HEALTH AND SCIENTFIC JOURNAL (ARCANA)
Volume 1 (1) (2026), Pages 14-23
p-ISSN : XXXX-XXXX; e-ISSN : XXXX-XXXX

MIDWIFERY CARE FOR THE POSTPARTUM AND BREASTFEEDING PERIOD IN MRS. P P1001 AT 6 HOURS POSTPARTUM USING BACK MASSAGE TO STIMULATE OXYTOCIN HORMONE

Deva Permatasari[1], Dwi Estuning Rahayu[2]

[1] Midwife Professional Study Program,
Health Polytechnic of the Ministry of Health Malang
[2] Midwife Professional Study Program,
Health Polytechnic of the Ministry of Health Malang
Correspondence e-mail : devaapermata27@gmail.com

Submitted : february 22, 2026/ Reviewed : march 06, 2026 /Accepted : march 30, 2026

ABSTRAK

Masa nifas merupakan periode adaptasi fisiologis yang berperan penting dalam keberhasilan pemberian ASI eksklusif. Namun, sebagian ibu mengalami keterlambatan pengeluaran ASI pada awal postpartum yang dapat memengaruhi keberhasilan menyusui. Oleh karena itu, diperlukan intervensi yang efektif untuk membantu kelancaran produksi dan pengeluaran ASI, salah satunya melalui pijat punggung. Penelitian ini bertujuan memberikan asuhan kebidanan masa nifas dan menyusui dengan penerapan pijat punggung pada Ny. P P1001 6 jam postpartum untuk membantu kelancaran ASI. Metode yang digunakan adalah studi kasus dengan pendekatan manajemen asuhan kebidanan 7 langkah Varney dan pendokumentasian SOAP. Pengumpulan data dilakukan melalui wawancara, observasi, pemeriksaan fisik, serta dokumentasi buku KIA. Hasil asuhan menunjukkan bahwa pada kunjungan awal ibu mengalami keluhan ASI belum keluar, namun setelah diberikan edukasi menyusui dan pijat punggung secara rutin selama masa nifas awal, ASI mulai keluar dan lancar pada hari ke-2 postpartum. Selain itu, ibu tampak lebih rileks, tidak mengalami bendungan payudara, serta kondisi involusi uterus dan penyembuhan luka perineum berlangsung normal. Kesimpulan dari studi kasus ini menunjukkan bahwa pijat punggung efektif membantu merangsang produksi dan pengeluaran ASI, meningkatkan kenyamanan ibu, serta dapat dijadikan sebagai intervensi nonfarmakologis yang aman dan mudah diterapkan dalam asuhan kebidanan masa nifas untuk mendukung keberhasilan pemberian ASI eksklusif.

Kata Kunci : ASI Eksklusif; Pijat; Punggung; Komplementer; Nifas

ABSTRACT

The postpartum period is a physiological adaptation phase that plays an important role in the success of exclusive breastfeeding. However, some mothers experience delayed breast milk secretion in the early postpartum period, which may affect breastfeeding success. Therefore, effective interventions are needed to improve breast milk production and ejection, one of which is oxytocin massage. This study aimed to provide postpartum and breastfeeding midwifery care with the application of oxytocin massage to Ny. P P1001 at 6 hours postpartum to support breast milk secretion. The method used was a case study approach applying the Varney 7-step midwifery management and SOAP documentation. Data were collected through interviews, observation, physical examination, and maternal health record documentation. The results showed that during the initial visit the mother reported that breast milk had not been expressed. After receiving breastfeeding education and routine oxytocin massage during the early postpartum period, breast milk was successfully expressed and flowed smoothly on the second postpartum day. The mother also appeared more relaxed, experienced no breast engorgement, and uterine involution as well as perineal wound healing progressed normally. In conclusion, oxytocin massage is effective in stimulating breast milk production and ejection, improving maternal comfort, and can be applied as a safe and simple non-pharmacological intervention in postpartum midwifery care to support exclusive breastfeeding success.

