

POSTNATAL MIDWIFERY CARE FOR MRS. "I" WITH COMPLAINTS OF BREAST MILK CONGESTION AT BUNGI HEALTH CENTER

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A B S T R A C T

Background: Breast engorgement is an event where the venous and lymphatic flow is blocked, the flow of milk becomes obstructed and pressure on the breast milk ducts (alveoli) increases. This event is caused by the accumulated milk not being released so it becomes blocked. In Indonesia, the incidence of mothers experiencing breast engorgement is still very high. **Objective:** This study aims to implement postnatal midwifery care for Mrs. "I" who experienced breast milk engorgement at Bungi Health Center, Baubau City. **Sample/Research Object:** The subject of the study was Mrs. "I", a patient who experienced breast milk engorgement. **Method:** This study used a case study method with the Varney 7-step and SOAP approaches. Data collection was carried out through primary and secondary data. The stages of the study include assessment, identification of actual diagnoses/problems, identification of potential problems, immediate action, care planning, implementation of care, evaluation, and documentation. **Results:** The results of the case study showed that there were no obstacles in handling breast milk engorgement in Mrs. "I". The entire management process went smoothly without complications, both for the mother and the baby. Vital signs were within normal limits, indicating good health conditions. **Conclusions :** This study emphasizes the importance of implementing Varney's 7-step management and documentation in SOAP format to ensure effective and professional midwifery care. It is expected that midwives can provide quality services without distinguishing the patient's social status.

INTRODUCTION

Milk duct obstruction occurs when the accumulated milk is not released, causing the venous and lymphatic flow to be hindered and pressure to build up in the milk ducts of the alveoli. (Khaerunnisa et al., 2021). Milk production is the release of the hormone oxytocin through the breast ducts to flow the milk that has already been produced. This occurs during pregnancy for some mothers, but for others, it happens after childbirth. (Ansi et al., 2024).

Breast milk (ASI) is the best source of nutrition because it contains many healthy compounds and can maintain and enhance the baby's immune system. Studies on gut microbiota also show that breast milk plays a crucial role in the development of the immune system. (Minarti., 2020)

Maternal death is a significant issue in public health, especially in developing countries, where complications related to pregnancy and childbirth often become the leading causes. According to the World Health Organization (WHO), in 2020, there were 107,654 cases of breast engorgement among postpartum mothers, with 95,698 individuals experiencing it, and in 2021, there were 76,543 mothers, with 6% of breastfeeding mothers affected. (Oktaviani et al., 2023)

In Indonesia, 10% to 20% of postpartum mothers experience breast engorgement. This is supported by research data, which shows that in Kediri, NTB, the rate is 17.8%, and in Indramayu, it is 9.8%, where the morbidity rate increases by 10% each year. This indicates that 2.3 million postpartum mothers in Indonesia experience breast engorgement every year. (Puspitasari, 2018)

Based on the Health Profile in Southeast Sulawesi, there are 149 live births per 100,000 people. The number of maternal mortality cases (MMR) in 2017 was 2,536 per 100,000 live births, far below the national target. (Dinkes Provinsi Sulawesi Tenggara, 2018). This case occurs in all districts/cities, with an average of 4 cases per district.

One of the causes of milk blockage is the improper use of breastfeeding techniques. Mastitis can occur if not treated. This can happen to mothers who do not breastfeed their babies as often as possible, babies who do not breastfeed well due to one of the reasons mentioned above, or babies who do not breastfeed well for one of the reasons mentioned above. (Ariandini et al., 2023).

There is no sucking stimulus from the baby that activates the function of the hormone oxytocin. As a result, the smooth muscles are stimulated to squeeze the breast milk in the alveoli, lobes, and ducts, which contain the milk that is released through the nipple. The term for this condition is the inability to produce breast milk. One of the actions that must be taken to improve the quality and quantity of breast milk is back massage. This will increase the release of oxytocin more quickly, and the production of breast milk will be smoother. (Hidayah & Dian Anggraini, 2023).

