

The effect of oxytocin massage on increasing breast milk production in breastfeeding mothers

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ABSTRACT

Breastfeeding is a scientific process, but mothers often fail or stop breastfeeding prematurely. Breast milk is a white liquid produced by the mother's breast glands through the breastfeeding process. For mothers who breastfeed, smooth milk is very important to meet the needs of the baby. This study aims to determine the effect of oxytocin massage on increasing milk production for breastfeeding mothers at the Siti Kholijah HSB Medan Pratama Clinic in 2022. This type of research is a quasi-experimental technique (Quasi Experiment) with pretest and posttest without control group, namely a research design using observation before and after experiment. The research location was at the Siti Kholijah Hsb Medan Pratama Clinic on Jl. Marelan I West IV Market, Waterfall Village, Medan Marelan District. The population in this study were 15 people and a sample of 15 people in breastfeeding mothers. Data were analyzed using the T test. The results showed that the statistical test using the T test, the calculation results obtained p value = 0.000 < 0.05, meaning that there is a difference before being given treatment and after being given treatment. The conclusion in this study is for health workers in the Waterfall sub-district to hold counseling which aims to increase public knowledge, especially about oxytocin massage, which can increase milk production and provide exclusive breastfeeding.

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INTRODUCTION

Exclusive breastfeeding based on Government Regulation Number 33 of 2012 concerning exclusive breastfeeding is breast milk given to babies from birth for 6 months, without adding and or replacing it with other foods or drinks (except drugs, vitamins and minerals). Based on data from the 2019 Health Profile of 186,460 infants aged <6 months, it was reported that only 75,820 infants received exclusive breastfeeding (40.66%) (Astutik, 2019).

Based on SKDI (Indonesian Demographic and Health Survey) breast milk is the best source of nutrition that can improve the health of mothers and children. Breastfeeding is very important

especially in the early period of life, therefore babies are sufficiently exclusively breastfed for the first 6 months without adding and/or replacing it with other foods or drinks. The process of breastfeeding immediately after delivery also helps uterine contractions thereby reducing maternal blood loss during the puerperium (Proverawati & Rahmawati, 2018).

According to data from the World Health Organization (WHO), it is recommended that mothers exclusively breastfeed their babies for 6 months. The Government of Indonesia through the Ministry of Health also recommends mothers to exclusively breastfeed their babies for 6 months (Nurainun & Susilowati, 2021). The number of women breastfeeding in Indonesia is 96%, but 42% of babies aged 6 months are exclusively breastfed and as many as 55% of children aged 2 years are still being breastfed (Muslimah et al., 2020). Giving Mother's Milk (ASI) to babies is the best way to improve the quality of human resources from an early age who will become the nation's successors. Breast milk is the most perfect food for babies, colostrum which is rich in antibodies, good growth, health, and baby nutrition (BKKBN, BPS, Kementrian Kesehatan, 2018).

Babies who get exclusive breastfeeding (ASI) are 14 times less likely to die than babies who are not breastfed (Khabibah & Mukhoirotin, 2019). Optimal breastfeeding is so important that it can save the lives of more than 820,000 children under the age of 5 each year. Data from the World Health Organization (WHO) in 2019 around 41% of babies get exclusive breastfeeding, while WHO targets at least 50% of babies to get exclusive breastfeeding in 2025 (World Health Organization (WHO), 2019).

Breast milk has the best nutrition for newborns. Breastfeeding is proven to reduce mortality and morbidity in infants and children. In addition, breastfeeding has the benefit of being a natural contraceptive for mothers. In essence, the coverage of breastfeeding is still very low. Exclusive breastfeeding coverage in the world only reaches 43% (Erwhani & Ariyanti, 2022). The data in Indonesia are not much different, only 49.8% of mothers give exclusive breastfeeding, and only 54.1% of breastfeeding for 0-6 months is given, far from the target of 80% (Susanti et al., 2021).

