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Acupressure Accelerates the Excretion of Colostrum in Postpartum Mothers

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Abstract: ***Colostrum is an important food for newborns. 70% of postpartum mothers give formula milk to newborns because breast milk has not come out on the first day. One of the actions that can be taken to fight colostrum is acupressure points for lactation. The purpose of this study was to determine the effectiveness of acupressure in accelerating the release of colostrum in postpartum mothers. This type of research is Quasi Experimental with posttest control group design. Sampling technique with consecutive sampling. The number of samples was 60 third trimester pregnant women who were divided into the treatment group and the control group. Acupressure was administered to the group starting at 37 weeks of gestation until delivery; the control group was not given acupressure, and then observed the time of colostrum expulsion. Data were analyzed by Mann-Whitney test and logistic regression. The results showed that the average time for colostrum expulsion from 30 respondents in the control group was 35.16 hours, while in the treatment group it was 13.57 hours and had a different meaning with p value = 0.001 (p <0.05). The logistic regression test showed that the variable that affected the time of colostrum expulsion was treatment (acupressure) at a significance level of 0.001. The variables of education, ethnicity, occupation, parity have no effect on the time of colostrum expenditure. This means that acupressure can encourage colostrum anxiety in postpartum mothers, so it is advisable to provide midwifery care to implement acupressure points for lactation in third trimester pregnant women.***

Keywords: acupressure, colostrum, postpartum

1. Introduction

Breast milk is an important food for babies. This is regulated in the Government Regulation of the Republic of Indonesia number 33 of 2012 concerning the provision of exclusive breastfeeding. Every baby who is born has the right to get exclusive breastfeeding until the age of six months without being added and or replaced with other foods or drinks[1].

Exclusive breastfeeding is one way to prevent infant mortality and reduce infant and toddler morbidity. Several studies conducted by WHO in 2010 in six countries showed that the risk of infant mortality aged 9-12 months increased by 40% in infants who were not given exclusive breastfeeding compared to those who received exclusive breastfeeding[2]. According to research by Debes et.al., there is a relationship between the timing of breastfeeding and neonatal mortality and morbidity, namely exclusive breastfeeding has a 45% lower risk of experiencing neonatal death compared to infants who do not receive exclusive breastfeeding[3].

The results of a study in India obtained about 5.6 million children died before reaching the age of 5 years, and 2.6 million (46%) died in the first 30 days of life. Early initiation of breastfeeding and exclusive breastfeeding for the first 6 months of life prevents 20% of newborn deaths and 13% of under-five deaths and can reduce deaths from neonatal infections by 36%. In India 65% of infants are exclusively breastfed for 6 months[4].

Based on the Data and Information on the Indonesian Health Profile in 2017, the provision of Exclusive Breastfeeding in Indonesia is still very low, one of which is the Province of Bali, namely babies who get early initiation of breastfeeding less than one hour of birth as many as 33.65%, more than one hour 6.13%, infants who received exclusive breastfeeding until the age of six months were 31.57%, and those who received exclusive breastfeeding until the age of five months were 38.07%[5]. It is also reported that exclusive breastfeeding in Indonesia is only 35%, this figure is far below the WHO recommendation of 50%[6].

Factors that can inhibit the provision of breast milk is the decreased production of breast milk. Breast milk is produced as a result of the combined work of hormones and reflexes. In addition to the hormone prolactin, the lactation process is also influenced by the hormone oxytocin[7]. Actions that can be taken to stimulate oxytocin are back massage[8,9,10].

In addition to oxytocin massage, another way that can be done to facilitate the release of breast milk is acupressure point for lactation[11]. This action can help maximize prolactin and oxytocin receptors and minimize the side effects of delayed breastfeeding. Acupressure point for lactation can increase the feeling of relaxation in postpartum mothers[12]. Acupressure through the meridian points according to the targeted organs can help reduce discomfort, increase blood flow and oxygen. Acupressure increases the level of endorphins in the blood systemically, so it is effective in increasing the volume of breast milk[13].

Many studies on oxytocin massage have been carried out, but the coverage of exclusive breastfeeding has not been achieved according to the national target. Midwives as one of the spearheads of implementing midwifery services need to further increase efforts to increase the achievement of exclusive breastfeeding through complementary midwifery

care. Based on Government Regulation of the Republic of Indonesia Number 103 of 2014 concerning Traditional Health Services, it aims to build complementary traditional health services that are in synergy with conventional health services in health care facilities, providing legal certainty for users and providers of traditional health services[5].

