The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

MANAGEMENT OF BREAST ENGORGEMENT IN EARLY POSTPARTUM:A MIDWIFERY CASE REPORT

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ABSTRACT

Background: The postpartum period is a vital phase in a mother's recovery process after giving birth, involving both physical restoration and psychological adaptation. In this period, breastfeeding plays a fundamental role in meeting the nutritional needs of the newborn, enhancing immunity, and strengthening the bond between mother and infant. However, breastfeeding is often accompanied by several difficulties, one of which is breast engorgement. This condition is characterized by breast fullness, hardness, swelling, and pain resulting from ineffective milk drainage in the early lactation period. If not treated appropriately, breast engorgement may cause maternal discomfort, disrupt breastfeeding practices, and lead to complications such as milk stasis, blocked ducts, or mastitis. Therefore, early recognition and effective intervention are necessary to support optimal breastfeeding outcomes.**Objectives**: This study aimed to illustrate the implementation of midwifery care management for a postpartum mother experiencing breast engorgement by applying Helen Varney's Seven-Step Midwifery Management Model.**Methods**: This research employed a descriptive case study approach conducted at Vina Primary Clinic in 2025. The participant was Mrs. D, a 24-year-old primiparous woman on the fourth day after delivery who experienced breast engorgement. Data were collected through interviews, direct observation, physical assessment, and examination of medical records. The care management process was carried out systematically following Helen Varney's framework, including data collection, diagnosis, planning, intervention, and evaluation.**Results**: The assessment showed delayed milk production with bilateral breast swelling, firmness, and pain. Physical examination confirmed that the mother was in stable condition, with normal vital signs and a body temperature of 37.5°C. The care provided included education regarding breast engorgement, breast care practices, warm compress application, breastfeeding support, nutritional guidance, and psychological assistance. Evaluation demonstrated better maternal knowledge, improved confidence, and greater ability to manage the condition effectively.**Conclusions**: Timely, comprehensive, and evidence-based midwifery care proved effective in overcoming breast engorgement, minimizing discomfort, preventing further complications, and supporting the achievement of exclusive breastfeeding.

Keywords: Breast Engorgement, Postpartum, Midwifery Care, Breastfeeding

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INTRODUCTION

The postpartum period, which lasts approximately six weeks following childbirth, represents a crucial stage in maternal recovery. During this time, mothers undergo various physiological and psychological adjustments aimed at restoring their health and adapting to their new maternal role. Effective breastfeeding is particularly important during this phase, as it supplies essential nutrients to the infant, enhances immune protection, and strengthens the emotional bond between mother and child. Nevertheless, breastfeeding challenges remain common among postpartum women, with breast engorgement being one of the most prevalent conditions affecting lactation success (Amita and Yunanto 2024). Breast engorgement is a condition resulting from the excessive accumulation of breast milk accompanied by increased vascularity and tissue edema within the breasts. It is typically characterized by breast swelling, firmness, tenderness, and pain. This problem frequently develops during the early postpartum period when milk production increases substantially while milk removal remains insufficient. Without timely and appropriate intervention, breast engorgement may negatively affect breastfeeding effectiveness, reduce milk transfer to the infant, cause maternal discomfort and anxiety, and increase the risk of complications such as plugged milk ducts and mastitis.(Air et al. 2022)

According to recommendations from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), exclusive breastfeeding during the first six months of life is essential for promoting optimal infant growth, development, and survival. However, breastfeeding-related difficulties, particularly breast engorgement, continue to pose significant obstacles to achieving exclusive breastfeeding goals in many settings. Consequently, prompt recognition and effective management of breast engorgement are important aspects of high-quality postpartum care.(Solihah et al. 2023). Midwives have a fundamental responsibility in supporting breastfeeding mothers through comprehensive assessment, health education, counseling, and evidence-based clinical interventions. Appropriate midwifery care can reduce maternal discomfort, facilitate effective milk drainage, and improve breastfeeding outcomes. Helen Varney's Midwifery Management Process offers a structured and systematic approach for providing individualized, holistic, and woman-centered care to postpartum mothers experiencing lactation-related problems.(Maharani and Rini 2024). This case study describes the implementation of midwifery care management for Mrs. D, a 24-year-old woman on her fourth postpartum day who experienced breast engorgement at Vina Primary Clinic in 2025. The case emphasizes the significance of early detection, timely intervention, and comprehensive midwifery care in preventing complications and promoting successful breastfeeding practices (Suryanti, Rizkia, and Utami n.d.).

