



THE EVENT OF BREAST ENGORGEMENT ON MOTHERS WHO ARE UNDERGOING AND NOT UNDERGOING THE MATERNITY BLUES

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ABSTRACT	Keywords
<p>Pregnancy and delivering baby are natural processes experienced by productive ages women; in this case the mothers will undergo several changes, either physically or psychologically. After delivering baby, some adjustments are required by mothers. Some of them are able to adjust themselves and some of them are not. Events, Reviews those Unable to adjust Themselves undergo a psychological disturbance the so-called "Maternity Blues". The breast engorgement is one of the problems during the period of parturition. This matter can not be neglected, because the best food for the babies is the Mother's Milk. This is a cross-sectional research. The researcher performed a research on mothers having postpartum on the 2nd day till the 10th day, the for the undergoing and non-undergoing the Maternity Blues. The samples consist of 36 mothers of having postpartum with the inclusion criteria, among others: the mother with postpartum on the 2nd till the 10th day, understanding the English language, having the history of depression, having the Apgar Score of more than 7, the baby is full term (having enough month in its mother's womb). Instruments used in this research are the Maternity Blues Scale, functioning to detect Whether a mother Suffering from Maternity Blues or not, and the other instrument to know the existence of the Breast engorgement is the Six-Point engorgement Sale. The Data are analysed by using the Man Witney Test. Based on the hypothetical testing, it is Obtained that the value of $p = 0.930$ bigger than 0.05. Thus, it is concluded that H_0 is rejected, meaning that there is no difference in the events of the Mother's Milk on mothers undergoing clogging and non-undergoing the Maternity Blues. The research output indicates that there is no difference in the events of the Mother's Milk on mothers undergoing clogging and non-undergoing the Maternity Blues, in the which both of them similarly experience the Breast engorgement .</p>	<p><i>Breast engorgement , Maternity Blues,</i></p>

INTRODUCTION

Puerperal (puerperium) is the period or time since the baby is born and the placenta come out separated from the womb, until the next 6 weeks, accompanied by the restoration of organs related to the content (Winter et al., 2015).

According to (Mangesi & Zakarija-Grkovic, 2016), Breast engorgement is caused from narrowing of the lactiferous duct or gland that is not empty completely or because of abnormalities of the nipple.

After the birth and stimulate the production of milk, there is the placenta,

within 2-3 days of estrogen and progesterone levels decrease. This condition also affects hypothalamus that blocks prolactin during pregnancy and is also greatly influenced by the estrogen hormone that is not removed again and the secretion of Prolactin by Hypofise. This hormone causes mammae gland alveolus filled with milk, and to come out it needed a reflex that causes contraction of mioepithelial cells that surround the small alveoli and ductus of the glands. This reflex arises when the baby is breastfeeding. If the baby is breastfeeding unwell or the post partum mother is not completely empty, it can cause clogged milk.

The incidence of breast engorgement means milk is not moving well in a part of breast, and then builds or backs up, preventing the milk from getting through because the baby is not feeding enough. This disorder can be more severe if it is not handled causing clogged. Moreover, the baby does not get exclusively breastfed if the mother does not breastfeed her baby.

Signs and symptoms of breast engorgement are when feeling hot and painful breast palpation, the flat nipples so the baby is difficult to suckle, blocked milk expenditure by narrowing lactiferary duct, swollen, hard and hot, pain when pressed, the redness color, and sometimes extremely high body temperature (38°C).

According to the WHO in 2013, in the United States the percentage of women who were breastfeeding and breast engorgement reached to 87.5% or 8242 postpartum mothers of 12,765 people. In 2015 breast engorgement experience was 76 543 people because public awareness in promoting breastfeeding was relatively low (WHO, 2019).

Based on study conducted by Setyowati and Uke in 2006 explained that the possibility of maternity blues because of the unpleasant experiences during the period of pregnancy and childbirth was 38.71%,

psychosocial factors (social support) was 19.35%, the quality and condition of the birth was 16,13% and spiritual factor was 9.78%.

