

Lampiran 1. SOAP

**PRODI PENDIDIKAN PROFESI BIDAN
JURUSAN KEBIDANAN POLTEKKES KEMENKES YOGYAKARTA
Jalan Mangkuyudan MJ III/304 Yogyakarta 55143 Telp (0274) 374331**

**ASUHAN KEBIDANAN PADA Ny AM USIA 28 TAHUN G2P1A0AH1
HAMIL 36+2 MINGGU**

NO.RM 044229

TANGGAL/JAM : 27 Januari 2022/ 16.30 WIB

S Ny.AM mengatakan ingin memeriksakan kehamilannya. Keluhan tidak ada.

Nama klien/ suami : Ny. Asti Maharani/ Tn. Priyo Fajar R
Umur klien/ suami : 28 tahun / 31 tahun
Agama klien/ suami : Islam/ Islam
Pendidikan klien/ suami : D3/ D3
Pekerjaan klien/ suami : Karyawan swasta/ Wiraswasta
Alamat : Sangkal. Tarudan Rt 02, Bangunharjo, Sewon,, Bantul

a. Riwayat kesehatan :
Klien mengatakan bahwa klien dan keluarga tidak pernah/tidak sedang menderita penyakit menular (TBC, Hepatitis, PMS, Covid-19), penyakit menurun: penyakit DM, penyakit asma,hipertensi, jantung, paru, ginjal tidak ada.
Klien tidak pernah menderita : demam, batuk, pilek, nyeri tenggorokan,sulit bernapas / sesak napas, sakit kepala, dan ibu tidak pernah berpergian ke luar daerah dalam waktu 3 bulan ini, klien sudah mendapatkan vaksinasi covid-19 dosis 1 tgl 26/1/2021, dosis 2 tgl 9/2/2021

b. Riwayat alergi: klien mengatakan tidak pernah alergi obat maupun makanan dan minuman

c. Riwayat Haid
Menarcho usia 13 th, siklus haid teratur, siklus 28 hari, tidak ada keluhan disminore, jumlah darah normal, lama haid 5 – 7 hari. Haid terakhir tgl 15 Mei 2021, Hari perkiraan lahir 22 Februari 2022.

d. Riwayat Perkawinan
Klien menikah 1 kali, umur menikah 22 Tahun, lama pernikahan 7 tahun

e. Riwayat obstetric

Tgl /jam	UK	Jenis persalinan	Komplikasi		Penolong	Bayi				Nifas	
			Ibu	bayi		Jenis kelamin	Berat badan	P B	Keadaan	Lactasi	keadaan
6 th	40 mg g	normal	-	-	Bidan	L	3100	49	Sehat, normal	Ya	Sehat normal

f. Riwayat hubungan seksual

Hamil ini, periksa kehamilan sebelumnya di Puskesmas 2 kali (TM 1 dan 2) PMB I(5 kali) dan RS (3 kali), gerakan janin terasa aktif

Klien melakukan hubungan seksual rata rata 1 minggu 1-2 kali, tidak ada dispareuni, tidak ada keluhan.

g. Riwayat KB

Klien pernah menggunakan KB IUD setelah kelahiran anak 1 selama 1 tahun, keluhan nyeri perut bawah dan keputihan, di lepas, dan ganti pil selama 3 tahun, berhenti karena ingin anak

h. Pola Aktivitas

Kebutuhan

Makanan Minum

Frekuensi makan Klien makan 2-3 kali 1 piring perhari

Jenis Makanan Nasi putih, lauk nabati dan hewani, sayur dan buah tidak selalu konsumsi setiap makan karena kurang menyukai sayur dan buah

Frekuensi minum 8-10 gelas perhari

Jenis Minuman Air putih, air teh

Keluhan Tidak ada

Istirahat

Lama tidur Klien mengatakan tidur siang 1-2 jam , dan tidur malam 7-8 jam

Keluhan Tidak ada

Aktivitas

Bekerja di RS bagian CSSD, Memasak, mencuci , membersihkan rumah

Eliminasi

BAK Klien BAK 6-8 kali perhari, keluhan tidak ada

BAB Klien BAB 1 kali perhari

i. RIWAYAT PSIKOSOSIAL

Klien mengatakan senang dengan kehamilan kedua ini, sudah menyiapkan perlengkapan untuk persalinan dan berharap persalinan normal.

- O** 1. Keadaan umum : baik
Tekanan darah : 125/ 80mmHg
Nadi : 96 x / menit
Suhu : 36,2°C
Respirasi : 22 x / menit
TB : 160cm
BB sebelum hamil: 62.5kg, IMT sebelum hamil 27,78
BB saat ini : 72 kg
Lila : 29 cm
Golongan darah : A+
2. Pemeriksaan fisik
Wajah :tidak odema, tidak nampak pucat
Mata : konjungtiva agak pucat, sklera putih.

	<p>Leher : tidak ada pembesaran kelenjar tiroid, vena jugularis rata, tidak ada pembesaran kelenjar limfe</p> <p>Payudara: tidak teraba masa abnormal, puting menonjol, areola hiperpigmentasi, asi belum keluar.</p> <p>Abdomen : tidak ada luka bekas operasi,pembesaran perut memanjang, tampak gerakan janin, DJJ 133 kali/menit, teratur</p> <p>Leopold : TFU 3 jari bawahPX, punggung kanan presentasi kepala, kepala belum masuk panggul</p> <p>Mc donal : 30 cm, TBJ 2790 gram</p> <p>Ekstremitas atas dan ekstrimitas bawah : tidak ada odema, tidak ada gangguan gerak.</p>
A	Asuhan Kebidanan Pada Ny. AM usia 28 tahun G2P1A0AH1 hamil 36+2 minggu normal
P	<ol style="list-style-type: none"> 1. Memberitahu klien bahwa hasil pemeriksaan tanda vital baik, kehamilan baik , DJJ normal 2. Memberikan dukungan moril pada ibu untuk mensyukuri kehamilannya dan melakukan anjuran dari tenaga kesehatan agar kehamilannya terjaga dengan baik 3. Memberikan KIE tentang menu seimbang dalam jumlah maupun ragam makanan. Konsumsi protein hewani seperti daging, ikan,telur, susu akan membantu mempercepat kenaikan BB ibu 4. Menganjurkan ibu konsumsi sayuran warna hijau seperti bayam, sawi, kangkung dan buah yang mengandung vitamin c seperti mannga, jeruk, papaya. jambu biji setiap kali makan akan memenuhi kebutuhan zat besi vitamin dan mineral yang diperlukan untuk kehamilan sehat. 5. Memberikan tablet besi diminum 1 kali di malam hari untuk meminimalisasi efek samping mual. 6. Menganjurkan minum tablet besi dengan jus buah atau air putih,untuk membantu penyerapan , tidak boleh minum dengan susu atau teh, akan menghambat penyerapan zat besi. 7. Memberikan tablet kalsium diminum 1 kali sehari @500mg , diminum pagi atau siang hari 8. Memberikan asam folat 1 kali 1 tiap hari, bisa diminum dengan FE,karena membantu penyerapan Zat besi. 9. Memberi KIE tentang hari perkiraan lahir yaitu tgl 22 Februari 2022 dan tanda persalinan yaitu kencing kencing teratur, keluar lendir darah dan pecah ketuban, 10. Memberikan KIE tanda bahaya yaitu munculnya tanda persaaian jika terjadi sebelum hamil cukup bulan (sebelum 37 minggu atau 3 migggu dari HPL), Gerakan janin kurang dari 10 kali dalam 24 jam, pusing hebat, merasa sangat Lelah, sesak nafas. Jika terjadi salah stu jeadaan tersebut, ibu segera ke rumah sakit 11. Menjelaskan pada klien untuk menyiapkan perlengkapan ibu dan bayi, menyiapkan dana apakah menggunakan penjaminan BPJS atau yang lain, menyiapkan donor darah atau donor hidup. 12. Melakukan asuhan kolaborasi dengan dokter Spesialis Obgyn untuk USG, dijadwalkan pada minggu 2 bulan Februari 2022. 13. Menganjurkan klien untuk kunjungan ulang 2 minggu lagi. 14. Mendokumentasikan hasil pemeriksaan pada rekam medis

Pembimbing Akademik



(Chatrine Aprilia H,S.Tr.Keb,Bdn) (Nur Allailiyah, S.SiT, Bdn, MPH)

Pembimbing Klinik



Mahasiswa



(Puji Astuti P)

**PRODI PENDIDIKAN PROFESI BIDAN
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Jalan Mangkuyudan MJ III/304 Yogyakarta 55143 Telp (0274) 374331**

ASUHAN KEBIDANAN PADA NY.AM UMUR 28 TAHUN G2P1A0AH1 UMUR
KEHAMILAN 39 MINGGU PERSALINAN NORMAL

NO MR 044229
TANGGAL/JAM : 14 FEBRUARI 2022/ 22.00 WIB

S: Ibu mengatakan kenceng kenceng teratur sejak tgl 14 Februari 2022 pukul 19.00 WIB, keluar lendir darah sejak pukul 20.00 wib, tidak mengeluarkan cairan ketuban, Gerakan janin dirasakan masih aktif

O: KU baik, kesadaran CM, TD: 125/80. Nadi:78 kpm,suhu: 36,2⁰C, pernafasan: 22 kpm, SpO2: 99%. Conjungtiva tak anemis, sklera putih, TFU 3 jari bawah PX, punggung kiri, presentasi kepala, masuk panggul teraba 3/5 bagian. TFU 31 cm, TBJ : 3100 gram, Djj 134 kpm, his 4x/10 menit/ kuat. Periksa dalam V/U tenang, dinding vagina licin, porsio tipis lunak, pembukaan 4 cm, kepala turun di H1,STLD + air ketuban -.

A: Pada Ny.AM Umur 28 Tahun G2P1A0 AH1 tahun hamil 39 Minggu Inpartu Kala 1 fase aktif

P:

1. Menjelaskan kondisi ibu, saat ini ibu dan janin baik dan sudah pembukaan 4 cm
2. Membimbing Ibu relaksasi nafas dan pikiran, berikan support psikologis dan meminta suami mendampingi
3. Memantau KU, VS, kontraksi dan DJJ
4. Memfasilitasi untuk nutrisi dan eliminasi.
5. Menganjurkan ibu untuk mobilisasi sesuai kemampuan dan kenyamanan pasien
6. Melakukan dokumentasi asuhan di rekam medis dan partograf
7. Melakukan evaluasi kemajuan persalinan 4 jam lagi (pukul 02.00WIB)

Perkembangan tanggal 15 Februari 2022 pukul 02.00 WIB

S: Ibu mengatakan ingin meneran, ada cairan keluar dari jalan lahir

O: KU baik, kesadaran CM, TD: 125/85. Nadi:83 kpm,suhu: 36,5⁰C, pernafasan: 22 kpm, SpO2: 98%, Djj 124 kpm, his 4x/10 menit/ kuat. Tampak cairan jernih mengalir di genitalia, tampak anus mulai membuka,Periksa dalam V/Utenang, dinding vagina licin, porsio tak teraba, pembukaan 10 cm, kepala turun di H2,UUK di jam 12, STLD + air ketuban +, jernih.

