POSTPARTUM MIDWIFERY CARE ON THE SECOND DAY OF MRS. "W" WITH BREAST MILK DAM AT WAJO HEALTH CENTER

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A B S T R A C T

Background: *Breast milk engorgement is an event that occurs due to blockage in the flow of breast milk, veins, and lymph nodes which results in increased pressure on the ducts and alveoli.* ***The purpose*** *of compiling this Final Assignment Report is to carry out postpartum midwifery care on the second day of Mrs. "W" with breast milk engagement at the Wajo Health Center, Baubau City.* ***The subjects*** *in this study were postpartum mothers, namely Mrs. "W" postpartum on the second day with breast milk engorgement problems.* ***The method*** *used in this Final Assignment Report is a case study model, with documentation of Varmey's 7 steps and SOAP. Data collection was carried out using interview techniques, physical examinations and documentation studies.* ***Results:*** *Subjective data obtained on Mrs. "W" P1A0 postpartum on the second day was that the mother complained of feeling feverish and her breasts felt swollen since waking up in the morning. Objective data was obtained. The mother's general condition was good. Temperature 38°C, breasts look swollen. No mass was felt, felt was hard and dense, and there was tenderness. The management carried out in this case is to advise the mother to provide breast milk without a schedule or on demand, teach the mother the right way to breastfeed, and consume the medication given according to the dose.* ***The conclusion*** *of the care for Mrs. "W" has been given proper midwifery care so that the problem experienced, namely breast milk engagement, has been resolved.*

INTRODUCTION

Postpartum period *(puerperium*) is the period when the reproductive organs return to their pre-pregnancy condition for approximately 6 weeks after giving birth (Dahlan & Ansi, 2023). Physiological changes that occur during the postpartum period occur in all systems in the body, the emergence of lactation is one of the changes that appear. Some problems that may arise during breastfeeding include sore nipples due to abrasions, to swelling in the breasts due to blocked milk ducts (Patiran et al., 2022).

Breast Milk Blockage (ASI) is a condition in the breast due to blockage of the venous and lymphatic flow which results in increased pressure on the milk flow and alveoli due to the blocked milk flow. This event is caused by the failure of the breast milk to be released and then a blockage occurs. Signs and symptoms that arise when breast milk blockage occurs are swollen breasts, breasts feel hot and feel solid to the point where the body temperature increases to 38ºC (Amenta & Angin, 2020). The causes of breast milk blockages include incorrect breastfeeding techniques, frequency of breastfeeding, flat or even sunken nipples, babies who cannot suckle the nipples and not giving enough breast milk or babies who do not want to breastfeed (Oktaviani et al., 2022).

The result of *World Health Organization* (WHO) in 2018, WHO explained that in the United States the percentage of breastfeeding mothers who experienced breast milk engorgement problems was recorded from 12,765 postpartum mothers, an average of 87.05% experienced breast milk engorgement. In 2019, from 10,674 breastfeeding mothers, at least 66.87% and in 2020 from 9,862 breastfeeding mothers, 66.34% experienced breast milk engorgement. Data from the Association of Southeast Asian Nation (ASEAN) in 2019 recorded that there were 107,654 people who experienced breast milk engorgement during breastfeeding, and in 2020 there were 66.87% of people and in 2021 recorded that 71.1% experienced breast milk engorgement with the highest incidence of 37.12% occurring in Indonesia (Solihah et al., 2023).

Mastitis to breast abscess are problems that may arise if breast milk engorgement is not treated immediately. In addition, mothers also stop breastfeeding because of the pain felt when experiencing breast milk engorgement so that when breastfeeding the mother feels uncomfortable and thinks that

her breasts are sick which causes the mother to stop breastfeeding in order not to transmit the disease to her child. The process of providing exclusive breastfeeding can be affected because of this (Untari & Purnanto, 2021). Giving breast milk to babies is very important, this is because breast milk can increase the immune system because it contains antibodies that can prevent babies from various diseases (Altahira et al., 2022).

