Factors Causing Breast Milk Dams in Postpartum Mothers at Ajangale Community Health Center Implementing Unit

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Abstract

This study employs a descriptive quantitative approach. A cross sectional design was adopted for the investigation. There are 35 samples that fit the requirements. The findings of this study indicate that 1) bivariate analysis using the chii square test yielded a p-value of 0.000 p0.05, indicating that Ha is accepted and H0 is rejected, implying that there is a relationship between breastfeeding on demand and the incidence of breast milk dam at UPT Ajangale Health Center. 2) bivariate analysis using the chii square test yielded a p-value of 0.001 and a p-value greater than 0.05. This suggests that Ha is accepted and H0 is rejected, implying that there is a correlation between breast care and the occurrence of breast milk dams at UPT Puskesmas Ajangale. 3) using bivariate analysis, the chi square test results were produced; the chi square test resulted in a p-value of 0.002 p>0.05. This indicates that there is a correlation between nursing postures and breast milk dams at UPT Puskesmas Ajangale.

Introduction

Breastfeeding is one of the finest things you can do for your kid since it meets all of their nutritional demands. Breastfeeding is the unmatched method of giving the optimal diet for a baby's healthy growth and development. Additionally, it has a particular biological and psychological influence on the mothers' and infants' health. Breast milk contains anti-infective substances (ASI) that help protect the infant from sickness. However, breastfeeding does not always flow well; many moms have breast enlargement as a result of breast milk retention, which is not discharged or swallowed by the infant (Heryani, 2012).

This swelling will create discomfort for the mother and it is not unusual for moms to feel feverish; hence, mothers are advised to practice breast care to prevent problems such as breast milk dams. Breast milk dams are breast enlargement caused by increased venous and lymphatic flow, resulting in discomfort and a rise in body warmth. Breast milk dams may arise as a result of the lactiferous ducts narrowing in the mother's breast or as a result of nipple anomalies such as flat, sunken, or sunken nipples. This occurrence is often triggered when accumulated milk is not quickly removed, resulting in a blockage (Rukiyah, 2010).

According to WHO statistics from 2015, 7198 moms (66.87 percent) of 10,764 postpartum mothers reported breast milk dams. In 2016, 6543 (66.34 percent) of 9,862 postpartum women reported having breast milk dams. In 2017, an average of 8242 (87.05 percent) of 12,765 postpartum moms had breast milk dams. According to statistics from the Data and Information Center of the Ministry of Health of the Republic of Indonesia, breastfeeding coverage was 54.3

percent in 2017 and improved to 54.3 percent in 2018. (55.7 percent). (WHO, 2019, accessed 12 April 2021 at <https://www.who.int>).

According to a 2015 report from the Indonesian Demographic and Health Survey (IDHS), 38 percent of women worldwide were found not breastfeeding their babies due to breast engorgement (ASI dams), and in Indonesia, the exclusive breastfeeding coverage rate reached 32.3 percent of mothers who gave their child exclusive breastfeeding. According to the Indonesian Demographic and Health Survey (IDHS), 55% of nursing moms had swollen breasts and mastitis in 2016 (IDHS Data. 2017, <http://sdki.bkkbn.go.id>, accessed on April 12, 2021).

According to data from the South Sulawesi Provincial Health Office in 2017, the maternal mortality rate was 124 people, with the most common cause of bleeding being 25 people (20.2%), infection being 8 people (6.4%), perineal wound pain being 23 people (18.5%), breast milk dam being 6 people (4.83%), and other causes being 36 people (29.03 percent) (Dinkes Sul-sel, 2017, <http://dinkes.sulselprov.go.id>, retrieved on 12 April 2021).