A: Pada Ny.AM Umur 28 Tahun G2P1A0 AH1 tahun hamil 39 Minggu Inpartu Kala 2 P:

1. Memberitahu pasien dan suami, pembukaan sudah lengkap dan sudah boleh meneran
2. Membimbing cara meneran yang efektif, berikan pujian saat ibu efektif saat meneran

3. Memantau DJJ setiap selesai kontraksi, dan anjurkan suami untuk memberi minum yang manis
4. Menolong kelahiran bayi, Saat diameter kepala sudah 5-6 cm di vulva, tangan kanan menahan perineum, tangan kiri menahan puncak kepala janin agar defleksi tidak terlalu cepat, cek lilitan tali pusat, tidak ada lilitan. Tangan penolong memegang biparietal untuk melahirkan bahu, kemudian melakukan sangga susur untuk melahirkan badan sampai dengan kaki.
5. Menilai sepiantas bayi, bayi bernafas spontan, tonus otot baik, jenis kelamin laki laki. Lahir pada tanggal 15 Februari 2022 pukul 02.20 WIB
6. Mengeringkan dan menghangatkan bayi di atas perut ibu
7. Memberikan ucapan selamat pada pasien dan suami atas kelahiran bayi nya.

Perkembangan tanggal 15 Februari 2022 pukul 02.20 WIB

S: Ibu mengatakan lega setelah bayi lahir dan mendengar bayi menangis

O: KU baik, kesadaran CM, Tampak tali pusat di vulva, belum ada tanda pelepasan, TFU setinggi pusat, tidak ada janin kedua, kontraksi ada,

A: Pada Ny.AM Umur 28 Tahun P2A0 AH2 tahun Inpartu Kala 3

P:

1. Memberitahu ibu saat ini masih menunggu plasenta lepas dan setelah lepas akan dilahirkan
2. Memberitahu akan disuntik oksitosin 10 IU untuk mempecepat pelepasan plasenta, ibu setuju, suntikkan oksitosin 10 IU secara IM di paha kanan ibu
3. Menjepit dan memotong tali pusat, memposisikan bayi untuk IMD
4. Saat uterus kontraksi, melakukan PTT, tali pusat memnajang, ada semburan darah, tanda plasenta sudah lepas
5. Melahirkan plasenta dengan tangan kiri dorsokranial dan tangan kanan menegangkan tali pusat, ikuti sumbu jalan lahir, tangkap plasenta dan putar searah jarum jam sampai semua bagian plasenta lahir
6. Melakukan masase uterus selama 15 detik, dan nilai kontraksi, TFU 1 jari bawah pusat dan kontraksi keras
7. Melakukan pengecekan kelengkapan kotiledon dan selaput plasenta
Plasenta lahir lengkap pada tanggal 15 Februari 2022 pukul 02.25 WIB

Perkembangan tanggal 15 Februari 2022 pukul 02.25 WIB

S: Ibu mengatakan lega setelah bayi lahir dan plasenta sudah lahir lengkap, perut sedikit mules, terasa perih di jalan lahir

O: KU baik, kesadaran CM, TFU 1 jari bawah pusat, kontraksi keras, Perineum rupture di mukosa vagina, otot perineum, perdarahan sekitar luka, perdarahan total kurang lebih 200 cc.

A: Pada Ny.AM Umur 28 Tahun P2A0 AH2 tahun Inpartu Kala 4

P:

1. Memberitahu ibu dan suami kondisi saat ini baik, tetapi ada robekan di jalan lahir dan harus dijahit dengan di bius local, agar tidak terjadi perdarahan dan infeksi.
2. Memberikan injeksi lidocaine 1% dilanjutkan menjahit perineum bagian otot dengan teknik jelujur dan bagian kulit dengan intracutan, jenis benang catgut cronic.
3. Membimbing ibu dan suami untuk melakukan penilaian kontraksi dan cara masasefundus uteri.
4. Meminta tolong pada suami memberikan minum atau makan pada ibu sambil memperhatikan kondisi bayi yang sedang IMD agar hidung bayi tidak tertutup.
5. Membersihkan ibu dan tempat persalinan
6. Melakukan pemantauan KU, VS, kontraksi uterus, kandung kencing dan perdarahan vaginam
7. Melakukan dekontaminasi alat yang digunakan, membuang limbah sesuai tempatnya
8. Melakukan dokumentasi di buku KIA, rekam medis dan partograf.

Pembimbing Akademik



(Chatrine Aprilia H,S.Tr.Keb,Bdn)

Pembimbing Klinik



(Nur Allailiyah,S.SiT, Bdn,MPH)

Mahasiswa

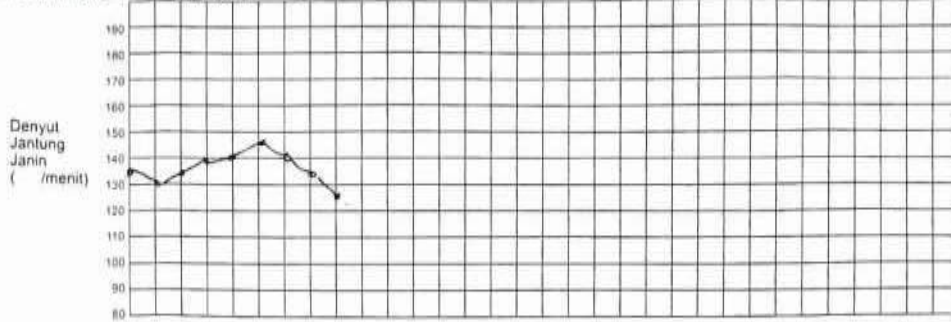


(Puji Astuti P)

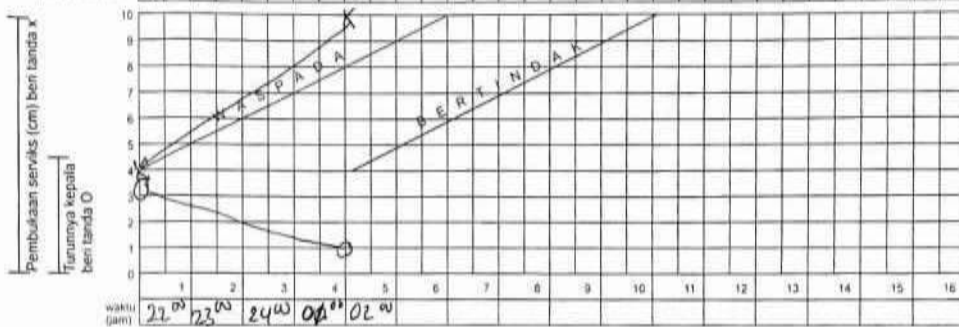
PARTOGRAF

No.RM : 04 4275
 Nama : Ny. A M
 Tgl lahir : 20-12-1956

Tanggal 19 Februari 2016
 G : 2 P : 1 A : 0
 Ketuban pecah : Tgl / pukul

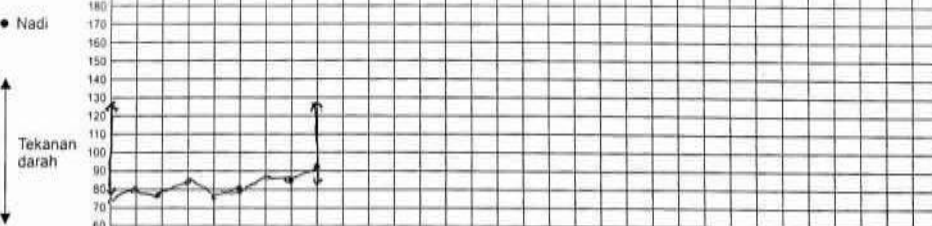


Air Ketuban penyusupan
 U : 0 J : 0



Oksitosin U/L tetes / menit

Obat dan cairan IV



Suhu °C 36.4 36.5

Urin : Protein -, Aseton -, Volume 200 200

Nama : Ny. A M

Tanggal Lahir : 28/12/1991

No. RM : 04.42.15

Tanggal : 14 Februari 2022

KALA I

- Partogram melewati garis waspada : Ya
- Masalah lain, sebutkan :
- Penatalaksana masalah tsb :

KALA II

- Episotomi :
 - Ya, Indikasinya
 - Tidak
 - Perdamping pada saat persalinan :
 - Suami teman tidak ada
 - Keluarga dukun
 - Gawat Janin :
 - Ya, Tindakan yang dilakukan :
 -
 -
 -
 - Tidak
- Pemantauan DJJ setiap 5-10 menit selama kala II, hasil 124 - 128

KALA III

- Distasia bahu :
 - Ya, tindakan yang dilakukan :
 -
 -
 -
 - Tidak
- Masalah lain, penatalaksanaan masalah tsb dan hasilnya :

PEMANTAUAN PERSALINAN KALA IV

Jam Ke	Waktu	Tekanan Darah	Nadi	Suhu	Tinggi Fundus Uteri	Kontraksi Uterus	Kandung Kemih	Pendarahan
I	22.45	125/80	82	36.9	1 jari L pusat	keras	kosong	50 cc
	22.00	125/80	83		1 jari L pusat	keras	kosong	-
	23.45	110/80	80		1 jari L pusat	keras	kosong	-
	23.30	115/80	80		1 jari L pusat	keras	kosong	50 cc
II	00.00	120/80	77	36.2	1 jari L pusat	keras	kosong	-
	00.30	120/80	78		1 jari L pusat	keras	kosong	20 cc

Rekam Medis RS PRATAMA Kota Yogyakarta

RM. 27 Hal 2/2

- Plasenta lahir > 30 menit : Ya Tidak
 -
 -
 -
 - Lagerasi :
 - Ya, dimana : Mukosa vagina, otot menerv
 - Tidak
 - Jika laserasi perinium, derajat 1 2/3/4
 - Tindakan :
 - Penjahitan dengan / tanpa anastesi
 - Tidak dijahit, alasan
 - Atoni uteri :
 - Ya, tindakan :
 -
 -
 -
 - Tidak
 - Jumlah perdarahan : 250 ml
 - Masalah lain, sebutkan :
 - Penatalaksanaan masalah tersebut :
- Hasilnya :

