

# Midwifery Care for Postpartum Mothers on Ny. M P1a0 With Breast Milk Dam at Siti Kholijah Maternity Clinic, Medan Marelan, 2018

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**ABSTRACT**

The IDHS data recorded that the maternal mortality rate in Indonesia in 2007 was 228/100,000 live births and about 60% of deaths occurred during the puerperium. The direct causes of maternal death in Indonesia are bleeding (30%), infection (12%), eclampsia (11%), prolonged labor (5%), abortion (5%). The second largest percentage is infection. Infections in the mother occur during pregnancy such as urinary tract infections, during childbirth such as intrauterine infections, and during the puerperium such as mastitis and breast abscesses that are preceded by the presence of dams in the milk ducts. Case Study Objectives: Able to carry out midwifery care for postpartum mothers on Mrs. M P1A0 with a breast milk duct dam at the Siti Kholijah Maternity Clinic with 7 steps Varney. Types of Case Studies: The method used in this case study is descriptive. The case study was conducted at the Raskita Sendang Rejo clinic on Ny. M P1A0 aged 26 years with a breast duct dam, using the format of midwifery care for postpartum mothers according to Varney's midwifery management and carried out on March 16, March 18, 2015. Data collection techniques were through interviews, observations, physical examinations, documentation studies and literature studies. Case Study Results: After 3 days of antalgic therapy 500 mg orally 3x1 paracetamol 2 x1 breast care, and breastfeeding the baby properly and correctly, the results showed that the problem could be resolved, there was no maternal anxiety, the mother's fever dropped, pain and swelling disappeared, lactation became smooth, the mother was able to breastfeed her baby smoothly and the dam of the milk duct was resolved. The conclusion from the results of writing this scientific paper is that breast milk duct dams can be overcome with appropriate treatment, namely 500 mg antalgic therapy and paracetamol 2x 1 orally, breast care, and breastfeeding the baby properly so that breast milk can come out smoothly and the breast milk duct dam has resolved..

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## 1. Introduction

Death and morbidity of pregnant women, childbirth and postpartum is still a big problem in developing countries, including Indonesia. In poor countries about 25-50% of the deaths of fertile women are caused by problems related to pregnancy, childbirth and the puerperium. WHO estimates that worldwide each year more than 585,000 die during pregnancy or childbirth (Wati et al., 2018).

The IDHS data recorded that the maternal mortality rate in Indonesia in 2007 was 228/100,000 live births and about 60% of deaths occurred during the puerperium. The direct causes of maternal death in Indonesia are bleeding (30%), infection (12%), eclampsia (11%), prolonged labor (5%), abortion (5%). The second largest percentage is infection. Infections in the mother occur during pregnancy such as urinary tract infections, during childbirth such as intrauterine infections, and during the puerperium such as mastitis and breast abscesses that begin with the presence of dams in the milk ducts. (Yuliana, 2016). At the beginning of the puerperium, if

the baby has not suckled properly, or if the glands are not completely emptied, there will be a blockage of the milk ducts. Breasts are hot and hard to the touch and painful but the body temperature does not rise, usually occurs between days 3-5 after delivery (Purwanti et al., 2012)

The dam of the milk ducts is the start of a possible breast infection or mastitis. Breast milk dams that are not handled properly will cause fever, local pain in the breasts, compaction of the breasts and breast abscesses. Efforts to prevent complications due to breast milk duct dams require the role of midwives, including preparing mothers during the antenatal period by carrying out breast examinations and maintaining breast hygiene, providing information about breast care during the puerperium and motivating mothers to breastfeed during the puerperium. (Mansyur, 2014).

Based on a preliminary study obtained from medical record data at the Raskita Sendang Rejo Clinic from January 2014 to December 2014 the total number of postpartum mothers was 122 people, normal postpartum women were 86 people, postpartum women with mild anemia 11 people, postpartum women with increased body weight 10 postpartum mothers with severe anemia 5 people, and postpartum mothers with breast milk duct dam 10 people. Although the incidence of breast milk duct dams is quite low, breast duct dams need more treatment to avoid mastitis and breast abscess (Damayanti, 2018).

## **2. Method**

### **2.1 Case Study Type**

In the preparation of this scientific paper, the author uses a descriptive method with the type of case study. Descriptive research method is a research conducted with the main objective to make a picture or description of a situation objectively (Notoatmodjo, 2010). A case study report is carried out by examining a problem through a process consisting of a single unit (Notoatmodjo, 2010). This type of scientific paper is a case report on the postpartum mother, Mrs. M P1A0 with breast duct dam:

### **2.2 Case Study Locations**

Location is the place where case taking is carried out (Notoatmodjo, 2010). The location of this case study was taken at Besalin Clinic, Raskita Sendang Rejo, Binjai District, Langkat Regency in 2018.