Based on data from the Wajo Health Center in 2024, data collection obtained through comprehensive practice in January-March was obtained from 17 postpartum mothers who gave birth at the Wajo Health Center, there was 1 postpartum mother who experienced breast milk engorgement due to lack of breastfeeding frequency (Wajo Health Center Data 2024). From this data, there is Mrs. "W" who is willing to be given education and treatment about the problem she is experiencing, namely breast milk engorgement. Based on this background, the researcher is interested in taking the case with the title "Postpartum Midwifery Care on the Second Day for Mrs. "W" With Breast Milk Dam at the Wajo Health Center, Baubau City"

METHODOLOGY

The research method in compiling this final assignment report is a case study model, with documentation of Varney's 7 steps and SOAP. The research was conducted at the Wajo Health Center in Baubau City in March with Mrs. "W" as the research subject. The techniques in collecting data are interview techniques, physical examinations and documentation studies. The data used are data from anamnesis or interviews conducted on Mrs. "W" which are subjective data. Then the data obtained from physical examination, supporting examination and data from the client's medical records which are objective data. The analysis explains the results of the identification based on the results of the anamnesis and examination that have been carried out. Management explains the action plan that will be carried out.

RESULTS & DISCUSSION

Subjective Data

Mrs. “W” P1A0 on the second day of postpartum complained of feeling feverish and her breasts felt swollen since waking up in the morning. She also said that her breasts felt sore when touched, making it difficult to breastfeed her baby. She said that this was her first pregnancy and delivery. She gave birth on March 4, 2024, at 21.35 WITA at the Wajo Health Center. She began to feel anxious because she was afraid that she would not be able to breastfeed her baby.

At night, the mother breastfed only 3 times, with an interval of more than 2 hours. In addition, the mother also did not consume the medication that had been previously given according to the dosage. When she woke up in the morning at 06.15 WITA, Mrs. "W" tried to breastfeed her baby, but the mother felt uncomfortable because she felt pain in her breasts. In addition, because her breasts were swollen, her nipples became somewhat flat so that the baby had difficulty breastfeeding so that the baby became fussy.

Objective Data

The mother's general condition is good, the mother is in a composmentis state. Blood pressure 110/80 mmHg, pulse 108 x/m, temperature 38ºC, respiration 20 x/m. The results of the physical examination, the left and right breasts appear the same height, the areola mammae appears dark, the nipples are slightly flat, breast milk comes out, the breasts appear swollen, no masses are felt, feel hard and solid, and there is pain on palpation. On abdominal examination, the uterus is felt to be hard and round, the height of the uterine fundus is 3 fingers below the center and on genital examination, there is a discharge of dark red lochia rubra.

On March 10, 2024, the mother's general condition was good, the mother is in a composmentis state. Blood pressure 110/70 mmHg, pulse 102 x/m, temperature 36.8ºC, respiration 20 x/m. The results of physical examination of the breasts are no longer swollen, there is no pain on palpation, breast milk comes out smoothly, on abdominal examination the height of the uterine fundus is mid-center-symphysis, there is no pain on palpation, and lochia sanguinolenta is seen in the genitalia.

Analysis

Mrs. “W” P1A0 postpartum day two with breast milk dam

Management

The management in this case that was planned and implemented was to inform the mother about her current condition that she was experiencing breast milk stasis, monitor vital signs, advise the mother to provide breast milk without a schedule or on demand, informing the mother on how to deal with the discomfort experienced such as: using a bra that fits her size to support the breasts, then compressing the breasts for 5 minutes using warm and cold water, teaching the mother how to do breast care, informing the mother on the proper and correct way to breastfeed, encouraging the mother to eat green vegetables and nutritious foods and encouraging the mother to consume the medication given according to the dosage, namely paracetamol 500 mg 3x1, amoxicillin 200 mg 3x1, mefenamic acid 500 mg 3x1, Vit. B Complex 0.5 mg 2x1, SF 60 mg 1x1.

DISCUSSION

Subjective Data

Mrs. “W” P1A0 on the second day of postpartum complained of feeling feverish and her breasts felt swollen since waking up in the morning. She also said that her breasts felt sore when touched, making it difficult to breastfeed her baby. She said that this was her first pregnancy and delivery. She gave birth on March 4, 2024, at 21.35 WITA at the Wajo Health Center. She began to feel anxious because she was afraid that she would not be able to breastfeed her baby.

At night, the mother breastfed only 3 times, with an interval of more than 2 hours. In addition, the mother also did not consume the medication that had been previously given according to the dosage. When she woke up in the morning at 06.15 WITA, Mrs. "W" tried to breastfeed her baby, but the mother felt uncomfortable because she felt pain in her breasts. In addition, because the breasts were swollen, the nipples became somewhat flat so that the baby had difficulty breastfeeding so that the baby became fussy.