Keywords : *Breast milk production, complementary therapy, exclusive breastfeeding, oxytocin massage, postpartum period*

INTRODUCTION

The postpartum period is the recovery phase beginning after childbirth until the reproductive organs return to their pre-pregnancy condition (Azizah & Rosyidah, 2019). During this period, mothers experience both physiological and psychological changes. These changes can affect breast milk production, resulting in many mothers not providing exclusive breastfeeding to their infants. Exclusive breastfeeding is defined as feeding infants only breast milk from birth up to 6 months of age without any additional liquids or foods. After 6 months, breastfeeding can be continued alongside complementary feeding until the child reaches 2 years of age (Azizah & Rosyidah, 2019).

According to data from Statistics Indonesia, the percentage of infants aged 0–6 months receiving exclusive breastfeeding in Indonesia from 2021 to 2024 has not yet reached the national target of 80%. In 2021, the percentage was 71.58%, increasing to 72.04% in 2022, 73.97% in 2023, and 74.73% in 2024. Similarly, in East Java Province, the percentage of infants aged 0–6 months receiving exclusive breastfeeding also showed a gradual increase each year, although it still did not meet the national target. The percentage was 69.61% in 2021, 69.72% in 2022, 72.68% in 2023, and reached 73.59% in 2024. These data indicate a consistent upward trend in exclusive breastfeeding coverage over the years. However, the figures remain below the national target, indicating the need for further efforts to achieve the 80% target (BPS, 2025).

The low rate of exclusive breastfeeding among infants aged 0–6 months has impacts on infants, including worsening diseases such as acute respiratory infections (35.09%), diarrhea (38.07%), and undernutrition (49.2%), which can lead to several negative effects such as delayed physical growth, increased susceptibility to illness, decreased intelligence levels, and impaired mental development; severe malnutrition can even result in child mortality. Based on the results of a literature review in one journal, factors influencing the failure of exclusive breastfeeding include that most mothers work in offices and many do not receive support from their husbands. In addition, factors contributing to the failure of exclusive breastfeeding also largely include maternal age, parity, education level, and low knowledge. When breast milk is not given to the baby, milk production will gradually decrease due to the absence of suckling stimulation on the breast, which normally stimulates the small nerves in the nipple. This stimulation is transmitted to the brain and triggers the release of the hormones prolactin and oxytocin into the bloodstream. The hormone prolactin stimulates the mammary glands to produce breast milk, while the

hormone oxytocin causes the breast to eject the milk (Prihatini et al., 2023).

Therefore, the role of midwives in achieving the national target of exclusive breastfeeding for infants aged 0–6 months is very important. As care providers, midwives can deliver care to mothers that helps support the breastfeeding process. One form of care that can be provided is complementary therapy, such as back massage. Back massage is a massage performed along the spine up to the fifth and sixth ribs, aimed at overcoming inadequate breast milk production. This massage can stimulate the release of the hormone oxytocin, thereby facilitating milk ejection and supporting successful breastfeeding in postpartum mothers. Therefore, the author is interested in providing postpartum and breastfeeding midwifery care to Mrs. P P1001 at 6 hours postpartum using complementary therapy in the form of back massage to help increase breast milk production so that the mother can provide exclusive breastfeeding to her baby.

METHODS

Postpartum and breastfeeding midwifery care for Mrs. P P1001 at 6 hours postpartum using back massage was carried out using the Varney 7-step midwifery care management approach and documented in SOAP format. The Varney 7-step midwifery management includes: Step 1, data collection through history taking and examination; Step 2, data interpretation; Step 3, identification of actual or potential diagnoses/problems; Step 4, identification of immediate care needs; Step 5, comprehensive care planning; Step 6, implementation of midwifery care; and Step 7, evaluation of the care provided. The documentation used consisted of S (Subjective), O (Objective), A (Assessment), and P (Plan). This midwifery care was conducted for Mrs. P at Kandangan Primary Health Center, Kediri, from January 31 to February 4, 2026. The data used included interview results, observations, physical examination findings, documentation, and KIA book