KALA IV

- Kondisi ibu : KU : baik 125/80 92 20
- Masalah dan penatalaksanaan masalah :

BAYI BARU LAHIR

- Berat badan : 3055 gram
- Panjang : 50 cm
- Jenis kelamin : DP
- Penilaian bayi baru lahir : baik / ada penyakit
- Bayi lahir :
 - Normal, tindakan :
 - mengeringkan
 - menghangatkan
 - rangsang taktil
 - memastikan IMD atau naluri menyusu segar
 - Asfiksia ringan/pucat/biru/lemas, tindakan :
 - mengeringkan
 - rangsang taktil
 - pakain / selimut bayi dan
 - tempatkan di sisi ibu
 - cacat bawaan, sebutkan :
 - Hipotermi, tindakan :
 -
 -
 -
- Pemberian ASI setelah jam pertama bayi lahir :
 - Ya, waktu : 1.5 jam setelah bayi lahir
 - Tidak, alasan
- Masalah lain, sebutkan :

**ASUHAN KEBIDANAN PADA NY. AM UMUR 29 TAHUN P2A1AH2 NIFAS
NORMAL**

NO MR 044229
TANGGAL/JAM : 15 FEBRUARI 2022/ 09.00 WIB

S: Ibu mengatakan masih ada nyeri jahitan, skala nyeri 3, asi sudah keluar dan sudah bisa menyusui dengan teknik duduk dan tidur miring, darah nifas seperti haid. Riwayat persalinan sekarang adalah partus normal vaginam tgl 15 Februari 2021 pukul 02.20 WIB . Pasien sudah bisa BAK spontan 2 kali.

O: KU baik, kesadaran CM, TD: 120/80. Nadi:76 kpm,suhu: 36,2⁰C, pernafasan: 22 kpm, SpO2: 98%. Conjungtiva tak anemis, sklera putih, Asi sudah keluar colostrum, puting susu menonjol, tidak ada lecet, TFU 1 jari bawah pusat, kontraksi uterus keras, terdapat luka jahitan di perineum , tidak ada perdarahan aktif, luka bersih, lochea rubra, jumlah ½ pembalut kecil, bau khas lochea.

A: Ny AM umur28 tahun P2A0AH2 Nifas 6 jam normal

P:

1. Menlaskan kondisi ibu, saat ini baik, Jahitan nyeri adalah normal, akan berkurangtingkat nyerinya setelah luka mulai tumbuh jaringan dan mongering.
2. Memberikan KIE tentang personal higiene, kebersihan luka jahitan
3. Melakukan perawatan luka jahitan di perineum NaCl dan diolesi betadin
4. Memberikan KIE nutrisi tinggi protein seperti telur, daging, ikan, ayam, untuk membantu penyembuhan luka
5. Memberikan amoksisilin 3 x 500 mg, asam mefenamat 3x 500 mg, ferofort 1x1tablet, vitamin a 1 x 200.00 IUvdan diijinkan pulang setelah bayi bab dan bak
6. Memberikan jadwal kunjungan ulang hari ke 6 yaitu tanggal 21 Feb 2022

Perkembangan tanggal 21 Februari 2022 pukul 16.25 WIB

S: Ibu mengatakan merasa asi keluar belum banyak, bayi diberikan tambahan susu formula pada malam hari. Jahitan sudah tidak sakit, darah nifas keluar seperti haid yang mau berhenti, warna merah gelap, sehari hanya ganti 2- 3 kali.

O: KU baik, kesadaran CM, TD: 115/80. Nadi:82 kpm,suhu: 36,6⁰C, pernafasan: 20 kpm, SpO2: 98%. Conjungtiva tak anemis, sklera putih, Asi sudah keluar banyak, puting susu menonjol, tidak ada lecet, TFU 3 jari atas simpisis. kontraksi uterus keras, terdapat luka jahitan di perineum , tidak ada perdarahan aktif, luka bersih kering, lochea sanguelenta, jumlah 1/4 pembalut kecil, bau khas lochea

A: Ny AM umur28 tahun P2A0AH2 Nifas 6 hari normal

P:

1. Menjelaskan kondisi ibu, saat ini baik, asi sudah banyak dan cukup untuk bayinyatanpa perlu ditambahkan susu formula, luka jahitan sudah menutup dan kering.
2. Meminta ibu untuk menceritakan kekhawatiran, kecemasan, kurang percaya diri yang dialaminya, dan dengarkan dengan penuh perhatian.
3. Berikan KIE tentang asi eksklusif dan dukung ibu untuk memberikan hanya asisaja untuk bayinya
4. Memberikan pijat oksitosin agar ibu merasa lebih tenang dan rileks sehingga akan mempengaruhi produksi asi.
5. Meminta suami dan keluarga untuk mendukung dan membantu ibu dalam merawat bayinya

6. Melakukan asuhan kolaborasi dengan konselor asi untuk memberikan asuhan padaibu
7. Memberikan jadwal kunjungan ulang sekitar 6 minggu dari kelahiran
8. Melakukan dokumentasi asuhan di buku KIA dan rekam medis

Perkembangan tanggal 8 Maret 2022 pukul 15.30 WIB

S: Ibu mengatakan merasa asi sudah banyak. Bayi sudah lebih tenang setelah menyusui, Jahitan sudah tidak sakit, darah nifas kadang keluar sedikit, warna coklat kekuningan.

O: KU baik, kesadaran CM, TD: 110/70. Nadi:84 kpm,suhu: 36,3⁰C, pernafasan: 20 kpm, SpO2: 99%. Conjungtiva tak anemis, sklera putih, Asi sudah keluar banyak, puting susu menonjol, tidak ada lecet, TFU tak teraba, luka jahitan sudah kering, lochea sudah tidak ada

A: Ny AM umur28 tahun P2A0AH2 Nifas 21 hari normal

P :

1. Jelaskan kondisi ibu, saat ini baik, asi sudah banyak dan ternyata cukup untuk bayinya tanpa perlu ditambahkan susu formula,
2. Memberikan konseling KB dan mendukung pengambilan keputusan untuk penggunaan alat kontrasepsi , yang dipilih adalah pil KB
3. Memberikan penjelasan terkait kelebihan , kekurangna, dan efek samping KB pil progestin.
4. Menyarankan ibu untuk memulai menggunakan alat kontrasepsi segera karena pil progestin bisa mulai diminum setelah persalinan.
5. Menjelaskan hubungan seksual dapat dilakukan setelah darah nifas bersih dan sudah mandi junub
6. Menjelaskan cara minum pil KB progestin sesuai hari dengan jam yang sama
7. Melakukan pencatatan asuhan di buku KIA

Pembimbing Akademik

Pembimbing Klinik

Mahasiswa



(Chatrine Aprilia H,S.Tr.Keb,Bdn) (Nur Allailiyah, S.SiT, Bdn, MPH) (Puji Astuti P)

**PRODI PENDIDIKAN PROFESI BIDAN
JURUSAN KEBIDANAN POLTEKKES KEMENKES YOGYAKARTA
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ASUHAN KEBIDANAN PADA BAYI NY. AM LAHIR SPONTAN

NO MR 045979
TANGGAL/JAM : 15 FEBRUARI 2022/ 02.20 WIB

S: Ibu mengatakan lega bayi sudah lahir spontan.

O: Bayi menangis spontan, tonus otot aktif, kulit warna kemerahan , jenis kelamin laki laki

A: Bayi Ny AM umur 0 jam lahir spontan

P:

1. Jelaskan pada ibu, kondisi bayinya saat ini baik
2. Meringkaskan dan menghangatkan bayi
3. Memfasilitasi IMD selama 1 jam
4. Melakukan antropometri, hasil BB 3055 gram, PB 50 cm, LK 35cm, LD 32 cm LLA 11 cm
5. Memberikan perawatan rutin bayi baru lahir, memberikan suntikan vitamin K 1 mg, memberika zalf mata gentamicin 0.1 %
6. Memberikan imunisasi hepatitis B saat usia bayi 2 jam
7. Membimbing ibu menyusui bayi
8. Memantau eliminasi bayi
9. Memberikan KIE tentang asi eksklusif
10. Melakukan dokumentasi asuhan di buku KIA, dan rekam medis

Perkembangan tanggal 21 Februari 2022 pukul 16.25 WIB

S: Bayi sudah bisa menyusu, tetapi pada malam hari masih rewel meskipun sudah menyusu terus. Ibu mengatakan memberikan tambahan susu formula saat malam . Bayi BAK sehari 7-8 kali, BAB 2-3 kali sehari

O: KU baik, kesadaran CM, BB 3200 gram PB 50 cm, LK 36 cm LD 32 cm LLA 11 cm Nadi:134 kpm,suhu: 36,5⁰C, pernafasan: 42 kpm, SpO₂: 97%. Ada ikterik di wajah saja, reflek mencari puting ada, reflek hisap baik, tali pusat sudah puput, kering, tidak ada tanda infeksi

A: Bayi Ny AM umur 6 hari normal

P:

1. Menjelaskan pada ibu, kondisi bayinya saat ini baik
2. Memberikan KIE tentang nutrisi tinggi protein seperti telur, daging, ikan, ayam, untuk menjaga stamina ibu dan meningkatkan produksi asi
3. Memberikan KIE tentang asi eksklusif sampai usia bayi 6 bulan dan dukung ibu untuk memberikan hanya asi saja untuk bayinya
4. Memberikan pijat oksitosin agar ibu merasa lebih tenang dan rileks sehingga akan mempengaruhi produksi asi.

5. Meminta suami dan keluarga untuk mendukung dan membantu ibu dalam merawat bayinya
6. Memberikan KIE perawatan tali pusat dan cara memandikan bayi di rumah
7. Memberikan KIE tentang tanda bahaya pada bayi, yaitu panas, tidak mau menyusu, kulit bayi kuning sampai tungkai atas dan bawah, lemah, sesak nafas

Perkembangan tanggal 8 Maret 2022 pukul 15.30 WIB

S: Ibu mengatakan merasa asi sudah banyak. Bayi sudah lebih tenang setelah menyusu, Tidak diberikan susu formula

O: KU baik, kesadaran CM, bayi tampak tenang saat menyusu, nadi 120 kpm, suhu 36.8 C. pernafasan 45 kpm, Conjungtiva tak anemis, sklera putih, tidak ada ikterik, tidak ada ruam kulit, ekstremitas aktif, tidak ada gangguan gerak

A: Bayi Ny AM umur 21 hari normal

P :

1. Menjelaskan kondisi ibu, saat ini baik, asi sudah banyak dan ternyata cukup untuk bayinya tanpa perlu ditambahkan susu formula,
2. Memberikan KIE untuk lanjutan imunisasi yaitu BCG, bisa ke PMB atau ke puskesmas terdekat sebelum bayi usia 2 bulan
3. Memberikan KIE untuk melanjutkan pemberian asi sampai usia anak 2 tahun
4. Melakukan pencatatan asuhan di buku KIA.

