Breast Care Education for Postpartum Mothers at RSIA Tiara Tangerang

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Abstract
This research aims to provide education about breast care for postpartum mothers at RSIA Tiara, Tangerang-Banten Regency in 2023. The research is descriptive. This research uses a descriptive design with a cross sectional approach. The population in this study were 20 postpartum mothers who had given birth and were treated at RSIA Tiara in Tangerang Regency. Sampling used the Accidental Sampling technique, so the total sample was 20 people. The results of the research that has been carried out show that the majority of respondents are in healthy reproductive age is 60%, higher education is 70%. In this study, the results of breast care education and breast care steps were also found to have received a very good response. Postpartum mothers participated in this educational activity with joy and enthusiasm. Postpartum mothers are active in asking questions and there are some who tell about their experiences regarding breast care so that there is an exchange of information about breast care.

Keyword: Breast Care, Education, Postpartum Mothers, breastfeeding

Introduction
Health development is directed at increasing awareness, willingness, and ability to live a healthy life for everyone so that the highest level of public health can be realized. Health development is carried out based on humanity, empowerment and independence, fair and equitable, as well as prioritizing and benefiting with special attention to vulnerable populations, including mothers, infants, children, the elderly, and poor families [1].

An important part that needs to be observed in improving the mother's health status as planning for breastfeeding is breast care for pregnant women in order to achieve a health status, especially for the baby [2].

Breast care is breast hygiene care before and after breastfeeding [3][4]. Treatment of sore nipples and care for the nipples so that they remain soft, not hard and not dry. Caring for the breasts both during pregnancy and after giving birth, apart from maintaining the shape of the breasts, will also facilitate the flow of breast milk [5]. According to Andriyani (2011) in Fitriani (2013) [6] Breast care for postpartum mothers is influenced by
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Breasts are one of the organs that function to produce breast milk as an important staple food given to babies from an early age. One intervention to increase breast milk production is breast care which has the benefit of maintaining breast cleanliness, reducing the risk of breast chafing when breastfeeding, stretching the nipple area, stimulating milk production and production, and preventing breast obstruction [7]. Physical and psychological changes during pregnancy trigger several changes in energy needs, one of which is feeling tired more easily and feeling lazy. Under these conditions, mothers are still advised to take care of their bodies, such as paying attention to clean hair, teeth, skin, clean clothes to keep them comfortable and caring for their breasts [8].

Apart from that, mothers should also prepare a breastfeeding plan with the aim of the baby easily sucking breast milk and minimizing any obstacles that can be experienced during breastfeeding [9]. Breast milk plays a very important role in the process of meeting nutritional needs and maintaining the baby's immune system, and is the main basis for the baby's growth and development process at the behavioral, cognitive and motor levels [10]. Breast milk (ASI) is the only best food for babies as the most suitable source of nutrition and has the most complete nutritional composition which is useful for the baby's growth and development. Breast milk that is produced naturally contains nutrients that are important for the baby's growth and development, such as vitamins, protein, carbohydrates and fat. The composition is also easier to digest than formula milk. Therefore, breast milk can be said to be the baby's main food in the first 6 months of life [11].

Problems that arise during breastfeeding can start during the antenatal period, early labor (postpartum or lactation period) and the late postpartum period. One of the problems with breastfeeding during the early postpartum period is swollen breasts (milk dams) which mostly occur on the second to tenth day postpartum. Most patients' complaints are that the breasts are swollen, hard and feel hot. This disorder can become more severe if the mother rarely breastfeeds her baby, as a result the baby does not get breast milk [12].

Carrying out breast care aims to improve blood circulation thereby preventing obstruction of the breast milk production process. The process of producing breast milk is also influenced by the hormone prolactin and the hormone oxytocin which influence the production of breast milk [13]. Breast care is useful in smoothing the effects of breast milk production and this method can also increase the volume of breast milk effectively. Apart from that, the breasts can also experience breast milk dams due to blocked milk production and this can be prevented by breast care. Many postpartum and breastfeeding mothers complain that after giving birth their milk doesn't come out smoothly or that the baby doesn't want to breastfeed. Postpartum and breastfeeding mothers do not care for their breasts during the
postpartum and breastfeeding period for various reasons such as a lack of knowledge about breast care and being lazy about carrying out breast care activities [14].