### **2.3 Case Study Subject**

The subject of a case study is something that is carried out as research material from which data can be taken (Notoatmodjo, 2010). In this case study, the subject is Mrs. M. P1A0 with breast duct dam.

### **2.4 Research Location and Time**

This research is located in Hamlet IV Batu Malenggang Village, Hinai District, Kab. Langkat. The reason the author chose this area is because there has never been any research on sexual behavior and adolescent pregnancy.

### **2.5 Case Study Time**

Case study time is the time span used by the author to find cases (Notoatmodjo, 2010). Cases were taken from March 16, 2018 to March 19, 2018.

### **2.6 Data collection technique**

In collecting data or information the method used by the author is Primary data is data obtained or collected in the field by the person conducting the research or the person concerned needs it. This primary data is also called original data or new data (Iqbal, 2007). Physical examination is used to systematically determine the patient's physical condition by: Inspection, Checking by seeing and hearing. By looking, we get the results of the examination in terms of the general impression of the patient, the color of the body surface that can be seen, body shape, the size of the comparison between body parts and chest wall movement when breathing (Arita, 2008). In this case, a head-to-toe examination was performed and the mammae was examined. Interview is a method used to collect data, where the research obtains information or verbal gifts from a research target or has a face-to-face conversation with that person (Notoatmodjo, 2010). In this case the interview was conducted on Mrs. M and family.

Observation is a planned data collection technique, including: viewing, recording the number and level of certain activities that have to do with the problem to be studied (Notoatmojo, 2010). In this case, what was observed were general condition, vital signs, breast condition, and perineum.

### 3. Results and Discussion

#### 3.1 Identity

Name	Mrs. M	Name	Mr. Y
age	26 years	age	29 years
Ethnic group	Java	Ethnic group	Java
Nationality	Indonesia	Nationality	Indonesia
Religion	Islam	Religion	Islam
Education	SENIORS HIGH SCHOOL	Education	SENIORS HIGH SCHOOL
Work	IRT	Work	Private
Home address	Sendang Rejo	Home address	Sendang Rejo

Main complaint, Mother said that she gave birth on March 13, 2018 at 10.55 WIB, complaining that since this morning her breasts were swollen, painful, hot, the baby had difficulty feeding, and the mother was worried about her condition.

##### Menstrual History

- Menarche: Mother said her first menstruation was at the age of 13 years.
- Cycle: Mother said the cycle is  $\pm 30$  days.
- Amount: Mother said change pads 2-3 times a day.
- Regular/no: Mother said menstruation was regular.
- Duration: Mother said the length of menstruation is 4-5 days.
- Nature of blood: Mother said menstrual blood is watery, red, and does not clot.
- Dysmenorrhea: Mother said she did not feel pain during menstruation.

##### Marriage History, Mother says:

- Marital status: Legal, married once.
- Married age: 25 years with husband 28 years old, 1 year old, does not have children.

Past Pregnancy, Childbirth and Postpartum History, Mom says this is her first pregnancy, childbirth and postpartum. Current Pregnancy History

- HPHT : Mother said the first day of the last menstruation was 5-6-2014.
- HPL : Mother said the estimated day of birth is 12-3 -2015.
- UK: 39 weeks 3 days.

Complaints, Trimester I: Mother says she often feels nauseous and sometimes vomits.

Second Trimester: Mother said there was no complaint. Third Trimester: Mother said that she often feels sore at the waist. ANC: 8 times regularly at the midwife.

- First trimester: 2 times at 2 and 3 months of gestation.
- Second trimester: 3 times at 4, 5 and 6 months of gestation.
- Third trimester: 3 times at 7, 8 and 9 months of gestation.

Counseling ever received, The mother said that she had received nutrition counseling for pregnant women from the midwife when she was 2 months pregnant. TT Immunization, Mother said TT immunization 3 times:

- ST I : At the time of getting married.
- TT II: At the age of 2 months of pregnancy.
- TT III: At the age of 3 months of pregnancy.

Family Planning History, Mother said she had never used any contraception. History of this Childbirth. Place of delivery: Raskita Clinic Sendang Rejo. Date/time of delivery : March 13, 2015 at 10.05 WIB.

- Type of delivery: Normal
- Helper : Midwife
- Complications in labor: No complications
- Perineum
- Rupture/ no: No rupture
- Bleeding.
- Stage I : 20 ml.
- Stage II: 100 ml.
- Stage III: 50 ml.

- j. Stage IV: 100 ml.
- k. Total: 270 ml.
- l. Other actions : None.

