



THE EFFECTIVENESS OF BREAST CARE IN INCREASING BREAST MILK PRODUCTION IN POSTPARTUM MOTHERS

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ABSTRACT

The postpartum period is a crucial phase for the success of exclusive breastfeeding, marked by various physiological and psychological changes in the mother. One common issue during this period is the difficulty in expressing breast milk, which can affect the baby's growth and overall health. Contributing factors include stress, fatigue, poor nutritional intake, and a lack of knowledge about proper breastfeeding techniques. Breast care is a non-pharmacological intervention that has been scientifically proven to stimulate the hormones prolactin and oxytocin, thereby enhancing milk production and expression. This study aims to evaluate the effectiveness of the breast care technique in improving breast milk production and expression in postpartum mothers. It also seeks to describe the characteristics of the respondents and compare their condition before and after the intervention. This research used a descriptive qualitative approach with a case study design involving five postpartum mothers. Respondents were selected based on specific criteria using purposive sampling. Data were collected through direct observation during a four-day breast care intervention. Before the intervention, all respondents experienced difficulties in milk expression, with scores categorized as "very low" to "low." After four days of intervention, a significant improvement was observed. All respondents achieved the maximum score (10/10) based on maternal indicators and a good score (5/6) based on infant indicators. Breast care proved effective in enhancing milk flow through hormonal stimulation and its relaxing effect.

Keywords: breast care; breast milk production; postpartum

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INTRODUCTION

The postpartum period is often associated with the breastfeeding period or the phase of changes in the mother's breasts. During this stage, mechanical stimulation, nerve stimulation, and the activity of various hormones play a role in milk production occur (Pambudi, 2021). Breast care is an action that aims to maintain the cleanliness and health of the breasts (Pambudi, 2021). This treatment is usually done on the first or second day after giving birth to help smooth the production of breast milk (Zuliani et al., 2023).

In breastfeeding mothers, breast care plays a role in stimulating the hormone oxytocin, which can facilitate milk production and make mothers more comfortable while breastfeeding. Infants who are not exclusively breastfed have a 3.94 times higher risk of death from diarrhea and respiratory infections than infants who are exclusively breastfed (Kemenkes, 2024). WHO and UNICEF recommend exclusive breastfeeding for the first 0–6 months of a baby's life as an effort to reduce infant mortality rates (Suhrawardi, 2022). However, based on 2022 data from the Central Statistics Agency, exclusive breastfeeding coverage in Indonesia reached 72.04%, a slight decrease compared to 71.58% in 2021, while in 2020 the figure reached 69.62% (Hardinsyah et al., 2021).

Despite increasing year-on-year, this figure still falls short of the global breastfeeding coverage target of 80%. In West Java, the percentage of exclusive breastfeeding in 2022 was recorded at 77%, up from 76.46% in 2021 and 76.11% in 2020. Data from the West Java Provincial Statistics

Agency (2022) shows that the coverage of exclusive breastfeeding in this province has increased year-on-year, reaching 76.11% in 2020, 76.46% in 2021, and 77% in 2022 (Mendri et al., 2021). However, this figure still has not reached the global exclusive breastfeeding coverage target set by WHO, which is 80%(Astuti et al., 2024).

The disparity is even more pronounced at the city level, such as in Depok. According to data from the Depok City Health Office (2021), exclusive breastfeeding rates remain relatively low in several community health centers (Puskesmas) operating areas. At the Cilangkap Community Health Center in Tapos District, for example, only 37.1% of mothers exclusively breastfeed (Mary Liziawati, 2021). The low rate of exclusive breastfeeding at the local level is due to various factors, including mothers' limited knowledge about the benefits of breastfeeding, lack of support from husbands and families, and the widespread promotion of formula milk. Furthermore, many mothers still lack knowledge or practice of proper breastfeeding techniques, including breast care (Saputra, 2016).

Breast milk flow problems are caused by two main factors: production and release. Breast milk production is affected by a lack of prolactin stimulation, while release depends on the hormone oxytocin (Pilaria & Sopiatus, 2018). The hormone prolactin is produced by the pituitary gland in the brain and influences various physiological functions in the body. Oxytocin can be stimulated by a baby's sucking on the nipple or breast massage, which helps mothers feel more relaxed and calm, allowing their milk to flow more smoothly. One way to support a smooth milk flow is through breast care (Arviyanti et al., 2024).