One way to overcome this problem is by providing education and direction about breast care by providing counseling to postpartum and breastfeeding mothers accompanied by demonstrations on the correct way to care for breasts and practicing breast care during postpartum visits. This research aims to provide education about breast care for postpartum mothers at RSIA Tiara, Tangerang-Banten Regency in 2023.

**Method**

The research is descriptive, namely a research method carried out with the main aim of objectively identifying factors related to the situation. This research uses a descriptive design with a cross sectional approach. The population in this study were all postpartum mothers who were treated at RSIA Tiara in Tangerang Regency, on 1-14 November 2023, there were 20 postpartum mothers who had given birth and were treated at RSIA Tiara in Tangerang Regency. Sampling used the Accidental Sampling technique, so the total sample was 20 people.

**Result**

Table 1: Frequency Distribution of Knowledge of Postpartum Mothers About Breast Care at RSIA Tiara in 2023

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Pretty good</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>Not good</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Amount</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The results in the table above show that postpartum mothers' knowledge about breast care is included in the good category as many as 4 people (20%), in the quite good category as many as 13 people (65%), in the poor category as many as 3 people (15%).

Table-2 Age frequency distribution of postpartum mothers at RSIA Tiara in 2023

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20 years</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>&lt; 25 – 35 years</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>&gt; 35 years</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Amount</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The results in the table above show that ages 20 to 24 years are 40%, 25 to 35 years are 60% and over 35 years are 10%.

Table-3. Distribution of Education Frequency for Postpartum Mothers at RSIA Tiara in 2023

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low education</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Higher education</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>Amount</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The results in the table above show that the education of postpartum mothers at RSIA Tiara Tangerang Regency, low education is 30%, high education is 70%.

Table-4. Frequency Distribution of Work for Postpartum Mothers at RSIA Tiara in 2023

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Jobless</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Amount</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The results in the table above show that 12 mothers work, 60%, 8 people do not work, 40%

**Discussion**

1. **Knowledge**

The research results showed that postpartum mothers' knowledge about breast care could be categorized as good as many as 4 people (20%), quite good as many as 13 people (65%), into the poor category as many as 3 people (15%) and
none of them were categorized as not good. So it can be concluded that the knowledge of postpartum mothers regarding breast care at RSIA Tiara is in the quite good category. A total of 17 people (55%) and the average respondent's education was High School (35%) and 7 people had a Diploma/Bachelor's degree (35%). This is in accordance with the theory which states that knowledge is a very important domain for the formation of action and knowledge is influenced by the level of education [15].

Postpartum mothers' lack of knowledge about breast care will have an impact on their daily breast care practices. The activities of postpartum mothers, high nutritional intake will affect the flow of breast milk. Breast milk can be produced optimally because it is influenced by many factors, including proper breast care, maternal nutritional intake, activity and good maternal psychology [16].

The material given to postpartum mothers is the importance of exclusive breastfeeding and breast care. In its implementation, the material provided is focused on understanding breast care for postpartum mothers, the goals of breast care, problems for breastfeeding mothers, the benefits of breast care, and breast care steps.

Breast care (Breast Care) is an effort to facilitate breastfeeding, where breast care can improve blood circulation and prevent blockage of milk ducts. Breast care is carried out from an early age, it does not even rule out the possibility that breast care has been carried out before pregnancy. Breast care has the benefit of improving blood circulation, preventing blockage of the milk ducts, thereby facilitating the release of breast milk. In order to achieve the goal, breast care should be carried out regularly from the first day of birth, maintaining personal hygiene, fulfilling balanced nutrition, avoiding stress and growing confidence that the mother can breastfeed. Breast care can be done in a sitting/lying position for those who are not able to sit [17].

Breast care steps start by placing a towel from the shoulder to the armpit area and keeping the other towel on the mother's lap and using a pin so that the towel does not cover the breast. Next, compress the nipple with cotton that has been treated with baby oil/coconut oil for 3-5 minutes, then lift it by twisting it. Pay attention to whether the nipples are dirty, if they are dirty, clean them again using cotton wool that has been treated with baby oil/coconut oil. Lubricate both hands with coconut oil/baby oil, massaging movements 20 – 30 times for each breast 2 times a day, if the mother understands it can be done at home and do it before bathing [17].

