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

# MIDWIFERY CARE OF POSTPARTUM BREAST ENGORGEMENT DAY THREE USING VARNEY APPROACH: A CASE STUDY

[1]Revalina Manurung, [2]Febriana Sari, [3]Christina Sirait, [4]Irmawati, [5]Fifin Umairoh
[1,2,3,4,5]Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

Email: 2219201094@mitrahusada.ac.id, febrianasari@mitrahusada.ac.id, 2319201008@mitrahusada.ac.id, 2219201043@mitrahusada.ac.id, 2219201087@mitrahusada.ac.id

## ABSTRACT

**Background:** Breast engorgement is one of the most common breastfeeding problems experienced during the early postpartum period, particularly between the third and fifth days after childbirth. If not managed appropriately, breast engorgement may interfere with breastfeeding, cause maternal discomfort, and increase the risk of mastitis. Midwives play a crucial role in providing evidence-based care to support successful breastfeeding. **Objectives:** This study aimed to describe the implementation of midwifery care for a mother with breast engorgement on the third day postpartum using Helen Varney's seven-step approach. **Methods:** A descriptive case study design was employed. Data were collected through interviews, observation, physical examination, and documentation. Midwifery management was conducted according to Helen Varney's seven-step approach, including assessment, diagnosis, identification of potential problems, immediate intervention, planning, implementation, and evaluation. **Results:** Mrs. R, a 28-year-old multiparous mother, experienced breast engorgement on the third postpartum day, characterized by breast swelling, pain, firmness, and difficulty breastfeeding. Interventions included breastfeeding education, correction of infant positioning and latch, breast care, cold compress application, and family support. Evaluation showed a reduction in pain intensity, decreased breast swelling, improved milk flow, and more effective breastfeeding. **Conclusions:** The application of Helen Varney's seven-step approach effectively reduced symptoms of breast engorgement and improved breastfeeding outcomes. Early identification and appropriate midwifery interventions are essential to prevent complications and promote exclusive breastfeeding.

**Keywords:** Breast Engorgement; Midwifery Care; Helen Varney; Postpartum Mother; Breastfeeding

## INTRODUCTION

The postpartum period begins immediately after placental delivery and continues for approximately six weeks (Cunningham *et al.*, 2022). During this period, women experience various physiological, psychological, and social adjustments aimed at restoring the body to its pre-pregnancy condition (WHO, 2022). One of the most important physiological changes is lactation, during which milk production increases significantly between the third and fifth postpartum days (Neville, Morton and Umemura, 2021).

Breast engorgement is a common postpartum condition caused by increased milk production, accompanied by vascular congestion and interstitial edema of breast tissue (Medicine, 2022). This condition is characterized by swollen, firm, painful, and warm breasts that may interfere with effective breastfeeding (Sinaga *et al.*, 2021). If left untreated, breast engorgement may progress to mastitis or breast abscess (Walker, RN and IBCLC, 2023).

The Academy of Breastfeeding Medicine describes breast engorgement as part of the mastitis spectrum and recommends early management through effective breastfeeding techniques, optimal infant latch, and reduction of breast inflammation (Medicine, 2022). Appropriate management is essential to support successful exclusive breastfeeding (WHO, 2022).

Midwives play a critical role in identifying and managing breastfeeding problems during the postpartum period (Sari, Manurung and Sihombing, 2021). One systematic approach commonly used in midwifery practice is Helen Varney's seven-step management process, which facilitates comprehensive assessment, diagnosis, planning, implementation, and evaluation of care. Therefore, this case study aimed to describe the implementation of midwifery care for Mrs. R with third-day postpartum breast engorgement using Helen Varney's approach at Tutun Sehati Clinic in 2026.

## METHODS

This study employed a descriptive case study design using Helen Varney's seven-step midwifery management approach. The subject of this study was Mrs. R, a 28-year-old multiparous woman (P2A0) who experienced breast engorgement on the third postpartum day at Tutun Sehati Clinic in 2026.

Data were collected through interviews, observation, physical examination, and documentation. Data analysis followed Helen Varney's seven-step management process, including data collection, interpretation, identification of potential problems, immediate intervention, planning, implementation, and evaluation. Patient confidentiality was maintained by using initials instead of the participant's full name.

## RESULT

### Respondent Characteristics

The characteristics of the case subject were assessed to provide a comprehensive overview of the maternal condition before the implementation of midwifery care. The data obtained are presented in Table 1.

