



CONTINUITY OF MIDWIFERY CARE FOR MRS. T WITH BREAST ENGORGEMENT AT YUNAJI SRI REZEKI INDEPENDENT MIDWIFERY PRACTICE, MEDAN TEMBUNG DISTRICT, DELI SERDANG REGENCY NORTH SUMATRA, YEAR 2025

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ABSTRACT

Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB) are important indicators in describing the welfare of a country's society. The high number of maternal deaths during pregnancy, childbirth, and postpartum periods, including those caused by accidents or falls, shows a major problem in Indonesia in this regard. Development in the health sector focuses on improving community welfare. The Sustainable Development Goals (SDGs) continue the Millennium Development Goals (MDGs) agenda through 2030, to follow up on the MDGs and achieve 169 targets by 2030 (Ministry of Health of the Republic of Indonesia, 2021). The results of a survey conducted among PMB midwives in December-February 2024/2025 indicate that 60 maternity mothers were recorded. In December-February 2024/2025, 20 postpartum mothers visited the Yunaji Midwife Clinic for postpartum follow-up. During the visit, there were 10 postpartum mothers; one of them was experiencing breast milk dams due to breastfeeding that was not continuously, the baby has not breastfed properly, the breastfeeding position is not correct, abnormalities in the nipples, the use of BH is too tight, and during pregnancy the mother does not do breast care or the mother's lack of knowledge about breast care. From the results of the research survey obtained from 10 postpartum mothers, including 1 postpartum mother who experienced a breast milk dam, so the author carried out midwifery care for Mrs. T at the age of 38 years postpartum 6 days ago P4A0 with a breast dam. The purpose of the care is to anticipate complications in the mother and baby, as well as problems that can be addressed through breast care for Mrs. T at PMB Yunaji, Kec. Medan Tembung Regency, Deli Serdang, North Sumatra 2024.

Keyword: *Continuity of Care (CoC); Breast Milk Dam; Postpartum Care; Midwifery Care; Lactation Management*

Introduction

Breast milk dam occurs when the venous and lymphatic systems in the breast are stimulated in anticipation of lactation. The ducts of the lactation system do not rupture (Manurung B, 2024). Excessive lymphatic and venous dams before breastfeeding

cause dams. Breast swelling results from the accumulation of breast milk in the ductal system, which occurs when breastfeeding is discontinued (Silaban *et al.*, 2025). On the third day after giving birth, this may happen. Tight bras and dirty

nipples also have the potential to cause duct blockage (Hesti *et al.*, 2024).

The postpartum period is a critical phase in a woman's life cycle that requires close supervision to prevent maternal morbidity (Manurung, 2020). One of the most common issues arising during the early postpartum period is breast engorgement. Globally, the prevalence of breast engorgement is reported to affect between 28% and 85% of breastfeeding mothers worldwide. If not managed properly, this condition can lead to more serious complications such as mastitis (breast inflammation) or breast abscesses, which are often cited as the primary reasons for the premature cessation of exclusive breastfeeding (Sinaga, 2021).

Breast engorgement occurs due to the narrowing of the milk ducts or an increase in blood and lymphatic flow to the breast, resulting in pain, swelling, and hardness. Contributing factors include improper breastfeeding techniques, irregular breastfeeding schedules, and a lack of maternal knowledge regarding postpartum breast care. In North Sumatra Province, although early initiation of breastfeeding (IMD) coverage continues to improve, physical barriers such as breast engorgement remain a significant obstacle to successful lactation management.

In postpartum mothers, it is recognized by several signs such as the breasts feel sore and swollen, the breastfeeding area feels painful or itchy, the breasts feel tight and full, the breasts feel hot when touched, the presence of lumps in the breasts, reduced milk production (Yuliana, R.R. and Hakim, 2024).

According to the latest WHO data in 2020 in the United States, the percentage of breastfeeding women who experienced

breastfeeding dams averaged 9,990 (89.25%) out of 15,760 postpartum mothers, in 2020 mothers who experienced breastfeeding dams were 9,731 (66.87%) out of 13,974 postpartum mothers and in 2020 while in 2021 the number of breastfeeding dams in postpartum mothers was 8,623 (66.34%) out of 12,943 postpartum mothers. UNICEF cited scientific evidence issued by the Journal of Pediatrics in 2022, revealing data in the world of mothers who experienced (ASEAN Stasistics, 2021).

Breastfeeding problems of around 17,244,321 people, consisting of 36.98% blistered nipples, 65.29% breast dams, and mastitis 10,5 % (WHO 2021, 2021). In North Sumatra in 2022, it shows that breastfeeding dams in urban areas reach 4-12% while in rural areas 4-25% of breastfeeding dam cases in breastfeeding mothers in general mothers do not know about the symptoms, causes, and ways to deal with the ASI (Kementrian Kesehatan, 2023).

