



THE INFLUENCE OF SHIATSU TECHNIQUE ON THE TIME OF EXPENDITURE OF BREAST MILK

IN POSTPARTUM MOTHER IN MOJOKERTO

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ABSTRACT	Keywords
<p>Delay in breastfeeding is a common problem in postpartum mothers and can cause early breastfeeding that is not met which is detrimental to the mother and baby. This study aims to determine the effectiveness of the Shiatzu Technique in accelerating the time of discharge of breast milk. The research design of this study is quasi-experimental with two groups Each group was consisted of 80 respondents.</p> <p>The sampling technique was consecutive. Data analysis using T-Two Sample Test as comparative test and expenditure time of ASI on control group that did not do shiatzu technique and experiment group performed shiatzu technique with $\alpha < 0.05$. The results of the differences from both groups were tested with T-Two Sample Test with the result value $p = 0.003$. The results showed that there are significant different between experimental and control group with $p = 0$. In the control group, most of the time Breastmilk expenditure was Normal (25-72 hours) whereas in the experimental group its Rapid Breastfeeding (1-24 hours). Faster breastfeeding time in the postpartum mothers of the experimental group was due to two interventions are given that early Initiation of Breastfeeding was also continued by Shiaztu Technique. Thus, in postoperative mothers with no contraindications, Shiatzu Technique was very effective given to speed up the release of breast milk.</p>	<p><i>Time, Breast of milk, Shiatzu Technique</i></p>

INTRODUCTION

The postpartum or postpartum period which starts 2 hours after the birth of the placenta and lasts for 6 weeks or 40 days is closely related to the lactation process. The occurrence of changes - biokimiawi changes in the mother can indicate that breast milk can first come out within 1x24 hours but, in fact many mothers complain that their mother's milk does not come out within 1x24 hours and many mothers say that breast milk it only comes out until 2-3 days after giving birth (Li & Partum, 2015). The first day after childbirth is the most important time in breastfeeding if the mother is well assisted when she starts breastfeeding it is likely that the mother will successfully continue breastfeeding (Astuti, 2011).

Giving Mother's Milk in the first hours apart from being beneficial for babies and mothers can also support the success of mothers in implementing 0-6 months of exclusive breast milk ("Profil-Kesehatan-Indonesia-2016.pdf," n.d.). Based on WHO data the coverage of breastfeeding throughout the world is only about 36% (Didik Budijanto et al., 2017). In Indonesia the coverage of breastfeeding is also still low, namely 54.3% far from the national target of 80% (Didik Budijanto et al., 2017).

Various attempts can be made to accelerate the release of Mother's Milk, one of the ways is to do Shiatzu Technique which is done by pressing with fingers on several points of the body's meridians. Somebody meridian points that can accelerate the exit of ASI are in ST 16 (Yingchuang), ST 17 (Ruzhong), ST 18 (Rugen), CV 17 (Thanzong / Shanzong), PC 6 (Neiguan), SII (Shaoze)(Tanner, n.d.)

In theory, Shiatzu Technique will increase levels of endorphins in the blood and systemic. Shiatzu Technique stimulation can bring about a substantial relationship to the

release of substances that can inhibit pain signals to the brain. The stimulating effect of the Shiatzu Technique point can pass through the nerves and can be via a humoral transmitter that can signal to the anterior hypothalamus to increase the production of the hormone prolactin and oxytocin. This immediate increase in prolactin and oxytocin hormones can trigger the process of accelerating breastfeeding (Rahayu, Santoso, & Yunitasari, 2015). Body meridian points that can be done by Shiatzu Technique for lactation processes are points-ST 16 (Yingchuang), ST 17 (Ruzhong), ST 18 (Rugen), CV 17 (Thanzong / Shanzong), PC 6 (Neiguan), SII (Shaoze) (Lowe, 2012). In this case the researcher wants to apply a Shiatzu Technique to stimulate the prolactin and oxytocin hormones which are expected to increase milk production so that ASI can come out within 1x24 hours.

MATERIALS AND METHODS

The design of this study was an experimental Quasy design with the Post Control Only Control Group Design method (Abd. Nasir, Abd. Nasir, Abdul Muhith, M, E. Ideputribdul Muhith, M, 2011). The population of this study were those who met the criteria of the researchers, as many as 160 postpartum mothers. The sampling technique in this study was consecutive sampling, with inclusion criteria (Mother Post Partum Normal Day 1, not removing milk immediately after giving birth, normal nipple condition, no smoking, no alcohol consumption, no LBW, normal postpartum mothers without medical contraindications performed by the Shiatzu Technique). The instrument to measure the time of discharge of breast milk is to observe the time span of the release of breast milk when the mother breastfeeds her baby after the Shiatzu Technique is done.

Data gathering method consisted of administrative procedures. The research was conducted from April 18 to June 20, 2018. Measuring instruments with observation sheets and questionnaires for respondents' demographics. Statistical tests in this study used a Sample T-2 test. H0 is rejected, if p-value $< \alpha$ (0.05). This data analysis uses the SPSS 16.0 software program (Dahlan, 2011)

RESULTS

The characteristics of those respondents are presented in a chart of frequency distribution and percentage as the followings:

Table 1 Distribution of respondents by age, the parity status, the level of education, the implementation of Early Breastfeeding Initiation, the breast care.

