

Manuscript received November 5, 2022; revised November 20, 2022; accepted January 20, 2023; date of publication February 25, 2023

Digital Object Identifier (DOI): <https://doi.org/10.35882/ijahst.v3i1.145>

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How to cite: Alvy Nour Khasana, Teta Puji Rahayu, Nurlailis Sa'adah, and Sunarto, "Comparison of Breast Milk Production Between BOM Methods (Breast Care, Oxytocin Massage, Mermaid Technique) With Breast Care in Postpartum Mothers in Takeran District, Indonesia", International Journal of Advanced Health Science and Technology, vol. 3, no. 1, pp. 1–6, February. 2023.

Comparison of Breast Milk Production Between BOM Methods (Breast Care, Oxytocin Massage, Mermaid Technique) With Breast Care in Postpartum Mothers in Takeran District, Indonesia

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ABSTRACT Breast milk is a perfect food both in quality and quantity. Many factors affect exclusive breast feeding, one of which is the lack of maximum milk production. Post partum mothers must have the enthusiasm to give exclusive breast feeding to their babies. With proper breast feeding management, maximum results will be obtained. The purpose of this study was to determine the difference in the amount of breast milk production between the BOM method (Breast Care, Oxytocin Massage, Mermaid Technique) and Breast Care for post partum mothers in the Work Area of the Takeran Health Center. The type of research is Quasi Experiment with Post Test Only Control Group Design. The population is all pregnant women in the work area of the Takeran Health Center whose expected delivery day is in March-April 2022 as many as 32 pregnant women. All affordable populations were sampled. The independent variable is BOM and Breast Care and the dependent variable is breast milk production. Data analysis used the Mann Whitney statistical test with a significance level of $p < 0.05$. In the experimental group using the BOM method, there were 13 respondents (81.3%) whose breast milk production was smooth and 3 respondents (18.7%) whose milk production was not, while in the control group using the Breast Care method 14 respondents (87.5%) whose milk production is not smooth and 2 respondents (12.5%) whose milk production is smooth. The results of the Mann Whitney test obtained a significance value of $0.000 \leq 0.05$. The conclusion of the study is that there is a difference in the amount of milk production between the BOM method and breast care. The BOM method can be used as an alternative to non-pharmacological therapy to increase breast milk production in post partum mothers so that it can increase the success of exclusive breast feeding.

INDEX TERMS Breast milk production; BOM method; Breast Care method.

I. INTRODUCTION

Breast milk or breast milk is the best source of nutrition for babies under two years old [1][2]. Breast milk is a perfect food both in quality and quantity. Exclusive breastfeeding based on Government Regulation Number 33 of 2012 is breast milk that is given to babies from birth for six months, without adding and/or replacing with other foods or drinks (except drugs, vitamins, and minerals). [3]. According to WHO, exclusive breastfeeding for the first 6 months of life provides great benefits for infants including as immune, growth and development of infants, as energy and nutrition for infants as well as reducing infant mortality rates caused

by various diseases that commonly afflict children such as diarrhea, and pneumonia as well as speeding up the recovery of the baby/child when sick and helping to space births. The Indonesian Health Profile in 2020 reports that nationally the achievement of exclusive breastfeeding coverage for infants less than six months old is 66.06%. The coverage of exclusive breastfeeding in East Java Province in 2020 decreased from 68.2% in 2019 to 61.0% in 2020. The coverage of exclusive breastfeeding in Magetan district was 78%, better than the achievement at the national and provincial levels. Meanwhile, the coverage of breastfeeding at the Takeran Health Center was 74.3% (lower than the district average). Preliminary studies reported that many