Providing insufficient amounts of breast milk can harm a child's growth and development (Unicef, 2019). Babies who do not receive exclusive breastfeeding are at risk of experiencing negative impacts on their nutritional status and health (Prayekti, 2021). Lack of breast milk can lead to deficiencies in essential nutrients such as vitamin A, vitamin D, calcium, iodine, iron, and folic acid. Vitamin A and iron deficiencies can increase the risk of disease, infant mortality, and impaired cognitive development. Meanwhile, folic acid deficiency can increase the likelihood of neurological defects (Cahyani et al., 2024).

The role of nurses is crucial in increasing breast milk production in postpartum mothers. In promotive efforts, nurses can provide information and education about breast milk production. Preventively, nurses play a role in preventing obstacles to breast milk production by implementing breast care. Meanwhile, in a curative role, nurses can help increase breast milk production through pharmacological methods, such as collaborating in administering medications to facilitate breast milk production, as well as non-pharmacological methods, such as implementing breast care for postpartum mothers (Utari & Haniyah, 2024).

According to research conducted by Fridalni et al., (2020), breast care affects breast milk production. Research by Muslim & Halimatusyaadiah, (2019) also showed that before breast care, 25 of 30 respondents (83.3%) experienced difficulty producing breast milk. After breast care interventions were provided to postpartum mothers, the number of respondents with smooth breast milk production increased to 26 (86.7%). Statistical test results showed a significant effect of breast care on smooth breast milk production in postpartum mothers

A preliminary study was conducted on September 4, 2025, in the RW 002 Sawangan Depok area through brief interviews and observations with 10 postpartum mothers who were breastfeeding for 1–4 weeks. Initial data collection revealed that 60% (6 mothers) complained of suboptimal breast milk production, characterized by frequent fussiness after breastfeeding, breasts not feeling full, and frequent, but short, breastfeeding. Most mothers stated they had never received proper breast care education or practices from either health workers or local cadres.

Furthermore, data from Posyandu cadres indicated that in the past three months, there had been an increase in reports of postpartum mothers experiencing problems such as engorgement and sore nipples. Of the 10 mothers interviewed, only 3 (30%) had practiced breast care independently, but the techniques used were limited to light massage without a structured procedure. The majority of mothers (70%) expressed ignorance about the benefits of breast care in increasing breast milk production and preventing lactation problems. These preliminary findings indicate a gap in education and breast care practices among postpartum mothers in RW 002 Sawangan, Depok, resulting in a high number of complaints of low breast milk production. This situation indicates the need for structured interventions through breast care measures to help increase breast milk production among postpartum mothers in the area. Based on the data and research results obtained, the purpose of this study is to analyze the effectiveness of breast care measures on increasing breast milk production among postpartum mothers in RW 002 Sawangan, Depok.

METHOD

This research is a descriptive qualitative study using a case study approach. This study describes the application of improved breast care to increase production among postpartum mothers in RW 002 Sawangan, Depok City, in 2025. This research used a descriptive qualitative approach with a case study design involving five postpartum mothers. Respondents were selected based on specific criteria using purposive sampling. Data were collected through direct observation during a four-day breast care intervention. The inclusion criteria is postpartum mothers with normal births or CS on the second and third days of labor who experienced problems with breast milk production and release. Breast care was performed for 30 minutes, given twice a day. This case study lasted for four days, starting from the 2nd or 3rd day of postpartum until the 5th or 6th day of postpartum. The analysis was carried out on a case by case basis and then compared descriptively between cases.

RESULT

A case study on the Effectiveness of Breast Care on Increasing Breast Milk Production in Postpartum Mothers was conducted in the RW 002 Kel Bedahan, Sawangan District, Depok City, beginning on September 6, 2025. The collected data is described in narrative form as follows.

First Respondent (Mrs. S, 22 Years Old)

The respondent gave birth to her first child vaginally at a nearby clinic. Western Indonesian Time, at 37 weeks gestation. There was no history of previous abortions. Mrs. S's obstetrical status was P0A0. She also had no family history of diabetes mellitus, hypertension, or heart disease. A physical examination revealed enlargement of both breasts and the axillary area. The areolae appeared darkened, and the nipples were prominent. Palpation and pressure examination revealed colostrum from both breasts, two drops from the right breast and one drop from the left breast. Both breasts felt full, heavy, and firm to the touch, with a firm texture, causing discomfort for the respondent. A milk duct blockage due to nipple discharge was detected, but there were no signs of engorgement, and milk did not leak spontaneously from the nipples. The baby's breastfeeding frequency was still less than eight times a day. The respondent also did not hear the characteristic soft swallowing sound from the baby, indicating suboptimal milk release. After breastfeeding, the breasts did not feel tense or full within two hours, and no milk came out when the nipples were pressed with the hand. The baby suckled strongly, but the sucking pattern was still fast and lacked rhythm, which also indicated suboptimal milk release.