Breast milk does not come out is a condition where milk is not produced or milk production is minimal. This is due to the influence of the hormone oxytocin which does not work due to the lack of stimulation of the baby's sucking which activates the work of the hormone oxytocin (Susianti & Usman, 2019) One action that needs to be done to maximize the quality and quantity of breast milk is back massage. This back massage is useful for stimulating the release of the hormone oxytocin to be more optimal and the release of breast milk to become smooth according to. The hormone oxytocin works to stimulate smooth muscles to squeeze out the milk in the alveoli, lobes and ducts that contain milk that is released through the nipples (Elisabeth, Siwi, Walyani; Porwoastuti, 2021).

Management to increase breast milk production is one of them with oxytocin massage by the midwife, the midwife will also determine the smoothness of the milk ejection reflex which is influenced by the emotional state and practical assistance while the mother is breastfeeding. The support provided by midwives is very important for mothers in the success of exclusive breastfeeding (Anggraini, 2020).

There are several factors that can affect the oxytocin reflex, namely thoughts, feelings and emotions of the mother. Expenditure of oxytocin can be inhibited or increased by feelings of the mother. The hormone oxytocin will cause the muscle cells that surround the milk-making ducts to contract or contract so that milk is pushed out of the milk-producing ducts and flows ready to be sucked by the baby (Wulandari & Mayangsari, 2019). If the mother has strong thoughts, feelings and emotions, it is likely to suppress the oxytocin reflex in inhibiting and reducing milk production (Sembiring, 2019).

Oxytocin massage is done to stimulate the oxytocin reflex or let down reflex through sensory stimulation of the afferent system. Oxytocin massage is done by massaging the back area along both sides of the spine so that it is hoped that with the massage the mother will feel relaxed and the fatigue after giving birth will disappear. If the mother feels comfortable, relaxed and not

tired, it can help stimulate the release of the hormone oxytocin and breast milk will run smoothly (Lestari, 2019).

Efforts that can be made by health workers (midwives) in fulfilling the adequacy of breast milk for breastfeeding mothers is one of them by providing KIE and training on the importance of oxytocin massage to nursing mothers for smooth milk production as well as about nutrition and breast care (Falikhah, 2018).

Breastfeeding problems that mothers often complain about are babies often crying or refusing to breastfeed which then means that the milk is not enough or the milk production is only a little so that the decision is made to stop breastfeeding (Yohmi, 2019). According to Yantina, through massage or stimulation of the spine, neurotransmitters will stimulate the medulla oblongata to send messages directly to the hypothalamus in the posterior pituitary to release oxytocin, which causes the breasts to release milk. Massage in the spinal area will also relax tension, relieve stress, and the hormone oxytocin that will come out will help expel breast milk assisted by baby sucking on the mother's nipples (Yanti et al., 2018).

Oxytocin massage is one solution to overcome the uneven production of breast milk. Massage along the bones (vertebrae) to the fifth-sixth rib bones and is an attempt to stimulate the hormones prolactin and oxytocin after childbirth (Magdalena, 2020). Based on an initial survey conducted at the Siti Kholijah Hasibuan Pratama Clinic in 2022, it was found that of the 11 people interviewed, there were 9 people who felt an increase in breast milk production in breastfeeding mothers and 2 people whose milk production was not smooth. So the researchers felt interested in doing 15 breastfeeding mothers to do oxytocin massage to determine the effect of oxytocin massage on milk production in nursing mothers.

RESEARCH METHOD

Research design

This study used a quasi-experimental method (Quasi Experiment) with the approach used in this study was a pretest and posttest without control group design, namely a research design using observation before the experiment and after the experiment. Where the mother breastfeeds her baby first, after that the breast is emptied for 2 hours, by squeezing the breast and then measuring it using a measuring cup (pretest), after that an oxytocin massage is done for 10-15 minutes, after 2 hours it is then collected again (posttest).

Research Location and Time

This research will be carried out in the work area. As for the Siti Kholijah Hsb Pratama Clinic in Medan, the reason for choosing the research location was because the availability of adequate samples, the location was easy to reach for research, and research on the behavior of breastfeeding mothers regarding the implementation of oxytocin massage had never been carried out. a) Research sites, this research was conducted at the Siti Kholijah HSB Primary Clinic in Medan on Jl. Marelan I West IV Market, Waterfall Village, Medan Marelan District. b) Research time, the research time needed for this research is from February to June 2022

Population

The population is the entire population research subjects taken in this study were 15 breastfeeding mothers in the working area of the Siti Kholijah Hsb Primary Clinic Medan

Sample

The sample is part of the number and characteristics possessed by the population. The sample in this study used a quasi-experimental technique (Quasi Experiment). This research was taken from the total population so that the sample in this study was 15 people.

