



## CONTINUITY OF CARE IN MRS. T WITH BREAST MILK DAM AT THE BUNDA CLINIC NIETA DELI SERDANG REGENCY PROVINCE NORTH SUMATRA IN 2024

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### ABSTRACT

Basically, in health development in Indonesia, it aims to increase awareness, willingness and ability to live a healthy life for everyone so that Indonesia's health is achieved as high as possible. The Maternal Mortality Rate (MMR) in Indonesia is still very high from the global SDGs to reduce the MMR to 183,000 per 100,000 KH in 2014. Seeing this condition, strategic and comprehensive efforts are needed to achieve reducing the AKI to 183 per 100,000 KH by 2030 and a reduction in mortality of at least 5.5% per year is needed (Permenkes No. 21 of 2020). The maternal mortality rate (MMR) in 2021 is 7,389 people in Indonesia. The increase in maternal mortality rate (AKI) is high after compared to the previous 2020. Where the maternal mortality rate (AKI) is 4,627 people in Indonesia. (Indonesian Health Profile 2021). From the province of North Sumatra during 2020, the number of deaths reached 187 cases from 299.98 birth targets from the number of infant deaths of 751 cases from 198 live birth targets (Indonesian Health Profile 2020).

**Keywords:** Engorgement, Postpartum Mother, Breast Care

### Introduction

National Health Context and Maternal Mortality Health development in Indonesia fundamentally aims to increase awareness, willingness, and the ability to live a healthy life for every individual to achieve the highest possible level of public health. Despite these efforts, the Maternal Mortality Rate (MMR) remains a critical challenge. According to the 2021 Indonesian Health Profile, there were 7,389 maternal deaths, a significant increase from 4,627 cases in 2020. Specifically, in North Sumatra Province, maternal deaths reached 187 cases in 2020. This situation necessitates strategic and comprehensive efforts to meet the Sustainable Development Goals (SDGs) and the

Indonesian Ministry of Health's Strategic Plan (Permenkes No. 21 of 2020), which targets reducing the MMR to 183 per 100,000 live births by 2030.

**The Importance of Continuity of Care (CoC)** One of the primary strategies to reduce maternal and neonatal mortality is the implementation of the Continuity of Care (CoC) model. CoC provides seamless midwifery services starting from pregnancy, through childbirth, the postpartum period, newborn care, and family planning. This continuous monitoring allows midwives to build a trusting relationship with the mother, facilitating the early detection of complications. By providing integrated care, midwives can ensure that every phase



of the reproductive cycle is managed according to established clinical standards, thereby minimizing health risks for both mother and child.(Tarigan *et al.*, 2023)

During the postpartum period, mothers often face physiological challenges that can hinder successful breastfeeding, such as breast milk dam (engorgement). This condition is characterized by hard, painful, and swollen breasts caused by incomplete breast emptying or narrowing of the milk ducts. If not promptly addressed through proper breast care and correct breastfeeding techniques, engorgement can progress to mastitis or breast abscesses. Such complications not only affect the mother's physical health but also reduce her motivation to provide exclusive breastfeeding, which is vital for the infant's optimal growth and immunity.(Munthe *et al.*, 2022)

Given the national health profile and the specific clinical challenges during the postpartum period, providing comprehensive care for Mrs. T at the Bunda Nieta Clinic is highly relevant. The breast milk dam experienced by Mrs. T requires integrated management within the CoC framework to ensure it does not interfere with the involution or lactation process. This study applies Varney's seven-step midwifery management and SOAP documentation to provide a clinical solution for the patient while contributing to the body of knowledge in midwifery practice in the Deli Serdang Regency.(Situmorang *et al.*, 2022)

From the results of the background description that has been discussed earlier, the problem in the case study is how the midwifery care for Mrs. T comprehensively covers the care of the pregnancy, childbirth process, recovery or postpartum period with breast milk dams, newborns (BBL), and family planning services (KB) with the

midwifery management of Helen Varney and documenting SOAP at the Bunda Nieta clinic on Jalan Ulayat Raya Dusun XVIII Kelambir V Kebun Kecamatan Hamparan Perak, Deli Serdang Regency, Medan City in 2024. The method used for comprehensive care for Mrs. T is descriptive research, which systematically describes a phenomenon as it is. Based on the management of continuous midwifery care that has been provided to Mrs. T starting from the third trimester of pregnancy, childbirth, postpartum birth, newborn, to family planning which aims to improve the quality of midwifery services in Indonesia by using a continuity of care approach. This care will also indirectly affect the emphasis on AKI in Indonesia so that it can be in accordance with what is expected.(Sri Indrayani *et al.*, 2024)

### Research Method

The method used for comprehensive care for Mrs. T is descriptive research, which systematically describes a phenomenon as it is. The type used is a case study or *Case Study*, is an observational study that obtains an overview of health phenomena or current cases related to life, especially at the limits of unclear contexts and phenomena. In this case, the author would like to describe Helen Varney's 7 Steps of Midwifery Care Management and SOAP on Mrs.

