

The Impact of Oxytocin Knead on the Use of Mother's Milk (ASI) in Post Pregnancy Moms

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ABSTRACT

Delivery by Caesarean section often makes it hard for moms to breastfeed their infants after birth. The condition of the surgical wound in the abdomen makes the breastfeeding process hampered so that it affects the creation and use of bosom milk. One of the actions that can be done on the mother post-Sectio Caesaria (SC) is oxytocin massage. Oxytocin massage can activate two hormones, specifically the chemical prolactin and the chemical oxytocin for the creation and emission of bosom milk. The reason for this review was to decide the impact of oxytocin knead on the ejection of breast milk in postpartum mothers. This type of research is a quasi-experimental research design with Two groups Potstest was conducted in two groups (control and intervention), namely, post-SC mothers in the treatment room of RSIA Ananda Solok. Determination of the sample by purposive sampling and according to the inclusion criteria (n = 16). The research instrument was post-SC mother's milk which was taken using a breast pump (breast pump and syringe). The data were processed computerized using an independent t-test. The results showed that the average milk output in the control and intervention groups was 1.6150 cc, 4.4688 cc and p-Value = 0.03 there was an impact of oxytocin knead on bosom milk creation it very well may be reasoned that oxytocin back rub can invigorate the arrival of the chemicals prolactin and oxytocin.

Keywords: oxytocin massage, milk production

1. INTRODUCTION

Mother's Milk (ASI) is a natural nutrient that is very good for babies, breast milk contains antibodies and nutrients that are complete and easy to digest and absorb by the baby's body. The content of bosom milk is by the nourishing requirements of the child. The production of breast milk is a factor that supports the implementation of Early Breastfeeding Initiation (IMD), then exclusive breastfeeding and breastfeeding for up to 2 years. The benefits of breastfeeding include increasing immunity, reducing the risk of obesity and the risk of type 1 diabetes and preventing infants from infectious diseases such as diarrhoea, otitis media and acute lower respiratory tract infections ^[1]

Breastfeeding is the best investment for survival, improving health, social and economic development of individuals, families and nations. Although the global breastfeeding initiation rate is quite high, just 40% of all newborn children under a

half year are solely breastfed and 45% are breastfed until the age of 24 months. Supporting the improvement of optimal breastfeeding practices according to the recommendations of the World Health Assembly (WHA) can prevent more than 823,000 child deaths and 20,000 maternal deaths per year. Cooperation is needed to achieve the World Health Assembly (WHA) target, in the form of achieving 50% exclusive breastfeeding until the age of 6 months by 2025.

Based on the 2018 Fundamental Health Research (Riskesdas) information, the inclusion of select breastfeeding until the baby is 6 months old is still low at 37.3%, far from the Riskesdas target of 50%. West Sumatra Province coverage of breastfeeding in 2018 is 75% ^[2]

The world health organization also supports exclusive breastfeeding, 2006 World Health Organization set a standard for breastfeeding in the form of breastfeeding only for babies from birth to 6 months of age. then the baby is given

complementary foods while still being breastfed until the age of 2 years. It is applied all over the world. In line with the standards set by WHO, the government also issues regulations regarding exclusive breastfeeding as contained in (PP) No. 33 of 2012. The contents of the PP are that babies must receive breast milk from birth until they are a half year old without adding or supplanting it with different food varieties or beverages aside from medications and nutrients ^[3]

Delivery can occur through a normal process or delivery by Sectio Caesar (SC). Sectio Caesar is an action carried out to give birth to a baby through an incision in the uterine wall that is still intact to save the life of the mother and baby. Delivery by cesarean section can cause breastfeeding problems for the mother. The cause of the problem is due to post-SC pain which can physiologically inhibit the release of the hormones prolactin and oxytocin, these two hormones greatly support the success of the lactation process. The hormones prolactin and oxytocin work optimally if the mother is calm, relaxed and not in pain ^[4] (Praborini, A & Ratih A.W, 2018).

The release of breast milk is influenced by the hormone oxytocin, to be able to drain the milk that has been produced in the channels in the breast. In some mothers, the release of breast milk occurs during pregnancy and some occur after delivery. The problem of early breastfeeding hurts the baby's life. The impact is the low immune system of the baby so that the baby is vulnerable to various diseases and the high interest in consuming formula milk ^[5]

Management of breast milk production is done through pharmacological and non-pharmacological therapy. Pharmacological therapy is the use of breastfeeding drugs such as Domperidone, metoclopramide and others, while non-pharmacological therapies include Oxytocin Massage, Hypno Breastfeeding, Marmet

3. RESULTS

Table 1. Average milk output in the control group who did not receive oxytocin massage

Variable	Mean	Standard Deviation	Min-Max
Breast milk production	1,6150	1,33677	0 - 2 cc
Control Group			

Based on the Table 1, shows that the average milk output in the control group who was not given oxytocin massage was 1.6150 with a standard

Technique, Warm Compresses, Rolling Massage (back), Breast Care, and the SPEOS Method. Due to limited information on health services regarding implementation procedures, some of these methods are only known but rarely given by health workers to postpartum mothers ^[6]

The cause of mothers who do not breastfeed their babies on the first day of birth is due to anxiety, stress, fear of the lack of milk production and the mother's perception of insufficient milk production so that mothers are not sure they can give breast milk to their babies. This causes a decrease in the hormones prolactin and oxytocin so that breast milk cannot come out immediately after giving birth. The work of the prolactin hormone is to produce breast milk while the oxytocin hormone secretes breast milk. One of the non-pharmacological methods that can be done to overcome the inability to express breast milk is by giving oxytocin massage to postpartum mothers. The motivation behind this review was to concentrate on the impact of oxytocin rub on the creation of bosom milk.