**Table 1. Characteristics of the Case Subject**

| Variable | Findings |
|---|---|
| Age | 28 years |
| Parity | P2A0 |
| Postpartum Day | Day 3 |
| Main Complaint | Breast swelling and pain |
| Pain Scale | 6/10 |

Based on Table 1, the case subject is a 28-year-old multiparous mother (P2A0) on the third day of the postpartum period. The main complaint reported was breast engorgement accompanied by moderate pain, with a pain score of 6/10 on the Numerical Rating Scale (NRS). These findings indicate that the patient is in the early postpartum phase, in which physiological breast milk production may lead to breast fullness, discomfort, and pain when milk drainage is inadequate, consistent with the clinical presentation of breast engorgement.

**Table 2. Evaluation of Midwifery Care**

| Indicator | Before Care | After Care |
|---|---|---|
| Pain Scale | 6/10 | 2/10 |
| Breast Swelling | Severe | Mild |
| Milk Flow | Inadequate | Smooth |
| Infant Latch | Poor | Effective |



Based on Table 2, there was a clear improvement in all evaluated indicators after midwifery care was provided. The pain scale decreased from 6/10 before care to 2/10 after care, indicating a significant reduction in maternal discomfort. Breast swelling also improved from severe to mild, reflecting reduced breast engorgement. In addition, milk flow changed from inadequate to smooth, suggesting improved milk drainage and breast emptying. Furthermore, the infant's latch improved from poor to effective, indicating better breastfeeding technique and mother–infant coordination following the intervention These findings demonstrate that the implemented midwifery care was effective in alleviating symptoms of breast engorgement and improving breastfeeding outcomes.

## DISCUSSION

Breast engorgement commonly occurs between the third and fifth postpartum days due to increased milk production combined with inadequate breast emptying. In this case, the condition developed on the third postpartum day, consistent with the physiological process of lactogenesis II (Diah Pemiliana *et al.*, 2023).

Assessment findings indicated swollen, painful, and firm breasts accompanied by ineffective infant latch. Inadequate attachment can prevent optimal milk removal and contribute to milk stasis, leading to breast engorgement (Purnamayanthi *et al.*, 2021). The interventions provided included breastfeeding education, correction of positioning and latch techniques, breast care, cold compress application, and family support. These interventions are consistent with current evidence-based recommendations for managing breast engorgement (Aulya, 2021).

Following intervention, the pain scale decreased from 6 to 2, breast swelling was reduced, milk flow improved, and breastfeeding became more effective. These findings suggest that the application of Helen Varney's management approach enabled systematic assessment and management of breastfeeding problems during the postpartum period (Zaleha and Ardhiyant, 2022).

The strengths of this study include the use of a systematic Helen Varney midwifery care approach, which allows comprehensive and structured assessment, planning, implementation, and evaluation of care (Surbakti *et al.*, 2024). In addition, the interventions applied were evidence-based, ensuring that the management of breast engorgement was aligned with current clinical recommendations (Varney, Kriebs and Gegor, 2023). The study also demonstrated measurable clinical improvements in maternal outcomes, as shown by the reduction in pain scale, improvement in breast condition, increased milk flow, and more effective infant latch (Gustini, 2021). However, this study has several limitations. As a single-case design, the findings cannot be generalized to a wider population. The observation period was relatively short, limiting the ability to assess long-term outcomes of the intervention. Furthermore, no follow-up evaluation was conducted to determine the sustainability of the improvements achieved after care (Oktarida, 2021).

## CONCLUSIONS

The implementation of Helen Varney's seven-step midwifery management approach effectively reduced breast engorgement symptoms in Mrs. R on the third postpartum day. The interventions successfully reduced pain, decreased breast swelling, improved milk flow, and enhanced breastfeeding effectiveness. Early identification and appropriate management of breast engorgement are essential to prevent complications and support successful exclusive breastfeeding.

**ACKNOWLEDGEMENT**

The authors would like to express their sincere gratitude to STIKes Mitra Husada Medan, Tutun Sehati Clinic, and all parties who contributed to the completion of this case study. Special appreciation is extended to Mrs. R for her willingness to participate in this study.

**CONFLICT OF INTEREST AND FUNDING DISCLOSURE**

The authors declare that there is no conflict of interest regarding the publication of this article. This study did not receive any external funding from public, commercial, or non-profit organizations.

**AUTHOR CONTRIBUTIONS**

RM: conceptor, investigation, methodology, data curation, formal analysis, writing original draft; FS: investigation, methodology, validation, writing review and editing; CS: formal analysis, data curation, resources, writing review and editing; IR: supervision, project administration, validation, writing review and editing; FU: methodology, investigation, visualization, writing original draft, writing review and editing.

