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THE EFFECT OF ADMINISTRATION OF BREASTFEEDING MEDICATIONS AT 36-40 WEEKS OF PREGNANCY FOR IMPROVING ASI AFTER BIRTH AT PMB BD ELIN YULIANENGSIH., S.Si.T

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Abstract

Background: Mother's milk (ASI) is the best natural nutrition for babies with the most appropriate nutritional content for optimal growth. Currently, there are still many mothers who do not breastfeed their babies. This is influenced by various factors, including breast milk not coming out immediately after giving birth or not producing breast milk (ASI). The reality in the field shows that low breast milk production in the first days after giving birth is an obstacle in providing breast milk early. In efforts to express breast milk (ASI), there are 2 things that influence it, namely production and expenditure. The production of breast milk (ASI) is influenced by the hormone prolactin, while production is influenced by the hormone oxytocin. The decrease in the production and release of breast milk (ASI) in the first days after giving birth can be caused by a lack of stimulation of the hormones prolactin and oxytocin which play an important role in smooth production and expenditure of breast milk (ASI). Several factors influence the flow and flow of breast milk (ASI), namely breast care, frequency of breastfeeding, parity, stress, illness or maternal health, consumption of cigarettes or alcohol, contraceptive pills, nutritional intake. Research Objective: To determine the effect of giving breast milk-stimulating drugs at 36-40 weeks of pregnancy for smooth breastfeeding after giving birth at PMB Bd. Elin Yulianengsih., S.Si.T. Research Method: The research design uses the One Group Pretest-Posttest form, namely a design that is observed twice, namely before and after being given breast milk-stimulating medication. Research Results: Based on the Paired T Test, it was found that Asymp Sig (2-tailed) was 0.000 < 0.05, meaning that Ho was rejected and H1 was accepted, so it can be said that there is a significant influence between the administration of breast milk-stimulating drugs on breast milk production in breastfeeding mothers at PMB Bd. Elin Yulianengsih. Conclusion: There is an influence between the administration of breast milk-stimulating drugs on breast milk production in mothers after giving birth at PMB Bd. Elin Yulianengsih.

Keywords: Breast Milk Facilitating Drugs, Breast Milk Production, Pregnant Women

Introduction

Mother's milk (ASI) is the best natural nutrition for babies with the most suitable nutritional content for optimal growth. Currently, there are still many mothers who do not breastfeed their babies. This is influenced by various factors, including breast milk not coming out immediately after giving birth or not producing breast milk (ASI). The reality in the field shows that low breast milk production in the first days after giving birth is an obstacle in providing breast milk early. In efforts to express breast milk (ASI), there are 2 things that influence it, namely production and expenditure. The production of

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breast milk (ASI) is influenced by the hormone prolactin, while production is influenced by the hormone oxytocin.

The decrease in the production and release of breast milk (ASI) in the first days after giving birth can be caused by a lack of stimulation of the hormones prolactin and oxytocin which play an important role in smooth production and expenditure of breast milk (ASI). Several factors influence the flow and flow of breast milk (ASI), namely breast care, frequency of breastfeeding, parity, stress, illness or maternal health, consumption of cigarettes or alcohol, contraceptive pills, nutritional intake.

A press release from UNICEF explains that the deaths of around 30 thousand 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 regarding breastfeeding is still minimal, based on the 2018 Basic Health Research (Riskesdas), the breast milk coverage rate in Indonesia is only 42 percent (Riskedas, 2018). This figure is clearly below the WHO target which requires breast milk coverage of at least 50 percent (UNICEF, 2015). Mother's milk (ASI) is the first and best food that must be given to babies because it contains nutrients that are really needed in the process of growth and development of children's intelligence (Prasetyono, 2018).

Breast milk (ASI) contains immune substances that can reduce the risk of babies contracting disease. The immune substance is immunoglobin, which is an immune substance that formula milk does not have. So the benefits of breast milk can prevent various diseases in babies. Apart from the benefits that appear when you are still a baby, breastfeeding also has benefits in maintaining the child's health (Yuliarti, 2018). One of the problems with breastfeeding during the postpartum period is insufficient breast milk syndrome, so that the baby feels dissatisfied every time he breastfeeds, the baby often cries or the baby refuses to breastfeed, the baby's stool is hard, the breasts do not enlarge resulting in failure to provide breast milk to the baby (Perinasia, 2016).