The slight breast engorgement causes signs of pressure on breast tissue that make the baby feels uncomfortable and dislike the process of feeding (lactation) in the mother. This condition also causes injury to the nipple. This uncomfortable condition affects deeper stress process experienced by the mother, so that the Maternity Blues will get worse and the breast engorgement will also get worse.

Recently, various studies have been done related to maternity blues, but have not studied the relationship between maternity blues with cortisol level in the blood of postpartum mother.

Childbirth is a natural process experienced for reproductive periode. At the same time, giving birth is a very happy event as well as a challenging event for mother. So it can be understood that almost 70% of mothers experienceing anxiety and sadness or maternity blues syndromee. Postpartum mother will experience some changes both physical changes and psychological changes. A mother will experience symptoms after childbirth, some adjustments needed by the mother. Some of them can adapt and others can not adjust, even mothers who cannot adjust will experience psychological disorders with various syndromes or symptoms called Maternity blues (Stern & Kruckman, 1983).

Maternity blues is an emotion felt by women after childbirth that lasts between 3-6 days in the first 14 days of childhood, where this feeling is related to the baby (Reck, Stehle, Reinig, & Mundt, 2009). Maternity blues is usually characterized by depression, sadness/dysphoria, crying, anxiety, hopelessness, loss of appetite, poor concentration, and difficulty sleeping, feeling inadequate (Adewuya, 2005).

Maternity blues are very influential on the important phase after labor that requires maternal tenderness, in bonding attachment between mother and baby (Watanabe et al., 2008). This will affect the success of skin-to-skin breast feeding program that should be performed immediately after giving birth (Foster et al., 1997 in Woods et al., 2003).

Maternity blues can occur in all postpartum mothers and may occur in both prime and multipara mothers (Nagata et al., 2000) in his study found the prevalence of maternity blues in developing countries at 5-25%. The incidence of Maternity blues is quite high at 26.00% - 85.00%. From several studies, it is described that 50% of mothers after giving birth feels depression after giving birth, nearly 80% of new mothers experience feeling of sadness after childbirth or more often called Maternity blues (Reck et al., 2009).

METHOD

This research is cross sectional research. This study is analytic research which aims to know the relation between variables, where independent variable and dependent variable are identified in one time unit. Subjects were postpartum mothers from day 2 to 10 postpartum, both experienced maternity blues and or who did not experience maternity blues.

The population was 40 postpartum mother in Health Centre (Puskesmas) Jagir, Surabaya. The sample was taken based on inclusion and exclusion criteria. The inclusion criteria were post partum mothers from day 2 to 10, understanding Indonesian well, no history of depression, Apgar Score more than 7.

Meanwhile, the exclusion criteria were to have a history of health problems based on medical record, pregnancy and giving birth data with comorbidities (heart, high blood, kidney function disorder, DM, hepatic dysfunction) which were obtained

from family statement about having psychotic history.

The sample were 36 postpartum mothers. This research used simple random sampling technique so that every postpartum mother has equal opportunity to be sample. There are two variables: Independent Variable: breast engorgement and Dependent Variable: Maternity Blues Mother and mother who did not experience Maternity Blues.

The instrument used Maternity blues scale (Harris et al., 1994) which was to find out whether the mother had Maternity blues. Breast engorgement instrument used the Six-point Engorgement Scale.

The data collected from the data retrieval process would be in edited process (checking the data, checking the answers, checking the data collected and checking completeness and error), coding (code answer respondents in accordance with indicators on the instrument), transferring (move the answer or code on media table), tabulating (from raw data to data adjustment which is organizing data in such a way so it can easily be summed up, organized and organized to be presented and analyzed).

Data analysis used Mann Whitney test.

RESULTS

1. Characteristic of Breast engorgement Incidence in Postpartum mothers

Table 1. Frequency Distribution of Breast engorgement Incidence on postpartum mother

Breast engorgement		amount	%
Not Clogged	9	25	
Milk	27	75	
Breast engorgement			
Total	36	100	

Source: Primary Data

Table 1 : shows that more than half respondents experienced breast engorgement incident at 75% (27 postpartum mothers period) and a small percentage of respondent did not experience breast engorgement incident at 25% (9 postpartum mothers).

