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The Issue of using the Warm Compress Method to Reduce Breast Milk Damages

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ABSTRACT

Breast milk dams occur when the breasts enlarge and hurt because they are overflowing from either insufficient or infrequent breast milk production. Breast care practices that moms can perform, such as using warm compresses, massaging the breast, and expressing breast milk, can help avoid breast milk dams. According to the study "Effectiveness of Warm Compresses on Breast Swelling in Post Partum Mothers" by Moumita Manna et al., warm compresses were useful in lowering edema. Breast swelling can be considerably decreased with warm compresses (p-value = 0.001). The purpose of this study is to ascertain how using warm compresses as a breast milk dam treatment affects postpartum moms' levels of edema and breast milk production.

Keywords: amount of breast milk, breast milk dam, warm compress

BACKGROUND

In Indonesia, hemorrhage (30%), infection (12%), eclampsia (11%), prolonged labor (15%), and abortion (5%), according to Sulistyawati (2009), are the leading causes of maternal death. Infection is the second-highest proportion. (Lestari & Khayati, 2023). Maternal infections include urinary tract infections during pregnancy, intrauterine infections during childbirth, and infections during the puerperium, including mastitis, endometritis, peritonitis, perineal infections, postpartum hemorrhage, psychological disorders, and breast abscesses, which start when the breast milk ducts are blocked. Breast milk dams are primarily caused by the following variables in Indonesia: 2% of women are exhausted or ill, 5% of newborns are ill, 9% of babies are not breastfed at night, 10% are not in proper breastfeeding positions, 24% have flat nipples, and 24% are not nursing. (Astuti et al., 2022).

Inactive baby sucking, inadequate nursing, sinking nipples, and incomplete mother emptying are some of the causes of breast milk dams. (2009) Prawirohardjo.

Warm compresses can be used to treat moms who have breast milk dams in order to lessen pain and venous stasis. Breastfeeding more often and for longer periods of time on the afflicted breast will enhance milk flow and ease breast strain. You can also alternate between using warm compresses to open blood vessels. Saleha (2009).

A warm compress is an action that comprises applying a warm compress with the goals of providing warmth, reducing pain, preventing muscle spasms, and meeting comfort needs. Warm compresses help to improve blood circulation, stimulate blood vessels, raise local skin temperature, and reduce muscular. (Rozela et al., 2024).

The purpose of this study is to ascertain how warm water compresses affect the reduction of breast milk dams and the impact of breast milk dams both prior to and following the administration of warm water compresses.

METHODS

This kind of study has a pre-test, post-test nonequivalent control group design and is quantitative-quasi experimental in nature. (Hilmiah & Farlikhatun, 2024).
Purposive sampling was used to select the sample, which included 33 participants who were split into 20 intervention group participants and 13 control group participants who satisfied the inclusion criteria, which included postpartum mothers with swollen breasts, postpartum mothers with live babies, and those nursing, and the exclusion criteria, which included postpartum mothers with blisters, sore nipples, breast infections, breast abscesses, and septicemia. The Mann Whitney test was used to examine the data. (Nency Agustia, 2023).

Figure 3 Differences in the results of the swelling scale and intensity of breast pain before and after treatment in the warm compress group and the control group

Variable	Action Group N=16		Delta	p-value	Control Group N=16		Delta	p-value
	Before	After			Before	After		
Swelling scale	3,19	1,69	1,5	0,000	3,19	2,19	1	0,003
Number of breast milk	0,08ml	0,21ml	0,13ml	0,001ml	0,15ml	0,26ml	0,11ml	0,000

Figure 5 illustrates that there was a difference of 1.5 in the swelling scale, 1.5 in the pain severity, and 0.13 ml in the amount of breast milk in the hot and cold compress group. While the p-value for all three variables is less than α(0.05), the table above indicates that the p-value for reducing the swelling scale is 0.000, the p-value for increasing the amount of breast milk is 0.001, and the p-value for decreasing the degree of breast discomfort is 0.000. This demonstrates that the values of the three variables in the hot compress group before and after the action was administered change significantly. It is evident that there is a difference in the control group's.

RESULTS

According to the study's findings, most respondents who were over 20 had at least one child, and nearly all of them complained of issues like inverted nipples, babies who couldn't suck on the nipple and areola, improper breastfeeding technique, mothers who didn't breastfeed their children as frequently as they should have, or babies who weren't actively sucking. Ineffective breast emptying or delayed or infrequent breastfeeding are frequently linked to engorgement. Breast discomfort and tension are indications of breast engorgement. The breasts can seem full or bloated at times. Because of the accumulation of breast milk in the breast, the veins or lymphatic channels get obstructed, resulting in moderate edema. If nursing is done in line with the baby's wishes, incidents such as these are rare.

DISCUSSION

Assess breast edema before applying a heated compress

The study's findings are consistent with those of Manna et al. (2016), who found that the cold group's pain intensity was 6.1 and the hot group's was 4.9. Compared to the hot compress group, the cold compress group experienced a considerably greater decrease in pain intensity scores ($p = 0.0001$). The cold compress group did not significantly reduce breast edema scores more than the hot compress group ($p = 0.116$). Therefore, it was determined that cold compresses were more successful in lowering pain intensity scores brought on by breast swelling, whereas hot compresses were more effective in reducing breast swelling.

CONCLUSION

The factors associated with the incidence of breast milk dams in the UPT Puskesmas Basidondo area in 2022 can be inferred from the research and discussion results. Of the 33 postpartum mothers who responded, the results indicated a significant difference in the average reduction in breast swelling following the administration of warm water compresses to postpartum mothers. with 0.0005 as the p-value. Based on the 33 samples, it was found that postpartum moms at the UPT Puskesmas Basidondo who received warm compresses produced more breast milk on average. The analysis's findings indicate that there is a variation in the degree of breast swelling following breast care; the Man Whiney test yields a result.

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