Pembimbing Akademik



(Chatrine Aprilia H,S.Tr.Keb,Bdn)

Pembimbing Klinik



(Nur Allailiyah, S.SiT, Bdn, MPH)

Mahasiswa



(Puji Astuti P)

Lampiran 2.
Surat Persetujuan

INFORMED CONSENT (SURAT PERSETUJUAN)

Yang bertanda tangan di bawah ini:

Nama : Asti Maharani
Tempat/Tanggal Lahir : Pemalang / 1 - 8 - 1993
Alamat : Sangkal, Tarudan RT 02 Bungunharjo,
Cewon, Dantut

Bersama ini menyatakan kesediaan sebagai subjek dalam praktik Continuity of Care (COC) pada mahasiswa Prodi Pendidikan Profesi Bidan T.A. 2020/2021. Saya telah menerima penjelasan sebagai berikut:

1. Setiap tindakan yang dipilih bertujuan untuk memberikan asuhan kebidanan dalam rangka meningkatkan dan mempertahankan kesehatan fisik, mental ibu dan bayi. Namun demikian, setiap tindakan mempunyai risiko, baik yang telah diduga maupun yang tidak diduga sebelumnya.
2. Pemberi asuhan telah menjelaskan bahwa ia akan berusaha sebaik mungkin untuk melakukan asuhan kebidanan dan menghindari kemungkinan terjadinya risiko agar diperoleh hasil yang optimal.
3. Semua penjelasan tersebut di atas sudah saya pahami dan dijelaskan dengan kalimat yang jelas, sehingga saya mengerti arti asuhan dan tindakan yang diberikan kepada saya. Dengan demikian terdapat kesepakatan antara pasien dan pemberi asuhan untuk mencegah timbulnya masalah hukum di kemudian hari.

Demikian surat persetujuan ini saya buat tanpa paksaan dari pihak manapun dan agar dipergunakan sebagaimana mestinya.

Yogyakarta, 27 / 1 / 2022

Mahasiswa


PUJI ASTUTI . P

Klien


ASTI MAHARANI

SURAT KETERANGAN

Yang bertanda tangan di bawah ini:

Nama Pembimbing Klinik : Nur Allailiyah SSiT., Bdn., MPH
Instansi : PMB Nur Allailiyah

Dengan ini menerangkan bahwa:

Nama Mahasiswa : Puji Astuti Purwaningsih
NIM : P07124521023
Prodi : Pendidikan Profesi Bidan
Jurusan : Kebidanan Poltekkes Kemenkes Yogyakarta

Telah selesai melakukan asuhan kebidanan berkesinambungan dalam rangka praktik kebidanan holistik Continuity of Care (COC)

Asuhan dilaksanakan pada tanggal 27/2/2022 sampai dengan 21/3/2022

Judul asuhan: ASUHAN KEBIDANAN BERKESINAMBUNGAN
NY. AM USA 23 TH 52, 70 kg, DI PMB NURAILLIYAH

Demikian surat keterangan ini dibuat dengan sesungguhnya untuk dipergunakan sebagaimana mestinya.

Yogyakarta, 21/3/2022

Bidan (Pembimbing Klinik)



Nur Allailiyah SSiT., Bdn., MPH

Lampiran 3
Foto Pelaksanaan COC

Dokumentasi Gambar



Gambar 1. Melakukan ANC



Gambar 2. Melakukan vital sign



Gambar 3. Memeriksa kondisi tali pusat



Gambar 4. Melakukan KIE

Lampiran 4
Jurnal Ilmiah (pada halaman berikutnya)

Review

The Triad Mother-Breast Milk-Infant as Predictor of Future Health: A Narrative Review

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Abstract: The benefits of human milk for both mother and infant are widely acknowledged. Human milk could represent a link between maternal and offspring health. The triad mother-breast milk-infant is an interconnected system in which maternal diet and lifestyle might have effects on infant's health outcome. This link could be in part explained by epigenetics, even if the underlining mechanisms have not been fully clarified yet. The aim of this paper is to update the association between maternal diet and human milk, pointing out how maternal diet and lifestyle could be associated with breast-milk composition, hence with offspring's health outcome.

Keywords: breastfeeding; nutrition; obesity; microbiome; health outcomes



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1. Introduction

In accordance with the World Health Organization (WHO), the American Academy of Pediatrics (AAP), and the European Society for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN), human milk represents the normative feeding for infants during the first six months of life and later, in addition to the complementary feeding [1,2]. In fact, human milk meets the infants' specific nutritional needs and leads to an adequate growth and functional development [3–6]. Increasing evidence has shown that breast milk provides not only nourishment for infants but also it reduces the risk of developing several diseases through the provision of bioactive factors including the occurrence of noncommunicable diseases such as obesity, type 2 diabetes mellitus, and cardiovascular disease later in life [7]. Breast milk allows mother-infant signaling within a closely linked system comprising the “mother-breast milk-infant” triad. Remarkably, variations occurring in each component of the triad appear to modulate the trajectory of infant development and maternal health [8].

We conducted a narrative review in order to provide an update on the available evidence regarding the association between maternal diet, lifestyle, and human milk composition. We searched the PubMed database for articles relating to breast milk using specific keywords such as breastmilk, human milk, maternal diet, nutritional, offspring outcome, microbiome. With regard to the maternal lifestyle we have chosen to focus on the most discussed topics in the recent literature, such as smoking, obesity, and plant-based diet. Preference was given to the sources published within the past 5 years. We included randomized controlled trials, cohort studies, systematic reviews, and meta-analysis. On the other hand, preclinical studies were excluded.

2. Nutrition during Pregnancy and Lactation

2.1. Energy Requirement

The energy requirement of a healthy, normal weight woman might be moderately increased during pregnancy, depending on pregnancy stage. At the same time, all women should maintain an active and healthy lifestyle, avoiding smoking and preventing excessive weight gain [9]. In fact, excessive as well as deficiency intake of macronutrients could be very harmful for mothers, fetal development, and for both later health outcomes. On the other hand, only a small increase of energy intake is necessary for milk production during lactation [10,11]. It is well known that higher demands of energy during pregnancy need a moderate increase in the energy value of the diet. However, over alimentation and overweight are associated with an increased risk of spontaneous abortion, gestational diabetes, pre-eclampsia, and also with infants' development of type 2 diabetes and obesity during adult age [10,11].

In order to support fetal development and promote infant growth, daily energy value should be increased by about 70 kcal/day during the first trimester of pregnancy, 260 Kcal/day in the second trimester, and 500 Kcal/day in the third one and also during the first six months of exclusive breastfeeding, as recommended by the European Food Safety Authority (EFSA) [12]. Moreover, the energy cost of pregnancy is not equally distributed. In fact, energy deposition as protein occurs primarily in the third trimester (80%), and energy deposition as fat is based on rate of weight gain [13].

2.2. What about Macronutrients?

Protein intake could play an important role in fetal growth. As a matter of fact, low assumption of protein during pregnancy could influence both the weight and length of the newborn, as well as a high intake of protein may be negatively related with fetal development [14]. As a result, international guidelines agree in suggesting that the maternal protein daily intake increases by 26 g/day in the third trimester of pregnancy and by 21 g/day in the first semester of exclusive breastfeeding and by 14 g/day later, if breast milk still represents the main part of infant's diet [9].

In our knowledge, a high protein intake during infancy is associated with an increased secretion of insulin and insulin growth factor (IGF-1) and so, with a greater early weight gain and with later obesity [15]. Even if breastfeeding has been related with a lower risk of future obesity, Forsum et al. showed that high maternal intake of proteins may be associated with higher levels of protein in breast milk [16]. In addition, Grunewald et al. in an observational study suggested that interindividual variations in human milk protein contents may contribute to modulate infant growth and lead to excessive weight gain even during full breastfeeding [17,18].

One of the main sources of energy is represented by lipids. During pregnancy and breastfeeding, an optimal lipid intake is possibly important for infant's neurological and retinal development [19]. It is currently known that the quality of fats, rather than their total amount, plays a fundamental role. Most studies indicate a positive correlation between the fatty acid (FA) compositions in maternal diet and in breast milk [20], even if few other researchers did not show any association [21]. Moreover, there is high evidence of the role played by omega-3-polyunsaturated fats during pregnancy—in particular, docosahexaenoic acid (DHA) and arachidonic (ARA) acid [19]. According to recent literature, only fatty acids and vitamins profiles of human milk appear to be influenced by maternal diet [22,23]. Some authors studied the supplementation of DHA related to the psychomotor neurodevelopment in early life [24,25] and its possible association with lower risk of prematurity and post-partum depression [22,26–30]. Low blood levels of DHA were associated with low consumption of fish rich in omega-3, for example in vegetarian women [31]. In fact, in most studies, the use of fish oil supplementation during pregnancy and lactation was associated with higher levels of DHA [31–33]. The use of newly analytical methods, combined with appropriate bioinformatics and lipidomic analyses offers major opportuni-

ties to explore the physiological roles of complex lipids in early life and to achieve further improvements in nutritional strategies [19,34].

Marita de Waard et al. carried on a systematic review with the aim of exploring the correlation between maternal diet during lactation and infants' long-term health outcome [35] and discovered that ten different studies focused on the relationship between maternal supplementation of long-chain polyunsaturated fatty acid (LC-PUFA) and infant growth or later body composition, without evidence of secure and consistent short or long-term positive associations [36–44]. FA composition of breast milk varies based on different factors such as lactation stage, gestational age, maternal nutritional status, and maternal lipid storage, which is the main source of omega-6 [21]. In addition, recent studies have shown a correlation between maternal perinatal psychopathologies, such as depression, anxiety, stress, and human milk composition in terms of macronutrients and immune components, immunoglobulin A, hormones, and cortisol. Some recent studies have shown that lower levels of DHA in breast milk were found in those countries where the prevalence of maternal depression was higher, impairing the adequate neurodevelopment of the offspring [45].

Moreover, Hahn-Holbrook et al. in their observational study highlighted a link between higher level of omega-3 PUFAs in human milk and lower level of negative affectivity at 3 months of age for those infants who were fully breast-fed. The pathways through which omega-3 PUFAs influenced infant temperament are not known yet, but their anti-inflammatory properties or their faculty to regulate neurotransmission could be involved [46]. As a result of a possible close correlation between maternal diet and DHA and EPA composition of human milk, Hahn-Holbrook et al. have showed how the maternal diet can influence the levels of omega-3 PUFAs in milk and thus infant behavior, reducing the stress and sadness of the offspring [46].