Law Number 36 of 2009 concerning Health in article 59 states that traditional health services are divided into health services that use skills and ingredients.[5] Health services that use skills, one of which is acupressure. Acupressure can be done after giving birth to increase the production of breast milk. Stimulation of acupressure points can increase blood and oxygen flow, and reduce tension and stress[14].

2. Methods

This type of research is Quasi Experimental with posttest control group design. The study was conducted at the Independent Practice of Midwives in the Sukawati I and II Public Health Centers, Gianyar Bali, from April to November 2019. The study population was all pregnant women in the third quarter. The inclusion criteria of the study were postpartum mothers who had babies I-II, babies were not given formula milk at the time of the study, good sucking reflexes, baby's birth weight 2500-4000 grams, prominent nipples, maternal age 20-35 years, following pregnancy Antenatal class, Early Initiation of Breastfeeding was carried out during delivery, Mother had no Chronic Energy Deficiency, Mother's Hb 11-18 grams % and was willing to be a respondent. Exclusion criteria in this study: mother and baby are sick or have an emergency. The number of samples was 60 third trimester pregnant women who were divided into the treatment group and the control group. In the treatment group, acupressure was applied starting at 37 weeks of gestation until the first stage of the delivery process, the control group was not given acupressure, then observed the time of colostrum expulsion. The sampling technique was non-probability sampling with consecutive sampling type.

The data collected is primary data, starting after the researcher gets the ethical approval No. LB. 02.03/EA/KEPK/0363/2019 and research permit No: 070/2016/Bid IV/BKBP/2019. In the next process, researchers equate perceptions and train acupressure on all independent practice midwives staff, who on average have Diploma III Midwifery education as enumerators, in collaboration with Complementary Traditional Health Services at Sukawati I and II Public Health Centers in Gianyar Bali. Researchers selected samples according to the inclusion criteria, then randomized to determine the acupressure intervention group and the control group.

The respondents in this study all attended antenatal classes for preparation for childbirth. In the antenatal class, respondents were given education about routine breast care. Respondents who were selected as the treatment group were given acupressure treatment, as well as being trained in acupressure skills with their husbands by midwives and researchers. Acupressure is performed for 10 minutes on pregnant women starting at 37 weeks of gestation every day, at least three times a week, until the mother enters the labor process. To guide the exercise at home, respondents were given the Acupressure In Lactation module. [20]

During the delivery process, acupressure was carried out in the 1st stage of labor. After delivery, the time of birth of the baby was recorded, then the acupressure intervention was continued in the treatment group, until colostrum came out. The colostrum discharge time was recorded on the observation sheet. The control group was also observed every day, until colostrum came out, then the time of colostrum was recorded on the observation sheet. In general, postpartum care is carried out at the Midwife Independent Practice for 1-2 days, if the colostrum has not come out during treatment, the researcher conducts home visits. The normality of the data was tested by the Shapiro-Wilk test and the data were analyzed by the Mann-Whitney test and logistic regression

3. Result

Data collection was carried out after obtaining the approval of the Ethical Approval from the Research Ethics Commission of the Health Polytechnic of the Ministry of Health Denpasar with the following results

Table1: Characteristics of Respondents The Effect of Acupressure on Colostrum Dispensing Time On Mother Postpartum

No	Characteristics	f	%	f	%
1.	Education				
	Junior High School	7	23.33	4	13.33
	Senior High School	20	66.67	23	76.67
	College Tall	3	10.00	3	10.00
	Amount	30	100	30	100
2.	Age				
	20-25year	18	60.00	17	56.67
	26-30year	11	36.67	9	30.00
	31-35year	1	3.33	4	13.33
	Amount	30	100	30	100
3.	Profession				
	Trader	6	20.00	5	16.67
	Housewife	2	6.67	5	16.67
	Private	20	66.66	18	60.00
	Craftsmansew	2	6.67	2	6.66
	Amount	30	100	30	100
4.	Ethnic groupNation				
	Bali	25	83.34	22	73.34
	Java	4	13.33	3	10.00
	Nusa Tenggara Timur	1	3.33	4	13.33
	Sumatra	0	0	1	3.33
	Amount	30	100	30	100
5.	Gravida				
	Gravida1	17	56.70	15	50
	Gravida2	13	43.30	15	50
	Amount	30	100	30	50

Table 1 show frequency respondent most many on second group is high school education, age 20-25 years, more than half of the respondents work in the private sector.Based on ethnicity, the majority of respondents are Balinese, and most are first pregnancies.