According to data from the Bone Regency Health Office, the number of postpartum mothers in 2016 was 14,620, with up to 25 people (22 percent) experiencing breast milk dams; in 2017, the number of postpartum women with up to 14,620 experiencing breastfeeding dams was estimated at 39 people (35 percent); and in 2017, the number of postpartum women with up to 14,620 experiencing breastfeeding dams was estimated at 39 people (35 percent). In 2018, there were 14,749 postpartum moms, and up to 48 persons (43 percent) reported experiencing breast milk dams. (Data from the Office of Bone Health, 2018)

According to statistics from UPT Puskesmas Ajangale, the number of postpartum women in 2017 was 275, with 18 (6.54 percent) experiencing ASI dams in 2018. In 2018, the number of postpartum moms was 268 with 25 (12.68 percent) experiencing ASI dams. Meanwhile, in 2019, there were 320 postpartum moms and 35 breast milk dams (12.5 percent) (UPT Puskesmas Ajangale data, 2021).

On the second or third day after the breasts have produced milk, milk dams might form. Dams are created by non-smooth milk production, which occurs when the infant is not large enough to nurse, production grows, breastfeeding occurs late, the bond with the baby (bonding) is not healthy, and it may also occur as a result of breastfeeding time limits (Prawirohadjo, 2012)

Breast milk dam is breast enlargement caused by increased venous and lymphatic flow, which results in breast milk dam and discomfort, as well as a rise in body temperature. Breast milk dams may develop as a result of restriction of the lactiferous ducts in the mother's breast or as a result of nipple deformities (e.g. flat, sunken, or sunken nipples) (Rukiyah, 2010).

Breast milk dam is a dam that forms in the mammary glands as a result of expansion and pressure associated with breast milk production and storage. Breast milk dams form between the third and fifth day following birth (Kemenkes RI, 2013)

Frequency of breastfeeding (on-demand breastfeeding)

Breastfeeding is a natural process but it still has to be learned how to breastfeed properly and correctly, because breastfeeding actually not only provides an opportunity for babies to grow into physically healthy humans but also smarter, emotionally stable, good spiritual development. and better social development. Breast milk (ASI) is the most important baby food, especially in the first months of life (Maryadhini, 2014).

Breast care

Breast care during breastfeeding is very influential on the process of breastfeeding. Clean, healthy, and well-maintained breasts help promote milk production, so that breastfeeding becomes easier and the baby is more comfortable while breastfeeding. How to care for breasts

in postpartum and breastfeeding mothers as follows; (1) Compress the nipple with gauze that has been given oil or baby oil for about three minutes, then clean; (2) Once clean, pull out the nipple and rotate it clockwise with your thumb and forefinger, to make sure there is no dirt on the nipple. If the nipple sinks, with both thumbs press the areola area pull towards the right, left, up, down simultaneously and alternately. Do 10-15 times alternately on the right and left breasts; (3) Give both hands with a little oil or baby oil; (4) Support the left breast, with the left hand. Then the three fingers of the right hand make a light massage in a circular motion from the base of the breast towards the nipple to stimulate the circulation of blood vessels around the breast. Do the same steps on the right breast. Perform two movements on each breast; (5) Support the left breast with the left hand, the right hand is clenched then massage the breast starting from the base towards the nipple. The movement is repeated 30 times for each breast; (6) Try removing a small amount of milk to make sure there is no blockage in the nipple; (7) Do the massage, place both hands between the mother's breasts, then massage towards the top, continue to the side, down, across so that the hands support the breasts (slightly lift the breasts) then together remove the hands from the breasts; (8) Compress the breast alternately with cold water and warm water. Differentiate the compress cloth for cold water and warm water, do it 20 times alternating right and left; (9) Take a rough washcloth, then rub it on the nipples alternately. This method stimulates the nipple when the baby is sucked and to avoid blisters and bleeding from sucking the baby's rough tongue; (10) Use a bra that supports the breast (Saraung, 2017)

Breastfeeding Position

Latching breastfeeding is the moment when the baby puts the nipple and areola (the dark area around the nipple) into his mouth and starts sucking the milk that comes out of the mother's breast. However, breastfeeding does not always run smoothly. This may be because some breastfeeding mothers are still confused or have difficulty distinguishing between right and wrong breastfeeding attachments or because milk production is low.

