EFFECTIVITY OF BREAST MILK PRODUCTION WITH MARMET TECHNIQUES AND OXYTOCIN MASSAGE IN POST PARTUM MOTHER PRIMIPARA OF POST SECTIO CAESARIA (Experimental Study in Public Hospital Area of Praya Hospital)

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ABSTRACT

Breast milk is a liquid formed from a mixture of two substances, namely fat and water contained in a protein solution, lactose and inorganic salts produced by the mother's breast gland, and useful as baby food. Some of the factors that affect the production of breast milk are lacking in the preparation of the nipple first and the lack of oxytocin reflexes. The purpose of this study was to determine the effectivity of breast milk production on marmette and oxytocin massage techniques in postpartum primipara post section caesarea in public hospital of Central Lombok praya area. The research design used is True Experimental using type "Posttest - Only Control Design" Sampling technique used is Random Sampling with a sample of 27 Respondents. Date analysis technique using Kruskal Wallist Test. The results showed from 27 responses above, in the know on the intervantion group of the average marmet technique as much as 17.33, the average of the intervantion group of oxytocin massage as much as 16.11 while the control group averaged 8.56. The result of statistical analysis of kruskalwallis test showeda significant value from 0,020 <(a = 0,05), meaning that H₀ rejected and H₁ accepted, Meaning that there are difference in the production of milk with a significant value between the group of marmet techniques, oxytocin massage and the control group. There is effectivity of breast milk production to technique of marmet and massage of oxytocin in primipara mother of post section caesarea. Marmet and oxytocin massage can increase breast milk production by breast massaging breastfeeding cells and breast milk channels that increase oxytocin.

Keywords: Breastmilk Production, Marmet Technique, Oxytocin Massage.

INTRODUCTION

A press release from UNICEF explains that the deaths of around 30,000 Indonesian babies each year can be prevented through exclusive breastfeeding for six months from the birth of the baby. The knowledge of mothers in Indonesia related to breast milk is still considered minimal, consequently the coverage rate of ASI in Indonesia is only 42 percent. This figure is clearly below the WHO target which requires minimum breastfeeding coverage of 50 percent (Unicef Indonesia, 2015).

The infant mortality rate (IMR) and the under-five mortality rate (AKABA) in Indonesia is still high enough based on the Indonesian Demographic and Health Survey (IDHS) survey in 2015 showing that the IMR becomes 22.33 per 1,000 live births, and Akaba, 26.29 per 1000 live birth. Although this figure has dropped from 1991, this decline is still far from the target of SDG's in 2030 where the IMR is expected to fall to 12 per 1000 live births. If compared to neighboring countries of Southeast Asia such as Singapore, Malaysia, Thailand,
The problem of breastfeeding in the postpartum period is one of them is the lack of breastfeeding syndrome, so babies feel dissatisfied after each feeding, the baby often cry or the baby refuses to suckle, stool baby hard, not enlarged breasts resulting in failure of breastfeeding in infants (Perinasia, 2011). Some of the factors that influence the production of breast milk are lacking in the preparation of the nipple first and the lack of oxytocin reflexes (Maryunani, 2012).

Childbirth with caesarean section action can cause problems that are different from the mother who gave birth normally. Besides undergoing physiological changes during the puerperium period especially involution and lactation, in mothers with cesarean section action when the anesthetic effect disappears, there will be pain around the wound of the surgical incision (Danuamtaja & Meiliasari, 2007). Pain that arises can cause various problems in the mother such as the mother to be lazy to do early mobilization, if the pain felt great mother will focus on himself without caring for the baby and also will cause anxiety, so that will inhibit milk production.

The inhibiting factor in breast feeding is the production of breast milk itself. Less milk production and slow out can cause the mother not to give milk to her baby with enough. In addition to the prolactin hormone, the lactation process also depends on the hormone oxytocin, which is released from the posterior pituitary as a reaction to suctioning of the nipple. Oxytocin affects the myoepithelial cells that surround the mammary alveoli so that the alveoli contract and secrete milk that has been secreted by the Mammae gland, the oxytocin reflex is affected by the mother's soul. If there is anxiety, stress and doubt that occurs, then the expenditure of breast milk can be hampered (Kodrat, 2010).

The phenomenon found in the field that the production and ejection of mild milk in the first days after giving birth to obstacles in early breastfeeding. Decreased milk production in the first days after delivery can be caused by a lack of stimulation prolactin and oxytocin hormones that play a role in the smooth production of breast milk. This condition is also experienced by the mother who gave birth with Sectio Caesaria. This is due to the use of drugs used at the time of operation or after surgery (Mardiyaningsih, 2011).

Mother's milk is the baby's best food at the beginning of her life. Breast milk proves to have an advantage that can not be replaced by any food and drink because breast milk contains the most appropriate nutrients, complete and always adjust to the needs of the baby at all times (Elza, 2009).

