

## CONTINUITY OF MIDWIFERY CARE FOR MRS. W WITH BREAST ENGORGEMENT AT SARVINA SEMBIRING CLINIC, POLONIA DISTRICT, MEDAN CITY, NORTH SUMATRA PROVINCE IN 2025

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### ABSTRACT

Breast milk dam is an event in which the venous and lymphatic flow is obstructed, the milk flow becomes obstructed and the pressure on the milk ducts and alveoli increases. Maternal and child health is a key pillar in determining the quality of a nation's human resources. Globally, the Sustainable Development Goals (SDGs) target is to reduce the Maternal Mortality Rate (MMR) to below 70 per 100,000 live births by 2030. This effort requires a comprehensive healthcare system, spanning pregnancy, childbirth, and the postpartum period. In Indonesia, reducing the MMR remains a significant challenge for healthcare workers, particularly midwives. Although the MMR trend is declining, the complexity of maternal health issues during the postpartum period often contributes to undetected risk factors. Therefore, a sustainable and uninterrupted intervention strategy is needed. One service model proven effective in improving the quality of care is Continuity of Care (COC). This model emphasizes a continuous professional relationship between midwives and patients throughout the reproductive cycle. With COC, midwives can closely monitor the development of the mother's clinical and psychological condition, enabling optimal early detection of complications. The philosophy of continuous midwifery care focuses on woman-centered care. This approach prioritizes not only medical aspects but also provides consistent emotional and educational support. The trust established between the midwife and the mother during pregnancy is the key to successful care during the critical postpartum period. This event is caused by the collected milk not being removed so that it becomes a blockage. Indications that often arise in breast milk dams include swollen breasts, breasts feeling hot and hard and the mother's body temperature up to 38.C. if the breast dam continues, it will cause mastitis and breast abscesses. The cause of breast milk dams is mostly postpartum mothers, the feeling of fullness and heaviness in the breasts due to swelling can be passed without becoming a significant problem, especially if the baby breastfeeds with lancer. But if what happens is that the production of breast milk exceeds the ability of the breast to store the milk, then it can cause the breast to feel hard, full and cause discomfort, this event is called a milk dam. This case study describes the handling of breast milk dams in 39-year-old postpartum mothers with Grafida P3 A0. The care provided includes doing breast care and providing brascare measures. The research method used in this study is education and breast care measures for prevention.

**Keywords:** Breast Dam, Breast Dam Prevention, Breast Care, Sarvina Primary Clinic

### Introduction

Maternal and child health is a key pillar in determining the quality of a nation's human resources. Globally, the Sustainable Development Goals (SDGs) target is to reduce the Maternal Mortality Rate (MMR) to below 70 per 100,000 live births by 2030. This effort requires a comprehensive healthcare system, spanning pregnancy, childbirth, and the postpartum period. (*Profil Kependudukan 2024*, n.d.)

In Indonesia, reducing the MMR remains a significant challenge for healthcare workers, particularly midwives. Although the MMR trend is declining, the complexity of maternal health issues during the postpartum period often contributes to undetected risk factors. Therefore, a sustainable and uninterrupted intervention strategy is needed. (Kesehatan & Medan, 2025)

According to the Indonesian Demographic and Health Survey, a third of women worldwide (38%) do not breastfeed due to breast engorgement. This is caused by narrowing of the lactiferous ducts or glands that are not completely emptied. Breasts will feel sore, hot, tender to the touch, tense, and swollen, which occurs on the third to sixth day after giving birth. One effort that can be done to overcome breast engorgement is to use cabbage leaf compresses. This research is a case study with three postpartum mothers who were given cabbage leaf compresses. The results obtained after the cabbage leaf compress treatment showed that breast engorgement in all three mothers was resolved. It is hoped that health workers, especially midwives, can provide education to postpartum mothers who experience breast engorgement on how to use cabbage leaf compresses to reduce the pain they feel. (Yulianti et al., 2023)

One service model proven effective in improving the quality of care is Continuity of Care (COC). This model emphasizes a continuous professional relationship between midwives and patients throughout the reproductive cycle. With COC, midwives can closely monitor the development of the mother's clinical and psychological condition, enabling optimal early detection of complications. (Riyadi et al., 2025)

The philosophy of continuous midwifery care focuses on woman-centered care. This approach prioritizes not only medical aspects but also provides consistent emotional and educational support. The trust established between the midwife and the mother during pregnancy is the key to successful care during the critical postpartum period. (Munthe, 2022)

The postpartum period is a phase of reproductive organ recovery that lasts approximately six weeks. While physiologically a normal process, this period is also vulnerable to various complications, both physical and mental. Lactation problems often emerge as a major obstacle faced by new mothers in the first few days after delivery. (Pinem et al., 2020)

One of the most common lactation problems encountered in postpartum mothers is breast engorgement, clinically known as breast engorgement. Breast engorgement occurs due to narrowing of the milk ducts or milk stasis due to inadequate breast emptying. This condition usually occurs on the third to fifth day postpartum. (Isyos Sari Sembiring, n.d.)