Mothers must continue to breastfeed their babies to prevent stagnation that can lead to breast abscesses and to avoid milk engorgement. Additionally, mothers should practice breast care and learn proper breastfeeding techniques to enhance milk production and prevent mastitis, breast inflammation, breast abscesses, and other complications that could lead to death. (Fajriani, 2021).

Therefore, based on the information above, the author wishes to provide postnatal care for Mrs. "I" PIIA0, 28 years old, who is two days postpartum and experiencing breast engorgement at the Bungi Community Health Center.

METHODOLOGY

This final report is written using a case study approach. This method is employed as an effort to adopt a better midwifery management approach. Midwifery management is a problem-solving process that organizes thoughts and actions based on scientific theory, outcomes, skills, and a series of logical steps to make client-focused decisions.

A case study is an approach that focuses specifically on a particular topic by examining the subject as a case. The writer uses the SOAP documentation format to express cases or events based on theories applied to real situations. Objective data includes documentation that can be obtained from the physical examination of the client or from the results of the anamnesis on Mrs. I.

RESULTS AND DISCUSSION

Subjective Data

Ms. "I," 28 years old, PIIA0, complains of breast swelling, redness, and accompanied by pain in the breast area. In addition, Mrs. "I" feels feverish in her condition.

The patient reported that she gave birth on February 15, 2024, at 6:30 PM WITA. The patient also mentioned that her last menstrual period was on May 20, 2023, and this is her second child. Currently, the patient is experiencing pain in the breast area and is worried about feeling feverish in their condition. My mother said that for the first child, she used the 3-month injectable contraceptive.

On February 16, 2024, Ms. "I" stated that she still felt swelling in the breast area, experienced pain in her breast, and noticed redness in the breast area. By February 20, 2024, she reported that the swelling in her breast had decreased, the redness had disappeared, the breast pain was gone, and she no longer felt feverish in her condition.

Objective Data

In the results of the physical examination, the general condition of Mrs. I shows that her overall health is good, she is conscious and alert, with a blood pressure of 120/80 mmHg, a pulse of 80 beats per minute, a respiration rate of 20 breaths per minute, and a temperature of 38°C. The scalp is clean and there is no tenderness, the face is not pale, there is no chloasma gravidarum, the conjunctiva is pink and the sclera is not jaundiced, the ears and nose appear clean, there are no polyps or secretions in the nose, the teeth and mouth appear clean, and the neck shows no enlargement of the thyroid gland, jugular veins, or lymph nodes. The breasts show hyperpigmentation on the areola, a little breast milk is coming out, and the breasts appear swollen, feeling hard and dense with tenderness. The abdomen feels firm and rounded, with the fundus of the uterus three fingers below the navel. The vulva and perineum show dark red lochia discharge, the upper and lower extremities are symmetrical left and right, the nails appear clean, and there is no edema or varicose veins.

The examination on February 16, 2024, showed that the mother's general condition is good, and her consciousness is clear. Blood pressure 120/80 mmHg, pulse 80 beats/minute, respiration 20 breaths/minute, temperature 36.8°C. The results of the physical examination show pink conjunctiva and white sclera, with swelling in the breast area and tenderness upon palpation.

During the examination on January 20, 2024, her condition was generally good, with awareness of her composition. Blood pressure is 120/80 mmHg, pulse is 80 beats per minute, respiration is 20 breaths per minute, and temperature is 36.8 °C, which are the vital signs. The breasts are not swollen, milk production is smooth, the abdomen is at midline between the umbilicus and symphysis, there is

no tenderness upon palpation, and there is a noticeable sanguineous lochia discharge in the genital area.

Analysis

The "I" Usia 28 years PIIA0 postpartum on the second day with complaints of breast engorgement

Management

Based on the results of the research, both objective and subjective, as well as the analysis, the management provided in this case does not require collaboration/referral with a doctor due to the lack of supporting data. The writer explains to the mother about her condition based on vital signs such as blood pressure 120/80 mmHg, heart rate 80 beats per minute, respiratory rate 38 breaths per minute, and pulse 20 beats per minute. The writer advises the mother to breastfeed her baby on demand and in the correct manner, such as ensuring the baby is calm, with their mouth wide open, chin and mouth touching the mother's breast, most of the areola covered by the baby's mouth, and the baby appearing to suck strongly.

