

## MIDWIFERY CARE MANAGEMENT FOR MRS. D IN PHYSIOLOGICAL POSTPARTUM PERIOD WITH LOW BREAST MILK SUPPLY AT PMB RIYANTI BANGETAYU KULON GENUK, SEMARANG CITY, CENTRAL JAVA PROVINCE IN 2024

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**ABSTRACT:** The postpartum phase begins immediately after the delivery of the infant and placenta, spanning approximately six weeks. During this window, the maternal reproductive system undergoes "involution," a process where organs gradually return to their pre-gestational state. This period is a high-risk transition for both the mother and the newborn; statistically, 60% of maternal complications leading to death occur post-delivery, with half of those fatalities happening within the initial 24 hours. Consequently, rigorous monitoring is vital to mitigate mortality rates. In the case of Mrs. D, a physiological postpartum assessment revealed limited lactation but no pathological indicators such as mastitis, abscesses, or malignancies. The diminished milk supply was attributed to insufficient suckling stimulation rather than underlying illness. Ultimately, the 2024 case study at PMB Bd. Riyanti confirms that Mrs. D's recovery followed a normal trajectory, with vital signs remaining stable and the clinical management aligning perfectly with established midwifery theories.

**Keywords:** Midwifery Care, Postpartum Period, Low Breast Milk

### Introduction

The puerperium, or the postpartum phase, commences immediately following the expulsion of the fetus and the placenta, extending through a six-week recovery duration. This timeframe is characterized by the body's physiological transition back to its non-pregnant state. Because this period involves significant biological shifts, it represents a critical window for maternal health monitoring to prevent. The postpartum period is divided into several stages. The first stage is the immediate postpartum, which occurs within the first 24 hours after delivery. The second stage is the early postpartum, which occurs after 24 hours after delivery until the end of the

first week postpartum. The third stage is the late postpartum, which occurs from the second to the sixth week after delivery (Rosyidah, 2019).

Maternal mortality remains alarmingly high. Approximately 287,000 women died during and after pregnancy and childbirth in 2020. Nearly 95% of all maternal deaths occurred in low- and lower-middle-income countries in 2020, and most were preventable. The global maternal mortality rate in 2020 was 223 per 100,000 live births; achieving a global maternal mortality rate below 70 by 2030 requires an annual rate of decline of 11.6%, a rate rarely achieved at the national level. However, the scientific and medical knowledge is available to prevent

most maternal deaths. With 10 years remaining in the SDGs, now is the time to intensify coordinated efforts, and to mobilize and revitalize global, regional, national, and community-level commitments to end preventable maternal death (Organization, 2020).

Global health data from the World Health Organization (WHO, 2022) indicates a staggering maternal mortality rate (MMR) of 303,000. Within the ASEAN region, this figure stands at 235 deaths per 100,000 live births. The gravity of the situation is further highlighted by the fact that approximately 810 women succumb to pregnancy or childbirth complications daily. A profound disparity exists between nations; developing countries face an MMR of 462 per 100,000 live births, a figure nearly twenty times greater than the 11 per 100,000 recorded in developed nations. By 2020, while developed countries maintained a low rate of 12 per 100,000, developing regions continued to struggle with a significantly higher burden of 239 deaths per 100,000 live births (World Health Organization, 2022).

Based on data from the Central Java Provincial Health Office, the Maternal Mortality Rate (MMR) in Central Java is below the National MMR. Central Java recorded 183, which is in line with the reduction targeted in the National Medium-Term Development Plan (RPJMN), namely 183 per 100,000 Live Births. What is encouraging is the maternal mortality rate. Where the MMR in 2020 has reached 183 (per 100,000 live births), while the national level reached 189 (per 100,000 live births). This has decreased significantly, almost 45 percent, he explained (Dinkes, 2021).

Based on data from postpartum mothers' visits at PMB NY Bd Riyanti, among them, there are still data from patients who complain that their breast

milk is coming out in small amounts, 72% of postpartum mothers experience little breast milk coming out (PMB Bd Riyanti Medical Records, 2024).

Low breast milk production can be a problem for postpartum mothers because it causes nutritional inadequacy in the baby and anxiety in the mother. In addition, other negative impacts include a lack of bonding attachment between the mother and baby, so it is very important to provide appropriate treatment (Walyani, 2022).

