage, maternal psychology, and birth attendants. This birth attendant can help the mother to stay calm and relaxed, so the helper is recommended to facilitate the mother in

choosing her own pushing position and explain alternatives to the pushing position if the position chosen by the mother is not effective. Management of the second stage of childbirth assistance in Ny. "D" in a tilted and semi-sitting position, the second stage process takes place quickly and there are no complications. The third stage lasts approximately 5 minutes from the time the baby is born at 05.20 WIB. The old theory is that the third stage or uri lasts 5-15 minutes. Management of stage III Administration of oxytocin or uterotonics as soon as possible, performing controlled umbilical cord tension (PTT), tactile stimulation of the uterine wall or uterine fundus. The results of the third stage of delivery of the placenta complete obstetric care has been given according to theory. In the fourth stage, uterine contractions, bleeding, pulse, uterine fundal height, uterine contractions, bladder were monitored for the first hour every 15 minutes and in the second hour labor monitoring was carried out every 30 minutes. The duration of labor from stage I to stage IV lasts approximately 4 hours.

Midwifery care for newborns directly keeps the baby's body warm, by drying the baby from the remnants of the amniotic fluid, starting from the head, the entire body and the baby's extremities. Then clamp the umbilical cord using clamps about 2 cm from the baby's navel then push the contents of the umbilical cord and clamp the second clamp about 2-3 cm from the first clamp, then cut the umbilical cord. Continue with IMD for 1 hour. IMD is contact with the skin immediately after birth and self-feeding in the first 1 hour after giving birth IMD is breastfeeding (Air Susu Ibu) in the first 1 hour after giving birth. IMD does not only make exclusive breastfeeding a success. More than that, the tangible results are saving the baby's life, breastfeeding in the first hour of the newborn plays a very important role in reducing the IMR. In fact, in 1 year, 4 million babies aged 28 days died as evidenced by research conducted by Mawaddah Tahun 2018.

If all babies in the world are born immediately given the opportunity to breastfeed themselves by providing mother to baby skin contact for at least 1 hour then 1 baby's life can be saved. Management of midwifery care during the puerperium. Postpartum visits were carried out 4 times, the visit schedule was in 6-8 hours, 6 days, 2 weeks. During the puerperium, the mother performed an examination 1 day postpartum, including: Abdomen: TFU 2 fingers below the symphysis, good uterine contractions with firm consistency. According to the theory of the recovery period, starting from the completion of labor until the uterus returns to its pre-pregnancy state. The length of the puerperium is 6-8 weeks. The puerperium (puerperium) begins after the birth of the placenta and ends when the uterine organs return to their pre-pregnancy state. The puerperium lasts for about 6 weeks. Discuss with the mother breastfeeding positions such as: lying position. The position is described as: making sure the mother is comfortable and relaxed. During the educational visit, the pattern of nutrition fulfillment, rest, proper and correct breastfeeding methods, breast care, newborn care, danger signs during the postpartum period and providing counseling on contraceptives according to the mother's needs. Breast care during the

puerperium is still recommended to Mrs. "D" to facilitate the release of breast milk this will make the breasts very full, for that mothers are taught the technique of expressing breast milk to prevent breast milk damming. According to research conducted by Ulandari Tahun 2018 stated that expressing breast milk manually or using a pump can reduce the likelihood of breast milk engorgement.

Midwifery care implementing the implementation of lactation management from the 3rd trimester of pregnancy to the postpartum period has proven successful in the breastfeeding process with family support, especially the support of the husband and health workers, as a determining factor for the success of care and success in exclusive breastfeeding.

CONCLUSION AND SUGGESTION

One of the factors that dominates exclusive breastfeeding is lactation management which consists of Early Initiation of Breastfeeding (IMD), breast care, and breastfeeding techniques. The implementation was carried out to Mrs. "D" by providing knowledge and applying lactation management. The result After being taught that the mother can do it and it is proven that the mother can successfully breastfeed her baby, there are no complications or complications.

