



# Identification of Breast Care in Increasing Production (In Postpartum Mothers in the Pegatan 2 Health Center Area)

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## Abstract

Breastfeeding for infants less than 6 months old in Central Kalimantan is only 55.98%, the lowest percentage nationally. Breast care can be an effort to increase the success of exclusive breastfeeding. Postpartum mothers who did not perform breast care had 40.0% and 20.0% less breast milk production. Infants who do not receive exclusive breastfeeding due to lack of breast milk production can provide a 3.94 times greater risk of diarrhea in infants when compared to infants who receive exclusive breastfeeding. Breast care is very important during pregnancy and breastfeeding because the breast is the only producer of breast milk which is the main food for newborns which must be done as soon as possible. Objective: To identify breast care in postpartum mothers in the Pegatan 2 Health Center working area. Methods: The research used is quantitative descriptive research with a CrossSectional approach. total sampling technique using instruments in the form of a checklist sheet, the number of samples is 10 Post partum mothers. Results: The results obtained from the age group 20 - 35 were (100%), the parity of the multiparous group was 6 people (60%), the education of the high school group was 6 people (60%), and from the housewife occupation group had a total of 6 people (60%), breast care in post partum mothers with a group of 6 people (60%), breast milk production in post partum mothers with smooth as many as 7 people (70%). Conclusion: Postpartum mothers who apply breast care have a greater potential to increase exclusive breast milk production.

## Keywords

*Postpartum Mothers, Care*

## Introduction

Breast milk is the best and ideal food to be given to babies at the beginning of their lives.[1] Breast milk contains substances that are needed for the growth and development of nerves and brain and contains antibodies to protect babies from various diseases[2]. Exclusive breastfeeding is the best way to protect babies from diseases in the process of growth and development, breast milk provides many nutrients that are easily digested and available in full to support the growth and

development of babies[2] . Exclusive breastfeeding is given to babies aged 0-6 months because breast milk is the main food source for babies because breast milk contains nutrients that are absorbed in the baby's body very easily and does not interfere with the work of the baby's kidneys which are in the stage of growth and development.

According to WHO (World Health Organization) data, the number of babies born in 2018 The share of breast milk is around 24.6%. In addition, in 2019 there was an increase to 32.7% and in 2020 the number was about 38.4% of babies received breast milk. in Indonesia the average duration of breastfeeding (breast milk) only lasts 18 days only about 17.9% and only about 28% of children under 6 months receive exclusive breastfeeding. [2]

Data from the Indonesian Health Profile in 2021 [3] shows that the percentage of exclusive breastfeeding coverage in Indonesia in general for infants aged 0-6 months is 56.9%, which has reached the target of 50%, but in some provinces it has not yet reached the target[3] . Exclusive breastfeeding coverage in the last 2 years based on the Indonesian Nutrition Status Survey (SSGI), in 2021 it was only 52.1% and in 2022 it amounted to 52.2% [4] Indonesia's exclusive breastfeeding coverage target is 80%. Central Kalimantan Province through data submitted by the Central Statistics Agency (BPS) in 2021 reported that the percentage of exclusive breastfeeding for infants aged less than 6 months in Central Kalimantan (Kalteng) was only 55.98%. This percentage is also the lowest nationally [5].

Breastfeeding is a natural process, which is desired by all mothers, but there are still many mothers who do not have success or even stop the process of giving breast milk (ASI) to their babies [6]. There are various reasons why mothers do not breastfeed, including: lack of knowledge and information, employment, education. Other factors that become obstacles and problems during breastfeeding are nipples that do not arise or blisters, stress, maternal discomfort, babies with premature conditions, lack of family support.[4]

Breast care is an action to take care of the breasts, especially in the postpartum period to facilitate milk production, which can be done before and after childbirth with the aim of improving blood circulation and preventing obstruction of the milk ducts so as to facilitate milk production [7][5] . Another study by Soleha et al. postpartum women who did not perform breast care had 40.0% less breast milk production and 20.0% with sufficient breast milk production, postpartum women with breast care had 3.3% less breast milk production with 36.3% sufficient breast milk production.

Breast care is the care of the breasts after the mother gives birth and breastfeeds [8], which aims to care for the breasts so that the milk comes out evenly. Breast care is very important during pregnancy and breastfeeding. This is because the breast is the only producer of breast milk which is the main food for newborns so it must be done as soon as possible .[6]

Based on the data above, the authors are interested in examining the identification of breast care in increasing breast milk production in postpartum mothers in the Pegatan 2 Health Center Working Area.

## Methods

The research method used in this study was *Cross Sectional* analytic research.[9] This research was conducted at the Pegatan 2 Health Center, Katingan Kuala District. The population of this study were all post partum mothers 6-8 hours at the Pegatan 2 Health Center, totaling 10

people. Sampling research using *total sampling* technique which means the number of samples is equal to the total population of 10 people.