Beyond the physiological challenges, breast engorgement often triggers significant psychological distress in postpartum mothers. The persistent pain and difficulty in breastfeeding can lead to feelings of inadequacy, anxiety, and an increased risk of postpartum depression. Many mothers, especially primiparous (first-time) mothers, lack the confidence to manage these symptoms independently, often resulting in the early introduction of formula feeding. This situation underscores the critical need for a supportive framework that provides not only clinical intervention but also emotional reinforcement. By implementing a Continuity of Care (CoC) model, midwives can establish a trust-based relationship that empowers mothers through education and hands-on guidance, ensuring they feel supported throughout the



challenging early days of lactation. This holistic approach is essential for maintaining the mother's mental well-being and ensuring the long-term success of breastfeeding practices

Yunaji Sri Rezeki Independent Midwifery Practice (PMB Yunaji Sri Rezeki), located in the **Medan Tembung District, Deli Serdang Regency**, is a midwifery facility with a high volume of postpartum visits. In clinical practice, postpartum mothers frequently report breast discomfort between the third and fifth days following delivery. The lack of continuity in care often leads to delayed detection of early engorgement signs, causing mothers to experience heightened anxiety and pain.

The Continuity of Midwifery Care (CoC) model serves as a strategic solution to provide continuous support for mothers. Through the CoC approach, midwives can provide integrated care starting from the prenatal period (lactation preparation education), through labor, and into the postpartum period to ensure a smooth breastfeeding transition.

Method Of Activity

The method of activity at PMB midwives yunaji in December-February 2024/2025 shows that there are 60 maternity mothers. In December-February 2024/2025 20 postpartum mothers came to the yunaji Midwife Clinic to make postpartum visits, in the visit there were 10 postpartum mothers, there was 1 who experienced breast milk dams due to incontinuous breastfeeding, the baby had not breastfed well, the breastfeeding position was not correct (Situmorang, T S, 2025).

Abnormalities in the nipples, the use of BH was too tight, and during pregnancy the mother did not do breast care or the mother's lack of knowledge about breast care. From the results of the research survey, 10 postpartum mothers were obtained, including 1 postpartum mother who experienced a milk dam, so the author carried out midwifery care for Mrs. T at the age of 38 years postpartum 6 days ago P4A0 with a milk dam (Sugiyono, 2020).

Results Of Activities And Discussions

Pregnancy in Mrs. T which lasts 31 weeks and 6 days, intrauterous, single, alive, back, head massage, mother's and fetus's condition are good, during pregnancy the mother makes 6 visits where it is done to the midwife 4 times and visits to the doctor, namely in TM I and III, when TM I is carried out 2 times (early pregnancy until 12 weeks of age), TM II is carried out 1 time (pregnancy above 12 weeks to 26 weeks). TM III is carried out 3 times (gestational age above 26 weeks to 40 weeks). Antenatal visit to Mrs. T at PMB by Yunaji S, Tr.Keb bd was performed 2 times in the third trimester.

The first visit was conducted on November 28, 2024, at a gestational age of 29 weeks and 1 day. At this visit, the mother sought only to know her health status and her baby's health status. During a visit to her mother's house, she reported feeling fatigued after early-morning activities. Mrs. T presented to PMB Yunaji on February 3, 2025, at 04.00 WIB, at 38 weeks' gestation. The mother said that mules started on February 2, 2025 at 23.00 WIB, but it was not accompanied by signs of labor such as mucus mixed with blood and amniotic fluid secretion.

At 03.50 the mother said that there were signs of childbirth, namely uterine contractions, the mother's stomach felt

mules, then discharge of mucus mixed with blood from the birth canal in accordance with the theory (Elisabeth siwi, *Obstetrics and Gynecology Care Book and Bru Babies Born/2022*). Postpartum period takes place normally, with 4 visits made during the postpartum period, namely the first visit 6 hours after postpartum, the second visit 6 days after postpartum, the third visit 14 days after postpartum and the fourth visit 40 days after postpartum according to (Ministry of Health of the Republic of Indonesia, KIA book, 2020).

Postpartum visits are conducted to prevent, detect, and address problems that may occur during the postpartum period. Postpartum mothers must consume a nutritious, balanced diet that provides adequate fluids, fiber, carbohydrates, protein, iron, vitamins, and minerals to prevent anemia, and consume 700 calories if breastfeeding. Signs and symptoms of breast milk dams are breast enlargement/swelling, nipple tenderness, pain, increased body temperature, and mothers find it difficult when breastfeeding their babies because breast milk does not come out.

There are many ways to stimulate the release of the hormones prolactin and oxytocin namely by warming the mother's breasts first then doing breast care techniques, prolactin massage, mamae massage and according to the cases found, the author does the Treatment of breast milk dams with breast care. In this case, the author found no gaps in the handling of the SUSU dam.

Conclusion

After the postpartum care activities were carried out on Mrs. T, there were 4 visits, namely 6 hours postpartum, 7 days postpartum, 14 days postpartum, 40 days

postpartum. After the postpartum period Mrs. T did not complain of bleeding and infection which was characterized by no excessive discharge of smelly lochia, in the breastuadara there were no abnormalities, no signs of infection, and the decrease in the uterine fundus in Mrs. T occurred well, the complaints experienced by Mrs. T dammed breast milk so that the care provided was by doing and teaching breast care techniques and oxytocin massage to Mrs. T.

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