

MANAGEMENT of POSTPARTUM MIDWIFERY CARE on Mrs. J WITH ENGORGEMENT of THE BREAST

Nurul Zaitun Hasanah¹, Riska Susanti P², Basaria Manurung³, Rosmani Sinaga⁴
Siska Suci T Ginting⁵, Rani M Angkat⁶
STIKes Mitra Husada Medan
Email: nurulzaitun456@gmail.com

ABSTRACT

Breast care during the postpartum period is very important for mothers to increase breast milk production to stimulate the breast milk glands. Breast care performed during the puerperium is very beneficial for mothers in addition to increasing breast production and preventing breast sagging during breastfeeding. Breasts are a mother's precious "asset" for her baby, with which she can provide the best and quality food called breast milk. Postpartum breast care is breast care performed on postpartum mothers to improve blood circulation and prevent blockage of the milk ducts so as to facilitate breastfeeding. The implementation of breast care starts as early as possible, namely 1-2 days after the baby is born and is done twice a day.

Keywords: *breast care, breast feeding, postpartum, engorgement of the breast.*

INTRODUCTION

Breast care performed during the puerperium is very beneficial for mothers in addition to increasing breast production and preventing breast sagging during breastfeeding.

The management that can be done to overcome breast milk dams in the postpartum period is the correct breastfeeding technique, trying to keep the nipples and areola mammae dry after breastfeeding, do not use bras that cannot absorb sweat and are too tight, give breast

milk to the baby immediately after birth (IMD), give breast milk *on demand/without* limits, remove a little milk before breastfeeding to make the breasts more tender and remove milk by hand or pump when production exceeds the baby's needs.

RESULT AND DISCUSSION

Postpartum

First visit (6-8 hours postpartum)

Assessment date/time: 23-12-2023 Hours:
20.00 WIB

Step II: Data Interpretation

1. Obstetric Diagnosis

Mrs. J age 28 years P2A0 postpartum 8 hours ago.

Subjective Data:

- a. The mother feels tired after giving birth, starting to feel nauseous after the placenta is delivered.
- b. Mom says the breasts are red, hard and swollen.
- c. The mother said there had been no colostrum discharge since she was pregnant.

Objective Data

After the examination, it was found that the mother's general condition was good, vital signs were within normal limits. BP: 110/70 MmHg, HR: 82x/i, RR: 24x/i, T: 37.2 °C, fundus uteri height 2 fingers below center. Bladder was palpably empty, birth canal laceration was present and had been sutured, Lochea Rubra (reddish in color), breast nipple was protruding, breast was hard and swollen, there was tenderness and no milk release yet.

Problem :

Breast milk dam

Needs :

- Provide IEC to mothers on how to overcome the complaints felt such as: supporting the breasts with a weight or bra that fits.
- Provide information and perform breast care techniques that can optimize milk production during breastfeeding.
- that can optimize milk production during breastfeeding.

Step III: Potential Diagnosis

The potential diagnosis is Mastitis.

Step IV: Immediate Action

- Compress the breast using a wet/warm cloth for 5 minutes, massage the breast from the base towards the nipple, remove the milk from the front of the breast so that the nipple becomes soft.

Step V: Action Plan or Intervention

- Tell mom about his current condition
- Advise mom on breast care
- Tell the mother to breastfeed her baby as often as possible

Step VI: Implementation

- Inform the mother about the condition and the results of the examination that have been carried out that the mother has a breast milk dam.
- Inform the mother about the problem she is facing, namely breast milk dam, which is milk that does not come out due to a blockage of breast milk so that
- the breast milk glands swell which can cause tenderness and appear shiny.
- Breastfeed the baby as often as possible for as long a period as possible, after breastfeeding warm compresses on the breast with a cloth. Gently massage the breast. And use the right BH/bra to support the breasts.

Step VII: Evaluation

- Mother is aware of her current condition
- Mother is willing to do breast care
- Mother is willing to breastfeed her baby as often as possible

Second postpartum visit day

Assessment date/time: 27-12-2023

Hours: 08.15 WIB

S: The mother said the breasts felt swollen,

red, painful and hard on the 3rd day after delivery.

Mother said her body temperature felt hot and the baby was lazy to suckle and there was no milk output.

O: The examination revealed BP: 110/70 MmHg, HR: 83x/i, RR: 22x/i, T: 38,2°C. Uterine Fundus Height palpable: mid-center and symphysis, empty bladder, maternal breasts appear swollen, when palpation is hard and painful.

A: Mrs. J 28 years old P2A0 postpartum day 4 with breast milk dam.

P: - Explain to the mother about the results of the examination that she currently has a breast milk dam.