The results of the breast care intervention were carried out over four consecutive days. Evaluation of the smoothness of breast milk production in the first respondent showed a significant improvement. Before the intervention, the respondent received a score of 0 out of 10 based on the indicator of smooth milk production in breastfeeding mothers. This score indicates that milk release was very low and not yet optimal. After four days of routine breast care intervention, positive physiological and behavioral changes occurred. These included spontaneous milk seepage from the

nipples, increased breastfeeding frequency to approximately eight times daily, and a soft gulp when the baby swallowed, indicating effective breastfeeding. The breasts felt tense and full every two hours after breastfeeding, indicating increased milk production. The milk flowed rapidly and was clearly visible when the nipple was manually pressed. The respondents breastfed alternately using both breasts during each feeding session. The babies sucked firmly and rhythmically, indicating effective and efficient breastfeeding techniques. The respondents reported feeling calmer and more relaxed after breastfeeding. On the fourth day of implementation, based on the assessment of the smoothness of breast milk production indicators, the respondents received a score of 10 out of 10, indicating that breast milk production was in the good or abundant category.

In addition to the assessment based on maternal indicators, the smoothness of breast milk production was also assessed based on infant indicators. The results showed that the baby urinated six times per day with clear yellow urine, and defecated two to five times per day with golden yellow stools, not too runny or too solid. Furthermore, the baby slept soundly for more than two to three hours after feeding. Of the six assessment indicators for the baby, Mrs. S scored 5 out of six, indicating a high milk supply.

Second Respondent (Mrs. M, 28 Years Old)

The respondent recently delivered her second child vaginally at a nearby clinic, at 4:00 AM WIB, at 39 weeks gestation. Her first child is now 3 years old, and there was no history of previous abortions. Based on her obstetrical status, Mrs. M was registered as P1A0.

A physical examination revealed enlargement of the breasts and axillary region. The areolas appeared darkened, and the mammary papillae were prominent. Palpation and pressure revealed two drops of colostrum from the right breast, while no discharge was seen from the left breast. The breasts felt full, heavy to the touch, with a firm and tight texture, and caused discomfort. Blockage of the milk ducts due to nipple discharge was noted, although there were no signs of engorgement or mastitis. Breast milk did not leak spontaneously from the nipples, and manual nipple pressure revealed one drop of milk from each breast. The respondent reported that her baby breastfed approximately eight times a day. However, she did not hear the characteristic sound of a baby swallowing milk, indicating that the milk flow was not optimal. Although the baby suckled strongly, the sucking pattern tended to be rapid and irregular. The breasts were not effectively emptied, as the respondent continued to feel full and tense every two hours after breastfeeding. This indicated that milk production and release were not yet functioning properly. The respondent appeared to understand proper breastfeeding techniques, as evidenced by the baby's good latch. The respondent also stated that she had been breastfeeding alternately from both breasts.

The results of the breast care intervention on respondent II, Mrs. M, were conducted over four consecutive days. Prior to the intervention, Mrs. M's milk production was rated low, with a score of only 2 out of 10 based on the milk production indicator. This score indicated that milk production was still very low. After four days of routine breast care intervention, there was a significant increase in milk production. On the fourth day, milk began to leak spontaneously from the nipples, indicating increased production. The baby also began to breastfeed more frequently, approximately eight times a day, and respondents reported hearing a soft gulp as the baby swallowed, a sign that breastfeeding was effective. Respondents felt their breasts tense or full every two hours after feeding, indicating increased milk production. Furthermore, milk flowed freely and clearly when the nipples were pressed with their hands. Respondents also reported feeling calmer, more relaxed, and more comfortable after breastfeeding, contributing to successful lactation. During each breastfeeding session, respondents alternated between breasts, and the baby suckled firmly and rhythmically, indicating effective breastfeeding. Based on the assessment of indicators for smooth milk production on the fourth day, Mrs. M received a score of 10 out of 10. This score indicates that milk production had reached the optimal or abundant category.