Data collection technique

In this study the data collection method was through interviewing respondents using procedure sheets and oxytocin massage measures and measuring breast milk production. By explaining to the respondent the benefits and purposes of oxytocin massage. After the respondents who met the criteria and were willing to become respondents filled out informed consent to become respondents in the study.

Data analysis techniques

Univariate analysis was carried out using distribution analysis, frequency, and descriptive statistics to see milk production in nursing mothers who received oxytocin massage and did not receive oxytocin massage. Variable analysis was carried out using the T test. The principle T test is an approach, observation or data collection at the same time (point time approach) meaning that each research subject is only observed once and measurements are made on the status of the character or subject variables at the time of examination.

RESULTS AND DISCUSSIONS

Table 1. Frequency Distribution of Age, education, occupation and parity Increasing Breast Milk Production Before Oxytocin Massage in Breastfeeding Mothers at Siti Kholijah Hsb Primary Clinic

Age Of Respondent	Frequency	Presentase
17 - 35 Years	8	53,4
> 35 Years	7	46,6
Education	Frequency	Presentase
SD	5	33,4
JUNIOR HIGH SCHOOL	5	33,4
SENIOR HIGH SCHOOL	3	20
College	2	13,2
Employed	Frequency	Presentase
IRT	2	13,3
Laborers/ Farmers	6	40
Self-employed	5	33,4
civil servant	2	13,3
Primipara(to 1)	4	26,6
Multipara (2-4th)	11	73,4
Total	15	100

Based on the table above, the description of the characteristics of respondents 4.1 found that the average age of mothers in the intervention group was 17-35 years (53.4%). The youngest age in the intervention group was 17 years and the oldest was >35 years (46.7%). Based on parity in the intervention group, the majority of respondents were multiparous mothers who had 2-4 children, 11 people (73.4%) and the lowest minority investment group was Primipara, 4 people (26.6%). Based on the occupational group, the highest majority of respondents were workers/farmers, 6 people (40%) and self-employed people, 5 people (33.4%). the lowest minority occupation group is IRT 2 people (13.3%) and civil servants 2 people (13.3%) Meanwhile based on education the majority of mothers have low education, namely mothers who only graduated from elementary school as many as 5 people (34.4%), mothers who graduated from junior high school as many as 5 people (34.4%) and mothers who graduated from high school as many as 3 people (20%) that affects mother's knowledge because if mothers who are highly educated generally have 2 people with higher knowledge so they are able to make choices to breastfeed their babies independently exclusively until 6 months of age.

Table 2. Frequency Distribution of Increased Milk Production Before Oxytocin Massage in Breastfeeding Mothers (Pre test) at Siti Kholijah Hsb Primary Clinic

No	Milk production (cc)	F	%
1	20-25	2	13.3
2	30-35	10	66.7
3	40-45	3	20
Total		15	100

Based on the table, Based on table 4.2. shows that out of 15 respondents (100%) 2 respondents (13.3%) produced 20-25 cc breast milk, 10 respondents (66.7%) produced 30-35 cc breast milk and 40-45 cc breast milk production. as many as 3 respondents (20%).

Table 3. Frequency Distribution of Increased Breast Milk Production After Oxytocin Massage in Breastfeeding Mothers (Post Test) at Siti Kholijah Hsb Primary Clinic

No	Produksi ASI (cc)	F	%
1	60-70	6	40
2	71-80	8	53.3
3	81-90	1	6.7
Total		15	100

Based on table 3. shows that out of 15 respondents (100%) 6 respondents (40%) produced 60-70 cc of breast milk, 8 respondents (53.3%) produced 71-80 cc of breast milk and 1 respondent who had 81-90 cc of breast milk production (6.7%).

Bivariate Analysis

Bivariate analysis, namely analysis used to connect two variables, the independent variable and the dependent variable. In this study, the data obtained from the research instrument were processed and analyzed using statistics, namely the Paired T-Test.