RESULTS

On January 31, 2026, postpartum and breastfeeding midwifery care was provided to Mrs. P. The assessment results showed that the mother complained that her breast milk had not yet been expressed and she still experienced abdominal cramps. This was the mother's first child, born on January 30, 2026, at 19:52 WIB at Kandangan Primary Health Center, assisted by a midwife, with no complications during delivery. The baby was male, with a birth weight of 3,600 grams, a length of 49 cm, and a head circumference of 33 cm. The mother stated that after delivery, she had performed Early Initiation of Breastfeeding (EIBF). At

present, the mother breastfeeds her baby on demand every 2–3 hours; however, breast milk has not yet been expressed. There were no complaints regarding the breasts, such as sore or painful nipples. The mother receives support from her husband and family in breastfeeding. The mother has no family history of disease and no personal history of illness. The mother had previously used injectable contraception for 3 years to delay pregnancy.

The mother's nutritional pattern shows no dietary restrictions; she usually eats moderate portions with a variety of side dishes, vegetables, and fruits, and drinks 7–8 glasses of water per day. The mother's elimination pattern indicates that she has urinated after delivery with clear urine and no complaints; however, she has not yet had a bowel movement after delivery. The mother's rest pattern is approximately 7 hours of sleep per day, and after delivery she is able to rest. The mother has never had habits of consuming herbal medicine, taking medications, drinking alcoholic beverages, or smoking. The psychological history indicates that both the mother and her husband happily accept the birth of their baby and are supported by their family. There are no cultural practices followed during pregnancy.

After the subjective data assessment was conducted, a physical examination was performed on the mother with the following results: the general condition of the mother was good, consciousness was compos mentis, height was 153 cm, weight was 59 kg, blood pressure was 112/76 mmHg, pulse was 89 beats per minute, temperature was 36.5°C, and respiratory rate was 20 breaths per minute. The face was not pale, the conjunctiva was not anemic, the sclera was not icteric, and vision was not blurred. The chest showed no hyperpigmentation of the areola mammae, the nipples appeared prominent and clean, and colostrum had not yet been expressed. There were no lumps in the axillary area and no enlargement of lymph nodes. The abdomen showed linea nigra. There was no edema or varicose veins in the hands and feet, and the patellar reflex was +/+. On special examination, the uterine fundal height was palpated two fingerbreadths below the umbilicus, uterine contractions were good and felt firm, the bladder was empty, lochia rubra was present, and a perineal suture wound was observed and appeared clean.

The midwifery diagnosis was established based on the assessment of subjective and objective data: P1001 at 6 hours postpartum with a physiological postpartum condition and the problem of breast milk not yet being expressed.

The management carried out during this visit included explaining the examination results to the mother that her condition was

good and within normal limits, advising the mother to meet her nutritional and fluid needs by consuming a balanced diet containing carbohydrates as a source of energy, protein for tissue formation and breast milk production, healthy fats for the baby's brain development, vitamins and minerals to maintain the health of both mother and baby, and to increase fluid intake to at least 2–3 liters per day, as well as encouraging the mother to urinate spontaneously or go to the bathroom. The mother was also provided with education and taught uterine massage to prevent bleeding. Health education was given to the mother regarding foods high in protein and iron such as vegetables, fish, eggs, and meat, and the mother was advised not to avoid any foods in order to meet nutritional needs and support the healing process of the perineal sutures; personal hygiene (bathing, brushing teeth, washing hair, changing clothes, underwear, and sanitary pads); and perineal wound care (not delaying urination and defecation, cleaning the genital area from front to back and then drying it). The mother was also informed about postpartum danger signs, including fever, heavy bleeding, foul-smelling vaginal discharge, persistent headaches, swelling of the hands and face, breasts that appear red, hot, or painful, and pain during urination. The mother was advised to immediately visit a health facility if she experiences any of these danger signs during the postpartum period. The mother was informed that breast milk not being expressed on the first day after delivery is normal and should still be given to the baby, as the baby's suckling can stimulate hormone release for milk production. The mother was encouraged to provide exclusive breastfeeding, which is beneficial for strengthening bonding attachment between mother and baby and is especially important for the baby's immune system. A demonstration and instruction were given to the mother and her husband on how to perform back massage at home to help increase breast milk production. Back massage can be performed for approximately 10–15 minutes, 1–2 times a day, in the morning and evening. The patient was prepared for discharge by scheduling the next visit within 3–7 days after delivery or sooner if there are any complaints. The take-home message delivered to the mother included recommendations to consume a balanced nutritious diet containing carbohydrates, protein, healthy fats, vitamins, and minerals, as well as to meet daily fluid requirements to support breast milk production. In addition, the mother was advised to practice exclusive breastfeeding, maintain personal hygiene especially in the perineal wound area, and ensure adequate rest. The mother was also encouraged to perform back massage to help increase breast milk