Table 2: Colostrum Excretion Time in Postpartum Mothers

Statistics	Control Group	Treatment Group
Frequency Respondent	30	30
mean (hour)	35.16	13.57
Standard Deviation (Hour)	13.14	5.08
Maximum(Hour)	57.25	28.33
Minimum(Hour)	8	6.58

Table 2 shows that the average time to expel colostrum from 30 respondents in the control group was 35.16 hours and in the treatment group was 13.57 hours.

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The colostrum time out data scale is reduced to categorical (days), the duration of colostrum discharge is calculated from the time the baby is born until the colostrum comes out, so that the frequency distribution table can be displayed as follows:

Table 3: Frequency Distribution of Colostrum Exit Time Based on Duration from Baby Birth to Colostrum Exit (Hours/Day)

Day	Time Get out of colostrums			
	Control Group		Treatment Group	
	n	%	n	%
<24 o' clock (the day I)	6	20	28	93.30
24o'clock-< 48Hour (day II)	17	56.70	2	6.70
48o'clock(day III)	7	23.30	0	0
Total	30	100	30	100

Table 3 shows that the colostrum expulsion time is mostly less than 24the first hour (day I) in the treatment group, while in the control group most of the at 24 hours-< 48Hours (day II) even there which go out48 hours(day III).

The results of the data normality test using the Shapiro-Wilk test showed a significance value for the control group 0.022 and the treatment group 0.013. Because the significance value of both groups is less than 0.05, it can be said that the control and treatment groups are not normally distributed. After data transformation, the results of Shapiro-Wilk 0.024 show that the data is still not normally distributed. Furthermore, a comparative statistical test of the non-normal distribution of two unpaired groups was performed using the Mann-Whitney test.

Table 4: Results of the Mann-Whitney Test Analysis of Differences in Colostrum Release Time in the Treatment Group and the Control Group

Variable	Treatment	n	mean	Mean Different	*p*
Time Expenditure Colostrum	Treatment	30	13.57	21.59	0.001
	Control	30	35.16		

Table 5 shows the acupressure actions conducted in the treatment group Mean13.57, while the control group Mean 35.16, Mean Different 21.59 with *p value* = 0.001.These results show that there is a statistically significant difference in the time of spending colostrum Among group control and group treatment, with mean different 21.59 and *p value* 0.001. Effect sample size minimum on study this 14.12, whereas results study finds mean different 21.59>14.12,so research this mean by clinical.

Table 5: Results Analysis Multivariate Time Expenditure Colostrum Based on Treatment, Education, Occupation, Tribe Nation, Parity

		B	SE	Wald	df	Sig .	Exp (B)	95%cifor Exp(B)	
								Lower	Upper
	Treatment	4.085	.915	19,934	1	.000	59,444	9,892	357.206
	Education	-.498	.808	.380	1	.538	.608	.125	2,961
Step1 [a]	work	-.632	1.020	.384	1	.536	.532	.072	3.924
	Ethnic group Nation								
		-.091	1.164	.006	1	.938	.913	.093	8,944
	parity	-.713	.964	.546	1	.460	.490	.074	3,244
	Constant	-1.717	1.415	1,473	1	.225	.180		

Table 6 results test statistics use regression logistics show variable which effect on the time of spending colostrum is the treatment (acupressure) at the level of significance 0.001. The strength of the relationship can be seen from the value of OR (Exp ^{1}) is 59.44. Variable education, ethnic group nation, profession, gravida no influential to time expenditure colostrum.

4. Discussions

Most of the respondents have secondary education. Education is one of the factors that indirectly affect the lactation process because the mother's ability to receive information will affect the lactation process and colostrum expenditure[15]. Education also allows pregnant and childbirth women to be able to receive information related to acupressure. Although there are also respondents with basic education, the education about acupressure that the researchers did was well received.

The age of the respondents in this study ranged from 20-35 years and most of them were 20-25 years old. At this age a woman is in a period of healthy reproduction who is physically, emotionally, psychologically, socio-economically ready to conceive, give birth and breastfeed. One of the factors that affect the production of breast milk is the age of the mother[16]. Mothers younger than 35 years produce more breast milk than mothers who are older.