In addition to the assessment based on maternal indicators, the smoothness of milk production was also assessed based on infant indicators. The results showed that the baby urinated six times per day with clear yellow urine, and defecated two to five times per day with golden yellow stools that were neither too runny nor too solid. Furthermore, the baby slept soundly for more than two to three hours after breastfeeding. Of the six assessment indicators, respondent II's baby received a score of five out of six, indicating a high milk supply.

Third Respondent (Mrs. N, 23 years old)

The respondent gave birth to her first child vaginally at a nearby, at 38 weeks gestation. There was no history of previous abortions. The respondent's obstetric status was G1P0A0. Furthermore, the respondent had no family history of chronic illnesses such as diabetes mellitus, hypertension, or heart disease.

A physical examination revealed enlarged breasts and axillary areas, with darkened areolas and prominent mammary papillae. Palpation and pressure examination revealed a single drop of colostrum from the right breast, while no colostrum was detected from the left breast. The breasts felt full and heavy to the touch, with a firm and firm texture, causing discomfort to the respondent. A blocked milk duct was found due to nipple discharge. However, there were no signs of swelling or inflammation in the breast tissue. Breast milk was not leaking spontaneously from the nipples, and the respondent appeared to lack proper breastfeeding technique, as evidenced by poor latching, pain during breastfeeding, and sore nipples. The baby breastfed more than eight times a day, but the respondent did not hear the characteristic soft swallowing sound, indicating that the milk was not yet flowing optimally. Furthermore, the breasts did not feel tense or full every two hours after breastfeeding, and milk did not come out when the nipples were manually pressed. The respondent also did not alternate between breasts. Although the baby suckled strongly, his sucking pattern tended to be rapid, less rhythmic, and did not demonstrate an effective sucking pattern.

Results: Assessment of the smoothness of breast milk production after breast care interventions on the third respondent, Mrs. N, was conducted over four days. Before the intervention, Mrs. N received a score of 2 out of 10 based on indicators of smooth breast milk production in mothers. This indicated insufficient milk production. After four days of routine breast care, significant improvement was observed. Breast milk began to leak from the nipples. The baby was breastfeeding approximately eight times a day, and respondents could hear a soft gulp as the baby swallowed. Breasts felt tense or full every two hours after breastfeeding, indicating increased milk production. Respondents also felt calmer and more relaxed after breastfeeding. Milk flowed rapidly and was clearly visible when the nipple was pressed with their hands. Respondents alternated between breasts during each breastfeeding session. The baby suckled firmly and rhythmically, indicating effective breastfeeding. Based on the assessment of breast milk production indicators, respondent III received a score of 10 out of 10 on the fourth day. This score indicates a high milk supply.

In addition to the maternal indicators, breast milk production was also assessed based on the infant's indicators. The results showed that the baby urinated six times per day with clear yellow urine and defecated two to five times per day with golden yellow stools that were neither too runny nor too solid. Furthermore, babies can sleep soundly for more than 2–3 hours after breastfeeding. Of the six assessment indicators, respondent III's baby scored 5 out of 6, indicating a high milk production.

Fourth Respondent (Mrs. A, 25 years old)

The respondent gave birth to her first child vaginally at a nearby clinic at 38 weeks gestation. There was no history of previous abortions. The respondent's obstetric status was G1P0A0. Furthermore, the respondent had no family history of chronic diseases such as diabetes mellitus, hypertension, or heart disease.

A physical examination revealed enlarged breasts and axillary areas, with darkened areolas and prominent mammary papillae, consistent with physiological signs of lactation. Palpation and pressure examination revealed three drops of colostrum coming from the left breast, while no colostrum was detected from the right breast. Both breasts felt full, heavy, and had a firm, firm texture to the touch, causing discomfort to the respondent. Blockage of the milk ducts was detected due to nipple discharge. However, there were no signs of inflammation or swelling in the breast tissue, such as redness, excessive tenderness, or increased local temperature. Breast milk had not leaked spontaneously from the nipples. The respondents appeared to understand proper breastfeeding techniques, as indicated by their baby's good latch. They breastfed more than eight times a day, but they had not yet heard the characteristic swallowing sounds, which typically indicate adequate milk flow. This indicated that milk production was still suboptimal. The breasts also did not feel tense or full two hours after breastfeeding, and milk did not come out when the nipples were manually compressed. Although the respondents had alternated between breasts, the baby's sucking pattern still appeared ineffective; sucking tended to be rapid, irregular, and did not demonstrate an efficient sucking pattern in stimulating milk production.