Signs of Wrong Breastfeeding Position

Failure to breastfeed can be caused by an error in positioning the baby's head and mouth on the mother's nipple. The wrong breastfeeding position can make the nipples become chafed, so that the breasts are uncomfortable to breastfeed.

If today happens, gradually breast milk production will decrease and your little one may become less breastfed and lazy to breastfeed. As a result, your little one's weight can be difficult to gain. In addition, there are several other signs that indicate that breastfeeding attachment is still wrong, namely; (1) The mother's nipple and areola do not fully enter the baby's mouth; (2) Babies only suck on the nipple a few times and briefly, then fall asleep immediately; (4) The baby seems to be squirming or constantly moving while feeding; (5) The tip of the mother's nipple looks tapered and chafed after breastfeeding; (6) Nipple pain when breastfeeding (Riwidikdo, 2009)

Methods

This study uses a quantitative descriptive type of research to find out breast milk dams in postpartum mothers in the UPT area of the Ajangale Health Center in 2021. The design of this study was carried out with a cross sectional approach where the independent variables in this study were on-demand breastfeeding, breast care, breastfeeding position while the dependent variable was ASI dams, collected at the same time and carried out only once at a certain time. The population in this study was 50 people in the UPT Puskesmas Working Area from July to September 2021 with a total population of 35. The independent variable is a variable that can affect or be the cause of changes in the emergence of the dependent variable. The independent variables in this study were breastfeeding on demand, breast care, breastfeeding position. The

dependent variable is the variable that is influenced by the independent variable. The dependent variable in this study is the ASI dam. The type of data in this study, namely primary data is data obtained directly from the object of research. Primary data in this study is data obtained from respondents (postpartum mothers) through visit interviews by providing questionnaires (list of statements or questions). (Notoatmodjo, 2010)

Results and Discussion

Respondent Characteristics

Age

Table 1. Frequency Distribution of Respondents' Characteristics by Age in the Work Area of UPT Puskesmas Ajangale

Category	Frequency	Presented
< 20 years	5	14%
20-35 years	30	86%
> 35 years	0	0%
Total	35	100%

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 1, it is found that the age category is between 20-35 years as many as 30 respondents (86%) aged <20 years as many as 5 respondents (14%).

Education

Table 1. Frequency Distribution of Respondents' Characteristics Based on Education in the Work Area of UPT Puskesmas Ajangale

Category	Frequency	Presented
Primary school	15	43%
Junior High School	8	23%
High School	8	23%
Total	35	100%

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 2, it is found that the elementary school education category is 15 respondents (43%) with higher education education as many as 4 respondents (11%).

Employment

Table 3. Frequency Distribution of Respondents' Characteristics by Occupation in the Work Area of UPT Puskesmas Ajangale

Category	Frequency	Presented
Not Working	28	80%
Others (Private Employees)	7	20%
Total	36	100%

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 4.3, it is found that the respondents who do not work (IRT) are 28 respondents (80%), who work as private employees only 7 respondents (20%).

Sex

Table 4. Distribution of Frequency characteristics of respondents based on employment in upt work area of Upt Puskesmas Ajangale

No.	Gender	Frequency	Percentage (%)
1.	Woman	35	100%
	Total	35	100%

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 4 it was found that there were 35 female respondents (100%).

Length of Breastfeeding

Table 5. Frequency Distribution of Respondents' Characteristics by Occupation in the Work Area of UPT Puskesmas Ajangale

No.	Long Breastfeeding	Frequency	Percentage (%)
1.	>10-15 mins	25	72
2.	<10-15 mins	10	28
	Total	35	100%

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 5 it was found that the duration of breastfeeding >10-15 minutes was 25 respondents (72%), 10 respondents (28%).