During pregnancy: Mother said bathing 2 times a day, brushing teeth after every shower and shampooing 3 times a week, changing clothes 2 times a day During postpartum: Mother said to take a bath 2 times a day, brush my teeth after every shower and wash my hair 2 times a week, change clothes 2 times a day, change sanitary napkins 2 times a day.

- a. During pregnancy  
CHAPTER : Mother said defecate once a day, brownish color, soft consistency.  
BAK : Mother said BAK 4-5 times a day, yellowish color, liquid consistency.
- b. During childbirth  
CHAPTER : Mother said defecate once a day, brownish color, soft consistency.  
BAK : Mother said BAK 5-6 times a day, yellowish color, liquid consistency.
- c. Rest/Sleep.  
During pregnancy: Mother said during pregnancy ± 1 hour nap, night sleep ± 7 hours.  
During postpartum: Mother said nap ± 1 hour, sleep ± 5 hours at night.
- d. Sexual pattern  
During pregnancy: Mother said that during pregnancy she rarely had sexual intercourse.  
During puerperium: Mother said that she had not had sexual intercourse Psychosocial culture
- e. Mother's feelings  
Mother said she was happy because the delivery went smoothly and the child was healthy.  
Family support, The mother said the whole family was supportive and happy for the birth of the baby. Other families living in the same house Mom says just stay with her husband.  
Abstinence from eating. Mother said there are no dietary restrictions during pregnancy and childbirth.
- f. Customs and customs, Mother said there was a celebration for the birth of her child.
- g. Use of drugs and herbs or cigarettes: Mother said she did not take drugs other than those given by the midwife, and did not smoke and her husband did not smoke either.
- h. Physical Examination (Objective Data)
  - a) Generalist Status
  - b) General Condition: Good
  - c) Awareness: Composmentis
  - d) TTV : BP : 120/80 mmHg R : 20x/min
  - e) N : 84x/min S : 38,5°C
  - f) TB : 157 cm
  - g) Weight before Pregnancy: 52 kg
  - h) Current weight: 63 kg
  - i) LILA : 26 cm
  - j) Systematic Examination
- i. Other Supporting Examinations : No inspections are carried out.

**Table 1.**

Management of Midwifery Care for Postpartum Mothers Ny. M P1a0 With Breast Milk Dam at Siti Kholijah Clinic, Medan Marelan in 2018

Data Interpretation	Potential Problems	Immediate Action/ Collaboration	Planning	Rational	Implementation	Evaluation
March 16, 2018 at: 10.15 WIB Diagnosed: P1A0 age 26 years postpartum on the third day with a breast milk duct dam Base data: - Mother said	mastitis.	1. Warm compress. 2. Antalgin 500mg 3x1. analgesic therapy	Tell the results of the examination to the mother. Give moral support to the mother.	So that the mother understands the examination that will be carried out So that mom doesn't feel worried about	Telling the results of the examination to the mother that the mother has breast milk duct obstruction. Provide moral support to the mother.	16-3-2018 at 10.50 WIB Mother knows the results of the examination. Reduced maternal anxiety.

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<p>that she gave birth on March 13, 2015 at 10:05 WIB.</p> <p>– Mother said her breasts were swollen, painful and had a fever since this morning.</p> <p>– Mother said the baby was having difficulty feeding.</p>	<p>Encourage mothers to breastfeed as often as possible.</p>	<p>her situation</p> <p>So that the production of breast milk can be changed.</p>	<p>Encourage the mother to breastfeed as often as possible on both breasts.</p>	<p>Mother said she was willing to breastfeed her baby as often as possible.</p>
<p>2) Objective Data: a) TTV</p> <p>(1) Blood Pressure : 120/80 mmHg</p> <p>(2) Pulse : 84 x / m i n</p>	<p>Instruct the mother to breastfeed both breasts.</p>	<p>So that the pressure on the breasts is the same</p>	<p>Encourage the mother to breastfeed both breasts</p>	<p>Mother is willing to breastfeed both breasts.</p>
<p>(3) Temperature : 38,5°C</p> <p>(4) Respiration : 20 x / m i n</p>	<p>Advise the mother to apply warm compresses to the breasts before breastfeeding</p>	<p>In order to accelerate the absorption of mamae.</p>	<p>Advise the mother to apply warm compresses to the breasts before breastfeeding.</p> <p>Advise the mother to wear a bra that supports the breasts and is not too tight.</p>	<p>Mother said she was willing to apply warm compresses to the breasts before breastfeeding.</p> <p>The mother has been given antalgin 500 mg orally 3x1 and the mother is willing to take the medicine given regularly.</p>
<p>b) Mammae</p> <p>(1) Swelling: Yes, on the left side of the breast.</p> <p>(2) Symmetrical : Not symmetrical.</p> <p>(3) Areola: Hyperpigmentation.</p> <p>(4) Nipples: Flat.</p> <p>(5) Colostrum: Come out a little.</p> <p>(6) Tenderness: There is pain when pressed.</p> <p>(7) Redness: Slight redness.</p>	<p>Advise the mother to wear a bra that supports the breasts and is not too tight.</p>	<p>In order to reduce pain and reduce pressure</p>	<p>Give antalgin 500 mg orally 3x1 and paracetamol 2x1</p>	<p>o reduce pain, analgesic and anti-pyretic (fever-reducing) drugs are given.</p> <p>Mother's condition has improved, breasts are still swollen.</p>

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b. Problem

Mother is worried.