Based on the description of the supporting data above, it shows that the incidence of low breast milk production in PMB Bd Riyanti is still high, so the author is interested in conducting Midwifery Care Management for Mrs. D Physiological Postpartum Period with Low Breast Milk in PMB Ny Bd. Riyanti, S.Tr.Keb Bangetayu Kulon Genuk Semarang City, Central Java Province in 2024.

## Research Method

This investigation was carried out utilizing a clinical case study design, structured around the seven-step midwifery management framework developed by Varney. By adopting this systematic approach, the study ensures a comprehensive and organized evaluation of the patient's care pathway. Care management is carried out by providing care in accordance with standard operating procedures in the case studied, namely midwifery care management during the physiological postpartum period with postpartum 3 hours ago. The method of collecting data is anamnesis, Assessment, Diagnosis, Problems, Needs, Potential Diagnosis, Immediate Action and Planning.

## Result

**Step I (Basic Data Collection)** In this case study, an assessment was conducted on Mrs. "T". Based on the results of the

assessment and examination conducted on Mrs. "D" with g2p1a0 age 37 weeks, Muslim, and residing in Genuksari Rt 3/Rw 8, Genuk, Semarang. With postpartum 3 hours ago and complaints of little breast milk coming out. The general condition of the mother was good, composmentis consciousness, vital signs examination was blood pressure 120/80 mmHg, pulse 80 beats/minute and regular, breathing 22 times/minute, temperature 36.9°C TFU 1 finger below the navel, uterine contractions were good, physical examination results on the head showed no wounds or lumps and no abnormalities, clean hair was not split and did not fall out, symmetrical face had no edema and was not pale and no clots gravidarum was found, eyes had black corneas, white sclera had no yellowing, pink conjunctiva and dilated pupils, symmetrical nose had no polyps or fluid or cerumen coming out, no stomatitis in the mouth and no tartar, symmetrical ears had good hearing and no fluid or cerumen coming out, no lumps in the neck and no swelling in the thyroid gland, symmetrical chest left and right, prominent nipples, black areola, little colostrum discharge. As well as the extremities had no edema and no varices. In the case of NY "D", the data obtained did not find any gap between the theory and the case found.

**Step II (Identification of Diagnosis or Actual Problem)** The case experienced by Mrs. "D" who complained that her breast milk came out a little due to the lack of stimulation given, but the breast milk will come out if it is continuously stimulated by the baby continuing to breastfeed the mother. While the first three days of a baby's birth are a very important period in the success of breastfeeding, because at this time it determines whether exclusive breastfeeding will be successful or not, as well as for the success of subsequent breastfeeding. The prolactin

reflex and the flow reflex (let down reflex) arise due to stimulation of the nipple by the baby's suction. Thus, the application of the theoretical review to the case study of Mrs. "D" did not find any gaps between the theory and the case found.

**Step III (Identification of Diagnosis or Potential Problems)** Based In the clinical observation of Ny. "D," the initial low yield of breast milk was attributed to insufficient stimulation. However, lactation can be optimized if the infant continues to breastfeed consistently, providing the necessary stimulus. Generally, a mother's physical state significantly influences milk flow; exhaustion following the strenuous transition through the first and second stages of labor often hinders the process. The mother's ability to cope with painful contractions plays a pivotal role in this physiological response. As noted by T et al. (1994), prolonged labor induces physical fatigue that obstructs the neurohypophysis from releasing oxytocin, thereby inhibiting the let-down reflex. Consequently, the midwifery care administered in Ny. "D's" case aligns perfectly with established theories, showing no discrepancies between practice and literature.

**Step IV (Emergency Action or Collaboration)** In the case of NY "D" during monitoring, it was not found that the mother's pregnancy was progressing normally and there were no accompanying complications so that no immediate or emergency action was required.