Pathophysiologically, breast engorgement is caused by increased blood and lymph flow to the breasts and pressure from the dramatic increase in milk production. If not treated properly, this condition causes the breasts to feel hard, hot, and painful to the touch, and can even

trigger a rise in body temperature in the mother (puerperal fever). (Yulianti et al., 2023)

The impact of breast engorgement should not be underestimated, as it can affect the success of an exclusive breastfeeding program. Severe pain often makes mothers reluctant to breastfeed, which ultimately leads to a decrease in milk production due to lack of stimulation from the baby's suckling. This condition is often the main reason mothers stop breastfeeding early. (2023, 2021)

Furthermore, untreated breast engorgement carries a high risk of developing mastitis, or a breast infection. Severe mastitis can lead to a breast abscess, which requires surgery (incision and drainage). This will undoubtedly increase morbidity for postpartum mothers and disrupt the bonding process between mother and baby. (Hasanah, n.d.)

In the context of Continuity of Care, midwives play a vital role in preventing breast engorgement during pregnancy through breast care education. However, monitoring during the postpartum period remains key. Interventions such as proper breastfeeding techniques, warm and cold compresses, oxytocin massage, and complementary therapies like cabbage leaf compresses can be implemented within the framework of ongoing care. (Anggraini et al., 2023)

Research in the field shows that many postpartum mothers lack access to ongoing information after discharge from health facilities. The lack of quality postpartum visits means that problems like breast engorgement are only discovered when they have reached a painful stage. This underscores the importance of routine and monitored care.

Mrs. W's condition requires integrated treatment within a framework of continuous midwifery care. Through

scheduled postpartum visits within the COC program, midwives not only provide physical measures to reduce swelling but also provide psychological support so Mrs. W can maintain her confidence in breastfeeding despite discomfort.

The implementation of COC for Mrs. W aims to ensure that breast engorgement is resolved without developing into a more serious infection. With intensive support, it is hoped that Mrs. W will have a healthy postpartum period and be able to provide optimal nutrition for her baby continuously until weaning.

In a real-life case study, Mrs. W, a postpartum mother, experienced clinical symptoms of breast engorgement on the third day postpartum. Mrs. W complained of intense breast tenderness and pain, and her baby appeared to have difficulty latching on due to flattened nipples due to swelling in the areola area. Breast milk dam is an event in which the venous and lymphatic flow is obstructed, the milk flow becomes obstructed and the pressure on the milk ducts and alveoli increases. This event is caused by the collected milk not being removed so that it becomes a blockage. Indications that often arise in breast milk dams include swollen breasts, hot and hard breasts, and the mother's body temperature is up to 38°C. If the breast milk dam continues, it will cause mastitis and breast abscesses (Ariandini, et al., 2023).

The prevalence of breastfeeding problems is very high with the incidence of breast milk dams in the world being 1:8000 (Septiani and Sumiyanti, 2022). According to WHO, in 2021 there were around 17,230 data on mothers who experienced breastfeeding problems. 142 million people consisting of 56.4% of blistered nipples with 36.12% and mastitis 7.5% (Novayanti & Sundari, 2020)

In 2021, the prevalence of exclusive breastfeeding coverage in the Polonia

Medan Health Center area was less than 21%. The low prevalence has resulted in this health center not reaching the target given by the Ministry of Health of the Republic of Indonesia, so it is important to know what factors can affect exclusive breastfeeding at the Polonia Medan Health Center. This study aims to find out the factors that affect exclusive breastfeeding in the Polonia Health Center area of Medan. This research is an analytical research with a design *Case Control*. i.e. mothers who provide exclusive breastfeeding as a group *Case* and mothers who did not exclusively breastfeed as a control group. The number of samples was 40 people for each group and was selected by the *Consecutive Sampling*. Data was obtained using questionnaires. The results of the study obtained a higher proportion in the exclusive breastfeeding group than in the non-exclusive breastfeeding group, namely low socioeconomic (52.5%), early breastfeeding initiation (55.0%), normal childbirth (65.0%), good knowledge (70.0%), family support (75.0), and husband support (90.0%). In the multivariate analysis, the variables that have a significant influence on exclusive breastfeeding are husband support (OR = 9.26), family support (OR = 8.22), and early breastfeeding initiation (OR = 3.97), where husband support is the most powerful variable that has the strongest influence on the Polonia Medan Health Center (Kementrian Kesehatan RI, 2020)

