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Intervention of Combined Breast Care and Oxytocin Massage on Improving Breast Milk Flow in Postpartum Mothers

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ABSTRACT

Breast milk (BM) serves as the primary source of nutrition for infants from birth until six months of age. However, during the early postpartum period, BM production is often limited, necessitating non-pharmacological interventions such as a combination of breast care and oxytocin massage to stimulate prolactin and oxytocin hormones. The purposed this study is Intervention of Combined Breast Care and Oxytocin Massage to Improve Breast Milk Flow in Postpartum Mothers. This study employed a pre-experimental design with a one-group pre-test post-test approach. A total of 45 post-cesarean section mothers who met the inclusion criteria were selected using consecutive sampling. The intervention, consisting of breast care combined with oxytocin massage, was administered twice daily for seven days. Research instruments included a breast milk adequacy questionnaire and an observation sheet. Data were analyzed using the Wilcoxon Signed Ranks Test via SPSS version 26. Before the intervention, 41 respondents (91.1%) experienced inadequate BM flow, while 4 respondents (8.9%) had adequate BM flow. After the intervention, all respondents (100%) achieved adequate BM flow. The Wilcoxon test yielded a p-value of 0.000 ($p<0.05$), indicating a significant effect. The combination of breast care and oxytocin massage was proven effective in improving BM adequacy among postpartum mothers and can be recommended as a non-pharmacological approach to support exclusive breastfeeding programs.

Keywords: *Breast Care, Oxytocin Massage, Post Partum, Breast Milk Flow*

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INTRODUCTION

Breast milk is the primary source of nutrition for infants from birth up to six months of age, a period referred to as exclusive breastfeeding. Its benefits include enhancing immunity, protecting against diseases, strengthening the mother-infant bond, and supporting overall growth and development, including brain development (Putri et al., 2020). However, during the postpartum period, especially in the early stages after delivery, breast milk production is often inhibited due to the influence of hormones such as HPL, PIF, progesterone, and estrogen, resulting in suboptimal milk supply on the second to third day after birth (Melyanasari et al., 2018).

According to UNICEF (2020), Exclusive breastfeeding within the first six months is achieved by only 44% of infants worldwide, whereas infants who are not exclusively breastfed are more vulnerable to mortality (Hartati et al., 2021). The 2021 Basic Health Research (RISKESDAS) reported that exclusive breastfeeding in Indonesia was practiced by only 52.5% of infants under six months, equivalent to about half of 2.3 million, marking a 12% decline relative to 2019 (Karana, 2022). At the regional level, data from 2023 shows that 74.8% of newborns in East Java received exclusive breastfeeding (Dinas Kesehatan Jawa Timur, 2023). In the 2023 Health Profile of Mojokerto District, of 11,922 newborns, 10,779 (90.4%) received early initiation of breastfeeding (IMD), and of 4,413 infants under six months, 3,608 (81.8%) were exclusively breastfed (Dinas Kesehatan Kabupaten Mojokerto, 2023).

Based on a preliminary study conducted on December 9, 2024, using medical records at Sumberglagah Hospital Mojokerto east Java, there were four postpartum mothers. Interviews revealed that one mother reported breast milk secretion on the first day, while the other three indicated that milk had not yet been produced. During the early postpartum period, a common challenge is low breast milk production, which may put the infant at risk of inadequate intake (Danaz et al., 2021).

The process of breast milk production relies significantly on the involvement of the hormones prolactin and oxytocin. During pregnancy, prolactin levels increase, but elevated estrogen can inhibit milk secretion. After childbirth, estrogen and progesterone levels decrease, while prolactin rises, allowing breast milk to be produced (Wahyuni et al., 2023).

Breast stimulation during the first week of lactation is essential for enhancing milk production. Factors influencing lactation include maternal nutrition, emotional state, frequency of breastfeeding, breast care, and quality of rest. The lactation mechanism is regulated by oxytocin, prolactin, and the prolactin and let-down reflexes. When the infant suckles, prolactin release is stimulated to produce milk, while the let-down reflex facilitates its flow. Indicators of effective breastfeeding include the infant feeding 8–10 times every 2–3 hours, frequent yellow stools, 6–8 urinations per day, growth in weight and length according to standard charts, appearing satisfied after feeding, and waking when hungry (Delvina et al., 2022).

Insufficient breast milk can hinder the fulfillment of infant nutritional needs, affect growth and development, and disrupt the mother-infant bonding process. During the early stages of breastfeeding, maternal anxiety often impacts milk production (Dewi & Triana, 2020).