A midwife should be able to implement lactation management starting from pregnancy, childbirth, BBL, and postpartum in an effort to improve the implementation of lactation management for successful breastfeeding. Because with the fulfillment of exclusive breastfeeding can create a generation of healthy and quality nation.

REFERENCES

1. Qiftiyah M. Gambaran Faktor Status Pekerjaan, Pendidikan Dan Dukungan Keluarga Terhadap Kunjungan Posyandu Balita Usia 0-5 Tahun Di Posyandu Pepaya Dukuh Karangrejo Desa Tegalorejo Kecamatan Merakurak Kabupaten Tuban. *J Kebidanan*. 2018;9(2):8.
2. Dewi FW, Soesetijo FA, Ningtyias FW. Manajemen Laktasi Ibu Rumah Tangga Pada Pemberian ASI Eksklusif Di Wilayah Kerja Puskesmas Summersari Kabupaten Jember. *Multidiscip J*. 2020;3(2):50.
3. WHO. *Monitoring Health For The SDGs*. Switzerland; 2019.
4. Kemenkes RI. Profil Kesehatan Indonesia Tahun 2019. *Kementeri Kesehat RI*. 2020.
5. Dinas Kesehatan Provinsi Kepulauan Riau. *Profil Kesehatan Provinsi Kepulauan Riau 2018*. Tanjung Pinang: Dinas Kesehatan Provinsi Kepulauan Riau; 2019.
6. Dinas Kesehatan Kota Batam. *Profil Kesehatan Kota Batam Tahun 2018*. Dinas Kesehatan Kota Batam; 2018.
7. Rahmania. Determinan Pemberian Asi Non-Eksklusif Pada Bayi Terdampak Gempa Majene. *J*

-
- Heal Educ Lit.* 2021;4(1):27-33.
8. Farida A. Pengaruh Perawatan Payudara Pada Ibu Nifas. *J Ris Kesehatan.* 2017;6(1):7-12.
 9. Dewi ADC. Faktor-Faktor Yang Mempengaruhi Kelancaran Produksi Asi. *J 'Aisyiyah Med.* 2019;4(1).
 10. Ulandari S. Hubungan Perah ASI dan Teknik Menyusui dengan Kejadian Bendungan ASI pada Ibu Nifas di Puskesmas Pamotan Kabupaten Malang. *Care J Ilm Ilmu Kesehatan.* 2018:40-47.
 11. Syamsul. Penerapan Teknik Menyusui dan Perawatan Payudara dalam Mendukung Keberhasilan Menyusui Terhadap Ny. L Tahun 2020. *Public Heal Sci J.* 2020;3(1):1-8.
 12. Widayati CN, Sahara R. Hubungan Frekuensi Makan dan Pola Istirahat dengan Produksi ASI pada Ibu Nifas ASI (Air Susu Ibu) merupakan berbagai zat gizi penting yang di dan perkembangan bayi . ASI diberikan pada bayi sejak dilahirkan . pertumbuhan dan perkembangan kebutuhan dan u. *J Kebidanan Harapan Ibu Pekalongan 101.* 2020;7(2):99-104.
 13. Riyanti E. *Dukungan Ibu Menyusui.* Yogyakarta: Leutikaprio; 2020.
 14. Husnul Muthoharoh. GAMBARAN PENGETAHUAN IBU BERSALIN TENTANG INISIASI MENYUSU DINI (IMD) DI DESA GEMPOL PADING KECAMATAN PUCUK LAMONGAN. *J Midpro.* 2017;9(2):14-19.
 15. Widiastini LP. *Buku Ajar Asuhan Kebidanan Pada Ibu Bersalin Dan Bayi Baru Lahir.* Bogor: In Media; 2018.
 16. Mawaddah S. Hubungan Inisiasi Menyusu Dini Dengan Pemberian Asi Eksklusif Pada Bayi. *J Info Kesehat.* 2018;16(2):214-225.