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The Effectiveness of Marmet Techniques, Oxytocin Massage, and Endorphin Massage to Breast-Milk Production on Post Cesarean Section at RSIA Puri Bunda Hospital Malang

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ABSTRACT

Breast milk is the most ideal food for babies. One of the efforts to increase breast milk production in post partum is to stimulate its natural hormones, namely the hormone prolactin and the hormone oxytocin. There are several interventions to increase the smoothness of breast milk, namely oxytocin massage, endorphin massage, and the marmet technique.The research design used was a quasi-experimental design with a post-test only design. The research sample was 60 post-sectional mothers who were taken using simple random sampling. The independent variables are marmet technique, oxytocin massage, endorphin massage. The dependent variable is post-sectional milk production. Data were collected using a questionnaire and analyzed using the Kuskal Wallis Test with a significance of p <0.05.The results showed that the treatment of the marmet technique for breast milk production was not smooth as many as 15 respondents (75%). The endorphin massage treatment had smooth milk production as many as 17 respondents (85%). Oxytocin massage treatment for milk production was smooth as many as 20 respondents (100%). Based on the Kuskal Wallis Test, it is known that Asymp.Sig. (2-tailed) has a value of 0.0000 which is <0.05, it can be concluded that Ha is accepted, there is a significant difference between breast milk production with the marmet technique, oxytocin massage, and endorphin massage to breast-milk production on post caesarean section women at Puri Bunda Hospital Malang. It was concluded that oxytocin massage and endorphin massage are techniques that have the opportunity to launch breast milk compared to the marmet technique on the production of breast milk for post sectio mothers at Puri Bunda Hospital Malang. It is recommended for further researchers to be able to measure the intensity of oxytocin massage pressure, endorphins, and marmet techniques in order to increase the accuracy of giving oxytocin massage to post caesarean section women.

Keywords: breast-milk production, endorphin massage, marmet technique, oxytocin massage

INTRODUCTION

Breast milk is the most ideal food for babies. All the nutrients needed for normal baby growth and development are in breast milk. At the same time breastfeeding builds an intimate and warm relationship between mother and baby. This is very important for the healthy psychological development of the mother (Purwoastuti & walyani, 2015) Breast milk has nutritional components that milk formulas do not have, including colostrum, which is the fluid first secreted by the breast glands which is an ideal laxative, containing more protein than breast milk on formula milk. According to data from the World Health Organization (WHO) in 2018 showed that exclusive breastfeeding for the first 6 months was only 36%. According to the 2018 Health Research (Riskesdes), 30.2% of infants aged less than 6 months received exclusive breastfeeding (Permatasari, 2019).

Nationally, exclusive breastfeeding coverage in Indonesia is still low. Susenas 2010 data shows that only 33.6% of infants in Indonesia are exclusively breastfed, this means that there are still 2/3 of infants in Indonesia who are not getting breast milk. Delivery by cesarean section can cause different problems with mothers who give birth normally. Physiological changes occur, especially during the puerperium involution and lactation, in mothers with cesarean section when the anesthetic effect is lost, there will be a sense of feeling around the surgical incision. Pain that arises can cause various problems for the mother, for example, the mother becomes lazy to do early mobilization, if the pain felt by the mother will be great on herself without caring for her baby and will also cause anxiety, so that it will inhibit milk production.

Based on the Indonesian Demographic Health Survey (IDHS) in 2012, the coverage of the number of exclusive breastfeeding in Indonesia is still low, namely only 27% of infants aged 4-5 months are exclusively breastfed (without additional food or drink). As many as 8% of infants of the same age were given other milk and 8% were given water. This condition is very contrary to what happened, namely the provision of formula milk. It is known that babies born in health facilities are more likely not to be exclusively breastfed.

In an effort to overcome the constraints of breast milk production to facilitate breast milk production in post sectio mothers, including the Oxytocin Massage method, Marmet Technique, Warm Compresses, Rolling Massage (back), Breast Care, but due to limited information in health services about implementation procedures, these methods this is only known, but rarely given by health workers as care givers to patients (Mas'ada, 2013). In addition to implementing lactation management for mothers with post sectio, which starts after the baby is born, Early Breastfeeding Initiation (IMD) for surgical delivery can be carried out, Early Breastfeeding Initiation (IMD) can be carried out in the Recovery Room (RR) with terms and conditions applicable, and provide support from the family, and other health workers so that mothers are more confident that post sectio mothers can breastfeed for the first 6 months, besides making a hospital that has the motto "love mother and baby" by providing this opportunity for mothers by doing IMD on her baby.