The control group and the treatment group were mostly employed by the private sector. Occupational factors indirectly affect the production of breast milk[17]. Mothers who work, especially in outside the home will leave the child at work, thereby reducing the frequency of baby sucking. This will indirectly affect the expenditure of breast milk. Most of the respondents in this study were Balinese. This possibility is related to the research site for Midwife Independent Practice in Bali. Breastfeeding is also influenced by external factors, namely socio-

cultural[18].Traditions and beliefs develop as something that accompanies people's behavior, including breastfeeding. Gravida is thought to affect breast milk production. Pregnant women who have had experience breastfeeding a baby before, will be more confident and confident in being able to successfully breastfeed a baby. This belief can stimulate the release of the hormone oxytocin so that breast milk can come out more smoothly[19].

The results showed that the mean time of colostrum expulsion in postpartum mothers was 35.16 ±13.14 hours and the treatment group was 13.57 ±5.08 hours. The colostrum discharge time was calculated from the duration from the time the baby was born until the colostrum came out in respondents who were given acupressure treatment. It showed 93.30% expelled colostrum on the first day after giving birth (<24 hours), 6.70% on the second day, while in the control group 20% on the first day. , 56.70% on the second day, 23.30% on the third day, with a significance value of $p < 0.001$. This indicates that breast care in the form of acupressure should be carried out from the end of pregnancy, especially the third trimester of pregnancy[20]. In the third trimester of pregnancy, placental lactogen begins to stimulate the production of colostrum, the activity of stimulating hormones to produce breast milk affects the speed of the lactation process[13]. Acupressure performed in the third trimester of pregnancy works by stimulating the hormones that affect the formation of breast milk, namely progesterone, estrogen, prolactin, oxytocin and HPL, so that the process of forming breast milk is more productive and the time for colostrum expulsion is faster[21].

The speed of expulsion of colostrum in postpartum mothers has an influence on the speed of initial nutrition for newborns, colostrum contains a lot of protein and antibodies which is certainly needed by babies in the early days of life because the baby's immunity is still very vulnerable to the surrounding environment[22]. Colostrum has many benefits, which is rich in antibodies and white blood cells for protection against infections and allergies, contains laxatives to clear meconium and prevent jaundice[13, 21, 22]. Colostrum also helps the intestines develop more mature, thus preventing allergies and intolerance, as well as rich in vitamin A to prevent eye diseases and reduce the severity of infections[21].

In addition to stimulating lactation-forming hormones, acupressure, which is done by pressing/stimulating the acupoints, will make the mother more relaxed and feel more comfortable. Acupressure through the meridian points according to the target organ can help reduce discomfort, because acupoints stimulate to increase levels of natural endorphins in the blood and systemically, thereby increasing relaxation and comfort for the mother[5, 23]. The state of relaxation felt by the mother will increase the let down reflex and increase the amount of the hormones prolactin and oxytocin, thereby accelerating the release of colostrum[24].

Acupressure stimulation can carry a substance linkage for the release of substances capable of blocking pain signals to the brain. The effect of stimulation of acupressure points can be through nerves and can be through humoral transmitters. This is also supported by the gate control theory, namely stimulation at an acupoint on the meridian pathway will be forwarded by large diameter A-Beta fast nerve fibers to the spinal nerves which then in the spinal cord there is gelatinase working as a control gate, before being forwarded by nerve fibers. afferents to transmitting cells, transmitting cells transmit to the central nervous system by reducing discomfort.

The accupoint commonly used to increase breast milk production is the Conception Vessel–CV meridian: CV 17 (Tanzhong), which forms the midline of the front/chest body and is responsible for all meridians.[5,14] Stomach meridian (stomach-ST): ST 15 (Wuy), ST 16 (Yingcang), 17 (Ruzhong), ST 18 (Rugen) ST 36 (Zusanli). Emphasis on these points aims to increase the production of the hormones prolactin and oxytocin. In addition to the gastric meridian, massage was also carried out at the ST 36 (Zusanli) point, where this point aims to increase the absorption of nutrients which are the basic ingredients for the formation of breast milk[14].

To increase general comfort in postpartum mothers, massage was carried out on the Spleen (Spleen-SP) meridian, namely SP 6 (Sanyinjiao) as well as on the large intestine (Large Intentine-LI): LI 4 (Hegu) and small intestine (Small Intentine-LI) meridian. SI): SI 1. This point aims to increase energy and relax conditions in postpartum mothers. A comfortable and relaxed condition for postpartum mothers will increase the let-down reflex and the hormone prolactin, so that it can increase the production and expenditure of breast milk[23].