METHODS

A descriptive case study approach was utilized in this study to examine the application of midwifery care management in a postpartum mother diagnosed with breast engorgement. The study was carried out at Vina Primary Clinic on September 16, 2025, and was guided by Helen Varney's Seven-Step Midwifery Management Model, which served as the foundation for the assessment, planning, implementation, and evaluation of care (Ika Yuni Susanti, Puskesmas, and Tahun 2024)

The participant was Mrs. D, a 24-year-old primiparous mother (P1A0) who was on her fourth postpartum day and exhibited clinical manifestations of breast engorgement. She was selected as the study subject because of the breastfeeding complication experienced during the early puerperal period and her consent to be involved in the case study.(Suryanti et al. n.d.) Data collection was conducted using multiple methods, including comprehensive interviews, direct clinical observation, physical examination, and examination of supporting medical records. Subjective information was derived from the mother's reported symptoms, experiences, and perceptions regarding breastfeeding, whereas objective information was obtained through systematic clinical assessments and physical examinations.(Andini, Indrawati, and Situmeang 2024).The provision of care followed Helen Varney's Seven-Step Midwifery Management Process, encompassing data gathering, problem identification, recognition of potential complications, determination of immediate care needs, development of a care plan, implementation of interventions, and evaluation of outcomes. This structured approach facilitated the delivery of individualized, holistic, and evidence-based midwifery care.(Fahmi et al. 2025)

Data were analyzed descriptively by comparing the clinical findings with relevant theoretical perspectives and current evidence-based recommendations concerning breast engorgement management. The success of the interventions was assessed through improvements in the mother's clinical status, reduction of discomfort, increased knowledge regarding breast care, and enhancement of effective breastfeeding practices.(Arisanti and Titisari 2026).Throughout the study, ethical standards were strictly observed. Informed consent was obtained from the participant, and principles of confidentiality, anonymity, privacy, and respect for patient autonomy were maintained to safeguard the participant's rights and well-being.(Dahlan and Baubau 2025)

RESULTS AND DISCUSSIONS

Mrs. D, a 24-year-old primiparous woman (P1A0), visited Vina Primary Clinic on September 16, 2025, for a scheduled postpartum examination on the fourth day following childbirth. During the visit, she reported decreased breast milk output accompanied by breast enlargement, tightness, and pain, which negatively affected the breastfeeding process. The physical assessment indicated that the mother was in good general condition, conscious, and hemodynamically stable, with normal vital signs consisting of blood pressure of 110/80 mmHg, pulse rate of 79 beats per minute, respiratory rate of 22 breaths per minute, and body temperature of 37.5°C. Examination of the breasts showed bilateral swelling, firmness, and tenderness without evidence of nipple damage or infection. Based on the subjective complaints and objective findings, the mother was diagnosed with breast engorgement.

Breast engorgement generally occurs during the phase of lactogenesis II, when milk production increases significantly but is not adequately emptied from the breast. In this case, the condition was mainly associated with ineffective milk drainage during the early postpartum period. Previous evidence has suggested that poor breastfeeding techniques, inadequate feeding frequency, and improper infant latch are among the major factors contributing to breast engorgement.(Roslianti et al. 2022)

The care management implemented included health education regarding breast engorgement, breast care procedures, warm compress therapy, breastfeeding guidance, nutritional counseling, and emotional support. These interventions were intended to facilitate milk flow, minimize breast congestion, and improve maternal confidence in breastfeeding. Breast care and warm compresses have been widely recognized as effective non-pharmacological strategies to stimulate milk release and relieve discomfort.(Dewi et al. 2025). After the interventions, the mother demonstrated improved knowledge about breast care, increased confidence in breastfeeding, and a stronger commitment to continue exclusive breastfeeding. These outcomes highlight that early, comprehensive, and evidence-based midwifery management plays an important role in resolving breast engorgement and preventing further breastfeeding-related complications during the postpartum period.(Febriyanti 2024)

CONCLUSIONS

This case study emphasizes that breast engorgement continues to be a frequent breastfeeding problem in the early postpartum period. The use of Helen Varney's Seven-Step Midwifery Management Process offered a structured method for assessment, diagnosis, treatment, and evaluation. The implementation of evidence-based interventions, such as breast care, warm compresses, breastfeeding assistance, health education, nutritional guidance, and psychological support, proved effective in enhancing maternal comfort, improving milk production, and increasing confidence in breastfeeding. Therefore, early detection and prompt management of breast engorgement are crucial to minimizing breastfeeding challenges and promoting the success of exclusive breastfeeding.(Fatma Jama and Masyita n.d.)

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