**REFERENCES**

Aulya, Y. (2021) "Asuhan Kebidanan Pada Ibu Nifas Dengan Bendungan Asi," 3(2), Pp. 169–175.

Cunningham, F.G. *Et Al.* (2022) *Williams Obstetrics, 26th Edition*. Mcgraw-Hill. Available At: Https://Accessmedicine.Mhmedical.Com/Book.Aspx?Bookid=2977.

Diah Pemiliana, P. *Et Al.* (2023) "Hubungan Frekuensi Menyusui Dan Teknik Menyusui Dengan Bendungan Asi Pada Ibu Nifas Di Klinik Alisha," (1), Pp. 225–233.

Gustini, R. (2021) "Perawatan Payudara Untuk Mencegah Bendungan Asi Pada Ibu Post Partum," *Midwifery Care Journal,* 2(1), Pp. 9–14.

Medicine, A. Of B. (2022) "Abm Clinical Protocol #36: The Mastitis Spectrum." Available At: Https://Www.Bfmed.Org/Protocols.

Neville, M.C., Morton, J. And Umemura, S. (2021) "Lactogenesis: The Transition From Pregnancy To Lactation," *Pediatric Clinics Of North America*, 48(1), Pp. 35–52. Available At: Https://Doi.Org/10.1016/S0031-3955(05)70284-4.

Oktarida, Y. (2021) "Faktor-Faktor Yang Berhubungan Dengan Bendungan Asi Pada Ibu Nifas Di Praktik Bidan Mandiri," *Lentera Perawat*, 2(1), Pp. 17–24. Available At: Http://Journal.Stikeskendal.Ac.Id/Index.Php/Pskm%0a%0a.

Purnamayanthi, P.P.I. *Et Al.* (2021) "Atasi Bendungan Asi Pada Ibu Nifas Dengan Hipnobreastfeading Di Puskesmas Pembantu Penarukan, Tabanan," *Jurnal Altifani Penelitian Dan Pengabdian Kepada Masyarakat*, 1(4), Pp. 317–324. Available At: Https://Doi.Org/10.25008/Altifani.V1i4.170.

Sari, F., Manurung, H.R. And Sihombing, E.R. (2021) "Konseling Menggunakan Modul Sebagai Media Edukasi Terhadap Tingkat Kecemasan Ibu Nifas Pada Masa Pandemi Covid-19," *Prosiding Konferensi Nasional Pengabdian Kepada Masyarakat Dan Corporate Social Responsibility (Pkm-Csr)*, 4, Pp. 407–410. Available At: Https://Doi.Org/10.37695/Pkmcsr.V4i0.1237.

Sinaga, S.N. *Et Al.* (2021) "The Relationship Between Mother's Knowledge And Exclusive Breast Feeding In The Work Area Of Bingai Public Health Center, Wampu District Langkat Regency," *Jurnal Eduhealth*, (Vol. 11 No. 2 (2021): March, Jurnal Eduhealth), Pp. 106–110. Available At: Https://Ejournal.Seaninstitute.Or.Id/Index.Php/Healt/Article/View/1728/1345.

Surbakti, I.S. *Et Al.* (2024) "Efektifitas Penggunaan Injeksi Oksitosin Pada Penanganan Perdarahan Post Partum Di Rsu Latersia Binjai Kec . Binjai Kota Binjai Provinsi Sumatera Utara Tahun 2024," *Jurnal Siti Rufaidah*, 2(2), Pp. 29–37.

Varney, H., Kriebs, J.M. And Gegor, C.L. (2023) *Varney's Midwifery*. Jones & Bartlett Learning. Available At: Https://Www.Jblearning.Com/Catalog/Productdetails/9781284228281.

Walker, M., Rn And Ibclc (2023) *Breastfeeding Management For The Clinician: Using The Evidence*. Sudbury, Massachusetts: Jones & Bartlett Learning.

Who (2022a) "Breastfeeding." Available At: Https://Www.Who.Int/Health-Topics/Breastfeeding.

Who (2022b) *Breastfeeding And Maternal Health Guidelines.*

Zaleha, S. And Ardhiyant, Y. (2022) "Pemberian Kompres Daun Kubis Dalam Mengatasi Bendungan Asi Pada Ibu Nifas," *Yulrina Ardhiyanti. Publish*, 1(2), Pp. 74–81.