

CONTINUITY OF CARE FOR PREGNANT WOMEN WITH A BREAST MILK DAM AT PRATAMA NIAR CLINIC, MEDAN AMPLAS DISTRICT, MEDAN CITY YEAR 2025

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ABSTRACT

The ASI Dam is an event where the flow of venous blood vessels and lymph nodes is blocked, the flow of milk is blocked, and the pressure on the vessels and alveoli increases. Symptoms that often appear during breast milk dams include swollen breasts, breasts that feel hot and hard, breasts that feel painful when pressed, reddish breasts and mother's body temperature up to 38 C. If this continues, breast milk retention can occur, and it can also speed up the process of giving breast milk to mothers and children in a relaxed atmosphere. Make your room as comfortable as possible. Babies need breast milk every 2.5-3 hours for the first few weeks. By the end of the sixth week, most babies need milk every 4 hours. This program is good until babies are 10-12 months old. At this age, most babies sleep through the night, so there is no need to breastfeed at night (Ariandini 2023). In conclusion, education and intervention do the correct breastfeeding techniques and do breast care.

Keywords: *Breast milk dam, Anemia prevention, breastfeeding techniques, Breast milk dam education, primary care clinic*

Introduction

Breast milk duct damming and swollen mammary glands are one of the lactation problems that occur after childbirth and during breastfeeding. Breast swelling occurs when the milk ducts do not flow perfectly and narrow. The milk thickens and the lumen of the milk duct is blocked. From 3 to 6 days after birth until breast milk is released normally, symptoms such as warmth, pain to the touch, tenderness, and swelling associated with breast swelling will appear. Up to 20-85% of swelling occurs on the first day after childbirth. 20% experienced severe pain on

day 14, but this pain was 253 times more severe in primipara women. If this condition is not treated immediately, a breast abscess or mastitis can develop.³ As a result, the baby cannot receive exclusive breastfeeding (Djamil & Setiarini, 2018).

Risk factors for breast swelling are related to late start of breastfeeding, infrequent and short breastfeeding, weak breastfeeding, sudden increase in milk production and putting lesions. The level of swelling usually ranges from 20 to 85% during the first few days of life. Postpartum mothers experience severe pain due to breast swelling at 14 days after giving birth. Half of postpartum mothers

rely on pain relievers to relieve breast pain. The incidence rate of breast swelling is around 43.4% in 145 postpartum mothers and 253 times more often in primipara. Breast swelling and pain can occur for several days from day 1 to day 4 of life and can last up to 1% to 44% longer in postpartum mothers who breastfeed less frequently.

One of the efforts to prevent breast milk dams is breast care. Breast care aims to improve blood circulation and prevent blockage of milk production channels so as to facilitate milk production. Tactile stimulation during breast care can stimulate the hormones prolactin and oxytocin that help the baby get breast milk. (Gustirini, 2021).

Currently, the treatment of breast milk dam problems in puerperium mothers can be done by breast care or breast care by sequencing the swollen breasts of the mother. This intervention often causes the mother to feel uncomfortable and feel excruciating pain during massage and can result in damage to the anatomical breast of the puerperium mother.

Based on data from the World Health Organization (WHO), in 2020 in the United States, an average of 87.05% of 12,765 postpartum mothers experienced breast milk dams, and in 2021 66.87% of 10,674 postpartum mothers experienced breast milk dams and in 2022 as many as 66.34% of 9,862 postpartum mothers. UNICEF said that scientific evidence issued by the journal Pediatrics in 2021 revealed data in the world of mothers who experienced breastfeeding malnourishment around 16,142,321 million people, consisting of 56.4% blistered nipples, 36.12% breast dams, and 7.5% mastitis (Damar, 2022). The percentage of breastfeeding dam cases in postpartum mothers according to data from the

Association of Southeast Asian Nations (ASEAN) in 2020 in 10 countries, namely Thailand, Malaysia, Singapore, the Philippines, Brunei Darusalam, Vietnam, Laos, Myanmar, Cambodia including Indonesia, there were recorded as many as 107,654 postpartum mothers and in 2021 postpartum mothers who experienced breastfeeding dams were 66.87% of postpartum mothers and in 2022 mothers who experienced breastfeeding dams were 71.1% with the highest number occurring in the country Indonesia is 37.12% (WHO, 2022).

Research Method

The activity was carried out in October 2024-February 2025 at the Niar primary clinic. Based on an initial survey at the Pratama Niar Clinic, Medan Amplas District, Medan City, North Sumatra, 7 people who had given birth. 3 people who experienced breastfeeding because they did not know how to do breast care. This is due to the lack of information that mothers get about how to do breast care correctly.