postpartum mothers breastfeed not smoothly due to low milk production. The main contributing factors are lack of nutrition during pregnancy, not doing breast care and not doing breast milk massage. The impact of the lack of breast milk production is the low coverage of exclusive breastfeeding, the risk of infection and disease in infants,[4][5][6]. According to Wendiranti, et al (2017), factors that can influence the failure of exclusive breastfeeding include unsupportive husbands, place of delivery at the first health facility and giving wrong information by health officials[7]. Family type factors, especially the influence of grandmothers, also contributed to the failure of breastfeeding coverage[8][9]. Other factors for the failure of exclusive breastfeeding are maternal characteristics (knowledge, education, occupation, age, parity and ethnicity), baby characteristics (birth weight and baby's health condition), environment (beliefs, family support, place of residence and socioeconomic) and services. health (pregnancy checks, lactation counselling, place of delivery, birth attendants and policies) [10][11]. All of these factors have their own contribution in creating the expected behavior in exclusive breastfeeding.

The impact that occurs with the low coverage of exclusive breastfeeding is that children's intelligence decreases so as to create low-quality human resources, babies are at risk of diarrhea 3.94 times greater than babies who are exclusively breastfed, increased susceptibility to disease, babies have jaundice, babies are malnourished (Less Calorie Energy), and Stunting [12][13].

Efforts that have been made by the government to increase the coverage of breastfeeding include increasing the dissemination of information on the importance of exclusive breastfeeding, public education about the importance of breastfeeding for infants 0-6 months. Pregnancy class program, oxytocin massage intervention[14], Mermaid massage[15], breast care[16], the use of aromatherapy and acupuncture methods is an effort to increase the production and quality of breast milk[17]. The solution in increasing breast milk production is in two ways, namely pharmacological and non-pharmacological. The provision of pharmacological therapy consists of synthetic or herbal drugs that can increase breast milk production. Providing non-pharmacological therapy, for example with acupuncture, infrared irradiation, and massage techniques. The most likely therapy to increase milk production is by means of massage techniques. Breast milk production is largely determined by the stimulation of the hormone prolactin, while the release of breast milk is strongly influenced by the secretion of the hormone oxytocin.[18]. Efforts that can be made to increase breast milk production are practical and can be applied by mothers or families at home, namely by doing oxytocin massage, breast care and mermaid technology [19].

Research Objectives To determine the difference in the amount of breast milk production between the intervention of the BOM method (Breast Care, Oxytocin Massage and Mermaid Technique) and the breast care method for Post

Partum Mothers in the Work Area of the Takeran Health Center. Hypothesis The research hypothesis is that there is a difference in breast milk production between the intervention of the BOM method (Breast Care, Oxytocin Massage and Mermaid Technique) and the Breast Care method in post partum mothers.

II. METHOD

This type of research is a quasi-experimental (quasi-experimental) research, with a post-test only design with a control group. In this design, the intervention of the BOM method was carried out in the experimental group, while in the control group, breast care was performed. The intervention dose was given for 14 days, the frequency of massage every day was at least 2 times and the massage started on the 14th post partum day. The research location is in the work area of the Takeran Health Center. Research time is March-May 2022. The population is all pregnant women whose expected day of delivery (HPL) is in March-April 2022 in the work area of the Takeran Health Center as many as 42 women. The number of samples was 32 mothers (using Frederer's formula), divided into 2 groups with 16 samples each taken by simple random sampling. Inclusion criteria were: Vaginal postpartum mothers, babies born in normal and healthy conditions, babies who were only given exclusive breastfeeding, babies who were admitted to their mothers, baby's weight >2500 grams. The independent variable was the BOM method (Breastcare, Oxytocin Massage and Mermaid). Technique) and Breast Care. The dependent variable is breast milk production. The instrument as a data collection tool uses an observation sheet, with an ordinal data scale. To describe the characteristics of respondents using univariate analysis in the form of frequency

distributions and proportions. Proof of the hypothesis using bivariate analysis using the Mann Whitney U-Test statistical test with $\alpha < 0.05$. This research has obtained ethical feasibility from the ethics committee of Poltekkes, Ministry of Health, Surabaya.