Table 4. Shapiro Wilk Normality Test Results on the Effect of Oxytocin Massage on Breast Milk Production in Breastfeeding Mothers at Siti Kholijah Hsb Primary Clinic

Variable	Shapiro- Wilk		
	Statistic	Df	Sig
Pretest	0,940	15	0,377
Post Test	0,934	15	0,312

The results of the data normality test with Shapiro-Wilk can be concluded by comparing the value of the probability number with a significant level of 0.05 with a decision making if the significant value is less than 0.05 then the data distribution is not normal, and if the significant value is greater than 0.05 then the data distribution is normal. based on table 4.7. it can be concluded that the Pretest data is normally distributed because the Asymp value. Sig0.377 is greater than 0.05. Post Test data is normal because Asymp. Sig0.312 is greater than 0.05.

Table 5. Distribution of Respondents Based on Increased Milk Production Before and After Oxytocin Massage at Siti Kholijah Hsb Primary Clinic

Treatment	Mean ± SD	95% Confidence		Sig (2-tailed)
		Lower	Upper	
Before the Treatments 1	-10.0 ± 7,35	-14,1	-5,99	.000
Before Treatments 2	-22,6 ± 8,60	-27,4	-17,90	.000
Before the Treatments 3	-30,1 ± 8,97	-35,1	-25,16	.000
Before the Treatments 4	-38,9 ± 8,28	-43,5	-34,34	.000

Based on table above, it is known that there is a difference in the average value of the treatment before and after the intervention in the group Before Treatment - Treatment 1 with a value of -10.0 ± 7.35 , Before Treatment - Treatment 2 with a value of -22.6 ± 8.60 , Before Treatment - Treatment 3 with a value of -30.1 ± 8.97 and Before Treatment - Treatment 4 with a value of -38.9 ± 8.28 . Statistical test results obtained Sig (2-tailed) = $0.000 < 0.05$, meaning that there is a difference before being given treatment and after being given treatment.

Discussion

The Effect of Oxytocin Massage on Breast Milk Production in Breastfeeding Mothers at Siti Kholijah Hsb Pratama Clinic

Based on research conducted that of the 15 respondents there was a difference in the average value of the treatment before and after the intervention in the Before Treatment - Treatment 1 group with a value of -10.85 ± 6.56 , Before Treatment - Treatment 2 with a value of -23.0 ± 8.11 , before treatment - treatment 3 with a value of -30.4 ± 8.07 and before treatment - treatment 4 with a value of -39.5 ± 8.88 . Statistical test results obtained Sig (2-tailed) = $0.000 < 0.05$, meaning that there is a difference before being given treatment and after being given treatment.

Oxytocin massage is an act of spinal massage starting from the 5-6th nerve to the scapula which will speed up the work of the parasympathetic nerves to convey orders to the back of the brain so that oxytocin comes out. This oxytocin massage is done to stimulate the oxytocin reflex or let down reflex. In addition to stimulating the let down reflex, the benefits of oxytocin massage are to provide comfort to the mother, reduce swelling, reduce breast milk blockage, stimulate the release of the hormone oxytocin, maintain milk production.

The benefits of oxytocin massage for postpartum and nursing mothers include accelerating the healing of placental implantation scars, preventing postpartum hemorrhage, accelerating the process of uterine involution, increasing milk production, increasing comfort in breastfeeding mothers, increasing the psychological relationship between mother and family. The physiological effect of this oxytocin massage is to stimulate uterine smooth muscle contractions both during labor and after delivery (Hidayah & Anggraini, 2023).

The more often the baby suckles at the mother's breast, the more milk production and expenditure will be. So it is recommended to breastfeed at least 8 times per day in the early period after giving birth. The frequency of breastfeeding is related to the desire for hormone stimulation and the breast glands (Tuti & Widyawati, 2018).

The results of this study are also in line with the research of Ika Nur Satri, et al regarding "The Effect of Oxytocin Massage on Increasing Breast Milk Production in Post Partum Mothers". Concluded that there was a significant effect on milk production before and after oxytocin massage was performed on postpartum mothers at the Nining Pelawati Primary Clinic in 2019 with a p-value = 0.008 ($p \leq 0.05$) (Saputri et al., 2019).