Assessment results of Mrs. A (Respondent 4) on the fourth day of Breast Care, which was conducted over four days. Prior to the intervention, Mrs. A scored 2 out of 10 based on the indicator of smooth milk production. This indicated insufficient milk production. After four days of routine breast care, there was a significant improvement. Breast milk began to leak from the nipples. The baby was already breastfeeding approximately eight times a day, and respondents could hear a soft gurgling sound as the baby swallowed. Breasts felt tense or full every two hours after breastfeeding, indicating increased milk production. Respondents also felt calmer and more relaxed after breastfeeding. Milk flowed rapidly and was clearly visible when the nipple was pressed with their hands. Respondents alternated between breasts during each feeding session. The baby suckled firmly and rhythmically, indicating effective breastfeeding. Based on the assessment of breast milk production indicators, respondent IV received a score of 10 out of 10 on the fourth day. This score indicates a high milk supply.

In addition to the maternal indicators, breast milk production was also assessed based on the infant's indicators. The results showed that the baby urinated six times per day with clear yellow urine and defecated two to five times per day with golden yellow stools that were neither too runny nor too solid. Furthermore, babies can sleep soundly for more than 2–3 hours after breastfeeding. Of the six assessment indicators, respondent IV's baby scored 5 out of 6, indicating a high milk production.

Fifth Respondent (Mrs. A, 32 Years Old)

The respondent recently gave birth to her second child vaginally at a nearby clinic, at 8:30 a.m. Western Indonesian Time, at 39 weeks gestation. Her first child is now 4 years and 5 months old, and there is no history of previous abortions. Based on her obstetrical status, Mrs. M is listed as G2P1A0 (Gravida 2, Para 1, Abortion 0). During the assessment, the respondent did not report any family history of hereditary diseases such as diabetes mellitus, hypertension, or heart disease.

A physical examination revealed enlarged breasts and axillary areas, with darkened areolas and prominent mammary papillae, consistent with physiological signs of lactation. Palpation and pressure examination revealed three drops of colostrum from the left breast, while no colostrum was released from the right breast. Both breasts felt full, heavy, and had a firm, firm texture to the touch, causing discomfort for the respondent. A blocked milk duct was found due to dirt or crust on the nipple. However, no signs of inflammation were found, such as redness, excessive tenderness, or increased local temperature in the breast tissue. Milk had not leaked spontaneously from the nipple and had not been released when manually pressed. The respondent appeared to understand proper breastfeeding technique, as indicated by the baby's good latch. The baby was also recorded as

breastfeeding more than eight times a day. However, the baby's characteristic swallowing sound, which is usually an indicator of adequate milk flow, was not yet heard. This indicates that the milk release process was still not optimal. Two hours after breastfeeding, the breasts did not feel tense or full, but there had been no manual expression of milk. Although the respondent had alternated between breasts, the baby's sucking pattern appeared ineffective. The baby's sucking tended to be fast, irregular, and did not demonstrate an efficient sucking pattern to stimulate the milk ejection reflex.

Results of the assessment of the smoothness of breast milk production after breast care procedures for the fifth respondent, Mrs. A, conducted over four days. Before the intervention, in the form of breast care, Mrs. A received a score of 2 out of 10 based on the indicator of smooth breast milk production in mothers. This indicated insufficient milk production. After routine breast care for four days, there was a significant improvement. Breast milk began to leak from the nipples. The baby was already breastfeeding approximately eight times a day, and the respondent could hear a soft sound as the baby swallowed the milk. The breasts felt tense or full every two hours after breastfeeding, indicating increased milk production. The respondent also felt calmer and more relaxed after breastfeeding. The milk flowed rapidly and was clearly visible when the nipple was pressed with her hand. The respondent used both breasts alternately during each breastfeeding session. The baby suckled firmly and rhythmically, indicating effective breastfeeding. Based on the assessment results of the indicator of smooth breast milk production, respondent V received a score of 10 out of 10 on the fourth day. This score indicates a high milk production. In addition to the assessment based on maternal indicators, an assessment of the smoothness of breast milk production was also conducted based on infant indicators. The results showed that the baby urinated (BAK) 6 times per day with clear yellow urine, and defecated (BAB) 2–5 times per day with characteristic golden yellow stools, not too runny and not too solid. In addition, the baby was also able to sleep soundly for more than 2–3 hours after breastfeeding. Of the six assessment indicators for the baby, Mrs. A scored 5 out of 6, indicating a high breast milk production

DISCUSSION

According to Suryanti et al., (2022), A buildup of breast milk that is not promptly expressed can cause breast engorgement, which is characterized by pain and discomfort for the mother, and can also impact the amount of breast milk received by the baby. This is in line with the results of the author's assessment of five respondents (respondents I, II, III, IV, and V). All respondents complained that both breasts felt full, heavy, and hard to the touch, with a firm texture that caused discomfort. Furthermore, they found a blockage in the milk ducts caused by dirt or crust on the nipples. However, there were no clinical signs of severe engorgement such as redness or local fever, and milk did not flow spontaneously from the nipples.