Breast milking techniques are recommended is to use the hands and fingers because it is practical, effective and efficient than using a pump. How to milk milk using Cloe Marmet way called Marmet Technique which is a blend of techniques of flushing and massaging. Flushing with the hands and fingers has the advantage besides the negative pressure can be regulated, more practical and economical as it is enough to wash hands and fingers before squeezing the milk (Roesli, 2010). If this technique is done effectively and appropriately there will be no problems in the production of breast milk and how to remove the milk so that the baby will still get milk and the use of infant formula in the first days of childbirth can be reduced (Roesli, 2010).
Efforts to stimulate prolactin and oskitosin hormones in the mother after delivery other than by squeezing the milk, can be done also by doing the oxytocin massage in the back area of the spine until the shoulder blades so that the mother will feel relaxed, comfortable and calm. cleanse the nipples, often breastfeed the baby even though the milk has not come out, breastfeeding early and regularly and massage oxytocin (Roesli, 2009).

METHODS
This research uses experimental True research method Using Posttest - Only Control Design type, in this design there are two groups of each selected at random. The selection of this design is based on the assumption that each unit in the population is homogeneous, so there is no need for initial measurement. The first group was treated in the experimental group and the group that was not given treatment was called control. Notoadmojo, (2005).

The population in this study were all postpartum Primipara Post Sektio Caesaria mothers in the jasmine room, last 1 month as many as 142 in RSUD Praya. Sample selection is done by random sampling is how to get from member of population by using random without considering strata (level) in member of that population. This is done when the sample is considered homogeny. Sugiyono, (2009).

The sample in this study are 9 respondents of each group. Purawisastra, (2001) Validity test in this research is structured interview sheets that validated by using observation and researcher assisted by midwife in Nifas Room of Praya Regional General Hospital. the structured interview guide is modified according to the theory according to (Poediono, 2002, Biancuzzo, 2003, Siregar, 2004 and Nichol, 2005 in Enok 2010) which contains the maternal and infant indicator.In this study using Kruskal Wallis Test is a nonparametric based test rank, in this study the researchers used ordinal scale to know the difference of milk production in the intervention group of marmet technique, the intervention group of oxytocin massage and control group in the calculation process was assisted by using the help of Statistic Programe For Social Science (SPSS) For Windows.

RESULT
Based on semi quantitative data analysis kristkal wallist test non parametric difference that the number of samples as much as 3 groups with each - each as many as 9 respondents with ordinal data scale.

Data Interpretation
a. Based on the result of non parametric difference test kruskal wallist in marmet technique group there are 9 respondents with mean rank 17.33
b. In the oxytocin massage group there was a mean rank of 16.11
c. In the control group 8.56 which means the mean mean rank of the treatment group of the marmet and the oxytocin massage technique is greater than the control group
d. The statistic test results in obtaining Asymp value. Sig = 0.020 Based on the results of statistical tests note that the value p = 0.020 ie <0.05 so H1 accepted which means the intervention Marmet technique and oxytocin massage more effective against milk production in postpartum Primipara post Sektio Caesarea.
e. Based on the result of statistic test of kruskal wallist that the technique of marmet more effective from group of oxytocin massager with mean rank value on marble technique group that is 17.33 and mean rank value in oxytocin massage group is 16.11

DISCUSSION
A. Effectiveness of breastfeeding production in postpartum Primipara post Sektio Caesarea in the group given Marmet Engineering intervention and oxytocin massage and control group.

Based on the results of statistical tests note that the value of p = 0.020 is <0.05 so H1 accepted which means Marmet Engineering intervention and effective oxytocin massage to milk production in postpartum Primipara post Sektio Caesarea.

Research conducted by Marliana (2013) at RSIA Sitti Khadijah I Muhammadiyah Makassar
Branch shows that 86.7% of postpartum mother's mother came out well after given explanation and demonstration technique of milking ASI. While research conducted by Resty (2015) about the difference of breastfeeding production before and after do the treatment of breast and massage of oxytocin at puskesmas kesamiran district tegal showed that mothers who given intervention have a chance 5.146 times for the occurrence of spending milk less 12 hour post partum. According to research from Mardiyaningsih (2011) showed the technique of marmet and massage of oxytocin on post Sectio Caesaria mother after the third measurement of milk production smoothly that is 23 people (85.2%) while control group only 9 people (33.3%). The marmet technique is to combine breast massage (breastmilk cells) and breast milk channels to increase the milk flow oxytocin by milking the milk (Roesli, 2009).

The results showed that the Marmet technique and the oxytocin massage were effective against breast milk production on postpartum Primipara post Sectio Caesarea.

The results also explain that the proportion of post-cesarean mother whose milk production is current in the intervention group given the combined intervention of the marmet and oxytocin massage techniques is greater than the proportion of post-cesarean mother whose milk production is not smooth. The results of this study explain that the researchers' major hypothesis proved to mean the combined intervention techniques of marmettes and oxytocin massage effectively increase the production of breast milk postsisi cesarean mother.

