



*Dehasen University
Bengkala*



PROCEEDING
Fakultas Ilmu Kesehatan Universitas Dehasen
**3RD INTERNATIONAL
HEALTH
CONFERENCE**

THEME

Health Workers and Society Readiness in Facing
Disaster of Mother and Child Emergency With
Community Base at Global Market

*Time and Place. 4-5 April 2018
at. Dehasen University*

3rd INTERNATIONAL CONFERENCE ON HEALTH SCIENCE (ICH)

ABSTRACT PROCEEDING

**“HEALTH WORKERS AND SOCIETY READINESS IN FACING
DISASTER OF MOTHER AND CHILD EMERGENCY WITH
COMMUNITY BASE AT GLOBAL MARKET”**



DEHASEN UNIVERSITY BENGKULU
4th-5th APRIL 2018

This Proceeding is published by:
FAKULTAS ILMU KESEHATAN UNIVERSITAS DEHASEN BENGKULU

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Faculty of Health Sciences Dehasen University
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Published: Mei 2018

ISBN:978-602-51528-2-5

Diterbitkan Oleh:
Fakultas Ilmu Kesehatan Universitas Dehasen Bengkulu
Jl. Merapi Raya No.43 Kebun Tebeng Bengkulu
Email: fikes@unived.ac.id
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ACKNOWLEDGEMENT

1. Ltk. Laut (K) dr. T. Nurobbi, Sp. OT
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THE INFLUENCE OF OXYTOCIN MASSAGE ON BREASTMILK PRODUCTION OF PARTUM MOTHERS

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Abstract

Breast milk is an essential and perfect nutrition for babies to help reduce IMR through exclusive breastfeeding programs. Approximately 40% of toddlers mortality occur in the first month of infant life, based on the results of the study showed that breastfeeding can reduce 22% of infant deaths below 28 day, thus infant and toddlers' mortality can be prevented through early breastfeeding since the baby is born at the beginning of life. The purpose of this research was to determine the effect of oxytocin massage on breastmilk production on the 1st and 2nd day delivery. This research used quasi experiment method (pseudo experiments), with pre and post one group design. The population in this research was post-partum mother on the 1st and 2nd day with all population taken to be sampling with accidental sampling technique. The primary data were processed and analyzed using univariate and bivariate analysis. This research was conducted in June - July of 2017 at BPM "R" of Pasar Ikan Public Health Bengkulu City. The result of univariate analysis of the average amount of milk that came out before the oxytocin massage was 0,867 cc and the average amount of milk that came out after the massage Oxytocin was 2,293 cc. The result of bivariate analysis using wilcoxon test showed that there was an influence of oxytocin massage with mother's milk production. It is expected that health workers, especially midwives, always provide counseling to clients about the benefit of oxytocin massage to continue early breastfeeding to implement exclusive breastfeeding.

Keywords: Post Partum Mother, Oxytocin Massage, Breastmilk Production.

Introduction

Breastmilk is a very important and perfect nutrition created by God Almighty for babies. Breastmilk has a useful content, such as breast milk stage 1 from day one to day 4 called colostrum is very important for the baby's body's defense because colostrum is the first immune substance for the baby. Colostrum helps remove meconium, from the baby's intestine so that the newborn's intestinal mucosa is immediately clean and ready to receive breast milk. Breast milk contains immunoglobulin, secretory IgA (SigA), IgE, IgM, and IgG (Roesli, 2008).

Breast milk can reduce infant mortality, educate and improve the quality of young people of the nation. Approximately 40% of toddlers' mortality occur in the first month of infant life, based on the results of the study showed that breastfeeding can reduce 22% of infant deaths below 28 day, thus infant and toddlers mortality can be prevented through early breastfeeding from the time the baby is born at the beginning of life (Roesli, 2008).

The success of early breastfeeding in the first determines the success of breastfeeding further. Give breastfeeding in newborns up to 6 months is a recommendation from the World Health Organization (WHO). WHO states that breast milk is the most perfect and best food for babies. The United Nations Children's Fund (UNICEF) in 2008 estimates that breastfeeding until the age of 6 months can prevent the deaths of 1-3 million children under the age of 5 years (Siregar, 2011).

If breast milk is not given it will affect the mothers were loss bonding attachment between the baby and the mother, beside from that the mother can be attacked by breast cancer. As for infants,

babies are susceptible to ARI, diarrhea, due to lack of immune substances and late baby growth because nutrition of breast milk is more complete than formula (Siregar, 2011).