### Research Method

The research design used in this study is qualitative descriptive with a case study approach. This approach is used to describe, analyze, and document the continuity of care in Mrs. W at the practice of Maniri midwife Sarfina, Polonia District, in 2025. This study aims to obtain a comprehensive overview of obstetric care

starting from pregnancy, childbirth, postpartum birth, newborns, and family planning. Patient medical records and records of Mrs. W's obstetric services at PMB Sarfina, such as KIA books, pregnancy assessment formats, partographs, and obstetric service visit forms. Supporting literature such as textbooks, scientific articles, research journals, and other references that are relevant to the concept of *Continuity Of Care* (COC) midwifery care and the Varney method.

### Result

The study was carried out on Mrs. W who underwent *Continuity Of Care* (COC) midwifery care at the Independent Midwife Sarfina practice, Polonia District, North Sumatra. Data collected. Includes anamnesis, physical examination, and necessary supporting examinations. On November 24, 2024, at 10.00 WIB, subjective data was collected regarding the identity of Mrs. W/Mrs. R's wife/husband, aged 39 years/40 years. This couple has been married for approximately 15 years, comes from the Javanese tribe, is Muslim, has a high school education, and works as an IRT/Entrepreneur. The address is Jl. Cinta karya. The main complaint conveyed is that they often urinate at night so that the mother is unconscious. The medical history shows that the patient does not have a history of heart disease, asthma, hypertension, or diabetes militancy. There is no history of hereditary or infectious diseases in the family. The mother had no history of surgery or dependence on drugs, alcohol, or cigarettes. In terms of planning decisions, mothers have never been acceptors. Data collection in this case study was conducted through a comprehensive midwifery management approach, including monitoring Mrs. W from late pregnancy through the postpartum period.



The primary focus of this report is how continuity of care can effectively detect and manage postpartum complications such as breast engorgement.

Mrs. W, a 24-year-old primiparous woman, was the primary subject of this continuity of care due to her risk profile as a new mother with no previous breastfeeding experience. Demographically, Mrs. W has a secondary education and a strong desire to exclusively breastfeed, but she has limited information about proper lactation management.

Care began at her third trimester prenatal visit, where the midwife performed a physical and psychological screening to prepare her for childbirth. At this stage, Mrs. W's breasts were assessed and found that her nipples were prominent, but her knowledge of breast care was still limited.

Although education was provided during pregnancy, Mrs. W faced challenges in practicing independently at home due to her busy schedule for childbirth. This is an important consideration in the COC model, as prenatal education does not necessarily guarantee physical readiness without intensive support during the transition to the postpartum period. (Liza, 2021)

Mrs. W's labor proceeded spontaneously and normally without major complications, marking the beginning of the lactogenesis phase. In the first 24 hours, colostrum production was observed to be adequate, and the baby was able to breastfeed, although not very frequently due to her sleeping a lot.

At the postpartum visit on the third day, a significant change was noted in Mrs. W's physical condition, as she complained of severe pain in both breasts. She reported that her breasts had begun to feel very tight, hot, and heavy since waking in the morning, causing discomfort when moving. (Pinem et al., 2020)

An objective examination revealed that both of Mrs. W's breasts appeared shiny, reddish, and very firm to the touch. Her body temperature was 37.8°C, indicating a mild systemic inflammatory reaction due to breast milk engorgement, also known as mild puerperal fever.

### Discussion

An obstetric diagnosis was made. Mrs. W experienced breast engorgement due to inadequate breast emptying. This condition was exacerbated by an improper attachment technique, where the baby only suckled on the nipple and not the wider areola.

The first intervention was to apply warm compresses to both of Mrs. W's breasts to stimulate vasodilation and improve milk flow. This action aimed to reduce the viscosity of the blocked milk in the lactiferous ducts, making it easier to express during breastfeeding or pumping.

Next, the midwife re-demonstrated the correct breastfeeding technique to Mrs. W in the cradle hold position. Correcting this position is crucial because incorrect attachment is a major cause of breast milk retention, which can lead to further engorgement.