So the general purpose of this study was to determine the effectiveness of Marmet, Oxytocin and Endorphin massage techniques on breast milk production in post-sectional mothers at the Mother and Child Hospital in Puri Bunda Malang and the specific purpose of this study was to analyze techniques that were very effective in breast milk production. post sectio at RSIA Puri Bunda Malang. The results and benefits of this research are expected to add insight to the development of public health science, gain knowledge based on scientific truth, as well as further research on various techniques or massage for breast milk production, especially post partum mothers with sectio.

METHODS

This type of research is analytical research, with a true experimental design research approach using a post test design model. The population in this study were all post sectio mothers who used the marmet technique, oxytocin massage, and endorphin massage on the production of post sectio mothers' breast milk. The sample in this study was can use verbal language, multipara, postpartum 1-2 days, baby has not been given formula milk, Bbl > 2500 gr, mother with post sectio without complications. The location of this research is at RSIA Puri Bunda Malang. This research was conducted for 47 days, from April to May 2021.

The independent variables of this study were the marmet technique, oxytocin massage, endorphin massage and the dependent variable was the production of post sectio breast milk. Researchers used simple random sampling, which is a population-based sampling technique that was

carried out randomly in the population. The instrument used in this study was an observation sheet (checklist). This research has gone through a health ethics test with no SK 2467/KEPK/VIII/2021.

RESULTS

The results of data collection on research subjects were 60 post sectio mothers. Based on age, almost half of the respondents aged 20-35 years were 25 respondents (41.7%), age >35 years (38.3%), age <20 years (20%), while based on the education of post sectio mothers, it showed that almost half of the respondents had high school education as many as 26 respondents (43.3%), college (31.7%), elementary, junior high (25%). and Based on occupation shows that most of the respondents work as housewives as many as 39 respondents (65%), private employees (25%), civil servants (3.3%), self-employed (5%), farmers (1.7%).

The results of data collection on research subjects totaled 60 post sectio mothers. Meanwhile, based on 20 post-sectio mothers after oxytocin massage, it was found that all of the respondents had smooth milk production after oxytocin massage as many as 20 respondents (100%), and Based on 20 post-sectional mothers after endorphin massage, almost all of the respondents had smooth milk production after massage. 17 respondents (85%) endorphins and 3 respondents (15%).

Table 1. of Normality and Homogeneity Test Results

		Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Tekhnik	Statistic	Df	Sig.	Statistic	Df	Sig.
Asi	Tehnik Marmet	.463	20	.000	.544	20	.000
	Pijat Oksitosin	.538	20	.000	.236	20	.000
	Pijat Endorphin	.509	20	.000	.433	20	.000

Lilliefors Significance Correction

Based on table 1 obtained a significance value of 0.000 (<0.05), it can be concluded that the data is not normally distributed.

Table 2. Test of Homogeneity of Variances

Levene Statistic	df1	df2	Sig.
19.117	2	57	.000

Based on table 2 obtained a significance value of 0.000 (<0.05), it can be concluded that the treatment group is not homogeneous

Multivariates Statistical Test Results

	Produksi ASI
Chi-Square	29.500
df	2
Asymp. Sig.	.000
a. Kruskal Wallis Test	
b. Grouping Variable: Tekhnik	

Based on table 3, it is known that the Asymp.Sig value is 0.000 (p < 0.05). Thus, it can be concluded that H0 is rejected and Ha is accepted, which means that there is a significant difference between breast milk production with marmet techniques, oxytocin massage, and endorphin massage on the production of breast milk for post sectio mothers at RSIA Puri Bunda Malang.

Post Hoc Test – Mann Whitney

	Ranks	Asymp.Sig
Tehnik Marmet	28	0,000
Pijat Oksitosin	13	

Tehnik Marmet	26,5	0,000
Pijat Endorphin	14,5	
Pijat Oksitosin	19	0,000
Pijat Endorphin	22	

Based on table 4 The conclusion of the Mann Whitney Post Hoc Test is Oxytocin Massage > Endorphin Massage > Marmet Technique. Oxytocin massage and endorphin massage are techniques that have the opportunity to launch breast milk compared to the marmet technique.