According to Ariandini et al., (2023) Breast milk dam is an event that occurs due to blockage in the flow of breast milk, veins, and lymph nodes which results in increased pressure on the ducts and alveoli. Indications that arise when breast swelling occurs are swollen breasts, feel hot and hard to body temperature that increases to 38ºC (Amenta & Angin, 2020). The factors that cause breast milk stagnation include: too much breast milk and not doing IMD, frequency of breastfeeding, and the shape of the nipples (Rinata & Rusdyati, 2021).

Objective Data

The general condition of the mother is good, the mother is in a composmentis state. Blood pressure 110/80 mmHg, pulse 108 x / m, temperature 38ºC, respiration 20 x / m. The results of the physical examination, the left and right breasts appear to be the same height, the areola mammae appears dark, the nipples are slightly flat, breast milk comes out, the breasts appear swollen, no masses are felt, feel hard and solid, and there is pain on palpation. On abdominal examination, the uterus is felt to be hard and round, the height of the uterine fundus is 3 fingers below the center and on genital examination, there is a discharge of dark red lochia rubra.

On March 10, 2024, the mother's general condition was good, the mother is in a composmentis state. Blood pressure 110/70 mmHg, pulse 102 x/m, temperature 36.8ºC, respiration 20 x/m. The results of physical examination of the breasts are no longer swollen, there is no pain on palpation, breast milk comes out smoothly, on abdominal examination the height of the uterine fundus is mid-center-symphysis, there is no pain on palpation, and lochia sanguinolenta is seen in the genitalia.

Vital signs examination by health workers aims to monitor the development of the patient's condition. If the patient's vital signs are outside the normal range, it is an indicator of a disorder in the body's system. Normal vital signs are: blood pressure at systolic pressure of around 90-140 mmHg and diastolic pressure of around 60-90 mmHg. At body temperature, generally between 36.5-37.5ºC. The range of pulse rates is generally around 60-100 beats per minute. Normal breathing is about 12-20 times per minute (Hidayati & Lubis, 2022).

In cases of breast milk engorgement, there is usually an increase in body temperature to 38ºC, the breasts are swollen, feel hot and hard (Amenta & Angin, 2020). This is in line with the results found in Mrs. "W" where the mother had a fever with a body temperature reaching 38ºC and swollen breasts and there was tenderness. Mastitis to breast abscess is a new problem that may arise if the breast milk dam is not treated immediately (Untari & Purnanto, 2021).

Analysis

The analysis established in this report is based on the results of subjective and objective data that have been obtained. From the results of the anamnesis, the mother said that this was her first delivery and had given birth on March 04, 2024.Time: 21.35 WITA. The mother said she felt feverish and her breasts felt swollen. The results of the physical examination showed that the breasts were swollen, felt hard and solid and there was pain when pressed. On abdominal examination, the height of the uterine fundus was 3 fingers below the center and on genital examination, there was a discharge of dark red lochia rubra. So that the analysis can be established, namely Mrs. "W" P1A0 postpartum on the second day with breast milk dam.

Management

From the results of subjective and objective data processing and analysis that have been obtained, the management to be applied in this case is to inform the mother about her current condition that the mother is experiencing breast milk blockage, this aims to prevent the mother from panicking about her condition and knowing what actions to take. Breastfeeding mothers are expected to always think positively. This is because if the mother's psychology is disturbed, such as feeling anxious, it will affect the breast milk production process, thus affecting the breastfeeding process which becomes less smooth (Sinta P et al., 2024). After knowing the condition and the treatment that would be carried out, the mother began to calm down.

Observing vital signs. Examination of vital signs by health workers aims to monitor the development of the patient's condition. If the patient's vital signs are outside the normal range, then it is an indicator of a disorder in the body's system. Normal vital signs are: blood pressure at systolic pressure of around 90-140 mmHg and diastolic pressure of around 60-90 mmHg. At body temperature, it generally ranges from 36.5-37.5ºC. The range of pulse rates is generally around 60-100 beats per minute. Normal breathing is around 12-20 times per minute (Hidayati & Lubis, 2022). Observation of vital signs in this case aims to indicate if the mother has a fever due to breast milk blockage. This is continuous in its treatment, namely providing fever-reducing drugs and pain relievers such as paracetamol 500 mg 3x1 (Azizah & Rosyidah, 2019).