production. If the mother experiences postpartum danger signs such as heavy bleeding, fever, foul-smelling discharge, or other complaints, she is expected to immediately seek care at a health facility.

The second postpartum visit evaluation was conducted on February 4, 2026, at 10:00 AM at Puskesmas Kandangan. During this visit, the mother reported no complaints, and both the mother and baby were in good health. Breast milk had been flowing well since the second day after delivery. The mother's nutritional pattern consisted of moderate portions with varied side dishes, vegetables, and fruits, along with 7–8 glasses of water per day. Her elimination pattern showed urination 5–6 times a day with no complaints, and she was able to defecate normally without any issues. Personal hygiene included bathing twice a day and changing sanitary pads 2–3 times per day. The mother's activity pattern involved performing household chores, which were assisted by her husband. Her sleep pattern was approximately 7 hours per day, although she often woke up at night to breastfeed her baby.

The physical examination of the mother showed a general condition in good health, fully conscious (composmentis), height 153 cm, weight 55 kg, BMI: 23.5 (normal category), blood pressure 90/70 mmHg, pulse 80 beats/min, temperature 37˚C, respiratory rate 20 breaths/min, mean arterial pressure (MAP) 76.7 mmHg. The face was not pale, conjunctivae were not anemic, sclerae were not icteric, and vision was clear. The nipples appeared prominent and clean, and breast milk was flowing smoothly without any engorgement. Fundal height was midway between the symphysis and the navel, uterine contractions were good with a firm consistency, and the bladder was empty. Lochia was sanguinolent and odorless. Perineal stitches appeared clean, the skin was bright red, smooth, without bleeding, and both edges of the wound were well approximated with no signs of infection.

The midwifery diagnosis was obtained from the assessment of subjective and objective data for P1001 on the 5th day postpartum with a physiological postpartum condition. Both mother and baby were in good condition, and there were no issues during the puerperium period.

The management carried out during this visit included explaining the examination results to the mother, assuring her that her condition was good and within normal limits. The mother was reminded to meet her nutritional needs with a balanced diet to support metabolism and breast milk production, including carbohydrates, high-protein foods (tofu, tempeh, legumes, meat, fish), vegetables, fruits, and drinking at least 3 liters of water per day, as well as taking iron

supplements at a dose of 1 tablet once daily. Health education was provided to the mother regarding breast care. The mother was also instructed and taught postpartum exercises, and a follow-up visit was scheduled, which the mother agreed to.

DISCUSSION

The early postpartum period is a critical phase for successful breastfeeding because during this time, physiological adaptation in the production and release of breast milk occurs. Many mothers experience a delay in milk ejection within the first 24–48 hours due to hormonal factors, childbirth fatigue, and postpartum anxiety. This condition can affect the success of exclusive breastfeeding if adequate stimulation is not provided. One non-pharmacological intervention that can be implemented is back massage, which plays a role in stimulating the release of the hormone oxytocin (Putri et al., 2025).

In this study, back massage was performed starting 6 hours postpartum. This intervention is considered appropriate because during the early postpartum period, breast milk production by the hormone prolactin is not yet optimal and still in the initial stage of lactogenesis, so the milk ejection reflex is more influenced by the hormone oxytocin. Stimulation through back massage along the vertebrae up to the fifth–sixth ribs can activate the parasympathetic nervous system, increase oxytocin secretion from the posterior pituitary, and trigger the let-down reflex (Kristanti et al., 2025).