DISCUSSION

Based on the results of the study showed that from 20 post sectio mothers after the marmet technique, it was found that most of the respondents had non-smooth milk production after the marmet technique as many as 15 respondents (75%). The results of this study are not in line with Ulfah (2014) based on his research which shows that in the treatment group before being given the marmet technique, the breast milk production was not smooth as many as eight respondents (53.3%) and the smooth milk expenditure was seven respondents (46.7%). Meanwhile, after giving the marmet technique, it was found that all of the respondents were 15 respondents in the treatment group. The conclusion is that giving the marmet technique to postpartum mothers is effective for the smooth expulsion of breast milk.

The marmet technique is a combination of massaging and pumping the breasts that can increase the production of the hormones prolactin and oxytocin. Yokoyama (2014) in his research publication explained that giving a massage to the breast accompanied by emptying the contents of the breast will activate the hormone prolactin which produces breast milk and the hormone oxytocin which functions to make the breasts contract so that the milk can come out smoothly. While breast massage only removes milk that has been stored in the sinuses of the mother's breast, so it is very effective if to facilitate breastfeeding, massage is carried out accompanied by the process of emptying the breast milk to stimulate the two hormones that work in the breastfeeding process.

The advantage of the marmet technique is that this technique can increase the amount of milk produced, besides that this technique is free, does not need to use electricity and can be done anytime. However, the drawback of the marmet technique is that it is more tiring because this technique requires physical effort that can tire the wrists, besides that this technique is less efficient in terms of time because it takes a lot of time to express both breasts (Savchenko, 2020).

The results of this study were 15 respondents (75%) were not fluent after using the marmet technique. According to the researcher, this is caused by the condition of the post-sectio mother who experiences complications that can be caused by the post-sectio itself such as pain in the incision area, the potential for thrombosis, the potential for a decrease in functional ability, thus interfering with the lactation process. This is related to the marmet technique used require physical exertion that can strain the wrist or extremity.

Based on the results of cross tabulation of age with smooth breastfeeding using the marmet technique, it is known that almost half of the respondents aged > 30 years with non-fluent milk production were 6 respondents (30%). At the older age above 35 years there has been a decline in physiological and reproductive functions in general, memory loss makes the information conveyed by the midwife not absorbed properly so that it is possible for unwanted complications to occur after childbirth (Hardiana, 2016).

Based on the results of cross-tabulation of education with the fluency of breastfeeding with the marmet technique, it is known that almost half of the respondents with the last education of elementary school, junior high school with non-fluent breast milk production were 8 respondents (40%). The level of education will affect the knowledge and ways of understanding that are explained by the midwife (Hardiana, 2016).

Based on the results of cross tabulation of work with smooth breastfeeding with the marmet technique, it is known that half of the respondents as housewives with non-fluent milk production are 10 respondents (50%). Work also affects the process of decreasing the height of the uterine fundus because work will affect the level of income so that it will affect their daily needs (Fitriana and Lilis Dwi, 2012).

Based on the research, from 20 post sectio mothers after oxytocin massage, all of the respondents had smooth milk production after oxytocin massage as many as 20 respondents (100%).

Oxytocin massage is a spinal massage action on the 5-6 ribs to the scapula which will accelerate the work of the parasympathetic nerves to stimulate the posterior pituitary to release oxytocin. Oxytocin massage can also be defined as a massage action for nursing mothers in the form of massage on the mother's back to increase the production of the hormone oxytocin. So that it can accelerate wound healing from placental implantation, prevent bleeding, and increase milk production. Oxytocin stimulating massage for nursing mothers serves to stimulate the oxytocin hormone in order to facilitate breastfeeding and increase maternal comfort (Suherni, 2008, Suradi, 2020, Hamranani, 2020).

This study shows a conformity with the theory, by giving massage along the spine (vertebrae) to the bones to the fifth-sixth costae bone will stimulate the hormones prolactin and oxytocin, so that breast milk can automatically run more smoothly. In addition to facilitating breast milk, oxytocin massage provides comfort to the mother, reduces swelling (engorgement), reduces milk blockage, stimulates the release of the hormone oxytocin, maintains milk production. This is in accordance with the theory which explains that giving massage to the entire spine (vertebrae) will stimulate the posterior pituitary to secrete oxytocin (Morhenn, Beavin and Zak, 2012). Oxytocin massage can reduce discomfort in postpartum mothers and helps to relax, helps decrease levels of epinephrine and norepinephrine in the blood so that there is a balance and stimulates endorphin secretion (Moradi et al., 2014).