Because the importance of breastfeeding the Indonesian government has made various efforts and campaigns of breastfeeding pioneered by WHO. The Government of Indonesia made Government Regulation No. 33 of 2012 about exclusive breastfeeding and early breastfeeding. This regulation states that the mother's obligation to breastfeed her infants exclusively from birth to 6 months after the age of 6 months of newborns can be fed complementary feeding, while still providing breast milk for at least 2 years of age. Given the importance of breastfeeding by WHO. The Government of Indonesia made Government Regulation no. 33 of 2012 on exclusive breastfeeding and IMD. This regulation states that 6 months of newborns can be fed complementary feeding while still providing breast milk for at least 2 years of age.

Based on the data from Indonesian Demographic Health Survey (SDKI) 2012 on infant feeding for all the last children the mother delivered in the two years before the survey showed that only 27% of 4-5 month olds were exclusively breastfed (appear to be additional food or other drinks) 8% of infants at the same age were given another milk and 8% were given water. Exclusive breastfeeding for infants aged 4-5 months in the SDKI 2012 is higher than the 2007 SDKI results (27% and 17% respectively) (BKKBN, 2012). The coverage of exclusive breastfeeding in Indonesia in 2016 reached 42%, this achievement still quite far from the target set by WHO is 50%, while the Indonesian government sets the target of exclusive breastfeeding coverage of 80% (Deshinta, 2016).

Based on the data obtained from the health profile of Bengkulu province in 2015 shows the coverage of exclusive breastfeeding success of 52%. The highest coverage of infants exclusively breastfed was Kaur at 74%, and the lowest coverage was in Bengkulu at 38% (Dinkes Bengkulu Province, 2016).

Failure of exclusive breastfeeding or exclusion of exclusive breastfeeding coverage against the government's target of 80% is due in part to the failure of breastfeeding on the first day of life. This is because breast milk does not come out on the first day of the puerperium. The Factors that affect not release of breast milk on the first day is the mother's anxiety factor in the face of labor, so the reflex that serves to produce milk does not work well (Roesli, 2008).

The process of breastmilk exclusion is a very complex interaction between mechanical stimulation, nerves and various hormones that affect the release of oxytocin other than influenced by baby sucking is also influenced by receptors located in the ductal system, when the ducts widen or become soft then the reflectoris issued oxytocin pituitary that plays a role to squeeze the milk from the alveoli Therefore, there is an effort to help the expenditure of breast milk on the mother of post partum. In the effort of milk expenditure there are 2 things that affect the production and expenditure. Breast milk production is affected by the hormone proklaktin while expenditure is influenced by the hormone oxytocin. The hormone oxytocin will come out through the stimulation to the nipple through the baby's mouth sucking or through the massage on the spine the mother will feel calm, relax, increase the threshold of pain and love the baby, so that the hormone oxytocin out and milk quickly came out in such a way to stimulate the expenditure of breast milk is with the massage Oxytocin (Soetjningsih, 2010).

According to Munford (2013), oxytocin massage is a structured sequence of pressure or touch of the hands and parts of the body to manipulate above the skin, especially on the part of the muscles

with massage movements, rubs, strikes, presses on the nape of the neck with the major pectoralis muscles to carry oxygen and make mom relax and stimulate oxytocin.

Through a massage or stimulation of the spine, the neurotransmitter will stimulate the medulla oblongata to send a message to the hypothalamus in the posterior hypofise to release oxytocin, causing the breasts to release milk. With a massage in the spinal region it will also relax the tension and relieve stress and so the oxytocin hormone out and will help the mother's milk expenditure, assisted by baby sucking on the nipple as soon as the baby is born with a normal baby (Guyton, 2007).

Based on preliminary survey conducted at BPM "R" in the working area of Pasar Ikan Public Health Bengkulu city in May from 5 mothers were birth, there were 3 mothers have issued milk and 2 people who have not issued milk. Of the 2 mothers who have not been breastfed they give formula milk to the baby with the reason that the milk has not come out and one mother who has not been breastmilk. After the oxytocin massage, the milk can come out. Based on the above background, the researcher was interested to do research about the effect of oxytocin massage on breastmilk production on post partum mothers on 1st and 2nd day.