The author also provides instructions to mothers on breast care techniques. One way is to place both hands, which have been lubricated with baby oil, between your breasts and perform circular movements from the inside out twenty to thirty times for five minutes. Then, do the opposite movement starting from the inside going up, to the sides, down, until you support your breasts. Finally, slowly release. 2) The left hand supports the left breast while the right hand massages it from the base towards the nipple. Perform the next movement with the right hand supporting the right breast and the left hand clenched into a fist, doing this 20-30 times for five minutes. 3) Repeat the same movement with the left hand supporting the right breast and the right hand clenched into a fist, doing this 20-30 times.

The history of pregnancy, childbirth, and postpartum for patient "I" from the year 2020 to 2024 can be outlined in the table below:

Table 1. Past Birth and Postpartum History

Year	Types of Childbirth	Place of Delivery	Helper	Postpartum		Baby	
				Complications	JK	BBL	Keadaan
2020	Normal	At the Health Center	Midwife	-	♀	3000g	Life
2024	Normal	At the Health Center	Midwife	-	♂	2.800g	Life

Source : Data Primer, 2024

DISCUSSION

Subjective Data

The "I" visited the Bungi community health center on February 16, 2024, at 10:00 AM. The mother came to the community health center with complaints of swelling in her right breast, difficulty with breast milk flow, and breast pain. The complaint was felt since 8:00 PM WITA on February 15, 2024, with the effects that may occur if the ASI blockage is not treated, namely mastitis and breast abscess. The breast experiences inflammation known as mastitis. The breast becomes red and swollen, followed by pain and an increase in body temperature. Inside, there is a mass that feels on the skin, and the skin on the outside turns red. The accumulation of pus in the breast that occurs after mastitis is known as a breast abscess. Sometimes, the enlargement of veins and lymphatic vessels obstructs the flow of milk. (Zaleha & Yulrina Ardhiyanti, 2023).

The author advises mothers to wash their breasts, maintain personal hygiene by regularly washing their hands before and after doing anything, and to clean both breasts before and after breastfeeding. It is also recommended that mothers consume more green vegetables and nutritious foods, as this can help enhance and smooth the flow of breast milk. The writer also conveyed to the mother not to underestimate the suggested matters so that they do not experience ongoing pain, whether annual or permanent. Infection is closely related to hygiene during childbirth and the postpartum period. Pain caused by indirect factors, such as anemia and breast swelling. (Munir & Lestari, 2023).

Objective Data

The examination results indicate that the mother's general condition shows vital signs that are within normal standards: arterial blood pressure (BP) (Systole 90 mmHg-130 mmHg) (diastole 60 mmHg-90 mmHg), heart rate (60-100 bpm), temperature (36.5 °C–37.5 °C), respiratory rate (16–24 breaths per minute). The uterine contractions are both palpable as round and firm. The mother's breasts are not swollen, painful, or hot. Her breasts felt soft, the prominent milk indicating that her condition had improved and her breasts had healed. The writer suggests that mothers breastfeed their babies on demand and only give them formula for six months. If the swelling reappears, compress it immediately with cabbage leaves. This is very effective and the results are visible within 1-2 hours, allowing breastfeeding mothers to do so exclusively and with more confidence.(Hasrianto, 2018).