The government has stipulated Government Regulation No. 33 of 2012 concerning the Provision of Exclusive Breast Milk. This Government Regulation states that every baby must receive exclusive breast milk, namely breast milk given to the baby from birth for 6 (six) months, without adding and/or replacing it with food or drink. others (Ministry of Health, 2018).

Exclusive breastfeeding is influenced by various factors, including breast milk not coming out immediately after giving birth/lack of milk production, the baby's difficulty in sucking, the condition of the mother's unsupported nipples, postpartum pain, working mothers and the influence of promotion of breast milk substitutes (Siregar, 2018). The reality in the field shows that the production and ejection of small amounts of breast milk in the first days after giving birth is an obstacle in providing breast milk early. The problem with mothers not breastfeeding their babies on the first day is because of the mother's fear of not having enough breast milk, flat nipples, swollen breasts, breast abscesses, sore or cracked nipples. Breast milk that is not smooth will have an impact on the baby, including the baby becoming fussy so the mother becomes anxious (Sutanto, Andin Vita and Yuni, 2015). Pain or pain after giving birth will make a mother stressed (Badriah, 2018).

The process of expressing breast milk is also influenced by the let down reflex (LDR), namely sucking on the nipple which stimulates the glands in the brain to produce the hormone oxytocin which can stimulate the walls of the breast milk ducts, so that breast milk can flow smoothly (Khasanah, 2018). Next, the hormone oxytocin will enter the mother's flow and stimulate the muscle cells around the alveoli and contract, causing the breast milk that has been collected in them to flow into the ducts (Asih, Y., 2017). The results of research conducted by Pilaria (2018), one of the causes of the low level of exclusive breastfeeding in Indonesia is the decrease in breast milk production in the first days after giving birth which is caused by a lack of stimulation of the hormones oxytocin and prolactin which play a role in smooth breast milk production. Actions are needed that can help smooth breast milk production, one of which is pharmacology, namely breast milk facilitating drugs

Research Methods

In this study, the research design used the *One Group Pretest-Posttest form* , namely a design where observations were carried out twice, namely before and after education with the aim of finding out the effect of giving breast milk-stimulating drugs at 36-40 weeks of pregnancy for the smooth flow of breast milk after giving birth.

Research Sample

The sample for this study was 35 third trimester pregnant women at PMB Bd. Elin Yulianengsih.

The sampling technique in this research is non-probability sampling, namely a sampling technique that does not provide an equal opportunity for each element of the population to be selected as a sample (Sugiyono, 2018). One of the techniques in non-probability sampling is the purposive sampling technique, namely the technique of determining samples with certain considerations based on previously determined population characteristics (Sugiyono, 2018).

Research Place

The research was carried out in November 2023 at PMB Bd. Elin Yulianengsih. The research was carried out by filling out questionnaires directly which were distributed to third trimester pregnant women.

Data Analysis Techniques

Data processing was carried out univariately and bivariately using the paired sample T-Test because the data was normally distributed where the normality test results found p value >0.05 using the SPSS program.

Research Result

1. Respondent Characteristics

	Category	N	Percentage
Respondent's Age	< 20 years	4	11%
	21-25 years old	13	37%
	26-35 years old	15	43%
	> 35 years	3	9%
Education	elementary school	2	6%
	JUNIOR HIGH SCHOOL	8	23%
	SENIOR HIGH SCHOOL	21	60%
	Bachelor	4	11%
Work	IRT	6	17%
	Employee	19	54%
	Self-employed	10	29%

Based on the table above, the majority of respondents aged 26 - 35 years were 15 respondents. The majority of respondents had a high school education, 21 respondents and the majority of respondents had as many jobs as employees.

2. Production of breast milk before giving breast milk boosters

Frequency Distribution of Breast Milk Production before being given Breast Milk Facilitators

No	Breast milk production	Frequency	Percentage
1	Not enough	11	31%
2	Enough	16	46%
3	Fluent	8	23%
	Total	35	100%

Source: processed data, 2023

Based on the table above, you can see that the majority of respondents in PMB Bd. Elin Yulianengsih has sufficient breast milk production, namely 16 respondents (46%).