III. RESULT

The tabulation of breast milk production between the BOM method and the BC method can be seen in the Table 1. Based on Table 1, it can be explained that in the BOM group there were 13 respondents (87.5%) whose milk production was smooth, the rest had non-current milk production of 3 respondents (12.5%). Identification of BOM (Breast Care, Oxytocin Massage, Mermaid Technique). An over view of the control group (breast care) post partum mother's milk production can be seen in the following figure: Based on Table 2, Identification of milk production in the control group (Breast Care). An over view of the control group (breast care) post partum mother's milk production can be seen in the following Figure 1. It can be explained that the breast milk production of post partum

TABLE 1
Differences in breast milk production in post partum mothers with BOM method with BC

| Variabel | | Breast Milk Production | | | | Amount | | p-value |
|----------|-----|------------------------|------|----------|------|--------|-----|---------|
| | | Fluent | | Influent | | n | % | |
| | | n | % | N | % | | | |
| Method | BOM | 13 | 87,5 | 3 | 12,5 | 16 | 100 | 0,015 |
| | BC | 2 | 37,5 | 14 | 62,5 | 16 | 100 | |

mothers in the control group by giving the breast care method there were 16 people 14 respondents (62.5%) their milk production was not smooth and the rest had smooth milk production as many as 2 respondents (37.5%). Identification of milk production in the control group (Breast Care). An overview of the control group (breast care) post partum mother's milk production can be seen in the following Table 2. Analysis of differences in breast milk production between the BOM method and Breast Care in post partum mothers. The tabulation of breast milk production between the BOM method and the BC method can be seen in the Table 3. Based on table 1 above, it is concluded that the use of the BOM method has a smooth milk production of 13 people (87.30%), while the use of the BC method has a non-current milk production of 14 respondents (87.50%). Based on the results of the Mann-Whitney statistical test analysis between the intervention group and the control group, $p = 0.015 < = 0.05$. The conclusion is that there is a difference in the amount of milk production between the BOM method (Breast Care, Oxytocin Massage and Mermaid Technique) and the Breast Care method. Based on table 3.3, The use of the BOM method had smooth milk production as many as 13 people (87.30%), while the use of the BC method had non-smooth milk production as many as 2 respondents (37.5%).

TABLE 2
BOM Method

| Category | Sum | Percentage |
|------------|-----|------------|
| Not fluent | 3 | 12,5% |
| fluent | 13 | 87,5% |
| Amount | 16 | 100% |

TABLE 3
Breast Care Method

| Category | Sum | Percentage |
|----------|-----|------------|
| Influent | 14 | 62,5% |
| fluent | 2 | 37,5% |
| Amount | 16 | 100% |

IV. DISCUSSION

Breast milk production using the BOM method in post partum mothers. Breast milk production in the group given

the BOM method to post partum mothers according to the results of this study was mostly smooth. Stimulation or stimulation of the nipples will give impulses to the behavioural centre in the hypothalamus through the limbic system. The nipple has many sensory nerve endings. When the nipple is stimulated, the impulse will be transmitted to the hypothalamus and then to the anterior pituitary gland (front) where this gland produces the hormone prolactin. Nipple stimulation is transmitted not only to the anterior pituitary gland, but also to the posterior (back) pituitary gland, which produces the hormone oxytocin.