Lactose reflects carbohydrate energy content and, after protein, it is the most represented component of human milk. It is associated with infant growth, and its total amount in breast milk seems not to be affected by maternal diet [47,48]. On the other hand, the amount and quality composition of human milk oligosaccharides (HMOs) vary substantially between women in accordance to different factors such as enzymatic activity, which determine the synthesis of fucosylated HMOs and other genetic and environmental factors, which are not completely understood nowadays [48–52]. A better understanding of the maternal factors that influence this variability could be important in terms of health prevention. Indeed, HMOs could influence gut microbiota development, infant health, cognitive development, and disease risk [49,53,54]. The potential role played by HMOs in modulating newborn's metabolism and infant growth is currently under investigation. Bardanzellu et al., in their observational study, found that a decreased breast milk content of Lacto-N-fucopentaose I and 2-Fucosyllactose (2'-FL) appears to be protective against an excessive weight gain, while an increased breast milk content of Lacto-N-fucopentaose II could predispose to it [55]. In addition, Larsson et al. in an exploratory study found significant differences in HMO breast milk composition between a group of exclusively breast-fed infants with high weight gain compared to a group of infants with normal weight gain. Further studies are needed to identify the mechanisms underlining this correlation; however, the most plausible hypothesis is represented by the link between HMO and the infant microbiota. Gaining further knowledge into the association between the HMO breast milk composition and their functional implication is possibly important in view of their supplementation in infant formulas to optimize the intestinal microbiota and positively influence infant growth [56].

Research has focused on the differences between the preterm and term human milk. Most recent studies report that macronutrient composition changes are more related to postnatal time than to gestational age [57]. Preterm milk is characterized by a higher total amount of protein than in term one; however, an overall decrease in total protein content during lactation is observed [57]. On the other hand, fat and energy density appears to remain constant over lactation [58]. With regard to the lactose content, it is higher in

preterm than in term milk but maintains stable concentrations over time [59]. Interestingly, Fischer Fumeaux et al., in a prospective cohort study, identified some gender differences, as human milk dedicated to male infants seemed to be richer in fat and energy [57].

2.3. Micronutrients

During pregnancy, micronutrients are possibly important not only for their biological activity but also for leading to their storage for both maternal and fetal needs [60]. For this reason, they could be supplemented [61].

2.3.1. Iron and Other Minerals

In pregnant women, iron requirement increases progressively in accordance to fetal needs and in accordance with its storage in fetal tissues. For this reason, women are exposed to a greater risk of iron deficiency, which is associated with increased risk of fetal growth failure, preterm labor, low birth weight, and post-partum hemorrhages [62,63]. Furthermore, recent evidences found a relationship between maternal insufficient iron intakes and higher possibility of cardiovascular disease for the infants in adult age [64]. On the contrary, an excess of iron supplementation might be associated with maternal development of oxidative stress, lipid peroxidation, impaired glucose metabolism, and gestational hypertension [65].

Despite these evidences, as shown in the study of Mahdavi et al. [66–68], the level of iron in breast milk does not appear to be related to the dietary intake, even if iron supplementation during lactation resulted in improved transferrin receptor levels and hematocrit [69].

Regarding other minerals, an adequate intake of calcium during pregnancy could play a role in fetal growth and development, even if its breast milk level is not substantially influenced by maternal diet intake [70].

In addition, iodine low intake during pregnancy may be associated with both maternal and infant negative outcomes, particularly regarding infant neurodevelopment [71].

2.3.2. Vitamins

Since there is a high prevalence of insufficient maternal levels of vitamin D, doctors recommend its supplementation during pregnancy and breastfeeding [72]. De Regil et al. in a Chocrane review [73] demonstrated that an adequate intake of vitamin D was associated with a minor risk of pre-eclampsia, prematurity, and low birth weight. On the contrary, insufficient levels were associated with low birth weight, altered bone development, respiratory infections, and allergic diseases in childhood [9,73]. Czech-Kowalska et al. [72] carried out a prospective randomized controlled trial and focused their attention on the supplementation of vitamin D during breastfeeding both in mother and in infants. Body composition and bone mass assessed with dual-energy X-ray absorptiometry (DXA) three weeks, three months, and six months after delivery were not significantly different between infants of mothers receiving 1200 IU/d of cholecalciferol and those of mothers receiving 400 IU/d [72]. On the other hand, other studies showed that a higher dose of Vitamin D3 supplementation (6400 IU/day) was safe for both mother and child and resulted in a higher maternal level of 25-hydroxy-D [74]. Moreover, Basile et al. in a randomized controlled trial, demonstrated that a higher dose of vitamin D supplementation (4000 IU/d) was more effective in increasing the breast milk level of vitamin D compared with a lower dose (2000 IU/d) [75]. Furthermore, the relationship between inadequate levels of vitamin D and cardiovascular disease, hypertension, and diabetes has been described [76].

As for folic acid, there is strong evidence to support maternal supplementation in order to prevent neural tube defects [73,77].

Moreover, a positive correlation between maternal consumption of vitamin C and A and adequate levels in breast-milk was found in some observational studies, as shown by Kodentsova et al. [78], Salmenpera [79], Lietz et al. [80], and Da Silva et al. [81]. In fact,

vitamin C is a milk antioxidant [82,83], and vitamin A plays a possibly important role in vision, intercellular communication, cell growth, and cell differentiation [81].

2.3.3. Phytochemicals

Maternal diet can influence the offspring outcome, especially in terms of development, through the action of secondary plant metabolites commonly named as phytochemicals, such as flavonoids and carotenoids. Phytochemical intake occurs through the consumption of fruits and vegetables. Many of them could be antioxidant and anti-inflammatory agents and could reduce the risk of some chronic conditions (heart diseases, cancer, diabetes, and neurodegenerative disorders) [84]. Thus, adequate supplementation of maternal diet during pregnancy and lactation with fruit and vegetable is possibly important to guarantee an optimal concentration of flavonoids and carotenoids both in maternal serum and breast milk [85]. Vishwanathan et al. in an observational study demonstrated that lutein is the predominant carotenoid in the brain, and its deposition in the human retina occurs early in life [85]. Zielinska et al. in their observational study showed a positive correlation between the concentration of omega-3 LC-PUFA and carotenoids in breast milk and infant motor and brain structural development [86]. Flavonoid contribution to infant's oxidative stability is less clear [86].

3. Human Milk: A Contribution to the Development of Infant Gut Microbiota and Immunity

Several hypotheses have been formulated in order to explain the complexity and great diversity of bacteria contained in breast milk [87]. The dynamic cycling of bacteria from maternal commensal skin flora to infant mouth flora is one of the identified mechanisms [88]; however, this retrograde flow does not fully explain the diversity of human milk microbes. Therefore, an entero-mammary pathway has been hypothesized, whereby maternal intestinal bacteria migrate to the mammary glands via an endogenous cellular route during pregnancy and lactation [89]. Thus, the modulation of maternal gut microbiota during pregnancy and lactation could have a direct association on infant health. Several perinatal factors could influence microbial transfer from mother to infant via breast milk. All the factors that could modify maternal microbiota of skin, oral cavity, vagina, and gut may contribute to the modulation of human milk microbiota, including the lactation period, the mode of delivery and gestational age, the use of antibiotics or other medicines, the maternal dietary habits, and nutritional status [90] (Figure 1).

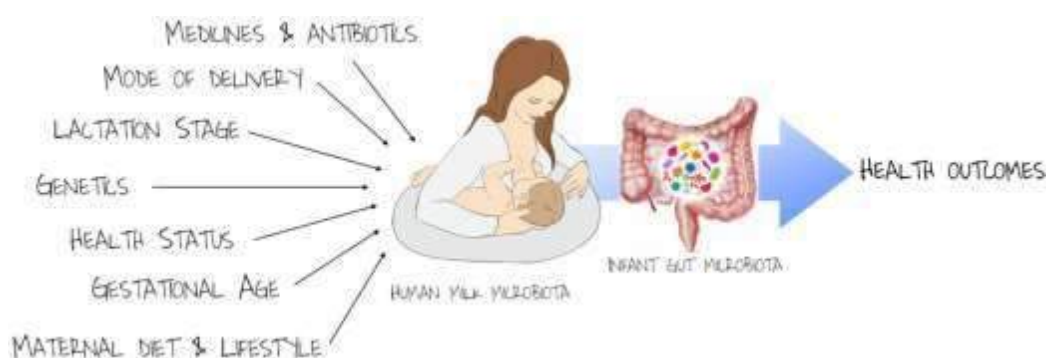


Figure 1. Modulation of infant gut microbiota via mother gut and human milk microbiota.

In particular, it is known that the gut microbiome composition differs in healthy and obese people; therefore, an aberrant microbiome can be vertically transmitted from an obese mother to her infant. Mother-to-newborn transmission of microbiota might be a causal factor underlying obesity's transmission [91,92].

Not only the breast milk microbiota but also the oligosaccharides and other components of human milk, including Immunoglobulin A (Ig A), can contribute to the composition and diversity of the infant gut microbiome [93].

Human milk-associated microbes are among the first to colonize the infant gut and may help to shape both short- and long-term infant health outcome [94]. Accordingly, a recent meta-analysis showed that exclusive breastfeeding, especially longer than 2 months from birth, was associated with a more stable gut bacterial taxa composition and reduced diarrhea-associated microbial dysbiosis [95]. The critical window of immune development and the community types may induce metabolic alterations, leading to differing immune phenotypes and long-term health outcomes [46,88,96–98]. Crosstalk between host cells (e.g., intestinal brush border cells or immune cells) and the colonizing microbiota is likely to be critical for metabolic development and the programming of body immune system in infants [88,93].

4. Maternal Lifestyle and Nutritional Status during Pregnancy and Lactation and Later Health of Offspring: Some Traps

4.1. Tobacco Smoking

It is widely reported that maternal smoking during pregnancy and breastfeeding may be associated with negative outcomes of infants both at birth and later in life [99–101].

In particular, both the quantity and quality of breast milk might be negatively influenced by smoking just more than ten cigarettes per day [102]. Banderali et al. performed a descriptive review about associations of parental smoking during pregnancy and breastfeeding [103]. Recent observational studies showed a relationship between maternal smoking during pregnancy and the adverse outcomes at birth, such as low birth weight, prematurity [104,105], and negative outcomes on fetal brain development [100]. According to some authors, maternal tobacco could be associated with mammary glands synthesis and the secretion of DHA into breast milk [106,107]. Other observational studies demonstrated that fetal growth impairment might be also influenced by epigenetic factors through DNA methylation of particular genes, such as Cytochrome P450 1A1 (CYP1A1) promoter [108–110].