The type of data used in this study is quantitative data, which means emphasizing its analysis on numerical data (numbers) which are then processed using statistical methods, the results of the analysis can then be drawn as a conclusion [10] The research instrument used is a checklist to record data obtained from respondents' answers to all answers given using the Guttman Scale at Puskesmas Pegatan 2.

## Results and Discussions

Data Based on the Characteristics of Postpartum Mothers.

**Table 1.** Frequency distribution of Post Partum Mothers based on age at Pegatan 2 Health Center

Age	Frequency	Percentage
20-35 Years	10	100 %
Total	10	100 %

**Table 2.** Frequency distribution of Postpartum Mothers based on Parity at Pegatan 2 Health Center

Parity	Frequency	Percentage
Primi	4	40 %
Multi	6	60 %
Total	10	100 %

**Table 3.** Frequency distribution of Post Partum Mothers based on Education at Pegatan 2 Health Center

Education	Frequency	Percentage
SLTP	1	10 %
HIGH SCHOOL	6	60 %
S1	3	30 %
Total	10	100 %

**Table 4.** Frequency distribution of Postpartum Mothers based on Occupation at Pegatan 2 Health Center

Jobs	Frequency	Percentage
IRT	6	60 %
Private	3	30 %
PNS	1	10 %
Total	231	100 %

**Table 5.** Frequency distribution of breast care for postpartum mothers at Pegatan 2 Health Center

Breast Care	Frequency	Percentage
Maintenance Performed	6	60 %

No Maintenance	4	40 %
Total	10	100 %

**Table 6.** Frequency distribution of breast milk fluency in postpartum mothers at Pegatan 2 Health Center

Fluidity of breast milk	Frequency	Percentage
Current	7	70 %
Not Current	3	30 %
Total	10	100 %

**Table 7.** Table of breast care and breast milk fluency in postpartum mothers at Pegatan 2 Health Center

Breast Care	Expressing breast milk					
	Current		Not Current		Total	
	F	%	F	%	F	%
<b>Maintenance Performed</b>	6	60	0	0	6	60
<b>No Maintenance</b>	1	10	3	30	4	40
<b>Total</b>	138	59,7	93	40,3	231	100

## Discussion

In this study, based on the age group, it can be seen that there were 10 postpartum mothers with an age group between 20-35 years (100%). This study shows that mothers aged 20-35 years have a proportion (100%) of breastfeeding. Age is the length of time lived from birth to the present. Age determination is carried out using a count of years. the more mature a person's age, the more mature a person's ability to be able to receive information about exclusive breastfeeding . [7]

Then the ability of mothers with an age older than a healthy reproductive age is feared to produce insufficient or less, thus it can affect exclusive breastfeeding [11].

Parity is the number of babies born alive to a woman. Parity is considered a major factor influencing mother-infant interaction among family system influencing factors, which can illustrate the influence of different family systems on infant development[12]. While it is believed that experienced mothers require fewer cyto-social interventions to promote maternal role adaptation and effective parenting, the birth of a second and subsequent child is a stressful experience and can increase role strain and affect both maternal and partner qualities [11].

The results of the study based on parity obtained the results of the frequency distribution of postpartum mothers when viewed from parity with the multiparous category as many as 6 people (60%) while primi as many as 4 people (40%). Parity has a significant relationship with breastfeeding because the experience that mothers have received when caring for their first child will affect the next child.

The results of the study based on the frequency distribution table of education can be seen that Post Partum mothers with high school education have the largest number, namely 6 people (60%). Education is very influential on exclusive breastfeeding. Mothers who have higher education can better understand the physiological and psychological benefits of exclusive breastfeeding.[13]

Mothers who complete education only at the primary and secondary-high levels tend to be able to implement exclusive breastfeeding practices. This shows that mothers with any level of education if they have the ability and confidence to provide exclusive breastfeeding to their babies, then they will easily implement it .[8]

Working is a form of self-actualization for women, especially in cities who have higher education and as an effort to help the family economy besides that it also hones an independent spirit and is able to have a positive impact on others. Working for a mother has many positive impacts but on the other hand has a negative impact. Research conducted by Dahlan, Mubin, and Mustika (2013) in the journal *Angina* (2021) shows that working mothers are more likely to be unable to provide exclusive breastfeeding to their babies than non-working mothers. This is due to the long time span (approximately 7 hours) leaving the baby, causing a decrease in the amount of breast milk. The length of working hours also affects the frequency of breastfeeding in working mothers, mothers who work fewer hours will breastfeed more often than women who work longer hours. Most working mothers do not provide exclusive breastfeeding to their babies due to busy work schedules so they do not have time to express milk, heavy work, long distances to work, problems with the mother's breasts, obstruction of milk release, psychologically tired mothers and mothers who do not understand how to store and express breast milk efficiently. This certainly has an impact on the fulfillment of infant nutrition due to the mother's work. In this study, housewives had the highest number, housewives have free time in breastfeeding, so mothers have more time to breastfeed their babies. This is in accordance with the characteristics of respondents, the majority of whom are housewives, 6 people (60%).