- Teach mothers good and correct breastfeeding techniques.
- Remove the milk from the front of the breast so that the nipple becomes soft.
- Teach the mother how to perform breast care.
- Encourage the mother to consume green vegetables and nutritious food.
- Feed the baby every 2-3 hours according to the baby's desire (*on demand feeding*) and ensure that the attachment of the baby and the mother's breast is correct.

- Provide IEC to mothers on how to overcome the complaints felt such as: supporting the breast with a weight or bra that fits.
- Compress the breast using a wet/warm cloth for 5 minutes, massage the breast from the base towards the nipple, remove the milk from the front of the breast so that the nipple becomes soft.
- In the early days or when the nursing infant is unable to empty the breast, it may be necessary to pump or manually express milk from the breast,
- place a cold cloth/ice pack on the breast after feeding or after pumping.
- Give drug therapy such as paracetamol 500 mg 3x1 orally and stop if the mother's fever has dropped or the temperature returns to normal.
- Reminded the mother for a repeat visit 3 days later

Third visit of postpartum

Date/time of assessment: 03-01-2024

Hours: 10.00 a.m.

S: The mother said the swelling, pain and hardness of her breasts had decreased.

The mother said that her body heat began to

decrease, the baby had begun to suckle frequently and the milk output had started smoothly.

O: On examination, it was found that vital signs were within normal limits, BP: 120/80 MmHg, HR: 80 x/i, RR: 22 X/I, T: 36.3°C, Uterine Fundus Height: above symphysis, good contractions, serous lochea discharge. On palpation the mother's breasts were No. longer swollen, and there was no tenderness.

A: Mrs. J age 28 years P2A0 postpartum day 7

P: - Inform the mother about the results of the downstairs examination now that the breast milk dam condition has resolved.

- Remind mothers to continue breastfeeding their babies *on demand*.
- Advise mothers to continue breast care.
- Advise mothers to keep using a well-fitting bra.
- Encourage the mother to continue expressing milk if the breasts feel full.
- Advise the mother to consume green vegetables and eat a nutritionally balanced diet.

Fourth Postpartum Visit

Assessment date/time: 14-02-2023 Hours:

09.30 AM

S: The mother said there were no complaints and the mother's milk

supply was smooth.

O: When examined, everything was within normal limits, BP: 120/970 MmHg, HR: 83x/i, RR: 22x/i, T: 36.0°C, Uterine Fundus Height: not palpable, and there were no complications experienced by the mother or baby.

A: Mrs. J age 28 years P2A0 postpartum week 5

P: - Encourage mothers to continue breastfeeding exclusively.

- Family planning counseling with the mother and her husband
- Remind the mother to make a re-visit if there are complaints

Postpartum Period

Second Postpartum Visit

On 27-12-2023 at 08.15, the mother said the breasts felt swollen, red, painful and hard on the 3rd day after giving birth. The mother said her body temperature felt hot and the baby was lazy to suckle and the milk output was small and from the examination results obtained BP: 110/70 MmHg, HR: 83x/i, RR: 22x/i, T: 38,2°C . Uterine Fundus Height palpable: in the middle of the center and symphysis, the bladder is empty, the mother's breasts appear swollen, when palpation is hard and painful. So based on subjective and

objective data, the mother's diagnosis was found to have breast milk dams.

The management that can be done to overcome breast milk dams in the postpartum period is the correct breastfeeding technique, trying to keep the nipples and areola mammae dry after breastfeeding, do not use bras that cannot absorb sweat and are too tight, give breast milk to the baby immediately after birth (IMD), give breast milk *on demand / without* limits, remove a little milk before breastfeeding to make the breasts more tender and remove milk by hand or pump when production exceeds the baby's needs.

Breast care during the postpartum period is very important for mothers to increase breast milk production to stimulate the breast milk glands. Breast care performed during the puerperium is very beneficial for mothers in addition to increasing breast production and preventing breast sagging during breastfeeding. Breasts are a mother's precious "asset" for her baby, with which she can provide the best and quality food called breast milk. Postpartum breast care is breast care performed on postpartum mothers to improve blood circulation and prevent blockage of the milk ducts so as to facilitate breastfeeding. The implementation of breast care starts as early as possible,

namely 1-2 days after the baby is born and is done twice a day.

Breast care techniques are preparing tools and materials (baby oil, warm water, small towels and cotton), washing hands before and after performing actions, placing towels on the lower abdomen and shoulders while removing upper clothing. Compressing both nipples with cotton soaked in baby oil for 2-3 minutes, lifting cotton) while cleaning the nipples by making circular movements from the inside out.

Third postpartum visit

The third postpartum visit on 29-12-2023 at 10:00 was conducted to evaluate the condition of the postpartum mother who had previously experienced breast milk dams.

From the results of the assessment, the mother's breasts are not red, not swollen, there is no tenderness in the breasts, the mother's body temperature returns to normal and the baby has started to suckle frequently and the milk output is smooth.