A conceptual framework is a framework of relationships between concepts to be measured or researched in a research, In a conceptual framework, it must be able to show the relationship between the variables to be studied (Adiputra, *et al*, 2021)

Population is the entire object of research. The population in this study is TM III pregnant women who visit the Bunda Nieta Clinic, Deli Serdang Regency, Medan



City in 2024. A sample is a part of the number and characteristics that the population has. So in this study, the sample is TM III pregnant women

## Results

This breast milk dam is caused by incontinuous breastfeeding, the baby has not breastfed properly, the breastfeeding position is not correct, the use of BH is too tight, abnormalities in the nipples and the mother's lack of knowledge about breast care so that it can cause residual breast milk.

## Discussion

The objective of this case study was to provide comprehensive midwifery care through a Continuity of Care (CoC) approach for Mrs. T, focusing on the detection and management of breast milk engorgement. This approach is vital in the context of Indonesia's health development goals, which aim to increase awareness and ability for healthy living. Furthermore, strategic efforts are essential to address the Maternal Mortality Rate (MMR), which reached 7,389 cases in 2021—a significant increase compared to 4,627 cases in 2020. Pregnancy and Childbirth Care The midwifery care provided to Mrs. T during her third trimester followed the "10 T" standard at the Bunda Nieta Clinic. This systematic monitoring ensures that there is no gap between clinical theory and field practice. By maintaining high standards during pregnancy and childbirth, midwives contribute to the national target of reducing MMR to 183 per 100,000 live births by 2030. (Indonesia, 2022)

Management of Breast Milk Engorgement During the postpartum period, Mrs. T experienced breast milk engorgement (breast milk dam). This condition often arises due to inconsistent

breastfeeding, incorrect positioning, or a lack of knowledge regarding breast care, leading to residual milk accumulation in the ducts. In this case, the author implemented midwifery management using Helen Varney's 7 Steps and SOAP documentation. The intervention focused on teaching Mrs. T and her husband proper breast and nipple care. Addressing engorgement is critical, as the associated pain can hinder the mother's comfort and her ability to breastfeed effectively. The success of this care is supported by existing literature suggesting a strong correlation between a mother's knowledge of breast Antenatal Care (ANC) Pregnancy care was conducted starting at 36 weeks of gestation (Trimester III). Examination results showed the mother was in good health with a blood pressure of 110/70 mmHg and a fundal height of 31 cm. The patient received "10T" standard care, including counseling on labor preparation and danger signs of pregnancy. No pathological complications were found during the prenatal period. (Elsa Nianda Hasibuan *et al.*, 2024)

Postnatal Care (PNC) and Management of Breast Milk Dam During the first postpartum visit (6 hours after delivery), the patient complained of breast pain. Physical examination revealed that both breasts were swollen, hard, and painful to the touch—clinical signs of breast milk dam (engorgement). The midwifery

Newborn Care (BBL) The newborn was assessed as healthy with an Apgar score of 9/10. Early Initiation of Breastfeeding (IMD) was performed successfully. Essential newborn care, including Vitamin K1 injection, eye ointment, and Hb0 immunization, was administered. Follow-up visits showed normal weight gain and no signs of infection or neonatal jaundice. (Putri, Lestari and Prasida, 2022)



Family Planning (KB) Services In the final stage of CoC, the patient and her husband received counseling regarding postpartum contraception. After considering the options, Mrs. T chose the 3-month injectable contraceptive method as it does not interfere with lactation, ensuring a safe interval for her next pregnancy care and the smooth production of breast milk.(Permata, 2024)

Newborn and Family Planning (KB) Services In addition to maternal care, the study ensured that the newborn received care according to obstetric standards, which require at least three visits at specific intervals (6–8 hours, 3–7 days, and 8–28 days). This is crucial for monitoring infant health and preventing complications like Low Birth Weight (LBW). The cycle of care concluded with Family Planning (KB) services, completing the comprehensive continuity of care model(Putri, Lestari and Prasida, 2022)

### Conclusion and Suggestion

In carrying out this case study, the author has provided comprehensive obstetric care to clients from pregnancy to family planning. The care that has been provided to the client is: Midwifery care during pregnancy for Mrs. T has been provided in accordance with the 10 T standard at the Bunda Nieta Clinic, so there is no gap between theory and practice. Mrs. T's postpartum period went well, the mother experienced the Breast Dam and had been treated for breasts and taught the mother about how to care for the mother's breasts and nipples that could be helped by the husband. Mothers want to carry out the recommendations that have been given for the mother's health during the postpartum period and the fulfillment of her baby's nutrition.(Elsa Nianda Hasibuan *et al.*, 2024)

After receiving continuity of care care from TM III pregnancy to family planning, it is hoped that there will be more knowledge and knowledge so that they can understand the early detection of problems that will occur to the mother. The application of midwifery care management in problem solving can be further improved and developed, this process is very useful in fostering midwives to create potential and professional human resources. It is hoped that the author will be able to apply the knowledge that has been gained during lectures so that he can carry out continuous midwifery care during pregnancy to family planning.(Prabasiwi, Fikawati and Syafiq, 2015)

### Acknowledgements

The author would like to express sincere gratitude to all individuals and institutions who contributed to the completion of this study, particularly the supervisors for their guidance and support. Appreciation is also extended to all participants involved in this research

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