In addition to the physiological aspects, back massage also has positive effects on the psychological well-being of postpartum mothers. The psychological impact includes feelings of comfort, relaxation, and reduced anxiety after childbirth. A good psychological condition plays an important role in successful breastfeeding because stress can inhibit the release of oxytocin, which in turn can impede milk ejection (Kurnaen et al., 2026).

This study shows that breast milk flowed smoothly on the second day postpartum. This finding aligns with the theory of lactogenesis II, which states that an increase in milk production and ejection usually occurs 48–72 hours postpartum. Consistently performed back massage can stimulate the release of oxytocin, thereby enhancing the let-down reflex and facilitating milk production and flow during the early breastfeeding period (Ricika & Putri, 2024). Previous studies have shown a significant relationship between back massage and the smooth ejection of breast milk in postpartum mothers. Mothers who received back massage experienced an increase in milk production compared to those who did not receive the intervention, indicating that back massage can be an effective strategy to address

delayed milk ejection (Kartini et al., 2024).

The success of milk ejection on the second day postpartum is also influenced by repeated stimulation through mother–infant contact and the frequency of breastfeeding. Back massage serves as an additional stimulus that reinforces the neurohormonal breastfeeding reflex, thereby accelerating the physiological adaptation of the breast during the lactation process (Purwanti et al., 2024). In addition to increasing breast milk production, back massage also plays a role in preventing milk engorgement, reducing breast swelling, and alleviating breast discomfort during the postpartum period (Purnamasari & Hindiarti, 2020).

From the midwifery practice perspective, the success of this case demonstrates that back massage can be integrated as part of comprehensive postpartum care. Midwives play a crucial role in providing education and demonstrating back massage techniques to the mother and family so that the stimulation can be carried out independently at home. Support from the husband and family is essential in the routine implementation of back massage, with the husband encouraged to act as the primary companion performing the massage to enhance the mother's comfort and strengthen the bonding attachment between mother, father, and baby. Lack of maternal knowledge regarding back massage has been identified as one of the factors limiting optimal breast milk production, making education a critical component of midwifery care (Adnyani et al., 2024).

Based on the alignment between theory and the care outcomes, back massage administered from 6 hours postpartum for Mrs. P proved to help accelerate breast milk let-down, resulting in smooth milk flow by the second day postpartum. This indicates that back massage is effective in enhancing lactation success during the early postpartum period.

CONCLUSION

Based on the results of the study conducted on Mrs. P P1001, 6 hours postpartum, the administration of complementary back massage therapy was effective in helping to increase the production and release of breast milk. The application of back massage was proven to provide relaxation, increase maternal comfort, and stimulate the release of oxytocin, which plays a role in the milk let-down reflex. Thus, this intervention can be considered a safe, simple, and easily applied non-pharmacological method in midwifery practice. Based on these findings, back massage can be integrated into postpartum and breastfeeding midwifery care through education and guidance for the mother, as well as involving the family to

ensure its continuity. Furthermore, future studies are expected to include a larger number of respondents and employ a stronger research design to further strengthen the scientific evidence regarding the effectiveness of back massage in supporting successful breastfeeding in midwifery practice.

ACKNOWLEDGEMENTS

The researcher expresses sincere gratitude to all parties who have assisted in the implementation of this study. Thanks are extended to the Head of the Health Center and the staff of Puskesmas Kandangan, Kediri. Gratitude is also given to the supervising lecturers, parents, and friends. Thank you for the contributions provided, which have enabled the midwifery care for Mrs. P's pregnancy to help reduce the discomfort experienced.