When the mother experiences stress, there is a blockage of the letdown reflex. This is caused by the release of adrenaline which causes vasoconstriction of blood vessels and alveoli, so that less oxytocin can reach target organs. In addition, there will be a release of noradrenaline in the central nervous system, causing inhibition of the milk ejection reflex. Let down reflex is not perfect, resulting in a thirsty baby being unsatisfied. This dissatisfaction will cause the mother to be more stressed, so that breast milk does not come out and the mother fails to give breast milk[15].

Acupressure can stimulate local and central points for milk production[5]. That point stimulated with acupressure are the hands, feet, and local points of the breast to help the maximum amount of milk to come out. Stimulation of various combinations carried out at the points. Acupressure that goes to the center, especially the pituitary and pituitary will affect the improvement of the function of hormones that aim to increase milk production. Stimulation of acupressure points can help remove obstacles, revitalize the meridians and speed up uterine involution. The effect of prolactin produced during breastfeeding has a relaxing effect that causes nursing mothers to feel calm, even has a euphoric effect, so that the higher prolactin levels, can prevent postpartum blues[25, 26].

Acupressure is an effort made to achieve successful breastfeeding, it is useful in stimulating the breasts to influence the pituitary to release oxytocin and prolactin[27, 28]. The prolactin hormone from the anterior pituitary affects the

amount of milk production and the oxytocin hormone from the posterior pituitary affects the process of expulsion of breast milk[28, 29]

5. Conclusion

Based on the results of the study, it can be concluded that the colostrum expulsion time in the treatment group was significantly faster than the colostrum expulsion time in postpartum mothers, as indicated by the results of the Mann-Whitney test analysis with p value = 0.001. It is hoped that midwives in providing midwifery care to pregnant, maternity, and postpartum women by implementing the results of this study, and to increase competence, they need to take training related to complementary midwifery care. Further research needs to be carried out by developing this research on the effect of acupressure on the hormones prolactin and oxytocin