Research Design and Methodology

This research used quasi experiment method (pseudo experiments), with pre and post one group design, population in this research were post partum mothers on 1th and 2nd day with all population taken to be sampling with accidental sampling technique, total the samples 15 mother, using primary data processed and analysis with univariate and bivariate. This research was conducted in June - July of 2017 at BPM "R" of Pasar Ikan Public Health Center Bengkulu City.

Finding and Discussion

From the analysis of the data, it was found that of 15 mother's birth were almost 4 (26.7%) who were <20 years old, and more than 10 (66.7%) of those aged 20-35 years and a minority of 1 (6.6%) aged > 35 Year. Based on the parity of 15 respondents, almost 6 (40.0%), which included primipara parity and more than 9 (60.0%), which included multipara parity. From the 15 respondents indicated that before the average of oxytocin massage was done the amount of breast milk that came out was 0.867 cc with the amount of milk that came out was at least 0 cc and at most 3 cc, while after the average oxytocin massage the amount of milk that came out was 2,293 cc with the amount of breast milk that comes out is at least 1 cc and at most 5 cc.

The result of normality test using Shapiro-Wilk test shows that the value of p for data before treatment is 0,003 and after treatment is 0,066, because from both value p there is one smaller than α (0,05) so it can be said that data in this research is not abnormal distribution, so it is not eligible for Paired Samples Test t-test, so statistical non parametric Wilcoxon Signed Ranks Test is performed. Wilcoxon Signed Ranks test results.

Wilcoxon Signed Ranks Test Results of the above test shows that of 15 respondents who have been given oxytocin massage treatment none of which experienced a decrease in the amount of milk out, 13 respondents whose breast milk increased after oxytocin massage and 2 people who did not breast milk undergoing changes before and after an oxytocin massage. From Wilcoxon Signed Ranks Test test obtained value p value = 0.001 < α (0.05) which means significant. The influence of oxytocin massage on breast milk product can be seen from 15 respondents conducted done oxytocin massage

there were 13 respondents whose breastmilk production increased after the oxytocin massage. The results of this study are in accordance with Munford (2013) which states that the massage of the back of the nape and back contributes greatly to the mother who is breastfeeding. The sense of comfort that the mother feels will help in producing breastmilk, so that the mother will not feel the pain of both the baby's sucking on the breast and uterine contractions because of massaging of the nape and back.

Based on the results of the study found that 15 respondents before the oxytocin massage on post partum mothers day 1 and 2 in BPM "R" in the working area of Pasar Ikan Bengkulu City in 2017 the average amount of milk that came out was 0.867 cc with the amount of milk at least 0 cc and at most 3 cc. This shows that the milk is still relatively less, this is because there were mothers who are still young and there are babies born prematurely so as not to have a good ability to suck.

The results of this study also obtained that after the average of oxytocin massage, the amount of milk that comes out is 2,293 cc with the amount of breast milk at least 1 cc and at most 5 cc. This suggests that after oxytocin massage there is an increase in the amount of breast milk that comes out. According to Suherni (2008), Suradi (2006) and Hamranani (2010), oxytocin massage is a spinal massage action ranging from the 5th to the scapula nerve that will speed up the parasympathetic nerve work to deliver the command to the back of the brain so that oxytocin is released.

Conclusion

The average amount of breast milk that came out before the oxytocin massage was 0.867 cc with the least amount of breastmilk was 0 cc and at most 3 cc. The average amount of breast milk that comes out after the oxytocin massage is 2,293 cc with the least amount of milk released is 1 cc and at most 5 cc.

There is an effect of oxytocin massage on breastfeeding production on post partum mothers on the 1st and 2nd day in BPM "R" Pasar Ikan Public Health center Bengkulu City.

It is desirable for health workers, especially midwives, to find mothers who have problems with breastfeeding production should be able to provide counseling to clients to do the massage of oxytocin with the aim of providing education to the mother/family to continue early breastfeeding to babies in life so exclusive breastfeeding can be implemented.

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Biography



Lin Nilawati was born on April 01st 1990 in Bukit Harapan Village, North Bengkulu. She earned her bachelor's degree from midwifery Program in medical faculty Sebelas Maret University of Surakarta in 2013 and graduated from the post-graduate program of reproductive health education in public health faculty Kader Bangsa University Palembang in 2015. In 2013 she was accepted as a lecture at midwifery department in Sapta Bakti Health Academy. She teaches about maternal and neonatal courses until now.

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