Frequency of Breastfeeding

Table 6. Frequency Distribution of Respondents' Characteristics by Occupation in the Work Area of UPT Puskesmas Ajangale

No.	Frequency of Breastfeeding	Frequency	Percentage (%)
1.	>8-12 times per day	11	31
2.	<8-12 times per day	24	69
	Total	35	100%

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 6 it was found that the frequency of breastfeeding >8-12 times per day was 11 respondents (31%), and the frequency of breastfeeding <8-12 times per day was 24 respondents (69%).

Univariate Analysis

On-Demand Breastfeeding

Table 7. Distribution of On-demand Breastfeeding Frequency in the Work Area of UPT Puskesmas Ajangale

No.	Breastfeeding On Deman	Frequency	Percentage (%)
1.	Already	21	60
2.	Do not	14	40
	Total	35	100

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on Table 7 shows that of the 35 respondents, 21 people (60%) breastfeed on fever, while 14 respondents (40%).

Breast Care

Table 8. Distribution of Frequency of Breast Care in UPT Puskesmas Ajangale Work Area

No.	P erawatan Payudara	Frequency	Percentage (%)
1.	Already	23	66
2.	Do not	12	34
	Total	35	100

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on table 4.8 shows that out of 35 respondents, 23 people (66%). Meanwhile, 12 people (34%).

Breastfeeding Position

Table 9. Distribution of the Frequency of Breastfeeding Positions in the Work Area of UPT Puskesmas Ajangale

No.	Breastfeeding Position	Frequency	Percentage (%)
1.	True	26	74
2.	Not True	9	26
	Total	35	100

Source: Ajangale Community Health Center Implementing Unit, 2021

Based on Table 9, it shows that from 35 respondents, 26 people (74%). While breastfeeding in an incorrect position as many as 9 people (26%).

Bivariate Analysis

Breastfeeding On demand

Table 10. Distribution of Breastfeeding Frequency On demand in UPT Work Area Of Puskesmas Ajangale

Breastfeeding on deman	Asi Dam Event				Total		<i>p</i>
	Already		Do not				
	N	%	N	%	n	%	
Already	6	17	15	43	21	60	0,000
Do not	14	40	0	0	14	40	
Sum	20	57	15	43	35	100	

Source: Ajangale Community Health Center Implementing Unit, 2021ccording to Table 4.11, out of 35 respondents, 21 respondents were nursing on demand, 6 respondents had breast milk dams, and 15 respondents did not have breast milk dams; 14 respondents did not breastfeed on demand, and 14 respondents all had breast milk dams. As a result of the chi square test findings, which showed a -value of 0.000 and a 0.05, which indicates that Ha is accepted and H0 is rejected, it can be stated that there is a link between on-demand nursing variables and the incidence of breast milk dams at UPT Puskesmas Ajangale.

Breast Care

Table 11. Distribution of Frequency of Breast Care in UPT Puskesmas Ajangale Work Area

Breast Care	Asi Dam Event						<i>r-value</i>	A
	Already		Do not		Sum			
	N	%	N	%	N	%		
True	8	23	15	43	23	66	0.001	0.05

Not True	12	34	0	0	12	34		
Sum	20	57	15	43	35	100		

Source: Ajangale Community Health Center Implementing Unit, 2021

As shown in Table 4.12, out of 35 respondents, there were 23 who provided appropriate breast care, of whom 8 had breast milk dams and 15 who did not. This indicates that 23 respondents provided proper breast care. Respondents who performed incorrect breast care, numbering as many as 12 respondents, all of whom had breast milk dams, were identified by bivariate analysis, which yielded a χ^2 -value = 0.001 and a 0.05, respectively, indicating that H_0 is accepted and H_0 is rejected, allowing it to be concluded that there is a relationship between breast care performed incorrectly and the incidence of breast milk dams at the UPT Puskesmas Ajangale.