The results of this study are the same as research conducted by Emy Suryani in 2016 the effect of oxytocin massage on postpartum mother's milk production in BPM Klaten Regency with indicators of weight, frequency of BAK babies, frequency of babies suckling in a day and baby's sleep duration after breastfeeding, using the T statistic test. test Dependent with Wilcoxon. The results of data analysis showed that p value = 0.001 ($p<0.5$ So Ho was rejected Ha was accepted. He suggested that most postpartum mothers felt the benefits of oxytocin massage, where milk production became smooth after oxytocin massage. This also made the mother feel more comfortable relaxed and fatigue after giving birth is also reduced (Suryani, Emy, 2016).

The results of this study are in line with Siti Nur Endah's research (2011) with the title The Effect of Oxytocin Massage on Colostrum Expenditure on Post Partum Mothers in the Midwifery Room of Muhammadiyah Hospital Bandung, showing that the treatment group's colostrum expenditure time is on average 5.8 hours, while the length of time for the treatment group is 5.8 hours. control was an average of 5.89 hours (Endah and Masdinarsah, 2011).

Based on the theory and research above, the researcher argues that doing oxytocin massage will provide a relaxing, calming, and comfortable effect on the mother so that it will increase the oxytocin hormone which has an impact on increasing breast milk production. The duration of giving oxytocin massage had a significant effect on the production of breast milk produced, this was proven in the average amount of milk production in the intervention group which increased significantly more than the control group. Smooth milk production is strongly influenced by several factors including age, parity, nutrition, emotional, psychological, physiological mother and others - others. This is evident from the oxytocin massage which was carried out according to the procedure in the intervention and control groups, but milk production was still not smooth and on the contrary there were some respondents who received oxytocin massage according to the procedure but the milk production was smooth.

Based on the research, from 20 post sectio mothers after endorphin massage, almost all of the respondents had smooth milk production after endorphin massage as many as 17 respondents (85%).

Endorphin massage is also one way of management to increase milk production and reduce pain. A calm psychological state will trigger the release of endorphins so that it affects the production of breast milk. Endorphin massage is a touch therapy or light massage that stimulates the body to release endorphins which are pain relievers and can create a feeling of comfort (Kuswandi, 2011).

To increase milk production so that exclusive breastfeeding can be done, one of the efforts that can be done is through endorphin massage. According to Nurhanifah (2013), giving back massage is more effective than warm breast compresses to increase milk production. This is because, when massaged, the back nerves will stimulate the release of endorphins in the body which will indirectly stimulate the oxytocin reflex. When given a back massage, the back nerve will send a signal to the brain to release oxytocin, which will cause myoepithelial cell contractions that will encourage the release of

milk because the breast nerve is innervated by the dorsal nerve (dorsal nerve) which spreads along the spine. The effect of massage can also increase serotonin and dopamine levels, thereby triggering a decrease in discomfort, fatigue, stress and depression. This condition is the same that is felt by the subject after a back massage is done, namely feeling relaxed and comfortable (Nurfaizah, 2020).

This study is in line with Nurfaizah (2020), which is the result of statistical calculations using the Mann-Whitney Rank Test, so the Z value is -3.178 with a p value. Thus, it can be concluded that there is an effect of endorphine massage on breast milk production in post partum mothers. The results of this study are in accordance with the research of Saudia and Ni (2017) which showed that there was an effect of endorphin massage on increasing milk production and decreasing the Edinburgh Post Partum Depression Scale (EPDS) score. In addition, the results of this study are in line with the research of Dewi et al. (2017) which shows that breast milk production in subjects who are given a combination of back massage and endorphin massage is more likely to experience smooth milk production 0.2 times more than subjects who do not receive treatment.

According to the researcher, post partum mothers who have been given endorphin massage have been shown to increase milk production compared to those who are not given breast milk production, this is because during endorphin massage the mother is also given motivation to breastfeed her baby so that she feels more comfortable and feels more confident to breastfeed her baby. facilitate the release of breast milk in the mother. The benefits of endorphin massage include creating a relaxation response, increasing metabolic processes, improving lymphatic tissue function, accelerating muscle healing and relaxation, reducing muscle tension and stress levels.