Advise mothers to provide breast milk without a schedule or on demand. Problems that may arise during the breastfeeding process can be prevented by breastfeeding without a schedule or on demand and according to the baby's needs. Breastfeeding using a schedule can be less effective. This is because the process of producing breast milk is further influenced by the stimulation that arises from the baby's sucking (Pemiliana et al., 2023). Giving breast milk to babies is very important, this is because breast milk can increase the immune system because it contains antibodies that can prevent babies from various diseases (Altahira et al., 2022).

Tell the mother an explanation of how to deal with the discomfort experienced such as: using a bra that fits the breasts, then compressing the breasts for 5 minutes using warm and cold water. Warm compresses function to smooth blood flow to a blocked area so that it can reduce pain and the healing process becomes faster. Cold compresses can treat swelling and can make the pain felt in swollen breasts disappear (Hilmiah & Farlikhatun, 2024).

Teaching mothers how to do breast care. Breast care greatly influences the occurrence of breast milk dams during the postpartum period. The purpose of breast care is to facilitate the release of breast milk, prevent sore nipples and prevent breast infections (Putri & Aristina, 2023).

Teaching mothers the proper way to breastfeed. Breast milk engorgement can be caused by improper breastfeeding methods that can cause the nipples to become sore and the baby has difficulty finding the nipple and areola, making the baby's suction less than optimal (Rini et al., 2023).

Encourage mothers to eat green vegetables and nutritious foods. Breastfeeding mothers are advised to consume nutritious foods, this is because the nutrients in the food consumed by the mother while breastfeeding also determine the optimality of breast milk production, some components in breast milk are taken from the mother's body (Asikin et al., 2023).

Encourage mothers to take the prescribed medication according to the dosage, namely: paracetamol 500 mg 3x1 to treat fever in mothers, amoxicillin 200 mg 3x1 to prevent infection, mefenamic acid 500 mg 3x1 to treat pain due to lacerations during childbirth, Vit. B Complex 0.5 mg 2x1 to restore maternal energy, SF 60 mg 1x1 which functions to meet the need for iron lost during childbirth.

CONCLUSION

Based on the results of the assessment obtained from anamnesis, physical examination, established analysis, care plans implemented by matching the client's needs, and discussions that have been conducted, there is a correspondence between theory and reality that has been described so that the author can conclude that:

Based on the results of the anamnesis conducted, subjective data was obtained. Mrs. “W” P1A0 on the second day of postpartum complained of feeling feverish and her breasts felt swollen since waking up in the morning. She said her breasts were painful when touched, making it difficult to breastfeed her baby. She said that this was her first delivery. She gave birth on March 4, 2024, at 21.35 WITA.

The mother's general condition is good, the mother is in a composmentis state. Blood pressure 110/80 mmHg, pulse 108 x/m, temperature 38ºC, respiration 20 x/m. The results of the physical examination, the left and right breasts appear to be the same height, on the areola mammae looks dark, nipples are slightly flat, breast milk comes out, breasts look swollen, no masses are felt, feel hard and solid, and there is pain during palpation. On abdominal examination, the uterus is felt to be hard and round, the height of the uterine fundus is 3 fingers below the center and on genital examination, there is a discharge of dark red lochia rubra.

From the results of the anamnesis and examination carried out, it can be determined that Mrs. "W" was on the second day of postpartum with breast milk stagnation.

The management in this case that was planned and implemented was to inform the mother about her current condition that she was experiencing breast milk stasis, monitor vital signs, advise the mother to provide breast milk without a schedule or regularly *on demand*, informing the mother on how to deal with the discomfort experienced such as: using a bra that fits her size to support the breasts, then compressing the breasts for 5 minutes using warm and cold water, teaching the mother how to do breast care, informing the mother on the proper and correct way to breastfeed, encouraging the mother to eat green vegetables and nutritious foods and encouraging the mother to consume the medication given according to the dosage, namely paracetamol 500 mg 3x1, amoxicillin 200 mg 3x1, mefenamic acid 500 mg 3x1, Vit. B Complex 0.5 mg 2x1, SF 60 mg 1x1.

The health service practice center is expected to provide services based on existing SOPs and concepts, so that the quality and trust in the services provided to clients, especially services in midwifery regarding breast milk dam counseling. Clients are expected to eat nutritious foods in addition to practicing breast care in anticipating breast milk dams that can occur again and provide breast milk without a schedule or on demand. It is hoped that health workers, especially midwives, can further improve the quality of service by applying concepts/theories that are increasingly developing but still within their authority so that the care or services provided are in accordance with midwifery service standards and can provide benefits to clients.

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