3. Breast milk production after being given a breast milk booster

Frequency Distribution of Breast Milk Production after being given Breast Milk Facilitators

No	Breast milk production	Frequency	Percentage
1	Enough	7	20%
2	Fluent	28	80%
	Total	35	100%

Source: processed data, 2023

Based on the table above, it can be concluded that the amount of breast milk production after being given breast milk enhancers at PMB Bd. Elin Yulianengsih was fluent, namely 28 respondents (80%).

4. The effect of administering breast milk-stimulating drugs on breast milk production

Paired Samples Test

		Paired Differences			
		Mean	Std. Deviation	Std. Error Mean	Sig. (2-tailed)
Pair 1	Pretest Breast Milk Production - Post Breast Milk Production	-,886	,631	,107	,000

Based on the *Paired T Test,* it was found that Asymp Sig (2-tailed) was 0.000 < 0.05, meaning that Ho was rejected and H1 was accepted, so it can be said that there is a significant influence between the administration of breast milk-stimulating drugs on breast milk production in breastfeeding mothers at PMB Bd. Elin Yulianengsih.

Discussion

The results of *the Paired T Test* show a correlation of 0.527, which means the relationship between breast milk production before and after being given breast milk-stimulating drugs is strong and positive. Based on the *Paired T Test,* it was found that Asymp Sig (2-tailed) was 0.000 < 0.05, meaning that Ho was rejected and H1 was accepted, so it can be said that there is a significant influence between the administration of breast milk-stimulating drugs on breast milk production in breastfeeding mothers at PMB Bd. Elin Yulianengsih.

The results of the research show a significant effect between administering breast milk-stimulating drugs and breast milk production after birth to support exclusive breastfeeding for babies. Giving breast milk-stimulating drugs affects the smooth production of breast milk after giving birth. Smooth breast milk production really helps mothers to meet the baby's breast milk needs. Because breast milk is an important nutrition for babies.

This is in accordance with research conducted by Andi Niar et al, entitled Factors that influence breast milk production in breastfeeding mothers at Harifa Hospital, Kolaka Regency, Southeast Sulawesi Province. The research results showed that there was a significant relationship between diet (p value = 0.021), rest pattern (p value = 0.009), husband's support (p value = 0.005), breastfeeding technique (p value = 0.021) use of breast milk booster (p value = 0.025) with breast milk production.

The results of research conducted show that administering breast milk-stimulating drugs affects breast milk production after giving birth. Preparation for breastfeeding starts during pregnancy, so it is a good idea to give breast milk-stimulating drugs at the end of pregnancy leading up to delivery. However, chemical breast milk-stimulating drugs are not recommended to be given during pregnancy, but can be given on the first day after giving birth. From the research results, it can be seen that the majority of respondents have smooth production of their breast milk. Smooth breast milk can support exclusive breastfeeding for babies during the first 6 months of life.

Giving breast milk-stimulating drugs to increase breast milk production as researched by Norma Mardiani et al (2019), entitled The effect of giving breast milk boosters on breast milk production in post-cesarean section mothers. The breast milk production of mothers post cesarean section in the postpartum room at Majalengka Regional Hospital in 2018 before giving booster breast milk was 5.2% smooth and 94.7% not smooth with an average breast milk production of 17.9 ml. The breast milk production of mothers post cesarean section in the postpartum room at Majalengka Regional Hospital in 2018 after giving breast milk booster was 57.9% smooth and 42.1% not smooth with an average breast milk production of 25.8 ml. There was a significant effect of giving breast milk booster on increasing breast milk production in post-cesarean section mothers at Majalengka Regional Hospital in 2018 with a p-value of 0.000.

Smooth breast milk production influences exclusive breastfeeding for babies. Breast milk is the main food for babies, because the nutritional content contained in breast milk can increase the baby's immune system, increase intelligence and breast milk is also an important nutrient for babies. Apart from babies, breastfeeding is also beneficial for mothers because it can reduce the risk of breast cancer and uterine cancer, help mothers become as slim as before pregnancy, reduce the risk of bleeding and save costs because they don't need to use formula milk.

Conclusions

The results of *the Paired T Test* show a correlation of 0.527, which means the relationship between breast milk production before and after being given breast milk-stimulating drugs is strong and positive. Based on the *Paired T Test,* it was found that Asymp Sig (2-tailed) was 0.000 < 0.05, meaning that Ho was rejected and H1 was accepted, so it can be said that there is a significant influence between the administration of breast milk-stimulating drugs on breast milk production in breastfeeding mothers at PMB Bd. Elin Yulianengsih.

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