The hormone oxytocin serves to stimulate smooth muscle contraction in the alveolar wall and channel walls so that the milk is pumped out (Wiji, 2013). The oxytocin reflex is more complicated than the prolactin reflex. A mother's thoughts, feelings and sensations will greatly affect this reflex. Mother's feelings can increase and also inhibit the expenditure of oxytocin. This hormone will cause the muscle cells surrounding the milk ducts to contract or contract so that the milk is pushed out of the milk production channel and flows ready for sucking by the baby. (Perinasia, 2011)

B. Effectiveness of breast milk production in postpartum Primipara post Sectio Caesarea in groups given Marmet Engineering intervention and oxytocin massage.

Based on statistic test result that technique of marble is more effective from oxytocin massage technique this is seen from mean rank value in marble technique group that is 17.33 and oxytocin massage as much as 16.11.

Based on research result Maria (2012) about Factor determinant to Sustainability of Breastmilk Production, At this stage done analysis of influence of determinant factor (technique of marmet, massage of oxytocin, age of pregnancy, birth weight). analysis result that mother who do technique of marmet, very smooth continuity of its milk production that is 91.2%. While the non-current production of its milk is very low is 8.8%

Chi-square statistical test results showed significant results (p <0.05), this means that the marmet technique gives effect to the continuity of milk production. while the Massage of oxytocin also affects the continuity of milk production with the results of analysis that the mother who executes the Massage of Oxytocin, more smoothly the continuity of its milk production is 68.8%. While that is not smooth that is 31.2% only. Chi-square test results showed significant results (p <0.05), this means that the implementation variables of oxytocin massage have an effect on the survival of milk production.

Of the two groups of interence, marine technique is the dominant factor affecting the continuity of milk production. Low breastfeeding production is due to less frequent breastfeeding or breast milk, if the infant can not suck milk effectively, due to poor oral and jaw structures, faulty attachment techniques, maternal endocrine abnormalities (rare), hypoplastic breast tissue , metabolic abnormalities or infant digestion, so it can not digest breast milk and lack of nutritional mother (Judarwanto, 2010)
Based on research results Anita (2015) Technique of marble and back massage in influencing fluency of milk is statistically there is difference (p value = 0.047). While the difference in affect baby's weight obtained p value = 0.038 so statistically there is no difference.

Breast milking techniques are recommended is to use the hands and fingers because it is practical, effective and efficient compared to using a pump. How to milk milk using Cloe Marmet way called Marmet Technique which is a blend of techniques of flushing and massaging. Flushing with the hands and fingers has the advantage besides the negative pressure can be regulated, more practical and economical as it is enough to wash hands and fingers before squeezing the milk (Roesli, 2010). If this technique is done effectively and appropriately there will be no problems in milk production and how to remove the milk so that the baby will still get milk and the use of infant formula in the first days of childbirth can be reduced (Soraya, 2006)

Results of research ever conducted in Indonesia there are several methods that can be used to help facilitate the production of postpartum breast milk include the method of Massage Oxytocin, Marmet Technique. A variety of ways can be done to stimulate oxytocin reflexes. Results of research conducted by Nurhanifah. (2013) on the effectiveness of massage rolling (back) and warm compresses on breast milk production increase shows that both are quite effective in launching milk production. While research conducted by Ulfa (2013) said that effective marble techniques against breastfeeding expenditure on mothers menyusi 0-6 months. (Widayanti, 2014).

Desmawati research results, (2006) explained that to produce more milk volume, breastfeeding mothers should be in a psychologically relaxed state. In addition, massage can also be done while emptying or pumping. By paying attention to these techniques, the feeding process becomes more effective.

CONCLUSIONS AND RECOMMENDATIONS
1. The results of the study showed that of 9 respondents Primipara post Sektio Cesarea who were given Marmet Engineering intervention 7 respondents (77.8%) had good milk production, 1 respondent (11.1%) had enough milk production, and 1 respondent (11.1%) with less milk production.

2. The results showed that of 9 respondents Primipara post Sektio Cesarea given the intervention of oxytocin massage 6 respondents (66.7%) had good milk production, 2 respondents (22.2%) had enough milk production, and 1 respondent (11.1%) with less milk production.

3. The results showed that of 9 respondents Primipara post Sektio Cesarea on control group 1 respondent (11.1%) have good milk production, 5 respondents (55.6%) have enough milk production, and 3 respondents (33.3%) with less milk production.

4. Based on the results of statistical tests note that the value of p = 0.020 is <0.05 so that H1 accepted which means Marmet Engineering intervention and effective oxytocin massage to milk production in postpartum Primipara post Sektio Cesarea.

5. Based on the results of statistical tests that marmet techniques are more effective than the technique of oxytocin massage this is seen from the mean rank value of the marble technique group is 17.33 and oxytocin massage as much as 16.11.

SUGGESTION
1. For the respondent
It is expected to apply marble massage techniques and oxytocin to overcome the problem of insufficient milk production.

2. For the place of study
is expected to use a combination intervention of marmetted and oxytocin massage techniques as a form of intervention that helps increase milk production in post-caesarean mother.

3. For the next researcher
For the sake of perfection of this study, further investigators are expected to be able to conduct further research and seek other interventions that may increase the production of mother’s milk Primipara post Sektio Caesarea.

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