The results of the study based on the frequency distribution table of breast care in post partum mothers can be seen mostly with a group of 6 people (60%) and 4 people (40%) not doing breast care. This is due to the lack of information obtained by respondents in this case about breast care during pregnancy and in post partum mothers. Generally, respondents have heard about how to take care of breasts during pregnancy and in the postpartum period, however, there are still those who do not understand how to take care of breasts during pregnancy and in the post partum period so that they have not been able to carry out breast care even though one way to smooth the breastfeeding process is by doing regular breast care, done 2 times a day before bathing in the morning and evening for 30 minutes will help smooth milk production. Considering the importance of breast milk, breastfeeding mothers should really take care of their breasts so that the baby is also comfortable when feeding.

Efforts to overcome this problem can be done by doing breast care during the postpartum period. The way that can be done to increase breast milk production is by doing breast care or breast care which aims to improve blood circulation and prevent blockage of milk production channels so as to facilitate milk production, maintain cleanliness, and overcome immersed flat nipples[9] . Movement in breast care is useful to launch the milk ejection reflex. In addition, it is also an effective way to increase the volume of breast milk, namely with breast care is a method to increase breast milk production and one way to smooth the breastfeeding process by doing regular breast care[14].

Based on the frequency distribution table of breast milk production in postpartum mothers, it can be seen that most postpartum mothers with a fairly smooth group were 7 people (70%) and less smooth as many as 3 people (30%). The smoothness of breast milk production is influenced by

baby factors and mother factors. The baby factor includes the baby's ability to suck. The baby's ability to suck (sucking reflex) which is lacking has an impact on the production of prolactin and oxytocin hormones that affect the smooth production of breast milk. While maternal factors include nutrition, stress and physical condition, age, gestational age at delivery, parity, chest muscle stimulation, psychological factors, socio-cultural, and perceptions about breastfeeding, lack of information about breastfeeding, breast and nipple conditions.

The results of this study were supported by Henayati's research. The results showed that there were respondents with substandard breast milk production as many as 16 respondents, but there were respondents with smooth breast milk production even before breast care, one of the reasons was the normal nipple shape, this was due to anatomical factors of the breast nipple that could affect milk production [15].

## Conclusion

The results of this study show that most postpartum mothers who performed breast care experienced smoother breast milk production compared to those who did not. Factors such as age, parity, education, and occupation also contributed to breast care practices and breast milk production. Of the 10 respondents, 60% performed breast care and 70% experienced smooth milk production. This proves that breast care is a simple yet effective intervention to increase breast milk production in postpartum mothers. Therefore, continuous education from health workers is needed so that postpartum mothers understand the importance of breast care as an effort to support the success of exclusive breastfeeding.

## References

- Arlenti, L., et al. (2022). Breast care among breastfeeding mothers in public health centers. *Journal Besemah*, 1(1), 1–6.
- Aulya, Y. (2021). The influence of breast care on breastfeeding mothers. *Menara Medika*, 3(2), 77–85.
- Black, R. E., et al. (2021). The global breastfeeding collective: An urgent call for investment in breastfeeding. *Maternal & Child Nutrition*, 17(2), e13144.
- D. Nurahmawati, M. Mulazimah, Y. Ikawati, D. D. Agata, and R. Pratika, "Breast care counseling for postpartum mothers in providing exclusive breastfeeding at the Army Hospital in Kediri City," *Abdimas: Papua Journal of Community Service*, vol. 3, no. 2, pp. 61-67, Jul. 2021, doi: 10.33506/PJCS.V1I2.1416.
- E. Wulandari et al., "BREAST CARE INCREASES NIFAS MOTHER'S BREAST MILK PRODUCTION," *Journal of Medical and Health Sciences*, vol. 9, no. 1, pp. 2549-4864, Mar. 2022, doi: 10.33024/JIKK.V9I1.5373.
- F. Cahyaningrum and S. Mularsih, "The Relationship between Knowledge Level about Breastfeeding Methods and Breastfeeding Practices in Primiparas at the Brangsong II Kendal Health Center," *Indonesian Journal of Midwifery (IJM)*, vol. 2, no. 1, Mar. 2019, doi: 10.35473/IJM.V2I1.148.
- Hennyati, S. A., & Yuniadah, L. (2021). Relationship of breastfeeding techniques and breast care practices. *Jurnal Sehat Masada*, 15(2), 120–126.
- K. Dinkes, "Health Profile of Central Kalimantan Province," 2021.