Recent evidences highlighted that maternal smoking during pregnancy was associated with increased risk of Sudden Unexpected Infant Death [111]. Moreover, it could be associated with increased risk of infants' overweight, obesity, and metabolic diseases later in life [112–115]. Furthermore, some authors reported that there might be an association between hypertension and maternal smoking during pregnancy [116]. Last but not least, exposure to maternal tobacco was demonstrated to be related to higher incidence of respiratory tract diseases, such as airway hyper-responsiveness, wheezing, asthma, impaired lung function, and bronchitis [117]. Recent literature focused on the possible correlations of second- and third-hand smoking exposure on children outcomes [103,118].

Despite all these possible correlations, breast milk still remains the best feeding, even if the mother continues to smoke [119].

4.2. Obesity

Obesity represents one of the major public health issue all over the world. More than 20% of children in Europe and more than 30% in the United States suffer from obesity or overweight [35].

Obesity in childhood increases the risk of developing cardiovascular or metabolic diseases early in life. The fetal-infant programming hypothesis tried to explain how to prevent obesity in childhood by modifying the maternal diet and therefore the fetal exposure to excessive nutrients intake [120–123].

Over alimentation and overweight during pregnancy are associated with an increased risk of spontaneous abortion, gestational diabetes, and pre-eclampsia [10,11]. Moreover, children of overweight or obese mothers are at greater risk of having a high birth weight

for gestational age, a rapid weight gain in the first year, and becoming obese in adulthood (Table 1).

Table 1. Effect of maternal obesity on the mother-baby dyad.

Maternal Obesity	
Side Effects on Mother	Side Effects on Infant
spontaneous abortion gestational diabetes pre-eclampsia	Type 2 diabetes Obesity Cardiovascular diseases

Thus, special attention might be paid to lifestyle interventions, such as education and behavioral counseling related to diet and physical activity, that can be applied both during pregnancy and breastfeeding [124].

The correlation between breastfeeding and reduced risk of obesity later in life has been widely discussed in order to prevent rapid acceleration of growth during infancy and reducing the deposition of adipose tissue [125–127]. Haschke et al. [128] examined data from three randomized controlled trials, with the aim of exploring the association between maternal obesity and faster growth of their breast-fed infants [129,130]. Moreover, the authors focused on the effect of low-protein formula on infant growth. Results showed that infants fed with low protein amount formula may grow slower than those fed with high protein content formula, and this might represent a strategy to reduce the risk of obesity later in life [131–133].

In accordance, Inostroza et al. in a randomized double-blind study demonstrated that breast-fed infants of obese mothers may show a more rapid growth than infants of normal-weight mothers, particularly during the first six months of life [129].

Recent evidences confirmed that breast-milk composition was influenced by maternal nutritional status. Some studies analyzed the breast-milk composition of healthy and obese mothers and demonstrated the presence of different amounts of fatty acids, protein, and calories [134–136]. In particular, Leghi et al. in a recent systematic review highlighted an association between maternal obesity or overweight and fat and lactose concentration in human milk depending on different lactation stage; on the other hand, no correlation was found with protein concentration [92]. De Luca et al. aimed to compare breast-milk composition of obese versus normal-weight mothers. In their cross-sectional observational study, they found a higher amount of leptin in breast milk of obese mothers, whereas breast milk was not different in terms of protein, lipid, and carbohydrate composition and volume [137,138]. Leptin content has also been positively correlated with higher weight gain in infants and increased adiposity as far as 12 months of lactation. In fact, researchers have found a correlation between breast-milk leptin and infant serum leptin, and between infant serum leptin and both infant BMI and weight [139]. Kirchberg et al. identified different metabolic clusters in a cohort of breast-fed infants of 6 months old. They emphasized the heterogeneity of metabolic patterns characterizing breast-fed infants; however, further studies are needed to examine the potential role of these data to predict the risk of obesity in childhood [140]. In addition, a recent cohort study by Samuel et al. suggested that the HMO breast milk composition varies depending on different factors such as pre-pregnancy body mass index (BMI), mode of delivery, and parity. In particular, pre-pregnancy BMI might influence maternal HMO glycosylation and could contribute to the increased obesity risk in children of obese mothers [141].

4.3. Plant-Based Diet

There is no consensus regarding the relationship between vegetarianism and health outcomes of both mothers and babies. The American Academy of Nutrition and Dietetics [142,143] argued that a well-balanced plant based diet is safe and supports sustainable growth and development in all age groups. On the contrary, the Swiss Federal Commission for Nutrition [144], the German Nutrition Society (DGE) [145], and ESPGHAN [146]

do not recommend the adoption of a vegan diet during pregnancy or lactation, in order to avoid the development of nutritional deficiencies. Moreover, the importance of adequate supplementation and nutrition counseling for these groups of women has been highlighted [146,147].

In addition, plant-based diets during lactation still raises doubts about human milk donations. According to the European Milk Bank Association (EMBA) Guidelines, mothers following a vegan diet without an adequate supplementation should not donate their milk [148].

Vegetarian and vegan diets are associated with major risk of nutritional deficiencies compared to omnivorous one, but update evidences highlight that if adequately supplemented, vegetarian and vegan diets could be considered safe for mothers and the offspring health during pregnancy and lactation [9,149,150]. Plant-based diets have been reported to contain more folate, fiber, antioxidants, and carotenoids and less saturated fatty acids, protein, and cholesterol [151], on the other hand, a low content of essential micronutrients especially in terms of iron, zinc, vitamin B12 [152], vitamin D, omega-3 (n-3) fatty acids, calcium, and iodine has been described in vegetarian diet [153]. For this reason, micronutrient deficiencies might not be underestimated [149].

4.4. Chemical Residues

Unfortunately, breast milk is not pristine, and this is due to environmental pollution. Contamination of human milk is widespread [154]. Polychlorinated biphenyls (PCBs), dichlorodiphenyltrichloroethane (DDT) and its metabolites, dioxins, dibenzofurans, polybrominated diphenyl ethers (PBDEs), and heavy metals are the main chemical contaminants most commonly found in breast milk. Exposure to lipophilic toxic chemicals occurs in everyday life through the air, water, and food, both at home or at the workplace [155]. Generally, pollutants enter breast milk by passive transfer from maternal plasma, and their concentration is proportional to their lipophilicity and solubility [154]. Despite its importance, few studies have been conducted on this topic, but the data obtained so far would seem encouraging. Van den Berg et al. conducted a global survey indicating that the human exposure to polychlorinated biphenyls and dioxin-like compounds is still above those considered toxicologically safe for the fetus and breast-fed infant [156].

5. Conclusions

Breast milk represents a complex and dynamic system that allows mother-infant communication and signaling. The components of the “mother-breast milk-infant” triad are closely connected to each other, and every single variation could affect the trajectory of infant development or maternal health [8]. Taking care of women’s health, in terms of diet and lifestyle, during the preconception period, pregnancy, and breastfeeding could represent a prevention strategy in terms of improving the offspring health [157]. Nowadays, the increased percentage of women who follow elimination diets by choice or by necessity underlines the importance of providing specialist care in order to prevent malnutrition and the adverse associations with maternal health and infant’s growth and development [151].

As this is a narrative review, this study does not provide an exhaustive account of all available literature, but it attempts to give a broad overview of existing evidence published on the triad mother-breast milk-infant. Moreover, a limitation of this review is that, despite a Mendelian randomization study and ten clinical trials, the vast majority of the considered studies were observational ones so, by their nature, they run the risk of containing confounding biases. The associations noted in observational studies such as between breastfeeding and outcomes might be actually due to the influence of the social determinants of health. The social determinants of health include opportunities for education and employment, level of income, ethnicity, race, access to housing and affordable utilities, access to health care, social and community support, early childhood education, neighborhood crime rates, and access to transportation and leisure activities [158]. Improving public health passes from health equity and measures to reduce disparities should be

integrated into health programs and services [1,2] [159,160]. Health and social workers need to understand the importance of social determinants of health and to work together to make available the best health opportunities for all the population. Addressing the social determinants of health could represent a winning strategy for promoting more equitable health outcomes for patients, families, and communities [159]. On the other hand, even though some social determinants of health can be modifiable by supportive environments or clinical preventive practices and health programs, many of these when considered at the maternal level can result from upstream and insidious structural forces at play that go beyond maternal choices and immediate social and economic opportunities [159]. Social determinants of health, even if not modifiable and not dependent on maternal choices, could play a role on mother's health and infant development individually and on the mother-breast milk-infant triad. In a recent cross-sectional study conducted by Gea Horta et al., factors associated with nutritional outcomes in 3676 mother-child dyads at the household level were analyzed, and it was pointed out that lower maternal education levels and living in inadequate households were associated with the double burden of malnutrition and the lack of breastfeeding was associated with maternal overweight [160]. Moreover adverse social determinants could affect breastfeeding initiation and early cessation as evaluated in a cohort study by Newhook et al. [161]. In fact, a socioeconomically disadvantaged population with low levels of education and income seems to be much less likely to breast-feed than their peers with higher levels of income and education [161]. In this kind of population, community support systems, such as trained health workers, lactation consultants, and community leaders, become essential to sustain breastfeeding [162].

By the end, social determinants of health appear to modulate maternal physiology and nutritional status and thus breast milk composition, which, in turn, could be associated with infant growth and health outcomes. Further studies are needed to achieve better knowledge about the mechanisms underlining this association [163] and define the prevention and therapeutic strategies aimed to promote infants' growth, development, and health.

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**PENGARUH PIJAT OKSITOSIN TERHADAP PRODUKSI ASI PADA
IBU NIFAS : LITERATURE REVIEW**

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Info Artikel

Kata Kunci:
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Abstrak

Latar Belakang: ASI eksklusif sangat disarankan untuk diberikan pada bayi baru lahir sampai usia enam bulan dan tanpa adanya pendamping ASI. Keluarnya ASI yang lancar pada ibu menyusui merupakan kebutuhan yang sangat penting untuk memenuhi nutrisi bayi, ASI merupakan nutrisi terbaik bagi bayi untuk mencegah infeksi dan beberapa penyakit lainnya. Pada ibu nifas, keadaan emosinya dinilai masih belum stabil dan berkaitan dengan refleksi oksitosin. Presentase keadaan emosi ibu berkaitan dengan refleksi oksitosin yang dapat mempengaruhi produksi ASI sekitar 80% sampai 90%. **Tujuan:** untuk mengetahui pengaruh pijat oksitosin terhadap produksi ASI pada ibu nifas. **Metode:** Artikel ini menggunakan metode studi tinjauan pustaka dari jurnal ilmiah dengan penuntun kata kunci. Jurnal ilmiah yang terseleksi sejumlah 8 jurnal, masing-masing jurnal mewakili satu pengaruh pijat oksitosin terhadap produksi ASI dan memberi informasi yang bervariasi. **Hasil:** Pijat oksitosin merupakan salah satu alternatif untuk mengatasi ketidاكلancaran produksi ASI. Pemijatan dilakukan sepanjang tulang belakang (vertebrae) sampai tulang costae kelima keenam, pijat oksitosin merupakan usaha untuk merangsang hormon prolaktin dan oksitosin setelah melahirkan. **Kesimpulan :** Berdasarkan analisa yang telah dilakukan adalah pijat oksitosin efektif untuk produksi ASI. Ada pengaruh pijat oksitosin terhadap produksi ASI, karena ada perbedaan yang signifikan antara produksi ASI sebelum dan sesudah perlakuan.