Breastfeeding Position

Table 12. Distribution of Midwife Program Frequency in the Work Area of UPT Puskesmas Ajangale

Breastfeeding Position	Asi Dam Event						<i>r- value</i>	A
	Already		Do not		Sum			
	N	%	N	%	N	%		
True	11	31	15	43	26	74	0,002	0,05
Not True	9	26	0	0	9	26		
Sum	20	57	15	43	35	100		

Source: Ajangale Community Health Center Implementing Unit, 2021

From a total of 35 respondents, Table 4.13 shows that 26 respondents breastfed correctly, 11 respondents experienced breast milk dams, and 15 respondents did not breastfeed, and 9 respondents did not breastfeed correctly and experienced breast milk dams. The remaining respondents did not breastfeed at all. The findings were acquired by bivariate analysis. When the chi-square test was performed, the results were as follows: χ^2 = 0.002 and H_0 = 0.05, which means H_a is accepted and H_0 is rejected, and it can be concluded that there is an association between breastfeeding position factors and the incidence of breast milk dams at the University of Puskesmas Ajangale. After processing and presenting the data and the results, the following will discuss the results of the research according to the variables studied.

The influence of on-demand breastfeeding factors with the incidence of breast milk dams at the UPT Puskesmas Ajangale

Table 4.7 shows that there are 21 moms who breastfeed on demand (60 percent), whereas there are 14 mothers who do not breastfeed on demand (40 percent). Consequently, the bivariate analysis yielded findings of χ^2 -value = 0.000 a 0.05, which implies H_a is accepted and H_0 is rejected, leading to the conclusion that nursing influences on demand have an impact on the incidence of dams. UPT Puskesmas Ajangale provides breastfeeding services.

The findings of this research are consistent with those of Maryandhini (2014), who discovered that practically all postpartum moms who had a high breastfeeding frequency did not develop breast milk damming during pregnancy (87.5 percent). Using an error rate of α = 0.05 and a sample size of 1, the results of statistical tests yielded χ^2_{count} (8.99) > χ^2_{table} (3.841), followed by H_0 rejected. This indicates a link between the frequency of breastfeeding and the incidence of breast milk damming, which is supported by the data.

It is the notion of Roesli that provides support for the findings of this investigation (2012). On-demand nursing is defined as breastfeeding that is not planned according to the baby's wants, in which both breasts are used alternately for each feeding and the mother has sufficient rest. Breastfeeding is the process of providing breast milk to newborns, in which babies use their

sucking reflexes to obtain and swallow breast milk (also known as lactation). In order for nursing to be successful, it is necessary to have patience, time, and information about breastfeeding, as well as support from the family, particularly from the spouse. Breastfeeding is a natural process that does not need special instruments or high prices.

Based on the findings of the research described above, it can be concluded that on-demand nursing has an impact on the occurrence of breast milk dams in the breast milk supply. Breastfeeding on demand refers to a situation in which the mother provides her breast milk whenever the infant requests it, rather than dependent on the time of day. Breastfeeding on demand may prevent the constriction of the lactiferous ducts, allowing the glands to be entirely emptied without the need for medication.

The influence of breast care factors with the incidence of breast milk dams at the UPT Puskesmas Ajangale

According to Table 4.8, there are 23 women (66 percent) who practice breast self-care and 12 persons who do not practice breast self-care (34 percent). This implies that there will be more breast care presentations. In the bivariate analysis, the results of the chi square test yielded a -value of 0.001 and a 0.05, respectively, indicating that H_a is accepted and H_0 is rejected, and it can be concluded that there is an association between breast care factors and the incidence of breast milk dams at UPT Puskesmas Ajangale.

When comparing the results of this research to those of Rosita (2016) on the Relationship of Nursing in Postpartum Mothers with Breastfeeding Dams, the findings revealed that the value 0.001 was greater than the value 0.05 (0.001 0.05), and hence H_1 was approved. The findings of this research indicate that there is a link between postpartum maternal breast care and breastfeeding dams in the villages of Jolotundo and Kupang in the Jetis District of Mojokerto Regency in 2016.