No	Characteristics	Control		Experiment	
		f	%	f	%
1. Age					
	15-19 years	1	12.5	5	6.2
	20-24 years	0			
	25-49 years	2	25.0	30	37.5
	> 50 years	5	62.5	45	56.2
		0		0	
2. Parity Status					
	Primigravida	4	50.0	35	43.8
	Multigravida	4	50.0	45	56.2
		0		0	
3. Last education					
	No school	0	0	0	0
	SD / MI	5	6.2	0	0
	SMP / MTs	3	37.5	25	31.2
		0		0	

SMA / SMK	3	43.8	40	50.0
College	5			
	1	12.5	15	18.8
	0			
4. IMD is performed				
Yes	8	100.	80	100.
Not	0	0	0	0
5. Breast Care				
Yes	1	18.8	20	25.0
Not	5			
	6	81.2	60	75.0
	5			
Total	8	100.	80	100.
	0	0	0	0

The results showed that most of the respondent in the control group and the experimental group were multigravidas as many as 8 people (50.0 %) and 9 people (56.2%), respectively. Research conducted by researchers that respondents in the control group 8 multiparous people and most ASIs came out normally (25-72 hours) different from the results of the Yulisetyaningrum study showed that most multiparous parity was 16 people (53.3%) and partially large ASI comes out fast (<24 hours) for 21 people (66.7%) (Karyati & Azizah, 2017).

The results showed that breast care was mostly not done by the control group as many as 13 respondents (18.8%) and in the experimental group not as many as 12 respondents (75.0%).) For the sake of the continuity of the breastfeeding process, the breasts must be treated properly and appropriately in order to avoid disorders and diseases that may befall the mother during the breastfeeding (Thomson, Hytten, & Black, 1975).

Table 2 Table of analysis of differences in the timing of breastfeeding in the control

and experimental groups in the Maternity Room Sakinah Sooko RSI Mojokerto Regency on April 18 - June 20, 2018

	Group	N	Mean	SD
Differences in the Time Out of Breast Milk	Control group	8	46.43	29.7
		0		5
	Experimental Group	8	20.00	12.2
		0		1
Results	ρ -Value = 0.003		t	
	= 3.288			

Based on table it is known that the T-2 test results using SPSS Version 16.0 is known that the value of ρ (0.003) $< \alpha$ (0.005) and the mean value or average time of breastfeeding in the control group 46.43 and the experimental group 20.00 means the average time breastfeeding in the experimental group was faster than the control group. This indicates that H_0 was rejected and H_1 was accepted, there was a difference in the timing of breastfeeding in the control group, which was only carried out by Early Breastfeeding Initiation (IMD) and the experimental group carried out Early Breastfeeding Initiation (IMD) continued with Shiatsu Technique.

DISCUSSION

This time difference in ASI expenditure was due to the fact that the experimental group was not only given the Early Breastfeeding Initiation (IMD) action but also given the Shiatsu Technique. One method that can theoretically speed up the discharge time for ASI is the Shiatsu Technique, which is a way of pressing with a finger on somebody meridian points (Parwati, Hartati, & Suheri, 2017). Somebody meridian points that can accelerate the release of breast milk

precisely at 5 meridian points namely ST (Stomach) 16 (Yingchuan), ST (Stomach) 17 (Ruzhong), ST (Stomach) 18 (Rugen), CV (Conception Vessel) 17 (Thanzong / Shanzong), PC (Pericardium) 6 (Neiguan), SI (Small Intestine) 1 (Shaoze) (Raras, Suwondo, Wahyuni, & Laska, 2016).

These theories are in line with the research that has been done by Rahayu, et al (2016) the three main points that are carried out the message to facilitate breastfeeding are one point above the nipple, right on the nipple and one point below the nipple. Proper massage at the central and local will provide stimulation at the meridian point to provide work function on the target organ. These stimuli pass through the neural pathways, somatovisceral, meridian lines, and local reactions. Stimulation with a combination of several massage points that lead to the center, especially the pituitary and pituitarians, will affect the repair of hormonal function work that aims to increase breast milk production with those given stimulations in a certain time, besides local points (such as gastric points) also help active formation of ASI in amounts enough (Raras, Suwondo, Wahyuni, & Laska, 2016).

There are several things that were analyzed by researchers that the difference in the time of breastfeeding each respondent was different because it was influenced by the 3 phases of ASI formation, especially in phase II namely placenta expenditure (Parwati et al., 2017). The faster the time for placental release, the hormone prolactin will also increase immediately and the process of removing milk becomes faster, and vice (Raras, Suwondo, Wahyuni, & Laska, 2016). Apart from the three phases of the ASI formation process, the respondents with Shiatsu Technique therapy also affected the results of the therapy, and Shiatsu Technique also needed to be repeated

several days later, because the function of Shiatzu Technique in addition to speeding up breastfeeding time can reduce stress and defeat in the mother after giving birth (Robinson & Lorenc, 2011). Feelings of fatigue and stress can still occur in mothers who theoretically are likely to occur in the Talking Hold period (days 2-4) and Letting Go Period where postpartum depression is more common (Parwati et al., 2017).

CONCLUSIONS

the Shiatzu technique is done right after the Early Breastfeeding Initiation is right in the postpartum mother who has a faster breastfeeding time ie within 1x24 hours.

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