Low milk output on the first day is common; however, by the second day, the infant's needs must be met through increased oxytocin and prolactin levels. Hormonal stimulation can be achieved through pharmacological or non-pharmacological methods, such as breast care, oxytocin massage, and Marmet massage. Breast care facilitates the let-down reflex, prevents engorgement, and increases milk volume (Fatrin, 2022). Oxytocin massage helps relieve blockages, provides comfort, reduces stress, and stimulates oxytocin release (Muliani et al., 2020). Combining breast care with oxytocin massage is more

effective in enhancing oxytocin and prolactin production, thereby improving milk output (Harismayanti et al., 2024).

Several studies have demonstrated that combining oxytocin massage with breast care effectively increases both milk production and flow. Ramadani & Mustarin (2021) found that this therapy increased milk output after three sessions per day for three days. Dewi & Triana (2020) reported a significant effect on improving milk flow in mothers with breast engorgement. Similarly, Aisah et al. (2024) concluded that the combination was more effective in enhancing milk flow compared to the control group.

Proper implementation of breast care and oxytocin massage in the correct sequential steps is crucial. When performed correctly, milk production proceeds smoothly, whereas improper application may lead to suboptimal lactation. Based on this rationale, the researcher is interested in conducting a study entitled "Intervention of Combined Breast Care and Oxytocin Massage to Improve Breast Milk Flow in Postpartum Mothers."

METHOD

This study employed a pre-experimental design using a One Group Pre-Test Post-Test approach, which involves a single group of participants measured before and after the intervention. Prior to receiving the intervention, consisting of a combination of breast care and oxytocin massage, participants underwent a pre-test. After the intervention, the same group was assessed with a post-test to evaluate its impact. The study population included all post-cesarean section mothers in the maternity ward of RSUD Sumberglagah between March 25 and May 23, 2025, totaling 57 individuals. From this population, 45 participants met the inclusion and exclusion criteria.

Inclusion criteria were post-cesarean section mothers using the ERACS method after six hours, experiencing difficulties with milk flow, having healthy full-term infants (≥37 weeks), infants with birth weight >2500 grams, Apgar scores of 7–10, and no congenital abnormalities. Exclusion criteria included infants receiving formula and mothers who declined participation.

Instruments included an observation sheet for collecting general participant data, a standard operating procedure (SOP) for breast care and oxytocin massage as a guide for intervention implementation, and a questionnaire to assess milk flow. The questionnaire used a closed-ended Guttman scale, allowing participants to select the appropriate option.

Data were collected through the questionnaire and observation sheet to gather demographic information. The data were analyzed using the Wilcoxon Signed Ranks Test via SPSS version 26 to determine the effect of the intervention. The study received ethical approval from Sumberglagah Hospital and was deemed ethically feasible (No. 800.2/002/102.15/I/2025).

FINDING AND DISCUSSION

RESEARCH RESULT

Table 1: Frequency Distribution Based on the Characteristics of Post-Cesarean Section Mothers in the Maternity Ward of Sumberglagah Hospital

Respondent Characteristics	Respondent Characteristics	Respondent Characteristics
Age		
< 20 years	1	2,2
20-25 years	16	35,6
26-30 years	23	51,1
31-35 years	3	6,7
> 35 years	2	4,4
Total	**45**	**100,0**
Education		
Elementary School	1	2,2
Junior High School	4	8,9
Senior High School	35	77,8
Higher Education	5	11,1
Total	**45**	**100,0**
Occupation		
Housewife	39	86,7
Entrepreneur	2	4,4
Private employee	4	13,3
Total	**45**	**100,0**
Number of Children		
1	21	46,7
2-4	24	53,3
Total	**45**	**100,0**
Delivery		
Aterm	45	100,0
Total	**45**	**100,0**
History of Consuming Galactagogues		
Yes	2	4,4
No	43	95,6
Total	**45**	**100,0**
History of Breast Care		
No	45	100,0
Total	**45**	**100,0**
History of Oxytocin Massage		
No	45	100,0

Total	**45**	**100,0**
Cultural Practices (Food Restrictions)		
No	45	100,0
Total	**45**	**100,0**

Source: Primary Data, 2025

Based on Table 1, the data collected during the study at Sumberglagah Hospital Mojokerto showed the following distribution: the majority of respondents were aged 26–30 years, totaling 23 participants (51.1%). Regarding the highest level of education, most respondents had completed high school (SMA), totaling 35 participants (77.8%). In terms of occupation, the majority were housewives, with 39 participants (86.7%). Most respondents had 2–4 children, totaling 24 participants (53.3%). All respondents experienced full-term pregnancies (aterm) during delivery (45 participants, 100%). The majority had never taken galactagogues (43 participants, 95.6%). All respondents (100%) had not previously undergone breast care or oxytocin massage, and none reported cultural dietary restrictions (45 participants, 100%).