However, mothers are still advised to continue breastfeeding the baby on demand, take care of the breasts, use a well-fitting bra, express milk if the breasts feel full, and eat a balanced diet.

At this third postpartum visit, the postpartum problems felt by Mrs. J can be

resolved based on the theory that in the case of breast milk dam, the care provided will be said to be effective and good if the breasts are not swollen, not reddish in color, there is no tenderness in the breasts, normal body temperature is 36.50-37.0, and breast milk is smooth.

2nd Neonate Visit (KN II)

On 27-12-2023, the 2nd visit was conducted on Baby Mrs. J. There were no signs of infection, the baby suckled well and was always breastfed every time the baby cried and woke up, the umbilical cord had been removed.

Based on the theory that the 2nd visit has been carried out on day 2 to day 7. at the 2nd visit the care that has been given to the baby is to always keep the baby warm so that hypothermia does not occur, and always keep contact between the baby's skin and the mother, and provide fulfillment of nutritional intake to the baby by giving breast milk as often as possible so that the nutritional intake of the baby can be fulfilled properly.

Based on the care description above, the author can conclude that there is no gap between the care practice and the theory that has been given to the client.

3rd Neonate Visit (KN III)

On 14-02-2024, Mrs. J's baby had a second visit. There were no signs of infection, the

baby suckled well and was always breastfed every time she cried or woke up, and the umbilical cord was cut. Based on the theory, the second visit is carried out between days 2 and 7. At the second visit the care given to the baby is to keep the baby warm to avoid hypothermia, maintain contact between the baby's skin and the mother, and provide nutritional intake to the baby by giving breast milk as often as possible so that the baby's nutritional intake is well met.

Based on the description above, the author can conclude that there are no gaps between the practice of care and the theory that has been given to clients.

CONCLUSION

The management that can be done to overcome breast milk dams in the postpartum period is the correct breastfeeding technique, trying to keep the nipples and areola mammae dry after breastfeeding, do not use bras that cannot absorb sweat and are too tight, give breast milk to the baby immediately after birth (IMD), give breast milk *on demand/without* limits, remove a little milk before breastfeeding to make the breasts more tender and remove milk by hand or pump when production exceeds the baby's needs.

So that the care given to the mother is breast care, breastfeeding the baby by on demand feeding, breast compresses, using a bra that fits, taking oral medication if hot and making a 3-day return visit for evaluation.

REFERENCES

[Online]. Available:
<https://jom.htp.ac.id/index.php/jkt>

- P. M. Sibarani, R. S. Pasaribu, and K. Sinaga, "Sustainable Midwifery Management Care (Continuity Of Care) IN NY.S AT PMB Sarfina KEC. Medan City Polonia Year 2023".
- T. Aurelya, N. Nurhayati, and S. F. Purba, "Pengaruh Kondisi Sektor Kesehatan terhadap Pertumbuhan Ekonomi di Indonesia," *J. STEI Ekon.*, vol. 31, no. 02, pp. 83–92, 2022, doi: 10.36406/jemi.v31i02.752.
- A. Z. dan D. Yusri, *Kepkemenkes 320 tahun*, vol. 7, no. 2. 2020.
- S. P. Aprianti, M. Arpa, F. W. Nur, S. Sulfi, and M. Maharani, "Asuhan Kebidanan Berkelanjutan/Continuity Of Care," *J. Educ.*, vol. 5, no. 4, pp. 11990–11996, 2023, doi: 10.31004/joe.v5i4.2159.
- Ratni and I. Budiana, "Implementasi Praktik Kebidanan Menurut Undang Undang Nomor: 4 Tahun 2019 Tentang Kebidanan Di Kota Tasikmalaya," *Pros. Semin. Nas. Lppm Ump*, vol. m pelayana, pp. 36–41, 2021.
- K. Rakhmah, H. Rosyidah, and R.C. L. Wulandari, "Hubungan Standar Pelayanan Antenatal Care (Anc) 10 T Dengan Kepuasan Ibu Hamil Di Wilayah Kerja Puskesmas Tlogosari Kulon Kota Semarang," *Link*, vol. 17, no. 1, pp. 43–50, 2021, doi: 10.31983/link.v17i1.6683.
- E. Syafitri, W. Agustina, and M. S. mardha, "Hubungan Frekuensimenyusui, Teknik Menyusui, Dan Perawatan Payudara Dengan Bendungan Asi Pada Ibu Menyusui Dipo Kesehatan Kelurahan Medan Marelan," *J. Matern. Kebidanan*, vol. 7, no. 2, pp. 47–58, 2022.
- R. O. D. Raskita Rahma Yulia, "Asuhan Kebidanan Pada Bayi Baru Lahir Dengan Kunjungan Neonatus – III Di Klinik Pratama Arrabih Kota Pekanbaru 2022," *J. Kebidanan*, vol. 2, no. November, pp. 106–112, 2022,