The writer also assessed uterine contractions, fundal height, and lochia. As a result, the uterine contractions were good with a fundal height of three fingers at the mid-symphysis, and there was a discharge of sanguinolent lochia. Vital signs were checked, showing blood pressure at 120/80 mmHg, heart rate at 80 beats per minute, temperature at 38°C, and respiratory rate at 20 breaths per minute. Dan encourages breastfeeding mothers to nurse their babies as often as possible and to take care of their breasts to prevent milk stasis. The persistent misunderstandings about breast milk among mothers in meeting the needs of newborns lead many mothers to introduce complementary foods before their child reaches 6 months of age. (Asriadi et al., 2021)

Analysis

In this case, the collected subjective and objective data indicate that the mother is experiencing breast swelling, redness accompanied by pain in the breast area. Giving birth on February 15, 2024, complaining of swelling and pain in the breast area. The results of the physical examination conducted on the patient include a clean scalp and hair, no dandruff, no edema on the face, slightly pale conjunctiva, white sclera, no jaundice, no nasal secretions or polyps, a clean mouth and teeth with no cavities, inflammation, or thrush, and the thyroid glands, lymph nodes, and jugular veins are not enlarged. Symmetrical breasts, protruding nipples, and appear swollen. After the abdominal examination, it was found that Mrs. "I", who is 28 years old, has complaints of breast engorgement, and that the fundal height is round at 3 fingers below the umbilicus, allowing for a diagnosis to be established. The baby is not breastfeeding from the mother often enough, which results in insufficient milk flow.(Salat & Indriyani, 2019).

Management

Based on the analysis of objective and subjective data, the handling of cases involving mothers with milk engorgement according to the Ministry of Health of the Republic of Indonesia is as follows: wear a suitable bra or support the engorged breasts; massage the breasts from the base towards the nipple for five minutes using a damp or warm cloth. Express breast milk from the front of the breast so that the nipple becomes soft. Breastfeeding the baby every 2-3 hours or as desired by the baby. (pada permintaan bayi). If necessary, administer paracetamol 3 times 1 500mg each day.(RAHMAN, 2019). In addition, the mother's condition can be used to determine how effective and successful the actions taken are. In cases where breast milk is provided through assisted breastfeeding, the breast milk should flow smoothly, body temperature should be normal between 36.5 and 37 degrees Celsius, and the breasts should not be swollen, red, or painful.(Gustirini, 2021).

CONCLUSION

Based on the results of the assessment through anamnesis, physical examination, established diagnosis, and action plan tailored to the needs, the author can conclude that:

Based on the results of the anamnesis, subjective data was obtained from the patient, namely a 28-year-old mother with the last menstrual period on May 20, 2023. The mother stated that she is due to give birth on February 15, 2024, while complaining of swelling in the breast area accompanied by redness, as well as experiencing pain in the breast area. She also feels anxious about her condition.

Based on the results of the objective examination, it was found that the patient's general condition is anxious, the state of consciousness is *compos mentis*, blood pressure is 120/80 mmHg, pulse is 80 beats per minute, respiration is 20 breaths per minute, and temperature is 38°C. According to the physical examination, the patient has a clean scalp, no edema on the face, and the sclera is not

jaundiced. There is no enlargement of the thyroid, jugular, or lymphatic glands in the neck. The nose has no polyps or secretions, and the ears appear symmetrical on the left and right. The breasts have prominent nipples, the abdomen looks hard and rounded, with the fundal height three fingers below the umbilicus. The vulva and perineum show dark red lochia discharge, and the upper and lower extremities have clean nails with no edema or varicose veins.

Based on the subjective and objective data obtained, the analysis indicates that Mrs. "I," 28 years old, P2A0, is experiencing the postpartum period with complaints of breast engorgement.

Management does not include collaboration with doctors to address or perform actions according to standard operating procedures, in order to resolve breast engorgement by encouraging mothers to breastfeed their babies on demand, teaching proper breastfeeding techniques, performing breast care, eating green vegetables and nutritious food, and prescribing paracetamol, amoxicillin, mefenamic acid, and vitamin B complex twice, and SF once.

To enhance patient trust in using their healthcare services, health service centers are expected to continue providing services that align with SOAP and theory. This especially applies to obstetric services related to counseling, pre- and post-miscarriage contraception, and abortion. Families and clients can learn about the warning signs of pregnancy complications and plan for the use of safe contraceptive methods. In accordance with the evolving theory, the midwifery profession is expected to enhance the quality of care. However, this profession remains grounded in its obligation as midwives trained to provide care that meets the standards of midwifery services and is beneficial for clients.

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