Result

This study uses a subject, namely pregnant women. In its implementation, research will be carried out by exploring a problem that exists in Mrs. A aged 22 years multigravida at the Pratama Niar Clinic, Medan Amplas District. This study will start from 35 weeks of gestation. The care carried out for Mrs. A starts from Pregnancy, Childbirth, Postpartum Birth, Newborn to Family Planning.

In this case study, a descriptive method is used in combination with a case study design, a report that is created with this attention to the problem of a single entity case. Midwifery Treatment in Maternity Mothers Breast Milk Dam at

Pratama Niar Clinic, Medan Amplas District, Medan City, North Sumatra in 2025 Using 7 Steps by Hellen Varney and Data Development Using Soap.

Figure 1. Research Activities

During the implementation of the activity (Figure 1), all invited mothers attended the event until it was finished, achieving a 100% attendance rate. This counseling activity was accompanied by health workers who provided in-depth explanations and answered participants' questions. The presence of health workers is essential to ensure that the information conveyed is accurate and relevant, as well as to motivate mothers to increase their attention to the food intake needed during pregnancy. Direct interaction with health workers also provides an opportunity for mothers to get concrete solutions to the problems they face

Especially for pregnant women who experience anemia during pregnancy, they will continue to receive regular fe tablets at the Health Center. This program aims to ensure continuous monitoring and support in improving anemia in pregnant women. With the provision of fe tablets as well as these routine education and support activities, it is hoped that the status of anemia in pregnant women can decrease significantly, and the problem of anemia can be effectively overcome. This activity is an important step in efforts to improve the health and welfare of pregnant women in the work area of the Tuntungan Health Center.

Figure 2. Breast care technique education

One of the efforts to prevent breast milk dams is breast care. Breast care aims to improve blood circulation and prevent blockage of milk production channels so as to facilitate milk production. Tactile stimulation during breast care can

stimulate the hormones prolactin and oxytocin that help the baby get breast milk. (Gustirini, 2021). Currently, the treatment of breast milk dam problems in puerperium mothers can be done by breast care or breast care by sequencing the swollen breasts of the mother. This intervention often causes the mother to feel uncomfortable and feel excruciating pain during massage and can result in damage to the anatomical breast of the puerperium mother. Breast pain can have an impact on exclusive breastfeeding for babies, if the baby does not get breast milk, the baby's nutritional needs cannot be met properly and the baby will be susceptible to diseases (Zagloul et al., 2020).

According to Gustiriani's 2020 research, regular breast care in postpartum mothers can prevent the occurrence of breast milk dams, so the role of midwives as care providers is needed to provide counseling, information and education to postpartum mothers about the importance of breast care as early as possible. Midwives can teach the steps of doing breast care until the mother understands, understands and is able to perform the treatment independently. (Setiani, 2025)

The role of MP-ASI is not at all to replace breast milk, but only to complement breast milk. Breast milk must still be given to babies, at least until the age of 24 months. Breast milk can meet the nutritional needs of 70-80% of babies aged 6 months, while at the age of 6-12 months breast milk can only meet 50% of the needs, so food or drinks containing nutrients are needed given to children over the age of 6 months as complementary foods to breastfeeding (Novianti 2021). (Anna Waris Nainggolan, & Edy Marjuang Purba 2024)

Breastfeeding problems generally occur in the first fourteen days after pregnancy, so currently supervision and

consideration of labor welfare are needed so that breastfeeding problems can be quickly handled and not confuse and interfere with the breastfeeding process. Frequent breastfeeding problems include engorgement, areola irregularities, areola pain (sore nipple), cracked nipples, obstructive duct obstruction, breast inflammation (Mastitis) and breast abscess (Ratna Dewi 2022)

Conclusion and Suggestion

After carrying out obstetric care for Mrs. A, aged 22 years, G2P1A0, no gap was found between theory and practice that occurred directly in the field. The researcher can draw conclusions that are

- 1) In her pregnancy, Mrs. A routinely made antenatal visits in the last 3 months before delivery, and during her pregnancy no serious problems or complications were found, only complaints such as tightness when sleeping on her back and often BAK at night, this is physiological in pregnant women in the third trimester. The problem is well solved and there is no gap between theory and practice.
- 2) During the Period I-IV delivery process, no problems were found in Mrs. A and the delivery was carried out vaginally.
- 3) During the postpartum period, no serious problems were found, the mother only complained of less breast milk and this was a physiological thing that happened, the problem was solved well without any gap between theory and practice.
- 4) At the neonatal visit, no serious problems were found in the baby,

and there were no signs of infection or danger signs in the baby.

- 5) At the time of the Family Planning Visit, one visit is made, after explaining the types of contraceptives

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