Breast milk production refers to the volume of milk secreted by each breast. The BOM method intervention was primarily aimed at making the myoepithelial muscles contract, calming the mind and facilitating breastfeeding. Smooth milk production occurs because the muscle cells around the breast glands constrict so that milk comes out. The ejection of breast milk from the breast occurs due to stimulation of the hormone oxytocin. Through breast massage stimulation or spinal stimulation, it will relax tension and relieve stress, assisted by sucking the baby's mouth on the nipple immediately after the baby is born or a normal baby, will release neuro transmitters that stimulate the medulla oblongata to send a message to the hypothalamus in the posterior hypophysis to release oxytocin, causes the breasts to secrete milk. Breast care aims to maintain breast hygiene, increase or facilitate the release of breast milk. The causes of the inability to release breast milk include reduced milk production on the first day after giving birth due to decreased stimulation of the hormones oxytocin and prolactin which play a role in the smooth production of breast milk. The decrease in these two hormones that affect breast milk is caused by stress factors, fatigue after giving birth, an uncomfortable atmosphere during childbirth and a lack of support from the family. Attempts to expel breast milk are usually doctors give breast milk smoothing drugs. When there is a build-up of milk in the ductal system, it will cause breast pain and tenderness. Therefore, giving massage or massage with the BOM method is able to reduce tension and stress, so that postpartum mothers can relax.[20].

Oxytocin massage is a massage along the spine to the 5th and 6th ribs, which is an attempt to stimulate the hormones prolactin and oxytocin after childbirth and can calm the mother, so that milk can come out. Breast care in post partum mothers needs to be carried out with the aim of improving blood circulation and preventing blockage of the

TABLE 4
Differences in breast milk production in post partum mothers with BOM method with BC

| Variabel | | Breast Milk Production | | | | Amount | | p-value |
|----------|-----|------------------------|------|----------|------|--------|-----|---------|
| | | Fluent | | Influent | | n | % | |
| | | n | % | N | % | | | |
| Method | BOM | 13 | 87,5 | 3 | 12,5 | 16 | 100 | 0,015 |
| | BC | 2 | 37,5 | 14 | 62,5 | 16 | 100 | |

milk production ducts so as to facilitate the release of breast milk[21]. Massage is a simple, effective treatment for relieving body aches, reducing stress, and promoting relaxation. Massage is a form of structured touch using the hands or sometimes other body parts such as the upper arms and elbows to rub against the skin and put pressure on the muscles. The purpose of massage is to provide a gentle touch to the skin, provide relaxation and reduce fatigue, provide energy that is entered into the body through the meridian points, and accelerate blood circulation and deliver metabolic wastes that have been destroyed or help reduce the inflammatory process.

Gate Control Theory Giving back massage or massage on the breast will increase the stimulus in the spinal cord so that it stimulates relaxation in the body. This state of relaxation has a positive effect in the form of feelings of joy and pleasure. This feeling of joy triggers the production of excess prolactin and oxytocin hormones.

The mermaid technique which can be called the breast emptying technique can be done when the mother's breasts experience swelling. The impact of breast engorgement, if left untreated, develops into mastitis, an acute infection of the mammary glands, with clinical outcomes such as inflammation, fever, chills, breast abscess to septicaemia. One of the non-pharmacological treatments can be done with traditional breast care (hot compresses combined with massage). The mermaid technique is one solution to prevent breast engorgement. The results showed that the BOM method, in which there was a mermaid technique, was able to facilitate and increase milk production so that it could support the success of exclusive breastfeeding.

The results of this study are in accordance with the research conducted by Darmasari, et al who stated that the provision of BOM and Breast care methods was able to increase the production and smoothness of breast milk[15]. Breast milk production is also affected by acupuncture massage[22]and the combination of music therapy and oxytocin massage[23]. The results of this study are different from Titisari's (2016) research which states that breast milk production is not affected by breast care[24].The results of this study are also in accordance with Nova Ningsih's research (2019), which reported that there was an increase in the amount of breast milk production before and after Breast Care Combination, oxytocin massage and Marmet Technique were carried out. The marmet technique is a combination of how to express breast milk and massage the breast so that the milk ejection reflex can be optimal. The