As a supportive measure, oxytocin massage was performed on Mrs. W's back to stimulate the posterior pituitary gland to produce oxytocin. This hormone functions to trigger contraction of myoepithelial cells in the breast alveoli, resulting in a let-down reflex, facilitating spontaneous milk release. (Sari Sembiring et al., 2023)

The midwife also taught Mrs. W to apply cold compresses after breastfeeding to reduce edema and residual pain. The combination of warm therapy before breastfeeding and cold therapy after breastfeeding has been clinically proven effective in managing breast engorgement in postpartum mothers.

During the discussion session, the findings in Mrs. W confirmed the theory that breast engorgement typically occurs between the second and fifth days postpartum. This aligns with literature stating that a drastic increase in milk volume (lactogenesis II) that is not accompanied by adequate emptying will trigger milk stasis.

An analysis of the effectiveness of COC showed that continuous support enabled intervention before Mrs. W's condition worsened to mastitis. If the midwife had not made a timely visit on the third day, the risk of breast tissue infection due to prolonged milk stasis would have increased significantly. (Indonesia, n.d.)

According to a study by Li et al. (2025), personalized breast management within a continuous care framework has been shown to reduce stress levels in primiparous mothers. In Mrs. W's case, W, emotional support from the midwife was very helpful in overcoming anxiety when her breasts were very sore, preventing premature cessation of lactation.

The oxytocin massage was shown to provide an instant relaxation effect for Mrs. W, as evidenced by a decrease in neck and lower back muscle tension.

In the era of globalization, quality in service is an indicator for achieving competitive advantage. The determining factor of customer satisfaction is service quality. Service quality can be measured by comparing the perception of expected service with the service received and felt by patients. (Sari Sembiring et al., 2023)

### Conclusion and Suggestion

During pregnancy starting from the third trimester, the author has made regular pregnancy visits and provided obstetric care to Mrs. W in primary care. The author carried out care then documented by collecting subjective data from patients,

objective data, namely examination results, determining assessments and making planning or planning. On the first visit, Mrs. W said that she experienced a foul-smelling vaginal discharge that made the mother feel uncomfortable and interfered with her daily activities.

Backwards. Then the mother at the next visit has no complaints and the care provided by the researcher is to encourage the mother to routinely do pregnancy exercises, because if the mother routinely participates in pregnancy gymnastics activities, it will make the mother more relaxed and can reduce the mother's anxiety in facing the childbirth process. Then pregnancy exercises can also maintain the elasticity of the muscles of the mother's abdominal wall.

Based on the results of the Continuity of Care (CEC) provided to Mrs. W from pregnancy through postpartum, several key conclusions can be drawn: Effectiveness of the Continuity of Care (COC) Model: The implementation of the Continuity of Care (CEC) model has proven highly effective in early detection of postpartum complications. Through scheduled postpartum visits, the midwife was able to identify symptoms of breast engorgement in Mrs. W at an early stage (day 3), allowing prompt treatment before it progressed to infection (mastitis).

Intervention Success: A combination of clinical interventions and complementary therapies—including education on proper breastfeeding techniques, warm-cold compresses, and oxytocin massage—successfully addressed Mrs. W's milk engorgement. Within 48 hours, the clinical symptoms of pain, breast tenderness, and elevated body temperature (37.8°C) resolved and returned to normal. Impact on Lactation: Improved latch-on technique is key to adequate breast emptying. This not only relieved the

engorgement but also boosted Mrs. W's confidence in continuing exclusive breastfeeding, a long-term goal of continuous midwifery care.

**The Importance of Family Support:**  
The husband's involvement in performing oxytocin massage at home has a positive impact on the mother's psychological well-being, which physiologically facilitates the secretion of the hormone oxytocin, which is essential for milk letdown.

### Suggestion

**For Health Workers (Midwives) :**  
Midwives are expected to consistently implement a continuity of care model and not solely focus on care provided in health facilities. Strengthening complementary therapies such as oxytocin massage and self-management of lactation needs to be taught during pregnancy (ANC) to better prepare mothers for the second phase of lactogenesis. **For Mrs. W and Family :** Mothers are expected to continue practicing correct breastfeeding techniques and maintaining regular breast hygiene. Families, especially husbands, are advised to continue providing emotional support and physical assistance (relaxation massage) to maintain smooth milk production until the baby is 2 years old. **For Educational Institutions :** The results of this case study can serve as additional references for enriching postpartum midwifery care materials, particularly regarding the integration of conventional medical management with evidence-based complementary care in addressing lactation issues.

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