REFERENCES

Adnyani, N. W. S., Widiastuti, N. M. R., Chania, M. P., Dewi, A. A. S., Yuniati, M. G., Febriyanti, N. M. A., & Sugiartini, N. K. A. (2024). Pengetahuan Ibu Nifas Tentang Pijat Oksitosin Untuk Meningkatkan Produksi Asi di TPMB Ni Made Serioni, A.Md.Keb. *Jurnal Genta Kebidanan*, *14*(1), 18–24. https://doi.org/10.36049/jgk.v14i1.275

Azizah, N., & Rosyidah, R. (2019). *Buku Ajar Mata Kuliah Asuhan Kebidanan NIfas dan Menyusui* (Pertama). UMSIDA Press. https://press.umsida.ac.id/index.php/umsidapress/article/view/978-602-5914-78-2

BPS. (2025, December 12). *Persentase Bayi Usia Kurang Dari 6 Bulan Yang Mendapatkan Asi Eksklusif Menurut Provinsi* . Badan Pusat Statistik. https://www.bps.go.id/id/statistics-table/2/MTM0MCMy/persentase-bayi-usia-kurang-dari-6-bulan-yang-mendapatkan-asi-eksklusif-menurut-provinsi.html

Kartini, A., Sumarmi, Ernawati, & Puteri, S. K. S. (2024). Hubungan Pijat Oksitosin Terhadap Proses Pengeluaran Asi Pada Ibu Post Partum Di Puskesmas Pattoppakang Kabupaten Takalar. *Jurnal Keperawatan Muhammadiyah*, *9*(2), 2024. https://share.google/Qds7MI5aNA1QFsAmH

Kristanti, Y., Andriani K, D., & Tristanti, I. (2025). Efektivitas Pijat Oksitosin terhadap Pengeluaran ASI pada Ibu Post Partum Normal dan SC. *Indonesian Journal of Midwifery (IJM)*, *8*(2), 207–213. https://doi.org/10.35473/ijm.v8i2.4382

Kurnaen, K., Bahtiyar, R., & Santoso, E. (2026). Implementasi Pijat Oksitosin Terhadap Kelancaran ASI pada Pasien Post Partum Sectio Caesarea di RS Jakarta Barat. *Jurnal Ilmiah Kedokteran Dan Kesehatan*, *5*(2), 21–27. https://doi.org/10.55606/klinik.v5i2.6148

Prihatini, F. J., Achyar, K., & Kusuma, I. R. (2023). Faktor – Faktor yang Mempengaruhi Ketidakberhasilan ASI Eksklusif pada Ibu Menyusui. *Jurnal Riset Kesehatan Masyarakat*, *3*(4), 184–191. https://doi.org/10.14710/jrkm.2023.18811

Purnamasari, K. D., & Hindiarti, Y. I. (2020). Metode Pijat Oksitosin, Salah Satu Upaya Meningkatkan Produksi ASI Pada Ibu Postpartum. *Jurnal Kesehatan Perintis*, *7*(2), 1–8. https://doi.org/10.33653/jkp.v7i2.517

Purwanti, Y., Kursani, E., & Warlenda, S. V. (2024). The Effectiveness Of Oxytocin Massage On Breast Milk Production Of Postpartum Mothers At Midwifery Independent Practice (PMB) Hasna Dewi Fs, Amd. Keb, Skm Pekanbaru. *PREPOTIF : Jurnal Kesehatan Masyarakat*, *8*(1), 1223–1229. https://doi.org/10.31004/PREPOTIF.V8I1.27232

Putri, V. S., Sanjaya, R., Komalasari, K., & Primadevi, I. (2025). Pengaruh Pijat Oksitosin pada Ibu Nifas untuk Meningkatkan Produksi ASI. *Jurnal Kesehatan Amanah*, *9*(1), 11–20. https://doi.org/10.57214/jka.v9i1.699

Ricika, W., & Putri, I. (2024). Analisis Faktor Yang Berhubungan Dengan Onset Lactogenesis Ii Pada Ibu Postpartum Di Bidan Praktik Mandiri Kota Palembang. *Jurnal Inspirasi Kesehatan*, *2*(1), 112–117. https://jika.ikestmp.ac.id/index.php/jika/article/view/102/74