Table 2: The Effect of the Combination of Breast Care and Oxytocin Massage on Milk Flow in Postpartum Mothers at Sumberglagah Hospital, Mojokerto Regency

No.	Milk Flow	Before Intervention		After Intervention	
		Frequency	Percent (%)	Frequency	Percent (%)
1	Smooth	4	8,9	45	100,0
2	Not Smooth	41	91,1	0	0
Total		45	100,0	45	100,0
Wilcoxon Statistical Test Result					**P = 0,000**

Source: Primary Data, 2025

Based on Table 2, the results showed that before the combination of breast care and oxytocin massage, almost all breastfeeding mothers experienced difficulty with milk flow, with 41 respondents (91.1%) reporting unsmooth lactation. After the intervention, all respondents (45 participants, 100%) experienced smooth milk flow.

Using the Wilcoxon Signed Ranks Test in SPSS version 26 at a 0.05 significance level, the analysis obtained a p-value of 0.000. Because this value fell below 0.05, H_1 was accepted, demonstrating a significant influence of combined breast care and oxytocin massage on improving milk flow in postpartum mothers at Sumberglagah Hospital, Mojokerto Regency.

DISCUSSION

Breast Milk Flow in Postpartum Mothers Before the Combination of Breast Care and Oxytocin Massage

Before the intervention of combined breast care and oxytocin massage at RSUD Sumberglagah, 41 respondents (91.1%) experienced unsmooth milk flow, while only 4

respondents (8.9%) had smooth lactation. Milk production is greatly influenced by stimulation of the mammary glands, particularly during the first week of breastfeeding.

All four respondents who already had smooth milk flow prior to the intervention were multiparous. Two were aged 30–35 years, and the other two were over 35 years. According to Astuti, milk production tends to be more optimal in mothers under 35 years old, whereas mothers under 20 years may experience lower production. Parity also plays a role, as multiparous mothers generally have better milk production compared to primiparous mothers (Daeni et al., 2024). Therefore, the researchers assume that the smooth lactation in these four respondents was influenced by a combination of age and parity.

The majority of respondents had completed senior high school (77.8%). Conita explains that maternal education plays a role in infant growth, as higher education levels facilitate understanding of information and practical skills. However, higher education does not necessarily guarantee proper breastfeeding practices without adequate knowledge (Aisah et al., 2024). The researchers assume that maternal education contributes to understanding breastfeeding, although additional support through counseling or lactation guidance remains necessary.

Most respondents were housewives (86.7%). This role often leads to fatigue and stress, which can reduce milk production by inhibiting the let-down reflex. Stress increases adrenaline, causing vasoconstriction around the alveoli, which impairs oxytocin flow and myoepithelial cell contraction. As a result, milk accumulates in the alveoli, and milk ejection becomes difficult (Nurhayati et al., 2024). The researchers assume that the heavy workload of housewives may affect breastfeeding through disruption of the let-down reflex due to psychological stress.

All respondents (100%) delivered at term. The type of delivery affects lactation and breastfeeding patterns. Premature infants often cannot breastfeed directly, requiring mothers to express milk more than five times per day during the first month. In contrast, full-term infants can usually breastfeed directly up to 10 times per day during the first two weeks (Delvina et al., 2022). The researchers assume that frequent suckling or pumping plays an important role in stimulating prolactin and oxytocin secretion, thereby supporting successful lactation.

The use of galactagogues has been shown to increase milk volume and prolactin levels from the first postpartum day, especially in mothers with low production (Osadchy et al., 2012). Experience with galactagogue consumption is considered supportive of lactation success, particularly in post-cesarean mothers, as it enhances breastfeeding readiness. Although only a few respondents had this experience, it contributed to increased knowledge and maternal confidence in maintaining smooth milk flow.

Regarding breast care, all respondents (100%) had never performed it. Regular breast care is essential to maintain hygiene while stimulating milk production through increased prolactin and oxytocin levels (Delvina et al., 2022). Proper breast care also prevents breastfeeding problems such as engorgement, nipple soreness, and discomfort.

The researchers assume that regular breast care not only maintains breast health but also supports effective milk production and increases maternal comfort during breastfeeding.

Finally, all respondents (100%) reported no adherence to dietary restrictions (tarak culture). The tarak practice encourages mothers to avoid high-protein foods, vegetables, and watery fruits due to beliefs that they hinder wound healing and reduce milk quality. For example, seafood is often avoided because it is thought to cause milk odor or trigger allergies in infants. The researchers assume that adherence to tarak practices in breastfeeding mothers may lead to an unbalanced diet, reducing essential nutrient intake and impacting milk flow.

Breast Milk Flow in Post-Cesarean Mothers After the Combination of Breast Care and Oxytocin Massage

The results of the study showed that after the combined intervention of breast care and oxytocin massage, all respondents (45 mothers, 100%) experienced smooth milk flow.