## Discussion

**Step V (Planning comprehensive care)** Based on the case that occurred in NY "D", the care plan provided was to examine the mother's general condition or examine her vital signs and observe the discharge of lochia which is an excretory

fluid during postpartum which is also an important thing to do. This lochia discharge is one of the signs that the uterine involution process is underway. Tell the mother the reason why the breast milk comes out a little is because of the lack of stimulation given, but the breast milk will come out continuously if it is stimulated by the baby continuing to breastfeed the mother. Tell the mother about the danger signs of postpartum so that she knows what danger signs she can experience during the postpartum period. Advise on exclusive breastfeeding and correct and appropriate exclusive breastfeeding techniques to support the success of exclusive breastfeeding (Mcfadden *et al.*, 2020). As well as telling about the important benefits of breast milk for the baby's immune system and increasing IQ in babies (Tarigan *et al.*, 2023). Tell them to carry out early mobilization to return the abdominal and pelvic muscles to normal. Tell them to practice personal hygiene or proper personal hygiene to prevent the entry of infection-causing microorganisms and provide a feeling of comfort. Tell them to always make repeat visits to monitor the mother's condition and the baby's condition so that it remains good (Pinem S, Lasria Simamora, D, 2020).

**Step VI (Implementation)** Based on the case that occurred in NY "D" the results of the mother's general condition were obtained, both vital signs were within normal limits, blood pressure 120/80 mmHg, pulse 80 times / minute and regular, breathing 22 times / minute, temperature 36.9°C TFU 3 fingers below the navel, uterine contractions were good, lochia discharge was blackish red. Inform the mother the cause of the small amount of breast milk coming out due to the lack of stimulation given, but breast milk will come out continuously if stimulated by the baby continuing to breastfeed the mother.

and the mother must also consume foods that function to increase breast milk production such as katuk leaves or supplements to facilitate breast milk. Inform the mother about the danger signs of postpartum, namely the uterus feels soft, vaginal bleeding > 500cc, severe headache, blurred vision, vaginal discharge, high fever, > 38°C. Inform the baby about exclusive breastfeeding and the correct technique for exclusive breastfeeding, which is to provide exclusive breastfeeding for 6 months without any additional supplements. The correct breastfeeding technique is the AMUIDA technique, which involves bringing the areola into the mouth, opening the mouth wide, lowering the lower lip, and touching the chin to the breast. Inform the baby about early mobilization, such as lying on one side, sitting, standing, and walking slowly. Instruct her to practice good personal hygiene by cleaning the vaginal area with running water. Wipe from front to back, and change the sanitary napkin if it becomes damp. Instruct her to continue her follow-up visits as recommended by the midwife.

**Step VII (Evaluation)** In the case of NY "D" from the results of the evaluation of midwifery care provided has been understood and has been implemented according to what was recommended by the midwife. Then the assessment Based on subjective data that Mrs. D with Post Partum 3 hours ago complained that little breast milk came out, this is physiological during the postpartum period because it is in accordance with the theory that when little breast milk comes out after delivery is due to a lack of stimulation given, but breast milk will come out continuously if stimulated by the baby continuing to breastfeed the mother. And the mother must also consume foods that function to increase breast milk production such as



katuk leaves or supplements to facilitate breast milk according to the theory of (Ratna Dewi, SKM *et al.*, 2024). In the objective data, the general condition was found to be both vital signs within normal limits in physical examination, all normal, TFU 3 fingers below the center, good uterine contractions, blackish red lochia discharge (Maya Saputri STIKes Hang

### Conclusion and Suggestion

The postpartum period is a vulnerable period for mothers, approximately 60% of maternal deaths due to pregnancy occur after delivery and 50% of postpartum deaths occur within the first 24 hours after delivery, therefore it is necessary to always monitor the postpartum mother to ensure her condition remains good (Dina Dewi Anggraini, 2024). In the case of NY "D" with physiological postpartum with a normal postpartum 3 hours ago, without any complications of involution and normal lochia and has been given midwifery care to the mother and what needs the postpartum mother (Mastaida Tambun, SST, 2025).

Conduct outreach to local residents regarding breastfeeding and the sufficiency of breast milk for breastfeeding mothers, convince and support them that they are able to breastfeed and be patient in dealing with the problem of breast milk that is still small, continue to support mothers to provide exclusive breast milk and to always stimulate by giving the baby always sucking on the nipple so that it is stimulated and breast milk production increases (Rinayanti Manurung *et al.*, 2024). because the principle of breastfeeding is that the more often the breast milk is emptied, the more breast milk production will be.

Tuah Pekanbaru Jl Mustafa Sari No and Selatan, 2020). Midwifery Care Management for Mrs. D During the Physiological Postpartum Period with Little Breast Milk in PMB Ny Bd. Riyanti .S.Tr.Keb Bangetayu Kulon Genuk Semarang City, Central Java Province in 2024, there was no gap between theory and practice found.

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