The findings of this research are consistent with those of Kadek Yuli Hesti (2017), who investigated the relationship between postpartum mothers' breast care and their breastfeeding expenditure. The findings of this study are also consistent with the findings of the majority of respondents (51.6 percent). amid a really terrible puerperium It is reported that the majority (51.6 percent) of postpartum moms in Karangduren Village, Tengeran District, Semarang Regency had a continuous supply of breast milk. In Karangduren Village, Tengeran District, Semarang Regency, there is a relationship between postpartum women's breast care and the smooth release of breast milk, as indicated by the p-value of 0.007, indicating that there is a relationship between postpartum women's breast care and breastfeeding in Karang Duren Village, Tengeran District, Semarang Regency.

Using the idea of Dewi and Sunarsih as a foundation, the findings of this investigation are validated (2011) Breast care may cause the pituitary gland to release the chemicals prolactin and oxytocin, which are beneficial to the body. These two hormones play a critical role in the production of breast milk in both women and men. Breast care, beginning in the 7th or 8th month of pregnancy, is critical to successfully nursing the baby. Breasts that are well-cared for will produce enough milk to fulfill the demands of the infant, and with proper breast care, the nipples will not blister when the baby suckers on them.

The influence of breastfeeding position factors with the incidence of breast milk dams at the UPT Puskesmas Ajangale

According to Table 4.9, there are 26 individuals (74 percent) who are in the proper breastfeeding position, and 9 persons who are not (26 percent). This implies that more breastfeeding presentations will be made in the proper positioning. In the bivariate analysis, the results of the chi square test yielded a -value of 0.002 and a 0.05, respectively, indicating

that H_a is accepted and H_0 is rejected, and it can be concluded that breastfeeding position factors have an impact on the incidence of breast milk dams at UPT Puskesmas Ajangale.

As previously stated, the findings of this research are consistent with Iqbal (2012), which found that participants with strong breastfeeding experience are less likely to encounter breast milk dams, but participants who do not nurse well are more likely to suffer breast milk dams.

The findings of this research are consistent with those of Difficult sulitiyawati (2012), who discovered a link between nursing posture and the incidence of breast enlargement at Pondok Indah Hospital (P value = 0.000; = 0.05). The findings of this study are consistent with research conducted by Aeni (2014), who discovered that respondents who had poor breastfeeding and were experiencing breast milk dams (53.3 percent) and respondents who had good breastfeeding and were experiencing breast milk dams (53.3 percent) had similar outcomes (10.7 percent).

Donsu (2021) endorsed the findings of this research (2020). Correct breastfeeding posture is when the whole nipple is in the centre of the baby's mouth, when the baby sucks, the gums of the baby's lower gums must contact the entire nipple, and when the baby's tongue is above the lower gums of the baby. Keep an eye out for your infant sucking just on the tip of his or her breast. Assist the mother in positioning the baby so that it remains near to her and that the baby's nose is not covered by the breast. Once the baby has begun sucking, make certain that the mother's shoulders are relaxed and that she continues to hold the baby in her arms.

Conclusion

According to the results of the bivariate analysis, the chi square test produced a -value of 0.000 and a 0.05, indicating that H_a was accepted and H_0 was rejected, leading to the conclusion that there is a relationship between on-demand breastfeeding and the occurrence of breast milk dams in the Task Force Unit (UPT) of Ajangale Health Center. In the bivariate analysis, the results of the chi square test obtained -value = 0.001 and 0.05, which means H_a is accepted and H_0 is rejected, and it can be concluded that there is a relationship between the incidence of breast milk dam at UPT Puskesmas Ajangale and the quality of the mother's breast milk. According to the results of the bivariate analysis, the chi square test yielded a -value of 0.002 and a 0.05, which means that H_a is accepted and H_0 is rejected, and it can be concluded that the incidence of breast milk dam at UPT Puskesmas Ajangale is associated with the breastfeeding position factor.

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