Based on the results of the study, it is known that most of the respondents with the marmet technique treatment of breast milk production were not smooth as many as 15 respondents (75%). Almost all of the respondents with endorphin massage treatment had smooth milk production as many as 17 respondents (85%). All of the respondents with oxytocin massage treatment had smooth milk production as many as 20 respondents (100%).

Based on the Kruskal Wallis test, it is known that the Asymp.Sig value is 0.000 ($p < 0.05$). Thus, it can be concluded that H0 is rejected and Ha is accepted, which means that there is a significant difference between breast milk production with marmet techniques, oxytocin massage, and endorphin massage on breast milk production for post sectio mothers at RSIA Puri Bunda Malang. The conclusion of the Mann Whitney Post Hoc Test is Oxytocin Massage > Endorphin Massage > Marmet Technique. Oxytocin massage and endorphin massage are techniques that have the potential to be effective in launching breast milk compared to the marmet technique.

Factors that affect breast milk production include: maternal health status, healthy physical condition will support optimal milk production both in quality and quantity (Poedianto, 2002). Factors that can affect breastfeeding is anxiety. After giving birth, the mother will find it difficult to take care of her baby or carry out daily activities. These conditions cause mothers to feel helpless and anxious about the health of themselves and their babies (Danuatmaja, 2007). This anxiety causes the mother to be disturbed and feel depressed. When the mother experiences stress, there will be a release of adrenaline which causes vasoconstriction of the alveolar blood vessels. As a result, there is an obstacle from the let down reflex so that milk does not flow and experiences a dam (Soetjiningsih, 2012). Another factor is that milk ejection is influenced by the baby's suckling as well as by a receptor located in the ductal system. So the role of prolactin and oxytocin is absolutely necessary in addition to other factors during the breastfeeding process.

Successful breastfeeding is supported by psychological preparation, which is prepared from the time of pregnancy. A strong desire and motivation to breastfeed their babies will encourage mothers to always try to breastfeed their babies under any conditions. With a strong motivation, the mother will not give up easily even though there are problems in the process of breastfeeding her baby, thus the mother will always breastfeed her baby so that stimulation of the nipple will affect the let down reflex so that the flow of breast milk becomes smooth (Suradi, 2010, Poedianto, 2002).

Of these factors that are often encountered when mothers give birth, researchers help to overcome problems that can inhibit breast milk production by using marmet techniques, oxytocin massage and endorphin massage to increase the production of prolactin and oxytocin hormones which trigger increased milk production. proven by the effect of oxytocin massage and endorphin massage on the smoothness of breast milk. However, the marmet technique has not been shown to affect the smoothness of breast milk. This happens because the marmet technique requires more laborious than

oxytocin massage and endorphin massage. In addition, the respondents in this study were post-sectio mothers with conditions that were still weak and still felt pain due to the post-sectio incision. This is supported by Widiastuti's research (2020) entitled Smooth Breast Milk Production in Post Partum Mothers with Cesarean Operations, it was found that most of the respondents experienced problems with smooth milk production, namely 54 respondents (82%) and 12 respondents (18%) with low milk production. fluent. This proves that post-sectio mothers experience breastfeeding problems, so they need other people to help with oxytocin massage and endorphin massage.

CONCLUSION

Based on the results of research, analysis and discussion on "The Effectiveness of Marmet Techniques, Oxytocin Massage, and Endorphin Massage on Breast Milk Production of Post Sectio Mothers at RSIA Puri Bunda Malang" it can be concluded as follows:

1. As many as 20 post sectio mothers after the marmet technique, it was found that most of the respondents had non-smooth milk production after the marmet technique as many as 15 respondents (75%).
2. A total of 20 post sectio mothers after oxytocin massage were obtained entirely from respondents who had smooth milk production after oxytocin massage as many as 20 respondents (100%).
3. A total of 20 post sectio mothers after endorphin massage found that almost all of the respondents had smooth milk production after endorphin massage as many as 17 respondents (85%).
4. There is a significant difference between the production of breast milk with the marmet technique, oxytocin massage, and endorphin massage on the breast milk production of post sectio mothers at RSIA Puri Bunda Malang. Oxytocin massage and endorphin massage are techniques that have the opportunity to launch breast milk compared to the marmet technique.

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