2. Characteristics of Maternity Blues on the Postpartum mother

Table 2 Frequency Distribution of Maternity Blues on postpartum mothers

Maternity Blues	amount	%
Not	19	53
Experiencing		
Maternity Blues	17	47
Experiencing		
Maternity Blues		
Total	36	100

Source: primary data

Table 2 shows that more than half respondent did not experience Maternity Blues at 53% (19 Postpartum mothers) and less than half of mothers had Maternity Blues at 47% (17 postpartum mothers).

3 Cross Tabulation of Breast engorgement in mothers who had Maternity blues and did not experience Maternity Blues

Table 3 : Frequency Distribution of Cross Tabulation of Breast engorgement in mothers who had Maternity Blues and did not experience Maternity Blues

Breast engorgement	Experiencing maternity blues and not experiencing maternity blues		Amount		%
	No maternity blues	Maternity Blues			
	N	%	N	%	
Did not experience breast engorgement	5	56	4	44	9
Experienced clogged milk	14	52	13	48	27
amount	19	53	17	47	36

p = 0.930

DISCUSSION

Based on hypothesis test, $p = 0.930$ is greater than 0.05 thus H_a is rejected meaning that there is no difference in breast engorgement in women who had Maternity Blues and women who suffer Maternity Blues.

According Manuaba, 2010, breast engorgement is due to narrowing of the lactiferous duct or by the gland that are not empty completely or due to abnormalities of the nipple.

Both women who did not experience Maternity Blues and women who experienced maternity blues had also experienced clogged milk. Maternity blues mothers experience breast engorgement because they feel anxiety causing the mind distracted mother and the mother is depressed (Stress). When the mother is stressed, vasoconstriction will release adrenaline in alveolus. As a result there is a let-down reflex barrier so that the milk does not flow and prevent the milk from getting

through (Soetjningsih, 2005). Let Down reflex is a reflex of breast milk coming out of the breast. This reflex will occur when the nerves in the breast are stimulated either by the baby's sucking or the breast milk pumping and giving signal to release the hormone oxytocin.

This is in accordance with research

Mothers who do not experience Maternity Blues but suffer from breast engorgement are caused by 2 factors: the factors from mother and baby. Factor from mother are nutritional factor, improper breastfeeding technique, breast care and exclusive breastfeeding, while factors from baby is the inactive and weak sucking.

Failure in breastfeeding is breastfeeding techniques where the baby does not suckle until the areola covered by baby's mouth, if they feeds only on the nipple, they will get a little milk. Moreover, the baby's gum does not press on the lactifereus sinus so the mother will become pain.

Breast care is needed to stimulate breast muscle for breast milk production and breastfeeding expenses smoothly, providing exclusive breastfeeding regularly to baby will accelerate the current milk production.

The counseling and training of health worker about the correct breastfeeding behavior is to prevent the clogged milk, and also it motivates postpartum mother to understand the importance of breastfeeding technique through breast care as early as possible. In addition, family support is also needed.

Midwife efforts that can be done including:

1. Counseling, providing KIE, and training for pregnant woman to perform breast care that begins at the time of pregnancy.
2. Lactation Gymnastic

Breast engorgement incident will greatly affect the childbirth because of

several unsuccessful in breastfeeding. Mothers should be encouraged to keep giving and breastfeeding the baby so that the breast is not static that can cause breast abscess. The way that the mother can do is lactation gymnastic (breastfeeding gymnastic). This aims to move the arm in a spin so that the shoulder joints to move in the same direction. This movement will help in expediting the circulation of blood and lymph in the area of breast so that static can be avoided. Therefore, it can reduce the incidence of breast engorgement (Boi, KOH, & Gail, 2012).

Breast engorgement can be prevented with doing breast care as early as possible while pregnant. It can also facilitate the process of lactation. Every mother must be obtained Early Initiation Breastfeeding to make good bounding attachment between mother and baby. And according to (Ozsoy & Katabi, 2008), the main handling of breast engorgement is restoring the situation and preventing the occurrence of complications, which are mastitis and breast abscess. Lactation is still continued to make empty the breast for the success of therapy.

CONCLUSIONS

There is no difference in the incidence of breast engorgement in woman who did not have Maternity Blues and women who suffer Maternity Blues

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