The results of this study are also in line with Umy Naziroh's research on "The Effect of Oxytocin Massage on the Smoothness of Breastfeeding in Primiparous Mothers". Concluded that the results of this study were obtained from 25 respondents, before the oxytocin massage was carried out, most of the respondents had a smooth milk output of 0 (0%), quite fluent of 8 mothers (32%), less fluent of 17 mothers (68%). after the oxytocin massage, most of the respondents had smooth breastfeeding, a number of 25 mothers (100%). The Wilcoxon statistical test shows that the value of $p = 0.000 < 0.05$ so that there is an effect of oxytocin massage on the smoothness of breastfeeding in Primipara mothers. According to the researchers' assumptions, fluency can be caused by several factors thought to be the cause of babies not getting breast milk properly, one of which is the mother's knowledge factor. The reluctance of mothers to breastfeed and many mothers feel worried about breast changes after breastfeeding, and the pain during breastfeeding that is felt by most mothers, and many mothers experience fatigue when breastfeeding their babies, and feel that their milk is not enough resulting in a decrease in milk production (Umu Qonitun & Mariyatul Qiftiyah, 2021). Breast milk expenditure can be influenced by two factors, namely production and

expenditure. Milk production is influenced by the hormone prolactin while expenditure is influenced by the hormone oxytocin (Wulandari & Mayangsari, 2019). The oxytocin hormone will come out through stimulation to the nipples through sucking the baby's mouth or through massage on the baby's mother's spine, by doing massage on the spine the mother will feel calm, relaxed, increase the pain threshold and love her baby, so that the hormone oxytocin comes out and Breast milk comes out quickly (Naziroh et al., 2019).

The results of this study are also in line with the research of Ridawati Sulaeman, et al regarding "The Effect of Oxytocin Massage on Expulsion of Breast Milk in Primipara Postpartum Mothers", Concluding that the number of research respondents was 30 respondents with an average result of breastfeeding expenditure of 5.37 times greater than the average before intervention with an average of 0.97. The statistical test results using the Wilcoxon Match Pairs Test obtained P value = 0.000, which means that there is an effect of oxytocin massage on milk production in primiparous postpartum mothers. Based on research conducted that of the 20 respondents there was a difference in the average value of the treatment before and after the intervention in the Before Treatment - Treatment 1 group with a value of -10.8 ± 6.56 , Before Treatment - Treatment 2 with a value of -23.0 ± 8.11 , before treatment - treatment 3 with a value of -30.4 ± 8.07 and before treatment - treatment 4 with a value of -39.5 ± 8.88 . Statistical test results obtained Sig (2-tailed) = 0.000 < 0.05, meaning that there is a difference before being given treatment and after being given treatment (Sulaeman et al., 2019).

CONCLUSION

Based on the results of the research and analysis of the data that has been carried out regarding the Effect of Oxytocin Massage on Breast Milk Production in Breastfeeding Mothers at the Siti Kholijah Hsb Primary Clinic in 2022, it can be concluded that Increased Milk Production Before Oxytocin Massage for Breastfeeding Mothers at the Siti Kholijah Hsb Pratama Clinic in 2022 shows that out of 15 respondents (100%) the majority of 30-35 cc milk production was 10 respondents (66.7%). 3 respondents (20%) produce 40-45 cc of breast milk and 2 respondents (13.3%) produce 20-25 breast milk. Increased Milk Production Based on After Oxytocin Massage for Breastfeeding Mothers at the Siti Kholijah Hsb Pratama Clinic in 2022 showed that out of 15 respondents (100%) the majority of 71-80 cc milk production was 8 respondents (53.3%), 60- 70 cc as many as 6 respondents (40%) and Minority Milk Production 81-90 cc as many as 1 respondent (6.7%). researchers have limited research that only wanted to know the effect of oxytocin massage on breast milk. Therefore it is necessary to develop research on the effect of massage oxytocin on the impact of long-term milk production such as techniques as well as other advanced research as well as other factors influence oxytocin massage for a better future.

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