According to Saryaman & Girsang, (2020), A mother's emotional state plays a crucial role in the lactation process. The hormones oxytocin and prolactin, which play a role in breast milk production and release, are significantly influenced by a mother's psychological state. When a mother experiences stress, anxiety, depression, or other emotional distress, the secretion of these two hormones can be disrupted, resulting in a reduction in breast milk production and release. This is consistent with the results of a psychological assessment of the five respondents in this case study, which showed that all respondents experienced levels of anxiety and worry that can impact the breastfeeding process. Based on the above findings, it can be concluded that psychological factors such as anxiety and fear significantly impact the lactation process. Therefore, in addition to physical interventions such as breast care techniques, appropriate emotional support and education for mothers are essential to help them feel calmer, more confident, and more comfortable while breastfeeding. When mothers are emotionally stable, breast milk production and release tend to be smoother.

According to Rahmawati & (Prayogi, 2021), Breast care techniques significantly influence breast milk production. This increase can be observed through several indicators, such as infant weight gain, breastfeeding frequency, urination and bowel movements, and the duration of the infant's sleep and the mother's rest. Case studies of five respondents showed that breast care techniques positively impact breastfeeding success. Respondents I, II, III, IV, and V all demonstrated similar success indicators. The infants of all five respondents were known to urinate six times per day with clear yellow urine, and defecate two to five times per day with normal stool consistency, golden yellow in color, neither too runny nor too solid. Furthermore, the infants were able to sleep for more than two to three hours after a breastfeeding session, indicating satiety and post-breastfeeding comfort. Although no significant weight gain was observed in the five infants, the mothers' milk production was already smooth and sufficient in volume, an early indicator of the success of breast care techniques in supporting lactation.

Breast care has various benefits, including improving blood circulation in the breast area, preventing blocked milk ducts, and increasing milk production. Furthermore, breast care plays a role in maintaining breast hygiene to prevent infection and prevent breast engorgement (mastitis) (Rahadian, 2014). These findings align with the author's research on five respondents. Their breasts felt more relaxed and comfortable, their bodies felt lighter, they felt happier, and their milk production began to leak on the fourth day. These results indicate that breast care has a positive physical and psychological impact on breastfeeding mothers, while also supporting a gradual increase in milk production.

The results of a case study on breast care practices to improve breast milk production in postpartum mothers showed a significant increase. This increase in breast milk production was assessed based on indicators observed in the mother and baby, both before and after the breast care intervention for four consecutive days. Evaluations of five respondents (I, II, III, IV, and V) showed positive changes in milk production and output. After the four-day intervention, the mother's indicator score was 10 out of 10. Meanwhile, the infant's indicator score was 5 out of 6. Based on these results, it can be concluded that breast milk production in all five respondents was in the "high" category. This finding aligns with the theory proposed by Budiati et al. (2020), which states that breast milk production is considered smooth if the observation results show at least 8 out of 10 indicators in the mother. Meanwhile, for the infant, breast milk production is considered good if it meets at least 4 out of 6 indicators (≥ 4). If fewer than 4 indicators are met, breast milk production is considered poor. Thus, breast care interventions have proven effective in increasing smooth breast milk production, both from a maternal physiological perspective and the infant's response to breastfeeding.

CONCLUSION

The results of a case study of five postpartum mothers on the second and third days showed that all respondents experienced ineffective milk release with various symptoms, such as breast fullness, difficulty expressing milk, blocked nipples, and pain during breastfeeding. Psychological factors such as anxiety also worsened lactation in the early postpartum period. Before breast care, all respondents had low milk flow scores, ranging from 0 to 2 based on 10 assessment indicators. After a four-day breast care intervention using structured massage techniques and warm-cold compresses, there was a significant improvement in milk flow. All respondents achieved a score of 10 on the maternal indicator and a score of 5 out of 6 on the infant indicator, indicating that breast care effectively increases breast milk production and flow.

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