2. METHODS

This type of research is a Quasy Experiment using a Two Group post-test design. The example in this review were post pregnancy moms who conceived an offspring by cesarean section in the inpatient room of RSIA Ananda, totalling 16 people. The sample was divided into two groups (8 intervention groups and 8 control groups). The sampling technique is purposive sampling.

Inclusion criteria in this study were postpartum mothers with cesarean section and the first day 12 hours post - SC. The instruments used in the study were guidelines for the implementation of oxytocin massage (SOP), breast milk production through observation sheets and breast pumps (breast pumps and syringes).

deviation of 1.33677, the highest milk output was 2 cc and the lowest was 0.

Table 2. Average Milk Expenditure in the Intervention group given Oxytocin Massage

Variable	Mean	Standard Deviation	Min-Max
Breast milk production	4,4688	1,83982	0,4 – 3,7 cc
Intervention Group			

Based on the Table 2, the average milk output after oxytocin massage was 4.4688 with a standard

deviation of 1.83982, the highest milk output was 3.7 cc and the lowest was 0.4 cc.

Table 3. Impact of oxytocin rub on bosom milk creation in post pregnancy moms

Variable	Mean	Mean Differences	Std Deviation	Std.Error Mean	95% CI	p Value
Breast Milk Production	4,4688	-2,85375	1,83982	65048	-4,57825 -1,2925	0,03

Based on the Table 3, the results of statistical tests using an independent test for breast milk production obtained P-value = 0.03 (p 0.05), it tends to be presumed that there is a huge contrast between the results of breastfeeding in the control group and the intervention group. This implies that there is an effect of oxytocin rub on the discharge of bosom milk in post pregnancy moms.

4. DISCUSSION

Bivariate analysis was carried out computerized with the Independent T-test to determine whether there was an impact of oxytocin knead on bosom milk creation by comparing the sample mean with a 95% confidence level or a significance level of = 0.05. The value of breast milk expulsion obtained a p-value of 0.03, then the value of p-value 0.05 implies that there is an impact of oxytocin rub on the arrival of bosom milk in mothers in post-Sectio Caesarea (SC).

The hormones prolactin and oxytocin affect the lactation process (let down reflex). The hormonal prolactin reflex capacities to create bosom milk. At the point when the child sucks the mother's bosom, neurohormonal incitement happens in the areola and the mother's areola which will be transmitted to the pituitary in the anterior lobe. This lobe will produce prolactin which will affect the milk-making glands to produce the next milk. The amount of prolactin secreted and the amount of milk produced is related to the sucking stimulus, namely the frequency and intensity of the baby's sucking^[7]

Simultaneously with the arrangement of prolactin by the front pituitary, the incitement from the child's sucking is proceeded to the back pituitary which then, at that point delivers the chemical oxytocin. Through the circulation system, this chemical will go to the uterus bringing about

the involution of the organ. Pressure of the cells will smash the milk that has been delivered utilizing the alveoli and enter the ductus lactiferous framework and afterward enter the child's mouth^[7]

The oxytocin reflex is important in breastfeeding or giving breast milk before expressing milk or using a pump. The oxytocin reflex makes the flow of milk from the breasts smoother so that breastfeeding becomes smoother and reduces the blockage of the milk ducts. This reflex is inhibited if the mother experiences stress, confusion, confused thoughts and is afraid to breastfeed the baby and mothers who experience anxiety. And the factor that can increase the oxytocin reflex is to look at the baby with love and have thoughts of breastfeeding the baby. The statement shows that oxytocin massage is a massage along the spine to the fifth and sixth costal bones and attempts to stimulate the hormone prolactin and the hormone oxytocin^[8]

This review is in accordance with the exploration of Yuka, namely the average colostrum expenditure time of the treatment group is 5.8 hours, while the length of time for the control group is an average of 5.89 hours. The amount of colostrum released by the treatment group was an average of 5.333 cc, while the benchmark group was a normal of 0.0289 cc. With the outcome that there is a distinction in the extent of smooth milk creation between the gatherings that were given the intervention, the chance of smooth milk production with a p-value of 0.000 compared to the control group^[9]

The results of this study are by the opinion of Latifa, 2015 where oxytocin massage is a massage action carried out along the vertebrate bone to the fifth, 6th ribs and an endeavor to invigorate the chemicals prolactin and oxytocin which act on the

stimulus to the vertebrae up to the 5-6 ribs thereby increasing posterior pituitary stimulation to secrete the hormone oxytocin^[10]

The assumption to researchers, oxytocin massage provides great benefits for mothers and can be done by anyone, especially husbands. The oxytocin massage procedure itself is very accessible and has been widely circulated on youtube channels. The effect of oxytocin massage carried out by the husband can make the mother comfortable and happy, because the husband cares for the mother so that the cortisol hormone will decrease and the oxytocin hormone will increase.

5. CONCLUSIONS

The average milk output in the control group was 1.6150 cc with a standard deviation of 1.33677 cc. The average milk output in the mediation bunch was 4.4688 cc with a standard deviation of 1.83982 cc. There is an impact of oxytocin rub on the launch of bosom milk in post pregnancy moms.

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