The stimulation method, combining breast care and oxytocin massage, involved massaging the mother's back and breast area. This approach aims to stimulate the mammary glands to increase milk production while triggering the oxytocin reflex (let-down reflex). The method also provides a sense of relaxation and comfort through the release of endorphins induced by the calming effect of massage and emotional support. Gentle touch on the breast and back stimulates oxytocin release, which then triggers contraction of myoepithelial cells, facilitating milk ejection (Maimunah & Putri, 2023).

Consistent with the findings of (Hanifah et al., 2023), Breast care combined with oxytocin massage has been shown to be more effective in enhancing milk production compared to breast care alone. Faster improvement in lactation helps mothers meet their infants' exclusive breastfeeding needs and reduces the risk of breastfeeding failure. Considering the importance of breast milk for infant growth and development, breastfeeding should ideally begin immediately after birth and continue exclusively for six months. Furthermore, observing sufficient milk production can reduce maternal anxiety regarding milk adequacy and lower psychological stress.

The Effect of Combined Breast Care and Oxytocin Massage on Breast Milk Flow in Postpartum Mothers at Sumberglagah Hospital, Mojokerto

The results showed that before the intervention, most of the 45 respondents experienced poor breast milk flow, with 41 mothers (91.1%) having insufficient milk and only 4 mothers (8.9%) reporting smooth milk flow. After receiving the combined breast care and oxytocin massage intervention, all respondents (45 mothers, 100%) experienced smooth milk flow.

Using the Wilcoxon Signed Ranks Test in SPSS version 26 at a 0.05 significance level, the analysis obtained a p-value of 0.000. Because this value fell below 0.05, H_1 was accepted, demonstrating a significant influence of combined breast care and oxytocin massage on improving milk flow in postpartum mothers at Sumberglagah Hospital, Mojokerto Regency.

In this study, oxytocin massage was performed first by massaging along the mother's spine, from the seventh cervical vertebra (C7) to the scapula, using circular motions with the thumbs for 2–3 minutes. This massage provides comfort while stimulating oxytocin release, which plays a key role in milk production. Breast care was then performed by compressing the nipples with cotton soaked in olive oil for 2–3 minutes, followed by gentle cleaning to open the milk ducts. Additionally, the breasts were massaged using circular motions from the base to the nipple, as well as stroke and shake techniques, to improve blood circulation and stimulate the mammary glands to enhance milk production. This combined intervention was administered after the mothers were at least six hours postpartum and able to mobilize independently (Lisa & Ismayucha, 2018).

Breast milk production occurs during lactogenesis II, which begins approximately 30–40 hours after delivery and is typically indicated by breast fullness on days 2–3 postpartum. This shows that milk production does not occur immediately after childbirth. Supporting studies, such as (Ramadani & Mustarin, 2021), indicate that milk ejection effects can be observed within just one day after three intervention sessions. Thus, if performed correctly, milk can begin to flow within 6–12 hours after the first intervention. During lactogenesis III, milk production stabilizes and is regulated through autocrine control mechanisms. Frequent milk removal and infant suckling further increase milk production (Lubis & Angraeni, 2021).

This study aligns with Dewi & Triana (2020), who found that combining breast care and oxytocin massage significantly reduced breast engorgement and increased milk production, with a p-value of 0.000 ($p < 0.05$). Milk production increased from 18.68 cc to 23.84 cc after the intervention. Similarly, Ramadani & Mustarin (2021) reported that oxytocin massage combined with breast care three times over three days improved breastfeeding smoothness in 93.3% of respondents, with a p-value of 0.000. These findings confirm that the combination of these two interventions is effective in enhancing breast milk flow in postpartum mothers.

The application of oxytocin massage combined with breast care effectively stimulates myoepithelial muscle contraction, provides relaxation, and increases oxytocin levels, which facilitate milk ejection. This combined approach optimizes milk production, keeps the milk ducts open, and resolves blockages, ensuring smoother milk flow after delivery (Lisa & Ismayucha, 2018).

The researchers posit that combining breast care with oxytocin massage is effective in enhancing breast milk flow among postpartum mothers. This assumption is supported by the observed increase in mothers with adequate milk flow following the intervention, as well as the statistically significant differences identified between pre- and post-intervention outcomes.

CONCLUSION

The findings indicate that the combined application of breast care and oxytocin massage effectively improved breast milk flow in postpartum mothers at Sumberglagah hospital, Mojokerto Regency. This effectiveness is attributed to the stimulation provided by

the combined breast care and oxytocin massage, which enhances the release of oxytocin and prolactin, facilitates milk duct flow, and creates a relaxed and comfortable condition that supports optimal breast milk production.

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