Base Data :

Mother said she was worried and scared about her situation.

Needs

- 1) Provide mental support to the mother.
  - 2) Provide counseling about breast care.
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### 3.4 Discussion

In this discussion, the author will explain the gaps that occur between the practice carried out at the Raskita Clinic and the existing theory. Here the author will explain the gap according to the steps in midwifery management according to Varney. This discussion is intended so that conclusions can be drawn and problem solving from the gaps that occur so that they can be used as a follow-up in the application of midwifery care which includes

#### a. Assessment

According to Varney's theory, assessment is the collection of all the data needed for the overall evaluation of the patient. According to Laksono (2010), signs/complaints in patients with breast duct obstruction are swollen, hard, hot, reddish breasts. While complaints from Mrs. M, which is swollen breasts, pain, and the body feels hot (temperature 38.5°C) and the breasts look a little red. From the assessment data, there is no gap between theory and case.

#### b. Data Interpretation

In the case review in the interpretation of the data, it was found that the mother felt anxious. According to Sumarah (2009), this happens because the mother has a blocked milk duct. With a good explanation and moral support, it can reduce the anxiety, so that mothers no longer need to be afraid to breastfeed their babies. In handling the case of Mrs. M, the midwife provides moral support by accompanying the mother and talking to and giving explanations to the family. After being given an explanation, the mother's anxiety has begun to decrease. So there is no gap between theory and case.

#### c. Potential Diagnosis

In a case review, if the breast milk duct dam is not treated immediately, it will result in mastitis infection (Hubertin, 2005). However, in the case review, mastitis did not occur because the mother had been given therapy, an explanation of how to care for the breast, the correct way to breastfeed, and it was shown that the mother continued to exclusively breastfeed so that there were no signs and symptoms of mastitis. So there is no gap between the case and the theory.

#### d. Anticipation

In a theoretical review, according to Sujiyatini (2009), the anticipation of breast milk dams is the provision of analgesics and warm compresses. Anticipation on Mrs. M is giving warm compresses and antalgin 500 mg 3x1 and paracetamol 2x1. At this stage the anticipation has been made and there are no potential problems and there is no gap between theory and practice.

### 4 Conclusion

From midwifery care for postpartum mothers with breast milk dams given to Mrs. M P1A0 can be concluded: The assessment has been carried out by collecting all data according to the available format sheets through interviews and systemic observation techniques. Starting from the identity of the patient to the supporting examination. On Mrs. M P1A0 with complaints of swollen breasts, pain and body heat (temperature 38.5°C), swollen breasts, flat nipples, little colostrum comes out, red breasts and pain when pressed. The interpretation of the data from the results of the study was obtained by Mrs. M P1A0 3rd day postpartum with breast milk duct dam, the problem that occurs is

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that the mother feels anxious, and what needs to be done is to provide mental support and counseling about breast care to the mother.

On Mrs. M P1A0 A potential diagnosis of mastitis did not occur. On Mrs. M P1A0 anticipated by observing vital signs and breast condition, therapy in the form of antalgin 500 mg 3x1, paracetamol 2x1 and given warm compresses. The planning given to Mrs. M P1A0 with breast duct obstruction, among others, provide counseling and training about breast care, teach mothers to breastfeed their babies properly, give warm compresses and give 500 mg 3x1 antalgin and 2x1 paracetamol orally and evaluate. The implementation given to Mrs. M P1A0 with breast duct dams include providing counseling and training on breast care, teaching mothers to breastfeed their babies properly, giving antalgin 500 mg 3x1 orally and paracetamol 2x1 and then evaluating. Evaluation is the stage of assessing the success of the care that has been given in overcoming patient problems. After the author carried out midwifery care to the patient for 3 days, the dam of the breast milk duct was resolved. In the case of Mrs. M P1A0 there is no gap between theory and real cases in the field. In the case of Mrs. M P1A0 there is an alternative solution to the problem by giving antalgin 500 mg orally 3x1 and paracetamol 2x1 doing breast care, breastfeeding the baby properly and correctly so that breast milk can come out smoothly and the dam of the milk duct can be resolved.

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