There are various variations of sequencing techniques in breast care including: 1) Sequencing 1, namely placing both palms on both breasts, the direction of the sequence starts upwards then to the sides (left palm towards the left side, right palm towards the right side) . The final direction of movement is transverse and then released slowly. 2) Massage 2, namely one palm supports the breast, while the other hand massages the breast from the base to the nipple. 3) Sequence 3, namely stimulating the breasts by compressing both breasts with warm water, then cold water and then warm water. 4) Clean the oil/baby oil that sticks around the breasts with warm water then dry with the top towel. 5) Stimulate the oxytocin reflex on the mother's back by massaging. 6) Use special bras for breastfeeding and support [17].
Age

The research results obtained that the highest respondents were aged 25-35 years with a total of 12 (60%) out of 20 respondents. The results obtained were in line with previous research with the results of the characteristics of respondents showing that the highest age was 20-35 years with a total of 27 (70.0 %) of 30 respondents [18].

Age is the time elapsed from birth to the time an individual is alive and well. Age is usually a measure of an individual's level of maturity and maturity in behavior and work. A person whose age is higher or higher in number goes through several stages, from toddler to adult and reaching what is called elderly. This is experience and mental maturity [19]. The age classification according to the Indonesian Ministry of Health consists of toddlerhood, childhood, early adolescence, late adolescence, early adulthood (26-35 years), late adulthood, early old age, late old age and old age with differences in each number based on age. related to the age of most pregnant women in the age range of 20-35 years, which is in accordance with the healthy reproductive age range which will support the mother's physiology to face pregnancy better.

Education

Education is a learning process to gain knowledge and experience, values and improve skills. This educational process becomes a habit of certain groups which is passed down from subsequent generations in an effort to mature humans through the learning process. Education will influence knowledge and behavior about breast care during pregnancy [20].

In this study, information was obtained that there were 14 postpartum mothers with higher education (70%) and 9 postpartum mothers with low education (30%), Knowledge is closely related to formal and non-formal education, that a person with high education, then someone can broaden their knowledge. But when the level of education is low it will hinder the acceptance of the information and values introduced.

This research is in line with previous research which states that mothers who have a high level of education will further increase the knowledge of postpartum mothers about breast care, where the comprehension ability of postpartum mothers who are highly educated will be better in processing information about breast care than mothers who have a higher level of knowledge. low. Mothers who have higher education will have broader knowledge compared to mothers with low education. Education can influence a person, including a person's behavior regarding thought patterns, lifestyle, especially self-motivation. In general, the higher a person's education, the easier it is to receive information [16].

Work

Work is an activity that becomes a human activity in daily activities in meeting needs and maintaining life according to duties and responsibilities to obtain results in accordance with expectations [21]. For pregnant women who work and do not work, the timing of giving exclusive breastfeeding is certainly different. If pregnant women have a short period of maternity leave until giving birth, then the process of giving exclusive breastfeeding is also reduced, because working mothers tend to give formula milk, because it is considered more easy and practical.
The research results found that the highest number of respondents were working mothers with 12 (60%) of the 20 respondents. These results are in line with research conducted previously with the results of the highest respondent characteristics obtained being housewives with a total of 32 (64.0%) with 50 respondents [22].

This research is not in line with previous research which stated that work has no influence on the level of knowledge of postpartum mothers about breast care [23]. This research is also not in line with research conducted by Rosyati which stated that mothers who are housewives (not working) do not carry out breast care due to a lack of knowledge [24].

Conclusion

The results of the research that has been carried out show that the majority of respondents are in healthy reproductive age, 25-35 years, with working status 60%, higher education is 70%. In this study, the results of breast care education and breast care steps were also found to have received a very good response. Postpartum mothers participated in this educational activity with joy and enthusiasm. Postpartum mothers are active in asking questions and there are some who tell about their experiences regarding breast care so that there is an exchange of information about breast care.

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