more milk that is released or emptied from the breast, the more it stimulates milk production. Mermaid technique should be done at 6 hours post partum to day 7 post partum. Based on the results of the study, it was found that the breast milk production in the group that was given the breast care method, most of the breast milk was not smooth, namely as many as 14 respondents (87.5%). Breast care is an action to care for the breasts, especially during the puerperium (breastfeeding period) to facilitate the release of breast milk. Breast care after the mother gives birth and breastfeeding which is a way for milk to come out smoothly. The problem that often occurs is that since pregnancy the mother is reluctant to do breast care so that there are often cases of deep nipples, colostrum has not come out, breast milk production is low, and mothers are reluctant to breastfeed their babies for various reasons. Breasts that are well cared for will produce enough milk for the baby's needs. The results of this study are not in accordance with the theory, From the results of the study, the group with the breast care method experienced more milk production that was not smooth. This may be due to the implementation of breast care that is not correct or not in accordance with the SOP. The implementation of stimulation in the form of non-pharmacological efforts, only one form of stimulation, namely breast care is less able to increase breast milk production to the maximum.

Based on the results of cross tabulation of research between the BOM method and Breast Care, it was found that the amount of smooth milk production was more using the BOM method than the Breast Care method. The Mann Whitney test showed that there was an effect of differences in the amount of breast milk production between the BOM method and the Breast Care method at the UPTD of the Takeran Health Center with p value = 0.015. Breast milk production refers to the volume of milk secreted by the breasts. The intervention of the two methods of breast care and oxytocin massage in principle aims to make the myoepithelial muscles contract, relax the mind and facilitate the expulsion of breast milk. Breast milk can come out of the breast due to the contracted muscles which can be stimulated by a hormone called oxytocin. Through stimulation of breast massage or stimulation of the spine will relax tension and relieve stress, assisted by sucking the baby on the nipple immediately after the baby is born with a normal baby condition, the neurotransmitter will stimulate the medulla oblongata then send a message to the

hypothalamus in the posterior pituitary to release oxytocin, causing breasts secrete milk.

This is due to the combination or combination of the two methods, namely massage of the breasts through the provision of stimulation to the breast muscles and massage in the mother's back area with the aim of providing stimulation to the mammary glands in order to produce milk and trigger the hormone oxytocin or let down reflex and provide comfort and create a sense of relaxation to the mother through the hormone endorphin which is secreted due to the feeling of comfort and relaxation experienced during massage and the support provided. The thoughts, feelings and sensations experienced by a mother will greatly affect the oxytocin reflex as the love hormone. This is what causes an increase in the production and production of breast milk The feelings and sensations experienced by a mother will greatly affect the oxytocin reflex as the love hormone. This is what causes an increase in the production and production of breast milk The feelings and sensations experienced by a mother will greatly affect the oxytocin reflex as the love hormone. This is what causes an increase in the production and production of breast milk[25].

The results of this study are in line with the opinion of Kasmiati, (2021), which states that postpartum mothers often have difficulty breastfeeding due to insufficient milk production. Furthermore, to accelerate the production and production of breast milk, back massage and oxytocin are used, as well as breast care methods. Its implementation requires the help of health workers, families, special skills, and time. The use of the BOM method is more effective in increasing milk production compared to the breast care method. Breast milk production can be stimulated in various ways, one of which is by providing non-pharmacological treatment. Giving stimulation in more than one non-pharmacological way is able to maximize the stimulation of the release of the hormones prolactin and oxytocin that affect the lactation process. The normal lactation process is characterized by smooth milk production which can affect the success of exclusive breastfeeding.

V. CONCLUSION

Based on the results of research and discussion that have been described in the previous chapter, the conclusions and answers to this research hypothesis are as follows: post partum mothers who were given the stimulation intervention with the BOM method (Breast care, Oxytocin Massage and Mermaid Technique) mostly had smooth milk production. Post partum mothers who were given a stimulation intervention using the Breast care method mostly had low milk production. There are differences in the smoothness of breast milk production in post partum mothers who were given a stimulation intervention with the BOM method (Breast care, Oxytocin Massage and Mermaid Technique) with the Breast care method. Breast milk production for post partum mothers with the BOM method is more than the Breast C method are.

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