Article Info

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Postpartum

Abstract

Background: Exclusive breastfeeding is strongly recommended to be given to newborns until the age of six months and without complementary breastfeeding. The smooth discharge of breast milk in nursing mothers is a very important requirement to fulfill the baby's nutrition, breast milk is the best nutrition for babies to prevent infection and several other diseases. In postpartum mothers, their emotional state is considered unstable and is related to the oxytocin reflex. The percentage of mother's emotional state is related to the oxytocin reflex which can affect milk production by about 80% to 90%. **Purpose :** Determine the effect of oxytocin massage on milk production in postpartum mothers. **Methods:** This article uses a literature review study method from scientific journals with keyword guidance. 8 scientific journals were selected, each journal representing an effect of oxytocin massage on breast milk production and providing varied information. **Result:** Oxytocin massage is one of the alternatives to overcome the non-smooth production of breast milk. The massage is carried out along the spine (vertebrae) to the fifth and sixth rib, oxytocin massage is an attempt to stimulate the hormones prolactin and oxytocin after childbirth. **Conclusion:** Based on the analysis that has been done, oxytocin massage is effective for breast milk production. There is an effect of oxytocin massage on milk production, because there is a significant difference between milk production before and after treatment.

PENDAHULUAN

Air Susu Ibu (ASI) merupakan nutrisi terbaik yang paling tepat bagi bayi baru lahir sampai umur 6 bulan, karena usus bayi belum bisa mencerna makanan pada masa tersebut selain dengan pemberian ASI. ASI dapat mengurangi gangguan gastrointestinal pada bayi karena ASI langsung diproduksi oleh ibu sehingga segar dan steril. Komposisi yang terkandung dalam ASI sangat mengandung banyak manfaat, yaitu sebagai nutrisi, hormon, kekebalan tubuh, faktor pertumbuhan, anti alergi, antibodi serta anti inflamasi yang dapat mencegah terjadinya infeksi pada bayi (Ulfa, 2013).

Berdasarkan data dari profil kesehatan Indonesia tahun 2017, cakupan presentasi bayi yang mendapat ASI eksklusif di Indonesia adalah sebesar 61,33% (Kemenkes, 2018). Pemerintah telah menargetkan pencapaian ASI Eksklusif di Indonesia sebesar 80%, namun hal itu masih belum tercapai hingga saat ini. Upaya untuk meningkatkan cakupan ini dengan memberikan informasi yang benar dan tepat mengenai berbagai manfaat ASI eksklusif bagi ibu maupun bayi sehingga dapat meningkatkan kesadaran masyarakat mengenai pentingnya pemberian ASI Eksklusif pada bayi (Saputri, Ginting, & Zendato, 2019).

Target pencapaian ASI sulit dicapai disebabkan karena salah satunya yaitu ASI tidak keluar. Permasalahan tidak lancarnya proses keluarnya ASI yang menjadi salah satu penyebab seseorang tidak dapat menyusui bayinya sehingga proses menyusui terganggu/terhambat karena itu diperlukan pendekatan pada masyarakat untuk dapat mengubah kebiasaan buruk yaitu sebelum bayi berusia 6 bulan sudah diberikan makanan pendamping ASI dan membantu ibu dalam proses menyusui dengan mengenalkan berbagai metode untuk memperlancar ASI (Ulfa, 2013).

Produksi dan pengeluaran ASI merupakan dua faktor yang dapat mempengaruhi keluarnya ASI. Hormon prolaktin merupakan hormon yang dapat mempengaruhi produksi ASI sedangkan hormon oksitosin merupakan hormon yang mempengaruhi pengeluaran ASI. Salah satu alternatif untuk memperlancar produksi ASI yaitu dengan melakukan pijat oksitosin. Pemijatan oksitosin dilakukan di sepanjang tulang belakang (vertebrae) dengan tujuan untuk merangsang hormon oksitosin setelah melahirkan (Mardiyarningsih, Setyowati, & Sabri, 2011).

Ada beberapa faktor yang dapat mempengaruhi refleks oksitosin yaitu pikiran, perasaan dan emosi ibu. Pengeluaran oksitosin dapat terhambat atau meningkat oleh perasaan ibu. Hormon oksitosin akan menyebabkan sel-sel otot yang mengelilingi saluran pembuat susu mengerut atau berkontraksi sehingga ASI terdorong keluar dari saluran produksi ASI dan mengalir siap untuk dihisap oleh bayi. Jika ibu memiliki pikiran, perasaan dan emosi yang kuat, maka kemungkinan akan menekan refleks oksitosin dalam menghambat dan menurunkan produksi ASI (Latifah & Wahid, 2015).

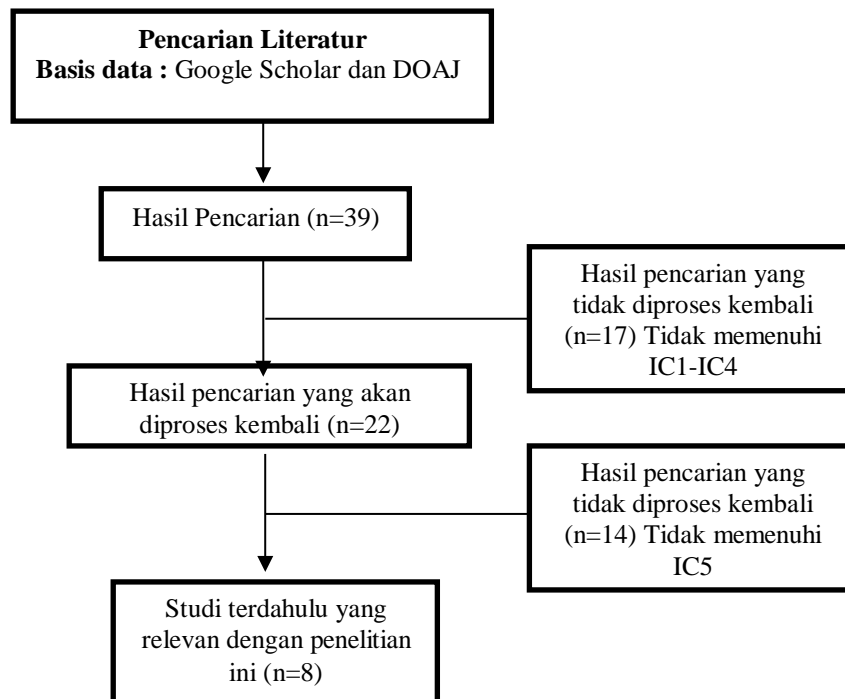
Dengan menggunakan studi literatur, tujuan artikel ini adalah mengkaji pengaruh pijat oksitosin terhadap produksi ASI pada ibu nifas.

METODE

Dalam penelitian ini dilakukan pencarian literatur melalui media Google Scholar dan DOAJ. Tujuan artikel ini adalah mengulas masalah pengaruh pijat oksitosin terhadap produksi ASI pada ibu nifas. Kata kunci yang dipakai untuk penelusuran literatur adalah "Pijat Oksitosin", "Produksi ASI", "Ibu Nifas". Cara yang digunakan dalam mencari artikel yaitu dengan menggunakan bahasa Indonesia yang relevan. Artikel yang didapat direview untuk memperoleh artikel yang sesuai dengan kriteria yang sudah ditentukan. Kriteria inklusi pada pencarian artikel yaitu dipilih berdasarkan tahun terbit dimulai dari tahun 2016 sampai tahun 2020 dan subjek merupakan ibu nifas normal. Kriteria eksklusi pada pencarian artikel yaitu dipilih berdasarkan variabel penelitian, variabel tidak boleh dibandingkan dengan variabel lain. Pencarian dilakukan sesuai dengan kata kunci dan didapatkan artikel yang mendekati kriteria sebanyak 39, penyaringan dilakukan berdasarkan kriteria inklusi dan eksklusi dan didapatkan sebanyak 8 artikel nasional yang direview. Jurnal yang ditemukan kemudian dispesifikkan berdasarkan kriteria inklusi dan eksklusi yaitu: IC1= jurnal dipublikasikan dalam berbahasa Indonesia, IC2= artikel dipublikasikan dalam rentang waktu 2016-2020, IC3= jenis penelitian kuantitatif, IC4= jurnal tidak *duplicate* yang diterbitkan dari Google Scholar dan DOAJ. Setelah disesuaikan berdasarkan IC1-IC4 maka artikel yang tersisa adalah 22. Kemudian reviewer melakukan IC5 berupa penyeleksian berdasarkan kesesuaian judul artikel dan abstrak dengan tujuan dari sistematik review ini yaitu memiliki konten utama menyelidiki pengaruh pijat oksitosin terhadap produksi ASI pada ibu nifas. Sehingga dipilih 8 jurnal yang akan dianalisis. Diagram Alur seleksi sistematik review dapat dilihat di gambar 1 pada lampiran.

HASIL

Dari 6 artikel yang terpilih, penelitian dilakukan di Indonesia. Seluruh artikel yang dianalisis jenis penelitiannya adalah dengan pendekatan kuantitatif dan semua penelitian menggunakan metode pretest dan posttest pada ibu nifas. Adapun strategi pencarian literature dapat dilihat pada gambar 1.