- K. Jayanti et al., "Improving Breastfeeding Mothers' Knowledge on Complementary Feeding (MP-ASI) through Health Counseling at PBM Citra Lestari Bogor," *Journal of Empowered Abdimas: Journal of Learning, Empowerment and Community Service*, vol. 3, no. 02, pp. 125-133, Sep. 2020, doi: 10.30736/JAB.V3I02.63.
- L. Arlenti, R. Rismayani, L. Nababan, R. Oktavia, and C. Mayumi, "Breast care among breastfeeding mothers at Posyandu Kopi in the working area of Puskesmas Anggut Atas," *JOURNAL BESEMAH*, vol. 1, no. 1, pp. 1-6, Jun. 2022, doi: 10.58222/JURNALBESEMAH.V1I1.41.
- L. M. Maulidiyah and N. W. W. Astiningsih, "The Relationship between Maternal Parity and Formula Milk Promotion with Exclusive Breastfeeding for Infants 6-12 Months of Age at Posyandu Harapan Baru Samarinda," *Borneo student research*, vol. 2, no. 3, pp. 1576-1583, 2021.
- Ministry of Health of the Republic of Indonesia, "INDONESIA HEALTH PROFILE," Jakarta, Jul. 2022. [Online]. Available: [https://www.kemkes.go.id/app\\_asset/file\\_content\\_download/Profil-Kesehatan-Indonesia-2021.pdf](https://www.kemkes.go.id/app_asset/file_content_download/Profil-Kesehatan-Indonesia-2021.pdf)
- Ministry of Health Republic of Indonesia. (2023). *Indonesia Health Profile 2023*. Jakarta: Ministry of Health.
- Ministry of Health, "INDONESIA HEALTH PROFILE 2023," 2023. [Online]. Available: [https://www.kemkes.go.id/app\\_asset/file\\_content\\_download/Profil-Kesehatan-Indonesia-2021.pdf](https://www.kemkes.go.id/app_asset/file_content_download/Profil-Kesehatan-Indonesia-2021.pdf)
- N. N. Yusuf et al., "Education and Breast Care Activities during Pregnancy and Breastfeeding in Gubuk Lauk Hamlet, East Lombok Regency," *Journal of Community Care*, vol. 6, no. 2, pp. 755-758, Jun. 2024, doi: 10.37287/JPM.V6I2.2808.
- Nugraheni, D., & Sari, R. (2023). Factors influencing exclusive breastfeeding in Indonesia: A systematic review. *Indonesian Journal of Public Health*, 18(1), 45–56.
- Pérez-Escamilla, R., Tomori, C., & Hernández-Cordero, S. (2020). Breastfeeding and the need for evidence-based public health policies. *Maternal & Child Nutrition*, 16(3), e12900.
- Pratiwi, I., & Yulianti, N. (2021). The effect of breast care on the smoothness of breast milk production in postpartum mothers. *Journal of Midwifery Science*, 5(2), 45–53.
- Putri, R., & Handayani, T. (2020). The effectiveness of breast care in increasing milk production in postpartum mothers. *Indonesian Journal of Health Sciences*, 14(1), 32–40.
- Rollins, N. C., et al. (2019). Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017), 491–504.
- S. Hennyati A and L. Yuniadah, "RELATIONSHIP OF BREAST-FEEDING TECHNIQUES AND BREAST CARE PRACTICES," *Jurnal Sehat Masada*, vol. XV, no. 2, 2021.
- S. Notoatmodjo, *Health Research Methodology (Revised Edition)*. JAKARTA: Rineka Cipta, 2005.
- S. Notoatmodjo, *Health Research Methodology*. JAKARTA: Rineka Cipta, 2010.
- Sharma, A. J., et al. (2020). The impact of breastfeeding support on exclusive breastfeeding: A systematic review. *International Breastfeeding Journal*, 15(1), 76.
- T. and N. A. K. Sudargo, *Exclusive Breastfeeding*, Pe mold. Yogyakarta: Gadjah Mada University Press, 2019.
- Victoria, C. G., Bahl, R., Barros, A. J., & Rollins, N. C. (2021). Breastfeeding in the 21st century:

Epidemiology, mechanisms, and lifelong effect. *The Lancet Child & Adolescent Health*, 5(3), 181–193.

World Health Organization. (2021). Infant and young child feeding: Key facts. WHO. Retrieved from <https://www.who.int/news-room/fact-sheets>

Wulandari, E., et al. (2022). Breast care increases postpartum mothers' breast milk production. *Journal of Medical and Health Sciences*, 9(1), 10–15.

Y. AULYA, "THE INFLUENCE OF BREAST CARE ON BREAST-FEDING MOTHER," *MENARA MEDIKA*, vol. 3, no. 2, 2021.

Yusuf, N. N., et al. (2024). Education and breast care activities during pregnancy and breastfeeding. *Journal of Community Care*, 6(2), 755–758.