References

[1] *Peraturan Pemerintah Republik IndonesiaNomor 33 tahun 2012* Tentang Pemberian AirSusuIbu Esklusif. Jakarta
[2] WHO.2010. *Early Initiation of Breast feeding: the key to Survival and Beyond. Pan AmericanJealth Organization*. Website:www.paho.org
[3] Debes, et all. Time to initiation of breastfeeding and neonayal mortality and morbidity: asystemic review.*BMC Public Health. 2013: 13(suppl 3): S19Published online 2013 Sep17.Doi: (10.1186/1471-2458-13-S3-S19*)
[4] Phukan D, Ranjan M, Dwivedi LK. 2018. Imact of timing of breastfeeding initiation on neonatal motality in India. *International Breastfeeding Journal (2018)13;27.*Https://doi.org/10.1186/s13006-018-0162-0
[5] *Kementerian Kesehatan RI. 2018*. Kurikulum dan Modul Peningkatan Kapasitas TenagaKesehatan Dalam Pelayanan Akupresurdi Puskesmas.Direktorat Pelayanan Kesehatan Tradisional DirektoratJendral Pelayanan Kesehatan KemenkesRI.Jakarta.
[6] Astuti I. Pemberian ASI Eksklusif di Indonesia Hanya 35%. Humaniora*http://mediaindonesia.com/read/detail/175814-pemberian-asi-eksklusif-di-indonesia-hanya-35*
[7] RoesliU.2009. *Inisiasi Menyusudinplus ASIEksklusif*.Jakarta:Pustaka Bunda
[8] Moberg, KU., HandlinL., and Petersson. Self-soothing behaviors with particular referenceto oxytocin release induced by non-noxious sensory stimulation. *Front Psychol. 2014; 5:1529*.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4290532/
[9] Pilaria E. 2017. The Effect of oxytocin Massage on Postpartum Mother Breast Milk Production at Pejeruk PublicHealthinTheYear2017.*YarsiMedicalJournalVol 26no.1(2018)*
[10] WidiaL., MeihartatiT.2017.Oxytocin Massage enchanced breast milk production in postpartum women.*MajalahObstetri & Ginekologi, Vol. 25No. 2August 2017:63-65*
[11] Anamed.2012.*InsufisientMilkSupply/Insufficientlactation*.Anamedacupuncture.DiaksesdiWebsitewww.ana-med.co.nz. Tanggal2 Januari 2019
[12] Hidayahdan Indarniati. 2018. *Pijat Refleksiuntuk Wanita*. Duniasehat.Jakarta
[13] Esfahani MS, et al l. Effect of Acupressure on milk volume of breastfeeding mothers refering to selected health care centers in Tehran. *Iran J Nurs Midnufery Res. 2015 Ja-Feb:20(1);7-11.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4325417
[14] Meinarwati.2016.*PetunjukPraktisTogadanAkupresur*. KemenkesRK.Jakarta
[15] Sriasih, NGK., dkk. 2019. The Effect of Massage Therapy Using Frangipani Aroma therapy Oil to Reduce the Child birth Pain Intensity. *IJTMB-Volume12.Number2,June2019*
[16] Soetjiningsih.2010.*ASI:PetunjukuntukTenagaKesehatan*.Jakarta:EGC
[17] Abdullah, Maidin, Amalia. 2013. Kondisi Fisik, Pengetahuan, Pendidikan, Pekerjaan Ibu,dan Lama Pemberian ASI secara Penuh. Kesmas, *Jurnal Kesehatan Masyarakat NasionalVol.8. No 5, Desemer2013*
[18] Setyaningsih, Farapti. 2018. Hubungan Kepercayaan dan Tradisi Keluarga Pada IbuMenyusuidengan Pemberian ASIEksklusidi Kelurahan Sidotopo, Semampir, Jawa Timur .*Jurnal Biometrika dan Kependudukan, Vol.7 No. 2 Desemer2018; 160-167*
[19] Rahayu D. dan Yunarsih. 2017. *Sukses ASI Eksklsof 0-6 Bulan Pasti*. Akademi Keperawatan Dharma Husada Kediri.'
[20] Astutik, R.Y.2017.*PayudaradanLaktasiEdisi2*.Jakarta:Salemba Medika
[21] Sari,.P.P.,Nursanti,I.,danWidakdo,G.2021.PressureEffectivenesAtTheGB-21Acupressure Point On ASI Production In Post Sectio Caesarea. *Jurnal Keperawatan Cikinie-ISSN2686-1984Vol.2,No.1,January2021,pp.41-4641*.https://jurnal.akperrscikini.ac.id/index.php/JKCjurnal@akperrscikini.ac.id
[22] Machmudah, et. all. 2018.Increasing Oxytocin Hormone Levels in Postpartum MothersReceiving Oketani Massage and Pressure in The GB-21 Acupressure Point. *Int J Adv LifeSciRes. Volume2(1)22-27doi: 10.31632/ijalsr.2018v02i01.004*
[23] Sriasih, NGK, dkk. 2018. Frangipani Aromatherapy Oil in the Massage of Labor First StageReduced Events Perineum Ruptur Spontan at the Labor. *Indian Journal of Public Health Research & Development . Aug2018, Vol.9 Issue 8, p1477-1482. 6p*
[24] Hakam, Krisnadan Tutik.2009. Intervensi Spiritualemosional freedom technique (SEFTt) untukmengurangi rasa nyeripadakanker. *Makara, Kesehatan, 13(2), 95*
[25] Riordan J & Auerbach K.G. 2010. *Breastfeeding and Human Lactattion*. London:Jonesan Barlett Publishers International.
[26] Shariat M and Abedinia N. 2017. The Effect of Psychological Intervention on Mother-Infant Bonding and Breast feeding. *Iranian journal of Neonatologi. 2017 Mar:8(1). DOI:1022038/ijn.2017.16673.1191*
[27] KrolKM.

AndGrossmannT.2018.Psychologicaleffectofbreastfeedingonchildrenandmothers. *Bundesgesundheitsblatt, Gesundheitsforschung,Gesundheitsschutz.2018;61(8): 977-985*

[28] Cholifah S., Setyorini H., Mareta R. 2018. Akupresur Pada Ibu Menyusui MeningkatkanKecukupan Asupan ASI Bayi Di Kecamatan Mungkid Tahun 2014. *Jurnal KeperawatanMaternitas.Volume3. No. 2 November2015; 111-117*

[29] Farshidar, et. All. 2020. The Effect of Massage and Acupressure on Breast Engorgement: AReview. *Int J Pediatr,Vol.8, N.5, SerialNo.77, May.2020.*http:// ijp.mums.ac.ir