Gambar 1 : Proses Pencarian Literature Review

Tabel 1. Hasil Ekstraksi Data Tentang Pengaruh Pijat Oksitosin Terhadap Produksi ASI Ibu Nifas

Judul	Metode	Teknik Sampling	Sample	Analisa Data	Hasil Penelitian
Pengaruh Pijat Oksitosin Terhadap Produksi Asi Pada Ibu Postpartum	Eksperimen (pre-experimental designs) dengan One Group Pre and Post Test Design	Accidental sampling	10 responden. Responden dilakukan intervensi sebelum dan sesudah dilakukan pijat oksitosin	Uji statistik non-parametrik yaitu uji Wilcoxon Signed Rank Test dengan nilai alpha 0,05.	Adanya peningkatan rata-rata produksi ASI sebelum dan sesudah pijat oksitosin dengan nilai Z adalah 2,673 dan nilai p-value adalah 0,008 ($p \leq 0,05$). Kesimpulannya ada pengaruh yang signifikan terhadap produksi ASI sebelum dan sesudah dilakukan pijat oksitosin pada Ibu Postpartum (Saputri et al., 2019).
Pengaruh Pijat Oksitosin Terhadap Produksi ASI Pada Ibu Postpartum Di Puskesmas Woha Bima Tahun 2017	Eksperimen semu (Quasi Eksperimen) dengan rancangan perbandingan kelompok statis (Static Group Comparison)	Purposive sampling	32 orang yang terdiri dari 16 orang sebagai responden yang di intervensi dan 16 orang sebagai variabel kontrol	Uji Chi Square	Hasil penelitian diperoleh p value = 0,032 ($p \text{ value} < 0,05$). Hal tersebut menunjukkan bahwa ada pengaruh pijat oksitosin terhadap produksi ASI pada ibu postpartum di Puskesmas Woha Bimatahun 2017 (Dahniarti, 2017).
Pengaruh Pijat Oksitosin Terhadap Produksi ASI Pada Ibu Nifas	Eksperimental dengan desain rancangan posttest dengan kelompok control	Purposive Sampling	32 orang yang terdiri dari 16 orang sebagai responden yang di intervensi dan 16 orang sebagai variabel kontrol	Univariat dan bivariat menggunakan uji chi-square	Hasil Uji statistik menggunakan chi-square (x^2) diperoleh p-value= 0,037 ($p\text{-value} \leq 0,05$) yang berarti ada pengaruh signifikan antara pijat oksitosin terhadap produksi ASI pada ibu post partum di BPM Lia Maria Sukarame Bandar Lampung Tahun 2017 (Asih, 2017).
Pengaruh Pijat Oksitosin Terhadap Peningkatan Produksi ASI Ibu Menyusui Di Puskesmas Plus Mandiangin	Quasi eksperimen tanpa kelompok kontrol dengan pendekatan one group pretest-posttest design	Total Sampling	21 orang	Uji pre dan post test	Hasil uji statistik didapatkan p-value sebesar 0.000 maka dapat disimpulkan ada pengaruh pijat oksitosin terhadap produksi ASI, karena ada perbedaan yang signifikan antara produksi ASI sebelum dan sesudah perlakuan (Delima, Arni, & Rosya, 2016)
Pengaruh Pijat Oksitosin Terhadap Produksi ASI Pada Ibu Post Partum Di Bpm Meli R. Palembang Tahun 2018	Pre-Eksperimen dengan rancangan penelitian one group pre test and post test design	Accidental Sampling	15 orang	Uji t-test independent sampel dengan taraf signifikan $\alpha = 0,05$	Hasil uji statistik menggunakan uji t-test diperoleh nilai signifikan sebesar 0,004 lebih kecil dari taraf signifikan 5% atau ($p \text{ value} = 0,004 < 0,05$) maka dapat dinyatakan ada pengaruh yang signifikan pijat oksitosin terhadap produksi ASI ibu post partum

Pengaruh Pijat Oksitosin Terhadap Peningkatan Produksi ASI Ibu Postpartum	Quasi eksperimen dengan pendekatan Nonequivalent control group desain pretest-posttest.	Total sampling	26 orang yaitu 13 responden kelompok perlakuan dan 13 responden kelompok tidak perlakuan.	Univariat dan bivariat menggunakan uji paired t-test dan uji independent t-test	di BPM Meli Rosita Palembang Tahun 2018 (Italia & Yanti, 2019). Hasil penelitian didapatkan pengaruh pijat oksitosin terhadap peningkatan produksi ASI pada Ibu Postpartum p-value 0,000 ($\alpha = 0,05$). Dari 13 responden kelompok Dilakukan pijat oksitosin rata - rata produksi ASI sebanyak 24,0 ml dan 13 responden kelompok tidak dilakukan pijat oksitosin rata - rata produksi ASI sebanyak 11,7 ml (Fara & Mayasari, 2020).
Pengaruh Pijat Oksitosin Terhadap Produksi ASI Pada Ibu Post Partum di Rumah Sakit Khusus Daerah Ibu dan Anak Siti Fatimah Makassar	Experiment dengan true experiment dengan rancangan Pre-Post Test Two Group Desain	Purposive sampling	42 responden dimana pada kelompok experiment sebanyak 21 responden dan kelompok kontrol sebanyak 21 responden	Uji wilcoxon	Hasil penelitian yaitu diperoleh nilai asymp zig (0,000)< (0,05) sehingga dapat disimpulkan bahwa terdapat pengaruh signifikan pijat oksitosin terhadap produksi ASI pada ibu postpartum di rumah sakit ibu dan anak siti fatimah makassar (Kartini, Ajeng, & Suaningsih, 2020)
Pengaruh Pijat Oksitosin Terhadap Produksi ASI Ibu Menyusui di Wilayah Kerja Puskesmas Sidomulyo Rawat Jalan Pekanbaru	Pra eksperimen, menggunakan one group pretest posttest	Purposive sampling	16 responden	Uji paired t test	Hasil penelitian didapatkan dari uji statistik Wilcoxon dan didapati nilai Z frekuensi menyusu bayi sebesar - 3.573a dan p-value sebesar 0.000 sedangkan nilai Z frekuensi buang air kecil bayi sebesar -3.547a dan p-value sebesar 0.000, yang berarti (<math>p < 0,05</math>). Hasil tersebut menunjukkan adanya pengaruh pijat oksitosin terhadap ibu menyusui (Magdalena, Auliya, Usraleli, Melly, & Idayanti, 2020).

PEMBAHASAN

Dari hasil literature review yang telah dipaparkan semua artikel menjelaskan hasil penelitian adanya pengaruh yang signifikan antara pijat oksitosin terhadap produksi ASI. Pijat oksitosin merupakan cara alternatif untuk mengurangi keadaan emosional ibu yang tidak stabil. Keadaan tersebut dapat membantu dalam proses pengeluaran ASI. Semua artikel menjelaskan hasil penelitian tentang pengaruh pijat oksitosin terhadap produksi ASI pada ibu nifas sehingga dapat digunakan sebagai dasar review jurnal penelitian. Dari kelima jurnal yang digunakan untuk mereview tiga diantaranya menggunakan metode pre-eksperimental dan dua menggunakan quasi eksperimen.

Hasil penelitian rata-rata sebelum dilakukan dan sesudah dilakukan pijat oksitosin terdapat peningkatan produksi ASI. Pijat oksitosin yang dilakukan pada ibu postpartum dapat meningkatkan produksi ASI karena dapat memicu pengeluaran hormon oksitosin yang sangat penting dalam pengeluaran ASI. Ketika dilakukan pijat oksitosin maka oksitosin akan memicu sel-sel myoepitel yang mengelilingi alveoli dan duktus untuk berkontraksi sehingga mengalirkan ASI dari alveoli (pabrik susu) ke duktus menuju sinus dan puting susu sehingga terjadi pengeluaran ASI dan produksi ASI meningkat (Saputri et al., 2019).

Secara fisiologis pijat oksitosin melalui neurotransmitter akan merangsang medulla oblongata dengan mengirim pesan ke hipotalamus di hipofise posterior hal tersebut merangsang refleksi oksitosin atau refleksi let down untuk mensekresi hormon oksitosin ke dalam darah. Dengan diberikan pijat oksitosin akan lebih memperlancar produksi ASI pada ibu menyusui dan juga memberikan kenyamanan pada ibu (Delima et al., 2016).

Pijat oksitosin juga mudah dilakukan dengan gerakan yang tidak terlalu banyak sehingga dapat diingat oleh keluarga untuk dilakukan dan tak membutuhkan waktu yang lama. Dukungan dari suami dan keluarga juga berperan penting dalam menyusui. Salah satu wujud dukungan tersebut dapat dilihat dari suami dan keluarga menyetujui untuk melakukan pijat oksitosin sehingga ibu dapat termotivasi untuk menyusui bayinya serta adanya anggota keluarga yang bersedia membantu melakukan pekerjaan rumah yang biasa dilakukan ibu (Asih, 2017).

Hal ini sesuai dengan pernyataan Latifah (2015), yang menyatakan bahwa melakukan perawatan payudara atau breast care dapat meningkatkan produksi ASI jika dilakukan pada ibu nifas, cara tersebut bertujuan untuk melancarkan peredaran darah dan mencegah tersumbatnya saluran produksi ASI sehingga pengeluaran ASI lancar. Selain itu, cara lain yang dapat dilakukan untuk memperlancar produksi ASI yaitu dengan melakukan pijat oksitosin. Pijat oksitosin merupakan pijat yang dilakukan untuk merangsang hormon prolaktin dan oksitosin setelah melahirkan. Pijat ini dilakukan pada tulang belakang dengan pemijatan dimulai dari tulang belakang servikal (cervikal vertebrae) sampai tulang belakang torakalis dua belas. Fungsi dari pijat oksitosin yaitu untuk meningkatkan hormon oksitosin dan ibu menjadi rileks setelah dilakukan pemijatan. Pijat oksitosin dapat memperlancar pengeluaran ASI dan meningkatkan produksi ASI dengan cara mengurangi tersumbatnya saluran produksi ASI (Latifah & Wahid, 2015).

PENUTUP

Berdasarkan hasil literature review dari delapan artikel dapat disimpulkan bahwa adanya pengaruh yang signifikan antara pijat oksitosin terhadap produksi ASI. Pijat oksitosin merupakan cara alternatif untuk mengurangi keadaan emosional ibu yang tidak stabil. Keadaan tersebut dapat membantu dalam proses pengeluaran ASI. Semua artikel menjelaskan hasil penelitian tentang pengaruh pijat oksitosin terhadap produksi ASI pada ibu nifas sehingga dapat digunakan sebagai dasar review jurnal penelitian. Dari kedelapan jurnal yang digunakan untuk mereview empat diantaranya menggunakan metode pre-eksperimental dan empat menggunakan quasi eksperimen.

Saran yang dapat diberikan untuk pelaksanaan literature review selanjutnya adalah sebaiknya database yang digunakan lebih banyak sehingga bisa mendapatkan artikel yang lebih lengkap dan baik, serta batasan tahun pencarian artikel dengan kata kunci yang ditetapkan adalah lima tahun terakhir agar literature lebih update.

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